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**RANDALL ROBERTS MACLEAN, MD, FAPA
1900-1976**

RANDALL ROBERTS MACLEAN, MD, FAPA 1900-1976 and MENTAL HEALTH IN ALBERTA

*“Dr. MacLean was absolutely superb with the patients.
Patients were not to be abused.
(He) discontinued everything except sedative packs...
there was to be no force...
in any way, physically or emotionally”.*⁽¹⁾

Introduction

Dr. Randall Roberts MacLean was the second physician to take post-graduate training in Psychiatry and practice in Alberta. The first was his predecessor, Dr. Charles A. Baragar. After working at the Alberta Hospital Ponoka (AHP or PMH) through the tumultuous years of 1928 and 1929, Dr. MacLean left in 1930 on a leave of absence to study psychiatry in the major centres of Europe. He returned in 1932. When Dr. Baragar died unexpectedly in 1936, Dr. MacLean became the Superintendent of AHP. Twelve years later, he became Alberta's Director of Mental Health Services, a position he held until his retirement in 1965.

Dr. MacLean's tenure as the senior psychiatrist and Director of Mental Health Services in Alberta (1936-1965) covered the most fiscally challenged, therapeutically devoid (until 1954) and rapid bed expansion period in Canadian psychiatry.

Dr. MacLean's steady-at-the-helm leadership has received limited historical attention. There was one Alberta study of mental illness to 1935,⁽²⁾ one on the UFA government's health policies from 1921-1935,⁽³⁾ and one on Dr. MacLean's leadership at Alberta Hospital Ponoka.⁽⁴⁾ A statistical summary of Alberta's mental health services from 1911-1968 was completed by E.J. Kibblewhite⁽⁵⁾ for the Blair Report on mental health in Alberta in 1968.⁽⁶⁾

During his more than thirty years at the helm, Dr. MacLean was called upon to: 1) face the accelerating demand for psychiatric admissions through the 1930s

by rapidly expanding the mental hospital bed capacity; 2) maintain basic psychiatric services through the Depression when staffing ratios were reduced from 1 per 5, to 1 per 10 patients; 3) adjust to the shortage of physicians and psychiatrists, caused by the high prairie WWII enlistment rates; 4) teach psychiatry at the UofA until 1946, when the first faculty psychiatrist arrived; 5) manage all of Alberta's mental health facilities and services, which peaked at 5400 beds in 1966; 6) remain abreast of the few therapeutic regimes that were beneficial until 1953; and 7) oversee the rapid introduction of the first effective antipsychotics, Chlorpromazine, Promazine and Thioridazine after 1953.

Alberta's Mental Health Facilities and Services

As in other provinces at the turn of the century, institutional "asylums" such as the Ponoka Mental Hospital were located in remote towns accessible by rail. After WWI institutions were located much closer to major urban centres and medical schools following the Menninger model in the USA. That change in philosophy led to the locating and opening of the Alberta Hospital Edmonton (AHE) at Oliver in 1923. The first acute general hospital psychiatric unit of eighteen beds opened from 1930-1933 at the UAH. It was funded by a grant from the Rockefeller Foundation. The first permanent acute psychiatric unit in a general hospital, contained thirty beds and was included in the University of Alberta Hospital addition of 1951/52. Forensic psychiatric units were located at both AHP and AHE.

1. Abt, Mary "Adaptive Change and Leadership in a Psychiatric Hospital (AHP)", page 132. Ph.D. thesis, UofA 1992. The author was quoting from interviews with ten former AHP staff.
2. Clarke, Ian "Public Provisions for the Mentally Ill in Alberta 1907-1936". 176 pages. UofA MA Thesis. August 1973.
3. Collins, Paul V. "The Public Health Policies of the United Farmers of Alberta Government 1921-1935". 141 pages. MA thesis. UWO, London, October 1969.
4. Abt, Mary "Adaptive Change and Leadership in a Psychiatric Hospital", 1992.
5. Kibblewhite, Edward J. "Study of Mental Health Services for the Blair Commission, 1911-1968." 19 sections, 1968. Deposited in the Provincial Archives.
6. Blair, W.R. *Mental Health in Alberta, The Blair Report, 1968.*

The Public Health Policies of the United Farmers of
Alberta Government, 1921-1935

by

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September 1969

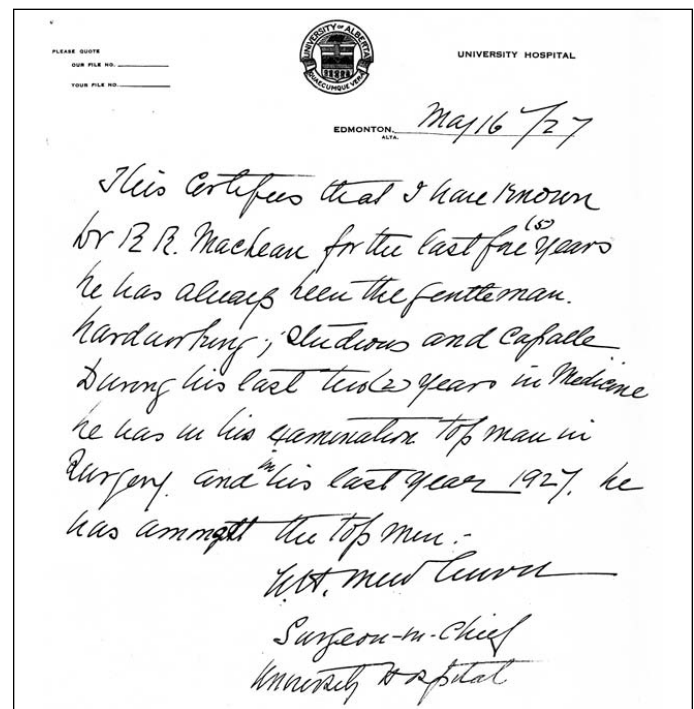
Paul Collins, M.Sc. Thesis, UWO, 1969

Notwithstanding Alberta's limited financial resources during the first half of the twentieth century, successive Alberta governments remained sensitive and responsive to the health and mental needs of Albertans. Progressive changes were made. They included: 1) amending the Mental Disease Act to allow physicians to admit to mental health hospitals in 1922; 2) appointing a Board of Visitors to assess the quality of care in mental health facilities, sanitariums, gaols and other facilities in 1924; 3) standardizing the criteria for approving sexual sterilization applications under the Sexual Sterilization Act in 1928; 4) initiating mental health clinics in 1929; 5) appointing one of the first (after Manitoba in 1919) Mental Health Commissioners in Canada, Dr. Baragar in 1930; 6) removing the use of physical restraints in psychiatric hospitals 1932-1936; 7) doubling the number of mental health beds on a per capita basis from 1930 to 1950; 8) initiating an accreditation-like program for mental health and mental retardation facilities in 1951; 9) introducing the first antipsychotic, Chlorpromazine in 1954; and 10) opening an emotionally disturbed adolescent psychiatric unit, in Linden House at Red Deer in 1961. The healthcare leaders who drove those changes were the Ministers of Health George Hoadley (1923-1935) and his successor Dr. W.W. Cross (1935-1957); Deputy Minister Dr. M.R. Bow (1927-1952) and, after 1936, Alberta's Senior Psychiatrist Dr. R.R. MacLean (1927-1965).

