"A blot upon the fair fame of our Island"

The Scandal at the Charlottetown Lunatic Asylum, 1874

On 2 July 1874 a Grand Jury led by Jedediah S. Carvell, a Charlottetown merchant and aspiring politician, entered the Lunatic Asylum at Brighton to investigate the conditions that existed there. What it found and described in a report issued the following day ignited a controversy that earned the government of L. C. Owen widespread denunciation at home and the official reproach of Imperial authorities in London. In passing, the event besmirched the reputation of the institution’s esteemed medical superintendent, Dr. John Mackieson, a pioneer island physician. The revelations resulted in Prince Edward Island being characterized, in the words of the Charlottetown Examiner, “as the one community in America in which lunatics are treated in a manner unworthy [of] the civilization and Christianity of the age.”

By Peter E. Rider

A few days later the Grand Jury presented a second report describing in detail the abusive and negligent behaviour of the keeper, Richard Moore Gidley. They recounted the fate of Mary McCormack, who was locked in an unventilated, underground cell, nude and surrounded by excrement, orally abused and fed improper food in insufficient quantities. Catherine Moan and Isabella Knowlan endured similar treatment, while Margaret Ready was beaten and dragged by her hair. As

“Foul and Shameful Disgrace”

The state of the Lunatic Asylum in 1874 was truly horrific. In one small compartment in the basement of the building, a young woman was found entirely naked except for a rag tied tightly around her neck. She lay on the floor under filthy straw surrounded by large pools of fetid urine. In another cell the same size, about six by seven feet, and lacking even straw, the jury found another young woman lying on bare boards in sickening filth. An elderly woman in a similar cubicle was kept in a fashion that jury members felt unwilling to describe through “common decency.”

Elsewhere in the building circumstances were scarcely better. There was no apparent attempt at cleanliness. The stench throughout was so bad that some jurors were ill for hours after their visit. The main dormitories had large urine stains on the floors, and the beds and bedding were “abominably” dirty and verminous. Some inmates were possibly the victims of violence at the hands of the keeper who was labelled an “ordinary laborer” lacking both training and “moral competence.” Comparing the asylum to the Black Hole of Calcutta, the jury called for the rescue of the “unfortunate creatures” inhabiting the facility and the removal of the “foul and shameful disgrace” which rested upon Prince Edward Island.
well, Gidley abused George Robertson and beat him with a rake handle, tormented Ready and Robertson with the use of cold water, and locked Knowlan and Margaret Johnson together in an unventilated closet measuring 4.5 by 6.5 feet.

The Grand Jury also found that the keeper had used his position for family gain. In 1872 and 1873 he sent employees of the asylum and some of its patients to work on his son’s farm. When his son was contracted to build an addition to the asylum, the project workers were housed and fed at the institution’s expense. Gidley, moreover, had denied admission to two trustees of the asylum and was inordinate to the medical superintendent.

Dr. John Mackieson, the superintendent, was open to criticism as well. In a third report, dated 9 July 1874, the Grand Jury noted that the conditions at the lunatic asylum were largely the result of the negligence of its medical superintendent, who tolerated the filth, failed to see all of the patients, and overlooked the inferior food. In disregarding these concerns, as well as the proper housing of the inmates, he deserved “the gravest censure.” While the jury recognized Dr. Mackieson’s age (79 years at the time) and his past accomplishments, they believed these factors might mitigate a punishment but should not shield him from prosecution.

Finally, the Grand Jury looked at the performance of the institution’s trustees. The legislation governing the asylum provided that three members from the Executive Council and seven others, two of whom were to be drawn from the House of Assembly, would oversee its management, together with the Chief Justice, the President of the Legislative Council, and the Speaker of the Assembly. The Grand Jury found few of the trustees were involved with their duties. Records were not kept properly, accounts were infrequently audited, and visits by trustees were sporadic.

