

ACTIVE HISTORY LOOKING FORWARD

Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health (CAMH), Toronto, 2000 – 2010

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The purpose of the wall tours described in this article is to remember the men and women asylum patients who built, lived, worked and died behind the last remaining structures that still exist on the grounds of the former Asylum for the Insane, Toronto. The tours first started with a conversation. In spring 2000, Heinz Klein, one of the organizers for the Psychiatric Survivor Pride Week events, and an activist whom I have known since 1993, asked me to give a talk about the history of people who lived in the Toronto Asylum for the upcoming annual event organized to celebrate the contributions of psychiatric survivors/consumers in our community.¹ I was skeptical and said a lot of people had recently seen a play based on my research which did a better job than I could of speaking about patients' lives. Heinz then suggested I could give a talk outside by the 19th century patient built wall at the present day Centre for Addiction and Mental Health (CAMH), not far from where the play had been performed in April, 2000. As we continued to talk the idea of a wall tour came up, though I can't remember who suggested it first. Instead of a stationary talk by the wall, the idea was to give talks all along the wall about patients' lives where they lived. The wall would be the central site of multiple talks woven together by the common theme of describing a history of patients' life and labour on this site. And so began the wall tours with the first one held on July 14, 2000, Mad Pride Day as it is now called. To my amazement and delight, about fifty people showed up for the first wall tour, a harbinger of things to come in the following years. Over the next decade, more than 80 "official" wall tours were held for anyone who wanted to attend (not including unofficial individual tours for media, film-makers, friends and researchers). From what was essentially a once a year tour during Mad Pride Week during the first three years from 2000, wall tours have increased since 2004 from several a year to literally over a dozen a year since 2008 encompassing individual group requests on a case by case basis to wider tours that are part of city-wide historical and community events.² Held entirely outside, the wall tours have taken place in every month but December and January and have never been cancelled in ten years on account of the weather. Most tours are held in the non-winter months – only at the request of a group have tours been held in the winter, and this happened only on two occasions. Otherwise, wall tours are scheduled during times when it is most comfortable for people to be outdoors.³

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THE WALL TOUR'S PURPOSE, CONTENT AND LANDSCAPE

The tours are usually advertised by sending out an email announcing it, with a description about its purpose, noting it is entirely outside and that it is a “Patient Built Wall Tour at Central for Addiction and Mental Health” so as to emphasize the physical structure and who built it. Wall tours for specific annual events, like Mad Pride or Open Doors city-wide heritage tours, are advertised more widely in community newspapers and posters. Tours have also been advertised within the psychiatric facility on site to ensure that in-patients know about them, thanks in particular to a friend, Lucy Costa, who works at the Empowerment Council, CAMH. The short name – wall tours – has stuck as the simplest way of describing what is a walking or wheeling tour around the perimeter grounds of a 26 acre site at a large mental health facility in a densely urban space. In order to respect the privacy of the people who are currently patients at this facility, the wall tours have never gone inside CAMH and never will. Considering the disgraceful history of voyeuristic tours at asylums and mental hospitals where “visitors” gawk at people confined inside in a manner than can only be considered demeaning and degrading to people who have endured such humiliations – including at Toronto up to 1883 – these wall tours deliberately avoid any such associations, past or present and are predicated on respecting the privacy and integrity of people who live on this site today.⁴

For years the tour started outside of the CAMH front entrance at Queen and Ossington, which was demolished in 2010 as redevelopment work proceeded. People waiting for the tour mixed with residents sitting on the benches on the patio out front. Some residents joined the tour, others did not, however they were and are always invited to attend to try to ensure that there is not the split between wall tour attendees and present day patients. Nevertheless, it would be false to claim this aim succeeds in providing an equal environment since there were and are differences, notably socio-economic differences as most of the patients sitting out front have little or no money and sometimes ask for change from visitors. No matter how many times the tour takes place, it is always apparent that this event is taking place on the grounds where people live today and, unless one is a patient or staff of CAMH, those of us participating are visitors traversing the grounds where people live. Preventing a sense of “otherness” and voyeurism from affecting the tour is essential to establishing an atmosphere where visitors, including myself, are aware of our responsibilities and boundaries in respecting the space of people for whom this place is not a site for a tour but their life. Keeping the tour as unobtrusive as possible is important so that it does not appear to be a return to the days when outsiders intruded on the space of mad people without any regard for their well being and privacy. Whether the tours have been successful in not being intrusive for all people over the past decade is ambiguous. Indeed, there is no doubt that there have been tours that, even though entirely outside, have been

intrusive for some people at CAMH due to the sheer size which meant that large groups of people were present as visitors on parts of the grounds – especially the front patio – that generally was where CAMH patients gathered. Thus some tours did intrude on some people's privacy even though held entirely outside. In one case, a participant shot a film which invaded an elderly gentleman's privacy so that now video filming is banned from wall tours and is only done by individual agreement when no one else is around to be caught in a video, or in rare cases when it is done it is announced to avoid unwanted filming of participants. In another instance, just before the start of a tour an elderly homeless man became quite physically ill on the patio so that participants waiting for the tour contacted emergency personnel and an ambulance took the man to a nearby hospital. Tour participants come from all backgrounds and ages, some of whom have known and continue to know poverty and many of whom know what it is like to be a patient in a psychiatric facility, now or in the past. Thus participation on this tour is an outsider experience for some, while it is also an experience that is part of one's life history for others. It is especially gratifying to see regular attendance on the wall tours of people with visible and invisible disabilities as well as people who self-identify as psychiatric survivors/consumers/patients, since it is their history above all. At times, I can tell when someone responds in a certain way to a story, asks a particular kind of knowing question, or laughs at a phrase like "patient privileges" that this is a history they know very well from their own personal experiences. It resonates. And boundaries are lessened between past and present, between tour guide and participants, and between attendees and people who live at CAMH. As this article will detail, the need to move beyond the boundaries between visitors and patients, and making such events inclusive for all, is a major part of the history of the wall tours.