From Youth to MD

Randall Roberts MacLean was born on August 23, 1900, in Newcastle, New Brunswick, where he received his early schooling. By age eighteen (1918) he was qualified to teach The Theory and Practice of singing in schools⁽⁷⁾ and was the holder of a First and Superior class school license from the New Brunswick Normal School.⁽⁸⁾

In 1919 he headed west to teach. On January 6, 1920, Randall MacLean was issued an interim First Class Certificate to teach in Saskatchewan.⁽⁹⁾ The following year MacLean was accepted into the first six-year MD program at the UofA. He graduated in the third UofA class of fifteen students in May 1927. His Surgeon-in-Chief, Dr. F.H. Mewburn described him as "always a gentleman, hard working, studious and capable". He was the "top man in surgery in his fourth and fifth year examinations and amongst the top men in his last year, 1927".⁽¹⁰⁾ After a year as an intern at UAH he registered to practice in Alberta. In June 1928, Dr. MacLean moved to the Ponoka Mental Institute (AHP) as the senior physician - male side, arriving in the middle of the most traumatic year in its history, 1928.



Dr. MacLeans' Letter of Reference from Dr. Mewburn, 27-2
1927

7. MacLean, Randall R. Singing Certificate, in the possession of R. Lampard, dated July 1, 1918.
8. MacLean, Randall R. School License issued July 1, 1918.
9. MacLean, Randall R. Interim First Class Certificate, Province of Saskatchewan, January 6, 1920.
10. Mewburn, Frank H. Letter of reference for Dr. MacLean dated May 16, 1927.

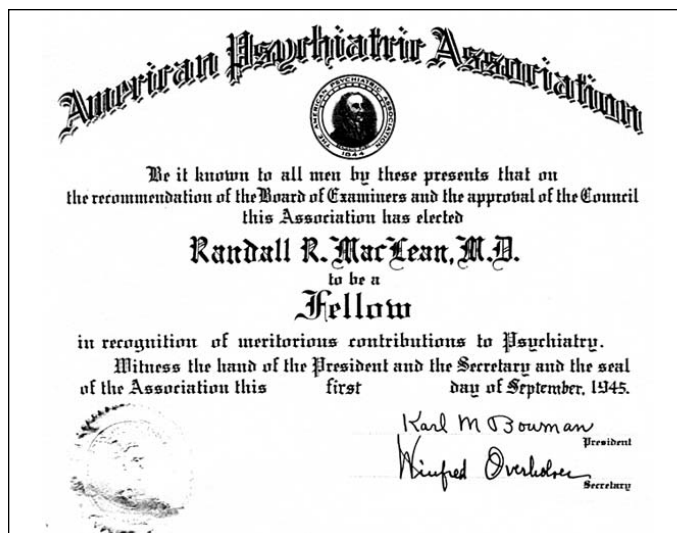
1928-1948

In October 1928, Dr. Arthur Hobbs, a veterinarian and patient at AHP, was repeatedly kicked in the abdomen by a UofA student attendant.⁽¹¹⁾ Hobbs died. Eight staff were detained. Judge Emily Murphy was appointed to preside over the inquest and investigate the circumstances surrounding the death. The provincial Cabinet visited AHP and found it to be overcrowded and taxed to the limit. The medical superintendent, Dr. A.H. Cooke, resigned over the incident although he remained on the medical staff until 1931. The Provincial Board of Visitors conducted their own preliminary review of the Hobb's death and recommended that the noted Canadian psychiatrists, Drs. C. Hincks and J. Farrar reassess Ponoka and all of the other psychiatric services in the province,⁽¹²⁾ as they had done in 1921.⁽¹³⁾

Dr. MacLean saw the challenge as one to provide more than locked and custodial care. Therein lay his opportunity. He asked Deputy Minister Dr. M.R. Bow for a leave of absence in February 1930, to study neurology and psychiatry at Universities in Boston, Zurich and London, England. After twenty-four months of postgraduate training Dr. MacLean returned to Canada and rejoined the AHP medical staff.

Both Drs. Hincks and MacLean realized during their tours of European psychiatric facilities, that the use of mechanical or physical restraints in the treatment of mentally ill patients could be replaced with better supervision and programming.⁽¹⁴⁾ In 1927 there were twenty-four patients at AHP who were in restraints during the daytime and seventeen at nighttime. The AHP census was 1050. On his return in 1932, Dr. MacLean discontinued these practices on his own patients.

Following the 1928/29 Hincks' review, the Medical Superintendent of the Brandon Mental Hospital Dr.



Dr. MacLean's Psychiatric Fellowship diploma, 1945 ²⁷⁻³

C.A. Barager, was appointed the Commissioner of Mental Health Services in 1930.⁽¹⁵⁾ The appointment was short-lived. Dr. Barager died prematurely in 1936 of a sinus infection that developed into a septicemia. His position was abolished. Dr. MacLean

In 1936, under the aegis of Dr. MacLean, the use of mechanical restraint at the Provincial Mental Hospital came to an end. Nearly a century had passed since Dr. John Conolly had done the same in England's Hanwell asylum. Alberta's belated response to Conolly's reform was not unique. It was common practice to use restraint devices in many, if not the majority of hospitals in Canada and the United States; and the fight to end mechanical restraint was one of the greatest battles waged by Mental Hygiene Associations during the first half of the twentieth century. Nevertheless, the twenty-five years and the administrative breakdown it took to bring about a reform attitude in the asylum system is indicative of a cautious conservatism in the Alberta programme.

On the other hand, the PMH took a number of forward looking strides in the field of treatment. Its programme of malarial therapy for general paresis, initiated in 1924; its early but abortive attempts

From the *Abt Thesis on AHP Leadership*, ²⁷⁻⁴
UofA, 1992

11. Oake, George "How Hoadley survived the Ponoka scandal." *Alberta in the 20th Century*, Volume 5: 78-79, 1996.
12. Hincks, Clarence, Farrar, J. Report to the Government of Alberta, 1929. For further commentary on the impact of the Hincks report see Paul Collins' thesis "The Public Health Policies of the United Farmers of Alberta Government," pages 96-99; Mary Abt's "Adaptive Change and Leadership in a Psychiatric Hospital"; and Ron Lajeunesse's *Political Asylums*, page 70, Muttart Foundation, 2002.
13. Hincks, Clarence Dr. D.G. Revell of the UofA Faculty of Medicine carried out the Oct/Nov 1921 survey and wrote the sixty-three page report for the Canadian National Committee on Mental Hygiene.
14. Abt, Mary "Adaptive Change and Leadership in a Psychiatric Hospital", pages 107, 113-114, 120-122, 130-139. For another interpretation of the 1928 Hincks and Farrar report see Sheila Ambercrombie's *The Alberta Hospital Edmonton, 1923-1983*, pages 14-15 and Ian Clarke's thesis, *Public Provisions for the Mentally Ill*, page 167.
15. MacLean, Randall R. Unpublished biography of Dr. C.A. Barager, Public Archives of Alberta 73.116. Dr. A.C. McGugan added some brief, complimentary notes on Baragar's UAH contributions, in *The History of the University of Alberta Hospital*, pages 74-75, UAH 1964. For an outline of Baragar's 1920-1930 superintendency at Brandon, see the K.I. Refrik's *History of the Brandon Mental Health Center*, pages 46, 57-70, 75, BMHC Historical Museum, 1991.

