

Historical Synopsis – The Department of Psychiatry at the University of Toronto

The initial version of this brief account of the Department of Psychiatry's origins and founding (web-published, 2004) ranged from 1845 to 1925. This updated synopsis extends the account, as a convenient chronological marker, to the Department's centenary year, 2007-08. A more substantial focus remains on the pre-history and early history, since those eras were lived before the life experiences of most of us, and have not been documented to the same extent as the more recent events in the life of our Department.

Psychiatry's Origins

It was 1908 and the Mimico Asylum's Medical Superintendent, Dr. Nelson Beemer, was adamant. The University of Toronto (U. of T.) could call its newest department "Psychiatry" if it wished, but he had been an Extramural [hospital-based] Professor of Mental Diseases in the Medical Faculty for five years, and favoured that title. President Robert Falconer, in place of the ailing Dean of Medicine, had consented and the newly-ensconced Department head, Professor C.K. Clarke (who as Beemer's Queen Street counterpart had held the same title) recognized that this was a minor point of semantics. Falconer reported back to Clarke that, "I put before [Beemer] the fact that the department would be run on psychiatric lines under your direction... He assured me he would be willing to cooperate with you on the matter..."¹

They were in basic agreement that, as Clarke later defined for a general readership: "A psychiatrist is one who studies and treats diseases of the mind."² Dr. Beemer (1858–1935) knew that mental diseases were a hard fact of life and the proper purview of specialist physicians like Clarke and himself, progressively leading active clinical teams. He authored medical texts entitled *Causes of Mental Illness* and *Signs of Mental Conditions*. Beemer understood psychiatry and practised it *par excellence*; yet, a full century after the term had been coined he chose to leave it outside of his lexicon.

Prof. Edward Shorter, this Department's leading historian, prepared an entry on the 1808 origins of the term for his *Historical Dictionary of Psychiatry* (232-3). Johann Christian Reil (1759–1813), a professor of medicine in Halle, Germany, coined "psychiatry" to mean the third arm of the art of medicine, next to physic (medication) and surgery. Reil outlined this idea in his 1808 journal article entitled (from the German), "On the Concept of Medicine and its Branches, Especially in Relation to the Justification of the Topic of Psychiatry." Shorter notes that the term spread rather slowly, next appearing in an 1818 German *Textbook of Disturbances of Mental Life* by J.C.A. Heinroth.³ Advancements have continually been impaired by the fundamental complexities, virulent tenacity and resistance to treatment of mental illnesses. Psychiatry's progress as an academic discipline was similarly slow in getting launched.

Academic Psychiatry in 19th-century Toronto

From 1841 in Toronto, a succession of qualified medical professionals were appointed to treat and care for "lunatics" (the long-discredited term by which they were known) as Superintendents of the Temporary Asylum (1841-50) and the Provincial Lunatic Asylum, opened on January 26, 1850 on the Queen Street site. Only one of the five successive Temporary Asylum superintendents held a medical school

¹ University of Toronto Archives and Records Management Services (UTARMS): President's Correspondence, A67-0007/001, 9 July 1908.

² C.K. Clarke, "What is Your Child's I.Q.?" in *Maclean's Magazine*, 15 Jan.1922.

³ Edward Shorter, personal communication, 15 June 2004. Also see "Historical Notes: The Word 'Psychiatry'" in *American Journal of Psychiatry*, v.107, Feb. 1951, 628, and May 1951, 868-9.

appointment, namely Dr. George Park at the proprietary school of his brother-in-law, John Rolph, although Park's tenure at the temporary asylum in 1848 was turbulently short-lived. The city's de-commissioned former jail typified their temporary facilities, and much of their ministrations within them would mercifully soon become obsolete.

The first medical school link to mental illness care came through the three medical appointees among the 10 members of the overseeing Commission to Erect the Asylum – a five-year task. Dr. John King was Professor of Medicine for the University of King's College (reconstituted as U. of T. in 1849), and Dr. William Beaumont was the Professor of Surgery. The third eminent medical appointee, the Hon. Christopher Widmer, was President for Life (designated 1846) of the Upper Canada Medical Board and had long been a fervent advocate for establishing the university medical school. The commissioners selected John G. Howard as architect through a design competition, directing him to “design a Building for the care (not incarceration) of about 500 of the Insane of Upper Canada.”⁴ After three years in operation, hospital-based teaching under a clinical faculty member began in earnest with the 1853 appointment of Queen Street's second Superintendent, serving until 1875, the renowned Dr. Joseph Workman who from 1846 had taught obstetrics and *materia medica* in John Rolph's Medical School.



Since “alienism” – a 19th century term for asylum-based psychiatry, meant to reflect the individual's separation from his mental and spiritual faculties – was not taught separately within academic medical lectures, and since alienists were not yet a recognized medical specialty, Joseph Workman retained his clinical faculty appointment as Emeritus Professor of Obstetrics. His patron, Dr. Rolph, was a bitter rival of the King's/ U. of T. Medical Faculty, although his school evolved much later as one of the several predecessor schools that ultimately were merged within it. Dr. Workman regarded the training of future alienists as a priority, earning the admiration of Toronto's medical undergraduates and recent graduates. He established three part-time residential positions for medical students, as “externs” (live-in clinical assistants), earning a modest stipend by living and working on-site while studying.

Some of Workman's externs later become eminent asylum superintendents in their own right, including Drs. William Metcalf (of Rockwood, Kingston), Thomas Burgess (Verdun Hospital, and the 1898 Life Sciences Section President of the Royal Society of Canada) and the aforementioned Prof. C. K. Clarke.⁵ The latter was an extern under Workman during his first two undergraduate years, 1874-5, resuming at the

⁴ Toronto Reference Library (TRL): John G. Howard fonds, Section III, 1368, quoted in Thomas E. Brown, “Architecture as Therapy,” in *Archivaria*, 10 (Summer 1980), 110.

⁵ Christine Johnston, *The Father of Canadian Psychiatry: Joseph Workman*. Victoria: Ogden, 2000, 84-5, 135-6.

Toronto Asylum for two more years after graduating, until 1880. Clarke remained close to Workman and gave considerable credit to his influence, as “the life of a great man devoted to a great work” and “the greatest man I have known.”⁶ Workman’s inspiration to establish medical student externships at Queen Street, he later learned, was also known in Italy, although it was evidently unique for its time in North America. Continuing sporadically over the next century, one of the beneficiaries during the mid-1950s was Dr. A.S. (Sandy) Macpherson. Now a Professor Emeritus of Psychiatry (McMaster U.) and a former City of Toronto Medical Officer of Health, Dr. Macpherson gratefully recalls that eventful learning experience at Queen Street during two of his medical undergraduate years.

