

UNIVERSITY OF TORONTO
DEPARTMENT OF PSYCHIATRY

A CENTURY OF LEARNING
A CENTURY OF CARING

1907 - 2007



1907 - 2007

THE DEPARTMENT OF PSYCHIATRY IS CANADA'S PRE-EMINENT PSYCHIATRY LEARNING CENTRE. OVER THE PAST 100 YEARS, IT HAS ADVANCED OUR UNDERSTANDING OF MENTAL HEALTH, AND LED THE WAY IN INNOVATIVE TREATMENT, EDUCATION, AND RESEARCH.

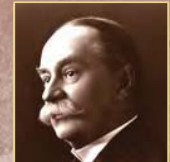
I AM PLEASED TO PRESENT THIS COMMEMORATIVE ISSUE OF OUR 2007/2008 ANNUAL REPORT TO CELEBRATE THE DEPARTMENT OF PSYCHIATRY'S CENTENARY YEAR.

DONALD WASYLENKI, MD, FRCPC
PROFESSOR AND CHAIR
DEPARTMENT OF PSYCHIATRY

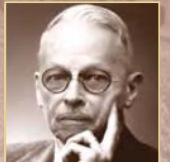
Cover Photo:
Provincial Asylum, Toronto (Queen Street)
Photo: William Notman and John R. Fraser, 1868.
Toronto Public Library (TPL), Baldwin Room

Background Image:
Watercolour detail by William Thomson, 1890;
Collection of CAMH Archives.

Department Chairs since inception



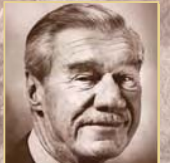
Prof. Charles K. Clarke 1907-24



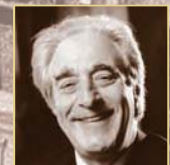
Prof. Clarence Farrar 1925-47



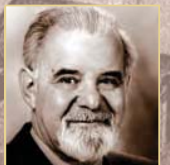
Prof. Aldwyn Stokes 1947-67



Prof. Robin Hunter 1967-73



Prof. Fred Lowy 1974-80



Prof. Vivian Rakoff 1980-90



Prof. Paul Garfinkel 1990-2000



Prof. Donald Wasylenki 2000-

CENTENARY COLLAGE

THIS PHOTOGRAPHIC MONTAGE OF ARCHIVAL IMAGES WAS CREATED IN HONOUR OF THE DEPARTMENT'S CENTENARY TO HANG IN THE LOBBY OF THE MEDICAL SCIENCES BUILDING, UNIVERSITY OF TORONTO.



- 1 Provincial Asylum, Toronto (Queen Street)
- 2 Dr. Joseph Workman, Superintendent 1853-75
- 3 Dr. Daniel Clark, Superintendent 1875-1905
- 4 Watercolour of Queen Street, 1890
- 5 Dr. Nelson H. Beemer, Superintendent - Mimico
- 6 Mimico Asylum (Lakeshore Psychiatric Hospital)
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- 9 Drs. Sigmund Freud, Jung, Jones & colleagues, 1909
- 10 Drs. H.K. Detweiler, C.K. Clarke & Eric Clarke
- 11 Lawn Bowlers at Queen Street, about 1910
- 12 Dr. Eric Clarke, Psychiatry Interim Head 1924-5
- 13 Golf caricature, Drs. C.K. Clarke & C.M. Hincks
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- 15 Toronto Psychiatric Hospital, 1925 - 1966
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- 17 Prof. Aldwyn Stokes, Psychiatry Head 1947-67
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- 19 Dr. Harvey Stancer, Toronto Psychiatric Hospital
- 20 H. David Archibald, Addiction Research Foundation
- 21 Addiction Research Foundation on Russell Street
- 22 Dr. J Allan Walters, portrait, St. Michael's Hospital
- 23 University Health Network
- 24 Dr. Kenneth G. McKenzie, neurosurgeon
- 25 Hospital for Sick Children
- 26 Dr. Robert Pos, Toronto General Hospital
- 27 Baycrest Jewish Old Folks Home
- 28 Dr. Paul Christie, Queen Street Mental Health Centre
- 29 Dr. Donald Atcheson & Health Minister Dr. M. Dymond
- 30 Dr. Mary Jackson, Toronto Psychiatric Hospital (T.P.H.)
- 31 Dr. E.M. Jellinek, Addiction Research Foundation (A.R.F.)
- 32 E.M. Jellinek & Bill W., founder, Alcoholics Anonymous
- 33 Dr. Ruth Kajander, Lakeshore Psychiatric Hospital
- 34 Women's College Hospital
- 35 Dr. Lois Plumb, Women's College Hospital
- 36 Drs. C.B. Farrar and Duncan Graham
- 37 Clarke Institute of Psychiatry (C.I.P.)
- 38 C.I.P. entranceway with Canadian Centennial symbols

- 39 Drs. John Dewan, Aldwyn Stokes, Ken Gray, T.P.H.
- 40 Dr. John W. Lovett Doust, T.P.H., C.I.P.
- 41 Ms. Doris Leggett, T.P.H., C.I.P.
- 42 Dr. Abraham Miller, Queen Street, T.P.H., C.I.P.
- 43 Dr. Harold Kalant, A.R.F.
- 44 Dr. Oleh Hornykiewicz, T.P.H., C.I.P.
- 45 Sunnybrook Hospital
- 46 Doris Leggett, Drs. Lovett Doust & Stokes
- 47 Prof. Robin Hunter, Psychiatry Chair 1967-73
- 48 Dr. Kurt Freund, T.P.H., C.I.P.
- 49 Dr. Douglas Frayn, T.P.H., C.I.P.
- 50 Dr. Donald Coates, T.P.H., C.I.P.
- 51 David Archibald, A.R.F., caricature
- 52 Dr. Johann Mohr, C.I.P.
- 53 Dr. Edward Rosen, C.I.P.
- 54 Dr. R.J. Mahabir C.I.P. Chief Resident 1968-9
- 55 Dr. Catherine Nestor, C.I.P. Chief Resident 1971-2
- 56 Prof. Fred Lowy, Psychiatry Chair 1974-80
- 57 Dr. and Mrs. Abraham Miller, 1975, C.I.P.
- 58 Dr. Sebastian K. Littmann, 1978, C.I.P.

- 59 Dr. R.E. Turner and METFORS Board, 1976
- 60 Dr. Turner, Hon. R. McMurtry, METFORS launch
- 61 Dr. Ronald Stokes, C.I.P.
- 62 Dr. Stanley J. Freeman, C.I.P.
- 63 St. Michael's Hospital
- 64 Toronto General Hospital Psychiatrists, 1975
- 65 Dr. J. Allan Walters, Wellesley Hospital, caricature
- 66 Dr. Gary Rodin, C.I.P. Chief Resident 1976-77
- 67 Prof. Vivian Rakoff, Psychiatry Chair 1980-90
- 68 Dr. Mary Seeman, C.I.P., CAMH
- 69 Dr. Henry Duross, Queen Street, C.I.P., CAMH
- 70 Dr. Stan Freeman & Jeanette Cochrane, Alert, NWT
- 71 University Avenue west side hospitals
- 72 Dr. Joel Jeffries, C.I.P., CAMH
- 73 Drs. Saul Levine & Ken Shulman, Sunnybrook
- 74 Dr. Frank Cashman, C.I.P.
- 75 Dr. Paul S. Links, St. Michael's Hospital
- 76 Dr. Morton Beiser, SERIS
- 77 Dr. Anne Bassett, Queen Street, CAMH
- 78 Dr. Anthony Levitt, Women's College Hospital

- 79 Mid-1980s Residents, Queen Street
- 80 Dr. Joseph Beitchman, C.I.P.
- 81 Dr. Donald Zarfes, T.P.H., C.I.P.
- 82 Dr. Howard Book, Women's College Hospital
- 83 Dr. P.M. Yap, C.I.P.
- 84 Sunnybrook Psychiatrists in 1988
- 85 Dr. George Awad and Family Court Clinic 1989
- 86 Prof. Paul Garfinkel, Psychiatry Chair 1990 - 2000
- 87 Dr. Susan Abbey & colleagues, C.I.P.
- 88 Dr. Howard Barbaree, C.I.P., CAMH
- 89 Dr. Carmelina Barwick, C.I.P.
- 90 C.I.P. 25th Anniversary, 1991
- 91 Dr. P. Blake, C.I.P.
- 92 C.I.P. Gender Identity Clinic
- 93 Dr. Paula Goering, C.I.P., CAMH
- 94 Dr. David Goldbloom, C.I.P., CAMH
- 95 Dr. Gregory Brown & Erika Johansson, C.I.P.
- 96 Dr. U. Jain, C.I.P.
- 97 Dr. Helen Mayberg, Baycrest
- 98 Dr. Allan Kaplan, University Health Network

- 99 Dr. Sidney Kennedy, University Health Network
- 100 C.I.P. Positron Emission Tomography (PET)
- 101 Dr. Langevin in 1990
- 102 Drs. T. Lee, D. Helmer, S.W. Tang, C.I.P.
- 103 Dr. Bish Lipowski, C.I.P.
- 104 Dr. Jodi Lofchy (centre) & colleagues, C.I.P.
- 105 Dr. Fabio Macciardi, C.I.P., CAMH
- 106 Dr. Sam Malcolmson, Queen Street
- 107 C.I.P. Research, 1987
- 108 Dr. Samuel Noh, CAMH
- 109 Dr. Peggy Richter & colleagues, C.I.P.
- 110 Dr. Sarah Romans, Women's College Hospital
- 111 Dr. Joel Sadavoy, Mount Sinai Hospital
- 112 Dr. Isaac Sakinofsky, C.I.P., Suicide Award 1994
- 113 Drs. M. Seeman & V. Rakoff with Helena Hamilton
- 114 Drs. Zindel Segal & Christopher Webster, C.I.P.
- 115 Dr. Kenneth Shulman, Sunnybrook Hospital
- 116 C.I.P. Speech Pathology Clinic, 1991
- 117 Dr. Harvey Stancer, C.I.P.
- 118 Dr. Donna E. Stewart, University Health Network

- 119 Sunnybrook Psychiatrists in 1992
- 120 Dr. Hubert Van Tol, C.I.P., CAMH
- 121 Dr. Brenda Toner, C.I.P., CAMH
- 122 Drs. Wasylenko, Goering & colleagues, C.I.P.
- 123 Dr. David Wolfe, CAMH
- 124 "Cutouts" Queen St. sculpture, C. Greenland, C.I.P.
- 125 Dr. Trevor Young, CAMH
- 126 Dr. Robert Zipursky, CAMH
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- 135 Women's College Hospital, 2007
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- 138 Dr. Brian Hodges, University Health Network

All images were assembled from the CAMH archives, other than those of other teaching hospitals.

“ INSANITY IS ONE OF THE MOST DREADED CALAMITIES LIKELY TO OVERTAKE THE AVERAGE CIVILIZED MORTAL, AND YET A HASTY GLANCE AT THE FIGURES IN BLUE-BOOKS REVEALS THE ASTOUNDING FACT THAT IN THE PROVINCE OF ONTARIO ALONE NO LESS THAN SIX THOUSAND PATIENTS ARE DETAINED IN ASYLUMS. ”

PROF C.K. CLARKE, 1908

1907
2007



Prof. Charles K. Clarke, Psychiatry Head 1907-1924



Prof. C.K. Clarke at his Mackie Lake vacation island, ca.1920, donated by his great-grandson, Randy Dudding, to the CAMH Archives.

PSYCHIATRY'S

1ST CENTURY

KEY HISTORIC DATES

14 NOVEMBER 1907

The Board of Governors' minuted decision of 14 November 1907 signifies the founding date for the establishment of the Department of Psychiatry. Upon recommendation of President (later Sir) Robert Falconer, Dr. C.K. Clarke was "appointed Professor of Psychiatry in the Faculty of Medicine." Much later, the University's official Corporate Name Authority documentation of 1988 pegged that official act as having represented the Board of Governors' approval for the official change in terminology, from Medical Psychology and Mental Diseases to Psychiatry.

Notwithstanding, the full academic year 1907-08 represents the range of time in which the Department's founding took place since, soon after Nov. 14, 1907, there were a number of practical follow-up measures taken.

30 NOVEMBER 1907

The Faculty of Medicine's Faculty Council decided on 30 Nov. 1907 to include "Psychiatry" among the 12 subjects to be taught in the new Fifth Year of the Undergraduate program. The earlier discipline names of Medical Psychology and Mental Diseases disappeared from use. (U. of T. Archives: Faculty of Medicine, Faculty Council Minutes, A86-0027/016/02)

6 DECEMBER 1907

Professor Clarke joined the Faculty Council as a member for the first time at its meeting of December 6, 1907.

FEBRUARY 1908

A published article by Clarke appeared in the University of Toronto Monthly, 8:4 (Feb. 1908). 139-41, entitled, "The New Department of Psychiatry," outlining plans for "the Psychiatry Department just organized in the University of Toronto."