was appointed the AHP Superintendent. Dr. MacLean's first decision was to discontinue the use of mechanical restraints on all patients at AHP and minimize the use of seclusion techniques.⁽¹⁶⁾

Dr. MacLean and his assistant Dr. T.C. Michie inherited Dr. Baragar's responsibilities for teaching psychiatry at UofA, without payment, until the end of WWII, when psychiatrist Dr. S. Spanner was appointed the first full time psychiatrist on the UofA staff in 1946. More importantly, in 1951/52 a thirty-bed psychiatric unit opened as part of a 350-bed addition to the University of Alberta hospital. The unit was placed under the direction of Dr. R.K.C. Thomson, who, like Dr. MacLean, was dually trained in neurology and psychiatry.⁽¹⁷⁾

In 1947 Dr. MacLean described AHP as the only provincial mental hospital fully equipped to carry out active treatment. The Claesholm and Raymond facilities had opened in the 1930s, originally for female patients. They accepted no direct admissions, only transfers from AHP. MacLean deemed these southern Alberta facilities as "unsuitable for active care" and therefore eligible "for patients who were senile, mentally defective, epileptic, syphilitic and those which were not actively psychotic".⁽¹⁸⁾

1948-1965

In 1948 Dr. MacLean was appointed the Director of Mental Health for the Province of Alberta, a position



Dr. C.A. Barager 27-5

During the past year, the policies of administration were not changed. This, however, was the first year the newer tranquilizing drugs were used extensively. Throughout much of the year, approximately thirty per cent of the patient population received these drugs. In combination with other forms of therapy, the results were in general highly beneficial. The need for electro-shock therapy was decreased, but that for occupational and recreational and other forms of group therapy increased. It was possible to accord a much greater degree of freedom to patients, and in general, there was a very decided improvement in the social atmosphere of wards. There seems little doubt that these drugs have given new hope in the treatment of mental illness, in many of its forms.

From the Ponoka Mental Hospital Annual Report, 1957 similar to the one Dr. Baragar had held. He kept his office at AHP. His administrative responsibilities at AHP were transferred to his assistant and UofA contemporary Dr. Thomas Michie, who became the Medical Superintendent of AHP.

During his directorship, Dr. MacLean oversaw the addition of 1600 mental health beds (1948-56) at AHE and AHP and another eight hundred psychogeriatric beds at Deerhome in Red Deer (1958-63). MacLean was appointed the Medical Superintendent for Deerhome, as most of the patients were originally transferred from AHP.

In 1953 Dr. MacLean and John M. MacEachern Ph.D., the long term Chairman of the Alberta Sexual Sterilization and Visitors Boards, formed the Alberta Mental Health Association as a branch of the Canadian Mental Health Association.⁽¹⁹⁾ That same year Dr. MacLean was elected the President of the Canadian Psychiatric Association.

1953 was a benchmark year from a treatment perspective. Dr. MacLean attended a psychiatric conference in the United States and returned to Alberta enthused by the results of first clinical trials involving the antipsychotic tranquilizer, Chlorpromazine. The next year its analog Promazine and derivative Thioridazine became available. These three antipsychotic drugs provided the first effective treatment for schizophrenia and paranoia. In the years that followed, psychotropic medications shortened the length of institutional stay and help reduce the cen-

16. Abt, Mary "Adaptive Change and Leadership in a Psychiatric Hospital". For a detailed discussion see pages 122-138, and for a summary see pages 138-139.
17. McGugan, Angus C. *The First Fifty Years: The University of Alberta Hospital 1914-1964*, pages 74-75, UAH, 1964. For more on Dr. Thomson see E.A. Corbet's *Frontiers of Medicine*, page 63, UofA, 1990.
18. MacLean, Randall R. "A Short Review of the History of the Provincial Mental Hospital, Ponoka," AMB 4(4): 16-18, 1939.
19. MacLean, Randall R., "Facts and Figures on the Alberta Mental Hospitals." An eleven page manuscript deposited in the MacEachern, John M. MacEachern files at BARD, UofA.

sus of mental health institutions. They improved the quality of life for many patients. Both Chlorpromazine and until recently Thioridazine have continued to be used.⁽²⁰⁾

Dr. MacLean retired in 1965 after thirty-eight years in the mental health field in Alberta, including twenty-nine as the senior psychiatrist in the province. He passed away on June 19, 1976 following a lingering illness.⁽²¹⁾ His work was his life. He never married. His imprint on mental health services was summarized for the Blair Commission (1968)⁽²²⁾ and in his annual provincial mental health reports,⁽²³⁾ and other related essays.⁽²⁴⁾

Early Mental Health Care in Western Canada

Mental Health care in Canada began almost a century before Dr. MacLean graduated in medicine. The



Drs. Jim Byers, Tom Michie, Professor Roth, Randall MacLean and Keith Yonge, hosting Professor Martin Roth of Britain, 1959 27-6



Ponoka Mental Institute, (PMH or AHP), 1911 27-7

first asylum in Upper Canada (Ontario) was opened in Toronto's Old York Gaol in 1841. The facility had already been abandoned because it was unfit for prisoners. Nine years later in 1850, the first provincial "lunatic" asylum was built in Toronto.⁽²⁵⁾ Thereafter, institutionalization of the mentally ill rose at a rapid rate throughout Canada.