Dr. Workman was succeeded in 1875 for an unequalled thirty-year tenure by Dr. Daniel Clark, a dedicated clinical teacher whose reports and publications attest to a continuity in their shared humanitarian concern for those afflicted by mental illnesses that were characterized by persistence and complexity. That era’s physically invasive procedures were avoided at Queen Street. In contrast, at other Provincial asylums, such as London in the late 1800s under Dr. R.M. Bucke, women experienced horrific gynaecological surgery.⁷ Daniel Clark opposed that practice, not permitting such operations at Queen Street and generally regarding fresh air and exercise as more beneficial to a person’s mental health than invasive physical procedures or an over-reliance on chemicals.⁸ Clark grappled with the dramatic emergence of laboratory research knowledge, the publicly controversial practice of forensic psychiatric testimony in the courts, and the relentless crush of asylum over-population that was perversely whipsawed by chronic under-funding. The 1877 Provincial Government directive for Clark to avoid incurring all but absolutely essential expenses, “was effectively to consign the institution to thirty years of official indifference and neglect.”⁹

After his first seven years, Daniel Clark was ready to begin formally teaching what he had learned. In 1882 he introduced psychological medicine into the curriculum at both the University of Trinity College Medical School and the proprietary Toronto School of Medicine (TSM), a successor to John Rolph’s School affiliated with U. of T. He delivered a mandatory course of 18 lectures at the Asylum to each graduating class, whose members were “required to possess and show knowledge of insanity before they can get their degree.”¹⁰

By 1887 the City’s competing medical schools, having bitterly contested their rivalry for 45 years, began to merge and coalesce over the next two decades within the University of Toronto, evolving gradually toward the formidable teaching and scientific research institution that we now value. Although it remained for several more decades an undergraduate facility, accessed directly from secondary schools and necessitating subsequent travel abroad for those electing specialty training, by 1910 the landmark *Flexner Report* located McGill and Toronto at the apex of Canadian medical schools and within the North American front rank. Alienism had been a hospital module in the reorganized Medical Faculty’s Department of Medicine from the late 1880s, taught at Queen Street by Daniel Clark while joined in 1903 by Dr. Beemer at Mimico, as Extramural Professors of Mental Diseases.

Elsewhere, medical school instruction in psychiatry was sporadic. Dalhousie undergraduates, for example, did receive comparable teaching at Nova Scotia’s nearby provincial hospital before 1878.¹¹ At

⁶ CAMH Archives: C.K. Clarke fonds, Jason A. Hannah Biographical mss, files 7-8 and 7-9.

⁷ Cheryl Krasnik Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923*. Montreal-Kingston: McGill-Queen’s University Press, 1989, chaps. 3-5.

⁸ Geoffrey Reaume and John Court, “Queen Street Site History vis-à-vis Therapeutic Treatment Approaches,” interpretive text for the Market Gallery Exhibition, *The Provincial Asylums in Toronto and Mimico*, 2004.

⁹ Thomas E. Brown, “*Living with God’s Afflicted*”: *A History of the Provincial Lunatic Asylum at Toronto, 1830–1911* (Queen’s University doctoral diss., 1980), 236-7.

¹⁰ Editorial Comment, *American Journal of Insanity*, 39 (1882), 266.

¹¹ Patrick Flynn (ed.), *Dalhousie’s Department of Psychiatry: A Historical Retrospective* (Halifax: Dalhousie Univ., 1999), 4.

Queen's University on the other hand, an instructor recalled of his undergraduate years just prior to 1895, "that during my medical student days... I did not see the interior of a mental hospital. A training in psychiatry was not then considered as in any way requisite as an equipment for the general practitioner."¹² By 1892 at Toronto, Daniel Clark's lecture course was accompanied by a compendium of notes printed by the Faculty. Three years later Clark's published version, *Mental Diseases*, "seems to have been the first psychiatric textbook for senior medical students produced in Canada."¹³

At this time, an alternate practice setting emerged in Toronto. In 1894 Dr. Campbell Meyers established a "Neurological Hospital" on Heath Street for treating paying patients afflicted with functional (non-organic) neuroses, the most common being labeled as neurasthenia and hysteria. Patterned after similar sanitariums that he had visited in Germany and Glasgow, Meyers sought to prevent "nervous diseases" from evolving into more serious mental illnesses. At this elegantly private uptown retreat, medications and counseling were supplemented with electro-magnetic stimulation and "Weir Mitchell's Rest Cure".¹⁴ As well, in 1906 Meyers joined the Toronto General Hospital (TGH) medical staff to open Canada's first public general hospital unit for mental illnesses, which he termed a "neuropathic ward". But he strove to ally and define his neurology as a sub-specialty of internal medicine, steadfastly distancing himself from alienists/ psychiatrists, their clinical settings and teaching activities. Thus isolated, Meyers was eased out of TGH soon after C.K. Clarke became its Superintendent in 1911, and his private hospital and later variations of his TGH ward were both closed soon after he died in 1927. Yet the model of general hospital units for treating incipient and short-term mental illness would re-emerge in the 1950s through the advent of Federal co-funding – within the fold of psychiatry.

Academic Psychiatry at Toronto in the First Quarter of the 20th Century



Psychiatry in early 20th-century Toronto was characterized by two simultaneously competing paradigms, or "great schisms" as they ruefully became known: alienism vs. neurology (as noted); and research-

¹² W.T. Connell, "The Development of Mental Hospitals as Teaching Centres," in *Ont. J. Neuro-psychiatry*, March 1924, 19, going on to note that Dr. C.K. Clarke, then Superintendent of Rockwood (Kingston) provincial hospital, began lecturing to medical students about 1895, "but it was not until 1899 that these were made compulsory."

¹³ Daniel Clark (1835–1912), *Notes on Mental Diseases*, Toronto University Medical College, 1892 (96 pp.); and *Mental Diseases: a Synopsis of Twelve Lectures, delivered at the Hospital for the Insane, Toronto, to the graduating medical classes*, (Toronto: William Briggs, 1895, 328 pp.). Brown (1980), 271, n.79.

