

Collecting Riverview

A visual history of photographs and objects



Coquitlam

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səmiq̓wəʔelə (formerly known as the Riverview lands) and the City of Coquitlam are located on the ancestral and unceded territory of the kʷikʷəʔəm First Nation.

Front cover image: A circa 1920s painting of West Lawn (Male Chronic Wing), created by a patient. RV0959.

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Photo: A circa 1920s photograph of West Lawn (Male Chronic Building), that was likely used as the source for the painting featured on the cover of the catalogue.
RBCM B-00275



Message From Mayor Richard Stewart

For over a century, Coquitlam has been home to some of BC's most important mental health services.

In 1913, the Province of BC opened the first buildings of "Hospital for the Mind on Mount Coquitlam", also known as Essondale. It was located on the lands we know today as səmiq̓wəʔelə, which are part of the core ancestral territory of the kʷikʷəłəm (Kwikwetlem) First Nation.

Many in the community will remember the institution as Riverview Hospital, as it was re-named in 1965. The institution, originally built as an asylum, included extensive hospital grounds and gardens, along with Colony Farm, where crops and animals were tended using patient labour to support the hospital operation.

When the hospital closed in 2012, the City of Coquitlam became the custodian of documents and objects collected by the Riverview Hospital Historical Society. These collections form a record of the care and treatment of psychiatric patients, and capture many of their important stories.

Sometimes the stories are difficult to hear. They include patients who spent most of their lives in custody, and of many early treatments for mental illness that by today's standards would be considered unacceptable. It is important that we not forget these stories and the people who lived them.

There are also many stories of care and compassion, of staff who dedicated their careers to helping others, and to countless community volunteers and families who supported patient care over more than 100 years, continuing today.

As Mayor of the City of Coquitlam, I am proud that our community has supported the provision of mental health services for over a century, and that we continue to do so. Thank you to all who contributed.

A handwritten signature in blue ink that reads "Richard Stewart". The signature is fluid and cursive.

Richard Stewart
Mayor



Doctors Residence

GARDENS SHED

NURSES RESIDENCE No. 10

BAKERY

INDUSTRIAL FIBERGLASS SHOPS

CARPENTERS SHOP

WEST LAWN Bldg

D.P.M. OFFICE

PENNINGTON HALL

CENTER LAWN Bldg

EAST LAWN Bldg

POST OFFICE
CREDIT UNION
TRUCK SHOP

GARAGE

NURSES
SUPPLY
INDUSTRIAL

Crease Clinic

DINING BLDG

POWER BLDG



CONTENT WARNING

This publication contains text and images that may be disturbing to some readers, and is not recommended for children. Content includes descriptions of mental health treatment and images of equipment used for treatment. Some quotes include terminology that was used in earlier times that is no longer used today. The content included in this publication is intended to provide an accurate depiction of past mental health treatment practices, including examples that are now considered ineffective and inhumane.

Map: A map of the Riverview Hospital grounds from the 1960s—1970s, likely painted by a patient. RV0958



Introduction

The City of Coquitlam cares for collections of artifacts, photographs, and documents that record and illustrate a century of psychiatric care at səmiq̓wəʔelə.

Opposite page: A patient lounge at the Male Chronic Wing, circa 1912–13. The room was designed to be bright, airy, and provide patients with access to sunlight and views. CCOQ -C5.010

In 2021, the Riverview lands were renamed səmiq̓wəʔelə, in recognition that they are part of the core, unceded and ancestral territory of the kʷikʷəʔəm (Kwkwitlēm) First Nation. səmiq̓wəʔelə translates to Place of the Great Blue Heron in hənq̓əmiñəm.

Beginning in 1904, 1,000 acres of land at səmiq̓wəʔelə were transformed into a psychiatric hospital by the Province of British Columbia. The new Hospital for the Mind at Mount Coquitlam was intended to relieve overcrowding at asylums in New Westminster and Victoria, and provide the most up-to-date treatment for mental illness available at the time.

By the time the institution opened its doors to patients in 1913, it had been renamed the Essondale Branch of the Provincial Hospital for the Insane and included one asylum building (the Male Chronic Wing) and one farm (Colony Farm). Crops grown and animals raised on the farm were used to feed staff and patients.

As the patient population grew, additional buildings were constructed, including the Acute Psychopathic Unit in 1924, and the Female Chronic Unit in 1930. The original three brick asylum buildings were later known as West Lawn, Centre Lawn, and East Lawn.