In 1871 the first asylum opened on the prairies in the Manitoba Penitentiary at Fort Garry. The prairie non-aboriginal population at the time was less than 50,000. In 1879 the patients were moved to a segregated area within Manitoba's Stony Mountain Jail. The first purpose built asylum was opened in Selkirk, Manitoba in 1884. It had space for thirty-five patients.⁽²⁶⁾ Six years later (1890) the first Home for the Mentally Incurable was built at Portage la Prairie, Manitoba.⁽²⁷⁾

20. Abt, Mary The Introduction of Tranquilizers 1953-1957, in "Adaptive Change and Leadership in a Psychiatric Hospital" (AHP), pages 140-191. For a discussion of the Chlorpromazine impact in Saskatchewan see H.D. Dickinson's *Two Psychiatries*, pages 170-191, CPRC, 1989. A Thioridazine alert was issued in 2002, when a small study identified the QTC segment was prolonged on ECG's. A withdrawal order was issued by Health Canada in 2005. The new SSRI's (1990, Fluoxetine, Fluvoxamine, Paroxetine) and atypical antipsychotics (1995, Olanzapine, Risperidone, Quetiapine) have contributed to a shortening of the length of stay, reduction in the number of admissions and a 70% overall reduction in mental health patient days in Canada since 1990. Side effects from these drugs are also beginning to appear.
21. (MacLean, R.R.) Obituary. Red Deer Advocate, June 21, 1976.
22. Blair, W.R. *Mental Health in Alberta*, AB Government 1968. The Blair report and the changes it brought to mental health care were summarized by Mary Abt's thesis, pages 265-266.
23. Annual Public Health Reports The Government of Alberta Department of Public Health reports covered Psychiatric Hospitals, Mental Health and Mental Retardation services from 1909 onwards. Copies were deposited in the Provincial Archives of Alberta, the Rutherford Library, UofA, and were scanned at the website www.ourfutureourpast/medhist.ca.
24. MacLean, Randall R. Dr. MacLean wrote on other topics in psychiatry. His article on Julius Wagner-Jauregg, March 7, 1857-October 1, 1940 (7 pages) was a biography of the originator of fever therapy. He wrote one article on the History of Psychiatry (thirteen pages) and another on the History of Psychiatry in Alberta. Copies of the first two are in the possession of the author. The third one was misplaced by his niece Mrs. E. Wiseman in 2002.
25. Greenland, Cyril "History of York Jail 1841. Mental Health Services in Ontario: yesterday, today and tomorrow," in *Mental Health Matters*, December 1999.
26. Carr, Ian, Beamish, Robert *Medicine in Manitoba*, pages 45-48, UofM 1999.
27. Clarke, Ian The History of the Portage la Prairie asylum and the 1879 Act were outlined in Ian Clarke's "Public Provisions for the Mentally Ill", pages 13-15. In 1906 the census at the two asylums in Selkirk and Brandon, Manitoba was less than 1 per 1000 for the 800,000 prairie residents.

The wave of immigration that followed the completion of the prairie section of the CPR Railway (1880-1883) necessitated the construction of a larger mental health facility. The Brandon, Manitoba asylum was built in 1892 to serve all the prairies. As late as 1918, the Brandon Mental Hospital had only one physician for 713 patients.⁽²⁸⁾

Dr. E. A. Braithwaite of Edmonton described the difficulty posed by using the distant Brandon Mental Hospital. He sent one patient from Edmonton and cautioned the NWMP Sergeant “not to allow anyone to talk religion in front of him”. The Sergeant replied that it was not his first experience and he was “on to them”. When he returned, he thanked Braithwaite for the caution. It was the worst case “I have ever had”. Another transferred patient had to be fed en route. Braithwaite wired to different places asking doctors to attend him. It didn't happen. When the patient finally got to Saskatoon he said, “Take these ... things [handcuffs] off me and give me something to eat.” He had been starved the whole way.⁽²⁹⁾

Early Mental Health Care in Alberta

In 1905 the provinces of Alberta and Saskatchewan were formed. That year the Federal Government passed a revised Insane Act. It formally transferred the federal responsibility for care and treatment of the mentally ill to the provinces. In 1907 the citizens of Ponoka applied to the Alberta government to become the site for the contemplated provincial mental hospital. They were successful in 1908, in part because Ponoka was one hundred kilometers from Edmonton, and two hundred kilometers from Calgary. It was on the CPR operated C&E rail line and remote enough to hold dangerous lunatics.⁽³⁰⁾

The Mind That Found Itself

In 1908 the compelling book “The Mind that Found Itself” was released. It began to slowly change attitudes and treatment toward psychiatric patients. It was written following Clifford Beers' two years of depression.⁽³¹⁾ Beers related his experiences within the American asylum system. On one occasion he intentionally smashed a plate glass window with the leg of a chair to see what would happen. He was



Brandon Mental Hospital, Manitoba, 1925

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placed in a straitjacket for twenty-one days. He described the “bullpens, seclusion rooms, dark rooms, and restraints”. Euphemistically they were called the Stark and Dark or Work and Water programs. They were just as common in Canada.⁽³²⁾

Clifford Beers' exposé angered the psychiatric community. Anticipating this reaction, Beers co-authored his book with the noted American philosopher William James. With the proceeds, Beers started the Mental Hygiene movement in the United States. In 1917 Drs. Clarke and Hincks brought the movement to Canada as the Canadian National Committee on Mental Hygiene (CNCMH), the forerunner of the Canadian Mental Health Association.

The Ponoka Mental Institute

Construction started on Alberta's first provincial mental hospital in 1908. Known as the Ponoka Mental Hospital and subsequently as the PMI or AHP, it was designed for 150 patients. When it opened in 1911, there were 164 transfers from Brandon. By year end the census was 192.⁽³³⁾

Dr. D.T. Dawson was the first staff physician. The second was Dr. A.H. Cooke who arrived in 1912. Cooke remained until 1931 and was the Superintendent from 1916-28. As well he taught psychiatry at the University of Alberta from 1921 to 1930 to the final

28. Roland, Charles G. *Clarence Hinks*, page 49. Hannah/Dundurn, 1990 and Ron Lejeunesse's, “Political Asylums”, page 70, Muttart Foundation, 2002.

29. Braithwaite, Ernest A. “Early Days in the RNWMP,” page 42. Manuscript written Oct-Dec, 1941. Deposited in Glenbow in the Dr. G.R. Johnson Fonds M600, File 2, January 1942. Also see Ian Clarke's “Public Provisions for the Mentally Ill”, pages 13-15.

30. Editor, WCMJ “Hospital News,” Western Canadian Medical Journal 1: 475, 1907.

31. Roland, Charles G. *Clarence Hincks*, page 39-40.

32. Roland, Charles G. *Clarence Hincks*, pages 50-59.

33. MacLean, Randall R. “A Short Review of the History of the Provincial Mental Hospital,” AMB 4(4): 16-18, October 1939.

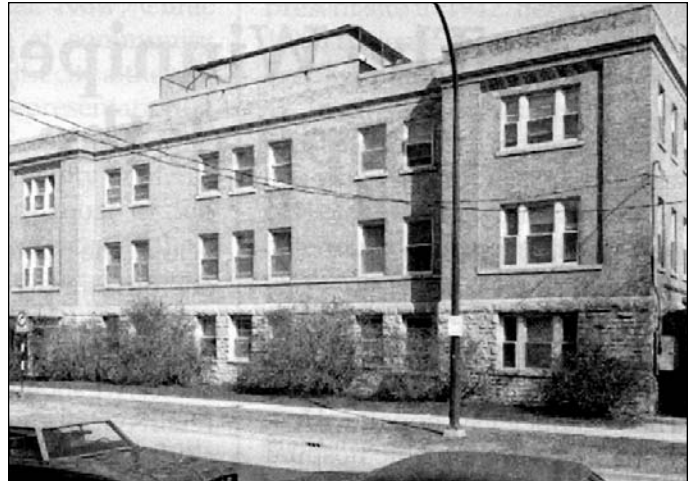
year medical class. His masterly lectures stimulated a lifelong interest in psychology and psychiatry in many of his students. He likely influenced both Drs. Michie and MacLean to take Psychiatry, after their UofA graduations in 1926 and 1927.⁽³⁴⁾

The biggest mental health problems before WWI were the admission of patients with third-stage syphilis.⁽³⁵⁾ In 1917 one-third of all deaths at PMH were from end-stage syphilis. In 1924 arsenic therapy and malarial therapy were introduced at PMH as new forms of treatment for syphilis. Malarial therapy continued to be used to treat syphilis until the 1950s.

