The Gender Politics of Criminal Insanity: "Order-in-Council" Women in British Columbia, 1888–1950

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Between 1888 and 1950, 38 women were confined for indeterminate periods to British Columbia's psychiatric system under executive "Orders-in-Council". Enlisting clinical, organizational, and government records, the authors explore the psychiatric practices of control through which a male medico-legal establishment strove to comprehend and discipline these "criminally insane" women. The authoritative discourses and activities that shaped these women's forensic careers reflected a gendered conception of social order that was hegemonic during this period. Such discourses helped to fashion the images of women, crime, and madness that continue to permeate public and official culture.

De 1888 à 1950, 38 femmes ont été confinées par décret, pour une période indéterminée, dans les établissements psychiatriques de la Colombie-Britannique. À l'aide de documents cliniques, organisationnels et gouvernementaux, les auteurs étudient les pratiques de contrôle psychiatrique qu'utilisait le corps médico-légal masculin pour chercher à comprendre et à discipliner ces « aliénées criminelles ». Les discours et les mesures qui faisaient alors autorité et qui ont façonné le vécu de ces femmes témoignaient de la conception hégémonique de l'ordre social des hommes et des femmes de l'époque. De tels discours ont contribué à modeler l'image des femmes, de la criminalité et de la folie qui continuent d'imprégner la culture publique et officielle.

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> If a woman commits an offence which is regarded as incompatible with her female status she has committed a double transgression. She has transgressed against the code of what it is to be feminine — docile, passive and gentle — and she has also transgressed against the criminal law. She may either be regarded as doubly bad, doubly evil, and put in prison for a long time, or, if she is not bad, therefore she must be very, very mad and in need of psychiatric treatment in high security.
> *Dr. Gillian Mezey, St. George's Hospital, London (1990)*[1]

> I am reminded of the man whose wife was acting queerly, so he called in a doctor. After examining her the doctor said to the man, "I am sorry to tell you your wife is suffering from insanity." The husband replied, "Insanity! Wherever could she have got that? Why, she hasn't been outside the kitchen for twenty-five years."
> *Ernest E. Winch, MLA, B.C. Legislature (1945)*[2]

ON DECEMBER 5, 1888, Vera Renfrew became the first woman in British Columbia to be indeterminately hospitalized as "criminally insane".[3] Aged 46, married to a Victoria barber and having seven children, Vera had been committed to a six-month jail sentence in August of that year after a conviction for public drunkenness. Exasperated by more than three months of defiance and disorder, her warders finally summoned two city physicians for a mental examination under the terms of the province's *Insane Asylums Act*.[4] Both doctors proceeded to certify Vera to the Public Hospital for the Insane (PHI) across the Strait of Georgia in New Westminster.[5] These actions paved the way for the signing by Lieutenant-Governor Hugh Nelson of an executive Order-in-Council authorizing her transfer from prison to hospital.[6] According to Dr. John S. Helmcken's

1 Gillian Mezey, (1990), cited in Ann Lloyd, *Doubly Deviant, Doubly Damned: Society's Treatment of Violent Women* (Harmondsworth, U.K.: Penguin, 1995), p. 146.

2 British Columbia Archives and Records Service (hereafter BCARS), GR 496, Box 38, File 6, E. E. Winch, MLA (Burnaby), Speech to the Legislature of British Columbia, November, 1945.

3 Pseudonyms for patients are used throughout the paper, and place names and other details are altered whenever necessary to ensure confidentiality.

4 Province of British Columbia, *Insane Asylums Act*, 1873 (36 Vict., chap. 28).

5 The Public Hospital for the Insane (PHI) had opened in 1878, at which time the province's population of mental patients was transferred from the Victoria Lunatic Asylum to the New Westminster setting. The PHI, later renamed the Woodlands School, operated on this site until its final closure in 1996. See Val Adolph, *The History of Woodlands* (Victoria, B.C.: Mental Health Branch, 1978); Mary-Ellen Kelm, " 'The only place to do her any good': The Admission of Women to British Columbia's Provincial Hospital for the Insane", *BC Studies*, no. 66 (1992), pp. 66–89.

6 Orders-in-Council were special regulatory directives issued by the provincial cabinet and authorized by the Lieutenant-Governor under the authority of the Crown. They were usually signed by the Attorney-General and Premier on behalf of cabinet. Empowered by the federal *Criminal Code*, they provided for the indeterminate confinement "at the pleasure of the Lieutenant-Governor" of persons

evaluation,[7] "She is very excitable, nervous and hysterical — dirty — is very low spirited — thinks she will never see her children more. The Truth is that she is suffering from a long continued use of alcohol and a life of debauchery. ...[S]he refuses to eat anything and will continue in this for days without any cause save contrariness."[8] No account remains of Vera's remaining days confined as an Order-in-Council patient in the PHI. We are informed, in a cryptic registry notation by asylum Superintendent R. I. Bentley, only that she "gradually passed away from exhaustion" one month and nine days after having been transferred.

More than six decades later, 62-year-old Imogene Brookings entered the wards of the East Lawn Building at the Essondale Provincial Mental Hospital in Coquitlam as British Columbia's thirty-eighth woman Order-in-Council patient.[9] Like Vera Renfrew before her, Imogene had been imprisoned for public intoxication. Following her arrest on the streets of Vancouver's downtown east side, she was sentenced to 30 days in Oakalla Prison[10] and, ten days later on September 15, 1950, was removed to Essondale after setting fire to her mattress and smashing assorted windows. On her admission, physician A. L. Swanson described Imogene as a "short, scrawny, elderly white female in a very agitated state". He added, "Her language is extremely obscene and profane and she ... does considerable quipping."

Imogene remained in Essondale for just under one year. She was administered 19 shock treatments during the fall and winter of 1950. In contrast to Vera, however, Imogene ultimately did succeed in escaping the medico-legal forces that ensnared her. After her comportment was seen to

found not guilty by reason of insanity or unfit to stand trial and those transferred from provincial jails (typically under *Mental Hospital Act* certificates) or from federal prisons (under the *Penitentiary Act*) as insane. These indefinite psychiatric sentences (later referred to as Lieutenant-Governor's Warrants, LGWs or WLGs) were abolished in 1992, following the passage by Parliament of *Bill C–30* (R.S.C., 1991, chap. 43, s. 4).

7 On the life, times, and political involvements of Victoria's most renowned nineteenth-century physician, refer to Dorothy Blakey Smith, *The Reminiscences of Doctor John Sebastian Helmcken* (Vancouver: University of British Columbia Press, 1976).

8 Unless otherwise indicated, all documents enlisted in these case studies are extracted from patient medical files held in record group GR 2880 of the BCARS and the Riverview East Lawn Clinical Records Service.

9 The Provincial Mental Hospital (PMH), Essondale, located on a 1,000-acre tract of land on the Coquitlam River, received its first patients on April 1, 1913. It was named after then Provincial Secretary Henry Esson Young. Since 1964 it has been known as Riverview Hospital. See, *inter alia*, Megan Jean Davies, "The Patients' World: British Columbia's Mental Health Facilities, 1910–1935" (M.A. thesis, Department of History, University of Waterloo, 1989); Richard Foulkes, "British Columbia's Mental Health Services: Historical Perspectives to 1961", *The Leader*, vol. 20 (1961), pp. 25–34.

10 Oakalla Prison Farm was opened in 1912. It remained the Lower Mainland's main carceral institution for eight decades until its closure in 1991. See Earl Anderson, *Hard Place to Do Time: The Story of Oakalla Prison, 1912–1991* (New Westminster, B.C.: Hillpointe Publishing, 1993).

improve in the spring, hospital officials assigned her to work in the nurses' residence. On September 12, 1951, her criminal sentence having long since expired, Imogene was placed on leave to the Vista boarding home.[11] Her Order-in-Council was soon vacated by the provincial cabinet, and she was discharged in full 23 days later with a diagnosis of Korsakoff's Psychosis and a supply of antabuse.[12]

The 62 years bridging the forensic careers of Vera Renfrew and Imogene Brookings represented an epoch of spectacular growth and transformation in British Columbia's political, economic, and cultural terrain. Between 1888 and 1950 the province's population increased tenfold, from fewer than 100,000 inhabitants to more than a million. Following the turn of the century, with the advent of massive in-migration and urban concentration, in concert with the dramatic if volatile rise of a resource-based primary extraction and secondary industrial infrastructure, came a daunting array of new public issues and concerns. The leadership of the young province encountered a seemingly relentless succession of crises across the breadth of British Columbian society, from struggle between capital and labour to cyclical economic recession, racial conflict, and the scourges of crime, ignorance, illiteracy, degeneracy, vice, and disease that were seen particularly to infest new immigrants, ethnic outcasts, and the unemployed and working poor.[13] Following World War I, and especially as the Great Depression descended and deepened, Progressives in the province (as elsewhere) sought remedies within the systems and discourses of familial ideology, public schooling, responsible citizenship, social purity, and hygiene. The "care and control" apparatus of welfare, education, health, and justice was the institutional embodiment of these governing values, and its burgeoning network of ideas, organizations, and personnel known as the welfare state came increasingly to dominate the lives of those British Columbians who somehow transgressed, failed to measure up, sank into deviance, or fell idle or ill.[14]

11 MLA Ernest E. Winch and Miss Kay Lowdon founded the New Vista Society in 1943. In January 1944 the Society opened a halfway home on the west side of Vancouver for women recently released from Essondale. The province took over the services in 1947 and ten years later instituted a similar facility for men called Venture. BCARS, GR 542, Box 12, File 2; GR 377, Box 2, File 2, F. G. Tucker to A. E. Davidson, June 17, 1964.

12 Korsakoff's Psychosis, no longer included in the *Diagnostic and Statistical Manual* of the American Psychiatric Association (DSM–IV), ws considered an advanced form of dementia occasioned by long-term alcohol abuse.

13 The canonical general histories of the province are Jean Barman, *The West Beyond the West: A History of British Columbia*, 2nd ed. (Toronto: University of Toronto Press, 1996); George Bowering, *Bowering's B.C.: A Swashbuckling History* (Toronto: Penguin, 1996); Margaret A. Ormsby, *British Columbia: A History* (Toronto: Macmillan, 1958); George Woodcock, *British Columbia: A History of the Province* (Vancouver: Douglas & McIntyre, 1980).

14 On the history of the welfare state in British Columbia and Canada, for example, see Allan Irving, "The Development of a Provincial Welfare State: British Columbia, 1900–1939", in Allan

Within the context of this expanding welfare state, the province's mental health system evolved into the predominant institutional site of government-sponsored medico-legal regulation. The psychiatric establishment, which consisted of one spartan structure housing 82 souls in 1888, had become a sprawling complex engulfing 4,602 patients at the end of fiscal year 1949–1950. The three main hospitals in Coquitlam, New Westminster, and Saanich came to employ hundreds of British Columbians, to consume a substantial portion of the provincial budget, and through contracts and purchases to generate abundant revenues for private enterprise.[15] Medical Superintendents Charles Doherty (1905–1915 and 1919–1920), James Gordon McKay (1915–1919), Harold Steeves (1920–1926), and Arthur Crease (1926–1950) were prestigious members of the province's medical and social elite. They mingled routinely with lawmakers and bureaucrats, communed with prominent local, Canadian, and international activists and reformers, and assumed leadership roles in myriad professional organizations and social movements.[16]

Even more consequential was the revolution between the two world wars that reconfigured the very languages and practices through which state psychiatry was administered. The nineteenth-century reign of moral treatment was supplanted by the 1940s with radically new, "scientific" modes of contending with mental disorder. Novel diagnostic systems and forms of mental and moral classification were in ascendancy as the therapeutic state took shape. An era of "great and desperate" somatic

Moscovitch and Jim Albert, eds., *The Benevolent State: The Growth of Welfare in Canada* (Toronto: Garamond Press, 1987); Alvin Finkel, "Origins of the Welfare State in Canada", in Leo Panitch, ed., *The Canadian State* (Toronto: University of Toronto Press, 1977); Jane Ursel, *Private Lives, Public Policy: 100 Years of State Intervention in the Family* (Toronto: Women's Press, 1992).

15 In fiscal year 1888 the total provincial asylum budget was $17,960, including $9,400 in salaries for the 13 employees. By 1950 there were 63 medical, administrative, and clerical staff alone, and the gross cost of the three institutions was just under $4.8 million, of which $2 million went to the purchase of goods and services from the private sector. See *Public Accounts for the Province of British Columbia, 1 July 1887 to 30 June 1888* and *Annual Report of the Asylum For the Insane, New Westminster, 1888*, British Columbia Sessional Papers (hereafter BCSP), 1889, Third Session, Fifth Parliament, 52 Vic., pp.18, 404; *Annual Report. Mental Hospitals of British Columbia (ARMHBC), 1949–50*, BCSP, 1951, Second Session, 22nd Parliament, pp.V9, 10, 73–76; *Public Accounts of the Province of British Columbia*, BCSP, 1951, Second Session, 22nd Parliament, pp. EE260–272.