In the wake of these reports, John Mackieson and Richard Gidley were formally indicted on 13 July 1874. Both were released on bail, but Mackieson’s nephew, Frederick Brecken, the Attorney-General, decided not to prosecute the cases, and the Grand Jury, with a changed membership, subsequently declined to pursue the medical supervisor further. In 1875 Gidley was again ordered to be brought to trial, but before the case was heard, the indictment was quashed when it was found that a member of the Grand Jury was related to a patient in the asylum and to a printer who had pre-judged the affair. In 1876 the jury, with yet another change of membership, refused to press charges against Gidley.

Repercussions

The larger issue of the proper institutional treatment of the insane in Prince Edward Island had by then taken on a life of its own. The initial report of the Grand Jury found its way to the desk of the British Colonial Secretary, Lord Carnarvon, who forwarded it to the Governor General in Ottawa. This unlikely circulation of a local judicial document reflects the interest that the Imperial government had in the state of asylums for the insane throughout the empire. Following the passage of the Lunatics Act of 1845, public policy in England and Wales favored the care of the impoverished insane in public institutions instead of privately owned homes. In the 20 years subsequent to that act, the infamous madhouses of the 18th century were rapidly replaced with newly-built asylums administered by civic boards.

Attempts were also made to ensure that this lead was followed elsewhere. In 1863 colonial governors were required to report on the state of public hospitals and asylums within their jurisdiction. Replies were analyzed and compiled, and the next year the governors received a compendium of the sorts of defects to be found in these kinds of institutions, along with a compelling invitation to remedy any such shortcomings in their colony and report accordingly.

The description of the conditions at the Charlottetown lunatic asylum, then, was exactly what the Imperial government did not want to hear. Calling the report “incredible,” Lord Carnarvon asked the Governor General on 7 August 1874 to exercise his influence to preserve the honour and good name of the province of Prince Edward Island. In its defence the Island government noted that it had instructed the trustees of the asylum to correct the situation and had replaced both the medical superintendent and the keeper.

The matter was not so easily closed. The Grand Jury on 21 January 1875 presented their opinion that the asylum was not suited for its purposes, and the new medical superintendent, Dr. Edward S. Blanchard, called for the erection of a new building. In his first annual report to the trustees of the asylum, Blanchard observed that Prince Edward Island was “far behind” Nova Scotia and New Brunswick.

“Laying aside every higher consideration…,” he continued, “even on the score of economy, it is high time that our insane were provided for…”

“The Cheapest and Most Efficient Mode”

It is important to record more of the story of the first lunatic asylum than just the tragic events of its final days. For all of the shortcomings of the Charlottetown asylum, its origins could be seen in part as a pragmatic initiative in public charity. The early-Victorian approach to social welfare stressed individual self-reliance and familial responsibility for those unable to look after themselves. The insane on Prince Edward Island, as elsewhere in the period before the mid-1840s,
were expected to receive care from their relatives. For those who could not rely on such support, the colonial administration provided funds to board them in private facilities.

An early proposal to provide institutional care for the mentally infirm was made by a select committee of the House of Assembly in 1831. It called for the old Charlottetown jail to be used "as the cheapest and most efficient mode of supporting them." No action was taken and by 1838 the House of Assembly was spending approximately £250 for the sustenance of the insane and infirm. The next year the sum was about the same, £230. These were significant expenditures for the Island government, but even with the outlays some of the mentally ill were not receiving proper care, residing instead in local jails. Not only did this latter condition result in neglect of the sick, it endangered others. In 1844 the Visiting Magistrates of the Charlottetown Jail drew attention to the risk "which attaches to the admission of Lunatics into the Jail, as the building has more than once been set on fire by persons of this description...."

By 1838 the Island legislature had asked that funds be set aside for the construction of a public institution to house the insane, the infirm, and the poor. Lacking money from current sources, the Assembly proposed that revenue from the sale of crown lands be applied to the purpose. The seriousness with which the people's representatives viewed the matter may be gauged by the fact that the original resolution was amended to urge the opening of roads in Georgetown Royalty as a more urgent priority. Nevertheless, two years later, with the approval of the British government, the legislature passed a bill authorizing the erection of an asylum. A structure costing at most £1,500 was to be built on a site priced at no more than £500. An additional £150 was set aside for furnishing the asylum, and another £350 per annum was available to operate it.