MAPPING THE WALL TOURS

From the earliest wall tour in 2000, a copy of an 1890s map of the asylum grounds from the Archives of Ontario, on which I have written all over about patients' history at specific places on the site, has been used as a "cheat sheet" to guide me around the grounds of the present day Centre for Addiction and Mental Health.⁵ This map, copied numerous times as it wears out, is usually shown at the start of a tour to introduce the history that provides the entire reason for the wall tours which takes place on the site of the Provincial Lunatic Asylum, first opened in 1850 at what was then 999 Queen Street West, Toronto (the address changed to 1001 Queen Street West in 1979). The brick boundary walls which first surrounded this site were originally constructed in 1860 by unpaid patient labourers on the east, west, north and south sides on 50 of the 100 acres of the asylum's property. By 1888-89 the once distant city had caught up and surpassed this site so that all but 26 acres were sold off and the east and west walls were torn down and recon-

structed where they remain to this day. Boundary walls on the north side remained until being torn down in the early 1970s, so all that remains of the original 1860 wall are portions along the southeast and southwest parts of the ground, separated in the middle by a chain link fence where the foundations of the original wall still exist.⁶ This is where the wall tours take place, as well as along the east and west walls which were re-constructed in 1888-89.

The historical context of moral therapy is mentioned during the tour, in which light work was the theoretical underpinning of this rationale for asylum inmate labour. As is pointed out, constructing brick walls is not exactly light work, nor is intensive toil in the laundry. The emphasis during the tours is on a labour and social history of the patients of the former Toronto Asylum with connections to people living this history today on what has been an active site since 1850, a point always stressed during wall tours. It is also not neutral history. I have a point of view and it comes across in the way this history is presented. This is done in such a way that represents a history that reflects the patients' own writings and views, varied as they are, but which on the whole are perspectives which need no slanting on my part to be critical of the asylum. The patients' words and experiences, exemplified by the wall they built, speak for themselves about the harshness of the conditions they endured in a way that no tour guide could improve upon for eloquence, poignancy and humanity.

Throughout the ten years of the tour the "cheat sheet" has not changed much, except to add additional names of patients to particular places. As well, while it is always brought along and shown to people at the start of every tour to give an idea of the dimensions of the grounds and asylum buildings which no longer exist, familiarity with the route and stories means that I need to consult the map much less given the multiple times the tour has been given. Sometimes the "cheat sheet" is never consulted during a tour, unlike in the early tours when it was almost always referred to at every stop. But while the map has not changed a great deal, the tour itself has changed over the past decade as the grounds have changed and as different ways of doing the tour are tried, either because I want to see if something different works better or because I have to change the tour due to the changing landscape upon which it takes place.⁷

Though women themselves did not build the walls they did an enormous amount of labour in its shadow. It is this image – of male and female labour in the shadows of the patient built walls – that is the connecting link between the toil of both genders to the bricks which still exist today. The wall stands, quite literally, for all of their exploited labour.⁸ An average tour has approximately eight stops, in addition to the gathering spot where the tour starts, a meeting point which has also changed several times over the years from the northwest side, to the patio by main doors in the north centre of the property at Queen and Ossington most frequently until it was torn up in 2010, to the east wall by Queen and Shaw where all tours now start. Of immense importance is ensuring that the

wall tour is accessible in a variety of ways for people with disabilities, though it has not been accessible for people who are deaf as no sign language is provided. People who are blind have attended the wall tour and to make it more clear what is being referred to, descriptions of what is being pointed out are sometimes made, though I admit to forgetting to do this more often than not. During all wall tours touching the wall is encouraged so people can feel the history that is right in front of us and become all the more impressed with the abilities of the patients who built the walls. In another case, a lone railway track, literally sticking out from under an old tree that has grown over it on the southwest side of the wall by an opening, is shown to people by literally standing atop it. It is the last vestige of a railway siding where male asylum inmate coal gang workers toiled. Children, in particular, are fascinated by this railway track protected by an old tree and it is a great way to make history more interesting to all age groups. Making use of such unusual artifacts gets everyone thinking about what this old railroad track represents, who worked around this site and why.⁹

Accessibility also means using language that emphasizes the humanity of the people being talked about in a way that everyone can understand. Academic terms like “socially constructed”, for example, are avoided. Tour participants can nevertheless surprise with their own terms – one grade school boy on a tour with his parents pointed out that an example of writing on the wall which had just been pointed out was “cursive”, and said it twice when I wanted to make sure I heard him correctly. Other people have identified features of the wall in a way that never occurred to me – one woman asked me about the “golden” colouring on part of the south wall, which I had previously thought of as yellowish, but her description was so much more poetic. And indeed, stories from the wall tours have inspired poetry, with two participants sending me their poems about the wall and the patients who lived behind them. One of the authors of a poem gave me permission to read her verses during a later wall tour when she preferred not to read it herself, with her authorship of course being credited at the start and end of the reading of the poem. Besides poems, filmmakers, radio interviewers and newspaper journalists have also conducted interviews on site about the wall’s history and others have written articles about the wall after attending or hearing about the tours.¹⁰

In another instance, CAMH Workman Arts, led by Lisa Brown, organized an arts sculpture display as part of city-wide arts festival, Nuit Blanche, in which psychiatric consumer/survivors created sculptures based on five people who lived at the asylum. Called “InSanity - The Story Behind the Wall” it was seen by hundreds of people on October 3-4, 2009 when it was exhibited in the auditorium. While not part of a wall tour itself, this event used the theme of the wall to tell the stories of people who lived behind it for a city wide cultural event. Similarly, an April 21, 2010 event organized by Psychiatric Survivor Archives, Toronto member, Andrea White and Chris Reed of This Is Not A Reading Series,

entitled “Words on the Wall” began with a wall tour followed by a silent auction at a nearby historical hotel where over forty artists had created artistically rendered bricks in support of raising funds for wall plaques to commemorate this history.¹¹ Thus, events like these are directly connected to the history of the wall, in which raising consciousness about the history of patients past which it represents ensures the wall’s continued existence well into the future. This in turn leads to the connection between the wall tour with the preservation and interpretation of this historical site.