¹⁴ CAMH Archives: Toronto Psychiatric Hospital (TPH) and Clarke Institute of Psychiatry (CIP) fonds, 7-01, 7-02. Dr. S. Weir Mitchell was a leading U.S. neurologist: Brown, (1980), 302-3.

based, scientific (Kraepelinian) psychiatry vs. psychoanalysis.¹⁵ Facing down Meyers and his brand of neurology on the one hand along with the emerging Freudians on the other was the aforementioned Dr. C. K. (“Charlie”) Clarke, from 1905 the Toronto champion of alienist hospital-based and Kraepelinian psychiatry.¹⁶ Clarke had returned from superintending Rockwood at Kingston and immediately established himself with the medical profession’s international luminaries such as (later Sir) William Osler by hosting a dinner at Queen Street for select delegates to the 1906 British Medical Association annual conference, held that year (August 21 to 25) at the university. Clarke also, fatefully, met the young Dr. Clarence Farrar who was up from Johns Hopkins to present a paper.¹⁷ With more immediate consequences, Clarke came to the notice of U. of T’s newly-installed President, Robert Falconer.

Charles Kirk Clarke was born in Elora, Ontario in 1857 and died at Toronto in 1924. He was the only son of Emma (Kent) Clarke and Lieutenant-Colonel the Honourable Charles Clarke, a Member of the Legislative Assembly, 1871-1894, Speaker of the Assembly, 1880-1885, and Clerk of the Assembly, 1901-1907. Charlie had two older sisters. Jennie married a son of Dr. Joseph Workman while Emma married Dr. William Metcalf, previously one of the clinical assistant externs at Queen Street who, from 1882 until his violent death in 1885, was Superintendent of Kingston Asylum.

C.K. Clarke was educated at Elora High School and the Toronto School of Medicine, writing the U. of T. exams to graduate M.B., 1878 and M.D., 1879. As noted he was also a clinical assistant to Dr. Workman from 1874-1878, and Assistant Physician of the same institution from 1878-1880. From there he became Assistant Superintendent at Hamilton, 1880-1881 and Rockwood, 1881-1885; Superintendent of Rockwood, 1885-1905; Superintendent at Queen Street, 1905-1911, in succession to the 70-year-old Dr. Daniel Clark; Medical Superintendent of Toronto General Hospital, 1911-1917 and Medical Director of TGH from 1917-1918.

Clarke had been a clinical Professor of Mental Diseases at Queen’s University before returning to Toronto. In 1904 he became a Co-Editor of the *American Journal of Insanity* (later the *AJP*), the first Canadian to hold that position. He was appointed Royal Commissioner to investigate and report on conditions at the Provincial Asylum for the Insane at New Westminster, British Columbia, and then a Royal Commissioner to investigate treatment methods for the insane in Europe, 1907. He was elected as Vice-President of the Canadian Hospital Association for 1907-1908. At that time President Falconer steered through the U. of T. senate and board – the latter on 14 November 1907 – Clarke’s clinical appointment as the university’s first Professor of Psychiatry, and conjointly (but implicitly, without the title) as head of the new department. On November 30th the Medical Faculty Council resolved to include Psychiatry among the 12 subjects to be taught in the new fifth year of the undergraduate program, to commence in the Fall of 1908, and a week later the newly-minted Professor Clarke joined the Faculty Council as a member for the first time.¹⁸ A few months later, as the earlier discipline names of Medical Psychology and Mental Diseases began gradually to fall from use, Clarke’s article appeared on “The New Department of Psychiatry” concerning plans for “the Psychiatry Department just organized” in the university.¹⁹ A scant six months after that – also conjointly with his professorship (which he retained

¹⁵ As well as historical monographs by Roy Porter and Edward Shorter, a concise outline is provided by Federico Allodi and Henry B. Kedward, “The Evolution of the Mental Hospital in Canada,” in *Canadian Journal of Public Health*, 68 (May-June 1977), 219-24. Also ref. the International Kraepelinian Society, < <http://www.kraepelin.org/> > (accessed April, 2011).

¹⁶ *Dictionary of Canadian Biography* (DCB) entry for Clarke, Vol. XV, by Ian Dowbiggin who also published biographically on Clarke, 1995 and 1997; Brown (1980), Chap. V, “Drs. C.K. Clarke, Ernest Jones and the ‘New Psychiatry’, 1905-1911.”

¹⁷ Dr. C.B. Farrar’s initial connection with Toronto came in 1905 through friendship with Dr. J.G. FitzGerald as house staff physicians at Johns Hopkins and Sheppard-Pratt Hospitals in Baltimore; soon after (1907), FitzGerald was appointed staff pathologist and clinical director at Queen Street, subsequently founding the Connaught Laboratories and School of Hygiene, later serving as Dean of Medicine: CAMH Archives: J.G. FitzGerald Bio file.

¹⁸ UTARMS: Faculty of Medicine, Faculty Council Minutes, A86-0027/016(02).

¹⁹ UTARMS: C.K. Clarke, in *University of Toronto Monthly*, 8:4 (Feb. 1908), 139-41.

until he died in 1924) and his successive range of hospital, governmental, World War I and NGO positions – he was appointed Dean of Medicine, serving in that vital additional capacity until 1920. Clarke and Falconer, as the latter noted in his 1908 annual report, agreed from the outset that the new department would take operational form through launching a new “reception hospital” as the primary locus of teaching and scientific psychiatric research for Toronto’s university, along with clinical screening for the Province’s afflicted and at-risk groups.

“The Government of the Province intends to erect a psychiatric hospital thoroughly equipped with what the most modern methods can suggest and to place it in charge of Dr. Clarke. The relations between the hospital and the University will be intimate, and our students will be given an exceptionally favourable opportunity of studying mental and nervous diseases. For both medical and psychological research in this department the facilities should be among the best on this continent.”²⁰

While they planned and waited, Dr. Clarke introduced a major change at Queen Street through emphasizing a systematic classification of psychiatric patients' diagnoses – classification systems that were carried on by his successors into later decades.²¹ Influenced by Germany’s pioneering Prof. Emil Kraepelin, originator of an early scientific classification of mental diseases whom Clarke visited during his 1907 Royal Commission tour, he began to stress more organization in medical terminology. As well, in 1906 he had initiated more rigorous training for nurses and, in 1907, medical conferences began to be held three times per week.