SPRING – SUMMER 1908

Evidently due to illness of the Medical Dean, Dr. R.A. Reeve, President Falconer dealt with a disagreement between Clarke and his long-time, fellow external clinical teaching colleague, Dr. Nelson H. Beemer (Superintendent of Mimico Asylum), in support of Clarke as the new department head. President Falconer wrote 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..." (UTA, President's Correspondence, 9 July 1908, A67-0007/001.)

1907-08 C. K. Clarke is appointed first Professor of Psychiatry and Head of the new Department of Psychiatry at U of T.

1909-13 Ernest Jones (subsequently renowned as Freud's biographer) operates Canada's first outpatient psychiatric clinic in Toronto.

1925 Toronto Psychiatric Hospital (TPH) opens as the departmental headquarters under second department head Clarence B. Farrar, who had studied with Kraepelin, Nissl and Alzheimer in Germany.

1947-67 Aldwyn Stokes succeeds Clarence Farrar as Head of the Department.

1960s Harvey Stancer is awarded the first professorship of psychiatric research at TPH.

1966 Clarke Institute opens on College Street, succeeding the TPH. The Clarke merges with the Addiction Research Foundation, Donwood and Queen Street to become the Centre for Addiction and Mental Health (CAMH) in 1998.

1967 Oleh Hornykiewicz, discoverer of the brain dopamine deficiency, begins his long association with the department.

1974 Toronto General Hospital (TGH) Department of Psychiatry is renamed in honour of neurologist D. Campbell Meyers.

LATE 1970S Paul Garfinkel and his colleagues establish renowned program for eating disorders.

1980-90 Vivian Rakoff negotiates the PET Brain Imaging facility for the Clarke, a world's first, which opened in 1992.

1992-2006 Drs. Kapur, Zipursky, Remington, and Phil Seeman image the effects of antipsychotics, leading to lower doses and new knowledge about the role of dopamine.

1994 Ontario Psychiatric Outreach Program is established, with Brian Hodges as director.

1997 Mary Seeman becomes the inaugural Tapscott Chair in Schizophrenia Studies.

2002 Anne Bassett is appointed Canada Research Chair in Schizophrenia Genetics.

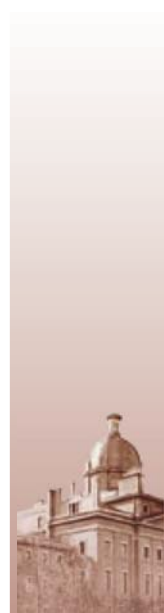
2006 Graduation of the first residency class of the department's Toronto Addis Ababa Psychiatry Project.

2006 Jeffrey Meyer's research team demonstrates that the enzyme MAO is responsible for the chemical imbalance linked to major depression.

2008 CAMH celebrates its tenth anniversary and completion of the first phase redevelopment of its Queen Street site, to establish a world-class centre for mental health and addiction care.

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THE NEW DEPARTMENT OF PSYCHIATRY

Insanity is one of the most dreaded calamities likely to overtake the average civilized mortal, and yet a hasty glance at the figures in blue-books reveals the astounding fact that in the Province of Ontario alone no less than six thousand patients are detained in asylums. To support this hopeless mass of humanity requires about one-sixth of the income of the province. Every addition to the asylum population means in the end a cost of two thousand dollars to the country.

With the development of a Psychiatric Hospital in Toronto, the Psychiatric Department just organized in the University of Toronto should be able to do work of the utmost importance to the general public and to the medical student.

The existing institutions are refuges largely for the chronics, and while staffs endeavour to treat all cases of disease coming to them in the best way possible, it is evident that this cannot be done satisfactorily in large institutions. In other words, the individual treatment required by recent cases of insanity is impossible in large asylums, where staffs are necessarily small and where the interests of the many must be considered rather than those of the few. Germany, which, up to a comparatively recent date, was far behind England and France in the care and treatment of insanity, suddenly devoted her energies to the problem and to-day has left all other countries behind in psychiatric studies. She has recognized the truth that in university centres are likely to be found the conditions most favourable to the cure of recent and incipient cases of insanity and has intelligently devoted her energies to turning her scientific experiences to practical advantage. Her Psychiatric Hospitals have placed psychiatry on a high plane; they have led to the development of new lines of investigation and research and have gone far to make possible the early treatment of insanity.

They have placed within the reach of the medical student and practitioner the possibility of acquiring some knowledge of insanity, and have shown the general public that mental disease is to be dealt with in the same manner as other diseases. Psychiatry occupies an important place in the curriculum, and in Munich, at least, a psychiatrist is the Dean of the Medical Faculty. In Great Britain, the German advance has been regarded without enthusiasm, but in America the teachings of the Kraepelin school have been freely accepted, so that at present the simple classification used is based nearly altogether on the Kraepelin conception. As this is founded on clinical experience, the old symptomatic groupings are done away with. As this is in complete harmony with the modern teachings of general medicine, the methods in vogue are easily understood by the average student.

Psychiatry has not occupied a prominent place in the curricula of Canadian universities, indeed, the subject has been kept in the background for various reasons, and in many instances students have been more interested in the vagaries and grotesque displays of the poor patient seen in the lecture-room than in the scientific aspect of the case. Such a result was inevitable and there was not sufficient time at the disposal of the lecturer to do justice to his subject, no opportunity for the student to acquire a fundamental knowledge of psychiatry, and without this he can hope to learn but little of this branch of medicine. With the development of a Psychiatric Hospital in Toronto (and we are assured that this will be built at an early date), the Psychiatric Department just organized in the University of Toronto should be able to do work of the utmost importance to the general public and to the medical student. The Clinic will be able to care for at least two thousand patients in a year, and as it is likely to be situated at a point easily reached by the student, no time will be lost in coming and going as at present.

The laboratories will be thoroughly equipped for the purposes of pathological investigation, studies of the body-fluids, bacteriology, physiology and psychology; and the research side of the work will be of just as much importance as the purely medical. How else can advance be made? A great many suppose that microscopical studies of the brain-cells are to give us a knowledge of the causation of mental diseases. It is doubtful if there is much more to be added in this direction; clever men have toiled



ceaselessly for many years and have perfected technique and laboriously correlated results. Their work has been of immense value and yet it has not laid bare the secrets we wish to learn. They have, in many instances, discovered the results but not the origin. If the treatment of insanity is to be other than empirical, we must know the causes of disease in every instance; we must have explanations for things we do not as yet clearly understand. Why, for example, should startling remissions take place in Dementia Praecox, when slight changes in metabolism occur? A hundred similar questions immediately suggest themselves. These problems must be attacked from every possible standpoint, and no single investigation following one line will succeed; the psychologist, the general pathologist, the neuro-pathologist, the psycho-pathologist, the chemist, the bacteriologist and others must combine. If this is so, surely a University Department of Psychiatry is most important, and yet a Department of Psychiatry without a Psychiatric Clinic will be sadly handicapped. To those not familiar with the methods of investigation employed in the study of the insane patient, a few words on modern methods may be of interest. Ordinarily, such a patient, when admitted to an institution, is at once put to bed and kept there for some time, perhaps a week or more, until his condition, physical and mental, is enquired into. His complete examination may take many hours; the psychological analysis alone occupying much time. His history from childhood up to date of admission is enquired into, and no sphere that is likely to afford information is left untouched. A careful analysis of blood and other body-fluids, including even the cerebro-spinal fluid when necessary, is made, and when all of the information that can be had is gathered together, the whole case is critically discussed at a conference of the staff, and the lie of treatment mapped out. The amount of detail required would surprise one not conversant with the exactions of modern medicine. To do all this requires a large staff; a far larger staff than that generally found in asylums.

Professor C.K. Clarke (left) and three of his early faculty colleagues, (left to right) Drs. Daniel Clark, Nelson Beemer and J. G. FitzGerald.

The Psychiatric Department of the University will eventually prove of value to some other departments because of its laboratory equipment and accumulation of important records. Take psychology for instance. The student of normal psychology is interested deeply by what he learns, and yet his results may not prove of as great value as would be the case were he to correlate them with those coming from a study of the abnormal. The psychological problems that are of the greatest human interest are those which are to be followed in laboratories for the study of the abnormal. Medical psychology is something more than an exercise in philosophy or physics and its results are of the greatest practical value.

To the law student the Psychiatric Department will also offer opportunities not in existence heretofore. It is proposed to send to the clinic, as in Germany, certain criminals whose mental condition is questioned. Here these subjects may be studied by those familiar with insanity and their status determined. Lectures and clinical demonstrations to law students will enable them to become familiar with certain aspects of mental disease, and, it is to be hoped, to acquire a broader conception of responsibility than that embodied in the "right and wrong in the abstract" theory, which has done duty since the day of the unfortunate MacNaughton. Yale, Harvard, Johns Hopkins and some other American universities have their Departments of Psychiatry, and all are doing excellent work, but up to the present no Psychiatric Clinic such as that in existence at Munich as been established.

The new department in the Provincial University will have a unique opportunity to set the pace in psychiatry with the establishment of a modern Clinic in Toronto, and the ambitious young Alexanders in Medicine who sigh for new worlds to conquer will find ample scope for their energies in the wards and laboratories of the Psychiatric Hospital.

C. K. CLARKE, *February 1908*



Dr. E.M. Jellinek, U.of T.,
with Bill W., founder of Alcoholics
Anonymous in 1960. CAMH Archives.



PART 1

CELEBRATING 100 YEARS

ILLUSTRATED VIGNETTES

A SAMPLING OF WATERSHED IDEAS, EVENTS AND
PERSONALITIES: TWELVE CAPSULE HISTORICAL
MILESTONES THAT REPRESENT VARIOUS ASPECTS OF A WEALTH
OF CREATIVITY FOR THE PAST CENTURY.

*These vignettes were created by John Court, Assistant Professor, assisted by Alicia Barker,
for a monthly series during the Centenary year.*

For references and further information, link to:
http://www.utpsychiatry.ca/AdministrationAndOrganization/History_DeptOfPsychiatry_rev.pdf

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OUR PREDECESSORS: LAYING THE FOUNDATION



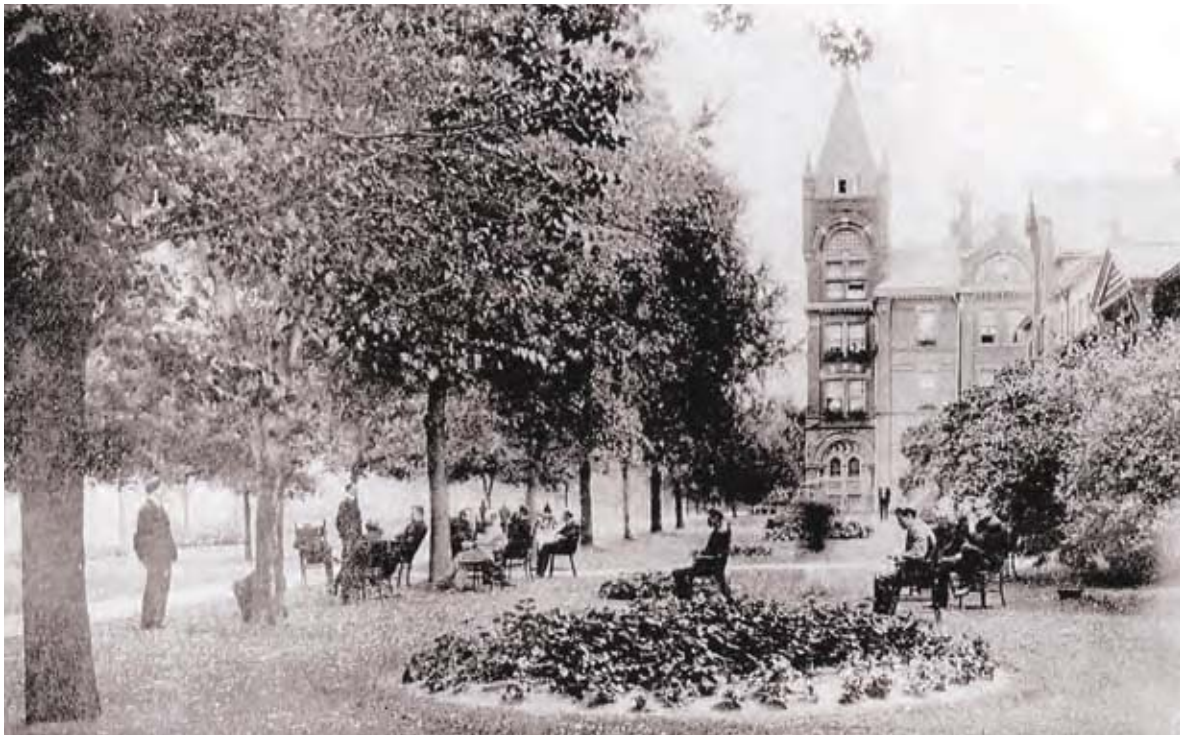
Provincial Asylum – Toronto, 1870: An unknown artist's interpretation of people enjoying the landscaped grounds of the Provincial Asylum in Toronto, opened in 1850. Colour was subsequently applied by hand to this reproduction copy of an ink drawing published in the *Canadian Illustrated News*, l:29, 21 May 1870, 456. CAMH Archives, Queen Street fonds.