WALL TOURS, PRESERVATION AND HISTORICAL INTERPRETATIONS

Perhaps the most tangible impact the wall tour has had is in helping to keep its history visible for all to see and hear and thus help to build public support for the preservation and interpretation of its history. During numerous tours, people have said that they knew nothing of the wall’s history before attending a tour. In other cases, people had previously heard about the wall’s history but wanted to know more. Thus, far from it being simply an interesting tour of an old architectural gem in the heart of the city designed by a locally well known 19th century architect, Kivas Tully, the wall tour breathes new life into the bricks by highlighting when it was built and the lived experiences of people who have lived behind this wall since the latter part of the 1800s. For people who have themselves been patients in either this facility or another one elsewhere, and for family members who have had, or who do have relatives who have been psychiatric patients and want to know more about what life was like for asylum inmates, especially for people whose relatives they have only heard about through family stories and old records, the patient built wall represents a genuine physical link to the institutional experience of those who preceded us. The wall is thus made relevant to people today who appreciate it as a memorial to people who have been previously forgotten and unmarked in public monuments, unlike the doctors and architects who, if anyone is remembered, they are usually the most likely to be marked publicly, either with busts, statues or parks.¹²

The wall tour route has also aided in interpreting various parts of its history in another way-nine designated plaques, each installed in places that traverse the different stops along the way. When historical plaques were written up, originally in 2005 by the Psychiatric Survivor Archives, Toronto and since then revised in collaboration with CAMH, the content for each plaque and their location follows the route during which the wall tour unfolded at each spot along the way: a general introduction to the grounds; women’s work, including domestic labour,

laundry and sewing toil; men's work building the walls, construction, carpentry, maintenance and agricultural labour; death and burial. Thus the tour has provided the thematic content for the wall plaques which, since their unveiling on September 25, 2010, allow people to learn about this history whenever they come across one or more of the nine plaques located around the 26 acre property.¹³ The wall tours have thus maintained and helped to spread public awareness about, and support for, the preservation and interpretation of the wall's history, in conjunction with wider efforts of the psychiatric survivor community and heritage allies in maintaining the patient built wall's past historical connection to people today, both in the local neighborhood and beyond. Indeed, a significant part of the over \$8,000 raised for the wall plaques has been from the wall tour since 2008 when fundraising requests to support the plaques' project began to be made with the money going to the Psychiatric Survivor Archives, Toronto which coordinated the plaque project with support from CAMH.

It also needs to be mentioned that CAMH has never sought to curtail or interfere with the wall tours, and staff members, as well as patients, have attended them like anyone else. Given the tour's purpose, which is to engage patients' history to fight prejudice towards psychiatric patients past and present by stressing our collective contributions, the goals of the wall tour in this sense are congruent with CAMH's efforts to reduce stigma, though our approaches differ, particularly in regard to interpretations of the medical model.¹⁴ The tour also brings hundreds of people to the site each year, the vast majority being new tour attendees. Though it can hardly be called great publicity since the history being told is not flattering, the tours hold the potential to challenge prejudices and stereotypes for people who may not otherwise visit a psychiatric hospital. Given some of the comments I have heard over the past decade, including inquiries about "safety" issues during a wall tour, it is clear that many people are not only unaware of the wall's history, but there are a notable number of attendees who do not know much about psychiatric patients in general. Needless to say, personal safety has never been a problem on a single wall tour over the past ten years – people are as safe on a wall tour as they would be during a visit to a city park. The wall tours, begun in the psychiatric survivor community among like-minded activists, have thus branched out to such an extent that it is anything but preaching to the converted, though there is nothing wrong with this either since mad people deserve to have our community's history told as a source of pride and recognition among people who know about this past from their own lived experiences. What is especially important is this history is made accessible both for people who live it and for people who learn about it for the first time, thus helping to break down barriers affecting marginalized people in our communities. In a large city like Toronto, perhaps what is most gratifying is realizing that the wall tour will almost always be new information for someone among the large group of people who continue to attend, which

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is why leading it is both a privilege and a delight all these years after the first one.

ALTERED WALLS & WRITING ON THE WALLS

To give people an idea of how the surroundings along the wall have changed over time, the physical alteration of the neighborhood is usually discussed at the start of the wall tour. Within several decades of the asylum's opening, a once pastoral setting three miles west of downtown Toronto, was absorbed into the encroaching city by the 1880s; to think of this area as having previously been out in the countryside is something that young people in particular find astonishing. People of Aboriginal background or who have researched local history sometimes mention during a wall tour the original settlers on these grounds who were present long before people of European descent built upon it. The physical alteration of the wall is always mentioned to give people a mental image of the way this structure once looked a century ago when the entire grounds were surrounded by brick walls that stood an average of sixteen feet in height. This includes reference to the shortening of the northeast wall corner along Shaw Street in the 1970s, openings in the walls for pedestrian and motor vehicle access along the eastern wall during that same decade when the old asylum was torn down, as well as the demolition of portions of the east and south walls, and all of the north wall as well as restoration work done in 2007-08 on the west wall.¹⁵ As well, a bricked in door on the east wall and a series of bricked in windows along the south wall are always pointed out. One particular bricked in window is a favourite stop, given its uniqueness, as it also contains a windowsill from 1860. It is the only place anywhere along the entire length of the structure that contains a piece of well-preserved wood in the wall. Since the exact date when these windows were bricked in is not known, other than that it was sometime in the late 1800s judging by the colouring of the bricks in comparison to the rest of this wall, it also offers a perfect time to ask: What might the windows have looked like? Why were the windows bricked in? What do these bricked in windows say about the lives of asylum inmates whose views of the outside world were so severely limited that the few windows in the boundary walls were bricked in by the late 19th century? These bricked in windows thus become an evocative symbol about how people were confined in a space that speaks of social exclusion above all else.

Part of the wall tour also consists of pointing out the change in the wall's structure whereby buttresses which jut out of the earlier built south wall facing into the grounds are contrasted with the east and west walls where buttresses do not face into the grounds but instead face outwards to the exterior land. These buttresses on the south wall are used to talk about escape attempts by showing how it is possible for a particularly agile, physically strong, tall and fast moving person to climb up a buttress, or pillar, if their grip is secure and a person is able to hoist oneself up onto and over the wall, expecting scrapes and bruises along the

way. One particularly tall young man demonstrated just this ability to climb the asylum wall by gripping a buttress and lifting himself up and then on top of the wall at the conclusion of one tour for several people who stayed to watch when he offered to try it. How frequent this difficult physical feat was actually, if ever, achieved by asylum patients, is impossible to say. A person would also have been more likely to be successful escaping if they had help from a friend when climbing a wall, a rather dangerous effort for anyone involved considering the consequences for assisting an escape attempt. Nevertheless, these sort of unique differences in the physical structure of the wall allow for much reflection on what happened around it and, indeed, on it and over it during its history and what this helps to reveal about patients who lived behind the wall. People are also asked at this point along the wall tour: Who escaped more, men or women? This raises gender differences on this issue in that female patients had fewer opportunities to escape than did male patients, due to females having far less parole of the grounds than men since more men were assigned outside work than were women who worked primarily inside, and due to women's long dresses which made escaping over a wall like this difficult to say the least, especially with men attendants who wore pants being able to run faster than women. Escapes by both men and women are discussed here by the south wall buttresses, making their bids for freedom all the more poignant when realizing the immense obstacles they faced both in the form of brick boundary walls we are standing in front of and other barriers from within the asylum as well as society itself.