16 Doherty's political and social involvements are canvassed in Mary-Ellen Kelm, "Women and Families in the Asylum Practice of Charles Edward Doherty at the Provincial Hospital For the Insane, 1905–1915" (M.A. thesis, Simon Fraser University, 1990), chap. 2. For his part, J. G. McKay was an active campaigner against immigration of the "unfit", a founding member of the provincial Eugenics Board, and Associate Medical Director of the Canadian National Committee For Mental Hygiene. National Archives of Canada (hereafter NAC), RG29, Vol. 97, File 156–2–4, "Report on the Activities of the National Committee For Mental Hygiene (Canada) For the Year 1932". See also Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885–1945* (Toronto: McClelland & Stewart, 1990), pp. 96, 105.

treatments like sterilization, metrazol and insulin shock, electroconvulsive therapy, and lobotomy came to characterize the practice of institutional psychiatry in British Columbia as it did elsewhere.[17] Moreover, the professions of social work, psychology, and nursing were emerging as major organizational players in the mental health arena (and in the realm of social welfare more generally). As the twentieth century progressed, the assumption that the collective expertise of non-legal professionals could be used to diagnose, treat, and ultimately prevent all social problems increasingly pervaded the public culture of countries such as Canada.[18]

These seismic shifts in the landscape of state-sponsored control were accompanied by equally impressive changes in the composition of British Columbia's mental health populations. When it came to gender, the provincial psychiatric services experienced a progressive, if incomplete, feminization of their institutionalized clientele as the twentieth century unfolded. During the late 1800s, male admissions to the PHI outnumbered those of women by a ratio of about three to one. In a frontier province where an economy based on primary resource extraction and a migratory male labour force figured so prominently, men dominated the asylum rolls as they did most other aspects of public and institutional life.[19] These patterns contrasted sharply with those evident in the psychiatric establishments of eastern North America and Europe, which had witnessed a relative equalization of gender ratios in the latter nineteenth century.[20] Following World War I, however, the proportionate number of women admitted to British Columbia's two general mental hospitals[21] began to climb steadily

17 On reviews of somatic "treatment" practices in other contexts, see, for example, Peter Breggin, *Toxic Psychiatry, Drugs and Electroconvulsive Therapy: The Truth and the Better Alternatives* (London: Harper Collins, 1993), chap. 9; Ruth McDonald, "A Policy of Privilege: The Alberta Sexual Sterilization Program, 1928–1972" (M.A. thesis, University of Victoria, 1987); Peter Schrag, *Mind Control* (New York: Pantheon, 1978), chap. 6; Harvey G. Simmons, "Psychosurgery and the Abuse of Psychiatric Authority in Ontario", *Journal of Health Politics, Policy and Law*, vol. 12 (1987), pp. 537–550; Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* (Amherst: University of Massachusetts Press, 1992), chaps. 5, 6, 7; Elliot Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness* (New York: Basic, 1986).

18 Valenstein, *Great and Desperate Cures*. See also Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838–1939* (Toronto: University of Toronto Press, 1987); Dorothy E. Chunn, *From Punishment to Doing Good: Family Courts and Socialized Justice in Ontario, 1880–1940* (Toronto: University of Toronto Press, 1992).

19 See generally: Gillian Creese and Veronica Strong-Boag, eds., *British Columbia Reconsidered: Essays on Women* (Vancouver: Press Gang, 1992); Barbara K. Latham and Cathy Kess, eds., *In Her Own Right: Selected Essays on Women's History in B.C.* (Victoria: Camosun College, 1980); Barbara K. Latham and Roberta Pazdro, eds., *Not Just Pin Money: Selected Essays on the History of Women's Work in British Columbia* (Victoria: Camosun College, 1984).

20 See Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (New York: New York University Press, 1997), chap. 7; Ussher, *Women's Madness*, chap. 4.

21 Before 1930 most women were confined at the PHI. Subsequently, the Women's Chronic Building at Essondale (later known as East Lawn) became the principal residence for women inpatients. By the mid-1930s the PHI was being used almost exclusively to house cognitively disabled patients.

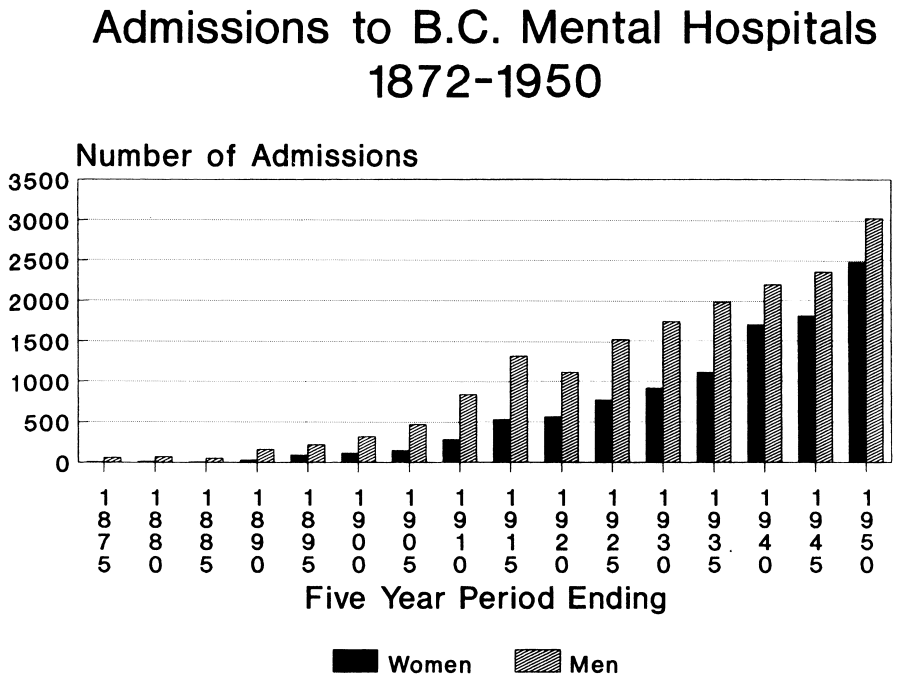

Figure 1 Admissions to B.C. mental hospitals 1872–1950. Source: *Annual Report, Mental Hospitals of British Columbia* (1892 to 1949–50).

until, by the five-year period ending in 1950, it had reached 82 per cent of the rate for men. Throughout this period, then, the segregative regulation of insanity in the province was an increasingly bigendered enterprise, although even at mid-century women were still being institutionalized with slightly lower frequencies than men (see Figure 1).[22]

For their part, those "doubly deviant" women[23] branded as both insane and criminally culpable made only rare forays into the province's psychiatric machinery until well into the present century. From 1872 to 1920, a scant eight women entered hospital under the authority of executive Orders-in-Council, followed by another three during the 1920s and four more in fiscal years 1930–1931 through 1939–1940. It was only during World War II and thereafter that the numbers of criminally insane women began to rise ap-

22 From the inception of the provincial asylum system until the mid-1950s, women's representation in hospital admission statistics consistently lagged behind overall population figures. For example, the percentage of women in mental hospital admission registries and provincial census statistics were, respectively, as follows: 23% and 25.6% for 1881; 22.6% and 29.1% for 1901; 30.7% and 41.5% in 1921; 42.2% and 46.0% in 1941; and 45.7% and 48.6% in 1951. See generally Barman, *The West Beyond the West*, p. 385; *ARMHBC*, BCSP, 1881–1951.

23 See Lloyd, *Doubly Deviant*, pp. xvi–xxiii; Carol Smart, *Women, Crime and Criminology* (London: Routledge and Kegan Paul, 1976), chap. 6.

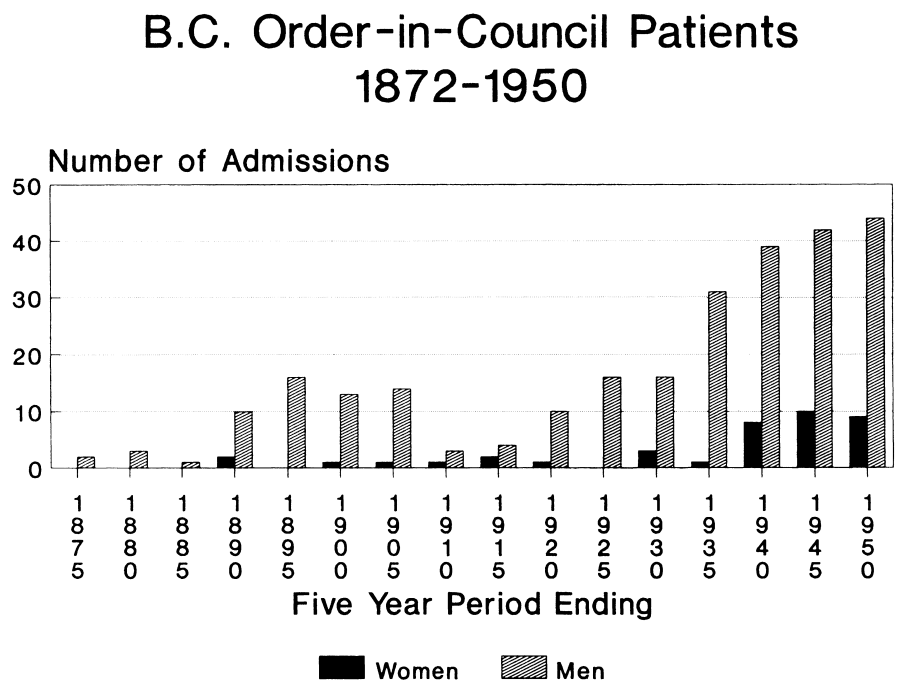

Figure 2 B.C. Order-in-Council patients, 1872–1950. Source: *Annual Report, Mental Hospitals of British Columbia* (1892 to 1949–50).

preciably. Even in the 1940s male Order-in-Council cases outnumbered women by a ratio of more than four to one. Altogether, women comprised 12.5 per cent of the 303 criminal insanity admissions between 1872 and 1950 (see Figure 2) and just 0.4 per cent of the total of 10,593 general female psychiatric admissions registered during the same period. Throughout these decades the category of criminal insanity remained the near-exclusive preserve of male deviancy.[24] Laws and institutional regimes were constructed around a virtually unigendered conception of the relationship between madness and crime.

In many respects it is no surprise that, as in the confines of criminal justice, women constituted a distinct minority in this hybrid realm of psychiatry and law.[25] In Victorian society, separate spheres ideology relegated "respectable" women to the cloistered world of family and hearth, excluded from the

24 Ussher, *Women's Madness*, p. 171.

25 Central contemporary feminist works on women in courts and prisons include Pat Carlen, *Women's Imprisonment: A Study in Social Control* (London: Routledge, 1983); Russell P. Dobash, R. Emerson Dobash, and Sue Gutteridge, *The Imprisonment of Women* (Oxford, U.K.: Basil Blackwell, 1986); Mary Eaton, *Justice for Women? Family, Court and Social Control* (Milton Keynes, U.K.: Open University Press, 1987); Adrian Howe, *Punish and Critique: Towards a Feminist Analysis of Penality* (London: Routledge, 1994); Lloyd, *Doubly Deviant*; Smart, *Women, Crime and Criminology*.

commotion of "malestream" public commerce and from the social conflicts and routine interventions of legal and medical authority that this world entailed. During the twentieth century, the growing numbers of single and married women who ventured forth to live and work in this civil domain, or who otherwise escaped the trammels of family life, encountered myriad controls that operated through the organizations and languages of work, consumerism, leisure, recreation, and sexuality.[26]

When they did transgress, women were more likely to be characterized as mad than bad.[27] The notion that they could be both was almost unthinkable. Contradictorily, the gender biases implicit in the medical model functioned to pacify women's madness, such that breakouts of criminal insanity among women were either normalized as emblematic of female mentalities more generally,[28] or discounted as pathological anomalies of

26 See, for example, Dorothy E. Chunn, "A Little Sex Can Be a Dangerous Thing: Regulating Sexuality, Venereal Disease and Reproduction in British Columbia, 1919–1945", in Susan B. Boyd, ed., *Challenging the Public/Private Divide: Feminism, Law and Public Policy* (Toronto: University of Toronto Press, 1997), chap. 3; Joy Parr, *The Gender of Breadwinners: Women, Men and Change in Two Industrial Towns, 1880–1950* (Toronto: University of Toronto Press, 1990); Diana Pedersen, " 'Keeping our good girls good': The YWCA and the 'Girl Problem', 1870–1930", *Canadian Women's Studies*, vol. 7 (1986), pp. 20–24; Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880–1930* (Toronto: University of Toronto Press, 1995), chaps. 2, 6, 7; Peter Ward, "Unwed Motherhood in Nineteenth-Century English Canada", *Historical Papers* (Canadian Historical Association) (1981), pp. 34–56.