In 1808 Johann Christian Reil, a professor of medicine in Halle, Germany, coined the term, “psychiatry” to mean the third arm of the art of medicine, next to physic and surgery. Toronto’s first medical school link to mental illness care came in 1845 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 (so designated in 1846) of the Upper Canada Medical Board and had long been a fervent and effective 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.” 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.

Workman took as a priority the training of medical students and physicians in “alienism” – the 19th-century psychiatric synonym for reflecting an individual’s separation from his mental and spiritual faculties. Alienism was

ILLUSTRATED VIGNETTES



People on the landscaped grounds of Mimico Asylum, later renamed Lakeshore Psychiatric Hospital – a postcard view from about 1930. CAMH Archives, P.K. Crawford fonds.

not taught separately within academic medicine, and alienists (asylum psychiatrists) were not yet a recognized medical specialty. Workman was succeeded in 1875 for a thirty-year tenure by Dr. Daniel Clark, a similarly dedicated teacher with a shared humanitarian concern for those afflicted with mental illnesses. In 1882 Clark introduced psychological medicine to the curriculum of both the University of Trinity College Medical School and the Toronto School of Medicine (TSM), 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.” Alienism was a hospital module in the reorganized U. of T. Medical Faculty’s Department of Medicine from the late 1880s, taught at Queen Street by Dr. Clark and from 1903 by Dr. Nelson Beemer at Mimico Asylum, as “Extramural Professors of Mental Diseases.”

By 1892, Daniel Clark’s lecture course was accompanied by a booklet of notes printed by the Medical Faculty. Three years later Clark’s published version, *Mental Diseases*, evidently became the first psychiatric textbook for senior medical students produced in Canada.

C. K. CLARKE – INSTITUTION BUILDER

Charles Clarke (1857-1924), appointed Toronto's first Professor of Psychiatry to head the new department in 1907, was intensely involved with all aspects of professional education – teaching, research, organization and community relations. Earlier in 1907 he participated in a government mission to Europe with special focus on Emil Kraepelin's renowned model of a clinical research, assessment and early-treatment facility, later replicated (1925) as Toronto Psychiatric Hospital.

Two decades earlier at Rockwood (Kingston) Asylum, Clarke as its new Superintendent had established Canada's first professional nursing school in a psychiatric facility. Returning to Toronto in 1905 he straightaway did likewise at Queen Street. That led to additional Registered Nursing schools, centrally integrated and teamed with general hospitals, at the province's other psychiatric hospitals. Clarke had also lectured from 1895 for Queen's University medical school. On arrival at Toronto he was appointed by Medicine's Dean R.A. Reeve, succeeding Daniel Clark and joining Nelson Beemer of Mimico, as an Extramural Professor of Mental Diseases.

While spearheading Toronto's new Psychiatry Department, Clarke continued aggressively promoting his myriad other interests. They included: locating mental illness within the somatic medical paradigm; the proposed new clinical intake and research facility; the provincial hospitals network (renamed from Asylums); social prevention and intervention strategies, notably national immigration and eugenics policies; and professional education for the allied health disciplines.



Charles Clarke in 1876 as a Toronto medical student, serving as a Clinical Assistant (extern) at Queen Street from 1874-78 and Assistant Physician, 1878-80. Studio *carte de visite* by Notman & Fraser. CAMH Archives, Clarke Family fonds, 9-19.

Now at age 50, Clarke set about recruiting and mentoring talented protégés for each sphere. Tremendously luminous in his future serology and public health career was Dr. (later Dean) J.G. (Gerry) FitzGerald, Clarke's clinical deputy at Queen Street and first departmental appointee. In 1909 Gerry was succeeded in both capacities by Britain's Freudian stalwart, Dr. Ernest Jones.

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Light-hearted caricatures of (left to right) Drs. Herbert K. Detweiler, C.K. Clarke and Eric Clarke, from Clarke, Sr.'s series of vacation cottage scrapbooks (Vol. 2, 1912-15, detail) illustrated by a talented artist who signed these remarkable ink & watercolour graphics as "Will Frost." CAMH Archives, Clarke Family fonds, 10-3.

Edward Ryan succeeded Clarke at Kingston and loyally supported development of the provincial hospitals' continuing medical (CME) and professional nursing education. Bacteriologist Herbert K. Detweiler was a remarkably astute researcher in the clinical laboratory sciences. Others who remained most closely aligned with Clarke's psychiatry and eugenics interests were his physician son, Eric Clarke, along with Clarence B. Farrar from the U.S. and C.M. (Clare) Hincks who, as with FitzGerald, Detweiler and the Clarkes, was a Toronto medical graduate.



Caricatures of (left to right) Drs. C.K. Clarke and Clarence Hincks, from vacation cottage scrapbooks (Vol. 5, ca.1918-19) illustrated by "Will Frost." CAMH Archives, Clarke Family fonds, 10-6.

ERNEST JONES – FREUD’S WIZARD IN TORONTO



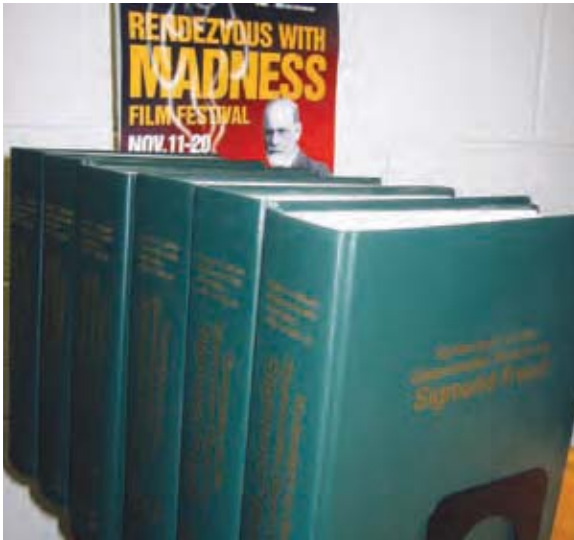
Ernest Jones on board ship in 1911 for one of his trans-Atlantic crossings each summer, 1909 to 1913.
Photo loan through the courtesy of his granddaughter, Jackie Jones, and Brenda Maddox.

Both the early career and young adulthood of Dr. Ernest Jones, “Freud’s Wizard” (the title of Brenda Maddox’s superb new biography) could fairly be characterized as checkered. While launching his stellar evolution to psychoanalysis, the impulsive and judgmentally-deficient Jones periodically instigated or compounded grave professional disgrace as well as chaotic personal life choices. At the same time, he did manage to garner selective admiration and often affection from towering figures that included medical professors William Osler, Freud, Jung and (later) Americans such as J.J. Putnam and Adolf Meyer. It was Osler, Regius Professor at Oxford,

who in 1908 took pains to persuade his fellow Canadian Charles Clarke, the newly-installed Professor of Psychiatry visiting from Toronto, to take advantage of Jones’s professional availability – left partly languishing through further blotting of his English medical, legal and social copybooks.

Well grounded in neurology, Jones added a term of study under Alzheimer and Kraepelin at the latter’s clinic in 1907. That credit would certainly have impressed Clarke, although Freud and Jung worried afterwards that Jones might “defect.” Delighted at being recruited, Jones returned again to Munich in May of 1908, “recognizing that Kraepelin’s clinic

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A set of the comprehensive, six-volume *Koncordanz* was secured by the CAMH Archives in honour of the University of Toronto Department of Psychiatry's centenary year, 2007-08, through the public-spirited donation of Jennifer Smith of Toronto, daughter of the late co-editor Dr. Philip H. Smith, Jr.

and methods were what the Canadians wanted to replicate in Toronto." (Maddox, 63) Established in Toronto from the Fall of 1908 until 1913, Jones enigmatically continued intermingling his periodic lapses, enmities and near-catastrophes with some notable professional accomplishments. From 1909

he published several landmark studies; e.g., "On the Nightmare" (reworked in German as *Der Alptraum*), and on Hamlet's Oedipal complex. His creditable and largely enduring scholarship was a product of additional time on his hands along with genuine pride in his Toronto medical faculty and hospital appointments. Freud himself believed that Jones's 1911 promotion to Associate Professor (until his 1913 separation) would enhance the cause of psychoanalysis, and wrote to congratulate him as: "My dear Professor Jones, I rejoice in giving you this new title..." (*Corresp.*, 5 Nov. 1911).

Ultimately the official core canon of Freud's psychoanalytic works extended to 19 volumes, 24 in English. Interpreting their vast, technical vocabulary into English was a problem with which Freud's translators perennially grappled. Scholars on the evolution of Freudian concepts trace their origin and variations from the original German – a process made straightforward via the 1996 computer-aided *Koncordanz*, published in Canada, of all Freudian German terminology. For example, the entry for *Alptraum* indicates that Jones's 1910 study was preceded by a Freud citation in 1900 (*Gesammelten Werken*, v.2, 37) and followed in v.15 (1933) by seven mentions.

Brenda Maddox, *Freud's Wizard: Ernest Jones and the Transformation of Psychoanalysis*. UK: John Murray (Publishers), 2006. USA: Da Capo Press/ Perseus Books, 2007.

R. Andrew Paskauskas (ed.), *The Complete Correspondence of Sigmund Freud and Ernest Jones, 1908 – 1939*. USA & UK: Belknap/ Harvard University Press, 1993.

Samuel A. Guttman, Stephen M. Parrish, John Ruffing, and Philip H. Smith, Jr. (eds.), *Koncordanz zu den Gesammelten Werken von Sigmund Freud* (6 volumes). North Waterloo Academic Press, 1996. <http://www.nwap.on.ca/freud.html>

PROF. C.B. FARRAR AND CANADA'S FIRST PSYCHIATRIC RESIDENCY PROGRAM

Dr. Clarence B. Farrar (1874–1970) was hand-picked by Prof. Charles Clarke, the University of Toronto's inaugural head of Psychiatry, to succeed him in both that chair and as the first Director of the Toronto Psychiatric Hospital (TPH), opening in 1925. Farrar served in those capacities until 1947, setting the stage for the TPH to continue as the Department's clinical, teaching, research and administrative nexus until succeeded in 1966 by the Clarke Institute.

"C.B.," as he was known, had trained under several of the foremost medical scholars of his era, beginning with Prof. William Osler and the other founders of the Johns Hopkins medical school. C.B. remained a dedicated "Oslerian" for life. Then in 1902–04 he studied in Heidelberg at the renowned scientific psychiatry clinics and labs of Kraepelin, Nissl and Alzheimer. Returning to the Sheppard-Pratt Hospital in Baltimore under Stewart Paton, Farrar befriended a fellow house staff physician who pointed him to his Toronto destiny – Dr. J.G. FitzGerald, later the founder of Toronto's Connaught Laboratories and School of Hygiene, ultimately Dean of Medicine.

Returning to Toronto as Prof. Clarke's clinical director at Queen Street, FitzGerald introduced Farrar to his future Canadian mentor-sponsor. Clarke and C.B. profoundly shared convictions based around 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. Captain Farrar contacted Canadian and North-eastern U.S. facilities to study their residential programs. He then prepared recommendations to the Canada Defence Department aimed at replacing the temporary Soldiers' Re-establishment facility at Cobourg, of

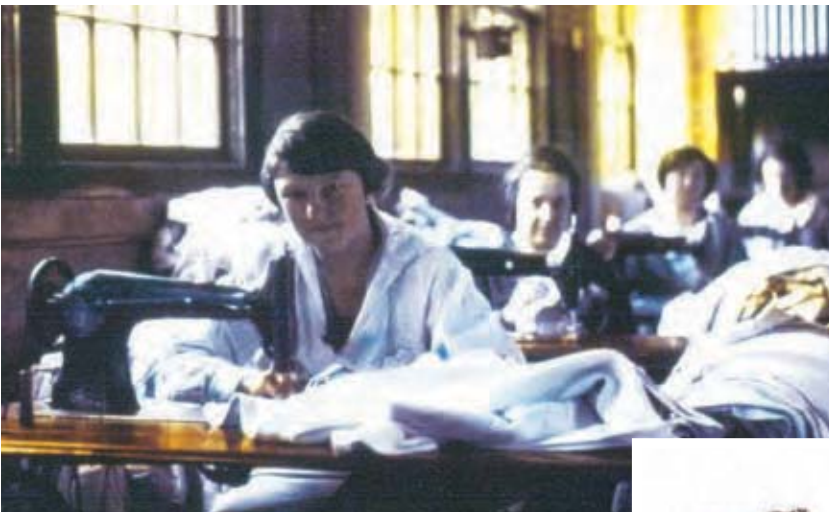


A study for Dr. Farrar's portrait (CAMH Library) by Archibald Barnes, RCA. Farrar admired "Archie's" earlier training with John Singer Sargent, portraitist of the iconic *Four Doctors* of Johns Hopkins U.

which he was in charge until 1923. Illustrated here are some of the images that he gathered, most of them originally as glass negatives or lantern slides.

C.B. published scholarly articles in this field, one of which with C.K. Clarke (1920) examined 1,000 psychiatric cases of returning Canadian soldiers. They also 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." Launching the TPH in 1925, Farrar set about rectifying this shortage of medical staff trained in psychiatry, also welcoming students for psychiatric training in nursing and other allied

ILLUSTRATED VIGNETTES



Sample images from C.B. Farrar's research collection in occupational therapy and other rehabilitation programs and facilities for women, children and men.



disciplines. By 1936 Farrar could report to the Association of American Medical Colleges 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. Farrar reported 15 years later that 87 diplomas had been awarded. By 1966 when TPH closed and the torch was passed to the Clarke Institute of Psychiatry, 358 physicians in total had been enrolled for graduate training.

