

# THE BAILLIEWICK

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## IN THIS ISSUE:

Museum Highlights	2
Collections Corner	3
Welcoming New Faces	4
Cover Story Continued	5
Name that Artefact	8
Save the Date & Get Involved	8

## GALLERY OPEN HOURS

FALL/WINTER/SPRING: TUES.-FRI., 10AM-4PM

SUMMER: TUES.-SUN., 10AM-4PM

ADMISSION BY DONATION

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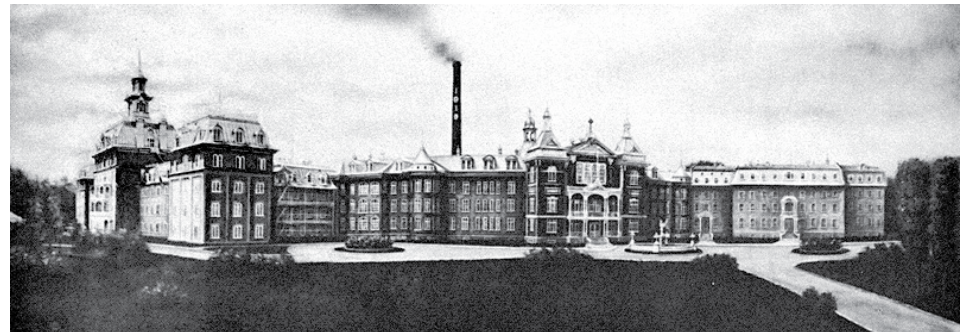
Website: [museumofhealthcare.ca](http://museumofhealthcare.ca)

Blog: [museumofhealthcare.wordpress.com](http://museumofhealthcare.wordpress.com)

Charitable No. 87790 3989 RR0001

## Those Who Were There: The Three Founders of the Beauport Lunatic Asylum

By Max Chouinard, Curator



Beauport Lunatic Asylum circa 1900 (Source: Soeurs de la Charité de l'Hôpital Saint-Michel-Archange).

Quebec is the home of one of the oldest institutions of psychiatric care in the country. In pure Quebec fashion for hospitals, this institution has changed names many times in its history: from the Beauport Lunatic Asylum to the Saint-Michel-Archange Asylum, to the Centre hospitalier Robert-Giffard, and, finally, to its latest appellation: L'Institut Universitaire en Santé Mentale de Québec (IUSMQ). This hospital is again undergoing mutations today, along with its museum.

This institution was founded by three major figures of medicine in Quebec: Joseph Morrin, Charles Jacques Frémont, and James Douglas. The three of them lived at a most interesting time in medical and political history, and in consequence we choose to share with you their fascinating stories.

### Joseph Morrin

Joseph Morrin, the eldest of the three partners, was born in Scotland in 1794, but moved to Quebec with his family when he was four years old. At the time, medical education was still

quite basic in the country. One of the only ways to become a surgeon or a physician was to seek apprenticeship, which Morrin did. In 1812, Canada had few qualified surgeons, and the young Morrin was given an opportunity. Being one of these few, he was tasked with accompanying wounded soldiers to

*In 1812, Canada had few qualified surgeons, and the young Morrin was given an opportunity.*

London. As he was in the British capital, Morrin sought further education at the London Hospital and went to study at Edinburgh University. Morrin was unable to finish his degree and failed his tests, but still returned to Quebec, where he resumed his practice in 1814. In 1826, he was sent to the Hôtel Dieu and put in charge of the municipal prison. These contracts would bring him quite a large sum of money, allowing him to acquire

>> Continued on page 5



## MUSEUM HIGHLIGHTS

Curator Max Chouinard demonstrates 1840s medical procedures at the Kingston General Hospital's event celebrating the 175th anniversary of the first meeting of Parliament.



Public Programs Intern Jayne Henry discusses the history of dentures with participants of "The Truth behind the Tooth" March Break Program.



Detail from the Museum's outreach display commemorating the seventy-fifth anniversary of the Queen's School of Nursing.



Natalia Mukhina (centre), our 2016 Margaret Angus Research Fellow, poses with supervisor Jane Errington and MC Hugh Pross after presenting her free public lecture "Dr. Banting, a Man of Insulin: Discovering the Human within the Hero."

Thanks to the many students, teachers, and advisors who contributed to the development of a new education program "Traditional Indigenous Medicine of the Haudenosaunee and Anishinaabe."