WWI “Shell Shocked” Veterans

By 1917 there was a new mental health problem – the “shell-shocked” veteran who suffered war neurosis. Many soldiers understandably wanted to be removed from the carnage of the front lines. Any signs of “shell-shock” led immediately to their removal. They had reason. The half-life of a pilot in the air was six weeks and the life expectancy of a soldier was three months. Initially, Canadian soldiers in France claiming stress or mental illness with bizarre behavior patterns were transferred to Britain. Some were discharged as unfit, while others were returned to the front lines. As this route of escape became popular, many feigned it. To curb its usage, psychiatrists resorted to time-out practices, dark seclusion rooms, and ECT. Eventually they returned up to seventy percent of the Canadian shell-shocked soldiers to the front lines.⁽³⁶⁾

In 1917 the Alberta Government acquired the Presbyterian Ladies College in Red Deer for the treatment of mentally handicapped patients. By February 1918 the province and the country had a disabled veteran crisis to address. The empty Red Deer facility was leased by the Military Hospital Commission and



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Manitoba Psychopathic Hospital, Winnipeg 1919

converted for use as a shell-shocked soldier's hospital. By 1919 there were forty-seven veterans at PMH and over one hundred at Red Deer.⁽³⁷⁾ Psychiatrically ill veterans totaled 5.6% of the 100,000 non-fatal Canadian WWI casualties.

After WWI

By 1918 the Canadian Mental Hygiene program was well underway. Drs. Hincks and colleagues Clarke and Farrar began publishing the “Canadian Journal of Mental Hygiene”.⁽³⁸⁾ They opened the first outpatient psychiatric clinic in Toronto, and soon became recognized as Canada's most experienced and knowledgeable psychiatric consultants. Requests to assess the delivery of psychiatric services across Canada followed. The first was in Manitoba in 1918.⁽³⁹⁾ Dr. Hincks reported (1918) the Home for the Incurables at Portage La Prairie was the worst he had ever seen. The majority of patients had been jailed before being transferred to the Institution, as only magistrates could admit patients to it.

34. McGugan, Angus C. *The First Fifty Years: The University of Alberta Hospital 1914-1964*, page 94. For a more insightful review of Superintendent Cooke's turbulent and frustrating years, caused by overcrowding and limited therapeutic opportunities, see Mary Abt's thesis, page 169 and Ian Clarke's thesis, pages 47-63.

35. MacLean, Randall R. “A Short Review of the History of the Provincial Mental Hospital,” page 17.

36. Brown, Thomas “Shell Shock in the Canadian Expeditionary Force 1914-1918: Canadian Psychiatry in the Great War,” in *Health, Disease and Medicine, Essays in Canadian History*, pages 308-31, AMS/Hannah 1984. Brown quoting others (page 322) estimated there were 9000 shell-shocked soldiers, of whom 6000 were still receiving a pension in 1939. Dr. A.T. Mather felt the shell-shock concept actually represented 1) simple fatigue, 2) several types of hysteria, 3) or an anxiety state, in his article on “The Psychoneurosis in War Time,” *CMAJ* 47: 103-111, 1942.

37. Kibblewhite, Edward J. “Mental Health Surveys in Alberta,” an Historical Report prepared for the Blair Commission, page 1, 1968, and Ian Clarke's thesis, pages 61-63.

38. Roland, Charles G. *Clarence Hincks*, pages 39-43, 1918.

39. Matas, J. “The Story of Psychiatry in Manitoba,” in the *Manitoba Medical Review* 41: 360-364, June-July, 1961. A review of psychiatry in Saskatchewan was written by H.D. Dickinson, Ph.D. as *The Two Psychiatries*. 371 pages, CPRC, 1989. Hincks conducted surveys in Manitoba, Alberta, Saskatchewan, New Brunswick, Prince Edward Island, Nova Scotia and Ontario before 1922.

The Manitoba report recommended the appointment of a Manitoba Commissioner of Mental Hygiene, Dr. A.T. Mathers. He was the first Commissioner in Canada. Later Dr. Mathers became the Dean of Medicine in Manitoba. In 1919, a revised Mental Disease Act was passed in Manitoba. It permitted voluntary psychiatric admissions for the first time in Canada. A specialized thirty-two bed “Psychopathic” hospital – another Canadian first – was opened in Winnipeg in 1919.⁽⁴⁰⁾

Dr. Hincks was requested to assess mental health services throughout Canada for the next thirty years. In 1918, Hincks visited Saskatchewan to review the North Battleford Mental Hospital, which had opened in 1914.⁽⁴¹⁾ In Alberta he organized the 1921 review of all mental health facilities by UofA's Dr. D.G. Revell. Hincks personally visited and reported on the Alberta scene in 1928 and in 1948.⁽⁴²⁾

Mental Health Care in Alberta after WWI

In 1919, 1922 and 1924 the Alberta government passed revisions to the Mental Disease Acts. The



Provincial Training School, Red Deer, circa 1930 27-10

1922 Act transferred the responsibility for managing the psychiatric facilities from the Provincial Secretary to the four year old Department of Public Health. The asylum was renamed a hospital. Later that year the Department of Public Health was transferred to the Ministry of Agriculture and Health.⁽⁴³⁾ Changes to mental health care were accelerating. Two doctors could admit dangerous patients. Voluntary admissions were permitted after 1924. From 1918-1923, the shell-shocked veterans were discharged back to their homes, or to Oliver after 1923.