Yet prompted by despair with the severe overcrowding at Canadian and U.S. mental institutions, beginning about 1895 Clarke had begun to focus keenly on the disproportionate rate of admissions among immigrant populations. Thus began one of the three obsessions that seemed to dominate the last three decades of his professional life, alongside his ongoing perception of political interference in hospitals’ internal affairs, and his lengthier-than-anticipated campaign to establish the reception hospital. He lobbied various government bodies to facilitate more and better-trained psychiatrists as medical inspectors of potential immigrants. While still at Kingston in 1904 he wrote to Ottawa’s newly-appointed [chief] Medical Inspector, Peter Bryce:

“As far as the clearly marked cases of imbecility are concerned, the stigmata of degeneracy are so self evident that any inspector of common sense should be able to detect them at once, but it is with the moral cases the most difficulty will occur. We should have some system by which we can keep track of the importations for say two years, and a law by which we may be enabled to return the defectives to their own country as soon as their weakness is evident.”²²

²⁰ UTARMS: Robert Falconer, *President’s Report, University of Toronto*, for the Year Ending 30 June 1908, 14. For at least the next two decades the terms “reception hospital,” “psychiatric hospital” and “psychopathic hospital” were used interchangeably, as above for the first two. The first of two temporary reception hospital facilities (July 1914 to 1920) was opened under Ontario’s *Reception Hospital for the Insane Act*, 1914 (4 George V, c.54) in a former TGH building on Gerrard Street East, later relocated (1916) to the Bickford Home on Gorevale Ave. next to the original Trinity College. Operated more or less as an annex to Queen Street, about 15,000 patients passed through. Ontario’s Deputy Provincial Secretary later noted (24 March 1926) that: “The purpose of a Reception Hospital, more properly termed a Psychopathic Hospital or a Psychiatric Hospital, is in the first place to give care and treatment to persons who may be suffering from psychopathic [psychiatric] difficulties, in the hope that their mental disturbances may be cured without the necessity of their being sent for treatment to a mental hospital [the former asylums]. The second function is to provide a place for the detention and observation of persons who may be suspected to be insane.” Archives of Ontario (AO): RG 10-107-1009. From the university’s standpoint, the third function was to supplement the mental hospitals as a specialized locus for clinical instruction and research.

²¹ See for example Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870 - 1940*. Toronto: Oxford University Press, 2000; reprinted, University of Toronto Press, 2009.

²² Library and Archives of Canada (LAC): Immigration Branch, RG 76, Vol. 268, File 228124, part 4, mf. reel C-7816: Clarke to Bryce, 26 Feb. 1904. Dr. Bryce replied on March 3rd reciprocating pleasantries of their personal acquaintanceship

Clarke had begun to publish articles on the “defective and insane” immigrant, aggressively advocating for racially and ethnically specific immigration policies. This produced controversy among certain politicians and briefly modified Clarke’s campaign. But by 1907 Clarke’s attitude toward immigrants was hardening. In his annual report, the word, “evil” had crept into the text, and the term “medical inspection” had been replaced with the phrase, “getting rid of them”.²³

In 1908, bearing a letter of introduction from Prof. William Osler, the young Dr. Ernest Jones (later Freud’s distinguished biographer) arrived from England to take up a medical staff appointment under Clarke at Queen Street. In December of 1909 Clarke persuaded the board of TGH to establish an outpatient service – Canada’s first psychiatric clinic. It was called the ‘Ward Clinic’ and Ernest Jones moved over from Queen Street as its first Medical Director while also a U. of T. clinical instructor in Psychiatry. Despite his emerging status as a key disciple of Freud, Jones’s medical undergraduate lectures were evidently faithful to Clarke’s prescribed syllabus and textbooks: William A. White’s *Outline of Psychiatry*, and *Clinical Psychiatry, abstracted and adapted from the seventh German edition of Kraepelin's "Lehrbuch der Psychiatrie"* by A.R. Diefendorf.²⁴ Jones’s clinic was modeled after that in Munich operated by Kraepelin. The Toronto clinic closed, however, upon Jones’s controversial return permanently to England in 1913.²⁵ It was succeeded the following year by a “Feeble-Mindedness Clinic” with Clarke as Director. He took responsibility as well in 1915 for organizing the University’s No. 4 Overseas Hospital, consisting of 1,040 beds, and supervising a clinic for venereal diseases. In 1918, he became consultant in psychiatry to Military District No. 2 (Toronto and Central Ontario).

The year 1918 also saw Drs. Clarke, Clarence M. Hincks, Helen MacMurchy and others establish the Canadian National Committee for Mental Hygiene (CNCMH, later the CMHA). From its inception until his death, Clarke was Medical Director of the CNCMH.²⁶ One key objective was the mental examination of immigrants, including children, to ensure a “better” selection of newcomers. This prompted a major research project on Canadian immigration. Additionally, mental hygiene surveys were undertaken at the requests of the provinces of Manitoba in 1918, British Columbia in 1919, and Saskatchewan and Nova Scotia in 1920. Clarke, alongside Hincks, was one of the principal investigators. Clarke would fulminate

while undertaking to make use of Clarke’s advice “in my circular of directions to the Medical Inspectors.” Also ref.: Barbara Roberts, “Doctors and Deports: The Role of the Medical Profession in Canadian Deportation, 1900-20,” in *Canadian Ethnic Studies*, XVIII:3 (1986), 17–36; and Barbara Roberts, *Whence They Came: Deportation from Canada, 1900–1935*, University of Ottawa Press, 1988.

²³ CAMH Archives: Biographical Sketch by Jennifer Donsky for the C.K. Clarke Fonds Finding Aid, 2003, 11-13.

²⁴ UTARMS: Elgin Rowlan Hastings, medical undergraduate lecture notes, Jan.-Feb. 1912, B2002-0014/007/02. This student’s detailed notes taken during Ernest Jones’s lectures provide no references to psychotherapy nor Freud, evidently disputing the gossip from some quarters that Jones’s regular medical students were “crowded out” by students from other years “who went to be entertained and perhaps sexually excited by his uninhibited lectures.” CAMH Archives: Ernest Jones Bio file, letter from Hon. Herbert A. Bruce, MD to C. Greenland, 11 July 1962.

²⁵ Brown records that “Ernest Jones left Toronto for the last time in May 1913. Both by word and deed he had made himself something of a pariah to his Canadian colleagues.” Thomas E. Brown, “Dr. Ernest Jones, Psychoanalysis, and the Canadian Medical Profession, 1908 – 1913,” in S.E.D. Shortt (ed.), *Medicine in Canadian Society: Historical Perspectives*, McGill-Queen’s University Press, 1981, 353. Prof. C. B. Farrar’s only recollection concerning Jones’s clouded departure from Toronto involved having been told by Dr. Eric Clarke that his father, C.K. Clarke, “did not regret the separation when Jones returned to England.” CAMH Archives: E. Jones bio file, letter from Farrar to Greenland, 9 Nov. 1959. Dr. Herbert Bruce conveyed his opinion (quite separately) that: “Jones was dismissed from the Faculty for good reasons – not because this city was Toronto the Good but because he was a pervert. He may have been brilliant in his field but to us who knew him in these early years he leaves nothing but an unpleasant memory.” Hon. Herbert Bruce, letter, *ibid*.