With appreciation to Mrs. Joan Farrar for her personal recollections.

Edward Shorter, "C. B. Farrar: A Life," in T.P.H.: *History and Memories of Toronto Psychiatric Hospital, 1925 – 1966* (Toronto: Wall & Emerson, 1996).

University of Toronto Archives and CAMH Archives: Dr. C. B. Farrar holdings.

CANADA'S FIRST WOMEN POSTGRADUATES IN PSYCHIATRY

Ruth MacLachlan, a senior medical undergraduate, married one of her University of Toronto research professors, William Franks in 1925. Their happy union reflected none of the limitations that often constricted women of that and earlier eras. Graduating the following year to intern at Women's College Hospital and the Toronto Psychiatric Hospital (TPH), Ruth began practising psychiatry (not a separately-licensed RCPSC specialty until 1945) at the Toronto Children's Aid Society, Juvenile Court, Infants' Home and Industrial Refuge. She and her junior colleague, Dr. Mary V. Jackson (Meds 2T9) then began studying with Prof. C.B. Farrar at TPH in 1930, just before he established Canada's first postgraduate university psychiatry residency program. Ruth then became their inaugural Fellow and a Lecturer, while Mary was the first woman resident.

Dr. Jack Griffin recalled in 1992 that Dr. Franks collaborated closely with Farrar. "I remember a sharp argument I had with her on the teaching of psychiatry at Toronto. I felt it was altogether lacking in a dynamic psychology and psychoanalysis. (C.B. Farrar was notoriously critical of psychoanalysis.)

She rigorously defended C.B., arguing that his approach was very dynamic. We disagreed at the time. As I grow older, I begin to believe she was probably right." (Gold, 8)

During the next two decades, over 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, both Drs. Franks and Jackson became Toronto faculty members. In addition, Ruth Franks was the first woman psychiatrist in Canada to earn



Toronto Medical Faculty graduation photo, 1926, for Dr. Ruth MacLachlan Franks (1898 – 1962), Canada's first woman to enrol in a university – hospital postgraduate psychiatry program

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.

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The other eight pioneering women residents, and the locales in which their practices were based in 1950, are listed in the approximate order that they undertook Psychiatry training at Toronto. Doctors:

Anna W. Martins (Hamilton)
Olive J. Stewart (St. Thomas)
R. Viola Rose (Brantford)
Ida M. (Brill) McDonald (Teeswater)
Florence A. (Griffiths) Scott (Toronto, Cdn. Nat. Ctte. for Mental Hygiene – later the CMHA)
L. Isobel Rigg (St. Thomas)
Margaret Thompson (Toronto, Queen Street)
Lila Frances (Coates) Maltby (Toronto)



Dr. Mary V. Jackson (1905 – 1991), shown (far left) at a 1976 meeting of the Toronto History of Psychiatry Group, enrolled as a postgraduate resident in Psychiatry at Toronto in 1930, ultimately rising higher in academic, administrative and professional posts than any previous Canadian woman psychiatrist



Ms. J. Doris Leggett (d.1998) served as an administrative staff member and the Departmental Secretary for the University of Toronto's Department of Psychiatry from 1931 to 1978. Doris was also present at the History of Psychiatry 1976 meeting (left, third-right).

Judith H. Gold et al., *Pioneers All – Women Psychiatrists in Canada: A History* (CPA 1995).

Rose Sheinin and Alan Bakes, *Women and Medicine in Toronto Since 1883: A Who's Who* (University of Toronto, Faculty of Medicine, 1987).

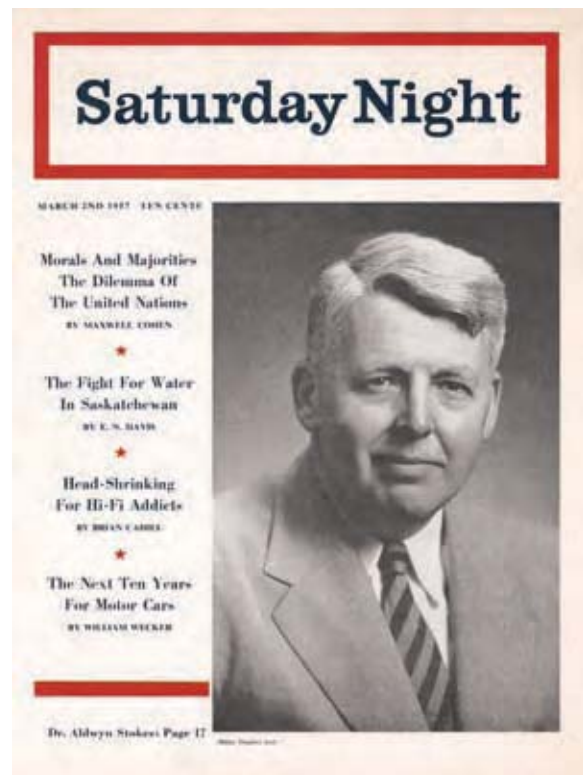
CAMH Archives: 1950 Biographical Dictionary of Canadian Psychiatrists and other holdings.

MID-CENTURY SOCIAL SCIENTISTS

In 1957, as the University of Toronto's Department of Psychiatry reached its 50th anniversary, Dr. Aldwyn 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 (LL.D. Tor., 1966), 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 related 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.

Five years earlier the CMHA's new general director, Dr. Jack Griffin, had joined with sociologist John Seeley, a Stokes recruit who spearheaded the landmark Forest Hill ("Crestwood Heights") project, in observing: "Like education, the field of mental health has learned to depend on the contributions of many different scientific points of view and methods. It is no longer a medical monopoly... Even the diagnosis and treatment of the mentally ill, to an increasing extent, is a matter of teamwork. In the field of preventive psychiatry or 'mental hygiene' the need for a many-sided participation of professions is even more marked."

Their article was intended to counter assertions from conservative critics that social scientists' involvement with schools was a matter of introducing frills at the expense of knowledge – most prominently articulated in Canada through Hilda Neatby's book the following year, *So Little for the Mind*. Griffin and Seeley noted, however, that the Forest Hill Village Experiment's three aspects



Dr. Aldwyn B. Stokes, the University of Toronto's Professor and Head of Psychiatry, 1947 to 1967, on the cover of *Saturday Night*, March 1957. Photos courtesy of the CAMH Archives



Dr. E.M. Jellinek (left) of the University of Toronto and A.R.F., with Bill W., co-founder of Alcoholics Anonymous (A.A.) at a conference in Banff, 1960

ILLUSTRATED VIGNETTES

involved practical enhancements of service to the schools, training of teachers and consultants, and research in paedagogy. Toronto psychology faculty had long been pioneers in the learning development of children in the context of their schooling, notably Drs. William E. Blatz and William Line, from the 1920s. The former founded the Institute of Child Study (ICS). Bill Line pursued a distinguished career as a UNESCO, WHO, CMHA, military and educational consultant.

No less vital to his own field was Dr. Elvin M. Jellinek (1891–1964), “who did more than anyone else could ever do in one lifetime to develop scientific knowledge and therapeutic and preventive activity in relation to alcoholism...” (*Am. J. Psychiatry*). A faculty member in the Psychiatry Department for four years, from his 1958 arrival in Toronto



Eminent social scientists (early 1950s): psychologist Dr. William Line, OBE; H. Edmond Bullis, a U.S. mental health official; sociologist John R. Seeley; and C.M.H.A. head Dr. Jack Griffin, a psychiatrist and psychologist

until departing for Stanford, “Bunky” Jellinek also consulted for Ontario’s Addiction Research Foundation (ARF) as well as its Alberta counterpart. The ARF founding Executive Director, David Archibald subsequently eulogized Dr. Jellinek as “a world scholar of international renown, to whom students (and we were all his students) turned automatically to seek inspiration and to tap his store of wisdom.”



Dr. William E. Blatz (1895–1964), founder of the Institute of Child Study, University of Toronto

J.D. Griffin and J.R. Seeley, “Education for Mental Health,” *Canadian Education*, 7:3, 1952.

Hilda Neatby, *So Little for the Mind*, Clarke Irwin, 1953.

J.R. Seeley et al., *Crestwood Heights: A Study of the Culture of Suburban Life*, Basic Books, 1956.

Paul Babarik, “Profile: William Line (1897-1964),” *The Ontario Psychologist*, 8:5, 1976.

CAMH Archives, ARF fonds, Dr. E.M. Jellinek Historical File and related holdings.

TORONTO PSYCHIATRY'S GENERAL HOSPITAL ORIGINS

The University of Toronto Medical Faculty was re-established in 1887, following a 34-year hiatus while the university was limited to examining other institutions' medical students. Over the next 20 years perspectives for diagnosing and treating mental illness, until the Psychiatry Department was formed in 1907-08, were taught in two divisions of the U. of T. Department of Medicine. Firstly, superintendents of Toronto's two asylums lectured and gave clinical instruction on their wards on what they termed psychological medicine or mental diseases. Secondly at the general hospitals, where the Departments of Medicine were not yet sub-specialized, their neurologists and general practitioners grappled tentatively with neurological disorders of the mind as well as the body.

From 1894, psychiatric neurology began to emerge in Toronto around Dr. D. Campbell Meyers (1863–1927), initially based at his private Neurological Hospital on Heath Street. By 1905 Meyers was also "Neurologist to St. Michael's Hospital." The following year he moved to Toronto General Hospital to establish his new Neurological Ward – Canada's first general hospital psychiatric ward. But as well he campaigned (unsuccessfully) within the medical



In 1906, Dr. D. Campbell Meyers joined the Toronto General Hospital (TGH) staff to launch Canada's first psychiatric unit in a general hospital.



Psychiatrists at TGH about 1975, including (l. to r.) Drs. Albert Leung, Ken MacRitchie, Glenn Renecker, Bob Worling (Deputy), Robert Pos (Psychiatrist-in-Chief), Gail Robinson, Peter Brawley, Harvey Freedman, Arthur Jones, John Flannery. Photo: CAMH Archives, Robert Pos fonds.

profession to impose dominance for the idea of general hospital neurology units, in preference to the Kraepelinian reception hospital model advocated by C.K. Clarke. Meyers envisaged hospital neuro-psychiatric wards providing intake and observation for all new cases of people "alleged to be mentally unsound." Those units should then also provide treatment for patients not under certification who presented with "early or mild cases of insanity, neurasthenia... delirium due to fever, etc." Along with generally improved treatment outcomes, Meyers believed there would be medical and nursing education advantages. Instruction within a general medical facility would help to attune future GPs and nurses to early psychiatric indications and to offering primary intervention.

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Members of the Psychiatry Departments of Sunnybrook (left) about 1992, and Women's College Hospital in 2007 (right).

Believing that neurologists were inadequately trained for treating mental patients, however, Prof. Clarke in 1909 opened Canada's first outpatient psychiatric clinic under the auspices of Queen Street's Dr. Ernest Jones, recently arrived from Britain. Head of Psychiatry and Dean of Medicine, by 1911 Clarke was also the newly-appointed Superintendent of TGH. With his campaign for a new U. of T. psychiatric reception hospital gradually moving forward, he "made his philosophy as well as his actions in the matter unambivalently clear" (as Meyers's 1975 biographers aptly observed) by closing the TGH Nervous Ward and dropping Dr. Meyers from the medical staff.

Later generations of psychiatrists joined the staff of TGH and other hospitals. But rather than forming a psychiatry department they practised until 1967 under what Dr. J. Allan Walters termed

"the Toronto arrangement"— all psychiatrists were appointed to their hospital's Department of Medicine, with academic appointments to the university's Departments of Medicine and Psychiatry. Then on Canada Day, 1967 TGH launched its hospital Department of Psychiatry, separated from Medicine, and soon after named it in honour of Dr. Campbell Meyers. Today the vital matter of integrating psyche, soma and society reflects the purpose of the Psychiatry, Health and Disease Program within the U. of T. Department of Psychiatry, focusing on "the relationship among psychological, biological and social factors in the expression of symptoms and disease." This program is based at six of Toronto's university-affiliated teaching hospitals: University Health Network, Mount Sinai Hospital, St. Michael's Hospital, Sunnybrook Health Sciences Centre, Women's College Hospital and the Hospital for Sick Children.

D. Campbell Meyers, "Neurology and the Prevention of Insanity in the Poor," 1905 address (unpubl.).

J. Allan Walters, "The Organization of Psychiatry in a General Hospital," with related ms. articles and minutes dated during 1964 (CAMH Archives, J.Allan Walters fonds).

Robert Pos, J. Allan Walters and Frank G. Sommers, "D. Campbell Meyers, MD: Pioneer of Canadian General Hospital Psychiatry," *Can. Psychiatr. Assoc. J.*, Vol. 20 (1975), 393-403.