On the east side of the wall, various etchings carved into the wall, some of which date back to the 1890s, are also discussed in a way which highlights another immense barrier, this time right on the ward: the censoring and confiscation of patient letters. Tour attendees are told about how, if they were patients a century ago and the content of their letters addressed to their closest relations were not approved for mailing, they could have their letters confiscated and placed in their file. This is where I found many documents originally addressed to spouses, children, siblings, friends, lawyers and others who never saw the words researchers can now find in patient files, that is, when such letters were not thrown out as also happened. After providing this context, tour participants are told how it is possible to surmise that some patients left etchings in the brick boundary walls a century ago knowing that, even though their letters could be confiscated, no one can confiscate writing on a brick wall, or tear it up and throw it away. Thus, some patients sought to leave their mark in ways that could not be so cavalierly discarded by the asylum authorities. Indeed, as the tour proceeds to the southwestern side of the grounds along the south perimeter, a stop is always made at an 1889 workshop built by male patient labourers where they toiled with asylum carpentry staff. On an exterior wall of this workshop, still within the asylum grounds, are chiseled letters and numbers, the meaning of which is lost to posterity. However, the meaning of one set of chiseled letters is clearly decipherable: "BORN TO BE

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MURDERED". That a male patient left this message on the side of the workshop building seems a certainty, given that any staff member who did so would be putting their job in danger. As well, such a message appears more reflective of the sentiments of a person confined behind the walls of an insane asylum than anyone else in the vicinity of this workshop where male patient labourers lived and worked. These words remind tour attendees, and anyone else who views them, about the despair of people confined on these grounds. A patient is literally speaking to us through these old bricks in words that are full of rage which these walls have exclaimed for decades.

At this same spot, the 1889 workshop along the southwestern wall, the life of patient labourers are always discussed, particularly Winston O. whose toil and creativity became legendary during his own life-time during the more than a half century that he lived on these grounds from 1877 until his death in 1934.¹⁶ As he would have worked in this building and as his many abilities are recounted, people who attend the wall tour are asked if they know what a cooper was, since this was Winston's profession prior to confinement. Usually, people in their fifties and above know, and occasionally younger people do as well. On one occasion, a woman could scarcely contain her pride when she exclaimed in response to this question: "My father was the last cooper in Newfoundland!" She then proceeded to tell people what a cooper was and how she had donated her father's work tools to a museum in her home province. It is personal connections like this which make the wall tour an experience that can resonate with participants while informing everyone about someone else's personal history.

REMEMBRANCES AND PARTICIPATION DURING WALL TOURS

Some of the most memorable comments from participants have been from people who have been and are patients in psychiatric and other facilities. On one tour a man who self-identified as an in-patient on one of the units at CAMH told us about the kind of bricks used to build the wall and the type of work which needed to be done to help preserve its structural integrity. This man mentioned he was a mason and, like some other tour participants over the years, he knew more about the actual physical mechanics of building and maintaining a wall than I did as the tour guide. He thus helped to inform us based on his own expertise and knowledge of bricklaying that no one else could provide who has not done this sort of work. On other occasions, participants, including an engineer, explained the method of how the wall's foundation was built and the vertical and horizontal laying of bricks in a precise manner, which indicates the craftsmanship of the patient labourers who toiled on this structure and the durability of their work. Here again, knowledge imparted by participants literally filled in the cracks, so to speak, which I as an historian with zero background in wall building and brick-laying, could never be able to offer. Thus the tour guide learns along with the rest of the par-

ticipants on occasions like this and incorporates this newfound knowledge in future tours.

People who were and are patients have also talked about their own experiences during the wall tours at various times, with one person speaking of what it was like when she was in this hospital during the 1950s and other people talking about what it is like today. In one instance, a long-time resident of the hospital in a motor scooter effectively took over parts of a wall tour to tell people what was going on at different parts of the grounds now and how CAMH is changing with the redevelopment of the property. I stood back and let him speak, and while some people did not seem to mind, others did and a few people left. Keeping the tour on schedule is seldom difficult, as questions and comments come up all the time and make for a vibrant, lively event more often than not that often carries on after the tour is ended. The few times a tour “script” has gone off topic, it is better to not interfere by trying to silence people which would be hypocritical. Better to be upstaged than to tell someone who has been silenced more times than I could ever know when to be quiet, especially when this is their home, not mine. My hope is that people will have learned something from the person who is expressing their views as a current or former patient. A wall tour is not just the past, but it is about what people think of this place and people who live there today, since it is both a historical site and an active psychiatric facility. Seldom as it happens, encountering a tour going “off track” is a humbling experience that all long-term tour guides should experience. It keeps academic historians of madness in our place by reminding us that we may interpret this history but plenty of people live it every minute of their lives. If a psychiatric survivor or consumer wants to take over a tour of where they live, that is their prerogative and we should respect that, even if it might be momentarily embarrassing. Embarrassment can also lead to enlightenment when re-thinking a standard question during a tour. At the start of one well attended tour I asked: “What would it be like if we were a patient here one hundred years ago?” A particularly vocal, jovial man who had come on portions of previous wall tours, and was making his presence felt this day, responded, “We’d all be dead!”

Like this man, some people who live at CAMH have come on an entire tour; others stay for portions of it and leave. Many people who live at CAMH have seen so many tours come and go, and undoubtedly witness so many other happenings taking place in the area, that they do not take any particular notice of a wall tour, except perhaps when there are especially large numbers of people, such as during the Doors Open weekends each end of May since 2008. One person, whom I have known since 1996, and who calls me by the name of a mutual friend who introduced us when they were patients together on the same ward but who has since died, repeatedly declined to attend a wall tour every time I asked her if she would like to attend. After years of invitations whenever we frequently saw one another at the start of a wall tour, she came on her own to part of a tour in

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2010 by the east wall. She listened quietly for about twenty minutes or so before departing. I probably have never been so glad to see any other wall tour attendee over the past ten years.

