

Research Note

SOCIETY, PLACE, WORK:

The BC Public Hospital for the Insane, 1872-1902

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IN 2008, NOT FAR FROM British Columbia's psychiatric facility of Riverview in New Westminster, the main structure of the former Woodlands Hospital site stood neglected amidst steadily encroaching condominium projects (Figure 1). This was once the home of the Provincial Insane Asylum,¹ which operated as a makeshift asylum in Victoria from 1872 (Figure 2) until new buildings were opened at this site in 1878. Here the asylum developed from its humble beginnings in a single building that housed thirty-six patients into a seven-building complex with a total of 311 patients by 1902. During these years, the original asylum structure was altered, added to, and built around. The additions included new levels, wings, and detached buildings. There were also changes to the landscape of the asylum grounds.

This note investigates the history of this institution through its first thirty years, paying particular attention to the ways in which broader social patterns of race and gender were reflected and reinforced in its architecture as well as in the living arrangements, workplaces, and work assignments of asylum patients. Two features are seen to distinguish the early British Columbia Asylum from insane hospitals in the rest of

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¹ The name of the institution changes over time, from the "Provincial Lunatic Asylum" in 1878, to "Provincial Asylum for the Insane" in 1885, and finally to "Public Hospital for the Insane" in 1897. For clarity, consistency, and expediency, I use the terms "asylum" and "Provincial Asylum" throughout this article.



Figure 1. Contemporary photos of former Woodlands Hospital site, New Westminster, British Columbia. The centre block of the original 1878 Provincial Asylum for the Insane is contained in the structure in the top and left photos. Windows of building block of wards A and B are pictured at right. Condominium tower of 2008 Victoria Hill residential development pictured at top. *Source:* Photo taken by the author (2008).



Figure 2. Royal Hospital, Songhees Indian Reserve, Victoria, Vancouver Island, became Victoria Asylum (1872-78). *Source:* Image C-08843, courtesy of Royal BC Museum, BCA.

Canada.² First, reflecting British Columbia's demographic make-up,³ the social composition of the asylum was unique, with 80 percent of its population male and roughly one in ten a Chinese male (see Table 1 and Table 2). Second, "moral therapy" – using patient labour as a primary curative treatment for insanity – came relatively late to British Columbia as the Provincial Asylum was not officially opened until 1878 and moral

² In contrast to the predominantly male patient population in British Columbia, Mary-Ellen Kelm identifies women as over-represented in asylums across Canada from 1905 to 1915, based on "a growing belief in women's natural proclivity to insanity." See Mary-Ellen Kelm, "The Only Place Likely to Do Her Any Good: The Admission of Women to BC's Provincial Hospital for the Insane," *BC Studies* 96 (1992): 66-89. In this late Victorian period, "white" and "Chinese" were socially constructed categories sustained through a dualism that reflected the ideals of white, middle-class colonial society. At the time, both socially and economically, it was seen as natural that white and Chinese people should be separate. Whites viewed themselves as cleaner than and morally superior to the Chinese, who were seen as a dirty and immoral "other." Following the ideas of Edward Said, Kay Anderson studied the racialized space of Vancouver's Chinatown. See Kay Anderson, *Vancouver's Chinatown: Racial Discourse in Canada, 1875-1980* (Montreal and Kingston: McGill-Queen's University Press, 1991).

³ British Columbia was "on the edge of empire," with a vast geography, racial plurality, and a mostly male population. See Adele Perry, *On the Edge of Empire: Gender, Race, and the Making of British Columbia, 1849-1871* (Toronto: University of Toronto Press, 2001), 3. For the demographic patterns in 1881, see Cole Harris and Robert Galois, "A Population Geography of British Columbia in 1881," in Cole Harris, *The Resettlement of British Columbia: Essays on Colonial and Geographical Change* (Vancouver: UBC Press, 1997), 137-60.

TABLE 1

British Columbia's Provincial Asylum Construction Timeline

YEAR END	INSTITUTION NAME	SUPERINTENDENT	TOTAL NUMBER OF PATIENT BUILDINGS	NUMBER OF CHINESE MALE WARDS	NUMBER OF FEMALE WARDS
1878 (May)*	Provincial Lunatic Asylum	E.A. Sharpe (1878-1883)	1	0	1
1884	Provincial Asylum for the Insane	J.I. Phillips (1883-1885)	1	0	1
1890	Provincial Asylum for the Insane	R.J. Bentley (1885-1895)	2	1	1
1897	Public Hospital for the Insane	G.H. Bodington (1895-1901)	4	1	2
1902	Public Hospital for the Insane	G.A. Manchester (1901-1902)	7	1	3

Source: British Columbia Mental Health Services Patient Case Files, 1872-1942, BCA, GR-2880, box 1, files 1-196, 1872-1885; British Columbia, Legislative Assembly Sessional Papers, Reports Official, 1885, 1891, 1898, 1903.