27 Canadian studies on the psychiatrization of women include: Megan J. Davies, "Snapshots: Three Women and Psychiatry, 1920–1935", *Canadian Women's Studies*, vol. 8 (1987), pp. 47–48; Mary-Ellen Kelm, "A Life Apart: The Experience of Women and the Asylum Practice of Charles Doherty at British Columbia's Provincial Hospital For the Insane, 1905–15", *Canadian Bulletin of Medical History*, vol. 11 (1994), pp. 335-355; Wendy Mitchinson, "Hysteria and Insanity in Women: A Nineteenth Century Canadian Perspective", *Journal of Canadian Studies*, vol. 21 (1986) pp. 87–105, and *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), chaps. 10, 11; Cheryl Krasnick Warsh, "The First Mrs. Rochester: Wrongful Confinement, Social Redundancy, and Commitment to the Private Asylum, 1883–1923", *Historical Papers* (Canadian Historical Association) (1988), pp. 145–167. For studies elsewhere, see, for example, Ellen Dwyer, *Homes For the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick, N.J.: Rutgers University Press, 1987); Bronwyn Labrum, "Looking Beyond the Asylum: Gender and the Process of Committal in Auckland, 1870–1910", *New Zealand Journal of History*, vol. 26 (1992), pp. 125–144; Patricia E. Prestwich, "Family Strategies and Medical Power: 'Voluntary' Committal in a Parisian Asylum, 1876–1914", *Journal of Social History*, vol. 27 (Summer), pp. 799–818; Yannick Ripa, *Women and Madness: The Incarceration of Women in Nineteenth-Century France* (Cambridge, U.K.: Polity Press, 1990); Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980* (Harmondsworth, U.K.: Penguin, 1985). In the contemporary context, refer to Hilary Allen, *Justice Unbalanced: Gender, Psychiatry and Judicial Decisions* (Milton Keynes, U.K.: Open University Press, 1987); Busfield, *Men, Women and Madness*; Phyllis Chesler, *Women and Madness* (New York: Harcourt Brace Jovanovich, 1972).

28 Hilary Allen writes: "Unlike the florid madness of the 'typical mental case' ... these internal, neurotic, and generally female troubles occupy an ambiguous place within the criminological conception of disorder. ...[T]here is only a hazy boundary between these factors of nominally 'psychiatric' distress and all the other mitigations that may excite the sympathy and pity of the court" (*Justice Unbalanced*, pp. 72–73).

little import. The very prototypical nature of their perceived disorders[29] and he regulatory power of everyday disciplinary practices involving women precluded the enlistment of exceptional forensic measures. Consequently the medico-legal system has remained a vivid exception to the general feminization of psychiatric populations that has been evident in almost every sphere of psychiatric influence.[30]

In contrast, those uncommon women who did get ensnared in the medico-legal system somehow managed to breach the conventional gendered categories of sanity and docility. For some, such as those who inflicted dramatic acts of violence on the children and men in their lives, the very nature of their crimes transported them beyond available understandings of women's deviance. These women were seemingly propelled into hospital by resounding explosions of madness and endangerment. For others (especially after 1940 as the numbers gradually grew and cases became less apt to embody uniformly sensational and prurient features), the visitation of psychiatric justice was the culmination of longstanding careers of moral, mental, and legal trespass. Such women appeared to drift inexorably into their criminally insane status through an accumulation of mundane violations. For still others, the gendered properties of their encounters with medicine and law were deeply interwoven with their polysectional identities of class, race, ethnicity, age, sexuality, and (dis)ability.

However diverse their histories and experience, what these women all shared was a multiple infringement of gender-bounded norms of womanly demeanour and a failure to adhere to prevailing standards of domesticity, motherhood, feminine passivity, emotional restraint, and moral propriety. The very facts of their lives, misdeeds, and mentalities defied authoritative efforts to classify them singularly as either respectable, sinful, or sick. In Carlen's terms, they found themselves "outwith family, sociability, femininity and adulthood".[31] Not only had they lost control of their minds and actions, but more importantly they had "somehow stepped out of place".[32] Under these circumstances, criminally insane women presented special problems for their (predominantly male) medical and legal managers, and they required creative measures aimed at discipline, correction, and restraint.

Despite their statistical rarity and virtual invisibility in the writing of feminist history, these Order-in-Council women offer a unique source of

29 Jan Burns, "Mad or Just Plain Bad? Gender and the Work of Forensic Clinical Psychologists", in Jane M. Ussher and Paula Nicolson, eds., *Gender Issues in Clinical Psychology* (London: Routledge, 1992), p.120.

30 Allen, *Justice Unbalanced*; Dorothy E. Chunn and Robert Menzies, "Gender Madness and crime: The Reproduction of Patriarchal and Class Relations in a Psychiatric Court Clinic", *Journal of Human Justice*, vol. 1, no. 2 (Spring 1990), pp. 33–54; Ussher, *Women's Madness*.

31 Carlen, *Women's Imprisonment*, p. 155.

32 *Ibid.*, p. 90.

understanding about women's lives in late nineteenth- and early twentieth-century British Columbia. Specifically, these women's biographies of disorder and disrepute, the regulatory discourses and practices that enveloped them, and their own, along with official, accounts of their transactions with forensic authorities can tell us much about two issues. First, by studying the forensic careers of these "double deviants", we can learn about the assumptions and practices governing "normal" womanhood over time. Secondly, we can gain critical insight into the relationship between gender, crime, and madness in the province's segregative institutions of medico-legal control during a period of social transformation.

As a means of exploring these and related issues, we reconstruct the forensic careers of the first 38 Order-in-Council women in British Columbia to have migrated from lockups, jails, courts, and prisons into mental hospitals between 1888 and 1950. Gendered constructions of delinquency, dependency, disorder, and danger both reflected and fueled the ordering practices of medico-legal professionals and defined the various discursive categories of madness, vice, and crime within which these women dwelt. Enlisting these materials, along with historical and feminist writings on the subjects of gender, crime, and madness, we offer some reflections on the gendered character of medico-legal control practices both within and beyond the province's institutions of psychiatry and law.[33]

The "Order-in-Council" Women in Profile

The 38 cases of "criminal insanity" among women in British Columbia from Confederation to the end of 1950 — including all women transferred to hospital from prison or jail, or found unfit to stand trial or not guilty by reason of insanity — were identified through a survey of hospital admission registries stored at the British Columbia Archives and Records Service (BCARS).[34] This search permitted a comprehensive review of individual case files located at the BCARS and Riverview East Lawn Clinical Records Service. These in turn typically contained, *inter alia*, detailed clinical data, legal and socio-demographic histories, medical certificates, Orders-in-Council, ward progress notations, medical, social service, and psychological reports, and case correspondence. The files ranged in length from a few pages for women detained in the late nineteenth century to more than 1,000 pages in the instance of one patient hospitalized in 1947. Where necessary

33 It is impossible in a single article to demonstrate the complexity of the themes addressed and to elaborate on the ideological and structural changes that marked the development of the welfare state in Canada and elsewhere. Therefore, we want to emphasize that our analysis in this paper is not based on the assumption that medico-legal professionals and their women and men patients were homogeneous and unchanging groups of controllers and controlled respectively. What we have tried to illustrate is how prevailing ideas about "normal" womanhood often were more critical to decision-making about criminality and madness than was the actual behaviour of the women involved.

34 The BCARS clinical records are located in GR 2880 and comprise all patient files that were closed up to 1942. Registries are contained in GR 1754 and GR 3019.

and available we supplemented these documents with information abstracted from hospital registries and with selected media accounts of precipitating crimes and criminal trials. For comparative purposes a sample of 38 Order-in-Council men, selected from the total of 265 by adjacency of admission date, was located and their files reviewed. We analysed these materials in the context of a wider ongoing reading of institutional documents, annual, monthly, and special reports, publications, media coverage, medical correspondence, and other historical records of the province's mental health system during the late nineteenth and early twentieth centuries.[35]

In their background attributes and medico-legal experiences, the 38 women offered a widely diverse profile, as well as some graphic similarities to and dissimilarities from men (see Table 1). The most obvious commonalities between the Order-in-Council women and men were related to class, race, and ethnicity. Virtually all of them came from the lower social strata, particularly the working and dependent poor, who historically were the recipients of public assistance and regulation — the more affluent classes being able to use "private" means to deal with problems such as mental illness.[36] Similarly, whereas approximately two-thirds of these female and male patients had been born in Canada and the majority of all patients were of Anglo-Irish background, the others were drawn from racial and ethnic minorities in British Columbia. The 38 women included seven First Nations women, four Doukhobors, one African-Canadian, and two others of Eastern European heritage; the 38 men included one First Nations man, four Chinese, one African-Canadian, and four others of Eastern European background. Not surprisingly, the high proportion of non-Anglo patients was reflected in the data on religion, with a high proportion of both women and men being affiliated with non-Protestant or non-Christian churches. A final commonality between male and female Order-in-Council patients was their geographical dispersion; both the women and the men inhabited localities across the breadth of the province.

Dissimilarities between the women and men also were evident. Overall, the women were younger and had less formal education than did the men. They ranged from 15 to 62 years of age at admission (with an average of 33, compared to 37 years for men) and only four had more than an ele-

35 Among the most salient BCARS holdings of psychiatric history records are GR 118, 133, 344, 496, 497, 501, 528 to 535, 542, 645, and 865. Relevant documents are also to be found in the Saanich and Vancouver City Archives, the Riverview Hospital Library in Port Coquitlam, the British Columbia Medical Association Archives, the Special Collections Library of the University of British Columbia, the Archives on the History of Canadian Psychiatry and Mental Health Services in Toronto, and the National Archives of Canada.

36 In British Columbia, more affluent families committed members who were deemed to be mentally ill to the private Burrard and Hollywood Sanitaria, which opened in the 1890s and 1920s respectively. On the operation of a private asylum in Ontario, see Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883–1923* (Montreal and Kingston: McGill-Queen's University Press, 1989).

mentary school education at best (compared to ten of the men). Even more significant gender differences were noted with respect to marital status, number of children, and occupation. More than half of the women were either married (16) or cohabiting (4), in stark contrast to their male counterparts, among whom 26 were single, one separated, and one divorced.[37] Similarly, the majority of women had at least one child, whereas more than 80 per cent of the criminally insane men were childless. Altogether 31 men were involved in some form of waged occupation, while the corresponding number for women was only seven, with fourteen others characterized as "housewives",[38] eleven as jobless, another five as prostitutes, and one as a student. A final noteworthy gender difference was related to the number of previous contacts with the criminal justice and mental health systems. Women were less likely than men to have a prior criminal conviction (48 versus 59 per cent) or a history of psychiatric hospitalization (17 versus 28 per cent).

We also conducted a comparative inventory of women's and men's status and treatment during their terms of forensic confinement (see Table 2). The majority (26 women and 26 men) arrived at hospital from Oakalla, another jail, or the B.C. Penitentiary (men only) during a post-sentence imprisonment. Of the women, three others were transferred prior to their first court appearance, three were unfit to stand trial, one was not guilty by reason of insanity, two were referred from the juvenile justice system, and one was a civilly committed non-resident.[39] Precipitating charges varied dramatically for women, with the most common offences being vagrancy (9), murder (6), and public intoxication (4). For men, in contrast, theft and other property crimes predominated (14), followed by non-lethal violence (8), murder (4), and vagrancy (4). There also were marked gender differences in the nature of the serious violence committed by women and men, particularly murder. All of the people killed by women were family members — six children and

37 This gender differential was not surprising given the demographic domination in British Columbia of single, migratory, labouring males until well into the present century. See Adele Perry, " 'Oh I'm just sick of the faces of men': Gender Imbalance, Race, Sexuality and Sociability in Nineteenth-Century British Columbia", *BC Studies*, no. 105–106 (1995), pp. 27–44.