²⁶ CAMH Archives: Dr. Charles Roland fonds, extract of letter – Dr. J.D. Griffin to Roland, 13 Jan. 1965, quoting from his discussion with Dr. C. B. Farrar: “Farrar also states that much of the early leadership [for the CNCMH] came from C. K. Clarke rather than Clare Hincks and that *Clare’s main contribution was that of a terribly energetic leg man for the genius which really belonged to Clarke.* [Emphasis added] However, undoubtedly the two of them worked very closely and collaborated in the organizing of the association and Clifford Beers was their consultant.”

on why a country as young as Canada should bear such a heavy burden of mental illness and mental deficiency. He believed that this was due to the malign consequences of importing insane and defective immigrants into Canada, combined with a significant export of the “better class” of Canadians to the United States. Clarke regarded these issues as serious menaces to Canada’s nationhood.

In 1919, Clarke persuaded the government to introduce a restrictive immigration policy that led to amending of the Immigration Act, extending the list of prohibited persons to include mental defectives, the mentally ill, psychopaths (as then defined), alcoholics, political radicals (real or perceived) and those who had committed crimes involving “moral turpitude”.²⁷ In the year following the new Act, Clarke spent a month in Saint John personally supervising the landing of some 4,000 immigrants while advising and instructing the inspectors on examining them. From his Toronto clinic he devised statistical findings about immigrants that are now seen as dubious and unrepresentative, but which were then readily received in many quarters. In 1923, Prof. Clarke was invited to Britain by the Royal Medico-Psychological Association to deliver the prestigious, annual Maudsley Lecture. He devoted a major part of his address to the “crisis” caused by the migration into Canada of large numbers of mentally ill and intellectually subnormal adults and children, many of them British. Clarke and his associates also walked the talk. At crucial stages during the 1920s his two chief acolytes, Drs. Farrar and Hincks, encouraged the introduction of the eugenics legislation that was enacted in Alberta and British Columbia.

Despite his substantial priority for those various external pursuits occupying major amounts of his time, Clarke on behalf of his academic and clinical functions had continued to advance the Psychiatry Department’s interests. Hincks was appointed in 1917 as Special Lecturer in Psychology for third year classes. Clarke and Farrar diverged from a 1920 article on Canadian Army psychiatric cases to alert their readers to the “urgent need of greater attention being paid to psychiatric instruction in the medical schools of Canada. Trained men in this line of work are relatively few, and mental hospitals everywhere are understaffed.”²⁸ Supported in part by the Faculty’s Rockefeller grant application,²⁹ by 1922 psychiatry lectures were given by Clarke, Beemer and others in fourth year, followed by five weeks of clinical attendance during fifth year for an hour per week at each of Queen Street and TGH, and a sixth year elective offered in psychiatry. In 1920 the Ontario Neuro-Psychiatric Association (later the OPA) was formed by the medical practitioners of the Ontario Hospitals, as the former Asylums were known by then, for presenting research and continuing education via professional meetings and a new journal.

Clarke and his colleagues continued to press for establishing a university-based psychiatric institute and reception hospital, to be located near the medical school and TGH. Also facilitated by the Rockefeller Foundation, that cherished ambition was realized a few months before Clarke died. On October 12, 1923 he took part in laying the cornerstone for the Toronto Psychiatric Hospital (TPH).³⁰ Clarke subsequently arranged for one of his protégés, Dr. Farrar, to become its first Director and his successor as the University’s Professor (and Head) of Psychiatry.

In 1924, Prof. Clarke died of cardiovascular disease. In addition to his many passionate professional pursuits and publications, he had written prose, limericks, a novel (unpublished) and ornithological observations. He also played the violin and cello, becoming one of three non-professional players in the

²⁷ Also ref. Barbara Roberts, 1986 and 1988, *op. cit.*

²⁸ C.K. Clarke and C.B. Farrar, “One Thousand Psychiatric Cases from the Canadian Army,” in *Canadian Journal of Mental Hygiene*, 1920, 313-17, also reproduced ca.1921 in the *Quarterly Magazine* of the CNCMH.

²⁹ CAMH Archives: C.K. Clarke fonds, box 7 – 47. Marianne Fedunkiwi, “German Methods, Unconditional Gifts, and the Full-time System: The Case Study of the University of Toronto, 1919-23,” *CBHM*, 21:1 (2004), 5–39.

³⁰ Edward Shorter (ed.), *TPH: History and Memories of the Toronto Psychiatric Hospital, 1925-1966*. Toronto: Wall and Emerson Press, 1996. Also see “The Significance of the Toronto Psychiatric Hospital – Changing Perceptions of Mental Illness,” in Sheila Joy Pollock, *Social Policy for Mental Health in Ontario, 1930-1967*. University of Toronto doctoral diss., Social Work 1974, 53 *et passim*.

Toronto Symphony Orchestra. Despite having lost two fingers in a youthful hunting accident he enjoyed carpentry projects like boats, a house and a pipe organ. In 1890, with Dr. William Gage as a partner, he won the Canadian Doubles Tennis Championship.



Yet Clarke was an inexorably complex individual. His ambitious accumulation of numerous, simultaneous high-profile appointments has already been noted. At the same time he aggressively pursued a reputation for affable and collegial leadership among his medical and social peers that extended to commissioning a talented caricaturist, Will Frost, to prepare illustrated vignettes about himself that Clarke displayed and circulated.³¹ He was more than conventionally class-conscious in structuring his organizations, proposing in 1915 that TPH should enjoy “the supervision of a Board of Trustees of the same class as those to be found in the General Hospitals;” while his early-1920s’ CNCMH masthead enumerated their Patrons and Vice Presidents as comprised exclusively (not just predominantly, as with other charitable bodies) of prominent holders of British peerages and knighthoods.³² In addition to his foregoing quotations cited, Clarke’s personal archive of correspondence, manuscripts and graphic materials supports a dark side profile of him that clouded his public life – seeming to extend beyond the norm even for his time and social context – as venomously anti-Semitic,³³ bigoted against vulnerable immigrant and ethnic minorities, and a promoter of eugenics.

With a focus on Clarke’s more positive attributes, however, and mindful of his dedication to institution-building on behalf of Queen Street, the TGH in its move from Gerrard to College Street, the CNCMH, the TPH and the University’s Medical Faculty and Department of Psychiatry, his memory was later resurrected through the naming of the TPH’s successor institution, opening in 1966 as the Clarke Institute of Psychiatry. In 1998 the Province merged the Clarke Institute with three other specialized mental health and addiction institutions, becoming the College Street Site of the Centre for Addiction and Mental Health (CAMH).