FROM ASYLUMS TO SMALLER FACILITIES AND COMMUNITY CARE

Ontario's asylum era, when large-scale psychiatric hospitals were constructed, lasted less than a century. The Provincial Lunatic Asylum (Queen Street) opened in 1850 and the last, St. Thomas Provincial Psychiatric Hospital (PPH) opened in Premier Mitch Hepburn's constituency in 1939. Long before, however, the asylums' potential advantages in size and scale had been steadily dwarfed by overcrowding, understaffing, and a sense of separation from the regions they were meant to serve. Those with a massive but declining physical presence seemed to intensify attitudes of stigma. The 19th-century Kirkbride plan of monumental structures with striking architecture soon yielded to the cottage style. Queen Street's Superintendent Daniel Clark and the provincial architect, Kivas Tully oversaw that concept for Mimico Branch Asylum (Lakeshore) in the 1880s. His successor, C.K. Clarke also advocated modest structures for both Whitby and the university "reception hospital" (TPH).

Strategies for mental illness prevention that emerged after WW1 were ineffective and divisive, focused largely on eugenics. More success was realized through an explosion of new, institutionally-based physical and chemical therapies, such as for pellagra, neurosyphilis and catatonia. A 1937 study by U.S. experts reported, however, that the PPH network's facilities were badly deteriorated and on the whole had sunk "to a lamentable plane of incapacity." Staff shortages were intensified during WW2. Half of Ontario's mental hospital physicians, among others, left for military service, and many did not return.

After the war private practice in psychiatry came even further into vogue, exacerbating hospital recruitment while at least placing services in reach of many community members in that setting. Prof. C.B. Farrar observed that from 1948 the Federal government supported the rise of general hospital psychiatric units, leveraging provincial support. By 1952: "The need for psychiatric services in general hospitals is appreciated in all parts of Canada and such services are widely used for instructional



Dr. Ruth Koepple Kajander presented her findings to Ontario's psychiatrists on the psychiatric efficacy of cpz in Nov. 1953, just prior to Dr. Heinz Lehmann's initial publication.



A women's dormitory ward in the 1850 Provincial Asylum wing (demolished 1976) at Queen Street, ca.1970. Photos: CAMH Archives.

purposes." Those in 1952 Toronto were TGH, Western and Wellesley, joined by Sunnybrook veterans' hospital, "including a spacious neuro-psychiatric division (180 beds), which serves as one of the training centres for the University of Toronto."

More novel still was the advent of community mental health clinics, served by psychiatrists, nurses, psychologists and social workers. Nationally they grew from 14 centres in 1948 to more than 50 by 1952, in all provinces. The combined momentum from those alternate clinical settings proved insufficient, however, to keep pace with long-range de-institutionalization, steadily ensuing from the advent of chlorpromazine (cpz) in 1953 and reserpine (1955). The psychopharmacology "revolution" that began in France emerged in North American psychiatry through initial clinical studies of the psychiatric efficacy of cpz by two young European-Canadians: – Dr. Heinz Lehmann of Montreal, later world-renowned; and independently by Dr. Ruth Koepple (Kajander) at the Ontario

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Investigators from the Health Systems Research Unit at the Clarke Institute of Psychiatry in the mid-1980s, including Drs. Donald Wasylenki and Paula Goering (2nd & 3rd left). The Unit carried out important and influential studies of the impact of community-based mental health supports and services.

Hospital, London, who went on to complete her U. of T. Psychiatry postgraduate diploma in 1956. By the mid-1960s Ontario's Health ministry had determined that its large-scale, overcrowded asylums would ultimately be superseded in caring for serious mental illness by smaller hospitals, situated more accessibly to their catchment areas and integrated with a spectrum of community facilities and services. As well, the general hospital psychiatric units (GHPUs) would play a larger role. This service model gained impetus from the CMHA's *More for the Mind* (1963) recommendations. The following year's federal Royal Commission on Health Services' findings were consistent, while boldly declaring that: "Any distinction in the care of physically and mentally ill individuals should be eschewed as unscientific for all time."

Regrettably, studies in the late 1970s showed "that GHPUs were not caring for the population for which

they were established." The most severely ill, Prof. Donald Wasylenki recorded, "were left to rely on provincial hospitals with far fewer resources." The provinces responded by funding community programs to address these shortcomings – some 400 programs in Ontario alone. Small and uncoordinated, however, they remained isolated, one of "three solitudes" along with the provincial hospitals and GHPUs. Patients discharged from psychiatric facilities did poorly, while accountability was lost.

In Wasylenki's "third and current phase, the emphasis is on evidence," following an intensive process of articulating eight key reform issues and defining a best-practices framework. Both hospital groups were re-integrated for planning better links between facilities and community-based care. There is also "a greater emphasis on public safety," involving expanded criteria for involuntary hospitalization and community treatment orders. These forces are now in play. The newly formed Mental Health Commission of Canada, with its goal to articulate a national mental health strategy, seems poised to support the evolution of a balanced system of hospital and community-based care.



Former Lakeshore PPH, Cumberland House (Superintendent's residence), ca.1987, in adaptive re-use as a residence for a community health agency – the Jean Tweed Centre for women and their families with substance abuse and gambling problems.

C.B. Farrar, MD, "Psychiatry in Canada," ms., 1951-2 (CAMH Archives, Clarke Institute of Psychiatry fonds).

Ruth Koeppel, MD, "Largactil in Psychiatry," oral presentation, transcribed in *Papers Given at the Meetings of the Ontario Neuropsychiatric Association... at the Ontario Hospital, Whitby*, November 27, 1953.

E. Hudson (ed.), *The Provincial Asylum in Toronto: Reflections on Social and Architectural History*, 2000.

Donald Wasylenki, MD, "The Paradigm Shift from Institution to Community," chap. 7, in Q. Rae-Grant, MD (ed.), *Psychiatry in Canada: 50 Years (1951 to 2001)*, Canadian Psychiatric Association, 2001.

THE PSYCHIATRIC IMPACT OF BRAIN IMAGING

The human brain was largely a mystery until the advent of modern brain imaging. The now-primitive XRay gave us our first glance of the living brain when it was introduced for use in psychiatry in the 1960s. Psychiatrists were now able to see an image of the living brain for the first time. The progression of modern brain imaging technology was highly impacted by the invention and use of non-invasive PET technology for psychiatry in the mid-1980s. Now, the very chemistry of the living brain was subject to examination while a patient remained alive, conscious, and unharmed. The main challenge that had, until the advent of modern medical imaging, plagued psychiatry was the inability to physically assess and treat the affected organ – the living brain.

The Vivian M. Rakoff PET Centre, housed at the CAMH College Street site (formerly the Clarke Institute of Psychiatry), opened its doors in 1992 thanks to government funding secured by its namesake four years prior. PET technology is used in psychiatry primarily to understand the pathophysiology of illnesses and to assess the effects of pharmacological treatment. The PET Centre serves today as a worldwide leader in psychiatry research, providing the psychiatric community with leading-edge breakthroughs. With these successes, Dr. Houle, the PET Centre



In October 1992 Dr. Alan Wilson, Chief Radiochemist, demonstrated the new Vivian M. Rakoff PET Centre's technology.



In 1989 Prof. Vivian M. Rakoff, then U. of T. Chair of Psychiatry and Director, Clarke Institute, broke ground for constructing Canada's first positron emission tomography (PET) centre for psychiatry.

director, has obtained external funding for two new state-of-the-art PET scanners and an additional cyclotron, thereby expanding the facility into the most productive research PET centre in psychiatry worldwide, particularly in the areas of major depressive disorder and schizophrenia.

Significant breakthroughs in the area of major depressive disorder occurred via a combination of novel radioligand development by chief radiochemist Dr. Alan Wilson, and innovative applications in major depressive disorder led by Dr. Jeffrey Meyer. As head of the neurochemical imaging program in mood disorders, Dr. Meyer led a series of discoveries that related monoamine abnormalities to specific symptoms, and delineated key mechanisms of monoamine loss. These discoveries were collectively linked together in a 2006 study in the Archives of General Psychiatry describing elevated levels of MAO-A in the depressed brain and a new

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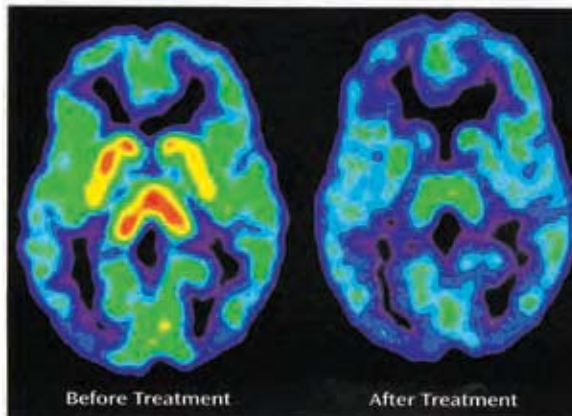
The CAMH professional team for PET imaging, photographed in the mid-1990s, included (left to right) Drs. Jean DaSilva, Shitij Kapur, Alan Wilson and the Director, Dr. Sylvain Houle.

explanation for the monoamine abnormalities (also called “chemical imbalance”) in living depressed subjects. In a different set of studies, Dr. Meyer applied the [11C] DASB radioligand technology (created by Drs. Wilson and Houle) and established for the first time that at therapeutic dosing of antidepressants, 80 per cent of serotonin transporter sites are blocked. This 80 per cent target is now the benchmark for determining the dose of new antidepressants in development worldwide, thereby speeding up the development of next generation antidepressants.

Dr. Kapur, formerly the University's Canada Research Chair in Schizophrenia and Therapeutic Neurosciences, and Vice President for Research at CAMH, explored the role of the neurotransmitters dopamine and serotonin in reaction to antipsychotic medications in a range of studies. A key finding in the mid-1990s was that antipsychotic medications blocked a high proportion of target sites at low dose. This finding occurred at the same time that Dr. Zipursky's group in the schizophrenia division found that low doses of antipsychotic treatment can be therapeutic in clinical trial. As a result, Dr. Kapur's findings provided a compelling case for lower doses of antipsychotics, thereby optimizing treatment while considerably reducing many associated crippling side-effects.

Brain imaging has expanded psychiatry's armamentarium for understanding and addressing the biological basis of mental illness, through uncovering empirical evidence to identify and clinically address its demonstrably disabling aspects. As for the future, with no technology in the field of medicine advancing more rapidly than brain imaging, the implications for psychiatric developments seem vast and limitless.

FIGURE 1. Effect of Citalopram^a on [11C]DASB PET Scan of the Serotonin Transporter in a Depressed Subject



An example of research at the PET Centre as reported by Jeffrey Meyer *et al.*, “Occupancy of Serotonin Transporters by Paroxetine and Citalopram During Treatment of Depression: A [11C]DASB PET Imaging Study,” *Am. J. Psychiatry* 2001; 158: 1843–9.

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Houle, Dr. S., Kennedy, Dr. J., Meyer, Dr. J. and Voineskos, Dr. A., personal communications, 2008.

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First 3 photos - CAMH Archives

GENETICS IN PSYCHIATRY

Understanding the genetic link to mental illness is an ongoing challenge. Psychiatry and related fields have explored genetics for more than a century. Early epidemiological research, and later technological advancements in molecular biology, helped establish clearer, more scientific links to mental illness. Today, while no single gene has been identified as causing psychiatric illness, there are many exciting advances building on the research of the past century.

During WW2 the eminent British psychiatrist and geneticist, Dr. Lionel Penrose served as Ontario's Director of Psychiatric Research, primarily in London, Ontario with periodic Toronto visits. His 1940-44 study involving 5,000 pairs of relatives with psychiatric illness comprised data collected from all mental institutions in Ontario. This study was re-investigated by Dr. Anne Bassett at the University of Toronto and her colleagues in the 1990s. With assistance from the pre-CAMH Archives at Queen Street, Dr. Bassett was able to access original data from Dr. Penrose's Ontario research, publishing several studies based on his data in addition to her own.

Dr. Bassett acknowledges Dr. Penrose as influential in her career because he "used traditional genetic approaches with a modern twist." Her pioneering studies on 22q11.2 Deletion Syndrome (22qDS), a subtype of schizophrenia, are world renowned. 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 (2008, in press). This diagnosis changes management and Dr. Bassett's findings translate directly into the clinic. As Canada Research Chair in Schizophrenia Genetics she has worked with Dr. Linda Brzustowicz to identify several candidate genes for mental illness. Their discovery of a candidate gene on Chromosome 1 called NOS1AP (or "CAPON") implicating the glutamate system is significant for understanding the genetic foundation of serious mental illness. Yet genetics remains an area of debate. Dr. Bassett acknowledged that "until



Dr. Lionel Penrose about 1965, seated at Fr. Gregor Mendel's desk in St. Thomas Abbey in Brno (now Czech Republic), with Fr. Mendel's portrait hanging above. Photo courtesy of the Penrose family, Dr. Joseph Berg and CAMH Archives.



Dr. Anne Bassett was appointed in 2002 as Canada Research Chair in Schizophrenia Genetics at CAMH and U of T. Focussing on discovering genetic factors underlying schizophrenia, Dr. Bassett's studies involve genetic subtypes of schizophrenia including families with inherited forms of the illness and individuals with 22q11.2 Deletion Syndrome and other genetic syndromes. Photo: CAMH Archives.

we know the genetic underpinnings, we won't be able to understand the effect of possible non-genetic factors in contributing to the onset of mental illness."