Perhaps the most poignant memories expressed by a tour participant were the comments made by Velma Demerson who spoke about what it was like to be confined in the Mercer Reformatory for Women in 1939-40. This jail was located on King Street, south of the old asylum grounds in the same part of town. Velma, who has written a book about her experiences, was imprisoned for the “crime” of having a relationship with a man of Chinese descent of whom her father did not approve.¹⁷ She made her comments along the south wall by the bricked in windows after I spoke of the women patients’ toil in the laundry which happened not far from this spot, while also mentioning that overcrowding led to some female patients being sent to the Mercer Reformatory wing of the asylum over on King Street. Velma recalled her own time imprisoned at this jail and the exploitation of women’s labour doing laundry work while confined in prison. Voices from the distant past which speak to tour participants at this spot where Velma spoke by the bricked in window along the south wall includes Mary A., a patient who worked in the laundry near here from 1894-1911 when her husband took her home and from where she wrote letters in 1922, just a few months before she died. In a letter read out to tour participants, Mary wrote to her former doctor asking to be compensated, stating: “I earned a pretty good amount at 3 dollars a week that is for the seventeen years imprisonment it was 1248 dollars.”¹⁸ No payment was ever forthcoming to Mary or to any of her peers. Her voice, read out in the letter she sent to her former doctor shortly before her death, speaks volumes in a way no tour guide could ever impart about the exploitation of patient labour which she and fellow male and female patient labourers endured on this site and of which the walls remain an essential reminder today.

PRIDE AND PREJUDICE

The discrimination that Mary and her peers experienced, in which their work, indeed their lives, were downgraded as less worthy than people who were not confined as mad, is one of the central reasons why this tour exists. It is to make this history more visible and to ensure that this prejudice and exploitation which the patient built wall symbolizes in very tangible ways, is addressed both in interpretations of the past and in addressing the social and economic situation of psychiatric patients today. Thus, a standard statement made during every tour is to challenge these prejudices when I say something along the lines of: “If anyone says psychiatric patients don’t do good work, tell them to come down to Queen and Shaw! Tell them to look at the east wall which is over a century old and then go to the even older south wall, which is over a century and a half old and which predates the confederation of Canada by seven years. See and feel how well these

structures are built and remember who built them and why. Then, try to make the claim that psychiatric patients don't do good work! Try to explain why they should not be paid fair wages today!" It is a way of linking past exploitation of patients' abilities with current barriers to employment for people with a psychiatric history, something which is still very much with us. This wall can help to challenge these contemporary prejudices by its very physical existence, quite unlike its original purpose that served to stigmatize those who lived behind these very same walls not too long ago.

Of course, it would be naïve to claim that the example of the wall and the history conveyed on wall tours eradicates prejudice towards psychiatric patients, past or present. Occasionally a tiny minority of participants will make prejudiced and uninformed comments about patients. This is always responded to in a way that describes how the history of people on this site would not be something we would be gathering to remember if the abilities of patients had not left us this wall. I also mention at some point, usually around the start of the tour, that this wall is being preserved and publicly interpreted in this way largely through the efforts of people active in the Psychiatric Survivor Archives, Toronto with support from allies in the wider community including at CAMH Archives and Empowerment Council. Since I always mention my own past as a psychiatric patient during the tour and how much I was inspired to do this history by the example of fellow patients I knew and read about, most people will know that this tour is both historical and personal. Thus participants are unlikely to make disparaging comments about people whom the tour is about, even if a few might be inclined to do so. In my experience, the vast majority of participants are as respectful of this past as I am. Seldom are heard prejudiced comments, though they do creep in, and sometimes I have heard a few such comments before the tour starts and people do not know I am leading it, which they soon find out. However, for a large number of tour participants it is part of their history too, so they need no lessons from me in this regard.

The nature of the tour may also promote selectivity about who attends, since most people who want to come on such a tour may very well be less likely to hold discriminatory views towards psychiatric patients that are so common in society. At the same time, it is impossible to know for sure since literally hundreds of people have attended the tours whom I do not know and therefore there is no way of knowing their views before or after a tour. Any guess as to the views of people who attend the wall tours, outside of the psychiatric survivor community from which it was initiated, and people who make a point of telling me their views, usually afterwards, is purely speculative. Given the positive reception on most tours, and regular requests for more, it is fair to assume most people want to learn this history for reasons that are supportive of understanding psychiatric patients, past and present, and are approaching the walls and its history from a position of respect.

There is also no doubt that some of the people who have attended the wall tours do not agree with the perspective given on a particular tour, which is generally quite critical of the administrative and medical aspects of this history. Some people have left before a tour is finished and it is unlikely that this would only include people who had to leave due to other commitments, or tiredness, in all cases. One participant a few years ago was clearly not in agreement with my critical perspective towards asylum superintendent Joseph Workman who, when he is mentioned at all, is referred to as exploiting patients' labour. In one admittedly unusual instance, another person appeared to be wondering why I was not more critical early on in a tour when I was just "revving up" so to speak, describing the general outlines of the grounds and its history; she soon became less angry in her questions about what happened to the patients once the exploitation of labour was discussed more extensively as the tour proceeded. In another instance, an in-patient of the hospital said to me towards the end of a wall tour "Don't you have any happy stories to tell?" She found the tour depressing. In response, I usually do tell people about the story of Egbert G. who ran away in 1906 by walking all the way back to the family farm a dozen or more miles away, and how he was supported by his parents and was thereafter discharged by the asylum.¹⁹ But, I also mention how, due to the nature of the place and the circumstances surrounding confinement in a psychiatric facility, that this history is not generally happy. Instead, without trying to sound preachy, the tour emphasizes the travails, struggles and exploitation of the patients behind the wall so that we can also remember men and women who contributed in ways that are too often forgotten and neglected, including their mutual friendships, a point often overlooked in standard histories of psychiatry. While not "happy", this can be inspiring in itself, given the daily monotony of their lives in a world which sought to exclude them and write off psychiatric patients and their work as being of little or no value. Their very abilities and presence by way of the wall is a reminder of how much they are owed by posterity to keep their memories alive. Related to this, at the end of one tour a person who self-identified as an in-patient at CAMH had told me how badly he had been feeling that day. He said he saw the tour crowd, joined in at some point and after hearing the stories about what other people experienced on the grounds during its long history, he felt better about himself knowing what other people had gone through. Connecting the wall tour with the individual experiences of people like this man, makes each wall tour unique as one never knows how it will affect people.

As part of this effort to make the tour relevant to as many people as possible, and to accurately represent the history of patients on this site in all its complexity while also avoiding romanticism about patients being heroic or "overcoming", it is essential to connect this history with the diverse group of people who attend the wall tours. This is done by discussing the histories of people who were immigrants, from minority groups, who experienced prejudice due to their sexual

orientation, class, gender, disability, religious, ethnic and racial backgrounds. This prejudice was not just from staff but also from other patients. Sandra T.'s life as an African-Canadian patient at the asylum for 29 years until her death in 1932 is usually mentioned on the southeast side of the grounds. She had a stick under her bed to protect herself from racists, which would have included both white patients and white staff.²⁰ Her experiences raise issues on the tour about the internal prejudices amongst psychiatric patients.