* Data are available for the month of May 1878, when the asylum first opened, rather than for December of that year.

TABLE 2

British Columbia's Provincial Asylum Patient Population by Gender

YEAR END	TOTAL	MALES	FEMALES	MALE % OF TOTAL POPULATION	FEMALE % OF TOTAL POPULATION
1878 (May)*	36	31	5	86.1	13.9
1884	51	43	8	84.3	15.7
1890	117	102	15	87.2	12.8
1897	204	164	40	80.3	19.7
1902	311	253	58	81.4	18.6

Source: British Columbia Mental Health Services Patient Case Files, 1872-1942, BCA, GR-2880, box 1, files 1-196, 1872-1885; British Columbia, Legislative Assembly Sessional Papers, Reports Official, 1885, 1891, 1898, 1903.

* Data are available for the month of May 1878, when the asylum first opened, rather than for December of that year.

therapy was not practised until nearly a decade later in 1885.⁴ In contrast, much of the Western world, including France, Germany, Britain, the United States, and eastern Canada, had implemented moral therapy by the end of the 1840s.⁵

GENDER, PLACE, AND WORK

In nineteenth-century British Columbia, both the medical community and the local public believed strongly in the importance of separating insane patients by gender.⁶ In 1869, two middle-class sisters, both school teachers, had been deemed insane. These “insane ladies” were noisy and physically violent, and one refused to wear any clothing. They were kept locked in a bare brick cell in the Victoria city jail with only male staff supervision.⁷ This challenge to Victorian respectability drew public attention to the severe lack of local psychiatric facilities. Eventually, a third sister, who was of sound mind, was permitted full-time access to the jail to care for her siblings. She wrote to the newspaper appealing to public respectability and arguing for gender-segregated facilities for the insane: “Men should be appointed to look after men – women to look after women. The cells for men and women should be in separate parts of the building ... Men and women of Victoria let us not rest until the evil is remedied.”⁸

The Provincial Asylum was an important part of the process of state building in early British Columbia, and it was subject to an overarching patriarchy realized at multiple levels of authority by people who occupied positions that were only open to males. It was one of the first institutions and one of the first major expenses sanctioned by the provincial government after 1871. Until well into the twentieth century, the province had only one asylum, which went through six major construction phases, as shown in Table 1. These were completed in the years 1872, 1878, 1884,

⁴ For a study of the late development of moral therapy in British Columbia, see Gerry Ferguson, “Control of the Insane in British Columbia, 1849–78: Care, Cure, or Confinement,” in *Regulating Lives: Historical Essays on the State, Society, the Individual, and the Law*, ed. John McLaren, Dorothy E. Chunn, Robert J. Menzies (Vancouver: UBC Press, 2002).

⁵ W. F. Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence, E.M. Tansey, *The Western Medical Tradition: 1800–2000*, 1st edition (Cambridge University Press, 2006), 198.

⁶ In this article I draw on and link together the historiography of gender, asylums, and the Chinese. In doing so I look at international historiography, Canadian historiography, and, especially, BC historiography. In the late nineteenth century, no other Canadian asylums had a significant Chinese minority. Mary-Ellen Kelm’s foundational work on the Provincial Asylum leaves room for further inquiry into the histories of male patients. She acknowledges the existence of a Chinese male ward but does not fully develop an analysis of race.

⁷ *Colonist*, “The Insane Ladies,” 9 December 1869.

⁸ *Ibid.*, “Oh! It Is Pitiful,” 18 November 1869.

1890, 1897, and 1902, respectively, and they included updates of existing buildings and the construction of new ones to increase patient capacity and to adapt to overcrowding as the populations of the province and of the asylum both grew rapidly. Male politicians made all decisions about the financing of the asylum, and the discourse of professional medicine was acutely patriarchal.⁹ Asylum staff served under the authority of a male superintendent who was responsible for expenditures, policies, patients, and staff. In the asylum, the superintendent was as much an embodiment of male patriarchal authority as was the head of a typical family.¹⁰

Yet patriarchy was negotiated by female asylum staff, who controlled segregated female living places, workplaces, and practices. The superintendent of the Victoria asylum from 1872 to until its close was E.A. Sharpe. Beneath him were various support staff and the matron, Flora Ross, who looked after the female patients. Sharpe fired Ross in 1874 as a result of a personality conflict and long-standing disagreements over staff roles. Ross wrote a series of letters to the Legislature that brought wide attention to issues of gender, respectability, and authority within the asylum, and she became a powerful force behind the decision to create a more “professional” institution for insane patients.¹¹ Ross’s main complaints related to Sharpe’s failure to respect her authority as matron and to his violations of respectability. She accused him of entering the female ward “whenever he cho[se], without so much as knocking at the door,” in addition to bringing male visitors into the female ward without notifying her: “[and] sometimes when he has so done, my patients have been in a state not proper to be seen.”¹²

