Beyond the Asylum: Professionalization and the Mental Hygiene Movement in Canada, 1914-1928*

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The mental hygiene movement ... bears the same relation to psychiatry that the public health movement, of which it forms a part, bears to medicine in general.

—Dr. C. Winslow, Professor of Public Health, Yale University

The mental hygiene movement in Canada emerged in the second decade of this century during a period that has been called the "heyday of public health." Understandably, the movement shared some of the features of the public health movement. One of these features was a tension between the priorities of physicians interested in establishing medicine as a successful profession, and the aims and methods of public health as a movement of social reform.

This tension was manifested in distinctive forms in the mental hygiene movement. On the one hand, members of the mental hygiene movement and its official voice, the Canadian National Committee for Mental Hygiene (CNCMH), were much concerned with the problems of professionalization. The activities of the CNCMH were closely related to the professionalization of psychiatry and psychology. Through the CNCMH, prominent representatives of both disciplines promoted the facilities of formalized training and scientific research that are necessary for an occupation to achieve professional status in modern society.

On the other hand, many of the problems that preoccupied the mental hygienists were rooted in social factors that seemed far re-
moved from the laboratory-based psychology of the time, and even farther removed from scientific medicine and the incipient forms of psychiatry that were being practiced. The mental hygienists believed that social problems were capable of resolution given an adequate contingent of properly trained experts. Acting on this belief, they made sure that the intellectual products of their “scientific” research were put to the test in a variety of community settings. Thus while they strove to establish their scientific credibility, they did not retreat from the problems that vexed other social activists of their day. Their success in convincing elite groups that mental hygiene was the best approach to many contemporary problems paved the way for a network of institutions and services that would increase significantly the social influence of psychiatry.

This study explores the early attempts by the mental hygienists to establish a place in the community for psychiatry and related disciplines. One of my primary concerns is the effort by psychiatrists and psychologists to secure professional status for their occupations. I will argue that an important aspect of the professionalization of these two disciplines was the production and control of specialized knowledge. Particular emphasis will be placed on changing relations between aspiring professionals and their social environment of voluntary organizations, philanthropists, and the state.

I should note at the outset that my point of departure is not the formation of the CNCMH in 1918. Viewed from a broad sociological perspective, the CNCMH was a group of individuals who responded to an emerging market for a particular kind of service. But that market did not emerge out of nothing. It was shaped in specific contexts where conscious, purposeful, actors pursued their ends “with,” as Karen Knorr-Cetina puts it, “or against others.” I view the analysis of the struggle to create a demand for mental hygiene as essential to an understanding of the development of the CNCMH. This paper is thus a modest beginning to a more comprehensive study of the CNCMH and its role in the mental health services in Canada.

RECOGNIZING SOCIAL PROBLEMS

During 1910-1919 no person in Ontario was more successful than Helen MacMurchy, M.D., in publicizing the urgency of many of the social problems to which the mental hygienists would later respond. What were these social problems? It is not too difficult to produce a list: disease, immoral conduct, unemployment, feeble-mindedness, crime, and pauperism were some of the more central. It is more difficult to provide a general account of the kinds of phenomena that came to be perceived as social problems. Clearly, however, such phenomena must have departed from an implicit or explicit ideal. For MacMurchy,
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some of the ideals against which the outlines of various social problems began to take shape were the ideals promoted by a group of women reformers whom Canadian historians have called the “maternal feminists.”

MacMurchy’s views on social problems were connected to the views of the maternal feminists through a set of shared ideas and values. Like the maternal feminists, MacMurchy supported an image of the ideal family against which deviations could be measured and towards which deviants could be guided. MacMurchy also shared many of the maternal feminists’ views on the social value of motherhood. According to the maternal feminists, it was in motherhood that the most revered qualities of femininity developed and were expressed. These feminine qualities made the family a place where children could grow up as moral, physically fit citizens. But the same feminine qualities had a role outside the private domain of the family. The actions in the public sphere of women who embodied these qualities could potentially reverse the epidemic of social problems. “Some believed,” as Linda Kealey writes, “that only woman’s intervention could salvage the wreckage of society.”