Part of this representation is to ensure that each tour acknowledges there are far too many people whose stories are able to be presented, both because of the practical constraints of time, and because their stories remain unknown. The choices I make in whose stories do and do not get told are in themselves choices that I have often reflected upon. I try to vary different historical people's part in the tour over the years but certain people are always mentioned due to the poignancy of their history as well as available documentation in some cases. The amount of evidence, however, is not a definitive factor since some people have very little about them in their files, a fact which makes me want to remember them partly for what appears to be the loneliness such scant evidence implies about their life. A particularly important choice in telling a person's story is how well their stories resonate with places along the wall near where people lived and worked, and in some cases, where some people ended their life. Each tour always tries to remember the lonely life and death of Francis B., a man whose slim file contains an 1896 letter from him to the Inspector of Asylums asking to be released, composed nineteen years after his first admission. His letter is read out near the west wall on the north side of the grounds. Twenty-three years after he wrote this letter, forty-two years after his first admission, tour participants are told that Francis, who never received a response to his letter, came out on the grounds one morning in June 1919, near where his letter was just read out, and here he ended his life. His last words, "He said he wanted to die, that he was only dust and it was no use living any longer" are also remembered.²¹ And the west wall is pointed to as the final witness to the life and death of Francis B. who died in its shadow. The wall preserves the memory of Francis and so many others who were forgotten even while still alive, but are remembered collectively through these old brick walls today.

FUTURE WALL TOURS: BEYOND A ONE PERSON SHOW?

While some people are public with their comments, other people are private. Individuals have privately remembered their own experiences as patients, or that of their friends or relatives who were patients, in comments to me after a wall tour, or while walking from one stop to another during the tour. One person recalled living in the asylum as the child of one of the superintendents in the 1940s. The wall tour thus becomes an occasion for reflecting on personal histories as well as

the history of this particular site. Some people have also attended more than one wall tour. Bobbi Nahwegahbow, a long time activist in Toronto's psychiatric survivor community, attended at least seven or eight wall tours and mentioned at different times about how much the stories of the deceased patients meant to her. More than anyone else, she wanted to help lead a tour. We met several times to go over the route along the wall during which we practiced doing a wall tour together. Sadly, it was not to be. Bobbi died suddenly on November 4, 2007, alone in her apartment at the age of 45 only a fifteen minute walk from where I was leading a wall tour that very same day.²²

The efforts she initiated to try to expand the wall tour beyond just me leading it every time, and making it more participatory for people like her who have lived this history raises some questions: Is this a one person show? Do wall tours have a future beyond one person? The answer to the first question is: Yes, so far, on almost every tour it has been a one person show in terms of presentation, though the support from the community has been, and remains crucial to the tour's success, ranging from attendance to spreading the word. Yet Bobbi's interest and that of other people since she died in conducting the wall tour shows that it should expand beyond reliance on one person to lead if it is to continue to be relevant for people who have lived this history and so that tours can continue to be led by more people for years to come. Indeed, another psychiatric survivor has suggested a way of doing this by engaging theatrical performances with a wall tour. This was tried in July 2010 by Ruth Stackhouse and the Friendly Spike Theatre Band which, at the beginning of a wall tour for Mad Pride week performed a scene which is spoken about almost every time: the story of May F., a patient who lived at the asylum from 1898 until her death in 1952. She worked for part of that time as a domestic servant in the superintendent's house and, later at the nurse's residence. Her work life and late night altercation with the night watchman is always recounted when she was found walking on the grounds at four in the morning. After she engaged him in "wordy combat" May slapped the night watchman and subsequently lost parole of the grounds for a month.²³ This episode from May's life was acted out by a troupe of performers right by where this episode took place on the northeast part of the grounds. While it is not practical to undertake such a performance for each wall tour, some of which are arranged for community groups on very short notice, Bobbi's and Ruth's ideas will allow more people to be involved in publicly interpreting our mad past well into the future. With the 2010 installation of nine wall plaques and an audio tour accompanying it now available for all to see and hear, people can also conduct their own self-guided tours along the east, south and west walls whenever they want to which is another way of expanding it beyond one person.

Involving people in telling this past has largely been influenced as well by the simple fact that it is easier for me to lead the tour more than anyone else since the entire event consists of information from my doctoral dissertation, later pub-

lished as a book, which I spent years researching and writing. This history, therefore, is bound to be easier for me to tell given this basic point. Yet, there are numerous historical tours around the world which people lead based on research and writing done by other people and which tour leaders have synthesized in a publicly accessible way. It is this challenge, making the wall tour accessible not only to people who come to *listen* to the stories but to people who want to *tell* the stories as part of their own history, that remains for the years ahead. In the meantime, the wall tours continue into their second decade, now with the added benefit of permanent plaques which these tours have helped to create and which will literally help to illustrate tours to come. Over the past decade, each tour has concluded with a request that whenever participants go by the patient built walls, to be sure to remember people like Mary, Winston, Sandra and Francis and so many others who worked, lived and died behind this brick barrier. Remember too the prejudices that they endured are every bit as real and in need of challenging today as they were when these 19th century brick walls were built by unpaid psychiatric patient labourers. Barriers of exclusion and exploitation thus become bricks of inclusion by liberating a history of patients' lives that only these walls can continue to tell long after all of us are dead.

DEDICATION

This article is dedicated to the memory of Bobbi Nahwegahbow, 1962-2007, for her friendship, insights, criticism and support of the wall tours and mad people's history.

NOTES

I would like to thank an anonymous reviewer for comments on an earlier version of this article. I would also like to thank everyone who has attended a wall tour over the past ten years for continuing to make this such a successful event in memory of patients past.

¹ For a history of Psychiatric Survivor or Mad Pride events in Toronto see: Lilith Finkler, "Psychiatric Survivor Pride Day: Community Organizing with Psychiatric Survivors", *Osgoode Hall Law Journal* 35:3 & 4 (Fall and Winter 1997): 763-772; Geoffrey Reaume, "A History of Psychiatric Survivor Pride Day during the 1990s." *The Consumer/Survivor Information Resource Centre Bulletin*, 374 (July 14, 2008): 2-3; Essya M. Nabbali, "A 'Mad' Critique of the Social Model of Disability", *The International Journal of Diversity in Organisations, Communities and Nations* 9:4 (2009): 1-12.

