

Out of Mind, Out of Sight: A History of the Waterford Hospital.
Patricia O'Brien.

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RAINER BAEHRE

THIS AMBITIOUS AND PIONEERING study is more than an institutional history of Newfoundland's main psychiatric facility, the Waterford Hospital in St. John's. (The name, a fairly recent one, derives from its location near the Waterford River in the west of the city.) Patricia O'Brien, who is now an adjunct professor of medical history at Memorial University, has attempted to place the hospital's past in the wider framework of the social and intellectual history of psychiatry, exploring the clearly discernible stages from the emergence of the early 19th century lunatic asylum to the post-1960s era of "deinstitutionalization." Throughout she also has in mind pervading Newfoundland attitudes towards the mentally ill; hence her title.

Early records clearly indicate that the lot of the "lunatics" in the early 19th century pre-asylum stage was far from a happy one. They were often confined in basements, attics, and jails under the most wretched conditions, and it was only with the founding of the St. John's public hospital in 1813 that a separate ward was established for them, one well away from other patients. By the mid-1830s colonial officials, including Chief Justice H. J. Boulton and Governor Henry Prescott, aware of the international movement towards lunacy reform, urged the House of Assembly to initiate change and provide necessary funding. Prevailing public apathy, lack of funds, the small number of lunatics, and administrative and political inertia halted their efforts.

A gradual change, however, became evident following the arrival in Newfoundland in 1838 of a British doctor, Henry Hunt Stabb, a name synonymous with psychiatric reform in the colony for the next half-century. O'Brien carefully traces the political difficulties encountered by Stabb. Following the St. John's fire of 1846, the House of Assembly approved the long-requested construction of an asylum, but only in principle. Before long, the legislators provided Stabb with a salary as the newly-appointed medical superintendent, and funds were granted to allow initial construction, but little more. In 1847 Stabb toured leading British and French institutions, and was

particularly influenced in his views by his friendship with the renowned English alienist, John Conolly.

On his return, Stabb became instrumental in the adoption of a former fever hospital, Palk's Cottage, a thirty-foot square wooden building, as the Provisional Asylum for the Insane. Eleven patients from the St. John's hospital were transferred there. Thus was born Newfoundland's first lunatic asylum. Eight years later, this arrangement was superseded by a Hospital for Mental Diseases housing fifty patients — a development which also owed much to the energy and private initiative of Stabb. O'Brien rightly describes the government's decision to open an asylum based on the system of non-restraint as "a significant departure in local social and medical practice," for now the "insane" poor received care and treatment at public expense.

The mid-Victorian era was the heyday of asylum reform in Newfoundland and abroad, and O'Brien devotes three chapters to the hospital's expansion from 1854 to 1877, its administration, its physical setting, and the political maneuvering and financial pitfalls that were encountered. The institution was characterized by the powerful patriarchal authority of the medical superintendent over both his staff and the primarily paupered and chronic patients who were his charges. These had eventually grown in number to 150 and came from communities throughout the colony. Information compiled by O'Brien from registers and records provides the reader with a sense of their afflictions, the wide variety of their symptoms, how they were classified, their gender, their occupations, and some personal characteristics such as their marital status, age, and religion.

The third stage in Newfoundland's psychiatric history happened in the late 19th century when erosion of public support and confidence in the asylum as a curative institution led to an era of custodial care lasting well into the 20th century. The mid-Victorian lunacy reformers had been noted for their faith in the curability of insanity, especially among recent cases, in a well-regulated asylum where the technique of "moral treatment" was paramount. ("Moral treatment" is an archaic term which denoted treating patients without mechanical restraints in a humane setting by means of institutional order and kindness.) But as the number of admissions increased and discharges decreased proportionally, outside interest in the fate of both acute and chronic inmates waned. Overcrowding and understaffing then became endemic to the system of psychiatric practice in general.

