History of Medicine

View from Mount Hope: *a history of the Nova Scotia Hospital*

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Though the Nova Scotia Hospital is now enveloped by a vast industrial park, during its early years, its surroundings in the Dartmouth locality of Woodside could best be described as pastoral and bucolic. It was this natural serenity that endeared the site to Dorothea Dix, Hugh Bell, and other proponents to establish an asylum for the mentally ill in Nova Scotia. In contrast to the squalor of the urban poor house, this haven on the shore was intended to provide an opportunity for mental recovery in an age with limited effective treatments.

This article explores the history of the Nova Scotia Hospital (Figures 1 and 2), starting with the arduous campaign to bring it into existence and following its architectural evolution alongside the changing landscape of mental health care in the province.

Early Views on Mental Health

Throughout history, treatment of the mentally ill has reflected contemporaneous societal views on its causes. When Halifax was established as a British military outpost during the eighteenth century, the prevailing wisdom of these colonizers attributed insanity to immorality and sinfulness. People with severe mental illness were thus referred to in a pejorative manner, and such "mad" persons were often placed in jails and workhouses.[1] The Halifax Poor House, founded in 1758, was for many years the most prominent institution in the city for the mentally ill, living alongside disparate poor, sick, and criminal elements.[2,3] At times, up to one in eight inmates at the Poor House were classified as "lunatics." Efforts to keep these people separate from other paupers were typically hindered by chronic overcrowding. The Poor House was a pitiful place, where a single room with 18 beds could house 47 people, including children. Medical care at the Poor House was rudimentary and offered no formal treatment for mental disorders.[4,5]

Hardly therapeutic, such institutions tended to subject "insane" persons to neglect, ridicule, or outright abuse. The prospects for curing insanity were considered remote, and the desperate medical treatments of the era bordered on torture (e.g., physical restraint, cathartics, bloodletting, deliberate infliction of pain and distress).[6] Toward the end of the eighteenth century, reform movements in England and the United States slowly coalesced, with socially conscious philanthropists and a growing minority of physicians advocating for more humane treatment of mentally ill persons.[1] Arising from this movement was the concept of moral treatment for insanity. This philosophy was grounded in a somatic model of mental illness, which implicated environmental or somatic stimuli in the pathogenesis of mental disorders.

Treatment under this philosophy focused on removing these patients from the milieus that supposedly caused their mental dysfunction – instead, placing them in a calm environment with comfortable lodgings, nutritious food, mild exercise, and easy occupational activities. By proposing to cure insanity with controlled environmental changes, moral treatment spurred the founding of specialized asylums, eventually leading to mass institutionalization.

America's first asylums based on moral treatment were founded in the early nineteenth century, initially tailored to patients from wealthier classes.[1] Starting in the 1830s, public asylums began to be established in British North America.[3,7,8] Nova Scotia was the last province to establish such an institution.[9] Due to this reticence, Nova Scotians with appropriately monied friends and family were commonly sent for treatment in New Brunswick or the United States.

Campaigning for an Asylum

Periodically in the early half of the nineteenth century, the Halifax medical establishment petitioned the province to establish public hospitals and a lunatic

asylum.[1,11] However, political will was lacking. While there were early overtures from the provinces of New Brunswick and Prince Edward Island concerning the joint establishment of a lunatic asylum with Nova Scotia, the proposal was eventually abandoned as impractical.[7,8,10,12]

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The election of Hugh Bell as mayor of Halifax in 1844 marked a turning point in local governmental attitudes, as he enthusiastically threw his support behind the erection of both an insane asylum and public general hospital, even pledging one year of his own salary toward the cause.[2,3,13] In 1846, he participated in a commission to investigate the feasibility of opening an asylum in the region.[4,5,12] During their planning, the commissioners travelled to the United States and United Kingdom to inspect existing asylums and become informed about contemporary practices.[1,14] It was while touring the United States that Bell met the prominent reformer, Dorothea Dix.