A participant explores nutritional science and hones fine motor skills at one of six "Baby and Toddler Summer Series programs.



Participants pose with a monaural stethoscope at the new program, "Transformation of the Doctor's Visit."



Peek into a 1930s doctor's office--a renewed display in our on-site "Electricity and the Invisible Ray" exhibit.

Public Programs Assistant Ada Luo joined a local troupe of WWI re-enactors on November 11 (Photo by Paul Rado) >>





# 25 Years of Collections Management

By Kathy Karkut, Collections Manager

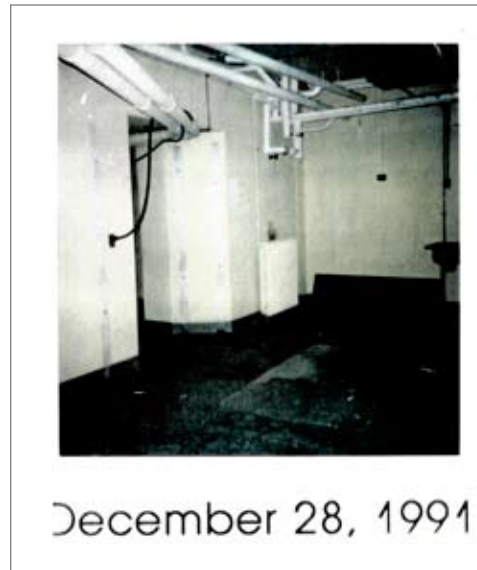
There have been significant changes in the size and management of the Museum's artefact collection since its conception in 1991. We have assembled a collection of "then and now" images to illustrate.

## Collections Storage

The Museum's collection began in the Kingston General Hospital's Watkins 0 (basement) floor in December 1991. In 1995, the basement storage space was beyond capacity with over 1,300 medical pieces catalogued, and so the Museum moved to the Ann Baillie Building. The collection continued to grow, and in 2007, the largest objects in the collection were shifted off-site to a warehouse unit. Shifting large objects out of the main level storage rooms made available much-needed gallery space. In 2010, with the acquisition of the Dr. Ralph and Mrs. Olga Crawford Canadian Dental Collection, a second warehouse unit was filled. Today, the collection holds about 35,000 artefacts and is still growing.

## Exhibits

Two of the first Museum exhibits in the Ann Baillie Building, *The Heart-Lung Machine -- Key to Open Heart Surgery*; and *Inhalation Anaesthesia in the Twentieth Century* (Below, photos from 1997):



December 28, 1991



January 24, 1992



**Above:** Storage in Watkins 0. **Left:** artefacts in a future gallery space (1996). **Below:** high-density, climate-controlled storage units in the Museum's basement (2016).



<< Today's exhibits in the same spot-- *For Service to Humanity: Nursing Education at KGH*; and *Vaccines and Immunization: Epidemics, Prevention, and Canadian Innovation* (photo from 2016).

>> Continued on page 6

## WELCOMING NEW FACES



**Ada Luo** is a fourth-year history student completing her undergraduate degree at Queen's University. One of

her dreams was to become a museum docent and her role as the public programs assistant<sup>1</sup> allows her to fulfill that dream! You'll probably catch her at a local café or petting stray cats.



**Agnes Ladon** is currently a doctoral candidate in Art History at Queen's University, who recently joined the Museum as a

special events assistant and curatorial research assistant<sup>1</sup>. As a student specializing in Canadian historical art and material culture, she is especially looking forward to the opportunity of learning more about the many health-related artefacts in the Museum's collection and about the history of health care in Canada.



**Anne Dilworth** was a public programs assistant<sup>2</sup> for the 2016 summer. She has a Bachelor of Arts from Queen's

University with a major in English and minor in history and is currently studying publishing at Centennial College. Anne enjoyed helping with educational programs, as well as learning about the Museum's vast collections.



**Ashna Asim** is a first-year medical student at Queen's University with a passion for the arts and humanities. She is excited to

be volunteering as a tour guide with the Museum of Health Care and hopes to bring awareness to and promote its invaluable presence and resources.



**Briana Leal** recently joined the Museum this fall as a volunteer gallery attendant. She is currently in her final year at

Queen's University studying art history and psychology. She is extremely passionate about history in all of its forms and hopes to share this passion with others.



**Chris Zajner** is a fourth-year life science student at Queen's university. He has a passion for health care and finds the history

and development of health in Canada very interesting, particularly how it relates to the history of Kingston.