MacMurchy’s views on social problems were influenced by her participation in women’s organizations as well as by her sympathy for the ideas and values of the maternal feminists. “From 1904-1906,” notes one historian, “[MacMurchy] was the president of the University Women’s Club [in Toronto], and later became an honorary member of the club.” It has been suggested, moreover, that Mrs. Willoughby Cummins, secretary to the National Council of Women of Canada, recommended MacMurchy to Premier J. P. Whitney of Ontario to conduct the first census of feeble-minded persons in 1905. This appointment would launch MacMurchy’s long distinguished career as a public official who shared many of the maternal feminists’ concerns with social problems.

But MacMurchy’s approach to social problems, unlike that of many of the maternal feminists, did not rely exclusively on ideal images of the family or the “natural” resources of her gender. Because of her training as a medical doctor, MacMurchy had all the “scientific” tools of the physician at her disposal. Indeed, much of her life’s work may be viewed as an attempt to redefine social problems as public health problems or, as the Star put it in 1914, “to link medicine with social work.”

There were two main aspects to MacMurchy’s initiatives in this area. First, she attempted to provide an authoritative explanation of social problems, an account of the causal responsibility for those problems. A central theme in MacMurchy’s explanation was relatively straightforward: it consisted of attributing most social problems to
feeble-mindedness, in her view a condition of mental incompetence and moral degeneracy. Feeble-mindedness, in turn, was connected in many cases to biological factors. Finally, the transmission of these biological factors from generation to generation was to be deciphered and controlled by eugenics which MacMurchy characterized as the "latest of the sciences."\(^{15}\)

It should be noted that the significance of eugenics did not rest exclusively in its practical application in programs of sterilization. Equally significant are the conceptual resources it provided for minimizing the role of social factors in social problems. According to eugenic doctrines, most of the feeble-minded belonged to a category of individuals that was "not a social category, or even primarily a moral category, but a natural category, a degenerated variety, or collection of varieties of the species *homo sapiens*."\(^{16}\) Through eugenics, social problems were thereby linked to a form of explanation that possessed much of the authority of natural science.

The second aspect of MacMurchy's attempt to redefine social problems as public health problems was her role in encouraging the state to assume greater responsibility in the area of public health. MacMurchy was not just concerned with scientific explanations and the causal responsibility for social problems; she was also concerned with political responsibility for those problems.\(^{17}\) MacMurchy, as suggested, felt that the feeble-minded were one of the main causes of social problems and the chief obstacle to social reform.\(^{18}\) In promoting greater political responsibility for the provincial state, she argued for a comprehensive provincial policy with respect to the feeble-minded, a policy through which the activities of "municipal authorities" and "charitably disposed citizens" would be coordinated.\(^{19}\)

This did not mean that the role of "private individuals and voluntary associations" was to be eliminated. In addition to their role in publicizing the problem of the feeble-minded, these non-professionals played an integral role in connecting the medical doctor to the community at large. "They alone," wrote MacMurchy of "private individuals and voluntary associations," "can enable us to find and record mental defectives in the community."\(^{20}\) But, on MacMurchy's view, non-professionals needed professional assistance in order "to recognize those who are not really fit for citizenship."\(^{21}\) After all, she insisted at an international conference on social hygiene, who but the medical doctor could determine whether the source of that lack of fitness was feeble-mindedness or a variety of physical and even environmental factors?\(^{22}\) For MacMurchy, final discretion in such matters, and hence in a whole range of social problems, had to rest with the "individual physician."\(^{23}\)