² The original tours for the psychiatric survivor community have continued each year, and upon request from various groups, including psychiatric survivor groups including CAMH Empowerment Council, school groups, agencies working in the mental health field, and since 2008 the annual Doors Open event which takes place on one weekend in May and is advertised around the city with dozens of other free places for people to visit. The Doors Open events have encompassed 14 one hour to ninety minute tours each weekend in all three years so far, 7 tours on Saturday and 7 tours on Sunday and have therefore made up 42 of the 85 tours as of September, 2010. I would like to thank Lisa Brown, Workman Arts, CAMH, for suggesting Doors Open contact me in 2008 to lead wall tours during this city-wide heritage tour free event held on the last weekend of each May. Jane's Walks have also been part of the tours since 2009 for which I thank Lucy Costa, Empowerment Council, CAMH, for putting me in touch with organizers of this city-wide community tour event held on the first weekend of May. No reliable estimate of the number of people attending has been kept for all the tours, though for the Doors Open tours about 1250 to 1500 people have attended for all three years combined, most of whom I have never met before (250-300 people in 2008; 500-600 in each of

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2009 and 2010). Some tours since 2000 have had up to 100 people, others have had six or seven so the attendance varies significantly but, outside of Doors Open tours, the average attendance is probably around 25-30 people, though even here that can change significantly. During the ten years of 85 wall tours as of this writing, a very rough estimate of numbers of people who have attended would be at least 2000 people. All wall tours are free and open to anyone who wishes to attend. Emails which I send out announcing a wall tour always mention the tours are entirely outside and that in order to respect the privacy of people who live at CAMH, the tour will not be going inside the buildings.

³ The coldest tour was on March 4, 2006 when it was well below freezing for the dozen people in attendance for the full two hours, though, a tour for a school group on February 5, 2010 was not as cold as might have been expected for that time of year, while a wall tour on November 26, 2006 had delightfully balmy weather for a late fall day. Only two tours have had rain on them, one at the very end and another very briefly in the midst of a tour. Rain has so far caused no disruption or cancellation over ten years of wall tours. There have also been some hot and sultry tours in the summer with some people dropping out due to the heat – water is always a good thing to bring along. Generally speaking, however, the weather has been remarkably friendly considering the number of tours held over the past ten years with splendid weather in many cases, including for all 42 Doors Open tours combined in 2008, 2009 and 2010. Most tours are held on the weekends or after the regular workday is over. This is for safety and practical reasons. When tours took place during regular work days before 5 PM, as occurred a number of times up to 2007, there were plenty of people driving vehicles on the CAMH grounds. For everyone's safety, I have steered the timing of tours in more recent years to hold them when tour participants and car drivers are not likely to be in each other's way as is the case during a regular work day so I no longer give tours during regular workdays any more (thankfully, no one has ever been hit by a vehicle on a tour, and these measures are meant to keep it that way). As well, holding tours on weekends and after hours allows for more space to view the walls on the south side as there are fewer cars parked near this part of the wall during non-peak work hours. Finally, during the summer months, a later start time in the day helps to reduce the heat and makes for a more comfortable temperature in which to lead a tour, an important consideration when most wall tours are two hours in length, except for the Doors Open weekend tours in May which are 60-90 minutes in length each. I would like to thank the many tour participants who asked the University of Toronto Press to re-publish my book on this history after they asked where they could read more on the people spoken about on a wall tour. And thanks to U of T Press for listening to their requests!

⁴ For reference to voyeuristic visitors who sought to gawk at patients at the Toronto Asylum in the late 1800s, which was eventually stopped by Superintendent Daniel Clark, see, Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: Oxford University Press, Canada, 2000), pp. 182-183. See also: Janet Miron, "'Open to the Public': Touring Ontario Asylums in the Nineteenth Century" in James Moran and David Wright, eds., *Mental Health and Canadian Society: Historical Perspectives*. Montreal/Kingston: McGill-Queen's University Press, 2006: 19-48; Graham Mooney and Jonathan Reinartz, eds., *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting* (Amsterdam and New York, 2009). In his article on images of the Toronto asylum, Nathan Flis writes that I give "educational tours of the asylum grounds, pointing out the reminders, including the original spiral staircase that led up to the water-tower contained in the central dome, and now partially preserved outside the centre's cafeteria." Nathan Flis, "Images of the Toronto Provincial Asylum, 1846-1890", *Scientia Canadensis* 32:1 (2009), p. 48. While the demolished asylum central dome is frequently referred to at the start of my wall tour when I try to paint a word picture of the old grounds, I seldom mention the spiral staircase and can not point it out on a tour since the rather bizarre remains of this staircase – cut in half from top to bottom – are inside the 1970s building whereas the wall tour is entirely outside and has never gone near the cafeteria (which will be demolished too eventually as the CAMH redevelopment proceeds).

⁵ The map used does not have a date on it but it appears to be from the 1890s. It is a large map, about one quarter of which has been used on the wall tours as this portion of the map shows the old asylum grounds and structures: Archives of Ontario, RG 15, Central Drawings File no. 5-17-36, Department of Public Works Drawings, "Map of Toronto Asylum, Central Prison & Reformatory for Females (Grounds) Shewing proposed Alterations to Sewer Outlets". The grounds have been called the Centre for Addiction and Mental Health since 1998 when the former Queen Street Mental

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Health Centre, 1001 Queen Street West, merged with three other hospitals in Toronto to form CAMH. Since the site opened, formerly 999 Queen Street West, Toronto, in 1850 as the Provincial Lunatic Asylum, the location has had six different names.

⁶ Geoffrey Reaume, "Patients at Work: Insane Asylum Inmate Labour in Ontario, 1841-1900," in J. Moran and D. Wright, eds., *Mental Health and Canadian Society: Historical Perspectives*. Montreal/Kingston: McGill-Queen's University Press, 2006: 69-96, p. 74, 85; John Court, "From 999 to 1001 Queen Street: A Consistently Vital Resource," in Edna Hudson, ed. *The Provincial Asylum in Toronto: Reflections on Social and Architectural History* (Toronto: Toronto Region Architectural Conservancy, 2000), p. 194-96.

⁷ Originally, wall tours all started on the west side where there was plenty of green space, a garden and some picnic tables to sit. From 2000 until 2006 the tour, usually after gathering for introductions by the patio at the side of the front doors of CAMH a short distance away, proceeded along the western patient built wall where male patients lived, then went along the south wall and workshops and ended along the eastern wall which was the women's side of the old asylum. Since 2007 the grounds have changed significantly as the northwest side of the property was being torn up for the redevelopment of CAMH so that the tour reversed direction from west-south-east to east-south-west, and now begins with patients' history on the women's side of the asylum by the eastern, or Shaw Street wall.