**Gary** has held many volunteer jobs over the past several years. Currently he volunteers at Hotel Dieu Hospital,

Trillium Ridge nursing home and The Partners in Mission food bank. Gary enjoys swimming, cooking, and bowling in his free time. He is a very social guy who always enjoys meeting new people.



**Harry Chandrakumaran** is a first-year medical student and has a passion for history and health care. When

he's not in class or at the museum, he enjoys playing video games, swing dancing, and doing crossword puzzles. A newcomer to Kingston, Harry is excited to explore the treasures of the city.

<sup>1</sup> Our thanks to Queen's University Work Study Program for the creation of this position.

<sup>2</sup> Funding for this position was made possible in part through a contribution from the Young Canada Works in Heritage Organizations program, Department of Canadian Heritage.



**Jamie Ahn** is a third-year life sciences student at Queen's University. She has a passion for learning about both history and

the medical field and is excited to be a volunteer at the Museum of Health Care. Her interests include reading, hiking, and playing sports.



**Kirsi Hunnako** is delighted to return to the Museum as our new communications and finance coordinator. Kirsi

previously worked as the Museum manager from 2006 to 2007 before leaving to curate a collection of daughters: Isla (nine) and Evy (six). She has also served as the operations manager for the Haunted Walk of Kingston and the artistic and managing director of the iSTORM Children's Theatre Company.



**Lauren Westcott** was a public programs assistant<sup>3</sup> for summer 2016. She is going into her fourth year at

Queen's University in the concurrent education program, studying history and French. One of her main tasks was launching the Baby & Toddler Drop-in Program, which was very exciting and a lot of fun! She has enjoyed the teaching experience she has gained through planning and delivering programs at the Museum this summer.

<sup>2</sup> Le financement pour ce projet a été rendu possible en partie grâce à une contribution de Jeunesse Canada au travail dans les établissements du patrimoine, une initiative du ministère du Patrimoine canadien.

<sup>3</sup> Funding for this position was made possible through a contribution from the Government of Canada (Canada Summer Jobs). / Le financement pour ce projet a été rendu possible grâce à une contribution de Gouvernement du Canada (Emplois d'été Canada).

>> Continued on page 6





Dr. Joseph Morrin (Source: Morrin Centre).

many buildings in town and a lot of influence as well.

In 1830, he helped to create the Marine Hospital, which would become a pivotal place for medical education and, as you will see further on, connections. In 1845, he associated with Frémont and Douglas to create the Beauport Asylum, of which he served as director for a short term.

Not content with creating a hospital and an asylum, Morrin founded the College of Physicians and Surgeons of Lower Canada; in 1848, he helped to found the Quebec Medical School, which, in 1852, would become the Medical Faculty of the newly created Laval University; and, if it weren't enough, he was also involved in the first attempts to create a Canadian Medical Association in 1844 and 1849. If these two attempts had gained traction, Morrin could well have been the first president of the Canadian Medical Association.

Morrin was not only active in medicine, but also on the political scene. In 1855, he became mayor of the town and served again in 1857 as the first mayor to be elected by the population. His second term was short, as his health was rapidly failing and forced him to retire. He died in 1861 and gave most of his fortune to create a Presbyterian

college in Quebec, using the building of the former jail where he had visited inmates as a young doctor. The college is now the home of the Morrin Centre.

### Charles Jacques Frémont

Charles Jacques Frémont was born in 1806 in Quebec and grew up in Montreal, where he became apprentice to John Stephenson, founder of the Montreal Medical Institution. He moved back to Quebec and set up practice in town. The capital gave him the opportunity to become quite active in the medical life of the province. In 1837, he was sent to the Marine Hospital by the governor to act as assistant to James Douglas. Douglas refused Frémont on the grounds of his short experience but took him on ten years later.

In 1845, he took part in the founding of the school of medicine and, of course, the Beauport Asylum. In 1852, he was invited to teach at the Faculty of Medicine, and, in 1856, he was designated as the second dean of this faculty, which he greatly modernized through his efforts to bring in modern equipment and practices such as a proper pathology museum, microscopes, clinical internships, a library, and more professors.

Probably under the counsel of his colleague James Douglas, Frémont left Quebec for Egypt in 1860 to take some rest and fix his deteriorating health. He stayed for a short while with little result and eventually died on his way back in 1862.