Dix was a Bostonian teacher whose career was curtailed by personal struggles with depression.[15] During a year convalescing in Europe, she learned about moral treatment for mental illness. Upon returning to America, she volunteered as a Catechism teacher in a Boston prison, where she witnessed the inhumane treatment of mentally ill convicts which spurred her to take action. In 1837, she undertook a comprehensive investigation of poor houses and prisons across Massachusetts and petitioned the state legislature to improve conditions in these facilities.[16–18] By the time she became acquainted with Bell and his commissioners, she was already renowned as a prominent crusader for moral treatment across the United States and Great Britain, having contributed to the founding or enhancement of over thirty institutions for mental disorders.[1,15,18]

Although the commissioners' initial recommendations for an asylum were not put into action by the province, Bell and Dix maintained an ongoing correspondence.[14] At his invitation, Dix visited Nova Scotia in 1849. She submitted a lengthy and well-received address to the Legislative Assembly advocating for the cause. However, amidst railroad construction and other competing priorities for the province, her petition was met with further inaction. Indeed, the mere notion of publicly funding social and healthcare programs was still subject to vociferous debate within Nova Scotian society, and the province's partisan newspapers continually sparred over the role of government in citizens' lives. The legislature eventually relented to pressure from activists and physicians, passing an act in 1852 to establish a lunatic asylum in the province.[1]

After consultation with Dix, a quiet wooded site was chosen in Dartmouth, accessible from Halifax The plans for the hospital were based on those for Washington D.C.'s Government Hospital for the Insane (later, St. Elizabeths Hospital), another facility which directly owed its inception to Dorothea Dix's activism.[4,5,10,12,14] The cornerstone for the Dartmouth asylum was laid on June 8, 1856, in a ceremony involving a military parade, attended by Lieutenant Governor Sir John Gaspard Le Marchant, and presided over by the Provincial Grand Master of the Masonic Lodge.[14]

With approximately 300 "lunatics" estimated to reside in Nova Scotia in those years, it was initially projected that £10,000 would be sufficient to purchase an adequate plot of land, and erect and furnish an asylum.[1,4,5,19] Unfortunately, such funds were not entirely forthcoming from the province, and it would take several years for the financial support to materialize. Ultimately, the construction also came to be far costlier than anticipated. As a result, only a portion of the Washington Hospital's design was constructed, and the remainder would not be completed until 1874. Nonetheless, the building (later renamed the DeWolf Building after the asylum's first superintendent) could still accommodate 120 patients.[4,5,14,19]

The Nova Scotia Hospital for the Insane admitted its first patient on December 26, 1858,[14] and subsequently a number of mentally ill patients from the Poor House were transferred there.[4,5] By this time, the hospital was also nicknamed "Mount Hope," a name reflecting the era's grand ambitions of curing the severely mentally ill and restoring them as productive members of society.[1] The origin of the name Mount Hope is unclear; it is often attributed to Hugh Bell's wife, but may also have been inspired by a similarly-named hospital in Baltimore, with which Dorothea Dix was likely very familiar. [1,14] Regardless, the opening of the Mount Hope hospital – after more than a decade of lobbying and planning – marked a long-awaited triumph for Hugh Bell.

Operational Challenges

The inaugural annual report from superintendent Dr. James DeWolf described 70 admitted patients from six to 75 years of age, of whom eight were deemed cured on discharge.[4,5] The vast majority of patients at the hospital had limited means to pay for treatment, either being destitute city dwellers or from rural communities outside of the mainstream cash economy.[14] It had been expected that more well-heeled families would pay for the cost of housing their loved ones but this revenue

stream turned out to be miniscule. Most households in the province could not easily pay the £50 annual fee, and those with the means generally preferred to send their kin to institutions in Boston, New York, or London. Partly on account of such budgetary concerns, the provincial hospital's lofty promises did not exactly come to fruition in the decades that followed.