This brief summary of some aspects of MacMurchy's work indicates the methods and implications of her efforts to redefine social problems.
as public health problems. First, she promoted the role of a “natural science” (eugenics) in the study of social problems and the role of the medical profession in diagnosing the causes of social problems. Second, she campaigned for a greater role for the state in the management of social problems. By linking a purportedly scientific understanding of the causal responsibility for social problems to the proper discharge of political responsibility she secured a position for the doctor in the formulation of social policy and the provision of social services. Finally, she transformed her relation to the source of many of her ideas on social problems, the maternal feminists and their voluntary associations, to an increasingly distinct one of professional dominance.24

THE PSYCHIATRIC CLINIC AT THE TORONTO GENERAL HOSPITAL

There are a number of interesting continuities between MacMurchy’s relationships to maternal feminism and voluntary associations and the emergence of a facility that prefigured in important ways the orientation of the CNCMH. The facility in question was the Psychiatric Clinic that opened in 1914 at the new Toronto General Hospital on College Street. Though some records indicate that the psychiatric clinic was formed on the suggestion of Commissioner Starr of Toronto’s Juvenile Court, Dr. C. K. Clarke, the founder of the clinic, reports that it was MacMurchy who first suggested the idea.25 It is evident that the origins of the clinic are related to earlier activities by MacMurchy. The psychiatric clinic was part of the Social Service Department of the Toronto General Hospital. In 1911, MacMurchy had organized a precursor to this department, the Ladies’ Committee, at the old Toronto General Hospital. One of the roles of the Ladies’ Committee was to secure information on the environmental circumstances of patients that was necessary for combatting public health problems such as tuberculosis.26 Members of the Ladies’ Committee and later volunteers in the Social Service Department thus maintained a connection to the community that was an important component of public health before an adequate contingent of professionally trained workers was available.

The relationship between the world of social problems and the world of “scientific” knowledge that MacMurchy embodied as an individual existed in institutional form at the Psychiatric Clinic. At the clinic, Clarke and his assistants Dr. Withrow and Dr. Clarence Hincks (the founder of the CNCMH) worked at the interface of the two worlds. On the one hand, there was the well organized clinical world of specialized knowledge that found its ideal institutional support in the new Toronto General Hospital. On the other hand, there was a seemingly endless array of troubled, often dependent, individuals who peopled the clinic and connected it to the world of social problems.
The question of the type of "scientific" knowledge that was used or produced at the clinic warrants further comment. Clarke's preference for the Kraepelinian system as well as later programmatic statements suggest he was willing to admit a variety of causal factors into his explanatory framework. It is impossible, however, to ignore his attempts to manipulate public sentiment by provoking the fear of the feeble-minded, while alluding at the same time to the "scientific" promise of eugenic explanations. Eugenics may not have been a very secure foundation on which to build a sophisticated psychiatric theory. And because it lent itself so easily to reductionism and vulgarization it could hardly be used to justify claims to an exclusive form of knowledge, acquired through a long period of training, on which professionals often base their authority. Nevertheless, in the short term, eugenics provided the rhetoric to heighten the public's awareness (if we can call it that) of social problems and to spur governments to action. Eugenics also provided a handy cognitive basis for distinguishing between professional/scientific and lay approaches to social problems.

Other more permanent bases for such a distinction will be discussed shortly, when I focus on the initiatives in professional training and scientific research organized by the CNCMH and some of its members. Here it is interesting to refer to evidence for the emerging distinction between professional and lay approaches to social problems that may be found in a pamphlet that described the history of the Social Service Department at the Toronto General Hospital. In describing the inception of the Social Service Department, the pamphlet seemed to convey a certain sense of pride in the activities of the Ladies' Committee. A few pages later, however, it was admitted that "What was not so clearly understood nor so well handled was the part the volunteer worker could play." Eventually, the pamphlet went on, "the approach to social problems had swung full circle from... kindly but often positively harmful charity to a point where save to raise money only the scientifically trained worker was deemed qualified to do anything." Once integral to the recognition of social problems, either directly through the community work of individuals or indirectly through the ideas and ideals of the maternal feminists, the lay volunteer and her viewpoint had become something of an impediment to the scientific intervention into social problems. The initiative to provide "scientifically trained workers" had begun and the principal type of support provided by volunteers would take the form of funding rather than direct service. Incipient professionals were establishing themselves as gatekeepers to the world of social problems, as producers of the knowledge through which that world could be rendered intelligible, and as managers of an increasingly complex division of labour organized to treat social problems. It is in this light that the formation of the CNCMH may be best understood, and to understand the forma-
tion of the National Committee it is necessary to focus on the work of Clarence Hincks.