### James Douglas

Of the three founders, James Douglas has probably the most colourful story. Born in Scotland in 1800, he, like all his colleagues, became apprenticed to a local surgeon. His job was comprised mostly of bloodletting, a practice which brought him enough money to become independent from his parents. He decided to move to Edinburgh, at the age of eighteen, to study at the university, where he had the opportunity to study with the likes of Robert Liston and John



DR. JAMES DOUGLAS, SR.

Dr. James Douglas (Source: Morrin Centre).

Barclay. He served as surgeon onboard a Greenland whaler, and in 1822 took up a position as the medical director of a Honduras colony on Mosquito Bay. This position was short-lived, as he contracted yellow fever and had to be sent to Boston for treatments.

After his stay in Boston, Douglas decided to go to Montreal to visit friends, but was forced to stop in Utica, where he decided to settle down and marry. He became a teacher of surgery at Auburn College, where he took up an unfortunate practice: bodysnatching. Douglas had to maintain a fresh supply of bodies for his classes, but the opportunities to find some under the legal situation of the day were slim. He was caught twice. The first time, he was arrested for unearthing the body of a slave. Perhaps unsurprisingly, Douglas was warned ... but pardoned. The second time would prove to be his undoing. Thinking that he had removed the corpse of a drunkard, Douglas carelessly left the body in plain view on a table in his house. In an unbelievable scene, a carriage driver came into his house and recognized the body lying on the table as not that of a destitute drunkard--but that of a former mayor of Utica. The driver left, but Douglas realized that it wouldn't

>> Continued on page 7

**Cataloguing**

The Master Accession Register is the record for all donations and is the most important document in managing the collection. On the top is an image of the first handwritten register, which lists items catalogued in 1992. The current Master Accession Register is managed with electronic spreadsheets.

ACCESSION #	OBJECT	DONOR	DATE REC'D	DATE ACC
992.001.001ab	vaporizer #157/1	unknown	Jan 18/92	Jan 18/92
992.002.001	spoon warmer #400	unknown	Jan 18/92	Jan 18/92
992.003.001ab	syringe & barrel #353	Dr. R. Halliwell	Jan 18/92	Jan 18/92
992.003.002ab	hypodermic needle w/glass case #11	Miss G. Gagnier	Jan 18/92	Jan 18/92
992.003.003ab	hypodermic needle w/glass case #11	Miss G. Gagnier	Jan 18/92	Jan 18/92
992.004.001ab	bandage winder #357	Miss G. Gagnier	Jan 18/92	Jan 18/92
992.005.001.001k	seal syringe #161	Miss G. Gagnier	Jan 18/92	Jan 18/92
992.006.001.001	vaporizer w/stand #128	unknown	Jan 25/92	Jan 25/92

MUSEUM OF HEALTH CARE FOR EASTERN ONTARIO - ACCESSION SHEET

01. Accession Number 996.020.001

02. Collection Blair Previous Number 1

03. Acquisition Status: Original Loan Status: On loan Copy Type: Original

05. Object Term Cup, Insulated

Food & Equipment For Materials  
flat at the bottom with a narrow lip  
side and the opposite side has a long

Size/Dimensions (1 = mm 2 = cm 3 = m)

10. Length 16.2 1 2 3

11. Width 5.5 1 2 3

12. Depth 5.5 1 2 3

13. Diam. 1.23

14. Weight 1 2 = kg

25. Provenance Owned by Pat Blair, whose father

26. Marks

**Above:** Original Accession Register, 1992.

**Left:** Handwritten catalogue record, 1996.

**Cataloguing con't...**

Accession sheets document information about each artefact in the collection. At the Museum of Health Care, these evolved from handwritten, loose-leaf to electronic database records.

Add or Edit an Artifact Record - all fields

Object Name: Infant feeding bottle

Collection (F3): Roader and Szuck Collection

Category (F3): Infant Care Artifacts

System Class (F3): Nursing

Mesh Heading (F3): Infant Care

Number Of Parts: 2

Part Names (F7): 1 - bottle

Title: D-30789

Record Status: Public

Accession Number: D16001061 a-b

Date Received: March 14, 2016

Acquisition Date: May 25, 2016

Acquisition Price: Donation

Acquisition Mode (F3): Donation

Donor Name: Maryanne Szuck, Alice Roder

Tax Receipt (F3): No

Accession Notes: Collected by Maryanne Szuck and Alice Roder

Provenance: Collected by Maryanne Szuck and Alice Roder

**Above:** Electronic cataloguing software, 2016.

**Far right:** Public view of online catalogue record, 2016.

Research Collection Catalogue

infant feeding bottle

Accession Number: D16001061 a-b

Collection: Roader and Szuck Collection

Category: Infant Care Artifacts

Classification: Infant Care

Mesh Heading: Nursing

System Class: Nursing

Mesh Heading: Infant Care

Description: The upper clear glass body (upper infant feeding bottle) is with opaque blue glass on the bottom with a white base for rubber with blue stripes around off bottom with white stripes.