³¹ CAMH Archives: C.K. Clarke fonds: Ink and colour cartoon/caricature illustrations with text/captions drawn for Clarke, ca.1915-20, by Will Frost. Included is Clarke's story, "A Day on the Meston [*sic*] Golf Links" about Clarke and Dr. C.M. Hincks. Clarke submitted an edited version to *Saturday Night* magazine, 25 Dec. 1920.

³² C.K. Clarke in *Bulletin of the Ontario Hospitals for the Insane*, v. 8 (April 1915), 103-8; CNCMH *Quarterly Magazine*, *op. cit.*

³³ Connor, *Doing Good*, 198. CAMH Archives, Clarke fonds, caricature illustrations, ca.1915-20.

Clarke and Clarence (“C.B”) Farrar profoundly shared convictions based on the supremacy of biological psychiatry, the influence of heredity, and the necessity for a multi-disciplinary approach to preventing and treating mental illness. In 1916 Farrar joined the Canadian Army as chief psychiatrist for re-establishing casualties of shell shock and other psychological stress, for which he researched broadly in rehabilitation. C.B published scholarly articles in this field, one of which with Clarke in 1920 examined 1,000 psychiatric cases of returning WW1 Canadian soldiers. They diverged to alert readers to the “urgent need [for] psychiatric instruction in the medical schools of Canada. Trained men in this line of work are relatively few, and mental hospitals everywhere are understaffed.”

Toronto Psychiatric Hospital as the Departmental Nexus, 1925 to 1966

Launching the TPH in 1925, Farrar set about rectifying this shortage of medical staff trained in psychiatry, while welcoming students for psychiatric training in nursing and other allied disciplines. By 1936 Farrar could report to the AAMC that undergraduate clinical instruction at Toronto encompassed the three senior years. “All permanent members of the hospital staff contribute to the instruction of students with the collaboration of consultants from the other departments of the faculty of medicine.... In this way, the various directions of medical inquiry converge on the psychiatry material both in the treatment of patients and the teaching of students.”

Beginning five years earlier in 1931, Farrar had used that approach for establishing Canada’s first postgraduate university–hospital residency program in this field. By 1936, at least one year of preliminary training in a mental hospital was followed by 1,000 hours of instruction during 12 months of full-time clinical residency at TPH. A third year, “of continued experience in a responsible post,” led to a full university diploma qualification. During the next two decades, more than 100 men and 10 women physicians were formally registered with, and trained by the U. of T. Psychiatry Department; 87 graduated with diplomas. After their training, Drs. Ruth Franks and Mary Jackson became Toronto’s first women faculty members in Psychiatry. In addition, Franks was the first woman psychiatrist in Canada to earn a Ph.D. Mary Jackson became the first to hold senior academic and administrative posts, commencing in the late 1930s at the TPH, and ultimately at its successor facility, as Assistant Director (Medical) of the Clarke Institute. By 1966 when TPH closed and the torch was passed to the Clarke Institute, 358 physicians in total had been enrolled for graduate training.

Pharmacotherapy in psychiatry during the early years of the 20th century had largely been confined to the control of behaviour with centrally acting drugs. The armamentarium was extended with the introduction of barbiturates, as centrally acting sedatives derived from barbituric acid, and complemented with the introduction of amphetamines as centrally acting stimulant drugs. Three psychiatric drugs introduced in the 1930s and ‘40s are noteworthy: nicotinic acid, penicillin and thiamine³⁴ led to major changes in the diagnostic distribution of patients in psychiatric hospitals. By the end of the 1940s, organic psychoses, including infectious delirium and dementia due to cerebral pellagra (treated with nicotinic acid), and dementia with general paralysis due to neurosyphilis (treated with penicillin), virtually disappeared.

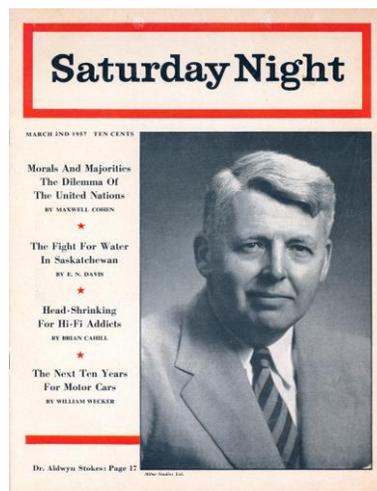
Another contributing factor to the reduction in patients with organic illnesses was the decrease in hospitalized epileptics after the 1938 adaptation of diphenylhydantoin as an effective anticonvulsant. More commonly known as phenytoin or the proprietary, Dilantin, it was found effective for controlling seizures without the sedation effects associated with phenobarbital. Then in 1949, research by the Australian psychiatrist, John Cade led to a revival of lithium for controlling psychotic excitement,

³⁴ Thiamine (vitamin B-1) deficiency resulted in Wernicke encephalopathy, a serious neurologic disorder. Dr Carl Wernicke, a Polish neurologist, described it in 1881 as a triad of acute mental confusion, ataxia, and ophthalmoplegia.

especially in manic patients. Jumping a little ahead, further research through the 1950s and 60s revealed lithium's prophylactic effect in manic-depressive psychosis (as then known), and recurrent depression.

Pharmaceuticals aside, a belief during the inter-war era that physically intervening in a patient's body could "relieve" symptoms of mental anguish gave rise to certain radical physical interventions. These treatments included intramuscular injections of salvarsan for syphilis from 1924-31, malarial treatments and injections of manganese chloride for other syphilis patients, as well as novarsam and tryparsamide treatments, and spinal drainages in 1931–33. By the late 1930s, shock treatments employing Metrazol (a brand name for pentylenetetrazole) began at Queen Street, to be followed in the next decade by electroconvulsive therapy (ECT). Insulin shock convulsions were administered extensively at Mimico and Toronto Psychiatric Hospital, although not at Queen Street. From 1941, primarily from 1945 to 1955, the most controversial interventionist treatment, leucotomy (USA: "lobotomy"), was initially carried out on patients from Queen Street at TPH and general hospitals. By the 1950s, neurosurgeon Kenneth McKenzie made this procedure available directly at Mimico, Queen Street and other Ontario psychiatric hospitals.