THE FORMATION OF THE CNCMH AND THE EARLY PROVINCIAL SURVEYS

It is impossible to do justice in this short essay to Hincks' individual achievement in the formation of the CNCMH. Here I must be selective. I will begin with a brief description of the formation of the CNCMH. I then want to focus on several events that illustrate how an important element of professionalization—the management of the production, dissemination and public image of specialized knowledge—was coordinated by the CNCMH and led to its distinctive position with respect to volunteers, philanthropists and the state.

Perhaps the most impressive dimension of Hincks' campaign to organize a national body to deal with mental hygiene was the range of elites who, on his request, lent their support to the idea. From the political world was the Governor General, the Duke of Devonshire, who agreed to act as patron for the CNCMH. From the academic world were C. K. Clarke, Dean of Medicine at the University of Toronto, who became Medical Director of the CNCMH, Charles F. Martin, Professor of Medicine at McGill, and Sir Robert Falconer, President of the University of Toronto. Finally, from the economic world were numerous individuals who agreed to sit on the Board of Directors: “Lord Shaughnessy, president of the Canadian Pacific Railway; Mr. E. W. Beatty (later Sir Edward), Vice President of the C.P.R.; . . . Sir Vincent Meredith, President of the Bank of Montreal; . . . [and] Mr. F. W. Molson, President of Molson’s Brewery.”

There was another prominent individual whose presence influenced the early success of the CNCMH: this was Clifford Beers, Yale graduate and ex-mental patient who was responsible for the formation of the National Committee for Mental Hygiene in America in 1909. Two months before the official formation of the CNCMH in April of 1918, Beers agreed to speak at a fund-raising tea party at the home of the Dunlops in Toronto. We may assume that Beers conveyed a number of things to the guests at this tea party. First, his presence deflected some of the credibility of the American committee onto the Canadian venture. Second, Beers focused attention on an aspect of the mental hygienists’ work that I have not yet mentioned: their questioning of the efficacy and humanity of the existing asylum system. Finally, Beers’ personal story, coming as it did from a member of the elite who had suffered an emotional breakdown, undoubtedly dramatized the fact that mental illness did not always respect class or ethnic boundaries.

Whatever the specific content of this and other talks, they were successful; funds from the elite audiences were forthcoming immediately. Other fund raising sessions held in the following months
met with similar success and shortly after the formation of the CNCMH in April of 1918 Hincks found himself involved in a remarkable array of reform initiatives.

Some of the most important of these early initiatives may be viewed as attempts by the mental hygienists to convince state officials that their services were invaluable to the proper functioning of a modern society. Programs that supported such claims were established in immigration and in the rehabilitation of veterans suffering from the physical and emotional traumas of war. But perhaps the most instructive for the present purposes were the provincial surveys of existing systems of asylums. These surveys linked psychiatry to the past when it was confined to the asylum, and to the future when it would become an important component of a whole range of social services.

At the first executive meeting of the CNCMH’s second year, Hincks addressed the following words to his fellow mental hygienists:

It is evident to those of your executive officers who have been entrusted with the task of conducting provincial surveys that this particular work yields higher dividends in practical results than any other branch of our activity. Experience in Manitoba shows that the survey method leads not only to governmental action, but in addition gives the Committee an opportunity to supervise the work of reconstruction itself.