**Welcoming New Faces... continued from page 4**



Nicole Rogerson is currently pursuing a diploma in cultural resource management while working at Queen's University.

She has been doing graphic design for five years and enjoys creating program materials as a volunteer with the Museum of Health Care.



Warren is a social man who enjoys being with his friends and family. He currently is volunteering at Arbour Heights

and Kingston General Hospital and has volunteered at Trillium Ridge, and the Partners in Mission Food Bank. Warren has many passions which include horses, movies, comic books, travel, and trains.

Welcome to our new board of directors members:  
**Sherri McCullough**  
**Eleanor Rivoire**  
**Rob Van Winckle**

...and to our new committee members:  
**David Cook**  
**Robin Harrap**



## Asylum... *continued from page 5*

be long until he was arrested. He then decided to flee for the border with his wife and all they could carry with them.

The now fugitive James Douglas fled to Quebec, where he again set up practice. Probably due to his past experience, his first comment to the local authorities was that they should heighten the fences around the local cemeteries. In 1826, he started to teach surgery in his basement, a room that was interestingly converted to a kitchen a few years later. His reputation became known around the province, and people came from all around to learn from this surgeon who could perform an amputation in less than a minute: his personal record being forty seconds.

In 1837, he was named director of the Marine and Immigrants Hospital, at the same time as epidemics of cholera and typhus were affecting a great part of the population. People fought to work under Douglas, even though his reputation with co-workers was that of a raging tyrant.

In 1824, the government had commissioned an inquiry into the state of mental care in the country. It was of course deemed appalling, as patients were sent all over to prisons and madhouses with little regard for their well-being or treatment. The report was disregarded until 1843 when Governor Metcalfe decided to approach Douglas and ask him to open an asylum. The government would pay a fee for each patient housed in the establishment, but the asylum itself would remain private.

Douglas got together with Morrin and Frémont and bought the former manor of Robert Giffard de Moncel, one of the first surgeons in the country. They transformed the building to make it suitable for the treatment of the mentally ill. The patients being transferred from appalling conditions started to recover, and some of them were eventually released.

It is important to note that none of the three associates had any training as an alienist or psychiatrist. Douglas himself had a theory to explain mental illness, one that was popular with many of his contemporaries. According to him, there were five causes: city life, which was inherently corrupting to the mind; sin; alcoholism; heredity; and



*Robert Giffard's house, first home of the Beauport Lunatic Asylum circa 1860  
(Source: Library and Archives Canada).*

masturbation. Douglas believed that bringing patients to the country and occupying them with productive work would free their minds. The practice probably had some merit, and in any case the change of living conditions from the prison was probably enough to elicit a positive response in many of the patients.

Douglas was taking his work at the asylum to heart. It was said that he had an incredibly caring attitude toward his patients, which was in great contrast to a tyrannical reputation with his staff. But his attachment to the asylum was starting to affect his responsibilities toward the Marine Hospital, and in 1852 a royal commission was created to inquire into the state of the establishment, which had become rundown and poorly managed. The commission blamed Douglas for his temperament, which caused him to slowly retire from hospital life and concentrate on his duties at the asylum.

Starting in 1850, Douglas started to experience respiratory issues and prescribed for himself a series of trips to Egypt. He describes them in his memoir,

including the story of how he saved the life of an Egyptian slave trader who, to thank his saviour, offered him a tamed hippopotamus, an offer that Douglas had to decline. The surgeon brought back with him a stash of ancient artefacts, including many mummies. One of them was identified in 2004 as the body of Ramses the First, and is now housed at the Luxor Museum, but many of his finds remain at Quebec City's Seminary.

In 1865, having lost both his associates and a great part of his wealth through bad investments, Douglas sold the asylum and moved with his son to Pennsylvania, where he spent the rest of his life. If the name James Douglas is familiar to our Kingston and perhaps Montreal readers, it is because James's son, James Jr., bequeathed large sums of money to Queen's University's library, which now bears its name, as well as to the Douglas Mental Health University Institute, named in honour of his father.