Dr. Abraham (Ab) Miller, a Departmental faculty member for more than a half-century from 1948, contended that the Second World War was the catalyst for psychiatry's major turning point. The field was urgently called upon to aid vastly more people than usual, inspiring unprecedented numbers of medical and allied professionals like himself to respond to the crisis. They shared the excitement as the discipline's leaders, such as Dr. Brock Chisholm, post-war founding Director-General of the WHO, explored its potential to address serious social problems. Psychiatry was consolidated in mid-century within the medical mainstream, its armamentarium expanding with biological psychiatry, psychoanalysis, social-community psychiatry and the psycho-pharmaceutical discoveries.



Professor Aldwyn Stokes (cover photo above) had succeeded Farrar as Head of Psychiatry and Director of TPH, in 1947. A decade later, as the Department reached its 50th anniversary, Dr. Stokes remarked to *Saturday Night* magazine that important progress had been made, but much remained to be discovered. "To some extent we are still working clumsily and in the dark. We know the new drugs and techniques are effective, but we recognize that their effectiveness depends on some unknown factor in the individual himself." Like his mentor at Britain's Maudsley Hospital, Sir Aubrey Lewis, Stokes sought a balance of approaches drawing from Kraepelin, Freud, Adolf Meyer and other disciplines. In his first of two decades as department head, he assembled an array of partnerships with closely-allied fields of interest – physiological and environmental, traditional and innovative – for virtually surrounding mental illness with perspectives needed to help foster the individual pursuit of one's own life course and potential. By 1954

the Canadian Psychiatric Association, in response to a CMHA survey of organizational leaders, identified the following four “Changes in Practice in the Last Ten Years” for psychiatry on a national basis:³⁵

1. *Greatly increased emphasis on the personal impact of the therapist on his patient, with correspondingly less time spent on diagnostics and nosology.*
2. *A much more holistic approach to the patient as ‘a person in a life situation’ rather than an example of a disease process.*
3. *The Canada-wide achievement of having psychiatric training brought under the aegis and control of universities. In this respect I believe we are well ahead of the United States.*
4. *The increased breadth of experience made available to trainees. I mean by this the fact that psychiatrists in training are exposed to such varied aspects as forensic psychiatry, court psychiatry, industrial psychiatry, general hospital psychiatry, child psychiatry, etc.*

With the dramatic shift in morbidity from organic to functional disorders among hospitalized patients during the 1940s, psychiatric research priorities also changed. Following its 1952 European advent, the first anti-psychotic medication, chlorpromazine, made its appearance in Toronto in 1953. Introduced in France for clinical use in psychiatry a year earlier, it was found to be more effective than any of the drugs used in the past for controlling excitement, agitation, and aggression. In addition, it relieved the intensity of psychotic symptoms such as delusions and hallucinations. In 1954 Dr. Heinz Lehmann of McGill was the first in North America to publish findings of a replication study on the therapeutic effect of chlorpromazine, and one of first in the world to successfully communicate the drug’s antipsychotic effect.

Independently Dr. Ruth Koeppe (later Kajander – photo below), while pursuing her U. of T. Psychiatry postgraduate studies, conducted a comparable clinical trial of chlorpromazine at the Ontario Hospital, London, which she reported to a meeting of the Ontario Psychiatric Association in November, 1953. By the end of the 1950s, 11 other “psychotropic” drugs – a term coined at the time for those with an effect on mental activity and behaviour – including reserpine and haloperidol, had been introduced in the treatment of psychoses.



There was also a shift in the understanding of signal transduction in the brain, from a purely electrical to a chemically mediated event. By the end of the 1950s, six neurotransmitters had been identified in the central nervous system (CNS), including dopamine and serotonin.

³⁵ CAMH Archives: W.E. Boothroyd, MD (Editor), CPA Response to the “Changes in Practice Study,” CMHA fonds, 1954.

Developments After Mid-Century

Fundamentally, from 1948 the Federal government financially supported the rise of general hospital psychiatric units, leveraging Provincial support. Farrar observed in 1952 that: “The need for psychiatric services in general hospitals is appreciated in all parts of Canada and such services are widely used for instructional purposes.” Those in 1952 at Toronto were TGH, Toronto Western and Wellesley, newly joined by the Sunnybrook veterans’ hospital that included “a spacious neuro-psychiatric division (180 beds), which serves as one of the training centres for the University of Toronto.”³⁶ This service model gained impetus from the CMHA’s *More for the Mind* (1963) recommendations. The following year’s Royal Commission on Health Services’ findings were consistent, boldly declaring that: “Any distinction in the care of physically and mentally ill individuals should be eschewed as unscientific for all time.”³⁷

In 1958, Dr. J. Allan Walters of TGH originated and researched the concept of psychogenic regional pain syndrome, a.k.a. hysterical pain, concerning localized, specific physical pain that arose in part or entirely through the psyche. Dr. Harvey Stancer, now honoured through the department’s annual research day which he established, was awarded the first professorship of psychiatric research at TPH, and subsequently the Clarke Institute. In 1961 Dr. Oleh Hornykiewicz, who discovered the brain dopamine deficiency, reported that levels of serotonin are low in the postmortem brain of Parkinson patients, suggesting that a degeneration of serotonin neurones might explain the depression in Parkinson's disease, as well as sleep and memory impairment – much later studied by CAMH’s Stephen Kish. Dr. Hornykiewicz’s long association with the Clarke Institute and the University continued to 1992.

From the late 1970s, Dr. Paul Garfinkel and colleagues established a program of treatment, research and training in the eating disorders, anorexia nervosa and bulimia nervosa. Toronto has since been recognized internationally as one of the world’s leading centres in the understanding and treatment of people with eating disorders. Professor Garfinkel, who led the Department as Chair, 1990 – 2000, was invested as an Officer of the Order of Canada in 2010.

Department Chair (1974 – 1980) Prof. Fred Lowy appointed Ab Miller in 1978 to commence developing a network of sites for teaching, research and clinical delivery in geriatric psychiatry. Coordinating this new division until 1983, Miller also consulted in geriatrics to units at Sunnybrook, Queen Street, Baycrest and the Clarke, laying the foundation for the Geriatric Psychiatry Division subsequently developed by Drs. Kenneth Shulman and Nathan Herrmann.

The 1980s brought the introduction of the first SSRIs as antidepressant medication, and development of atypical neuroleptics such as clozapine. Department Chair (1980 – 1990) Prof. Vivian Rakoff brought the positron emission tomography (PET) brain imaging facility, the first in any psychiatric hospital, to the Clarke Institute, opening in 1992. PET technology is used in psychiatry primarily to understand the pathophysiology of illnesses and to assess the effects of pharmacological treatment.