The provincial survey to which he is referring had been undertaken in the fall of the previous year (1918) at the request of public officials of the province of Manitoba. Hincks and his immediate superior in the CNCMH, C. K. Clarke, wrote that the survey involved “a study of conditions in Manitoba, particularly in reference to hospitals for the insane and other institutions where mental defectives were housed.” The study was also to cover such questions as “the examination of child delinquents, Juvenile Courts, etc.”

What was the secret of the Manitoba survey’s success? Charles Roland points out that, in regard to the early provincial surveys, Hincks felt that the CNCMH should proceed carefully so as to convince the government in power of the cooperative and constructive spirit of the surveys. Accordingly, a report of the Manitoba survey written by Hincks and Clarke referred to the error of mere fault-finding and suggested that “It is scarcely fair to criticise those in charge for the existence of manifest abuses which are the outcome of a defective and incomplete organization. . . .” Aside from the purely rhetorical elements of this statement there was a more substantial point being made. Hincks and Clarke were trying to establish a relation between what has been called “causal responsibility” and “political responsibility.” They were suggesting that full political responsibility for the amelioration of so-called social problems did not exist where causal responsibility for those problems was not completely understood. They argued further that the knowledge or, as they put it, the “facts,” they produced as part
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of the survey made a significant contribution to clarifying this causal responsibility. On recognizing this contribution and understanding this causal responsibility a government ought to be motivated to correct existing weaknesses in the system of amelioration. In their words: 

"Surely it is clearly understood that insanity is a disease, not a crime, and everything that can be done to minimize mental suffering should be cheerfully undertaken by a sympathetic government."39

This view, simplified for rhetorical purposes in the Manitoba report, represents a distinctly modern perspective on the nature of social reform and the appropriate role of reformers. On this view, the reformer is an impartial agent supplying scientific intelligence to the state; the reformer's stance is one of objectivity not advocacy. This does not of course preclude the reformer's desire to change the world; it merely suggests a particular way in which this end might be achieved.

It is possible to perceive some continuity between this approach to social reform and MacMurchy's earlier efforts with respect to the feeble-minded. It will be recalled that MacMurchy proposed that the activities of volunteers and the state in regard to the feeble-minded and social problems in general should be guided by the expert knowledge of the medical doctor. What begins to take shape in the late teens and the twenties is a new basis for that expert knowledge. No longer must it be imported from other nations, as was the case with eugenics. Now the expert knowledge on which to base programs of mental hygiene will be produced under the auspices of Canadian universities. Moreover, this breakthrough extends beyond the production of expertise; it includes the construction of facilities for the production of experts. In short, it includes provision for professional training.

PROFESSIONAL TRAINING AND SCIENTIFIC RESEARCH40

The establishment of training and research facilities affiliated with the university is integral to the formation of most modern professions. This point was made with respect to medicine in America and Canada by the Flexner report in 1910.41 A similar point was made with respect to psychiatry, psychology and related disciplines by a survey of the CNCMH conducted by the Canadian Medical Association in 1932.42 In descriptions of the "present programme" of the CNCMH and in recommendations for the future the report of the survey assigned top priority to both "Education" (graduate and undergraduate, for physicians and nurses) and "Research." As regards the latter, the report stated: "To be effective, the concept of mental hygiene, as embracing the prevention of mental disorders and the promotion of mental health for the enrichment of human life, must rest upon a sound scientific foundation. This being the case, the importance of and necessity for research are apparent."43
The report, as suggested, was as much a description of programs as it was a blueprint for future action. As early as 1919, the CNCMH had initiated a two-month course in mental hygiene, primarily for nurses specializing in psychiatry, in the Social Service Department of the University of Toronto. In 1920, a chance for a more definitive influence by the mental hygienists on psychiatric training arose when Hincks was consulted by members of the Rockefeller Foundation regarding the appropriate use of a grant to the University of Toronto’s Faculty of Medicine. F. Sommers suggests that the recommendations of a committee that was formed to consider the distribution of this grant bore the marks of Hincks’ influence.