Further complicating matters, provincial legislation was also passed to favor institutionalizing the "insane" (i.e., "An Act for the Management of the Hospital for the Insane", 1858).[3] This act provided for the detention of persons deemed to be "unsafe" due to insanity, which in later iterations was broadened to potentially apply to "any lunatic being at large." While the Nova Scotia Hospital's superintendents legally had discretionary powers to prioritize acute patients over cases considered chronic and incurable, ongoing judicial pressure to admit "insane" persons from the community inevitably contributed to a bloated patient census. As with countless asylums across North America and Europe, the Nova Scotia Hospital became hopelessly overcrowded and wanting of appropriate personnel.[3,14]

Prior to the twentieth century the superintendent was one of the few – if not the only – medically qualified staff members in the hospital and did not routinely attend to all of the patients.[3] As such, patient care relied on untrained attendants who often moved on to more desirable jobs at the earliest possible opportunity. A revolving door of inexperienced or unmotivated caretakers begat a sad pattern of patient neglect and abuse, sometimes ending in death.[20] Such patient welfare concerns eventually resulted in DeWolf's dismissal, after two decades as superintendent.[14]

The chronic lack of staff ensured that the full benefits of moral treatment could never be realized. Moral treatment required robust staffing to cultivate a therapeutic environment, but asylums such as Mount Hope often disintegrated into an unmanageable throng of incurable cases. While still preferable to the poor house or jail, the asylum in a sense merely replaced those facilities as a different type of warehouse to segregate the mentally ill from society at large.[21] Illustrating their isolation, many long-term Nova Scotia Hospital patients were so wanting of loved ones that their remains after death were never claimed and so were often sent to Dalhousie medical school for dissection without additional consent, as was allowed by law into the 1960s.

The Asylum and Medical Education

The hospital's School of Nursing was founded in 1893 and it was an important attempt to address chronically problematic staffing at the institution.[19] This move reflected a broader awareness of nursing as a skilled profession deserving of organized training, and was perhaps inspired by the nearby Victoria General Hospital which had addressed similar controversies by founding its own nursing school three years prior.[11] While the Nova Scotia Hospital's program eventually came to be known for the high quality of its training, it ultimately made little impact on the facility's manpower deficiencies, since many graduates in its initial cohorts left to work outside the province.[14]

From its early years, the medical superintendents at Mount Hope regularly went to Halifax to lecture on insanity at Dalhousie (or, for a time, the Halifax Medical College).[22] In addition to theories about psychopathology and its management, medical students received specific instruction on an important topic of jurisprudence – that is, the assessment of mentally ill persons for their fitness to stand trial. Of the major specialties at Dalhousie, the Department of Psychiatry was among the last to be established, only being formalized in 1948 by Dr. Robert O. Jones who had recently spearheaded innovative clinical and academic programming at the Victoria General Hospital – he remained as the inaugural chair of the department until 1975 and was influential in Nova Scotian psychiatry long after leaving that role. While faculty members on the Halifax peninsula then came to become relatively more active in medical education after the establishment of the Department of Psychiatry, the Nova Scotia Hospital remained an important site for clinical exposure.

Evolution of Psychiatric Treatments

While moral treatment was an intended mainstay of mental health care in the nineteenth century, conditions in practice were often not conducive to this type of care.[3] It should be emphasized that moral treatment was not specifically a treatment in a medical sense but rather the provision of a highly ordered and regulated environment by compassionate caregivers to gently coax the "lunatic" mind to sanity. Many asylums were situated outside the city limits of major settlements to remove patients from the corrupting influence of urban life and immerse them in the soothing sights and sounds of nature. The physical edifice of asylums was also thought to be therapeutic, with tasteful and classically designed buildings contributing to a "moral architecture" for mental restoration.