ILLUSTRATED VIGNETTES



2007 Krembil Epigenetics Laboratory members.

Dr. James Kennedy is also researching 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. In addition Dr. Kennedy is investigating genetic factors that may predict response and side effects to psychiatric medications. He is also interested in the integration of molecular genetics and neuroimaging as a combination approach for understanding brain structure and function.

The role of epigenetics in mental illness has emerged as highly relevant – lately receiving heightened media attention. 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. The regulation of the DNA sequence is orchestrated by epigenetic factors.

The study of factors that regulate the DNA sequence 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 is the first and only fully-dedicated psychiatric epigenetic laboratory in the world. A study conducted by Dr. Petronis and his team (2008) examined 12,000 genes of schizophrenic and bipolar patients. This project resulted in the discovery of notable differences in the methylation of 40 specific genes in comparison with the control group. The study will, no doubt, lay the groundwork for more detailed endeavours in search of an understanding of the genetic ties to mental illness.



The highlighted chromosomes may appear identical in terms of the genetic coding but there is a second layer of epigenetic information – more specifically, methylation of DNA – that could differ significantly despite the genetic identity. (Cover diagram of *Nucleic Acid Research*, 2006, 34:2.) Photos courtesy of CAMH, Krembil Lab.

Dr. A. Bassett and Dr. A. Petronis, personal communications, March 2008.

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ADDICTION PSYCHIATRY AND MENTAL HEALTH

Institutional care late in the 19th century at asylums and private retreats dovetailed for both the severely addicted and mentally ill, although this conjunction remained controversial for most of the 20th century. The relationship was then believed to be a causal one. Queen Street's Superintendent Daniel Clark reported (1879) that he and his predecessor, Joseph Workman had concluded from analyzing admission assessments over time that "intemperance" was the cause of mental illness for about 10% of their patients. Clark cited corroboration from Britain's eminent asylum care scholar, Dr. Hack Tuke who had "calculated the percentage of cases caused by intemperance in the Asylums of England" to be a consistent 12%.

In 1902, the Ontario Society for the Reformation of Inebriates was founded as the first significant Canadian organization to promote the notion that "alcoholism was a disease for which justice, without the helping hand, was no cure" (el-Guebaly, 67). The Society was responsible for directing inebriate prisoners out of jails and into a special ward of the Toronto General Hospital. Everyone agreed that better interventions were needed. Frustrations were longstanding with the failed mandates of the temperance movement, legal and correctional systems to reduce substance abuse and addiction-related deviance. But whether the medical model should be applied to addictions, and which professionals were best suited to treat those so afflicted, provoked a spectrum of heated opinions.

With care for the mentally ill improving by the 1940s, interest grew for investigating the problems relating to alcohol. This led to the founding after WW2 of the "Alcohol Research Foundation" and the Donwood Institute – the latter as the first public hospital specializing in addiction. Thus when the 1950s' innovations in psychopharmacology showed promise in trials with addiction sufferers, optimism began to grow for approaching addiction as rooted, *not* in social deviancy nor moral weakness, but in clinical disharmonies of the mind and body. Dr. E.M. Jellinek, prominently associated with exploring the biological bases for alcoholism,



From 1949 the Addiction Research Foundation (ARF) undertook a broad spectrum of specialized and public education for advancing prevention, treatment, research and public understanding. These students and staff attended the sixth annual two-week Summer Course in 1967, held that year at the University of Windsor.



The ARF School for Addiction Studies trained staff and allied professionals at this former Rosedale mansion, 1978–90. U. of T. medical education was affiliated with the ARF Clinical Division at the campus headquarters building.

joined the Department of Psychiatry at U of T. in 1958, also serving as a consultant to the (re-named) Alcoholism and Drug Addiction Research Foundation.

By the 1980s the medical community was able to capitalize on the considerable overlap between substance abuse and psychiatric disorders. The Addiction Psychiatry program was established in the Psychiatry Department 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

ILLUSTRATED VIGNETTES



Founded in 1946 by Dr. Gordon Bell as a clinic in his home, the Donwood Institute was a public hospital specializing in preventing and reducing harm from addiction to alcohol, drugs, tobacco and gambling. It was merged with the ARF, Clarke Institute and Queen Street to form CAMH in 1998.

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 also provides leadership in addictions evaluation and treatment. The training program in the psychiatry residency is implemented by site coordinators at Toronto's teaching hospitals, largely based at CAMH, with a faculty of over 25 physicians and other healthpractitioners. Dr. Tony George, Program Head, has made significant contributions to the understanding of addictions through studies pertaining to the relationship of tobacco addiction in people with serious mental illness. Dr. George's focus lies in development of methods to treat and prevent addiction that work in the real world for the largest number of individuals. Also involved in tobacco addiction treatment research is Dr. Peter Selby, Clinical Director of the CAMH Addictions Program, who is currently principal

investigator of the Smoking Treatment for Ontario Patients (STOP) program. The STOP program was introduced in 2006 as the first of its kind in Canada to address the methods for, and effectiveness of providing mass dissemination of Nicotine Replacement Therapy (NRT) to smokers in Ontario. These and other Addiction Psychiatry clinical researchers are working with other neuroscientists, clinicians and social policy scientists to develop novel and more effective treatments for addictions and improved systems for delivering addictions care, with a particular emphasis on psychiatric populations (e.g., concurrent disorders), tobacco addiction and gambling disorders.

Addiction psychiatry is looking toward broadening the scope for prevention, treatment, and the potential for personalizing patients' care. Drawing upon partnerships in psychopharmacology, brain imaging, genetics, preventive medicine and early detection of addiction and mental disorders, addiction psychiatry remains a vital field.



Drs. Rachel Tyndale, Tony George, Bernard LeFoll and Peter Selby, the current leaders of the CAMH and Department of Psychiatry's transdisciplinary tobacco clinical research team. Photo (2008): Howard Chow.

Dr. Tony George, personal communications, 2008.

Daniel Clark (1879), *Annual Report of the Superintendent, Asylum for the Insane, Toronto*. Queen's Printer.

Nady el-Guebaly (1996), "Addiction Psychiatry and Management of Substance-Related Disorders," chap. 11 in *Images in Psychiatry: Canada*, Quentin Rae-Grant (ed.). Washington: American Psychiatric Press, Inc.

Paul Devenyi (1968), "What Can the Medical Profession Contribute to the Treatment and Study of Alcoholism," Addiction Research Foundation, substudy 23-1968. CAMH Archives, ARF 48-32.

First three photos: CAMH Archives.

DR. ABRAHAM MILLER – CONSUMMATE CLINICAL TEACHER FOR SIXTY YEARS



Dr. Abraham Miller, 1965.

Appointed to the faculty of the U. of T. Department of Psychiatry in 1948, and now in his 98th year, Dr. Abraham (Ab, pronounced “Abe”) Miller is our longest-serving colleague. While remarkably steadfast, more importantly Ab Miller is a vital friend, mentor and role model – an academic clinician *par excellence*. In this limited space we strive to celebrate Ab’s contributions with only a small sampling of his multifaceted career stages and his wisdom.

Born 1910 in Toronto and educated in city schools, Ab graduated from Toronto’s medical school in 1934, at the height of the depression. Over the next eight years, initially leaning towards an obs-gyn specialty, Ab interned with postgraduate study in Indiana before returning to Canada for general practice in Timmins, where he and his wife met and were married. In 1942 Ab enlisted in the RCAMC as a G.P. Before long he was persuaded to train in psychiatry which, coincidentally, paral-

leled the path of Dr. Gordon Bell, later the founder of the Donwood Institute.

Ab remarked (2000) on the desperate shortage of military physicians interested and knowledgeable in psychiatry, at a time when far more service personnel than could be treated were returned from overseas with “combat fatigue” and other evident mental distress. Under the initiative of Major-General Brock Chisholm, an Oakville psychiatrist commanding the RCAMC, his military psychiatry chiefs, Colonels Bill Line and Jack Griffin assisted Prof. Farrar, a WW1 psychiatric rehab veteran, in establishing an abridged, six-month military psychiatry residency program based at U. of T.

Ab spent two months with Farrar at the T.P.H., two months in T.G.H neurology with Drs Walters and Howland, and two months at the Christie Street veterans’ hospital, forerunner of Sunnybrook. With that training plus his two subsequent years of military service and a post-war residency year, Ab was awarded the U. of T. Diploma in Psychiatry in 1948. He was then appointed to the faculty, and to the staff of T.P.H.

Ab has 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 Chisholm, post-war founding Director-General of 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.

Dr. Miller had been urged to bring to bear his own incisive clinical instincts and analytical judgment for assessing over a five-year period the efficacy of the most invasive biological procedure – lobotomy.

ILLUSTRATED VIGNETTES



Drs. Fred Lowy (centre) and Miller (right) with the postgraduate residents of the Clarke Institute of Psychiatry in 1975.

His 1954 monograph assessing its clinical value earned him the Medical Faculty's Richard Reeve Prize for the best published report among junior faculty members. His 1967 follow-up study concluded "that the 'lobotomy era'... has virtually come to a standstill. Its value as a treatment method in psychiatry is clearly limited" – essentially, superseded by psycho-pharmaceuticals – while noting that it may be all that can relieve chronic suffering in rare instances of intractable, devastating psychiatric conditions. Prof. Stokes complimented Dr. Miller on his 1967 paper, in particular for the

completeness of its follow-up and the fact that he had personally interviewed each of the 116 available patients. His report was decisive, almost single-handedly, in bringing about an abrupt end to that procedure across most of Ontario and beyond, for all but a severely-afflicted few sufferers for whom all relief attempts by other means had been exhausted.

In 1956 Dr. Miller was asked to accept a one-year secondment from T.P.H. when Queen Street became a U. of T teaching hospital. Placed in clinical charge of a large inpatient service while developing a training program for postgraduate residents, Ab was soon promoted to clinical director and director of education. He served "temporarily" at Queen Street for 15 years; then in 1971 he was asked to head the inpatient unit at the Clarke Institute (CIP). In 1976 he succeeded Ed Turner as the CIP's clinical director and Medical Advisory Committee (M.A.C.) chair. Ab became active as well in initiatives for defining patients' rights, mental health legislation and in the professional associations. Throughout, he strongly mentored for the need to "emphasize the importance of detailed clinical examination. Practitioners should develop a high level of skills in the art of interviewing," and "never end improving your skills in that. You should never settle exclusively for



Dr. Miller and his wife, Rosalind celebrate his 65th birthday and official "retirement" from the Clarke Institute in 1975. First three photos: CAMH Archives.

ILLUSTRATED VIGNETTES



Drs. Miller and Ken Shulman at the Department of Psychiatry annual dinner in June, 2005. Photo: Howard Chow.

'symptomatology' – things can be left out that are very important. Take advantage of what you learn through interviewing, then follow it through." (2000)

Department Chair Fred Lowy appointed Dr. 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, Ab also consulted in geriatrics to units at Sunnybrook, Queen Street, Baycrest and the CIP, laying the foundation for the Geriatric Psychiatry Division subsequently developed, as Prof. Wasylenki noted at Dr. Miller's 90th birthday in 2000, by Ken

Shulman and Nathan Herrmann. Moreover, "Dr. Miller's devotion to patient care over such an extended period of time, his commitment to scholarship and his outstanding loyalty to the Department of Psychiatry represent many of the ideals that we all strive for in our daily work. We owe him a tremendous debt of gratitude."

Addressing the commemorative dinner held for him in conjunction with the OPA's Section on the History of Psychiatry meeting in 1997, Ab Miller summarized some of what he'd learned over the course of his career: *"The essence of psychiatry remains the task of understanding and minimizing those actions, thoughts and feelings that interfere with optimal functioning. Its interest lies primarily in understanding mental dysfunction, emotional distress and personality disorders. Behind the vast assortment of human ills lies a set of causes that can be recognized and understood. The search for better understanding of these causes, and possibly the finding of effective therapy, will lead to the resolution or amelioration of psychiatric disability. But its history has shown that it's an ongoing process."*

A. Miller, *Lobotomy: A Clinical Study*, Monograph No. 1, Ont. Department of Health, 1954; and "The Lobotomy Patient– A Decade Later: A Follow-up Study of a Research Project Started in 1948," *CMAJ* 96, April 15, 1967, 1095-1103.

Ontario Psychiatric Assn., "Dr. A. Miller Commemorative Dinner," videotape, 22 Jan. 1997, CAMH Archives.

"Dr. Abraham Miller," personal interview by Dr. David Goldbloom, videotape, Nov. 2000, CAMH Archives.