38 Working-class "housewives", of course, contributed to the household economy in a variety of ways including such activities as taking in boarders and laundry, doing piecework, and caring for children. See Creese and Strong-Boag, eds., *British Columbia Reconsidered*; Margaret Jolly and Martha MacIntyre, eds., *Family and Gender in the Pacific: Domestic Contradictions and the Colonial Impact* (Cambridge, U.K.: Cambridge University Press, 1989); Latham and Kess, eds., *In Her Own Right*; Latham and Pazdro, *Not Just Pin Money*; Adele Perry, " 'Fair ones of a purer caste': White Women and Colonialism in Nineteenth-Century British Columbia", *Feminist Studies*, vol. 23 (1997), pp. 501–524.

39 On rare occasions in the late nineteenth century, Cabinet issued Orders-in-Council for patients who had recently arrived in British Columbia, apparently to establish legal grounds for their removal from the province. As noted above only one woman fell into this category.

Table 1 British Columbia Order-in-Council Patients, 1888–1950

	Women		Men	
	N	%	N	%
Place of origin				
British Columbia	14	37	7	18
Canada (other)	11	30	16	42
Britain/Ireland	4	11	5	13
China	0	0	4	11
United States	3	8	3	8
Russia/Ukraine	5	13	0	0
Europe (other)	0	0	2	5
West Indies	1	3	0	0
Australia	0	0	1	3
Place of residence				
Vancouver	11	31	12	32
Victoria	7	20	3	8
B.C. Mainland (other)	16	46	16	43
Vancouver Island (other)	1	3	3	8
Yukon	0	0	1	3
Alberta	0	0	1	3
Washington State	0	0	1	3
Age at admission				
15–19	2	5	1	3
20–29	11	29	11	31
30–39	16	42	8	23
40–49	6	16	8	23
50–59	1	3	5	14
60 and older	2	5	2	6
(Mean)	(33.9)		(38.5)	
Race/ethnicity				
Anglo-Irish	24	63	27	73
First Nations	7	18	1	3
Doukhobor	4	11	0	0
Chinese	0	0	4	11
Black	1	3	1	3
European (other)	2	5	4	11
Marital status				
Married	16	42	9	24
Single	8	21	26	68
Common law	4	11	1	3
Separated	4	11	1	3
Divorced	4	11	1	3
Widowed	2	5	0	0
Number of children				
None	14	42	32	84

Table 1 (*Concluded*)

	Women		Men	
	N	%	N	%
1	11	33	2	5
2–5	6	18	4	11
More than 5	2	6	0	0
(Mean)	(1.3)		(0.3)	
Religion				
Roman Catholic	10	28	6	21
Church of England	8	21	8	28
Protestant (other)	13	34	12	41
Doukhobor	3	8	0	0
Buddhist	0	0	2	8
Jewish	1	3	0	0
Jehovah's Witness	1	3	0	0
Greek Orthodox	0	0	1	3
Education				
Public school or less	34	89	26	72
High school (some or all)	4	11	8	22
Trade school	0	0	1	3
University graduate	0	0	1	3
Occupation				
None	11	29	5	14
Housewife	14	37	0	0
Prostitute	5	13	0	0
Sporadic labour	1	3	7	19
Employed (various)	6	16	24	67
Student	1	3	0	0
Retired	0	0	1	3
Number of prior convictions				
None	17	52	12	41
1	2	6	0	0
2–5	5	15	8	28
6–10	4	12	4	14
More than 10	3	9	4	14
Delinquency	2	6	1	3
Not known	5	–	9	–
Number of prior hospitalizations				
None	29	83	26	72
1	4	11	5	14
2	1	3	3	8
3	0	0	2	6
"Several"	1	3	0	0

Note: N<38 for women or men where cases with missing data are excluded from tables.
Source: Patient files, British Columbia Archives and Records Service, GR 2880, and East Lawn Clinical Records Service, Riverview Hospital.

Table 2 British Columbia Order-in-Council Patients, 1888–1950

	Women		Men	
	N	%	N	%
Legal status at admission				
Post-sentence Oakalla transfer	22	61	13	34
Post-sentence transfer other jail	4	11	3	8
Transfer from B.C. Penitentiary	0	0	10	26
Pre-trial transfer from court/jail	3	8	4	11
Unfit for trial (LGW)	3	8	4	11
NGRI (LGW)	1	3	3	8
From family court/ industrial school	2	6	0	0
Civil commitment — non-resident	1	3	1	3
Current charges				
Murder	6	18	4	11
Violence (other)	2	6	8	23
Theft — BET — property	1	3	14	40
Arson	1	3	1	3
Vagrancy	9	26	4	11
Public intoxication	4	12	1	3
Public nudity	2	6	0	0
Possessing opium/heroin	1	3	1	3
Causing a disturbance	1	3	0	0
Defamatory libel	1	3	0	0
Keeping a bawdy house	1	3	0	0
Abandoning child (*Infants' Act*)	1	3	0	0
Attempted suicide	1	3	1	3
Delinquency/incorrigibility (*JDA*)	2	6	0	0
None	1	3	1	3
Primary diagnosis				
Dementia/schizophrenia	9	24	7	20
Paranoia/paranoid schizophrenia	5	13	9	26
Manic depression/ mood disorder	6	16	2	6
Mental "deficiency", etc.	6	16	2	6
Psychopathic — personality disorder	2	5	5	14
Alcohol/drug related	7	18	3	9
Paresis — VD	1	3	2	6
Organic/traumatic (epilepsy)	1	3	3	9
Not insane	1	3	2	6
Treatment during hospitalization (non-exclusive categories)				
No treatment indicated	9	24	25	66
Medication/drugs	16	42	4	11
ECT/electronarcosis	7	18	4	11
Insulin	2	5	4	11
VD — antiluetic (arsenic)	7	18	3	8
VD — malaria	0	0	1	3
Nitrous oxide	1	3	0	0

Table 2 (*Concluded*)

	Women		Men	
	N	%	N	%
Metrazol	1	3	0	0
Sterilization	1	3	0	0
Lobotomy	1	3	0	0
Ether injection	1	3	0	0
Length of hospitalization				
Less than 1 year	13	35	12	32
1–5 years	10	27	12	32
6–10 years	2	5	2	5
10–19 years	4	11	2	5
20–29 years	5	14	7	18
30–39 years	1	3	1	3
40–49 years	1	3	2	5
50 years or longer	1	3	0	0
(Mean)	(9.7)		(9.7)	
Number of escapes during confinement				
None	34	94	24	69
1	1	3	8	23
2	0	0	2	6
3	0	0	0	0
4	1	3	1	3
(Mean)	(0.14)		(0.43)	
Outcome of this admission				
Died	10	27	13	35
Discharged in full	8	22	10	27
Discharged to jail/penitientiary	5	14	3	8
Conditional discharge (probation, leave, boarding home)	12	32	4	11
Returned to court for trial	1	3	1	3
Escaped	1	3	4	11
Deported	0	0	2	5
Condition on discharge				
Dead	10	29	13	37
Recovered	5	15	4	11
Improved	17	50	10	29
Unimproved	1	3	5	14
Not insane	1	3	3	9

Note: N<38 for women or men where cases with missing data are excluded from tables.
Source: Patient files, British Columbia Archives and Record Service, GR 2880, and East Lawn Clinical Records Service, Riverview Hospital.

one husband.[40] In contrast, three of four murders by men involved non-relatives and only one victim — a wife — was a family member.

How can the gender differences in precipitating charges be explained? As case studies will document below, the relatively high incidence of vagrancy offences among female patients is likely attributable both to the routine institutionalization of socially redundant women in the province[41] and to the police enlistment of vagrancy laws in regulating prostitutes who subsequently drifted into psychiatric contexts.[42] Conversely, patterns of criminality among male Order-in-Council cases tended more closely to mirror the general provincial trend, wherein minor property and public order offences predominated.[43] What is noteworthy about these patterns is that the majority of women and men who were hospitalized indefinitely under Orders-in-Council had committed non-violent, relatively petty offences.

With respect to primary diagnosis, women were somewhat more likely than men to be diagnosed with dementia/schizophrenia.[44] However, women were three times more prone to a diagnosis of manic depression/mood disorder or mental "deficiency" and more than twice as apt to be categorized as having a drug or alcohol-related problem. In contrast, men were diagnosed with paranoia/paranoid schizophrenia almost twice as often as women. While in hospital, three-quarters of the Order-in-Council women, as opposed to only one-third of men, received some form of treatment intervention. Women were four times more likely than men to be administered drugs and nearly twice as apt to experience electroshock. For both sexes the average term of hospitalization was nearly a decade, and more than a few patients were lifers. Of the women, for example, while 13 of them served less than 12 months, eight were interned for more than 20

40 One woman murdered her 18-month-old twin daughters.

41 For an analysis of the relationship between women's social redundancy and commitment to a private asylum in Ontario, see Warsh, *Moments of Unreason*, pp. 72–81.

42 Greg Marquis, "Vancouver Vice: The Police and the Negotiation of Morality, 1904–1935", in Hamar Foster and John McLaren, eds., *Essays in the History of Canadian Law, Vol. VI: British Columbia and the Yukon* (Toronto: Osgoode Society and University of Toronto Press, 1995), chap. 7; John McLaren, "Chasing the Social Evil: Moral Fervour and the Evolution of Canada's Prostitution Laws, 1867–1917", *Canadian Journal of Law and Society*, vol. 1 (1986), pp. 125–165.

43 One insightful historical study of crime patterns in British Columbia is James P. Huzel, "The Incidence of Crime in Vancouver During the Great Depression", *BC Studies*, no. 69–70 (1986), pp. 211–248. On criminal backgrounds among male forensic patients in the province, see Robert Menzies, "The Making of Criminal Insanity in British Columbia: Granby Farrant and the Provincial Mental Home, Colquitz, 1919–1933", in Foster and McLaren, eds., *Essays on the History of Canadian Law, Vol. VI*, chap. 8.

44 Emil Kraepelin first "discovered" dementia praecox (DP), described as a "peculiar and fundamental want of any strong feeling of the impressions of life", in 1896. Schizophrenia, identified as a discrete disorder by Eugen Bleuler in 1911, slowly came to supplant DP in the third and fourth decades of the twentieth century. See, among others, Showalter, *The Female Malady*, pp. 203–205.

years, and one for more than 50. Only two women, compared with 11 men, managed to escape during their term of confinement.[45]

In terms of outcomes, among the most striking is the considerable number of patients — 10 women and 13 men — who died during their hospitalization. Of the other women for whom outcomes are known, 20 were discharged in full or with conditions, five returned to jail or prison, one was placed on trial, and one successfully escaped. For the women and men who were still alive at detainment's end, the former were much more likely to be listed as improved (17) than were the latter (10). However, only one woman compared with three men was listed as not insane.

Constructing Criminally Insane Women

During their confinement in British Columbia's forensic machinery, the 38 Order-in-Council women in our study recurrently presented a paradoxical, and often daunting, set of quandaries for the province's foremost experts in mental disorder and the law. They were alien figures in the eyes of a predominantly male medical establishment and anomalies in statistical, institutional, and discursive terms. Like criminal women in various other contexts, they had landed in forensic settings "because of either their domestic circumstances, the failure of non penal welfare or health institutions to cope with their problems ... or their failure to comply with socially-conditioned female gender-stereotype requirements".[46] In breaching the boundaries of their ascribed gender identities while simultaneously violating the standards of legality and good health, they occupied a precarious terrain at "[t]he boundary of incompatible medical and legal discourses".[47] Consequently there were few professional wisdoms or stable indices in law or psychiatry by which authorities could decode these women. The danger they embodied was therefore acute, and it demanded exceptional measures of response: "They have been studied, probed and tested not only because of their supposed uniqueness but also because of the threat they posed to the social order of stable, family relationships."[48]

45 As Davies observes in her study of patient life in the province's mental hospitals during the first three decades of this century: "[E]scape was almost exclusively used as a male form of resistance. Between 1910 and 1935 a total of 112 men and four women escaped from New Westminster and Essondale." *The Patient's World*, p. 53.

46 Pat Carlen, "Law, Psychiatry and Women's Imprisonment: A Sociological View", *British Journal of Psychiatry*, vol. 146 (1985), p. 620. On the psychiatrization of women in the civil legal system, see Judith Mosoff, " 'A jury dressed in medical white and judicial black': Mothers with Mental Health Histories in Child Welfare and Custody", in Boyd, ed., *Challenging the Public/ Private Divide*, chap. 9.

47 Roger Smith, "The Boundary Between Insanity and Criminal Responsibility in Nineteenth-Century England", in Andrew Scull, ed., *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981), p. 373.

48 Joe Sim, *Medical Power in Prisons: The Prison Medical Service in England, 1774–1989* (Milton Keynes, U.K.: Open University Press, 1990), p. 129.