Ross’s argument appealed to public respectability. However, on a much deeper level, it was an argument about segregation and power over gender and place as Matron Ross was seeking control over a female ward within a patriarchal institution. After the staff conflict was publicized, Sharpe resigned and Ross was reinstated as matron. She relocated to New Westminster and held her position for another twenty-seven years until her death in 1897.¹³ After the development of moral therapy in 1885,

⁹ John Starrett Hughes, “The Madness of Separate Spheres: Insanity and Masculinity in Victorian Alabama” in *Meanings for Manhood: Constructions for Manhood in Victorian America*, Mark Carnes and Clyde Griffen, eds. (Chicago: University of Chicago Press, 1991), 55.

¹⁰ Report of the Medical Superintendent of the Provincial Asylum for the Insane, Dr. G.H. Bodington, New Westminster, British Columbia, 1897, British Columbia Sessional Papers (hereafter BCSP), 1898, 836.

¹¹ Mrs. Ross to Provincial Secretary, Victoria, British Columbia, 1874-75, BCSP, 1876, 661-72.

¹² Mrs. Ross to Provincial Secretary, Victoria, British Columbia, 5 November 1874, BCSP, 1876, 665.

¹³ BCSP, 1898, Dr. Bodington, 1897, 836.



Figure 3. Three-storey administration building and wing (left) built in 1890. Tower and superintendent's residence added to front of building, 1895. *Source:* Annual Report, Hospital for the Insane, 1902, BCSP.

Ross was responsible for determining and supervising living places and workplaces as well as various activities on the female ward.¹⁴

Following the argument of historian Annemarie Adams, who maintains that in Britain female public buildings such as women's hospitals had a feminine architectural style, the exterior architecture of the original Provincial Asylum might be said to symbolize the overall patriarchal nature of the institution. Its facade was constructed of stone and brick, with iron-barred windows in the style of local jails.¹⁵ True to the late Victorian aesthetic, some upper-class benefactors funded stylistic improvements to the buildings, such as the addition of verandas and bay windows to the asylum's front exterior. These largely superficial updates were made to the main structure in 1895, when the residence of the superintendent was relocated and built onto the front of the centre block, complete with an asymmetrical tower. (See Figure 3).

The first Official Report of the Provincial Asylum, published in 1878, indicated a population of thirty-one males and five females. Between

¹⁴ By-Laws, Rules, and Regulations of the Provincial Lunatic Asylum, New Westminster, British Columbia, 1 January 1885, University of Victoria, Microforms/CIHM, no. 15945, 6.

¹⁵ Annemarie Adams, *Architecture in the Family Way: Doctors, Houses, and Women, 1870-1900* (Montreal: McGill-Queen's University Press, 1996) 159 and 167.

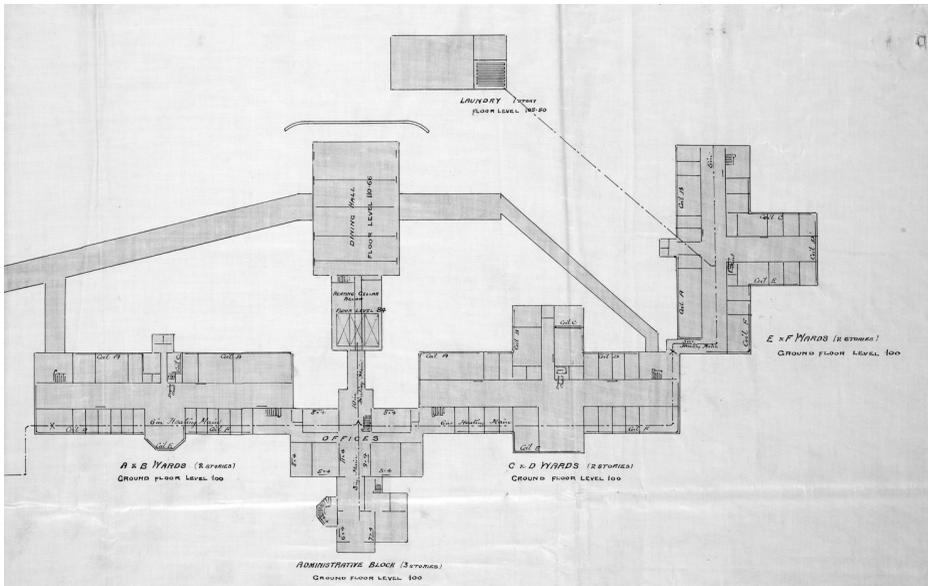


Figure 4. Architect Mr. Ridgeway-Wilson, New Westminster, British Columbia, Provincial Hospital for the Insane, centre block building plans, 1898. *Source:* Image from GR-0054, courtesy of Royal BC Museum, BCA.