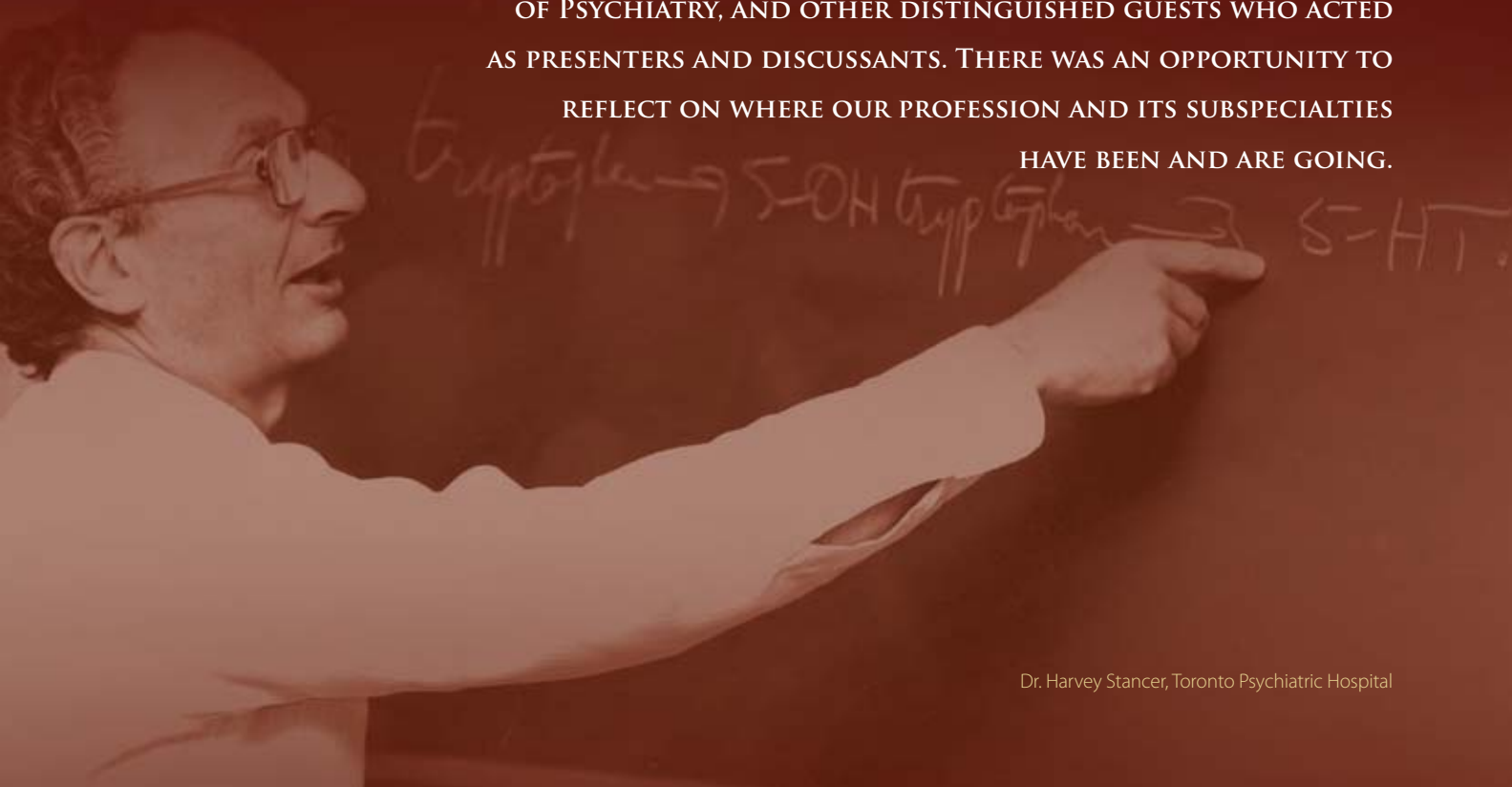


PART 2

CELEBRATING LEARNING

HISTORY OF PSYCHIATRY SEMINARS

A SERIES OF SIX SEMINARS WERE PRESENTED ON THE EVOLUTION OF VARIOUS AREAS OF PSYCHIATRY OVER THE PAST 100 YEARS, ALONG WITH THE LIKELY COURSE THEY WILL FOLLOW IN THE FUTURE. SENIOR MEMBERS OF FACULTY WERE JOINED BY PROFESSOR EDWARD SHORTER, HANNAH PROFESSOR OF THE HISTORY OF MEDICINE AND PROFESSOR OF PSYCHIATRY, AND OTHER DISTINGUISHED GUESTS WHO ACTED AS PRESENTERS AND DISCUSSANTS. THERE WAS AN OPPORTUNITY TO REFLECT ON WHERE OUR PROFESSION AND ITS SUBSPECIALTIES HAVE BEEN AND ARE GOING.



THE INCUBATION OF COMMUNITY AND CULTURAL PSYCHIATRY AT THE UNIVERSITY OF TORONTO

WEDNESDAY, OCTOBER 17, 2007
5:00 PM TO 7:00 PM

Seminar Leader: Dr. Paula Goering
Discussants: Dr. Don Wasylenki, Dr. Stan Freeman, Carmelina Barwick and Dr. Dan Blazer, Duke University Medical School



Dr. Paula Goering

Community and cultural psychiatry are a means of translating the theory and science of social psychiatry into action. A particular instance of this process, illustrative of the evolution of community psychiatry over the past fifty years, was examined. At the University of Toronto the beginnings of these sub-specialties can be traced to one seminal Social and Community Psychiatry Unit, headed by Dr S.J.J. Freeman from 1966-1992. This seminar examined how knowledge generated and transmitted through interpersonal relationships and applied practice continues to inform our academic agenda. Stan Freeman and two members of the original unit, Dr. Don Wasylenki and Carmelina Barwick described aspects of our local history. Dr. Dan Blazer compared it to the evolution of social psychiatry in the United States.

Dan G. Blazer is J.P. Gibbons Professor of Psychiatry and Behavioral Sciences at Duke University Medical Center. Dr. Blazer is a noted epidemiologist and author who delivered the **SJJ Freeman Lecture "Major Depression and its Social Origins: Are We Poised for a new Social Psychiatry?"**, at the Munk Centre at 3:30 pm just prior to the History of Psychiatry seminar. The lecture was drawn from his most recent book, The Age of Melancholy: Major Depression and its Social Origins. The academic community was invited to attend and participate in these discussions of the past, present and future of Social Psychiatry.



Drs. Sigmund Freud, Jung, Jones & Colleagues, 1909



Dr. Paula Goering at the lectern



A rapt audience



Lawn Bowlers at Queen Street, 1910

FROM CARING TO TREATING

WEDNESDAY, NOVEMBER 14, 2007
5:00 PM TO 7:00 PM

Seminar Leader: Dr. Vivian Rakoff
Discussant: Dr. Edward Shorter



Dr. Vivian Rakoff

Medicine in any epoch has always relied on the available technology and has reflected the social and philosophical assumptions about the nature of human beings. This seminar traced these changing parameters of science and society as they have been reflected in Psychiatry from “asylums”, through talk therapy, to physical therapies, to “de-institutionalisation” and, finally, to the neurosciences which are now promising to visualize the physiological processes underlying psychiatric pathology. The social context is also undergoing radical change as the notion of hospitals of charity are being overtaken by models derived from business in which efficiency, careful cost accounting and managing the process of the delivery of care are shaping treatment. The academic community was invited to attend and participate in these discussions of the past, present and future of the institutions supporting treatments and therapies.



C.I.P. Positron Emission Tomography (PET)



Vivian Rakoff (L) and Frank Cashman



Enjoying the buffet

Toronto Psychiatric Hospital 1925-1966

HYSTERIA TO NEUROSCIENCE: PSYCHIATRY'S STRUGGLE TO BRING TOGETHER MIND AND BODY

WEDNESDAY, JANUARY 16, 2008

5:00 PM TO 7:00 PM

Seminar Leader: Dr. Ken Shulman

Discussants/Presenters: Drs. Anthony Feinstein, Jon Hunter, Gary Rodin and Edward Shorter



Dr. Ken Shulman

This seminar included an historical and current review of developments in hysteria and neurosciences at the University of Toronto and globally by well known Psychiatry historian Edward Shorter. Gary Rodin presented 'The body remembers: a psychoanalytic and psychosomatic perspective on the problem of hysteria'. Finally, Anthony Feinstein described the neuroscientific basis of our current understanding of hysterical phenomena. The seminar was moderated by Jon Hunter, a consultation-liaison psychiatrist.



Dr. Edward Shorter

The presenters were internationally known figures in the area of mind and body disorders reflecting a wide range of viewpoints. All three presenters are Professors in the Department of Psychiatry at U. of T. Participants enjoyed an insightful review of the history of this core area of Psychiatry and benefited from an informed look into its future direction.



Dr. J. Allan Walters, portrait, St. Michael's Hospital



Dr. Shorter in action!

Charcot Hysteria

NEUROSCIENCE: THE NEXT FRONTIER

WEDNESDAY, FEBRUARY 13, 2008

5:00 PM TO 7:00 PM

Seminar Leader: Dr. James Kennedy

Discussants/Presenters: Drs. James Kennedy, Albert Wong, David Mikulis



Dr. James Kennedy

During the half-century from 1907-57, the brain was largely missing from psychiatry and the mind was in control. Slowly but empirically, the brain has progressed to find its proper place as the target organ in the medical science of psychiatry. New technologies of brain imaging, molecular genetics, and pharmacology have revolutionized our understanding of ourselves and our mental illnesses. What of the future? Will we visualize the brain telling a lie? Predict who should not be director of a nuclear power plant? Eliminate the circuitry for psychosis, but lose creativity? Our discussion of the past and future of neuroscience in psychiatry will undoubtedly disturb, provoke and stimulate.

Dr. James Kennedy, Professor and Head of the Neuroscience Program in the Department of Psychiatry at the University of Toronto, introduced the seminar with comments regarding the impact of the powerful technology of molecular genetics in psychiatry. Examples given as to how genetic tests are entering psychiatry at this time, and the specific plan that CAMH has to incorporate pharmacogenetics into clinical care in the coming months. Implications of genetic information to society in general were also addressed.



Dr. Albert Wong

Dr. Albert Wong, Associate Professor of Psychiatry and a new member of the Neuroscience Research Department at CAMH, explained some recent intriguing developments in neuroscience research and how they influenced our perspective of the human condition in general and psychiatric care in particular.

Dr. David Mikulis, Assistant Professor of Medical Imaging at the University of Toronto, provided an informative update on the impressive advances in technology used to image the brain. In particular he described how scientific developments in MRI and related technologies are probing more deeply and precisely into the processes of behaviour that previously we have never been able to visualize. This new ability to observe the 'thinking and feeling' brain will undoubtedly change the way we approach psychiatric conditions.



Dr. David Mikulis



An attentive audience

FORENSIC MENTAL HEALTH: WHERE IT CAME FROM, WHERE IT IS GOING AND WHY IT MATTERS MORE THAN EVER

WEDNESDAY, APRIL 16, 2008
5:00 PM TO 7:00 PM

Main Address: John Petrila, JD, LLM, Professor, Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida, Tampa

Introductory Remarks: Howard Barbaree, PhD, CPsych

Commentary: Christopher D. Webster, PhD, FRSC, CPsych



Dr. John Petrila

In the previous History of Psychiatry seminar on the topic of neuroscience, the speakers pondered what might be the next frontiers in this field. They wondered if the new imaging technologies might be used to answer questions like, "Will we be able to visualize the brain telling a lie?" Should this turn out that this may become possible, it will be of obvious interest to researchers, clinicians, and administrators in the field of mental health and the law. This seminar was introduced by Dr. Howard Barbaree, Professor and Head of the Law and Mental Health Program (LAMHP) at the University of Toronto and Clinical Director of LAMHPat CAMH.



Dr. Howard Barbaree

Dr. Christopher Webster, Professor Emeritus, offered a brief summary of the important work done over many years within the Division by leaders such as Kenneth Gray, Edward Turner, Hans Mohr, Donald Atcheson and Barry Boyd. Mention was also made of contributions in more contemporary times by colleagues such as Richard Rogers, Robert Menzies, Kurt Freund and Ray Blanchard.



Dr. Christopher Webster

The main speaker, Professor John Petrila, of the Florida Mental Health Institute of the University of South Florida at Tampa, spoke to the topic of "Forensic Mental Health: Where it came from, where it is going, and why it matters more than ever." As a lawyer well versed in research and in public policy matters, he raised a variety of issues around expert testimony and the misuse of some clinical constructs in day-to-day practice. Again, linking loosely to the previous seminar, he wondered how research in genetics and related areas are to find eventual ethically-sound application in this field.



Dr. Petrila presenting

JOURNEYS IN THERAPEUTICS

WEDNESDAY, MAY 14, 2008
5:00 PM TO 7:00 PM

Presenters: Dr. Norman Doidge, Assistant Professor - Psychotherapy Program
Dr. Sidney Kennedy, Professor - Mood & Anxiety Disorders Program
Seminar Leader: Dr. David Goldbloom, Professor - General Psychiatry



Dr. Norman Doidge

From psychoanalysis to the latest discoveries in neuroscience, psychiatry's therapeutic armamentarium has reflected dominant conceptual models of understanding, while treatment has typically leapfrogged ahead of knowledge of pathology. This seminar reviewed these journeys in therapeutics and speculated where divergent paths may lead and even intersect.

Objectives:

1. To review the history of therapeutics in psychiatry in the last century
2. To speculate on their future

The final History of Psychiatry seminar in the Centenary series enlightened and entertained.