Through "psychiatric practices of ruling"[49] the mainly male guardians of British Columbia's legal and medical establishment sought to impose order on the 38 women who were categorized as criminally insane over a 62-year period.[50] A number of case studies serve to revisit their encounters with carceral and therapeutic systems. We canvass four groups of women from among the 38 Order-in-Council patients admitted between 1888 and 1950: mothers who murdered their children, women who trespassed against the canons of domestic service, those who ruptured the barometers of moral virtue, and women whose essential criminal characters rendered them ineligible for the purported benefits of medical intervention.

Maternal Murderers

Historically and in the contemporary context, women who kill garner an enormous amount of attention because their victims almost always are family members and other intimates. Thus, those troubled women who killed their own children held a singular fascination for the male members of British Columbia's medico-legal establishment during the late nineteenth and early twentieth centuries. Although they were exceptional among the ranks of criminally insane women, murdering mothers became objects of intense scrutiny, for in killing children they had rocked the very foundations of the familial social order and the gender scripts that it entailed.[51] They attracted much public and professional attention, and their files were replete with expert accounts of their pathologies and crimes. Because "women who kill their own infants" were seen to "overturn the female duty to nurture the young",[52] authorities took great pains to chart the trajectories of their lives, to document the mental and moral sources of their downfall, and to demonstrate the magnitude of their departure from the properties of normal womanhood. They worked to isolate murdering mothers' thoughts, words, and deeds, transform them into symptoms,[53] and supplant them with the abstractions of legal and medical discourse.[54] In the process, they drained women of agency, and (re)constructed them as disturbed beings who were

49 Dorothy E. Smith, "Women and Psychiatry", in Dorothy E. Smith and Sara J. David, eds., *Women Look at Psychiatry* (Vancouver: Press Gang, 1975), pp. 1–19.

50 Clearly, women professionals such as nurses and social workers also were involved in the "psychiatric practices of ruling". However, then as now, men generally sat at the top of the medico-legal hierarchy and tended to define the issues and set the mental health agenda.

51 As Ann Lloyd writes, "[W]hen women commit violent crimes they are seen to have breached two laws: the law of the land, which forbids violence, and the much more fundamental 'natural' law, which says women are passive carers, not active aggressors, and by nature morally better than the male of the species." *Doubly Deviant*, p. 36. See also Dorothy E. Roberts, "Motherhood and Crime", *Iowa Law Review*, vol. 79 (1993), pp. 95–141.

52 Denise Russell, *Women, Madness and Medicine* (Cambridge, U.K.: Polity Press, 1995), p. 98; see Ania Wilczynski, "Images of Women Who Kill Their Infants: The Mad and the Bad", *Women and Criminal Justice*, vol. 2 (1991), pp. 71–88.

53 Smith, "Women and Psychiatry", p. 13.

54 Smart, *Women, Crime and Criminology*, p. 11.

simultaneously and contradictorily both morally culpable and yet incapable of truly authoring their own fate.[55] Yet such efforts to derive meaning from these ultimately unknowable events were inherently fraught with contradiction. Expert appraisals were always to some extent characterized by conflict, ambiguity and ambivalence.[56] Indeed, at times the explosion of women's quiet desperation into scenes of public tragedy utterly eluded explanation for those who intervened.

In the pre-dawn hours of August 16, 1902, Jenny Albright, a 53-year-old Victoria widow whose husband had killed himself eight months earlier, bludgeoned her sleeping adult daughter Ivy to death with a dull axe. According to local newspaper reports, neighbours discovered Jenny roaming her backyard in a bloody nightgown, still brandishing the weapon.[57] In an article entitled "Daughter killed by insane mother", the reporter provided context to the killing, linking it to the husband's suicide and the daughter's impending departure from the family home:

> The present tragedy which has virtually destroyed all that remained of an estimable family, and plunged in gloom the entire district, is a sad sequel to the rash act of the husband and father who committed suicide last December by hanging himself.... Ever since that unfortunate affair Mrs. Albright has been subject to fits of despondency.... Miss Albright was to leave this morning to Nanaimo, having secured a position in a school there.... Mrs. Albright's condition was doubtless accentuated by the worry of packing and getting ready, for one day she was heard to say that "sometimes she thought her brain would burst".

Little of this private history of abandonment and loss, however, entered the accounts of the attending lawyers or doctors. Within 13 days of the homicide, and before a preliminary hearing could be convened, Jenny was transferred from jail to the New Westminster PHI, diagnosed as a manic depressive, and placed under the authority of an Order-in-Council. Despite evidence that she had soon regained full contact with the world around her, authorities treated Jenny from the outset as a hopeless case. The legal dictates of punishment and constraint clearly overshadowed the medical mandate to cure. As Medical Superintendent G. H. Manchester confided in a letter to her nearest relatives in Kansas, "She may recover her mind

55 In contrast, women who killed their male partners were routinely held accountable for their actions and subjected to criminal sanction. For a selected historical bibliography on women who kill and an insightful analysis of law, ideology, gender, and ethnicity in an early twentieth-century Ontario case of "domestic" homicide by a woman, see Karen Dubinsky and Franca Iacovetta, "Murder, Womanly Virtue, and Motherhood: The Case of Angelina Napolitano, 1922–1922", *Canadian Historical Review*, vol. 72 (1991), pp. 505–531.

56 Smart, *Women, Crime and Criminology*, pp. 89–109.

57 The specific sources and dates of newspaper references are withheld to protect confidentiality.

completely and if she does there is nothing to gain as she will have to remain here for the rest of her days so that it is immaterial whether she recovers or not." Manchester's words were prophetic. According to the hospital records Jenny Albright remained in the PHI for nearly 28 years, "quiet and apparently in good mental condition ... sewing for patients and nurses' uniforms", until her eventual death at the age of 81 on March 3, 1930.

Nearly five years after Jenny Albright's passing, late in the night of December 19, 1934, Bertha Talling slit the throat of her nine-month-old son and slashed her own wrists in the local cemetery of a fishing village on the central British Columbia coastal mainland. Twenty-two years old, Native, and physically disabled from a childhood spinal injury, Bertha had declined inexorably into a suicidal despair over her unrequited love for an older man of the village. In a note left at the scene she had written: "Well Johnnie Polk ... I wish you good luck with all the girls in town cause I will be out of your sight. I [am] sick and tired of this old world. [S]o you see me down in the grave yard to night [beside] my poor mother. So good-bye forever." Surviving her wounds, Bertha was charged with murder and found not guilty by reason of insanity at the Prince Rupert Assizes. At the trial, J. G. McKay, then Superintendent of the Hollywood Sanitarium in New Westminster, testified that "the accused, from some sub-normal condition, was not aware that she was doing any wrong when she killed her child, even though she had apparently fully recovered now." For his part, Indian agent William Collison declared that "he had never heard of one single case previously of child murder by Indians. As a rule, the mothers were very much attached to their children."

The oppressive compassion of a white, male legal system, reinforced by the objectifying codings of professional psychiatry, functioned to disqualify Bertha from the process of law and to purge her actions of significance and intent. Such a wrenching departure from the habits of natural motherhood, which in this instance was seen to violate norms of both gender and race, was literally "beyond reason" in the eyes of official observers. It could be dealt with only through the ministrations of forensic expertise. In the quest for medical meaning, Bertha's own accounts were obliterated — her eloquent words notwithstanding, professionals were somehow seriously able to submit, as did Medical Superintendent A. L. Crease, that "she could give no reason for the act".

For Bertha Talling, the forces of medicine and law combined to unleash extraordinary forms of intervention and to inscribe on her an indelible stigma of debased motherhood. Three years after her admission, Bertha was brought before the provincial Board of Eugenics and sexually sterilized at the Vancouver General Hospital.[58] In advocating the surgery, A. L Crease

58 On April 7, 1933, British Columbia became one of only two Canadian provinces (the other being Alberta) to pass legislation mandating the sexual sterilization of mentally disordered and

noted that she "had murdered her nine months old illegitimate baby and then attempted suicide" and argued that "if she is discharged ... without being sexually sterilized, she would likely bear children who by reason of inheritance would have tendency to serious mental disease or mental deficiency."[59] Before being released to her family in 1938, Bertha's continuing physical risk to children and her potential to corrupt the morals of other young women were underscored in a letter from Crease to B.C. Police Commissioner J. H. McMullin. He advised, "First, she should not go as a maid to children and, secondly, if there is a girl younger than herself in her home, that girl should be removed...."

Even in the years following her release, long after she had married and spent many years caring for two orphaned children, Bertha's contaminated status lingered. Authorities denied her requests to adopt these children in 1942 and 1950. On the former occasion, Essondale head psychiatric social worker Josephine Kilburn responded to an inquiry from Vancouver Children's Aid Society Manager Winona Armitage regarding Bertha's qualifications to adopt:

> In March, 1934, this patient gave birth to an illegitimate child, whom she murdered with a butcher knife and attempted suicide ... the verdict of "not guilty by reason of insanity" was given. A psychometric examination ... revealed her to [be a] Moron.... She is an Indian woman.... Sterilization was done ... in July, 1938 ... we do not feel that we can recommend her as an adopting parent.

Small surprise that the petition was rejected.

Rosemary Lin's world slowly imploded around her, and the results were wrenching. Born in 1912 to a Doukhobor farming family in Saskatchewan, Rosemary left school in grade seven to labour first in the fields, then as a waitress in a local café. In 1932 she married the café cook, John Lin, a Chinese immigrant, and the following year gave birth to a son, Marty. Several months later John deserted the family and was not heard from for

"feebleminded" inmates of provincial institutions (*An Act Respecting Sexual Sterilization*, 1933, ch. 59). See McLaren, *Our Own Master Race*, chap. 5; Monica Wosilius, "Eugenics, Insanity and Feeblemindedness: British Columbia's Sterilization Policy from 1933–1943" (M.A. thesis, Department of History, University of Victoria, 1992).

59 On the origins of criminal imbecility and defective delinquency as medico-legal constructs, see Nicole Hahn Rafter, *Creating Born Criminals* (Urbana, Ill.: University of Illinois Press, 1997). For Canadian studies on feeblemindedness, mental testing, and eugenics, refer to Terry L. Chapman, "Early Eugenics Movement in Western Canada", *Alberta History*, vol. 25 (1977), pp. 9–17; Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880–1940* (Ithaca, N.Y.: Cornell University Press, 1997); Kathleen J. A. McConnachie, "Science and Ideology: The Mental Hygiene and Eugenics Movements in the Inter-war Years, 1919–1939" (Ph.D. dissertation, University of Toronto, 1987); McLaren, *Our Own Master Race*.

another decade, until in May 1944 he wrote from Victoria, reporting that he had found a good job in a restaurant and wanted to reunite the family. In April of the following year, only months after Rosemary and Marty compliantly moved west, John contracted tuberculosis and died in the city's TB Oriental Hospital.

Four weeks later Rosemary gave birth to twin girls. From this point forward her daily existence was dominated by her struggle to subsist and to fend off the invasive forces of social welfare. Compelled to go on relief and accept the assistance of the Victorian Order of Nurses, Rosemary soon found herself the subject of visits and appraisals by the provincial Family Welfare Bureau, the City of Victoria Social Welfare Office, and the Children's Aid Society (which for several weeks had taken Marty into non-ward care). In an effort to save the family home she rented out several rooms, "occupied one large room together with her children", and "shared the bathroom with various Chinese tenants". While her welfare casework supervisor allowed that "the room ... was large and bright and spotlessly clean", she added that it was "entirely inadequate for a family of four". Moreover, "following Mr. Lin's death the ownership of the property was in question ... arrangements were made to sell the home ... and it appeared to the CWO worker that [Rosemary] had an inadequate comprehension of this arrangement."

After 18 months of this spiralling decline, one day in the late autumn of 1946 Rosemary sent Marty to the store for groceries. When he returned, according to newspaper reports published the following day,

> [H]e found the door locked.... He climbed through a window to gain admittance [and] discovered his mother and two sisters unconscious in the family room.... Rosemary Lin ... was rushed [to Royal Jubilee Hospital] with throat wounds caused by a razor. Fatal wounds of the twin girls were inflicted in this manner.... Sgt. Thomas Stevenson of the city police told of finding a brown, sealed envelope on the floor.... On one side of the envelope were the penciled words, "I know you've got my son," and on the reverse side was written, also in pencil, "this was never intended but your people forced me to it, Lord forgive me." The initials "R. L." appeared beneath these lines.