While confined to the asylum, patients would be encouraged to pursue work, recreation, and religious worship. Vocational activities included taking part in the upkeep of the wards and working in the hospital's kitchen and laundry room. Until 1958, there was also a working farm on the Mount Hope asylum grounds which helped defray the cost of feeding its many patients.[19] Additionally, patients would occasionally have the chance to take field trips into the community, with ferry and carriage rides.[13,14] Over time, community volunteers became increasingly organized (e.g., establishment of the Hospital Auxiliary in 1954) and other recreational offerings

would be set up, such as concerts and dances, and a library for patients.

While mechanical restraints were abhorred in moral treatment, they were still employed at the provincial hospital with some regularity until at least 1893.[13] Medications were not regularly used in the early decades of the hospital and were fairly limited in selection, consisting mainly of crude sedative or stimulant agents.[13,14] As the twentieth century approached, the limitations of moral treatment were readily apparent, and institutions in Canada and the United States shifted toward a medicalized view of mental health.

During the early twentieth century, a host of new therapeutic approaches would be tried at the Nova Scotia Hospital, with varying degrees of success. Among these strategies was hydrotherapy, as was vogue in many American psychiatric institutions. Consisting of prolonged exposure to warm or cool water via immersion or wrapping in wet blankets, this modality was considered to be particularly efficacious in treating acute agitation or excitement.[23–25] Hydrotherapy purportedly allowed for physical restraints to be practically abandoned, and it was regarded to be more scientifically sound than traditionally available medications. Hydrotherapy remained one of the most important therapeutic modalities until the advent of modern psychoactive medications.

It is worth noting that efforts were made to introduce elements of psychotherapy to Mount Hope, starting in the 1910s.[14] The writings of Dr. Sigmund Freud were an important influence in this initiative. However, chronic shortages of qualified staff along with the intensive nature of this treatment apparently did not allow it to be consistently offered in the hospital until the 1950s.

Fever therapy was also used at the Nova Scotia Hospital for treating "general paresis of the insane", by way of inoculation with malaria or with typhoid vaccine.[13,14] A deadly form of late-stage syphilis, general paresis was a common condition in most psychiatric hospitals prior to the introduction of penicillin.[23] Interestingly, the discovery of malarial fever therapy resulted in the first Nobel Prize in Medicine for a psychiatric intervention, awarded to the Viennese neurologist Dr. Julius Wagner von Jauregg in 1927.

Schizophrenia was another condition treated at Mount Hope, and in some years accounted for more institutional beds in the province than any other disease, including tuberculosis.[13] In 1937, the Nova Scotia Hospital started using insulin shock therapy, an early treatment with demonstrable benefit for patients with schizophrenia. However, the treatment, involving the repeated induction of insulin coma, was labour intensive and perilous. Insulin shock therapy diminished in popularity after the introduction of anti-psychotic medications and it ceased to be performed at the hospital after 1963.[14]

In 1949, prefrontal lobotomy treatment was introduced for Nova Scotia Hospital patients with refractory severe agitation.[13,14] Performed by neurosurgeons at the Victoria General Hospital, the procedure was performed only periodically over about twenty years. It was a controversial option even in its day. With the advent of modern psychiatric pharmacotherapy, lobotomy became another historical relic.

The mid-twentieth century heralded the introduction of much improved treatments. Notably, the Nova Scotia Hospital began to offer electroconvulsive therapy in 1942.[13,26] As one of the most effective interventions in psychiatry, electroconvulsive therapy finally gave some hope for many of the institution's previously intractable, treatment-resistant patients. In 1952, the antipsychotic agent chlorpromazine became available for use in Nova Scotia, followed in the coming years by additional antipsychotic medications, the mood stabilizer lithium, and a host of antidepressants. This modern era of effective psychopharmacological management would gradually help to reduce the overwhelming stigma faced by persons with psychiatric disorders.[27]

Since then, novel therapeutic modalities have been relatively few, though recently there has been interest in one unique avenue for treatment. Starting in 2021, the Nova Scotia Hospital began to offer repetitive transcranial magnetic stimulation for treatment-resistant depression.[28,29] A minimally invasive procedure with negligible recovery time, this modality seeks to reduce symptoms of depression by selectively stimulating specific brain regions with electromagnetic induction. Whether this treatment will also stand the test of time remains to be seen.