Although, in some instances, Hincks seemed ready to respond to public demands for mental hygiene services without too much consideration of what, exactly, those services ought to entail, in other instances he outlined conditions for a properly professional form of service. This was quite evident in a 1922 article on the benefits of what Hincks called the “College attachment.” In the article he wrote of the role of the College in fostering Mental Hygiene Research and, correspondingly, of the potential of the College to underwrite the scientific authority of the mental hygiene movement. He also asserted that “no branch of medicine is so dependent upon expert social service, as psychiatry” and wrote positively of the fact that “many Colleges have made provision for the instruction of social workers, ... public health nurses [and medical students] in mental hygiene.”

C. K. Clarke, medical director of the CNCMH, was also very much concerned with the relation of mental hygiene to the training of psychiatrists and allied health workers. Clarke had left his position as Superintendent of the Toronto General Hospital in 1917 to work full-time with the CNCMH, but he made a number of changes to the psychiatric training program when he returned to the hospital as Professor of Psychiatry in 1922. By 1923, the impact on Clarke’s views on psychiatry of his experiences at the Psychiatric Outpatient Clinic and later with the CNCMH are dramatic. Clarke’s 1923 “Maudsley Lecture,” delivered in Britain to the Quarterly Meeting of the Medico-Psychological Association, was a compelling account of the social value of psychiatry outside of the asylum. Clarke commented on the work of the CNCMH in increasing the public’s awareness of the social value of psychiatry. Such work is necessary, Clarke added, “if the psychiatrist of the future is to hold his place in medicine” and to resist the encroachment of “amateurs” on his activities.

Unfortunately, Clarke did not live to see the institution that would guarantee an improved professional and social position for psychiatry. A decade before the formation of the CNCMH, Clarke had sought to establish a psychopathic hospital in Toronto. In America, such hospitals were enabling psychiatry to strengthen its ties to general medicine:
the psychopathic hospital, like the reformed general hospital, was to become a place of scientific research and professional training.\textsuperscript{51} It wasn’t until 1925, however, that the Toronto Psychiatric Hospital opened its doors under the directorship of Clarke’s colleague, Dr. C. B. Farrar (the first psychiatric hospital in Canada had opened in Winnipeg in 1919). The purpose of the new institution was to implement some of the lessons of public health, in particular to identify and treat "mental disease" in its incipient stages. In addition, the Toronto Psychiatric Hospital provided a setting for research and a program in psychiatric training for medical students.\textsuperscript{52}

As noted above, both Clarke and Hincks believed that the interests of psychiatry should not be restricted to the training of medical students. According to Clarke, psychiatry should be linked to a program of "preventive medicine." To achieve this goal, it was necessary to consider the training of ancillary workers. This would free psychiatrists from what Clarke called "administrative work." On Clarke’s view, this kind of work should be performed by "large staffs of specially trained social workers and nurses... [who will do] follow up work as well as make investigations of home conditions." Clarke concluded: "Unless all of this is done the kingdom of psychiatry will be usurped by a host of faddists whose knowledge of medicine is nil, and who parade their speculative theories as facts before a non-discerning public."\textsuperscript{53}

For Clarke, the term "faddists" in this passage refers to the psychologists and teachers who were using intelligence tests in Ontario’s schools. This suggests a certain professional rivalry between psychiatry and psychology at this point in time. But it would be wrong to overemphasize this rivalry. Clarke had great respect for the work of Professor E. Bott, the head of the Department of Psychology at the University of Toronto, and psychology was an important part of the training in psychiatry in the Faculty of Medicine there.\textsuperscript{54} Moreover, the CNCMH played a key role in establishing a cognitive basis for the development of the profession of psychology as well as the profession of psychiatry. Before concluding, I would like to mention a major breakthrough in the CNCMH’s promotion of psychological research that illustrates some of the central themes of this paper.