1871 and 1902, roughly 80 percent of patients were men. (See Table 2). According to the fifth superintendent, Dr. Manchester, this was because “a large portion” of British Columbia’s “population consist[ed] of young men of a more or less roving disposition.”¹⁶ In eastern Canada, asylum populations were typically divided more or less equally between men and women.¹⁷

By 1890 the asylum had six wards designated A through F. Ward C was for female patients, while Ward F was for Chinese male patients. White male patients were assigned, according to their level of mental illness, to wards A, B, D, and E.¹⁸ Wards A and C, on the ground floor, flanked the central administration building and the superintendent’s residence. Ward B was upstairs from A, and Ward D was upstairs from C. Wards E and F were in the new wing, which was isolated towards the back of the property. Ward E was on the ground floor and housed the most severely ill white male patients, and the ward for Chinese men was above.¹⁹

¹⁶ Report of the Medical Superintendent of the Public Hospital for the Insane, New Westminster, Dr. G.A. Manchester, British Columbia, 1902, BCSP, 1903, E-5.

¹⁷ Kelm, “Only Place,” 68-69.

¹⁸ Royal Commission [on] Lunatic Asylum, *Report*, BCSP, 1894-95, 506.

¹⁹ Provincial Hospital for the Insane, building plans, 1898, Architect Mr. Ridgeway-Wilson, New Westminster, British Columbia Archives (hereafter BCA), GR-0054, box 22, file 392.

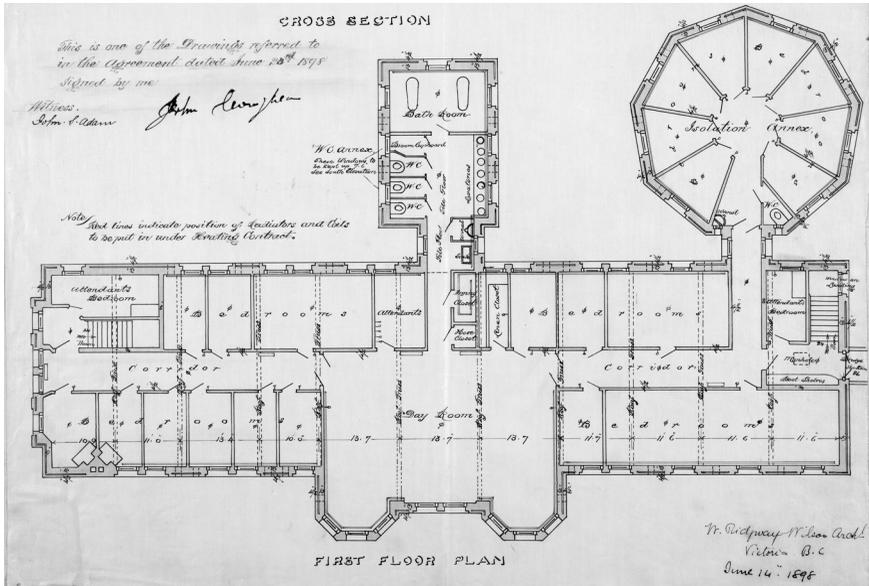


Figure 5. Architect Mr. Ridgeway-Wilson, New Westminster, British Columbia, Provincial Hospital for the Insane, detached cottage building plans, 1898. Source: Image from GR-0054, courtesy of Royal BC Museum, BCA.

An 1894 report described the female enclave of Ward C as the “brightest and least prison-like in the asylum.”²⁰ Unlike the other wards, it was decorated with plants and contained stacks of books and newspapers, which gave it a more home-like décor. Female patients dined in their ward off tablecloths and used cups and saucers made of fancy crockery. The creation of a distinctly female domestic living space in Ward C replicated the middle-class ideas about gender roles and the meaning of “home.” The male wards were much simpler in design and served essentially as resting and sleeping quarters. Male patients, in part because of their far greater numbers, dined together in the recreation hall, which had been included in the 1890 expansion to the centre block. They ate and drank from enamel plates and cups. In this way, the social organization of the asylum reflected the difference between male and female spheres.