### **A full circle**

The asylum went through a series of reforms, considerably growing in size during the late nineteenth century. In 1883, the government started to debate the future of the establishment, and in 1893 decided to transfer its responsibility to the Soeurs de la Charité congregation, which greatly modernized the hospital. In a peculiar move in 1897, the asylum was recognized as a municipality. It managed its own water system, fire brigade, police, bread maker, butcher, telephone, radio, and even a private railway system. Its approach to treatment slowly changed from occupational therapy to a more re-adaptive one, seeking to reinsert patients into society. In 1997, the government took back the hospital, making it a laic institution once more. The hospital is today closely associated with Laval University, associating two of the most long-lasting realizations of its three founding members.

## Murder Bottle or Saviour Bottle?

With contributions from Isabel Luce, Collections Volunteer, and Kathy Karkut, Collections Manager



Which is which?

'Turtle Bottle,' 'The Little Cherub,' 'Feed the Baby' and 'Mummie's Darling' are just a few of the names used to describe the so-called 'Murder Bottle,' an invention used from the mid-to-late 1800s that made the process of feeding an infant significantly easier. The mother was not even required to hold the baby or the bottle, as the infant could suck the milk on their own through the rubber tube and nipple attached to one end of the turtle-shaped glass bottle. This innovation freed the mother from the hassle and discomfort of nursing and wearing a nursing corset, and allowed her the opportunity to tend to her other chores.

Unfortunately, due to the closed-in shape of the glass, glass screw-top or cork closure, and the long rubber tube and teat, these bottles were very difficult to clean, and Mrs. Isabella Beeton's advice in Beeton's Household Management (1861) only exacerbated the unsanitary nature of these bottles, as she advised new mothers that they did not need to wash the teat/nipple for two or three weeks. This lack of sanitation allowed for deadly bacteria to flourish, and led to doctors condemning the use of these bottles – now nicknamed "Murder Bottles" – as they contributed to the high infant mortality rates of the late 1800s (only two out of ten babies survived until two years of age).

Though the "Murder Bottle" was outlawed by Buffalo, New York, by 1897, it continued to be bought and used widely into the 1920s. A new, elongated baby bottle with openings on both ends of the bottle was created in 1894 called the "Banana Bottle" or "The Allenbury Feeder," which was easier to clean. It has been referred to as a saviour due to its being the most



### What Is It?

Program for ages 6-12 on February 3

It's a bird! It's a plane! No, it's an otoscope! A hands-on introduction to some of the objects in the Museum's collection. Examine mystery artefacts and search for clues to discover how they were used.

### Teddy Bear Hospital

Family Day Program for ages 3-8 on February 20

Bring your teddy bear to the Museum of Health Care where trained "teddy doctors and nurses" will be on hand to examine and treat your toy's bumps, lumps, and bruises.



### A Day in the Life

March Break Programs for ages 6-12

Discover the histories of three health-care professions--doctor, nurse, and druggist--then try your hand at their trades!

To pre-register, contact us at 613-548-2419 or [info@museumofhealthcare.ca](mailto:info@museumofhealthcare.ca). Stay updated by visiting our Calendar of Events online or subscribing to our e-newsletters.

## SUPPORT A LEGACY OF CARE

The Museum of Health Care was founded to be the premier institution devoted to the preservation of the history of health care in Canada. Your support is vital to safeguarding this dynamic heritage and ensuring the Museum is here for future generations. There are many ways you can show your support such as becoming a Museum Member, giving a Gift Membership, providing a donation, or honouring a family member or friend with a Commemorative Donation.

Please consider supporting the Museum of Health Care today. Call us at 613-548-2419 for information or visit [www.museumofhealthcare.ca/donate](http://www.museumofhealthcare.ca/donate)

hygienic bottle design on the market at the time, and was used into the 1950s.

The top image is an example of a "Murder Bottle," manufactured circa 1890 by W.R.H. Orr, Druggist. The bottom image is an example of the "Saviour Bottle," which was made by Allen & Hanburys Co. Ltd., and would have been used between 1900 and 1930. It had no angular corners, which facilitated easier cleaning, and no long tube to breed germs. Rubber tubes, nipples, and valves aren't shown here. Both are from the Kit Wheeler Collection.