The echoes of protest and loss embedded in Rosemary's actions were entirely lost on the representatives of welfare, justice, and psychiatry who responded to the crime. For medico-legal officialdom these killings were the senseless product of a motherhood gone pathologically wrong. Imprisoned at Oakalla after a preliminary hearing, Rosemary was removed to Essondale three months later when she refused to take food. While in hospital she disclosed to physicians A. M. Gee and J. G. McKay that "on the day on which the twin babies were found dead, she had a feeling that people were watching her", that "a voice ... emanating apparently from the Welfare Association ... told her to do away with the children" and that "she has the

feeling that the twins are not dead". In response, Rosemary was diagnosed with schizophrenia and, when brought to trial before Justice A. M. Manson in the Fall Assizes of 1947, on the strength of psychiatric testimony she was found unfit to stand trial and returned to Essondale under a Lieutenant-Governor's Warrant. Rosemary endured in the Women's East Lawn Building for eleven years, during which time she received not a single visit. When she expired in the spring of 1958, Rosemary was given an institutional funeral. Her son Marty, who had been adopted and taken to California in 1948, was informed by letter of her death. He could not attend the service.

Domestic Madness

Another group of Order-in-Council women who had stepped outside the boundaries of domesticity were seen to fracture fundamentally "the model of appropriate family life".[60] In failing to deliver the goods of filial, spousal, and maternal responsibility, such patients breached the central gender norms of industry and docility by which women's experiences were routinely judged. Indeed, in a real sense they forfeited their claims to genuine womanhood altogether:

> The True Woman was delicate, timid, and in need of protection. Her dependence on her husband went beyond economic support and included guidance and leadership as well. The True Woman was modest, sweet, and charming; a child/woman who maintained that persona despite assuming great responsibility within her home. When she acted to fulfill the domestic agenda of running a good home and caring for her children, she was motivated by purity and piety.[61]

When such attributes were not in evidence — when offending women seemed to lack the nurturing dispositions, motherly instincts, domestic labour skills, and dependency on men that good women embraced — internal pathological processes were often viewed to be at work. That their actions might reflect a critical consciousness of their oppressive circumstances or an active rebellion against the trammels of familial ideologies and practices was apparently inconceivable to male medical authorities. Ironically, once they were locked inside the prisons and hospitals, such "undomestic" criminal women typically "encounter[ed] a system which reproduces the isolation, dependence and vulnerability which characterises the lives of many women within their families".[62] In this sense, for those

60 Eaton, *Justice for Women?*, p. 61.

61 Jeffrey L. Geller and Maxine Harris, *Women of the Asylum: Voices from Behind the Walls, 1840–1945* (New York: Anchor Books, 1994), p. 13.

62 Eaton, *Justice for Women?*, p. 9.

who lacked the material and cultural resources there was literally no escape from these family ties.

Edith Olmstead was deposited on the Essondale wards on November 9, 1948, after her "obscene language and actions" at the Nelson Gaol, where she was serving a three-month vagrancy term as a "common prostitute", were "said to have been disturbing the whole institution". Edith was married, with three young girls, to a Cranbrook fireman. Her husband Phil first reported her to the local office of the provincial Social Assistance Branch in 1946, declaring that "he did not think that he could stand his family situation much longer". According to the husband's account:

> His wife refused to cook for him or do the washing, and when he is away she does not wash nor cook for the children.... When Mr. Olmstead comes in from his work he has to buy the groceries and cook his own meals, put up his own lunch pail, and Mrs. Olmstead does not seem to take any interest in anything about the house; dishes and clothes go unwashed for weeks at a time. The children are dirty and never have any clean clothes to put on.... [T]his had been going on ever since his marriage.

Edith's maternal flaws were compounded by a life of ever-deepening intransigence and defect, particularly when viewed in the context of the post-war campaign to keep married women at home and out of the paid labour force. According to a woman neighbour interviewed in 1946, Edith's household negligence was paralleled by her failure to embrace a domestic culture of women:

> She had only been in their house once ... but on that occasion was appalled with its condition, dishes piled up in the sink and clothes piled up in the bathtub.... [W]eeks go by with no washing appearing on the line except that which Mr. Olmstead does.... [S]he has a reputation for being terribly jealous and has had several rows with women over some perfectly innocent remark they have made about Phil. She does not mix much with other women; seems to prefer to go by herself; is always alone when shopping or downtown.

These shortcomings contrasted with Phil's stalwart masculine performance as a "good and conscientious worker" who was also "a jolly fellow, a good mixer, always out hunting and fishing ... able to play a violin and guitar". Evidently it was only after his marriage to Edith that "he gradually dropped all this and has taken to drinking, although not heavily".

In the social work investigations conducted during her confinement at Essondale, the most lascivious features of Edith's wicked ways began to emerge. It turned out that she had a prior conviction for prostitution in 1947, for which she spent six months in Oakalla. Her parents reported that "the marriage was a forced one" and that the "sexual relationship was unsatisfactory". In the two years prior to her hospitalization Phil "came

home several times unexpectedly and found men in the house. By this time [Edith] dressed sloppily in flashy clothes and cheap jewelry. She neglected the children, drank excessively and used obscene language." During the 12 continuous years that she subsequently spent at Essondale, Edith's moral portrait gradually achieved closure. It was a depiction tailored out of a multivocal chorus of denunciations, in which her own voice was virtually silent, except as proof of the pathologies that it embodied. Physicians found explanations for her otherwise unaccountable deportment in the privations of her own family origins, in the trauma of childbirth, and in the condition of chronic schizophrenia with which she was eventually diagnosed.[63] Administered coma-inducing insulin, nitrous oxide, ECT, ritalin, and up to 600 milligrams of chlorpromazine daily, Edith showed little response until 1960, when she began labouring "in the tailor shop both morning and afternoon" where "her work appear[ed] to be very good". Later that year Edith was finally released on probation into the care of her sister, although doctors predicted that "there would be an excellent chance of her returning to her bohemian type of life".[64]

Olga Braun's crime was failure to care for one of her eight children, a two-year-old boy who was struck and killed by a freight train near Nelson in 1941. Charged with abandonment under the provincial *Infants Act*, Olga, a Doukhobor, received a sentence of 90 days' hard labour in the Nelson Gaol. From there she was transferred to Essondale after flailing her fists at the prison matron and complaining that her food was being poisoned, that she was dying, and that the devil was in her cell. In hospital Olga was stationed on a closed ward, from where she regularly reported seeing her dead son playing on the lawns below. For more than a year her farmer husband Peter, left to raise the seven surviving children with the help of relatives, repeatedly pleaded for her release. "She is needed home badly to look after her family," he declared to Medical Superintendent E. J. Ryan in July 1941. Writing to Deputy Provincial Secretary P. D. Walker the following May, Peter added that "she has expressed this long-deferred desire ... to be re-united with her children ... with a full force of maternal love and longing."

The appeals fell on deaf ears. Two months later, when a hallucinating Olga killed another woman patient in the ward dormitory, her fate was sealed. Peter's visits and letters declined, then ceased altogether, and by the 1950s he had entered into a common-law relationship with another woman. Olga continued to endure, floridly psychotic and in quarantine, until on June

63 One Essondale physician observed in the ward notes that "Her morals, etc. were beyond question until the time of the birth of her first child after which she apparently deteriorated in every way."

64 Under revisions to the province's *Mental Hospitals Act* (renamed from the 1873 *Insane Asylums Act* [61 Vict., chap. 101] in 1912 and revised again in 1940), patients could be released with conditions to the custody of family or friends on "probation" or "special probation" (the latter being against doctors' advice) for a provisional period of six months prior to complete discharge.

2, 1946, she was lobotomized on Peter's authorization by Dr. Frank Turnbull at the Vancouver General Hospital. Her Order-in-Council was vacated in April 1954. She spent another 21 years at Essondale — affable and compliant in demeanour, spending her days crocheting and embroidering, but evidently befogged by drugs, delusions, and the after-effects of psychosurgery — before she was finally discharged on leave to a private hospital at the age of 71. What had begun as a case of neglectful motherhood had congealed into half a lifetime of psychiatric seclusion.

In contrast to Edith Olmstead and Olga Braun, Jane Pickering's travails culminated in a far less ruinous outcome when she ultimately convinced experts of her potential for domestic redemption. Forty-eight years old in 1926, Jane was convicted of defamatory libel and shipped off to Oakalla after spying on two neighbours in her Burnaby community, spreading rumours, and posting notes recounting their alleged sexual peccadilloes. Her continuing verbal abuse of various other acquaintances while confined in the Burnaby police lockup and her clamorous conduct in court soon invited the participation of Essondale Medical Superintendent H. C. Steeves, who pronounced her a paranoid personality and recommended her hospital admission. In preparation for the Order-in-Council declaration Steeves noted to the Attorney-General's Department that, in addition to her violation of others' private lives, Jane "has had many difficulties throughout her life especially in the matrimonial field". At the age of 20 she had borne an "illegitimate" child. Three years later in 1901 she was married, but after less than a year the liaison dissolved and she obtained a divorce in Seattle. In 1919 she married again, this time to a francophone logger whose Catholic friends refused to accept the authenticity of the union. This relationship too ended in failure, and Jane moved out with her "illegitimate" son into the Burnaby neighbourhood where her public troubles later began.

Unlike the others, Jane became a model patient at Essondale. Her deference to male medico-legal authority and her resumption of a useful and docile domestic role within the institutional setting began to pay dividends over the course of her confinement. Within three weeks of her admission on March 1, 1926, physician B. H. Harry reported that Jane "is showing no delusions, is eating and sleeping well and is friendly and sociable. She goes to the laundry and does her work well." Although conflicts with other women patients necessitated her transfer later that summer to the Public Hospital for the Insane in New Westminster, and although thereafter she was "continually having difficulty with the [women] nurses", her amicable relations with the male doctors continued to curry advantages that did not accrue to others. Finally, when Jane's sister arrived from California in the summer of 1928, authorities made arrangements to vacate her Order-in-Council, and she was released forthwith from hospital.[65] A compliant

65 It should be underscored that the relationship between docility and favourable treatment was scarcely restricted to women patients alone. Nevertheless, medical constructions of good patient behaviour

patient to the end, Jane seized the opportunity to write her doctors "just a few lines" thanking them "for your kindness towards me". Her reclamation seemed complete in her final letter to Dr. E. J. Ryan several months later, when she reported, "I am enjoying San Francisco very much & I like the weather here very much. I am a lot stronger than I was I am a great lover of the USA it is nice to see the stars and stripes fluttering in the air."

Beyond Propriety

The gender, class, and racial hierarchies that divided male forensic experts from their women subjects functioned to restrict and refract the process of professional scrutiny in a multitude of ways. Even at their most transparent, the female minds these practitioners surveyed were "intense, complex, tangled".[66] At most times they were opaque, even impenetrable. The acute misreadings of patients' subjectivities that resulted were even more pronounced when women exhibited the exotic qualities of an unconventional, unchaste, or nefarious lifestyle. Such women were typically cast far beyond the pale of medico-legal understanding and were excluded from corrective measures aimed at restoring sanity and hope. As a consequence, "immoral" women in conflict with the law were the targets of especially powerful exclusionary practices when they found themselves mired in psychiatric settings.

When 21-year-old Felicity Austen arrived in Victoria from Calgary in September of 1886, she must have been a curious figure in the eyes of local citizens. Eschewing the domestic aspirations of most young women of her time, she soon set up residence in the Queen's Hotel where she began to study theosophy and established her own practice as a "palmist, spiritual medium and clairvoyant". Media accounts described her as "well educated and refined", adding that she "had quite a clientele, especially among the fair sex". Yet on November 9, 1886, apparently with no warning, Felicity fell victim to an attack of mania, launching herself in fury at all who approached her until police forcibly removed her to the Victoria Gaol. According to Dr. Roderick Fraser, who conducted an examination in her cell, "this girl has a very wild look about her. Her hands are bleeding from having them cut in breaking the windows of her cell. When I speak to her

were powerfully mediated by gender, and widely circulating cultural norms regarding femininity and masculinity were inevitably inscribed in psychiatric decisions about women and men respectively. For an evocative recent Canadian study of discipline, compliance, and resistance inside a psychiatric institution, see Geoffrey Reaume, "999 Queen Street West: Patient Life at the Toronto Hospital for the Insane, 1870–1940" (Ph.D. dissertation, University of Toronto, 1997). For a look at patient-authority relations within an institution for "criminally insane" men, refer to Robert Menzies, " 'I do not care for a lunatic's role': Modes of Regulation and Resistance Inside the Colquitz Home for the 'Criminally Insane', British Columbia, 1919–1933" (Toronto, Annual Law and Society Association Conference, June 1995).