In 1923 the newly opened Oliver Mental Hospital, now the Alberta Hospital Edmonton or AHE, was opened twenty miles northeast of Edmonton. It was for “chronic long term” patients.⁽⁴⁴⁾ It was closer to the University of Alberta, the UAH, and the medical school. The stigma attached to incarceration and isolation were changing too, as were attitudes and resistance to care. Reliance on restraints was declining. Admissions to institutions solely by the judiciary was declining. Custodial treatment and more discharges were concepts strongly advocated by the Menninger Clinic of Kansas.⁽⁴⁵⁾

In 1919 the Provincial Government asked J. M. MacEachern, Ph.D., the UofA Provost and Head of the Department of Philosophy, to visit provincial jails, mental health, and tuberculosis facilities and report on the quality of their care.⁽⁴⁶⁾ The Board of Visitors was formalized in 1924 by the new Minister of Agriculture and Health George Hoadley. The first Board included William Botterill, Jean Field, Emily Murphy and Chairman John M. MacEachern. By 1925 the Board was recommending a substantial

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40. Versamis, J. “The Winnipeg Psychopathic Hospital: the First in Canada,” in *Manitoba Medicine* 62: 143-147, 1992. For a review of Saskatchewan's progress see H.D. Dickinsons *Two Psychiatries*, pages 20-25, 40-45, 77-82, CPRC, 1989.
41. Dickinson, H.D. *The Two Psychiatries*, pages 40-45, Canadian Plains Research Center (CPRC), 1989.
42. Lajeunesse, Ron *Political Asylums*, 327 pages, Muttart Foundation, 2002. The chapter on Dr. Hincks was entitled “The Mad Physician from the East”, a direct reference to Hincks lifelong struggle with manic depression, on pages 59-77, and an indirect one to his work.
43. Bow, Malcolm R. “Public Health Services in Alberta,” CPHJ 21: 590-600, 1936. For a summary of these acts and the change in attitudes they reflected see Ron Lajeunesse's *Political Asylums*, pages 77-82; Paul Collins' thesis, pages 86-87; and Ian Clark's thesis, pages 69-70. Hon. George Hoadley was named UFA Minister of Agriculture (1921) and Health (1923), posts he held until 1934 and 1935 respectively.
44. Ambercrombie, Sheila *Alberta Hospital Edmonton 1923 to 1983*, pages 8-10, AHE, 1983.
45. Roland, Charles G. *Clarence Hincks*, page 38. Hincks' frustration with progress in psychiatric care in Canada, even as late as the 1960s, was noted by Ron Lajeunesse in *Political Asylums*, pages 77-82.
46. Board of Visitors Known reports of its activities cover the periods 1924-1930 and 1950-1956. John M. MacEachern, Ph.D. was the Chairman during both periods, and until 1965. The appointment of the Board of Visitors appears to have been a Canadian precedent. After 1928 the Board of Visitors also operated as the Sexual Sterilization Board. In the 1950 period, it acted like an accreditation board. For further information on its activities see Sheila Ambercrombie's *Alberta Hospital Edmonton*, page 21; Paul Collins' thesis “Health Policies of the United Farmers of Alberta Government”, pages 95-96; Mary Abt's thesis “In a Psychiatric Hospital”, pages 125, 158-162; and Ron Lajeunesse's *Political Asylums*, page 81.



27-11

Oliver Mental Hospital (AHE) Edmonton, 1923

broadening of community services to encourage and expedite the discharge of mentally ill patients back to their community of origin. That same year Dr. D.L. Dick established a Voluntary Board of Citizens from the Edmonton community to make regular visits to the Provincial Mental Institute (AHE) at Oliver.⁽⁴⁷⁾

In 1926 Dr. W.A. Laidlaw, the Provincial Medical Health Officer, died. The province turned to the far-sighted Regina Medical Officer of Health Dr. Malcolm Bow, to replace him in 1927.⁽⁴⁸⁾ One year later the UFA government passed the controversial 1928 Sexual Sterilization Act, with support from the Board of Visitors, Dr. Hincks, The Five Persons and many others.⁽⁴⁹⁾

After 1928

In September of 1928 Dr. Arthur Hobbs died a violent death at the hands of a staff member at AHP.⁽⁵⁰⁾ The subsequent Hincks/Farrar report of 1928/29 led to far-reaching changes in mental health in Alberta.⁽⁵¹⁾ The surveyors recommended the establishment of a psychiatric nursing school, the removal of the use of restrictive and seclusive practices, a more humanitarian approach to care, and the appointment of a provincial commissioner for mental health.

Appointed in 1930, Commissioner Dr. C.A. Baragar brought a fresh approach to psychiatric care.⁽⁵²⁾ It



27-12

Aerial view of the Alberta Hospital Ponoka, 1930

47. Ambercrombie, Sheila *Alberta Hospital Edmonton*, pages 21-22.

48. Jamieson, Heber C. *Early Medicine in Alberta*, pages 72-75, AMA, 1947 and the Profile of Dr. M.R. Bow.

49. Lampard, Robert "The Sexual Sterilization Act of Alberta," in Part 2.

50. Abt, Mary "Adaptive Change and Leadership in a Psychiatric Hospital", pages 122-128. The importance of the event was highlighted in G. Oake's *Alberta in the 20th Century*, Volume 5: 78-79, UWC, 1996; Ian Clarke's thesis, pages 123-128, R. Lampard's "Hons. G. Hoadley, I. Parlbly, W.W. Cross and the UFA Healthcare Program," in Part 2, and Clarence Hincks' report of his 1929 investigation of it.

51. Hincks, Clarence M., Farrar, J. Report to the Government of Alberta, 1929. For a summary of Hincks' 1921 and 1948 reports see Ron Lajeunesse's *Political Asylums*, pages 68-70; the *History of Psychiatric Nursing Programs at AHP (1930-1989)* by M. Moncrief and H. Matejka, AHP, 1989; and Ian Clarke's thesis "Public Provisions for the Mentally Ill", pages 129-147.

52. Baragar, Charles A. "The Problems of Mental Hygiene. Presentation to the UFWA 1933 Convention," pages 47-57. For the steps he took, see Ian Clark's *Public Provisions for the Mentally Ill*, pages 149-154. For a profile of Dr. Baragar see R.R. MacLean's "Historical Sketch, Dr. Charles Arthur Baragar 1885-1936," dated April 24, 1963, 5 pages, deposited in the Public Archives of Alberta *73.116, April 24, 1963. For a resume of his 1920-1930 years in Manitoba, see Kurt Refuik's *History of the Brandon Mental Health Center, 1891-1991*, Friesens 1991, pages 46-71.

started with securing a Rockefeller Foundation grant from 1930-1933 for an eighteen bed “in patient” acute care psychiatric unit at the UAH hospital.⁽⁵³⁾ Outdoor mental health clinics were established in Calgary and Edmonton (1929). Referrals came from schools, the courts, police, doctors, health departments, hospitals, charities, homes, parents, and the Department of Neglected Children. More clinics were opened in Lethbridge (1930) and Medicine Hat (1933). A psychiatrist was added to the traveling clinic in the Peace River district (1934).⁽⁵⁴⁾

Dr. Baragar made many changes at PMH.⁽⁵⁵⁾ He encouraged patients to perform meaningful work throughout the institution. That meant working in the kitchen, keeping the facilities clean, manicuring the gardens, working on the farm, and so on. Dr. Baragar hired the first occupational therapist. In 1931/32 he added recreational programming, entertainment, and social services. He started the psychiatric nurse training program in 1932. Psychiatric nurses quickly became an integral component to medical care. By 1934 the Edmonton Academy of Medicine was making annual educational trips to Ponoka. The Calgary Medical Society soon followed.