After a new detached residence was built onto the front of the main building for Superintendent Dr. G.H. Bodington, the former superintendent’s house was renamed Lawn House and converted into a second female ward. (See Figure 6). This relieved some of the stress

²⁰ Royal Commission [on] Lunatic Asylum, *Report*, BCSP, 1894-95, 506.

and overcrowding in Ward C. In 1895, the new staff position of assistant matron was created to help manage the two distinct female wards. This provided the first opportunity to separate female patients according to type and severity of illness. Asylum staff gave females who were more independent and who showed greater potential for “recovery” more autonomy at Lawn House, where the architecture and interior still resembled that of a single-family dwelling.²¹

By the end of 1897, there were forty female inmates – more than the entire population of the asylum in 1878, when the institution first opened – but men still outnumbered women by a ratio of approximately 4 to 1. With the next major expansion of the asylum in 1897–98, a detached living place called Maple Cottage was completed, with accommodation for seventy male patients; and a similar space, called Oak Cottage, was completed by the end of 1898 for females, with the result that there were now three women’s wards (see Table 1).

Over the years, the architecture of the asylum was adapted to the changing service requirements of this “total institution.” For example, between passage of the hospital for the insane acts in 1897 and 1899, respectively, a larger, updated kitchen was added to the rear of the main block, and a larger dining hall for patients and a brick laundry facility were built.²²

Important shifts in attitude towards the treatment of the insane were also reflected in the structure of the asylum. In 1884, the iron bars were removed from the windows, which themselves were lowered to permit patients better views of the outside world. In 1885, Dr. R.J. Bentley was appointed as superintendent and was responsible for initiating asylum patient work tasks. Here again, the institution’s form reflected its functions and the prevailing distinctions between male and female spheres.

Ward C, and later Lawn House and Oak Cottage, doubled as living spaces and work spaces for female patients, giving them a distinctly domestic character. The labour of female patients consisted mostly of sewing and repairing clothing under the supervision of the matron.²³ In addition, women were responsible for housework and cleaning on their own ward and in common social places such as the recreation hall upstairs, where the male patients ate.²⁴ Male patients did not commonly

²¹ Val Adolph, *History of Woodlands: 100 Years of Progress* (Victoria, Ministry of Human Resources, 1978).

²² *Ibid.*

²³ Bcsp, 1886, Dr. Bentley, 1885, 397.

²⁴ *Ibid.*, 507.



Figure 6. Two detached wings finished in 1897 and 1898, respectively. Main building is to right of photo (not shown); at far left is Lawn House. *Source:* Annual Report, Hospital for the Insane, 1902, BCSP.



Figure 7. View of the asylum from across the Fraser River, 1902. Main building is on the far right; end faces of the 1878 and 1898 wings are to the left. *Source:* Annual Report, Hospital for the Insane, 1902, BCSP.

work in their living spaces but, instead, worked in the shops and grounds of the asylum. In 1885, approximately \$4,000 was spent on boundary fences, which permitted male patients to work outside, clearing and cultivating the asylum grounds, with less risk of intentional escape or wandering. Thereafter, male patients cultivated a sizeable garden. Only male patients were allowed to work outdoors, and in the late 1880s about 35 percent of them did so during good weather.²⁵ Typically, female patients sewed for the male patients, and male patients grew produce in the asylum garden for female patients to consume, thus reproducing something of the white middle-class ideal of separate yet complementary societal spheres.

Outdoor work was a clear reflection of gender workplace segregation. As John Starrett Hughes found in Alabama, the structure and institutional patriarchy of moral therapy “very nearly substituted a feminine world for the presumably dangerous masculine world of society” as the entire asylum resembled a domestic home that,²⁶ along with its inhabitants, was subject to the patriarchal authority of the superintendent. On the asylum grounds of Alabama and British Columbia, outdoor work in a way allowed male patients a temporary reprieve from this institutional patriarchy as it enabled them to work outdoors at more traditionally “male” tasks.

Some men wore clothes supplied by friends, but most wore heavy white shirts and trousers marked with a yellow star – identical to clothing worn by prisoners in the neighbouring penitentiary. The clothing of female patients reflected feminine work roles. In summer, they were neatly dressed in a light material with a small checkered pattern covered with white aprons, symbolic of female domesticity.

Initially, patient labour was voluntary and was usually limited to five or six hours a day. By 1887, however, patient work and work products were central features of the official annual reports on the asylum. The number of days worked, hours spent working, and monetary value of work projects were all recorded for male patients, but the toil of female patients was simply recorded in the form of yearly totals of products sewn and mended.²⁷ These different accounting practices reflected gendered conceptions of economic activity. Surplus produce from the male-tended gardens was sold and brought income to the asylum; women’s work was part of the internal economy only.

²⁵ *Ibid.*, 391.

²⁶ Hughes, “Madness of Separate Spheres,” 63.

²⁷ Report on the Asylum for the Insane, Dr. R.J. Bentley, New Westminster, British Columbia, 1886, BCSP, 1887, 443 and 448-9.