Through the 1930s to 1950s, hospital administration struggled with staff shortages and overcrowding as a result of an ever-growing patient population. In 1950, the hospital's name was changed to the Provincial Mental Hospital, Essondale. By the mid-1950s, the development of new psychotropic drugs allowed many patients to return to the community.

In 1965, several mental health facilities operating on the property amalgamated to become the Riverview Hospital. By the 1990s, the patient population had declined significantly, and the hospital site had been reduced to 244 acres. Plans were under way to close the hospital.



Photo: When the hospital opened in 1913, medical staff included nurses and attendants working under the guidance of a medical superintendent, physicians, a chief male attendant, and a matron.
CCOQ C5.010-4

In the face of change, a small group of staff initiated work to preserve the history of the institution. A workplace committee was established in 1982 to begin collecting objects, stories, documents, and photographs. Officially incorporated in 1997 as the Riverview Hospital Historical Society, the group collected material to preserve and share the story of the hospital, its staff, and its patients. They operated a museum on the Riverview grounds, and drew enthusiasm for their project from current and former staff.

The collection compiled by the historical society was transferred to the City of Coquitlam when Riverview closed in 2012. At the City of Coquitlam Archives, documents and photographs collected by the Riverview Hospital Historical Society have been supplemented by the donation of additional materials from former staff and patients, and are accessible to researchers.

Objects, including furnishings, equipment, and textiles, were transferred to City storage facilities, where they were subsequently catalogued as the Riverview Hospital Artifact Collection. This artifact collection consists of approximately 2,500 individual objects from throughout the history of the institution and includes many items that are intimately connected to the lives of patients, such as suitcases of personal belongings, patient artwork, and handicrafts. The bulk of the collection contains objects related to the treatment of mental illness during the time the hospital was in operation.

Together, the photographs, documents, and artifacts held by the City of Coquitlam tell an important story of the evolution of mental health care in the twentieth century, and are significant well beyond the local community. The items collected by the Riverview Hospital Historical Society, now in the custody of the City of Coquitlam, form a powerful collection that is unique in terms of its scale, quality, and completeness. They tell a compelling story about the past.

The history of *səmiq̓wəʔelə* continues to be written. While many of the original hospital buildings are now vacant and unused, others have been repurposed and new buildings have been constructed to provide a network of mental health services, including long term care, support for people struggling with addiction, and outpatient services.



Essondale's first nursing school was established in 1930. The role of psychiatric nurses grew at the hospital during its history, and they became essential to the hospital operation. While many patients only saw a doctor once per year for their annual review, nurses interacted with patients daily.

Top: The nurses in the photograph taken in 1931 were graduates of a six-month nurses' training program that would later grow into the School of Psychiatric Nursing. The graduating nurses were joined in the photograph by other medical staff. CCOQ C5.019



Above: A hospital bed from circa 1930. RV0145



Right: A 1949 photograph of a dormitory at East Lawn illustrates the crowded conditions of the hospital at that time. RBCM Na-39916



1

Beginnings

When the Essondale Branch of the Provincial Mental Hospital for the Insane opened in 1913, it consisted of one large hospital building to serve male patients and Colony Farm, where food was produced for the hospital.

Opposite page: A 1913 photograph shows the original Essondale hospital under construction in the background, with Colony Farm in the foreground. CCOQ C6.622

In 1904, the Government of British Columbia purchased 1,000 acres in Coquitlam to construct an asylum. The Essondale Branch of the Provincial Hospital for the Insane officially opened in 1913, and consisted of a single hospital building and the adjacent Colony Farm.

The hospital at Essondale was one of many asylums constructed in developed countries beginning in the 1880s. These institutions were intended to provide treatment and respite, while segregating people with developmental disabilities and mental illness from the broader society. Before that time, people suffering from mental illness were cared for by friends or family, or confined in jails or poor houses.

Construction at Essondale began in 1905 with the development of Colony Farm on the lowest section of land adjacent to the Coquitlam River. Twenty-five patients were sent from the Provincial Hospital for the Insane in New Westminster to clear land and construct farm buildings. They lived in temporary shelters while they built a residence for themselves and the staff who supervised them. Soon they were joined by more patient labourers to operate the farm and clear land for the hospital building.

Gordon Kirkpatrick (G.K.) MacLean was hired as the engineer and landscape architect for the asylum, and developed a botanical nursery, large lawns, and flower beds.¹ The grounds were briefly the headquarters for Provincial Botanist John Davidson, who developed a botanical garden and arboretum. Davidson left in 1916, but the arboretum remained.