More Treatment Options

In 1931 there were 665 admissions and 562 discharges at AHP.⁽⁵⁶⁾ Under the Mental Diseases Act of 1936, it was obligatory for persons arrested and known to be drug or alcohol addicts, to be sent to a mental hospital for treatment. This resulted in twenty-two percent of the admissions to AHP not being psychotic. A profile of the admitting diagnoses revealed thirty percent were schizophrenics, twelve percent had affective (mood) disorders, and eleven percent were senile psychotics.

Before 1934 mental health treatment in Alberta was limited to Metrazole, Insulin shock therapy, hydrotherapy, and occupational therapy. In 1934, psychotherapy and ECT were introduced.⁽⁵⁷⁾ Barbiturates were used increasingly after 1936.



First Psychiatric Nursing Class at Ponoka, 1934

27-13

Phenytoin became available for seizure control in 1939, alongside the older sedatives like Paraldehyde and Chloral Hydrate. Chlorpromazine, the first antipsychotic, was introduced in 1954.

More Beds

In 1929 there were 1050 patients at AHP with another 317 at AHE. The 1930 staff/patient ratios were 1:5. They deteriorated to 1:10 by 1935. Claresholm opened in 1933 for one hundred females. By 1935 the three Alberta Mental Health Institutions contained 2280 patients. Following Dr. Baragar's death in 1936, expansion of psychiatric facilities were curtailed until after WWII, except for the Raymond Center which opened in 1939 with 115 beds. It was filled with transfers from AHP.

By 1945 the mental institutions were costing the province \$954,000 per year to operate.⁽⁵⁸⁾ From 1948-56, 1,579 mental health and another 786 psychogeriatric beds at the Deerhome in Red Deer (1958-1963) were added, increasing the number of mental health beds to a peak of 5,382 beds in 1966.⁽⁵⁹⁾ One year after Dr. MacLean's retirement in 1965, psychiatric bed reductions began, following

53. McGugan, Angus C. *The History of the University of Alberta Hospital*, pages 74-75, 1964.

54. Bow, Malcolm R. "The History of the Department of Public Health," CPHJ 26: 384-396, 1935. For details on the expansion of mental health services see Paul Collins' thesis, pages 108-113; and Ian Clarke's thesis, pages 129-147.

55. Clarke, Ian "Public Provisions for the Mentally Ill in Alberta 1907-1936", pages 149-166.

56. MacLean, Randall R. "A Short Review of the History of the Provincial Mental Hospital, Ponoka," AMB 4(4): 16-18, 1939.

57. MacLean, Randall R. "A Short Review of the History of the Provincial Mental Hospital Ponoka," pages 16-18, October 1939 and M.R. Bow's "History Administration Organization and Work of the Provincial Department of Public Health and Board of Health," page 9, Kings Printer, 1937.

58. Learmonth, George "Alberta News Items," CMAJ 53: 615, December 1945.

59. Kibblewhite, Edward "Study of Mental Health Services," for the Blair Commission, 1911-1968. 113 pages. Completed March 21-June 1, 1968.

the pattern seen with TB and Polio beds, in the early 1950s.

Historically the numbers of psychiatric and general hospital beds in Canada were approximately equal at 29,500 each, or 2.9 per 1000 in 1930. In Alberta, the ratio of psychiatric beds increased from 2.0 (1930) to 3.9 per 1000 (1950), before declining to 3.6 (1960s), and to 0.5 (2005).⁽⁶⁰⁾ The actual psychiatric bed total peaked in 1968 in Canada two years after it did in Alberta. For comparison Alberta's acute hospital beds were approximately 6.0 per 1000 (1925), rising to 6.6 (1950), before declining to 6.0 (1960s), and 3.0 including psychiatric beds (2005). A forty percent reduction in beds occurred in Alberta in the mid 1990s, precipitated by high interest rates, low oil prices, reduced federal transfer payments and a large provincial deficit. These changes in acute care bed patterns occurred across Canada.

The Mentally Handicapped

In 1916 the three prairie provinces appointed the Bureau of Social Research to guide them in their social and psychiatric facility development. The Bureau Director was Rev. J.S. Woodsworth, who later founded the CCF (NDP) political party in 1932. His 1917 report recommended the construction of the Oliver Mental Hospital (AHE).

In 1917 a thirty-four person mental retardation group home operated by the Department of Edmonton opened in South Edmonton. Hincks described its



Rev. J.S. Woodsworth

27-14

Of 310 total discharges since 1922, 47.1% were available for analysis, on an average follow-up period of 4.65 years. For the purpose of this investigation, the treatment is considered successful if the trainee has maintained his or her position in society without conflict leading to official interference.

TABLE I

SUCCESSFUL DISCHARGES	
PER CENT KNOWN SUCCESSFUL 61.6	
% success per I.Q. group:	50-59 I.Q. group 66.6%
80-85 I.Q. group 30%	40-49 I.Q. group 40%
70-79 I.Q. group 61%	30-39 I.Q. group 66.6%
60-69 I.Q. group 78%	< 30 I.Q. group nil
Mean I.Q. of successes 60	Mean I.Q. of failures 57
Average training period of successes. 5.5 years	
Average training period of failures 4.9 years	

Of patients discharged 69% were sterilized. The remainder comprise a group consisting of extremes in subnormal I.Q., patients discharged before the Sterilization Act was passed, and patients discharged, for various reasons, before sterilization procedure.

Results of Institutional Treatment of Juvenile Mental Defectives (PTS, Red Deer) over a 30-Year Period by Dr. J.R. Grant, CMAJ, December 1956

care. "At night the patient's hands and feet were tied together. They were laid out on the floor, rolled up in wide cotton bands and stacked on the shelves".⁽⁶¹⁾

In 1923 the Provincial Training School was transferred from the Soldiers Civil Re-establishment Commission back to the Alberta Government. In 1923 Dr. W.J. McAlister was appointed the Director of the Provincial Training School (PTS) in Red Deer. One hundred and twenty mentally handicapped residents including forty-five from the South Edmonton Home were transferred to it. McAlister toured the province and counted another three hundred who could benefit from moving to the PTS. In preparation Dr. W.J. McAlister was sent to tour the Farnal Facilities in Massachusetts and other mentally handicapped institutions in New York in 1922 and 1924.⁽⁶²⁾ His focus was on training and discharging residents back to the community, a process he accelerated by hiring an Occupational Therapist before 1930.⁽⁶³⁾

60. Jamieson, Heber C. *Early Medicine in Alberta*, pages 96-100; The Canada Yearbook for 1932, pages 886-893; W.W. McVey and W.E. Kalback's *Canadian Population*, pages 40-47, 1995; and Dr. R.K.C. Thomson's "Hospitals in Alberta since WWII (to 1980)," in Part 2.