The research in question took place at Regal Road School, a Toronto elementary school, and the St. George’s School for Child Study, a nursery school formed in 1926, for the purpose of research and education, on the campus of the University of Toronto. The research was conducted under the auspices of the CNCMH and was funded for five years by grants that Hincks had solicited from the Rockefeller Foundation and the Laura Spellman Rockefeller Fund.\textsuperscript{55}

There are two main aspects of this research that are instructive for the present purposes. First, the problem of taking "scientific" knowl-
edge and methods out of their traditional contexts (in this case, the laboratory) without compromising their apparent scientific value was stated in the following terms by Bott:

In general the facilities, personnel and point of view for research interests are found within universities whilst the subject matter of mental hygiene, at least as regards child study, is outside the university, in homes and the community at large. In order, therefore, to facilitate intensive study, an initial question from the university angle is how to establish the most effective contact between the scientist and his complex material.56

Bott and another principal researcher in the study, Dr. W. E. Blatz (of the Department of Psychology at the University of Toronto), solved this problem by, as it were, turning the Regal Road School into a laboratory and enlisting teachers as their research assistants.57

The second aspect of this research that is instructive for our purposes is the fact that eugenics has dropped out as a central explanatory variable. The primary goal of the research was to understand the role of the environment in human development. For Blatz, there were two major implications that followed from this research orientation. First, the traditional subordination of psychology and mental hygiene in general to custodial and curative concerns was to give way to a comprehensive program of prevention. Second, because of the complexities of the child/environment relation and the difficulties of determining at an early age who was and was not "normal," the targets of preventive programs were to include all children, not just the so-called "abnormal."58

The duties of political responsibility for the welfare of children were thus extended to all children. Moreover, on Blatz’s view, this political responsibility did not just rest with the state, defined in general terms. Nor did the limits of this responsibility end with teachers, who, Blatz maintained, ought to master both a given subject matter and a system of principles pertaining to the psychological make-up of the child.59 Political responsibility also rested with parents who were to be responsible for the child’s "early conditions of home life." To discharge this parental responsibility properly, parents, and especially mothers, had to have a basic understanding of child development.60 With the goal of promoting such an understanding, Blatz wrote and co-authored books and articles of "scientific" advice to parents on childrearing and an important component of this advice was classified under the general rubric of mental hygiene.

CONCLUSION

Viewed purely from the perspective of intellectual history, the transition from MacMurchy’s eugenic approach to mental hygiene in 1914,
to Blatz's environmental and psychological approach in 1926, is rather dramatic. However, as I have tried to demonstrate here, many of the broader sociological changes are equally dramatic.

Within a period of ten or fifteen years, lay volunteers assumed an increasingly subordinate role in the definition and treatment of social problems. Aspiring professionals in the emerging disciplines of psychiatry and psychology urged the state to assume a greater role in the treatment of social problems and, by making a case for the value of their specialized knowledge, they were able to position themselves squarely between the state and social problems.

But these professionals required some mechanism, some connection with the community, by which they could transcend their isolation in traditional institutions. At the same time, they had to distinguish their approach to social problems from the approaches of other groups who had taken an interest in such problems. Their success in this regard was related to their initiatives in the production and control of specialized knowledge. While, in the short term, eugenics proved to be of some value in distinguishing professional from lay approaches to social problems, a more successful strategy in the long term was the establishment of institutions of professional training and scientific research affiliated with universities.

By 1926, through the organizational efforts of the CNCMH, and with the support of philanthropic foundations and various levels of government, the mental hygienists had made some progress towards the establishment of such institutions. As a result, the connection of the mental hygienists to the community was maintained increasingly by a network of "scientifically trained workers" whose autonomy and sphere of influence would be controlled to a significant extent by the professionals who occupied dominant positions in the emerging division of labour. And the status of lay workers and volunteers had been transformed to a point where even the work of parents in childrearing was subject to scrutiny insofar as it failed to embody the "scientific" principles of mental hygiene.