66 Allen, *Justice Unbalanced*, p. 35.

or approach her she flies into a paroxysm of rage. She is nearly naked from having torn off her clothing.... When she thought I was not watching she flew at me like a wild beast." For their part, the Victoria newspapers concluded that Felicity's downfall could only have been induced by her dangerous dabblings in the occult, for which women were so palpably unsuited: "[B]eing of a highly nervous and imaginative temperament, ... her sincere efforts to grapple with the mysteries of the unknown world were too much for her sensitive brain, and today she is violently insane."

Two days later a constable and nurse transported Felicity, "handcuffed and leg ironed and strapped", from jail to the PHI under an order of the provincial Lieutenant-Governor.[67] The spectacle of this berserk madwoman quite thoroughly defeated the professional capacities of Medical Superintendent G. F. Bodington. His surviving casebook notes betray Bodington's desperation in the face of mental forces which he was obviously powerless to control. "In a state of raving mania, screaming, struggling, and talking incoherently and almost unintelligibly", Felicity was seemingly beyond sanity, womanhood, and help. For the next 24 hours, Bodington confined her in a "crib bed" and subjected her to repeated applications of "wet packs" and cold wet sheets.[68] When she continued to decline to the point of semi-consciousness on the second morning of her confinement, attendants summoned Bodington from his sleep at 4:30 a.m. He proceeded to administer two ounces of red wine, followed by two ounces of whiskey and two hypodermic syringefuls of ether. Perhaps not surprisingly, within a few minutes and less than 36 hours after her admission to the PHI, Felicity Austen was dead.

Circulating around recalcitrant women patients was a litany of powerful medico-moral discourses.[69] Those who transgressed the gendered conventions of the time were especially suspect, since they so graphically inverted the deeply held conviction that, in the words of nineteenth-century alienist Richard M. Bucke, "the intellect is less developed and the moral nature more developed in woman than in man."[70] These women were characterized as polymorphous failures. Their madness was "inseparable from notions of vice".[71] When their contraventions entered the dark and dangerous regions of sexuality, these moral censuring processes were even further amplified. "Unbridled sexual activity", argues Yannick Ripa, "went against the plan for a socially controlled sexuality, where desire and pleasure

67 At least one of these escorts was "so reeking of drink" on arrival that the medical superintendent had to "open my office window after they were gone to ventilate the room".

68 "Wet packs" consisted of a "tepid wet sheet, blanket, macintosh, outside this 3 more blankets".

69 Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London: Routledge and Kegan Paul, 1987).

70 Quoted in Mitchinson, *Hysteria and Insanity*, p. 96.

71 Roy Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone Press, 1987), p. 201.

were male prerogatives."[72] This was particularly the case for those women and girls whose endangerments and risks were underscored by knowledge of their tender years.

Unruly young women[73] who exuded moral danger[74] sometimes found themselves transferred to psychiatric hospital as a last-ditch disciplinary gambit, when the standard practices of other corrective systems were seen to fail. Muriel Thatcher was only 16 in September 1943, when officials removed her to Essondale from the provincial Girls' Industrial School (GIS) where she had been serving an indefinite term under the federal *Juvenile Delinquents Act* for being drunk and disorderly. The hospital social service worker reported that during her time in the GIS Muriel "was for the most part uncontrollable, given to temper tantrums, noisy and abusive, and filthy language. She was consistently a bad influence in the School and was a ring leader in many escapes." For Muriel, Essondale was not a site of treatment, but rather a repository where this intractable young woman could be morally quarantined and her record of incorrigibility meticulously compiled. Her pedigree of vice and inutility, assembled by a hospital social service worker, made impressive reading, particularly within the context of wartime hysteria about the apparently skyrocketing rates of pre-marital sex and of illegitimate births:[75]

> First committed to GIS on April 8, 1942, on a charge of delinquency.... During her stay in the GIS patient escaped on four different occasions.... On each of these occasions she was known to have slept with men overnight.... She also accused one of the R.A.F. men of seducing her, much to his chagrin (she is very homely). On her return to the School ... she claimed that she had been married and had a ring with her to prove it.... Cervical smears are Positive for Gonococcus.... Surly, temper tantrums, manual work was poor and showed no efficiency.... [She was] pronounced a Mental Deficient — a Low

72 Ripa, *Women and Madness*, p. 18. Sexual threat was highly racialized. See Jean Barman, "Taming Aboriginal Sexuality: Gender, Power, and Race in British Columbia, 1850–1900", *BC Studies*, no. 115–116 (1997), pp. 237–266.

73 Victoria E. Bynum, *Unruly Women: The Politics of Social and Sexual Control in the Old South* (Chapel Hill: University of North Carolina Press, 1992); Karlene Faith, *Unruly Women: The Politics of Confinement and Resistance* (Vancouver: Press Gang, 1993).

74 See Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885–1920* (Chapel Hill: University of North Carolina Press, 1995); Joan Sangster, "Incarcerating 'Bad Girls': The Regulation of Sexuality through the Female Refugees Act in Ontario, 1920–1945", *Journal of the History of Sexuality*, vol. 7 (1996), pp. 239–275; Jennifer Stephen, "The 'Incorrigible', the 'Bad', and the 'Immoral': Toronto's 'Factory Girls' and the Work of the Toronto Psychiatric Clinic", in Louis A. Knafla and Susan W. S. Binnie, eds., *Law, Society and the State: Essays in Modern Legal History* (Toronto: University of Toronto Press, 1995); Tamara Vrooman, "The Wayward and the Feebleminded: Euthenics, Eugenics, and the Provincial Industrial Home for Girls, 1914–1929" (M.A. thesis, Department of History, University of Victoria, 1994).

75 See Chunn, "A Little Sex".

> Grade Moron.... [H]er roommate ... [has] been teaching her various types of sexual perversions which she found more satisfying than normal intercourse.

Beyond the custodial routines of management and surveillance, there was little indication that Muriel was involved in any form of hospital activity aimed at altering her current condition, moral outlook, or future prospects. To the contrary, Essondale authorities seemed as anxious to jetison this problem case as had been the GIS Superintendent. With Muriel and other recalcitrants for whom medical interventions were deemed futile, physicians rallied to demonstrate that therapeutic failure was attributable to the inherent flaws of these intransigent women. In the interests of both legitimacy and efficiency, they sought to discard the incorrigibles and concentrate instead on those who could be more readily passified or transformed. In Muriel's case, when a second Order-in-Council materialized in October 1944, authorizing her discharge, doctors greeted it with no small relief. She was released forthwith "into the care of her people". Within a year, now a legally defined adult, Muriel was in Oakalla Prison, sentenced to three months of hard labour for possession of stolen property.

Fifteen-year-old Rebecca Downing spent three and a half years in Essondale after being transferred on an Order-in-Council from the GIS on September 17, 1945. She had been convicted of burning down her convent school in the interior of the province. Further, authorities suspected her of having set at least three similar fires, one of them involving another school located in the Lower Mainland. For the medical specialists Rebecca was a trouble case. As the "ringleader" among the four young women involved in the school arson, she was a potential moral contagion. Moreover, for C. B. Watson, Essondale staff psychometrist, more than two years of observation, interviews, reports, and test batteries had demonstrated conclusively that Rebecca was a "moron of constitutional origin". Since she was also "fairly attractive physically" and given the perceived hereditary origins of her disorder ("her whole family group from her mother's side is marginal, and judging from the history given by the mother she is not a too bright specimen herself"), Watson recommended sterilization to a staff case conference in May 1948. At the same meeting, physician A. E. Davidson summarized the consensus opinion that Rebecca's moral transgressions and criminal personality precluded a medical resolution to her case: "I feel the diagnosis is that of a Psychopathic Personality without Psychosis and I think that her handling should not have been done in hospital but should have been done in jail. I think the correct disposal of her case would have been for her to stand trial and be committed to jail."

Despite her characterization as an unfit candidate for psychiatric remedies, Rebecca's Order-in-Council status mandated her continuing detention in Essondale, where she remained for nearly another full year before leaving on March 26, 1949, with a diagnosis of psychopathic personality without psychosis. Deputy Provincial Secretary R. A. Pennington informed

Vancouver Fire Marshall W. A. Walker of her renewed presence in the community. A member of the Essondale social service staff continued to monitor her in the community, and perhaps to some surprise discovered in the months following her release that "she is enjoying her job",[76] her superior found her "a very willing little girl", and in general she was "making a very satisfactory adjustment". On occasion, then, youthful incorrigibles like Rebecca did manage to transcend the medical and moral stigma that their "criminally insane" status had garnered.

Mary Baines, in contrast, experienced a less happy fate. A prototypical "moral delinquent", by the time of her admission to Essondale from Oakalla on November 16, 1939, Mary had already compiled a formidable resume of rulebreaking and vice. Raised in Vancouver by a working-class father who "had always gone around with other women" and a mother who was "fond of beer", a "poor manager" of the house, and "foolishly indulgent with her children", Mary was expelled from school in the seventh grade. Pregnant at age 15 in 1929, she spent the next 15 months in the Salvation Army Maternity Home for unwed mothers. By 1931 she was in the GIS convicted of sexual immorality and diagnosed with venereal disease. During this internment experts at the Vancouver Child Guidance Clinic classified her as "feebleminded", leading to A. L. Crease's recommendation that "as she has had an illegitimate child and has had infection sterilization might be considered". After being released, Mary was returned to the GIS in 1935 by Judge Helen Gregory MacGill, once again on an immorality conviction, after running away from her father's house and living in turn with three different men in various Vancouver skid road hotels.

The charge leading to her Order-in-Council was for keeping a common bawdy house. A drug-induced bout of hallucinations and delusions while in Oakalla occasioned her admission to Ward X of the Vancouver General Hospital[77] and from there to Essondale where, despite her rapid recovery and general cooperation with staff, she spent seven months on a "secure ward" in the East Lawn Building. Following her discharge the worst fears of her psychiatric overseers were realized when she returned to drugs and prostitution and received a sentence of three years in Kingston Penitentiary. In a conference convened in October 1942 after Mary's latest arrest, social worker Kilburn concluded simply that she was a "menace to the public" and "not a suitable patient". Clearly her recurrent moral violations had disqualified Mary from retaining mental patient status, and she was relegated indefinitely back into the realm of the penal system.

More Criminal Than Insane

In the fourth category of "criminal insanity" were those lost women whose

76 She was working for a sporting goods company in Vancouver.

77 During the 1930s and 1940s, Ward X offered in-patient services to psychiatric patients at the Vancouver General Hospital.

trajectory of sin carried them entirely outside the sphere of psychiatric interest. From the "social dynamite" who posed untold public risks to the "social junk"[78] who were more unwanted than unwell, such offending women were viewed as poor candidates for either mental or moral reclamation. Their crimes and psychic states were beyond understanding. Unsuited to treatment, they impeded professional practices and monopolized resources that could be more effectively deployed elsewhere. In an era that predated the formation of specialized forensic services for women, these undesirable inmates were out of place in psychiatric contexts, and officials sometimes resisted and frequently resented their entry into hospital. Unlike others who conformed more closely to authoritative notions of women's madness, these were trouble cases, and their presence served no discernible purpose. For the mental experts, they belonged in prison, or at least any place but where they were.

Sadie Kennedy was literally and symbolically out of control. A longstanding thorn in the side of carceral officials, for years she had been careening erratically between systems of justice, welfare, and mental health. Recurrent episodes of violence and rebellion decorated Sadie's criminal career. A human hot potato, labelled a psychopath at a time when such designations for women were exceedingly rare, she was *persona non grata* in every institution she encountered. Sadie's sojourns in psychiatric settings were motivated less by the aims of treatment than by a simple desire by prison workers to erase her from their purview. By the time that she was admitted to Essondale from Oakalla on May 27, 1949, after being arrested for vagrancy and assaulting police in Nelson, her record of intransigence was well documented. For the medical experts, the crimes of Sadie Kennedy could be explained only by virtue of her history of gender transgressions. As a psychopathic career criminal she had largely forfeited her claim to womanhood, and consequently she was situated outside the feminine realm altogether. The accounts of her life authored by forensic appraisers were saturated with the language of masculinity. Whenever she had strayed into feminine cultural territory in the past, she had been seen repeatedly to fail. The Essondale social service report, authored a week following her admission, was typical:

> The patient ... affects masculine mannerisms, smokes incessantly and is fond of liquor and men. She has a loud voice and swears frequently. She has always been extremely aggressive. [S]he left home at 15 because she could not stand the brutal treatment she received at the hands of her father. She apparently went to Texas where she masqueraded as a boy, and was employed as a mechanic for some three or four months.... She was sentenced to Mercer

78 Steven Spitzer, "Toward a Marxian Theory of Deviance", *Social Problems*, vol. 22 (1975), pp. 638–657.

> Reformator [in Ontario] following an attempt to murder her husband.... The patient's first child ... was ... cared for in a Children's Aid Society foster home ... the mother has shown no interest in her. In the summer of 1944, the patient arrived in Vancouver having hitchhiked from Ontario. She was again pregnant and was in police court on a charge of assault.... Her second child ... was born in October, 1944, and admitted to a Children's Aid Society foster home at one month of age.... [She was] treated February 1945 in North Bay Jail for V.D.