61. Roland, Charles G. *Clarence Hincks*, page 55.

62. Clarke, Ian "Public Provisions for the Mentally Ill in Alberta 1907-1936," pages 94-100.

63. Daniel, Lorne *Michener Centre, A History, 1923-1983*, pages 2-3, n.d. Michener Centre, circa 1984.

In 1924 a Board of Visitors was formalized by regulations and appointed to visit jails, sanitarium, health facilities and mental hospitals.⁽⁶⁴⁾ In 1926 Dr. Hincks was asked to study IQs in three Nova Scotia schools.⁽⁶⁵⁾ Using a revised Stanford-Binet test, he found one Nova Scotia school to have a mental retardation rate of ten percent. From his research he concluded the chance of a mentally handicapped mother having a handicapped child was much higher than a mentally handicapped father. These findings strengthened Hincks attitude on favor of sexual sterilization programs.

In 1927 Hincks endorsed the proposed Alberta Sexual Sterilization Act and recommended its passage in March 1928. The Act created the Alberta Sexual Sterilization Board which adjudicated both mentally ill and mentally handicapped applications for sterilization.⁽⁶⁶⁾ Although its composition changed, J.M. MacEachern, Ph.D. remained the chairman. It also continued as the Board of Visitors. The sexual sterilization program did not get underway for another year, or until the Board developed the criteria it would use.⁽⁶⁷⁾ Using the Alberta model Hincks convinced Drs. A.E. Tredgold, C.P. Blacker and the Eugenics Education Society of England, to examine the Alberta approach in the 1930's.⁽⁶⁸⁾

In 1928 McAlister paraphrased the philosophy of the time. "The mentally retarded were not a menace to

be feared but instead they should become an illness to be cured". At the 1928 UFA convention, he demonstrated remarkable foresight with his vision, that "for the majority the problem is and will continue to be a community one, and the community will be judged by the way it grapples with such questions, as the mental, moral, physical and environmental defects affecting the child's life".⁽⁶⁹⁾

In 1938, the government removed the mandatory consent requirement for applications for mental retardation sterilization. Applications increased by about one third, for one year. Then the rate reverted to the average of one hundred approvals and sixty operations a year over the 1928-1972 life of the Act. About seventy-five percent of the Sexual Sterilization Board approvals and operations were mentally retarded applicants and twenty-five percent were mentally ill applicants. A few applicants had both diagnoses.⁽⁷⁰⁾

Reports on the first years of the Alberta Sexual Sterilization Act were published by Baragar et al in 1935⁽⁷¹⁾ and MacLean and Kibblewhite in 1937.⁽⁷²⁾ Both supported the concept. Dr. J.R. Grant summarized the first twenty-five years of Provincial Training School (PTS) experience with the Act. He contacted sixty percent of the three hundred and ten PTS residents who had been sterilized before they were discharged. Twenty-three percent (mostly females) had married and one had adopted and raised a child.⁽⁷³⁾

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64. Collins, Paul V. Public Provisions for the Mentally Ill in Alberta 1907-1936, pages 95-99. Report of the Visitors Board exist from 1925-1930, and 1950-1956. Dr. McEachern said in his 1964 retirement letter to Dr. R.R. MacLean he had been a discharging a Visitors Board function, since 1919.
65. Roland, Charles G. *Charles Hincks*, page 78.
66. Lampard, Robert "The Sexual Sterilization Act of Alberta," in Part 2.
67. MacEachern, John M. Eugenics Board Report of 1929. See the letter of Dr. R.R. MacLean to Dr. Charles Roland December 23, 1964. It had attached to it Dr. C.M. Hincks' Medical Opinion from the UFWA November Bulletin, 1927. As well, there was a two page unsigned excerpt from material prepared in 1929, presumably prepared for the Sexual Sterilization Board of Alberta. The Board developed two criteria for adjudicating applications which remained unchanged for the duration of the Act (1928-1972). They were 1) Did the applicant have the ability to procreate (yes if over age twelve)?, and 2) Did the application have ability to parent? (no if the IQ was less than 70). Confirmed in personal communications by the author with Sexual Sterilization Board members Dr. R.K.C. Thomson and Margaret Thompson Ph.D. Copies of the 1929 letters and attachment are reprinted in "The Sexual Sterilization Act of Alberta," in Part 2.
68. Mazumdar, Pauline *Eugenics, Human Genetics, and Human Failings*, pages 196-204, 308, Routledge, 1992. For the Sexual Sterilization Act discussion see Dr. Malcolm Bow's *Public Health Services in Alberta*, CPHJ 27: 590-600, 1936. Also see H.C. Jamieson's *Early Medicine in Alberta* for reference to the Sexual Sterilization Act as the first in the British Empire, page 80; and Paul Collins' thesis, pages 87-93 for notes on the one year period before the first case was adjudicated.
69. McAlister, William J. 1928 Speech to the UFA Convention, as quoted in P. Collins' thesis, page 86.
70. Lampard, Robert "The Sexual Sterilization Act of Alberta," in Part 2.
71. Baragar, Charles A. et al "Sexual Sterilization. Four years experience in Alberta," pages 897-923, 1935.
72. MacLean, Randall R., Kibblewhite, Edward "Sexual Sterilization in Alberta, eight years experience," CPHJ 28: 587-590, 1937.
73. Grant, J.R. "Results of Institutional Treatment of Juvenile Mental Defectives over a 30 year Period," CMAJ 75: 918-921, December 1, 1956.

The PTS census rose from five hundred in 1950 to 1,000 in 1960, with five hundred more at the Baker Centre in Calgary. In 1960 Dr. L.J. leVann opened Linden House at the PTS, the first facility for emotionally disturbed children in Alberta.⁽⁷⁴⁾ In 1969 the PTS parents group opened the first Group Home in Red Deer.⁽⁷⁵⁾ Deerhome and the PTS were merged in 1974, with a peak census of 2200. In 1977 the facility was renamed the Michener Center, after the former

Governor General Roland Michener. Since then the census declined progressively, to less than 20% of the peak population at the millennium.

Related Profiles: Bow, Rankin

Related Perspectives: Hoadley, Parlby, Cross and the UFA Healthcare, The Alberta Sexual Sterilization Act

Key Words: Asylums, Psychiatry, Mental health in Alberta, Chlorpromazine, Mental Retardation, Sexual Sterilization



27-15

Ponoka Mental Hospital senior staff, circa 1961

Front Row (L-R): Ted James, Dr. Dave Phillips, Ward Aid, Student Nurse, Jean Bell, C.D. Watson, Edith Kemp, Muriel Thumlert. Second Row: ?, Pete Campbell, Dr. Margaret McWilliams, Campbell Evans, Dr. Thomas Michie, Ernie Ellis, ?. Third Row: Les Sitters, Dr. James Byers, Clayton Peterson, Roy Hodgson. Back Row: Gordon MacIntosh, Dr. Randall MacLean, Dr. Collin Bradley, Dr. Wyse, Dr. David Schofield

74. LeVann, L. Jan
75. Daniel, Lorne

"A Pilot Project for Emotionally Disturbed Children in Alberta," CMAJ 83: 524-527, September 1960.
Michener Centre, A History, page 31.