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ABBREVIATIONS

GGHPC. Griffin-Greenland History of Psychiatry Collection (Queen St. Mental Health Centre Archives), Toronto, Ontario.
This is a revised version of a paper prepared for the Canadian Society for the History of Medicine Annual Conference, Guelph, Ontario, June 1984.


6 The charges of presentism often levelled against studies of professionalization are mitigated in this instance by the fact that the mental hygiene movement is a twentieth century phenomenon. Nevertheless, one must be careful not to attribute clearly formulated strategies of professionalization to actors whose views on improving the prospects of their respective occupations remained tentative and implicit at best. When I have tried to bear this latter point in mind, I have looked for analytic clarity to a number of sociological theories of the professions and professionalism. The most useful of these are Larson, The Rise of Professionalism and Eliot Freidson, Professional Dominance: The Social Structure of Medical Care (Chicago: Aldine, 1970).


8 For an overview of the development of the CNCMH, see John D. Griffin, "The Chronicle of a National Voluntary Movement: The Canadian Mental Health Association, 1918-1980," (1981), GGHPC. Dr. Griffin is the former General Director of the Canadian Mental Health Association (CMHA). The CNCMH became the National Committee for Mental Hygiene (Canada) in 1939, and the latter became the CMHA in 1950.

9 Tom Brown argues correctly that World War I "played a decisive role in the professionalization of Canadian Psychiatry." See Tom Brown, "Shell Shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War," in Health, Disease and Medicine: Essays in Canadian History, ed. Charles G. Roland (Toronto: Clarke Irwin for the Hannah Institute for the History of Medicine, 1984), p. 308. Equally important, as the present study demonstrates, were factors, here called "social problems," that appeared to originate at the very heart of the community. The following approach to social problems is inspired, in part, by the work of


*Star* [Toronto], April 25, 1914, quoted in Whipp, “Dr. Helen MacMurchy,” p. 4.


Theidea of “professional dominance,” or the tendency of dominant occupations like physicians to control the work of ancillary occupations, like nurses and other health care workers, is developed by Freidson in *Professional Dominance*. See especially chapter 5.


32 For an examination of Beers' role in the National Committee for Mental Hygiene in America, see Norman Dain, Clifford Beers: Advocate for the Insane (Pittsburgh: University of Pittsburgh Press, 1980).

33 Hincks to Beers, February 16, 1918, GGHPC.

34 See Zlata Godler, "Doctors and the New Immigrants," Canadian Ethnic Studies, 9, 1 (1977): 6-17; "Reconstruction and the Canadian National Committee for Mental Hygiene" (c. December 1918), GGHPC, Toronto.

35 The need for such surveys was driven home by the consequences of Canada's war effort. Existing facilities proved incapable of handling the epidemic of "shell shock" that accompanied the war and several provincial governments asked the CNCMH to assess the situation. For a discussion of events surrounding the first request of this kind, see C. G. Roland, "Clarence Hincks in Manitoba, 1918," Manitoba Medical Review, 46 (February 1966): 107-13. For a more detailed analysis of the psychological disturbances arising from the war, see Tom Brown, "Shell Shock."

36 C. M. Hincks, "Minutes of the 1st Executive Meeting (2nd year)," October 17, 1919, GGHPC.


40 As my focus in this section is Toronto, I will not be discussing related developments that were occurring in other parts of Canada.


48 Sommers, "The History," p. 56.


50 See Paskauskas, "C. K. Clarke and Ernest Jones."


55 See Mary Northway, "Child Study in Canada: A Casual History," in Child Development: Selected Readings, eds. Lois Brockman, John Whiteley and John Zubek (Toronto: McClelland and Stewart, 1973), p. 11-18; E. A. Bott, "Report on Toronto Studies in Mental Hygiene and Child Development 1924-1929." (I am indebted to Richard Volpe of the Institute of Child Study at the University of Toronto who allowed me to see this report by Bott.)