A squabble with colonial administrators in London over the manner of appointing trustees delayed action for two years. In addition, the inability to find the requisite-sized tract of land further held up the project until a subsequent act in 1844 reduced the requirements of the site from 20-50 acres to 10 acres. A site in the Charlottetown Common at Brighton was selected, and construction was begun by 1845 to a design by local builder Isaac Smith. The building was constructed of brick and provided accommodation for 20 persons, not counting the cells in the basement. The first eight patients were admitted in May 1847, but within weeks they were removed when the asylum was pressed into service as a typhus hospital.* The following June mental patients were again admitted to the asylum, and Prince Edward Island was able to claim that it had a public facility in which the insane would receive appropriate treatment.

This compared well with other jurisdictions. In 1836 New Brunswick opened the first hospital for the care of the mentally ill in British North America. The quarters, which were located in Saint John, were temporary, and a permanent structure was only completed by 1848. A provisional lunatic asylum for Newfoundland began operations in St. John's in 1847, although a permanent home was not ready before 1854, while Nova Scotians waited until 1859 for a similar institution.

The Good Fight

One of the first decisions made by the trustees of the Prince Edward Island Lunatic Asylum was to select Dr. John Mackieson as its medical supervisor. This well-connected physician had arrived on the Island in 1821 from Scotland and in the course of his career occupied several posts of public responsibility, including health officer for the Port of Charlottetown, surgeon general of the militia, and medical attendant at the Charlottetown Jail. His marriage to a daughter of Ralph Brecken linked him to an important circle of families including the Peakes, Havilands, and Glenaladale MacDonalnds, but sound training, substantial abilities and professional commitment were essential elements in his successful career. Even with all of his personal qualities and connections, the task that lay ahead would prove to be daunting.

Within a short period of time, Mackieson found that the resources available to him did not match the requirements of his patients. Windows that offered essential ventilation as well as views of the picturesque surroundings were boarded up for security reasons, cutting off both the vista and the air. In his report for 1850, Mackieson pleaded for wire mesh or rod screens to replace the wooden coverings. Two years later the Board of Trustees reported to the assembly that the asylum lacked an enclosed exercise yard or even cheerful rooms in which residents could relax. By 1855 crowding of patients due to the failure to complete all interior spaces of the

*For more on the remarkable Smith, see Marianne Morrow's "The Builder" in Number 18(Fall-Winter 1985). The building's use as a typhus hospital is described in "The Ill and the Dying: Family Records and the Lady Constable Affair," Number 36(Fall-Winter 1994).
On the frontispiece of the Case Book of the Lunatic Asylum, Dr. John Mackieson wrote the following:

My task is to "Minister to a mind diseased.
Fluck from the memory a rooted sorrow
Raze out the within troubles of the brain.
And, with some sweet oblivious antidote
Cleanse the stuff'd bosom of that pernicious stuff
Which weighs upon the heart."

A key aspect of that mission, according to the practice of the time, was the proper classification of patients. Like the taxonomic arrangement of rock samples or butterflies, a complete sorting of mental disorders by their symptoms would lead to a knowledge of their essence. In the long run this would produce a cure, and in the short run would assist in their treatment.

Nineteenth-century psychiatry had three classes of disease: mania, melancholia and dementia, resulting from three broad causes, defined as congenital (hereditary), physical, and moral. Thus, persons admitted to the Charlottetown lunatic asylum were listed as suffering problems such as "mania furibunda," which was determined to be hereditary in origin, dementia due to intemperance (a moral cause), or melancholia resulting from physical hardship. The causes, perhaps, give a clearer picture of the roots of a patient's insanity than do the classes of disease: "blow on the head," "disappointed love," "puerperal state" (probably post-partum depression), "inebriation," "family troubles," and "hard study" suggest problems familiar today.