The steady deterioration in the Waterford Hospital as a humanitarian reform institution during this period finally resulted in a Commission of Inquiry in 1890, in whose report were cited instances of vermin-infested patients, malnutrition, indiscriminate mixing of patients, staff neglect, and a widespread return to restraints in the form of seclusion and strait jackets as modes of treatment. In general, there existed conditions "of the most revolting nature." One immediate recommendation was the retirement of

the elderly Stabb, now apparently incapable of enforcing a rigorous administration. Renewed efforts to regulate the asylum's affairs and to upgrade its services were also urged. Stabb's departure signalled the end of the reform era and the beginning of a custodial era in which humanitarian and scientific concerns gave way to administrative preoccupations and expediency. By and large, patients were now simply warehoused.

The years 1890 to 1920 witnessed other important though not altogether positive changes. Reflecting the British Lunacy Act of 1890, admissions in Newfoundland were now subject to judicial review, which made admission to hospital a procedure akin to criminal incarceration. The asylum became more removed than ever from the community. While efforts were made to clean up the asylum, improve the quality of staff, and expand existing facilities, the 1911 report of Sir James Moody condemned the almost completely carceral nature of the institution in which inmates were little more than unclassified prisoners, locked up in dismal surroundings with little to occupy them. Some back wards were described as "unfit for human habitation." By 1914 there were 288 patients living in severely overcrowded conditions. The asylum had become a "home for incurables."

Efforts to restructure the hospital had to await the end of World War I, a severe downturn in the fishery-based economy, and another commission. The 1921 "Report on Hospitals for the Insane, Methods of Treatment and Administration," written by the newspaper editor H. M. Mosdell, looked to Canadian developments in psychiatry. The previous generation in psychiatry had seen progress on various fronts: in neurology, in Kraepelin's widely praised system of patient and disease classification, in Freudian psychoanalysis, and in the success of the Mental Hygiene movement, which stressed prevention and the integration of the efforts of psychiatrists, teachers, social workers, and government officials. In the light of these developments, the Mosdell Report lamented the continuing custodial nature of Newfoundland's ill-equipped mental hospital and its inadequate medical treatment.

The fourth major phase in the history of Newfoundland psychiatry involved the increasing use of medical procedures in the treatment of mental illness. O'Brien's last chapters deal with the introduction of "active" psychiatric treatment between 1930 and 1954, when institutionalization and pharmacological and other forms of intervention, such as insulin and electro-shock therapy, were introduced and subsequently reached their peak. In addition, Newfoundland's psychiatric services continued to be shaped by developments outside the hospital, notably the Commission Government (1934-49) and confederation with Canada.

Another influential stage in psychiatry occurred in the early 1950s. Social work, a clinical psychologist, and outpatient and day-care programs were added to the hospital's range of services. The most important change,

however, took place between 1955 and 1965, when psychotropic drugs made it possible and acceptable to release patients from hospital altogether, thus initiating the most recent phase in the history of psychiatry: deinstitutionalization, and alternative forms of psychiatric intervention.

This volume offers a substantial amount of statistical and other information. It is a credible and helpful reference guide, based on a prodigious amount of research. The sheer volume of history encountered in this “complex interplay of local and international pressures” has made O’Brien’s task a difficult one, and some sections of the book are clearly stronger than others. Ultimately, one suspects, the author sees the history of the Waterford Hospital in terms of progress. Although she does occasionally criticize past practices — and while there is truth to her overall assessment indicating psychiatric reform — O’Brien essentially circumvents the unavoidable analytical issues and debates on the nature and history of psychiatry as a discipline. Her brief references to the social control debate, for instance, are unfortunately cursory, dated, and problematic.

In summary, this book serves well as a useful introduction to Newfoundland’s psychiatric history and to a social and institutional history of medicine in Newfoundland; but one suspects it is not definitive. It deserves praise for being the only overview available on the history of psychiatry as it evolved in Newfoundland. Indeed, there is no Canadian counterpart. Yet more work remains to be done.

SIR WILFRED GRENFELL COLLEGE