Patient work, though deemed to have curative effects, was also of significant financial benefit to the asylum and government, especially as it was unpaid. In 1889, much of the preliminary work for new buildings was completed by male patients who excavated 3,074 cubic feet of earth (eighty-seven cubic metres) for the foundation of a new wing. This was estimated to have saved the government \$1,537 in labour costs.²⁸ Money was also saved due to not having to pay people to make and mend patient clothing, though these costs were never quantified in dollars in the asylum records.

Moral therapy practices and patient labour increased quickly during the 1890s. A royal commission was sent to investigate questionable practices in the Provincial Asylum in 1894, when a male patient died after staff put him in an extremely tight straightjacket and locked him in a dark closet. The commission revealed that these antiquated restraint-and-isolation practices were still common under Dr. Bentley. Interviews with patients and staff revealed that patients were hit and kicked by staff and that straightjackets, handcuffs, and leather mitts were used for prolonged periods and often resulted in injuries.²⁹

By 1902, a blacksmith's building and a shops building had been added to the asylum. The shops building had a basement and two storeys above, and it contained carpentry, cabinetry, finishing, shoe-making, and tailoring shops. There were also separate rooms for bookbinding, brush- and broom-making, mattress-making, and lock and clock repairing.³⁰ These architectural changes expressed the increasing centrality of moral therapy and patient labour tasks in the institutional purpose of the Provincial Asylum.

Women laboured in the tailoring and shoe-making shops, doing their traditional mending and sewing tasks.³¹ In addition, some female patients assisted staff in the kitchen and worked two half days a week in the laundry facility (when the Chinese men were not working there).³² Men's work was also diversified by the new facilities, which created work in areas ranging from carpentry to clock-making. Yet sewing and

²⁸ Annual Report on the Asylum for the Insane, Dr. G.F. Bodington, New Westminster, British Columbia, 1889, BCSP, 1890, 47. In his study of Ontario asylums, Geoffrey Reaume questions whether the medical discourse of moral therapy was at times used to legitimize the immense financial benefits gained from free patient work. See Geoffrey Reaume, "Patients at Work: Insane Asylum Inmate's Labour in Ontario, 1841-1900." In: Moran, James E. and Wright, David eds. *Mental Health and Canadian Society: Historical Perspectives* (Montreal and Kingston: McGill-Queen's University Press, 2006), 69-96.

²⁹ Royal Commission [on] Lunatic Asylum, *Report*, BCSP, 1894-95, 503 and 505.

³⁰ BCSP, 1902, Dr. Manchester, 1901, 482.

³¹ *Ibid.*, 1903, Dr. Manchester, 1902, E-35.

³² *Ibid.*, 1902, Dr. Manchester, 1901, 488.

mending work, conducted in their own wards, remained the primary tasks assigned to women. For their part, men continued to work outside the asylum “home” in outdoor places and workshops, thereby continuing to preserve their wards as living quarters.

What is perhaps most significant in this analysis is the rapid increase in patient work between 1885 and 1902. In 1885, about fifty male patients worked for a total of 3,344 days, averaging about 66 work days per man. In 1902, 253 men worked a total of 54,918 days, averaging 217 days per man. There was a similar increase in the work of female patients. In 1885, 507 items were sewn or mended (an average of 51 items per woman). In 1902, 74 female patients worked on 16,607 items (an average of 224 items per woman).³³ In the six years after 1905, male patients worked over 27,000 days under the supervision of asylum staff, clearing land and constructing the Colony Farm, which opened in 1911. This was a 0.2 km² agricultural work treatment centre entirely for male patients, adjacent to the new Provincial Mental Hospital at Essondale, a few kilometres east of New Westminster.³⁴

GENDER, RACE, PLACE, AND WORK

The overarching “whiteness” of British Columbia’s asylum population was challenged by a minority group. Between 1872 and 1902, Chinese men accounted, on average, for between one-tenth and one-fifth of the patient population. (See Table 3). Both gender and race were primary categories reflected in patient living places and workplaces and work assignments. Between 1872 and 1897, roughly between 9 percent and 20 percent of the total asylum population were Chinese males, while never more than 3 percent were Chinese females. This gender imbalance roughly reflects the demographic pattern of British Columbia at the time.³⁵ Although the few Chinese female patients were integrated in white female wards and workplaces, I argue that race trumped any consideration of type or severity of illness in the segregation of male living spaces and work tasks. I also note that the main labour task for male Chinese patients was laundry work, which was typically viewed as women’s work. Thus, Chinese men were distanced from the social order of the white majority in the asylum, just as they were in the wider society.

³³ Ibid., Dr. Bentley, 1885, 391 and 397; BCSP, 1903, Dr. Manchester, E-34 and E-35.

³⁴ Adolph, *History of Woodlands*, 23.

³⁵ Chinese Question Papers, Copy of a Report of a Committee of the Honourable the Executive Council, approved by His Honour the Lieutenant-Governor, Victoria, British Columbia, 19 August 1882, BCSP, session 1883-84, 233.