Into the 21st Century

From 1992 to 2006, Drs. Kapur, Zipursky, Remington and Philip Seeman worked together on a series of studies that image the effects of antipsychotics, leading to lower doses and new hypotheses about the role of dopamine in the treatment of psychosis. The Ontario Psychiatric Outreach Program was established in 1994 with Dr. Brian Hodges as its director. Culminating four outstanding decades, in 1997, Dr. Mary V. Seeman became the inaugural Tapscott Chair in Schizophrenia Studies. In 2001 Mary received the Canadian Psychiatric Association's Golden Award, and in 2003 an honorary Doctorate of Science from

³⁶ CAMH Archives: Farrar, C.B., “Psychiatry in Canada,” unpublished historical ms, 1951-2.

³⁷ McKerracher, D.G., *Trends in Psychiatric Care*. Ottawa: Royal Commission on Health Care, 1964.

this university, for her vital career of contributions to the advancement of psychiatric research and clinical practice. In 2002 Mary was awarded the Queen's Jubilee Medal, and in 2006 was invested as an Officer of the Order of Canada.

Dr. Helen Mayberg of the Baycrest Centre was appointed in 1998 as the Sandra Rotman Chair in Neuropsychiatry, pioneering with colleagues the use of neuroimaging to examine neural mechanisms mediating antidepressant response to various treatments, including pharmacotherapy and cognitive behavioural therapy. The first hypothesized treatment for depression followed, based on neuroimaging using Deep Brain Stimulation, at Toronto Western Hospital with Drs. Lozano, Kennedy and McNeely. The department launched its first formal clinician scientist training program in 2002 to enable selected residents to undertake graduate degree training along with their specialist certification.

Also in 2002, Dr. Anne Bassett was appointed as Canada Research Chair (Tier 1) in Schizophrenia Genetics. Focusing on genomic instability, genetic syndromes and schizophrenia, Anne's studies partly involve families and adults with 22Q11 Deletion Syndrome, and delineating a high-risk phenotype in familial schizophrenia. She has confirmed that about 1 in 100 individuals with schizophrenia have a 22qDS subtype of the illness, and about 25% of adults with 22qDS may develop schizophrenia or related disorders. Dr. James Kennedy has also researched genes involved in mental illness aetiology. He has studied gene variants in the dopamine and serotonin systems relating to psychiatric disorders and treatment response, while applying molecular genetic technology to psychiatric research. Dr. Kennedy has also investigated genetic factors that may predict response and side effects to psychiatric medications.

Epigenetics is the study of non-DNA mutations, developing in modern medicine to explain various non-Mendelian complexities of psychiatric disease, including how lifestyle and environmental factors contribute to disease risk. With the human body composed of 500 different types of cells, all sharing the same DNA sequence, this sequence is stable but epigenetics can change. DNA sequence regulation is orchestrated by epigenetic factors. The study of those factors is the focus of research at the Krembil Family Epigenetics Laboratory of CAMH. The Krembil Laboratory was founded in 2003, thanks to a proposal for establishing such a facility by Dr. Arthur Petronis, a leading researcher in human epigenetics. The Krembil Lab was the first fully-dedicated psychiatric epigenetic laboratory in the world.

The Addiction Psychiatry program was established in the Psychiatry postgraduate curriculum in 1996 in response to the growing need for addiction clinical and research training, focussing on the links between addiction and mental health. With 50% of those suffering addictions also experiencing mental illness, the merger of these areas systematically progressed under the leadership of Dr. Juan Negrete. Established with a mission to provide leadership and scholarship in addiction studies, the U. of T. Addiction Psychiatry program developed to include quality clinical services, undergraduate, postgraduate and continuing education, and addiction research. The 1998 CAMH merger signalled the future of greater access to addiction resources and training for psychiatry residents.

Toronto's Addiction Psychiatry program provides leadership in addictions evaluation and treatment. The residency training program involves site coordinators based at CAMH and Toronto's teaching hospitals, with a faculty of over 25 physicians and other health practitioners. Dr. Tony George, program Head, has made significant contributions to the understanding of addictions through studies in the relationship of tobacco addiction in people with serious mental illness. Also involved in tobacco addiction treatment and research is Dr. Peter Selby, Clinical Director of CAMH's Addictions Program and principal investigator of the Smoking Treatment for Ontario Patients (STOP) program. That program was introduced in 2006 as the Canada's first for addressing the methods for, and effectiveness of providing mass dissemination of Nicotine Replacement Therapy (NRT) to smokers in Ontario. 2006 also witnessed the graduation of the first residency class from the department's Toronto - Addis Ababa Psychiatry Project.

Dr. David Goldbloom, Senior Medical Advisor for CAMH Education and Public Affairs, and Editor of a new text, *Psychiatric Clinical Skills*, was elected in 2006 as a Distinguished Fellow of the American Psychiatric Association. The following year he was appointed a Board member and Vice-Chair of the newly formed Mental Health Commission of Canada. At that time, Dr. Jeffrey Meyer's research team demonstrated that MAO, an enzyme, is responsible for the chemical imbalance linked to major depression, also detailing a new monoamine model of this fourth-leading cause of death and disability.

Client-centred and evidence-based treatment modalities such as cognitive behaviour therapy (CBT), along with wide-ranging research and educational programs, have helped to re-define psychiatry's mission. As well, through the current site redevelopment, CAMH is striving to preserve historic vestiges of the institutional setting, while providing a more conventional urban living environment for those now receiving its services, integrated with the wider community. Many challenges remain that have affected the lives of current and former psychiatric patients, including finding a job, housing and acceptance by the wider community. There has also been vastly greater participation in their own treatment decisions by people who receive psychiatric services than in earlier eras.

In 2007-08, the Department launched a broadly-based educational program for informing and stimulating analysis concerning its historical evolution, illuminating a century of ideas, events, people and activities while modestly commemorating the Department's centenary academic year. Traditional education events included five public and university-wide lectures, six History of Psychiatry seminars, an enriched Stancer Research Day and Departmental graduation program, with Dr. Stancer as the keynote, together with grand rounds presentations at three teaching hospital sites. Less formal and non-traditional aspects included two cultural presentations – an operatic production followed by a grand rounds presentation, and an archival photographic collage (see below). Other Centenary-themed events included an illustrated presentation by Dr. Edward Shorter at the Chair's Holiday Reception, with commentary by Dr. Stanley Freeman,



Department Chair (2000–2010) Dr. Donald Wasylenki officiated as Dean Catharine Whiteside and President David Naylor unveiled the Centenary Historical Collage for the Medical Sciences Building lobby, in September, 2007.

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