Development of a Mental Health Care System in Nova Scotia

As previously mentioned, provincial legislation allowed the medical superintendent at Mount Hope to give preference to admitting acute cases over patients with long-term illness, though in practice there was often pressure from authorities to accept mentally ill persons from the community for custodial care.[3] Seeking a way to alleviate the untenable overcrowding at the hospital, superintendent DeWolf recommended in 1878 that the province set up a series of smaller asylums to house convalescent or chronic patients in the outlying communities.[13] This so-called "Cottage System" or "County Home System" would potentially involve smaller, more house-like group living environments. In general, there was enthusiasm among Nova Scotian municipalities for establishing such regional mental hospitals.[2,3] By 1890, [11] such institutions were built in the province. For a time, these county homes did help the patient census at the

provincial hospital to be more manageable. Unfortunately, these municipally funded facilities also faced budget shortfalls from early on and quickly came into disrepair.

Although the municipal hospitals were criticized in the ensuing decades for providing substandard care, they were still permitted to continue operating as subsequent provincial governments were neither inclined to assume responsibility for funding them nor enacting stringent regulations around their operation.[14] However, this reticence would change after the introduction of federal Hospital Insurance (1958) and Medicare (1967) programs, which increased public funding of medical expenses. As these programs came to fruition, the province set up cost-sharing arrangements with each of the county mental hospitals, on the condition that provincially mandated standards were met. The effect of such a policy on municipal care was heterogeneous, as some centers were able to improve their standard of care and benefit from this new revenue stream, while more modest municipalities were indirectly influenced to shutter their local cottage hospitals. By 1967, only four municipal mental hospitals remained operational: Halifax County Hospital (Cole Harbour), Halifax Mental Hospital (Halifax), Kings County Hospital (Waterville), Cape Breton County Hospital (Sydney River).[30,31] The closure of these municipal asylums resulted in the discharge of approximately 1000 people, including 127 children described as "severely retarded". Though deinstitutionalization in one sense liberated many individuals from custodial care, for others the promise of meaningful reintegration into society proved to be hollow when housing and caregiver support proved scarce.[32,33]

As the cottage system came into disrepute and slowly disintegrated, there was a general shift away from residential psychiatric care to community outpatient models for all but the most severe and acute cases.[14] Starting in the late 1940s, community psychiatric clinics were established in communities across the province. At the Nova Scotia Hospital, a psychiatric Day Care program was set up in 1967, with this program later evolving into the Day Hospital program. These shifts toward community-based and decentralized care would be vindicated by a 1972 study of Nova Scotia's mental health services, led by Dr. Ralph Townsend. The Townsend Report praised the development of community clinics and called for further decentralization of psychiatric services. The 1988 Royal Commission on Health Care echoed these recommendations and extended them by calling for widespread regionalization of many more health care services in the province.

During the 1990s, major restructuring in the provincial health care system raised questions about the future of the aging Nova Scotia Hospital, as it shed some of its specialized mental health care services. For instance, a joint study was conducted in 1990 by the Nova Scotia Hospital, Izaak Walton Killam Children's Hospital (IWK), and Atlantic Child Guidance, to assess ongoing needs for pediatric mental health care.[34] The resulting Report of the Tri-Facility Group on Mental Health Services for Children, Adolescents and Families recommended further integration of mental health services for youth. As such, management of child and adolescent mental health programs came to be gradually transferred to the IWK.[35] Additionally, the Nova Scotia Hospital had an overburdened forensic unit for prisoners being assessed for fitness to stand trial,[36–38] which was closed upon the opening of the 60-bed East Coast Forensic Psychiatric Hospital in Burnside in 2001.[39]