The effectiveness of moral treatments would obviously vary. Little could be done with Alex Finlayson, who was incapacitated at age 30 by a blow to the head and in 1870 had been insane for 48 years. Catherine Pembroke, on the other hand, was admitted in January 1865. A single woman who had been "crossed in love," she was listed in the annual report three weeks later as "improving."

Ministering to "A Mind Diseased"

Several examples of Dr. Mackieson's treatments help to outline his methods.

Case 1 (Mania): A young man was brought into the asylum in a strait jacket. He had been upset by a sermon from a Methodist preacher and by his sister's impending marriage, which he opposed. When he first arrived, he was violent and broke windows. Mackieson drew 24 ounces of blood from him and purged him. This treatment was repeated several times and was accompanied by work hauling water and chopping wood. Within two months, the patient's conversation was "quite rational," and he was subsequently discharged.

Case 2 (Moral Insanity): In 1868 a man was sent from the Charlottetown jail, where he was confined for breaking the peace. He looked "sulky and dark," and was obstinate and quarrelsome. At times he tried to escape. After striking another patient, he was confined in one of the basement cells. By 1871 he was behaving quietly and occasionally worked cutting wood. In 1874 Mackieson noted the patient was very quiet but would continue "permanently a Lunatic."

Case 3 (Melancholia Agitata): A 35-year-old woman was admitted in a very depressed state, due to her husband running off to Australia, leaving her destitute and in charge of a "lunatic child." She received medications, including chloral, every night. About one month later she was discharged on a trial basis. Two weeks after that, she committed suicide at her sister's house by placing the foot of a bedstead on the arteries of her neck.

Case 4 (Sentle Insanity): An elderly cooper who had been jailed for breach of the peace was taken to the asylum where he talked nonsense and pleaded to be allowed to return home for his tools. Denied his liberty, he would howl for hours to have the door opened. He also would promise to give tubs and bushel containers to anyone who would release him. A year later, still an inmate of the asylum, he was complaining of being weak and hungry. He still wanted to go home. He died in the asylum three years after his admission.

Case 5 (Intermittent Insanity): A young woman was transferred from the Georgetown jail and, while lucid at times, exhibited symptoms of insanity, including a compulsion to rearrange her furniture and overturn her bedstead. On one occasion Mackieson found her lying on the floor under her bed suffering from a mania due to menstrual obstruction. He noted later that she would lean on her elbows and knees on the floor and would neglect to use her bucket and consequently foul her room. Over a period of six years, normal behaviour was interwoven with violent outbreaks. At various times treatments included showers to the head, use of restraining muffs, confinement in a basement cell, and medicating with quinine and iron. A cousin was also a lunatic and Mackieson concluded her insanity was probably hereditary.

* For a brief statement on the causes and treatment of insanity by Dr. Blanchard see the "Annual Report of the Medical Superintendent of the Lunatic Asylum for 1877," in the Journal of the Legislative Assembly for 1878, pp.56.

Medications. Nineteenth-century physicians employed a range of medications, some of which would be considered unsafe today. Citrate of iron and quinine (see case 5) was commonly used as a tonic to counter the effects of anemia, convulsions, fever, glandular swelling, and weakness due to chronic disease or emotional disturbance. Chloral or chloral hydrate (see case 3) was a combination of chlorine, carbon, oxygen, and alcohol, and was available as crystals in packages similar to the one in the photograph. A weak narcotic, it dulled pain and induced sleep. Chlorate of potash (shown in the photo) was believed to be effective in adding oxygen to the blood, thereby enabling the body to fight the degenerative effects of scurvy and infections, such as diphtheria and meningial disease. It was actually mildly poisonous, and did not produce oxygen at all.
building became apparent. Although more of the asylum was subsequently fitted up, deficiencies in the accommodations remained. In his report for 1856 Mackieson complained of insufficient heat in the building during the winter months. He also stressed the strong links between successful treatment and living conditions in the institution. Increased grants from the legislature for maintenance were needed, he argued.