TABLE 3

British Columbia's Provincial Asylum Patient Population by Gender and Chinese "Race"

YEAR END	TOTAL	CHINESE MALES	CHINESE FEMALES	CHINESE MALE % OF TOTAL POPULATION	CHINESE FEMALE % OF TOTAL POPULATION
1878 (May)*	36	6	1	16.7	2.8
1884	51	5	0	9.8	0
1890	117	23	1	19.7	0.9
1896**	171	16	0	9.4	0
1902	311	31	0	10.0	0

Source: British Columbia Mental Health Services Patient Case Files, 1872-1942, BCA, GR-2880, box 1, files 1-196, 1872-1885; British Columbia, Legislative Assembly Sessional Papers, Reports Official, 1885, 1891, 1897, 1903.

* Data are available for the month of May 1878, when the asylum first opened, rather than for December of that year.

** Data are not available for 1897; data from 1896 used instead.

From the first, Chinese men in the BC asylum were segregated and isolated by language. The admissions process required that two doctors interview each potential patient. They were required to assess appearance, conduct, and conversation.³⁶ Appraising conduct and conversation depended on verbal communication. But few Chinese spoke much English and the doctors spoke no Chinese, and, in any case, the BC Chinese population spoke a variety of southern Chinese dialects. The difficulties of communication persisted once Chinese patients were admitted. The Royal Commission investigating abuse and restraint in 1894 had to employ an interpreter, probably Won Alexander Cumyow, who had been born in British Columbia, for basic questioning of Chinese patients. Superintendent Bentley explained that he had used interpreters to communicate with Chinese patients only "on two or three occasions,"³⁷ and, in 1902, Superintendent Manchester mentioned "the difficulties we labour under in not knowing the language of this peculiar race."³⁸

Deportation of white and Chinese insane had a long history in British Columbia. White patients born elsewhere were individually deported,

³⁶ Mental Health Services patient case files, Victoria, British Columbia, BCA, GR-2880, boxes 1-3, files 1-561, 1873-94.

³⁷ Royal Commission [on] Lunatic Asylum, *Report*, BCSP, 1894-95, 567.

³⁸ BCSP, 1903, Dr. Manchester, 1902, E-9.

presumably to be supported by family and friends in their countries of origin. In contrast, in the 1890s, asylum staff members accompanied a group deportation of Chinese patients to China.³⁹ In 1902, Dr. Manchester remarked: "I have not lost any opportunity of deporting an Asiatic ... and have succeeded in getting rid of a great number this way."⁴⁰ In a very literal sense, deportation marked Chinese patients as a distant "other."

Chinese patients did not figure prominently in the reports of the Provincial Asylum during the first decade of its operation. Yet it is clear that, at meal times in the recreation hall, men were divided into three separate groups: the quieter patients, the troublesome ones, and the Chinese.⁴¹ Living places were also segregated by race, although, before 1882, Chinese patients were assigned separate dorm rooms rather than being formally segregated in their own ward.

In 1890, the proportion of Chinese males in the asylum peaked at nearly 20 percent. This came after the completion of the Canadian Pacific Railway in 1885, which left thousands of Chinese men in British Columbia without their accustomed employment.⁴² That year, Superintendent Bentley remarked: "It does seem a pity that this undesirable class should be such an expense to the country."⁴³ Five years later, he echoed this sentiment: "I am still very anxious to have the Chinese accommodated with a separate building ... not only on the account of the feeling of the white patients and their friends on the subject, but I think it will be more economical for the Government."⁴⁴ Political and public sentiment did not encompass the Chinese as citizens of the province, despite their increasing numbers, their participation in the economy, and the length of time that they had been present in British Columbia.

³⁹ Mary-Ellen Kelm, "Women, Families, and the Provincial Hospital for the Insane, B.C. 1905-1915" *Journal of Family History* 19 (1994): 178-93. In 1935, all Chinese patients were deported and the Chinese ward at the asylum was permanently closed. See Robert Menzies, "Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' Aboard the *Empress of Russia*, 9 February 1935," in *Regulating Lives: Historical Essays on the State, Society, the Individual, and the Law*, eds. John McLaren, Dorothy E. Chunn, Robert J. Menzies (Vancouver: UBC Press, 2002).

⁴⁰ BCSP, 1902, Dr. Manchester, 1901, 473.

⁴¹ *Ibid.*, 1886, Dr. Bentley, 1885, 389.

⁴² *Destitute Condition of Chinese*, copy of a report of a committee of the Honourable the Executive Council, approved by His Honour the Lieutenant-Governor, Victoria, British Columbia, 21 November 1885, BCSP, 347.

⁴³ BCSP, 1887, Dr. Bentley, 1886, 441.