Man-like creatures like Sadie Kennedy did not qualify for the nurturing environment of domesticity that hospital officials endeavoured to cultivate for the treatment of disordered women. Indeed, even Sadie herself appeared to embrace her identity as an essentially criminal being, continuing "to plead that she be returned to Oakalla". Presenting a "very difficult problem in management" on the wards, "unpopular with the other patients", and "refus[ing] to carry out the nurses' instructions ... becoming abusive and assaultive", Sadie was soon earmarked for early release. Her criminal sentence having expired and her Order-in-Council vacated, she received a full discharge on August 6, 1949, a mere ten weeks after her admission. Like Muriel Thatcher, Rebecca Downing, and Mary Baines, Sadie had departed so dramatically from the normative order of the institution and from the prescribed role of the tractable female patient that she was released.[79]

More common than such volatile cases of pure unbridled criminality were those polydeviant women who circulated between institutional and civil settings as a kind of drifting diaspora. These women were the recycled discards of a state regulatory system that had long since disowned them. They were too pitiful to comprise genuine social or moral risks, yet they were still sufficiently delinquent or disordered to elicit recurrent encounters with the forces of public order. Their debased femininity was just one aspect of a galaxy of failings for which they were multiply condemned. When faced with such marginal women, the main motivation of forensic authorities was to contend with whatever immediate crises they might engender, then to circulate them out of hospital at the earliest opportunity. When their Order-in-Council status or other factors precluded their expulsion, officials typically consigned them for protracted periods to the tedium of life in the chronic wards. Wherever they did come to reside, these women were generally seen to fit nowhere in particular, and they constituted irritations and classification problems for everyone upon whom they were imposed.[80]

79 Thanks to one of the anonymous manuscript reviewers for *Histoire sociale / Social History* for pointing out this connection.

80 In Carlen's words, they were "seen as being outwith 'real' criminality ... rejected by hospital alcohol units as being outwith motivation; rejected by social workers as being outwith reform and beyond help; and rejected by psychiatrists as being outwith treatment and beyond cure". *Women's Imprisonment*, p.155.

Born on a northern Alberta ranch in 1906, Maggie Hopkins entered Essondale on twelve different occasions between 1934 and 1969, five times on Orders-in-Council for alcohol, theft, prostitution, and minor assault charges. Most of these hospitalizations lasted no more than a few weeks. By the early 1960s Maggie had compiled more than 60 criminal convictions. Her psychiatric diagnoses varied over the years from alcoholic psychosis to chronic undifferentiated schizophrenia to sociopathic personality disturbance to chronic brain syndrome. Essondale psychiatrists were virtually powerless to refuse her admission. Amid the politics of exclusion that shaped the careers of women like Maggie, mental institutions had little control over the entry of their patients under either criminal or civil law. Hospital officials repeatedly expressed resentment about their obligatory and frequent dealings with this "large, somewhat obese, dirty and dishevelled woman". Protesting her presence at Essondale after her seventh admission in 1961, one physician wrote that "there is a good possibility that even on the hospital grounds she would find bacchanalian opportunities.... Keeping this patient in hospital indefinitely is a questionable use of the Order-in-Council in terms of psychiatric thinking in respect to alcoholism and the law." Yet as late as 1972 Maggie was still tied inextricably to Essondale (by then Riverview) Hospital,[81] living as an old-age pensioner on the Vancouver downtown east side, under the care of the Victorian Order of Nurses and on extended leave from the institution.

Like Maggie Hopkins[82] Ruby Young was a "lifer". An opiate user and prostitute by the age of 22, Ruby was admitted to Essondale from Oakalla on a forgery conviction on February 15, 1940. She had been in hospital once before, along with her husband, for one week in August 1939 in an abortive effort to treat her morphine addiction. Experts depicted her family as a moral minefield, "the despair of social agencies". Her father was "a notorious drunkard" and her mother a prostitute. The Vancouver Children's Aid Society had seized seven of her nine siblings in 1932. Following her Order-in-Council admission, Ruby spent the next 19 years in Essondale. She escaped three times during her detention, contracting syphilis during one of these escapades. For most of these two decades, however, she languished on

81 See note 9.

82 As in contemporary contexts, the apprehended problem of the chronic alcoholic in mental health, justice, and welfare arenas infused public and professional culture during the late 1800s and the first half of this century. See, for example, Mimi Ajzenstadt, "The Medical-Moral Economy of Regulations: Alcohol Legislation in B.C., 1871–1925" (Ph.D. dissertation, School of Criminology, Simon Fraser University, 1992); Sharon Anne Cook, *" 'Through Sunshine and Shadow': The Woman's Christian Temperance Union, Evangelism, and Reform in Ontario, 1874–1930* (Montreal and Kingston: McGill-Queen's University Press, 1995); Reginald G. Smart and Alan C. Ogborne, *Northern spirits: A Social History of Alcohol in Canada* (Toronto: Addiction Research Foundation, 1996); Cheryl Krasnick Warsh, ed., *Drink in Canada: Historical Essays* (Montreal and Kingston: McGill-Queen's University Press, 1993).

the chronic wards, doing no work, and in the 1950s was "spend[ing] her entire day curled up on the floor in a corner of the room". Psychiatrist P. M. Middleton described Ruby as "delusional, bizarre in her manner, talking inconsequentially and wearing an excess of makeup so that she looks like a rather disorganized prostitute". Her Order-in-Council was at last vacated in April 1954. Then in 1958 through 1960 hospital officials placed her on a series of leaves and probation terms in the care of her mother and sister, all of which ended in failure when she got drunk, was arrested for vagrancy, or failed to abide by her conditions of probation. Following her last return from probation, she ran away from Essondale once again on April 25, 1960, and was "discharged as escaped" five days later.

The hospital's association with Ruby Young was far from over, however. Six more admissions ensued between December 23, 1960, and December 3, 1966. Three of these were Orders-in-Council from Oakalla, following convictions for public intoxication and vagrancy, on the basis of assessments conducted by prison physicians R. Guy E. Richmond and Arthur Robertshaw. On every occasion but the last, Ruby repeatedly escaped or was placed on probation, only to rebound back to Essondale a few hours or days later after being picked up drunk by police. Frustrated by Ruby's almost weekly appearances during the early 1960s, hospital staff complained that they were "tired of providing hotel facilities" for this "dirty, dishevelled, unkempt, haggish-looking female". The aggravation might have endured indefinitely, had Ruby not contracted bronchopneumonia during her eighth admission in the winter of 1968–1969. Enfeebled by a lifetime spent in institutions and on skid road, she rapidly declined and finally succumbed at 2:00 a.m. on the morning of April 4, 1967.

Finally, for some Order-in-Council women such as First Nations patients, a devalued ethnic identity acutely compounded their "outwith" status.[83] The forensic response to aboriginal women reproduced gender and racial prejudices that were deeply etched into the fabric of British Columbian culture. Superimposed on the almost instinctive tendency to repudiate "common criminal" women were the biases of white male professions endeavouring to make sense of foreign femininities and unknowable mental worlds. In the case of Mary Alexander — a woman from the Chilcotin Nation described by J. G. McKay as a "typical interior Indian in appearance" — her apparent depression at being imprisoned at Oakalla on an assault conviction occasioned her Essondale admission, where she spent 14 months "get[ting] along fairly well, but spend[ing] a large amount of her time singing Indian songs". For her part, Madeleine Joe, a 22-year-old Shuswap woman arrested in 1947 for prostitution in Kamloops, was characterized by one doctor as a "very obese ... Indian squaw" and by another as "very ugly ... a low grade moron". Ravaged by syphilis and

83 See Barman, "Taming Aboriginal Sexuality".

tuberculosis, Madeleine endured for 25 years in the Essondale chronic wards before leaving in 1972 for a Surrey rest home where workers described her as "a puppy dog ... simple and child-like, co-operative and easy to please".

Pauline Noone was less tractable. Born in Prince Rupert, Pauline was sentenced at the age of 20 in January 1940 in police magistrate's court to a year's imprisonment in Oakalla for the crime of attempted suicide. When guards found Pauline in her cell with a cord around her neck, physicians J. G. McKay and W. H. Sutherland certified her to Essondale, the latter reporting that she was "not rational ... emotional and at times [I was] not able to get her to talk". During her four years in hospital Pauline attempted to strangle herself on literally dozens of occasions. For many months doctors held her in restraint and placed her under strict supervision. Depicted by psychometrist C. B. Watson as a "slow, dull and apathetic Indian girl [who] makes no effort to respond, remark[ing] in Indian fashion 'I don't know' ", she was diagnosed as an "imbecile". Pauline's efforts at self-destruction were clearly incomprehensible to the mental experts, and served as the justification for her jailing, hospitalization, and secure confinement. Most likely these men did not have the opportunity, or perhaps the inclination, to read Pauline's own account of her actions as it appeared in a letter addressed to Superintendent of Nurses Miss L. Blomberg in May 1943: "I am not happy about my suicide at all. [M]y heart Broke, since 1938. [T]hat is why I try to do those Business like that. Because my Boy-friend he was killed by the cop's in 1938. The one I suppose to marry him and I thought to myself I cant be happy without him and that is the first time I started drinking."

In the end, Pauline Noone's tormented campaign to extinguish her own life turned out to be superfluous. In the fall of 1943 physicians diagnosed Pauline with advanced tuberculosis of both lungs. The disease advanced rapidly through that winter, and following a "rapid and progressive physical failure" she died on April 11, 1944. The dark irony of her demise — that medico-legal intervention had hastened the death she so fervently pursued to the point of forfeiting her very freedom — failed to penetrate the official reports of Pauline's death. She was 25 years old.

Denouement

The two decades following World War II marked a period of unprecedented reform in the operation of segregative psychiatric establishments across the developed world. In British Columbia, the populations of Essondale and its ancillary institutions reached a peak in the middle 1950s[84] after which a tumultuous epoch of deinstitutionalization, diversification, and community mental health initiatives began to unfold. In 1964 the legislature passed a new *Mental Health Act* and unified treatment services throughout the

84 See *ARMHBC, 1949–50* through *1960–61*, BCSP.

province under an amalgamated Mental Health Branch.[85] In 1975 a separate system was instituted for the criminally insane, under the auspices of the Forensic Psychiatric Services Commission, with facilities for detaining both men and women at the Forensic Psychiatric Institute (FPI) located on the site of the former Riverside unit of Essondale Hospital.[86]

The consequences of these changes for women medico-legal subjects have been manifold. As women patients began to surpass men in both admission and bed occupancy statistics in the second half of this century,[87] the numbers of women embroiled in the dual control systems of medicine and law also increased in both absolute and relative terms.[88] While as noted above they remain a distinct minority in comparison with their male counterparts, women forensic patients, for so long invisible and silent in both official and academic accounts, have begun to emerge as subjects of concern for feminists, clinicians, and criminologists alike.[89] These women's stories fully merit this penetrating interest, both in their own right and as representations of women's encounters with law, medicine, and related regulatory systems more generally. During the historical period considered here, as in the present, the ordering practices of medico-legal professionals were and continue to be immersed in "a wider professional network whose concern with returning criminal women to their 'normal' role legitimized a level of intervention and surveillance which was much more intensive than that experienced by criminal men".[90] In deploying these extraordinary measures for the regulation of criminally insane women, forensic authorities have both reflected the gendered order that prevailed during the formative years of British Columbia's state control enterprise and helped to fashion the images of women, crime, and madness that continue to preoccupy the guardians of legal, mental, and moral order.

85 Under the legislation enacted on April 1, 1964, Essondale and the Crease Clinic were unified and renamed Riverview Hospital.

86 *Forensic Psychiatric Services Commission Act*, 1975 (22–23 Eliz. 2, ch. 35).

87 In fiscal year 1953–1954, for example, female admissions to British Columbia mental health services finally surpassed those of men (1,445 versus 1,431), although the total number of men in care continued to exceed that of women. *ARMHBC, 1953–54*, BCSP.

88 In fiscal year 1991–1992, 47 British Columbian women entered the provincial Adult Forensic Psychiatric Service as in-patients. They represented 12% of the total 432 admissions.

89 See, for example, notes 1, 20, 23, 25, 28, 29, 30, 46, 48, 51, and 52 above.

90 Sim, *Medical Power in Prisons*, p. 129.