One of the most vexatious issues facing the medical superintendent involved the kinds of persons to be housed in the asylum. In 1855 there were 99 people listed as lunatics on Prince Edward Island, 26 in Charlottetown alone. This far exceeded the capacity of the asylum, which by then was filled to its maximum with 20 insane persons at any given time. In addition, the building was expected to house “imbecile paupers” as well as the destitute sane. The admission of non-mental patients resulted from a “great original blunder,” in Mackieson’s opinion. The combined roles as a mental hospital and a workhouse were intended to permit the poor’s labour to defray the cost of caring for the insane, but Mackieson instead found himself burdened with a number of incapacitated elderly men who merely occupied space. In 1854 seven paupers resided at the asylum. Except for one man who was 58 years old, they ranged in age from 72 to 86 years. At the same time, there was no enough space for some mental patients to be admitted for care. Instead, more urgent cases were confined in the jails. Efforts on Mackieson’s part to terminate the dual functions of his hospital finally bore fruit in 1869 when a separate poor house was finally established.*

Moral Treatment

The medical superintendent’s concern to focus on the mentally ill related directly to his desire to be effective. Medical opinion in the early 19th century was discarding the view that madness was purely a physical illness requiring the incarceration and the repression of the insane for the protection of society. In its place, greater sensitivity was displayed for the emotional circumstances of mental sickness. Insanity was seen as arising from a malfunction of the mechanisms in the brain that governed personal discipline. Health could be restored through the application of “moral” treatments involving behaviour modification, kindness, and wholesome living conditions. The insane were to be removed from the situation that upset them and to receive the support needed for them to reassert self-control. An ordered routine, good food, ample exercise, and amusements were expected to distract the attention of patients from their troubles. Although Mackieson employed the old tools of repression to contain violent outbursts, he looked to the modern methods to effect final cures. Thus, his hospital had to be clean, bright, airy, and spacious enough to separate the sexes and classes, and the mildly disturbed from the chronically deranged.

Even with less than optimal circumstances, Mackieson claimed substantial success. In 1855, 27 patients received treatment in the asylum, of whom eight recovered. One half of the ten cases admitted between April 1855 and January 1856 were discharged as cured. Such success, the medical superintendent claimed, encouraged others to seek help. Prompt attention to mental disturbances was desirable, because he found that recent illnesses were by far the easiest to correct. Chronic cases had poorer results.

Mistaken Economies

The 1860s were successful years for the asylum and for Mackieson. By 1860 new stoves heated the premises in winter, and in 1861 extensive renovations were made, including new furnishings and decorations. Better bedding and clothing were provided, and a small library was begun. As a consequence, the atmosphere in the asylum was more harmonious. Mackieson found that he no longer had to use strait-jackets to restrain patients, employing instead belts and wrist bands. Seclusion of the unruly was used only in extreme circumstances. The next year further improvements were made in the asylum’s heating system, sick bays, and meal services. Exercise yards for both men and women were subsequently built. In 1867 the building was expanded to include 15 more rooms for male patients. Ominously, however, the annual reports of the medical superintendent noted the ongoing need to quarter patients in the cellar “to their obvious disadvantage and discomfort.”

*This was located in the Victoria Barracks. Ironically, when the mental patients were moved to Falconwood, the poor were transferred to the Brighton facility.
At moderate expense, Mackieson stated, the asylum could be expanded so that the basement would no longer be required for dormitory space.

Clearly, the Charlottetown Lunatic asylum was an imperfect vehicle for psychiatric care. Mackieson considered it small, faulty in design, and humble by the standards eventually attained in the neighbouring colonies. Additional numbers of patients made the workload of the keeper “not a little onerous.” Underground living areas increasingly were a worry, and yet, as he recounted for the year 1863, “the hospital though thus limited, continues in a state of thorough repair.” The annual report to the trustees of the asylum for 1865 declared that a record number of patients were admitted and discharged as cured. But at the same time the list of chronic cases remaining as permanent residents grew.