⁸ Though the reconstruction on the northwest side of CAMH is now completed, the easterly start route for the wall tours has continued to be used given the greater amount of greenery that is maintained on this side of the grounds and a more spacious area to start the tour with old trees and picnic tables for in-patients who live on site. The longest stretch of publicly accessible patient built wall within the CAMH grounds is also now on the east side so this area is the ideal place to commence the tour and it has now become the part of the wall where about half the tour takes place, quite unlike the earlier tours where more time was spent on the west side. Given that there is also more shade and cool grass on the east side, this helps too, especially in the warmest months. A small park and garden with benches and grass for people to rest exists by the northwest wall which, since 2007, is the last stop on the tour. (For a time in 2007 this last stop was outside a construction fence beyond which the west wall was pointed out; there was also a temporary plaque on this site for 11 months until November 2007 that preceded the permanent plaques unveiled in 2010). Such practical concerns need to be considered for both the time and duration of a wall tour, otherwise people will not attend if it becomes a physically draining marathon, especially on a warm summer's day.

⁹ Fortunately, mud has never been a major problem during wall tours, which would be a particularly serious problem for people who use mobility devices, though one participant's electric wheelchair needed to be disentangled from branches that had been lying on the ground by the east wall.

¹⁰ CBC Radio, community and freelance journalists, video makers, newspaper writers and students have conducted interviews about the wall on-site, in my office and over the phone. Since the walls are located at an operating mental health facility interviews on site have to be done with respect for people's privacy, something that, on one occasion at least was not done, causing me to ask filmmakers not to film during a regularly scheduled tours, but only when no one else is present and liable to be caught on film, or during special events when it is announced that filming is being done, as happened during the wall plaques' unveiling. See, for example, Adrian Morrow, "If only the walls of these psychiatric institutions could talk," *Toronto Star*, July 13, 2009; Jen Rinaldi, "Dr. Geoffrey Reaume's Centre for Addiction and Mental Health (CAMH) Wall Tours", *YU Free Press*, Fall 2009 issue; Kendra Mangione, "Century-old bricks fight stigma in Toronto" *Going Places, Ryerson School of Journalism*, March 3,

2010:<http://www.journalism.ryerson.ca/websites/goingplaces/article.aspx?id=4689>

¹¹ The "Words on the Wall" April 21, 2010 event at the Gladstone Hotel was very successful and raised over \$2,300 for the wall plaques, enough to meet the \$8,000 target so that the wall plaques were unveiled on September 25, 2010.

¹² A park just south of the present day hospital grounds, on the other side of the patient built 1860 wall, is named after Joseph Workman, Toronto Asylum superintendent from 1853-75. It is generally inaccessible to most people given its location, for unless one lives in the neighborhood this park is situated in, it is not very visible. A much more visible park, marked after the northwest side of the current hospital site was redeveloped and facing onto busy Queen Street, is named after former CAMH Chief Executive Officer, Paul Garfinkel who retired in 2009. New streets have also been

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named, or will be named, around the redeveloped CAMH site. “Audrey Avenue” after Audrey B, a patient on this site from 1905-46 who toiled in the sewing room for at least thirty years, was suggested by CAMH Empowerment Council staff member Lucy Costa as a new street name. Audrey B. is remembered with her photo on one of the new wall plaques and is always mentioned during every wall tour. “Labourer’s Lane” has also been suggested as a name for one of the new streets that will intersect the site.

¹³ The history of the creation of the nine wall plaques unveiled by the Psychiatric Survivor Archives, Toronto and CAMH on September 25, 2010 is another, though obviously related, topic. Suffice it to note that eight plaques located at different spots throughout the property include a short text and large historical image on a particular topic on patients’ labour history at this site with a phone extension for more detailed historical summaries about each stop along the way. A ninth plaque – the most detailed descriptive marker which is at the most visible site at Queen and Shaw Streets by the east wall – describes the overall history of psychiatric patients’ labour on this site and the importance of the wall to commemorating their contributions and exploitation.

¹⁴ Some tour participants have sometimes asked me if I am a paid employee of CAMH and when I tell them no, that instead the tour developed and is maintained independent of the hospital, they express surprise. Generally, however, such questions are answered beforehand as I introduce myself on the tours, state my background as a historian and that my interest in doing this is because of my own experiences as a psychiatric patient in Windsor and St. Thomas, Ontario when I was a teenager and wanting to tell a history that has been too long ignored. I also mention that I was not a patient in the facility at which the tour is taking place. Sometimes, however, I forget to say this, or choose to not say it, particularly during the back to back tours during Doors Open at the end of May when time is at a premium for each tour.

¹⁵ Restoration work on the west wall in 2007-08 included the hiring of two people who received services at CAMH who were hired at union wages to work on the wall, a recommendation put forward by PSAT in 2004 and agreed to by CAMH, the construction company and union. The restoration work on this part of the wall, deemed most urgent, was completed using some bricks from a small portion of the east wall which was dismantled for a new road. The existing 19th century patient built east, west and south walls and two small workshop/storage buildings along the south wall, is a protected historical site in agreement with the City of Toronto and CAMH. There are plans for restoration work on other portions of the wall, particularly on the northeast side of the grounds in years to come.

¹⁶ Reaume, *Remembrance of Patients Past*, p. 116-120.

¹⁷ Velma Demerson, *Incorrigible* (Waterloo Ontario: Wilfrid Laurier University Press, 2004).

¹⁸ Reaume, *Remembrance of Patients Past*, p. 163.

¹⁹ *Ibid.*, p. 199-200.

²⁰ *Ibid.*, p. 167-168.

²¹ *Ibid.*, p. 233-235.

²² Bobbi Nahwegahbow had been active in the psychiatric survivor community since at least 1993 when I first met her. At the time of her death, she had served on the organizing committee for Psychiatric Survivor Pride/Mad Pride events longer than anyone else. An annual award is now bestowed in her memory each year by Mad Pride organizers. Bobbi was also very involved in the Aboriginal community and was originally from Manitoulin Island, Ontario before moving to Toronto.

²³ Reaume, *Remembrance of Patients Past*, p. 109-110. Ruth Stackhouse and the Friendly Spike Theatre Band Troupe are planning further theatrical performances at some wall tours in 2011.