Changes to the Nova Scotia Hospital Campus

In concert with changes to the organized delivery of mental health care in the province, the physical edifice of the Nova Scotia Hospital complex underwent substantial changes during its lengthy history. As alluded previously, budget overruns meant that the original plans for the Mount Hope asylum were mostly incomplete at the time of the hospital's opening in 1858, with completion of the design only achieved in 1874.[4,5,14,19] For the next three decades, the hospital did not change substantially except for the addition of some enclosed verandahs attached to the wards. During this time, nearby developments would impinge upon the pastoral calm of the asylum's rural setting. These included a large sugar refinery less than a kilometer away, with its supplying railway line cutting through the hospital property along the shoreline.

In the first decade of the twentieth century, long-awaited capital construction funding allowed for the acquisition of some adjacent lots for future developments such as a large multi-purpose structure for dining, recreation, and vocational activities.[14] Plans were drawn up for an additional inpatient building on the newly enlarged hospital grounds. A freestanding house on the hospital grounds was also built in 1907 as a permanent residence for the hospital's medical superintendent – prior to this, the superintendent and his family lived in an apartment within the main hospital building. In 1965, this house was converted into the Children's Unit, named MacKay House, after Dr. Murray MacKay, the last superintendent to occupy the property.

In 1914, a new pavilion was completed close to the waterfront, dedicated to acute psychiatric care – appropriately named the Acute Cases Building.[14] This welcome addition helped reduce some of the chronic overcrowding in the original building; however, this was short-lived as the new facility was then promptly commandeered as a military infectious diseases hospital from the end of 1915 until 1919. After the Acute Cases Building was restored to its original purpose, the hospital had to contend with an inundation of servicemen traumatized by

the horrors of the Great War overseas. In the year after armistice, nearly 20% of patients at the Nova Scotia Hospital were military personnel.

During the calamity of the Halifax Explosion in 1917, the hospital was sufficiently far from the epicenter of the blast that no patients or staff were killed, though there were apparently numerous injuries related to shattering windows.[14] As the only hospital facility in Dartmouth, Mount Hope received hundreds of injured people after the incident. Many areas of the hospital, including the dining areas and gymnasium, were taken over for care of the injured by a motley team of local physicians and nurses in the days following the disaster.

While the perennial issue of overcrowding at the Nova Scotia Hospital was only partially ameliorated with the restoration of the Acute Cases Building to its intended purpose, further expansion was limited by financial considerations. The Great Depression as well as the outbreak of World War II limited for many years the possibility of new construction. Even after funding was finally secured, it took years for the work to be carried out. After much anticipation, the next inpatient building opened in 1958, the 100th anniversary of the hospital, increasing its capacity to a sizeable 595 beds.[13] It was later named after a long-time superintendent of nurses Eleanor Purdy.[14,19]

The ensuing decades after Mount Hope's centenary were a time of further expansion for the hospital complex. In 1964, a nurses' residence was added to hospital grounds, later christened Simpson Hall, after long-time administrator Victor Simpson.[13,14,40] Although the conversion of the old superintendents' residence into the MacKay House children's unit did help to provide some dedicated space for the institution's younger patients, it was an awkward space as it was not originally designed for that use. Plans were soon drawn up for a more purpose-built solution. Construction on a new multi-unit treatment facility commenced in 1975 and would come to be called the Marshall Treatment Centre, commemorating Clyde Marshall, a mid-century provincial administrator who helped overhaul the cottage hospital system and reform mental health care in Nova Scotia. Finally, a new central service building (now known as the Hugh Bell Service Centre) was introduced in 1974, which added much-needed amenities for recreation, dining, and education.[13,19]