Mackieson, accordingly, continued to press for expansion of the facility, stating in his report for 1868 that it was “mistaken economy to continue thus to procrastinate in furnishing subsidiary accommodation to our wants, in a case so obvious and so urgently demanded.” Rapid admission of new psychiatric cases was imperative; delayed treatment was disastrous. The reason, as documented for 1869, was the difference between rates of recovery: 80% for those ill for less than a year, 20-30% for illnesses of 1-5 years duration, 12% for 5-10 year cases and only 5% for patients with sicknesses lasting more than 10 years.

Calls for improved facilities were finally considered by the legislature in 1871. A special committee was created to examine the asylum and to recommend whether the present building should be expanded or a new site acquired. The committee subsequently recommended that the government abandon the lunatic asylum, which was “altogether inadequate,” particularly with respect to the “damp, badly ventilated and lighted” basement cells and to the small property on which the building was found. Instead, the asylum should be moved to Falconwood Farm in Charlottetown’s Royalty. Currently being leased as a Government Stock Farm, Falconwood offered ample land on which to employ the patients and a substantial brick house that, with additions, could serve present and future needs.* In March 1871 the Assembly voted to accept the report and purchase the stock farm for £3,000. The resolution, moreover, agreed to expand the house on the site at a cost of another £3,000.

Surprisingly, given the Assembly’s decision, the medical superintendent’s report for the year 1871 is remarkable for its sombre outlook. The prospect for improved accommodations had by then faded, and “we are left to indulge in the pleasure of Hope, with a persistent faith in the far future.” His report for 1872 noted that the accumulation of chronic cases absorbed the space needed for recent, curable breakdowns with the result that the asylum was becoming merely a jail for the insane. Warning again against the evils of entombing patients in the basement, Mackieson highlighted a resolution of the Association of Medical Superintendents of American Hospitals for the Insane that condemned overcrowding as “an evil of great magnitude.” Less than six months before scandal swept him away, he wrote in his final report that the cost of curing mental patients was far less than maintaining them in institutions. Even a temporary addition to the men’s quarters, in his opinion, failed to correct overcrowding, which disrupted the healing process.

**Consequences**

The consequences of the widespread publicity connected with the Grand Jury’s reports on the Lunatic Asylum were swift and profound. A revised Lunacy Act was passed. New management of the asylum and an attentive board of trustees secured improvements that were apparently unattainable previously. A new wing of 28 rooms for female patients was built in 1875, while a general clean-up began within the existing building: walls were lime-washed, door bolts changed, and an organ installed. The use of restraints was almost entirely abolished, and religious services were instituted.

In terms of future development, ideas of adapting an existing building were abandoned, when Dr. Blanchard demonstrated that only a substantial new structure would be sufficient. The numbers were on his side. At the beginning of 1874, there were 58 patients residing in the asylum; at year’s end the number had grown to 64. According to professional standards, the population of Prince Edward Island was large enough to merit a 200-bed building. Blanchard’s

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*For more on Falconwood, see “Mrs. Haviland’s Plants,” by Elinor Vass, in Number 36(Fall-Winter 1994).
arguments were heeded. In April 1875, the provincial legislature passed an act permitting the construction of a new hospital for the insane at Falconwood Farm. This was duly reported to the Colonial Secretary, whose censure had probably been more convincing than Blanchard's statistics. Lord Carnarvon professed himself "much satisfied" by the news. The inmates of the asylum would have to wait longer for gratification.

In the wake of the government's legislation, designs for a new hospital were invited. The 11 submissions were taken by the new medical superintendent to Dr. Clement A. Walker, head of the Boston Lunatic Hospital, for review. Upon Walker's advice, a proposal submitted by the firm of Stirling and Dewar of Halifax was recommended with some alterations. This would give the Island, in Walker's words, "a Hospital structure second to none for conveniences and for daily administration."

It was not all smooth sailing in the post-scandal climate. Concern for economy remained, and there were accusations in the legislature that the present asylum was being run extravagantly. Dr. Blanchard wrote a detailed response showing that the expenses of the Charlottetown asylum compared favourably with asylums in Halifax, Ontario, Quebec, and the United States. He also convincingly challenged "enormously exaggerated" estimates of the cost of a new hospital. For example, he refuted one claim that the heating system would cost $32,000 by presenting an offer from a Halifax firm to do the work for $12,850. Clearly, Blanchard was more forthright than Mackieson in urging his case. Stating that no building in America was "so wretchedly adapted to the purpose as is the one we occupy," he pressed the politicians to improve the "simply inhuman" manner "in which the unfortunate insane in this Province have been treated."