⁴⁴ Report of Medical Superintendent of the Asylum for the Insane, Dr. R.J. Bentley, New Westminster, British Columbia, BCSP, 1890, 415.

The 1890 expansion of the asylum provided a remotely located ward for Chinese patients. Ward F was upstairs from Ward E, towards the back of the property, and it was the most isolated ward.⁴⁵ Even more explicitly than in the Vancouver Chinatown described by Kay Anderson, segregation in Ward F racialized boundaries that replicated ideals of white and Chinese as separate social groups.

The Chinese ward was closest to the laundry facility (constructed in 1894), and the laundry was almost exclusively a Chinese male space. Until 1885, a female staff person did the laundry work for the asylum. As the number of patients grew, under the supervision of the laundress, Chinese male patients were occasionally put to work in the laundry. In 1894, when the new laundry facility was opened, the laundress was replaced by a laundryman.⁴⁶ By then, Chinese patients did all the laundry in washing tubs.

Given the growth of the asylum, this was a sizeable task. In his 1901 report, Manchester wrote: "Considering the condition of some of the articles sent the foul laundry, it is simply wonderful what is accomplished by those patients under the skillful handling of the Laundryman." Asylum staff supervised, directed, and at times participated in almost all patient work in the asylum. Manchester lauded the head laundryman for so "skillfully handling his gang of Chinamen, whom it is not always easy to keep in good washing humour."⁴⁷ Chinese men were gendered and racialized through the patriarchal authority of the head laundryman, who governed them in the conduct of what was traditionally female work.

On a broad level, there are other connections between the segregated workplaces of white women and those of the Chinese male patients. Both female sewing and Chinese male laundering were repetitive tasks of a traditionally domestic nature. In comparison, white males performed a range of tasks in varied workplaces at the asylum. Though Chinese men and white women sometimes worked outdoors, they were primarily indoor workers. Hand-washing laundry was intensive and central to the functioning of the asylum, yet it was, along with its Chinese workers, marginalized or invisible in the official records of work in the asylum.

Around the turn of the century, some white female patients began to assist with laundry work. For two half days each week, female patients worked in the laundry on the cleaner and more delicate aspects of laundering (such as ironing). The female patients were only in the

⁴⁵ Provincial Hospital for the Insane, building plans, 1898, Architect Mr. Ridgeway-Wilson, New Westminster, B.C.A., GR-0054, box 22, file 392.

⁴⁶ Royal Commission [on] Lunatic Asylum, *Report*, BCSP, 1894-95, 509.

⁴⁷ BCSP, 1902, Dr. Manchester, 1901, 477.

laundry when the Chinese men were not.⁴⁸ This segregation was not simply to safeguard respectability: it also perpetuated the gendered view of white women as pure and delicate. When white women were involved in laundering, Chinese men were consigned to the dirtier and more labour-intensive stages of laundry work.

By 1902, Chinese patients washed most of the laundry for 311 patients: they did this by hand and in tubs. In 1902, Superintendent Manchester suggested adding another floor to the laundry facility to permit female patients to work more hours each week ironing and pressing, segregated from Chinese men, and using modern and widely available laundry machinery. The workplace of the Chinese laundrymen was the only part of the Provincial Asylum that had not been updated in thirty years.⁴⁹

Language barriers, deportation, and the marginalization of the Chinese ward in the asylum all reflected the white middle-class propensity to define the Chinese as outside of BC society. The creation of Chinese male workplaces and assignments involved constructions of both gender and race. This work segregation feminized Chinese men and reflected the commonly understood meanings of Chinese masculinity in the larger white society. Outside of the asylum the Chinese at least had a few other options beyond laundry work. In the highly controlled environment of the asylum, the white middle-class ideal of racial segregation of the workplace could be fully attained.

CONCLUSION

The early years of British Columbia's asylum saw a rapid expansion of patient capacity and a deepening division of the social organization of patients. White, male, middle-class authorities used the mechanisms of segregation to delineate the borders of living places, workplaces, and practices. Though male and female patients were physically segregated, the high level of social control in the asylum invested it with more distinct, yet closer and more complementary, gender relationships between whiteness, masculinity, and femininity than could be found in the wider society. Chinese patients were segregated and racialized in ways that were even more clearly distancing and negative than they were in society at large.⁵⁰ Indeed, in the late nineteenth century, the asylum presented an exaggerated example of the social attitudes and relations of power desired by British Columbia's predominantly male, white middle class.

⁴⁸ Ibid., 488.

⁴⁹ Ibid., 488-89.

⁵⁰ See, for example, P.A. Dunae, J.S. Lutz, D.J. Lafreniere, and J.A. Gilliland, "Making the Inscrutable, Scrutable: Race and Space in Victoria's Chinatown, 1891," *BC Studies* 169 (Spring 2011): 51-80.