As previously mentioned, the 1980s and 1990s ushered in an era of uncertainty around the future of the Nova Scotia Hospital, particularly as whispers of province-wide healthcare reorganization and regionalization turned into reality. While 1992 saw the opening of the Mount Hope Centre and its improvements to rehabilitation and extended care, concurrent budgetary shortfalls required ongoing staff layoffs in other areas and overall reduction in inpatient census.[41–44] A significant milestone came in 1996 with the demolition of the aging DeWolf Building reflecting a break from past practice and a turn toward a leaner future for Nova Scotia Hospital.[19] Speculation of the institution's potential closure circulated amidst consideration of possible reallocation of its patients to the Dartmouth General Hospital and QEII Health Sciences Centre.[45–48] Such rumours proved unfounded, despite further downsizing of the hospital complex in the coming years.[19,40,49] Indeed, new development continued on the site, with 2012 seeing the addition of Simpson Landing, a collection of four 10-bedroom bungalow-style housing units for patients transitioning from inpatient care to community living.[40,50–53]

While the future of the Nova Scotia Hospital is far from certain, during its many years in operation it has without doubt served an important role in the provision of psychiatric care in the province. It has had to adapt in recent decades to structural and philosophical changes in the approach to mental health. Although moral treatment at the bucolic Mount Hope asylum did not meet the heady expectations of the hospital's early campaigners, their drive to establish the institution represented a burgeoning desire to treat with compassion the mentally ill, who had no other place in society at large. The growth of the Nova Scotia Hospital reflected prevailing attitudes around institutionalization for severe chronic mental illness, an approach that ultimately proved to be a dead end. The Nova Scotia Hospital campus now looks drastically different from how it did fifty or a hundred years ago, as does the face of mental health care in general. How it will continue to evolve in the coming years remains to be seen.

Box | Indications for admission to Nova Scotia Hospital, 1900.[54]

Condition	Total
Puberty	1
Parturition	5
Lactation	3
Climacteric	8
Senile decay	6
Business worries	8
Domestic worries	9
Disappointment in love	3
Epilepsy	2
Grief	10
Fright	1
Onanism	8
Intemperance	6
Syphilis	2
Debility	18
La Grippe	2
Unknown	35
TOTAL	127



Figure 1 | Main entrance of the Nova Scotia Hospital

Photographer unknown. 1954. Courtesy of the Nova Scotia Archives Photographic Collection.

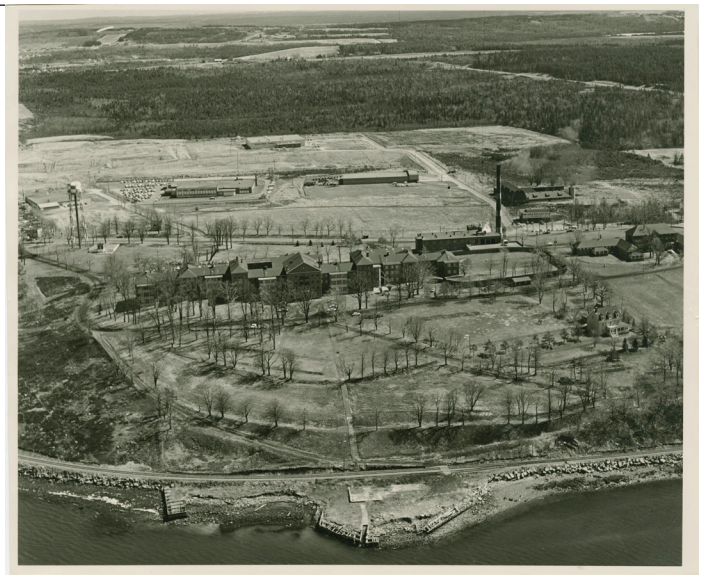


Figure 2 | Aerial photograph of the Nova Scotia Hospital

Photographer Harry A. Cochrane. 1957. Courtesy of the Nova Scotia Archives Photographic Collection.

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