Discussion of the plans for the new building continued throughout 1876. Construction finally began on 14 June 1877. On 10 December 1879 the residents of the old lunatic asylum vacated their quarters and occupied a new and comfortable hospital. "The relief experienced," Blanchard recorded, "has been very great." So began a new chapter in the history of the treatment of the insane on Prince Edward Island.

**Conclusion**

The opening of the Prince Edward Island Hospital for the Insane at Falconwood brought an end to the appalling story of the Charlottetown lunatic asylum. One is left to wonder, however, why the circumstances of the mentally ill on Prince Edward Island were allowed to deteriorate so badly. It is too simple to blame a brutish attendant, a negligent physician, or complacent trustees. Nor will castigating cost-conscious politicians suffice. Islanders also would have been unwilling to accept that they had been collectively unfeeling. There was certainly widespread knowledge of conditions at the asylum, since they were outlined in the annual reports of Dr. Mackieson, discussed in the legislature, and reported in the press. An explanation probably lies in the inability of the community and its officials and representatives to visualize the humanity behind the spectre of lunacy. What was known was not understood; what was felt was not backed by a sense of personal responsibility. Once the veneer of anonymity was ripped away from the tragic inmates of the asylum, revealing scandalous conditions and causing community shame, there was sufficient impetus to act.

In this Prince Edward Island was not alone. By the 1870s, the mental institutions in New Brunswick and Nova Scotia suffered from similar overcrowding, and both places experienced scandals involving abusive attendants and neglected patients. Cases of deaths of residents who had been physically attacked by their caregivers occurred at asylums in Middlesex and Lancaster, England, during the 1860s and 1870s. Contemporaneous conditions in Ontario, the United States, Great Britain, and Australia reflect a common pattern of inadequate resources and unsatisfactory care. Improvements often waited until such shortcomings were publicly revealed.

The early experience of the York Asylum in England had proven a harbinger. Opened in 1777 by humane persons as a model of enlightened treatment, it was engulfed in 1813 by a sensational exposé of cruelty and neglect. Never forgotten, the evils of York motivated reforms in the treatment of insanity later in the century. Nevertheless, noble intentions to cure the mentally ill were regularly subverted by an unwillingness in the wider community to provide the means to do more than warehouse the insane. The sad reality of the situation at the Charlottetown lunatic asylum was that it was all too common.

**Sources**

Most of the information in this article comes from the Records of the Supreme Court of Prince Edward Island at the Public Archives and Records Office of P.E.I. and from the *Journals of the House of Assembly* particularly the "Annual Reports of the Medical Superintendent of the Lunatic Asylum." Quotations are taken from the documents noted in the adjoining text. The records of the Falconwood Hospital include item 19, the "Lunatic Asylum Case Book," which contains statements of Dr. Mackieson's treatments. Accession 2541, item 56 is a hand-written sketch of the history of institutional care of the insane on Prince Edward Island to 1911. A biographical entry on John Mackieson, by Irene Rogers, is found in the *Dictionary of Canadian Biography*, vol. XI, (Toronto, 1982), pp. 565-66, and he is profiled by Dr. David A. E. Shepherd in the last issue of this magazine. Newspapers, as always, help with details and context. Daniel Francis, in an article titled "The Development of the Lunatic Asylum in the Maritime Provinces," *Acadiensis*, 6(Spring 1977): 22-38, omits coverage of Prince Edward Island. For Newfoundland, see Melvin Baker, "Henry Hunt Stabb and the Establishment of a Lunatic Asylum in St. John's Newfoundland, 1836-1855," *Scientia Canadensis* 26(1984): 59-67. A vast bibliography exists for the history of madness and the treatment of mental illness, and this helps to establish the broader setting in which the events in Charlottetown unfolded.