Dr. Sidney Kennedy



Dr. David Goldbloom



Looking Forward



Enjoyment!



Canadian actor Bruce Kelly as the mad king.




PART 3

A YEAR OF CELEBRATION

SOCIAL AND CULTURAL EVENTS

OUR CENTENARY OF EXCELLENCE WAS CELEBRATED BY A RANGE OF CULTURAL AND SOCIAL EVENTS THROUGHOUT THE YEAR, NOTABLY A PERFORMANCE OF SIR PETER MAXWELL DAVIES'S OPERA, "EIGHT SONGS FOR A MAD KING," A DISTINGUISHED LECTURE SERIES, AND A GALA CENTENARY GRADUATION CELEBRATION.



WELCOME RECEPTION

MEDICAL SCIENCES BUILDING | STUDENT COMMONS | SEPTEMBER 11, 2007



The Chair's Welcome Reception kicked off the celebration of the Centenary year. The event was held at the Faculty of Medicine Student Commons on September 11, 2007.

The affair was well attended and guests enjoyed cocktails and hors d'oeuvres. Distinguished guests included the President of the University, David Naylor, and the Dean of Medicine, Catharine Whiteside, who offered their congratulations to the Department on its 100th anniversary.

A historical photo collage depicting the first 100 years of the Department was unveiled and hangs in the Faculty of Medicine at the University of Toronto

Dr. Wasylenko welcomed faculty and staff and outlined the centenary celebrations for the year.

Particular mention was made of the contributions of Dr. C.K. Clarke, the inaugural Chair of the Department of Psychiatry.



President David Naylor



Dean Catharine Whiteside



AUTUMNFEST

OSPREY VALLEY - HEATHLANDS COURSE | SEPTEMBER 19, 2007



This annual social event was held at the Millcroft Inn/Osprey Valley on September 19, 2007.

Faculty and staff had a choice of participating in hiking, yoga, spa activities or a golf tournament. The winning golf threesome was Drs. Donald Wasylenki, Sid Kennedy and Robert Levitan.

The occasion was capped off with a lovely dinner in the River Room and was emceed by Dr. Shree Bhalerao. Centenary keepsakes were given out to attendees.



THE MILLCROFT INN | VILLAGE OF ALTON-CALEDON | SEPTEMBER 19, 2007



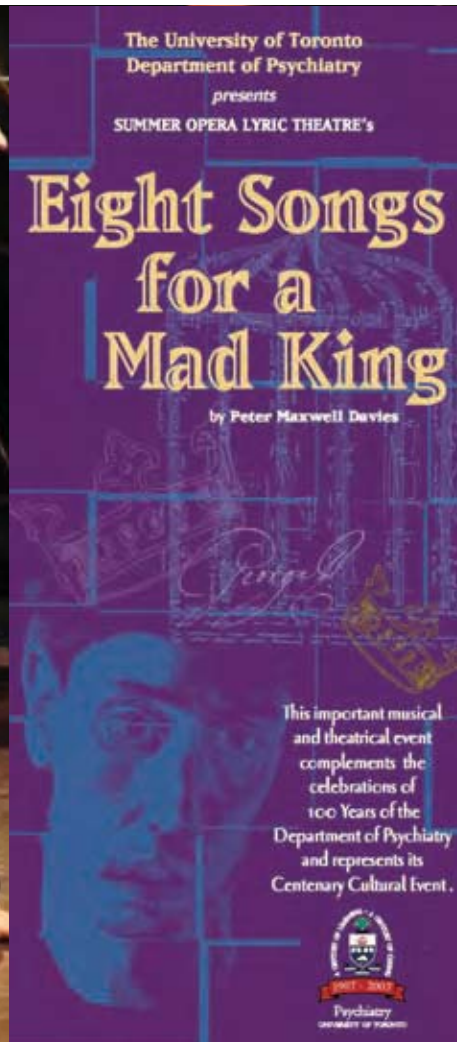
Autumnfest MC, Dr. Shree Bhalerao



"EIGHT SONGS FOR A MAD KING" OPERA

THE BETTY OLIPHANT THEATRE | NOVEMBER 22, 2007

7:30PM DOORS OPEN | 8:00PM PERFORMANCE



Canadian baritone Bruce Kelly takes on the challenge of the mad king under conductor Jose Hernandez and stage director Guillermo Silva-Marin.

The centenary cultural event was a smashing success. Sir Peter Maxwell Davies' "Eight Songs for a Mad King" was performed by the Summer Opera Lyric Theatre, starring Bruce Kelly and directed by Guillermo Silva-Marin. The opera was followed by Grand Rounds presented by Dr. Anthony Feinstein, Dr. Andy Gotowiez, and Cheryl Ball. A second presentation on November 23 was open to the public.

The event was well attended and enjoyed by all. A festive reception followed where attendees enjoyed scrumptious hors d'oeuvres by the roaring fireplace.



▲
Dr. Anthony Feinstein, Professor in the Department of Psychiatry and Sunnybrook Hospital, led the Grand Rounds presentation on Porphyrria as it afflicted H.M. King George III and a present-day patient.

CHAIR'S CENTENARY HOLIDAY RECEPTION

UNIVERSITY OF TORONTO | FACULTY CLUB | DECEMBER 18, 2007



The Centenary Holiday Reception was especially commemorative this year.

Presentations were made by several senior members of the Department to honour Dr. Clarence Farrar, Chair of the Department from 1925 to 1947. Dr. Ned Shorter received a special centenary gift in recognition of developing the Department's centenary tag line – *"A Century of Learning, A Century of Caring"*.

1907 - 2007



DR. VIVIAN RAKOFF'S HONORARY DEGREE RECEPTION

UNIVERSITY OF TORONTO | FACULTY CLUB | JUNE 10, 2008



Dr. Donald Wasylenki presenting Dr. Rakoff with a watercolour rendering of Convocation Hall, opened in 1907.

A celebration was held at the Faculty Club in recognition of Dr. Vivian Rakoff's honorary degree from the University of Toronto.

The event was well attended by members of the Department as well as members of Dr. Rakoff's family. A birthday cake was also presented in honor of Dr. Rakoff's 80th birthday.

Drs. Ken Shulman, Joel Jeffries and Mary Seeman shared some anecdotes about Dr. Rakoff which attendees clearly enjoyed.

The Department presented Dr. Rakoff with a Michael Crichton print of Convocation Hall.



CENTENARY PUBLIC LECTURE

J.J. MACLEOD AUDITORIUM | MEDICAL SCIENCES BUILDING
ST. GEORGE CAMPUS UNIVERSITY OF TORONTO | JUNE 18, 2008



Dr. Helen Mayberg presented the Centenary Public Lecture entitled *"Moderating the Brain's Impact on Depression"* in the McLeod Auditorium at the Faculty of Medicine.

Dr. Wasylenki introduced Dr. Mayberg as one of the five centenary lecturers. Dr. Mayberg discussed advances in the treatment of depression. A question and answer period followed the presentation.

The Departmental Executive hosted a dinner for the five Centenary Lecturers at the University Club following the public lecture.



Left to Right: Joanne Bedasie, Kathy Ostaff, Marie Mara, Diane Granato, Irene Ly, Kim Chow

HARVEY STANCER RESEARCH DAY & GALA DINNER

METRO TORONTO CONVENTION CENTRE | SOUTH BUILDING



Organizers: Sean Rourke (L) and Allan Kaplan (R)

The annual Research Day event was made particularly special with the presentation of the keynote address by Dr. Harvey Stancer entitled *"Foundations of Research: An Historical Perspective."* This year Research Day was held at the Metro Toronto Convention Centre and participants thoroughly enjoyed the day's events.

There were 50 oral presentations and more than 100 posters. In addition, special 'Meet the Expert' sessions were offered hosted by the five Centenary Lecturers.

The gala dinner was a highlight of the centenary celebrations. Faculty members and their partners enjoyed a Black Tie affair at the Four Seasons Hotel. The attendance was outstanding and the ballroom was elegantly decorated by staff. Centenary mugs were beautifully wrapped and given to attendees.

The Centenary Lecturers were each introduced by a faculty member and were presented with a centenary plaque as a token of appreciation.



REGENCY BALLROOM | THE FOUR SEASONS HOTEL | JUNE 19, 2008



The residents provided a special presentation depicting faculty members in the Department Then and Now. The presentation also included a memorial for Abdulla Al-Shamma, Ken Citron, Paul Levy, Michael Wainberg, Steve Baxter, Steven Woo, Rosemary Hamilton, and Vlad Iorgulescu Avram. The resident graduating class was presented with centenary framed certificates.

CENTENARY LECTURES & INAUGURAL ALUMNI RECEPTION

MCLEOD AUDITORIUM | STUDENT COMMONS | FACULTY OF MEDICINE | JUNE 20, 2008



Four distinguished scholars were invited to present Centenary Lectures on Friday, June 20, 2008 in the McLeod Auditorium at the Faculty of Medicine.

Dr. Martin Knapp presented "From Lunatic to Citizen: Commodity to Consumer"; **Dr. David Kupfer's** presentation was entitled "Clinical Psychiatry: Past, Present and Future"; **Dr. Laura Roberts** presented

"Leadership in Psychiatric Education: Inspiring, Pioneering, Insisting"; and **Dr. Nora Volkow's** topic was "The Neurobiology of Free Will in Addictive Disorders."

The day was capped off with the inaugural alumni reception that was held in the Student Commons at the Faculty of Medicine.



Dr. Nora Volkow



Dr. Laura Roberts



Dr. David Kupfer



Dr. Martin Knapp



CAMH 10 YEAR CELEBRATION

QUEEN STREET WEST SITE | JUNE 26, 2008



Ribbon cutting photo: 'Extreme' Ribbon Cutting ceremony for first phase of CAMH's Redevelopment From left to right: Rosario Marchese, MPP Trinity-Spadina; Olivia Chow, MP Trinity-Spadina; Dr. Paul Garfinkel, President and CEO, CAMH; Margaret Best, Minister of Health Promotion; Paul Beeston, Chair of the Board of Trustees, CAMH.

In 2008, the Centre for Addiction and Mental Health (CAMH) celebrated its 10 year anniversary as a merged organization, and the important strides that it has made in its first decade. It also celebrated the completion of the first phase of the dramatic redevelopment of its Queen Street West site, which will transform an outmoded institutionalized campus into a mixed-use 'urban village'.

On June 26, several hundred CAMH supporters, including the Minister of Health Promotion Margaret Best, joined CAMH CEO Dr. Paul Garfinkel and Board Chair Paul Beeston in a ceremonial ribbon cutting ceremony. The vision of CAMH providing a new model

of care in a genuine community setting will take another step forward in 2010, when construction on the much larger next phase of the redevelopment is set to begin.

Called *Transforming Lives Here*, the CAMH redevelopment project will create a hub of new facilities to complete the integration of CAMH's clinical care, research, public policy, health promotion and education functions, while challenging the persistent stigma still attached to mental illness and addiction. The new hub at the Queen Street site will be designed with a pattern of new buildings, extended city streets, new shops, businesses, residences, and open spaces that will integrate with the surrounding neighbourhood and break down barriers between the hospital and the



Artist's impression of the completed redeveloped site.



CAMH is transforming its outmoded 27-acre Queen Street West hospital campus into a mixed-use 'urban village'.



Hundreds of supporters celebrated CAMH's 10th anniversary and the official Grand Opening of the first phase of its site redevelopment on June 26, 2008.



These new 'Alternate Milieu' buildings opened in 2008 are the first phase of CAMH's urban village.



The next phase of CAMH's redevelopment will begin in 2010.



community. It will contain a mix of uses and activities, creating a safe, comfortable and welcoming place for CAMH clients, staff and neighbours in the Queen West community.

The first completed phase of the CAMH redevelopment project can be seen as a microcosm for the urban village vision. It combines several elements: three 24-bed Alternative Milieu inpatient units, an ambulatory/outpatient building, a park and a new city street.

CAMH's new Alternative Milieu buildings differ from the traditional inpatient setting and are specially designed to promote respectful and dignified client care. Built with private bedrooms with ensuite bathrooms, a quiet room for clients to read and relax or receive visitors, and communal living spaces such as a kitchen, dining and living room, they create a home-like environment where best practice clinical treatment can be carried out effectively. The private, comfortable units create a more supportive therapeutic community, empowering clients to regain independence and assert control over their recovery plan. The goal is to create a natural transition toward community reintegration.

Half of the 27-acre Queen Street site will be given over to new non-CAMH land uses, occurring side-by-side with the hospital's new facilities. These non-hospital land uses, which may take the form of residential, retail, commercial or institutional development, will contribute to the urban village vision in three crucial ways: the new land uses will draw new people into the site, create opportunities for client employment and training, and contribute financially towards CAMH's new facilities.

In the short time that the Phase 1A buildings have been open, CAMH clients, staff and visitors have all expressed great satisfaction with the new facilities and are equally excited to see the promise of the urban village fulfilled over the course of CAMH's next decade.



"ON BEHALF OF THE
DEPARTMENT OF PSYCHIATRY,
THANK YOU TO ALL FACULTY,
RESIDENTS, FELLOWS, AND STAFF
WHO PARTICIPATED IN THESE EVENTS"