The design of the Essondale hospital was shaped by Charles Doherty, Medical Superintendent at the Public Hospital for the Insane in New Westminster since 1905. Doherty was influenced by the theories of asylum management of the time, including

¹ Karen Speirs, *Riverview Hospital: A Legacy of Care & Compassion* (British Columbia Mental Health and Addiction Services, 2010).



Photo: Construction of the Male Chronic Wing building in 1912. CCOQ C5.005



Photo: Men working in the farmyard at Colony Farm, circa 1913–19. A permanent workforce of patient labourers lived at the farm, separate from other hospital patients. CCOQ CF.016

those of Thomas Kirkbride who advocated for asylum architecture to consist of very large buildings, with a centre block for services and administration, and wings extending laterally from both sides for patient accommodation. He called for the placement of asylums outside of a city, and noted that hospital grounds should have soil that is easy to farm. The design of the landscape and buildings should provide beautiful views and create a healing environment.²

The design of the Essondale hospital conformed to many of the ideas advanced by Kirkbride, including the selection of an isolated location with agricultural potential and beautiful views. The original Male Chronic Wing building (later known as West Lawn) was constructed with a centre block for services and administration, and wings to house patients. The asylum was originally named the Hospital for the Mind, Mount Coquitlam, but was renamed before it opened.

When the hospital opened in 1913, it had 453 male patients in residence. Patients included both people living with a mental illness, as well as people with developmental disabilities and included both adults and children. Some were admitted under diagnoses that today would not be considered a mental health condition, such as “idiocy.”³ The most common diagnoses for patients admitted in the early years were manic depression and *dementia praecox* (later known as schizophrenia).

In 1913, treatment included internal medication, rest, and hydrotherapy. The hospital also provided general medical treatment and dental care.

Participating in work was considered therapeutic, as it was seen to provide the opportunity to practice self-control through labour. Common forms of patient labour included farm work, laundry, lawn care, and cleaning the wards. The work of patients also helped to keep operating costs down, as hospital revenues were limited.

² Nancy J. Tomes, “A Generous Confidence: Thomas Kirkbride’s Philosophy of Asylum Construction and Management,” in *Madhouses, Mad-doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia: University of Pennsylvania Press, 1982).

³ According to the annual report for 1918, fourteen patients were admitted for imbecility and idiocy. This diagnosis continued to be listed in the annual reports until at least the 1930s. Provincial Secretary, *Mental Hospitals, Province of British Columbia, Annual Report for 1918* (Victoria: Government Printer, 1919).

Public funding from the Government of B.C. was supplemented by payments from the families of some patients.

The productive capacity of Colony Farm helped the bottom line. As an example of the output of the farm, in 1922 Colony Farm provided the hospital with 464,345 pounds of milk, 1,859 pounds of butter, and 37,660 pounds of meat including beef, veal, pork, lamb, bacon, and ham. Fresh fruits, vegetables, 7,250 dozen eggs and 182,176 pounds of potatoes were provided in addition to canned fruit, vegetables, and pickles that were processed at a cannery on the farm.⁴

The hospital routine was considered among the most powerful treatments available. Staff ensured that patients followed routines, with regular bedtimes and waking times, as well as procedures and rules that had to be followed.

Asylum doctors' emphasis on order and self-control in the early twentieth century was due in part to the belief that mental health disorders were caused by disorderly families and homes. Like many

⁴ British Columbia Legislative Assembly, Department of Provincial Secretary, *Annual Report of the Mental Hospitals of the Province of British Columbia for 12 months ended March 31, 1923* (Victoria: Government Printer, 1924).



Neurosyphilis

Neurosyphilis was a major cause of mental illness from the 1800s until the introduction of penicillin in the 1940s made it possible to cure the patient.

Syphilis is a sexually-transmitted disease that can infiltrate the central nervous system. Long after the original symptoms have disappeared, micro-organisms that remain in the blood stream can move into the lining of the brain and the spinal cord. Before a cure was developed, sufferers in late stages of the disease experienced physical and mental deterioration. When the disease entered the lining of the brain, it led to neurosyphilis, resulting in dementia and paralysis. Neurosyphilis was known as “general paresis” at Essondale. The disease was fatal and incurable.

By 1918, the hospital was using a routine Wassermann blood test for syphilis, and testing all patients admitted when possible. They reported a positive result of 13.64 percent. Testing of patients admitted prior to 1918 also took place. But beyond making a diagnosis, little could be done for these patients.

Wassermann tests use blood or spinal fluid to test for syphilis. During the year ending March 31, 1923, 544 Wassermann tests for syphilis were conducted, with sixty-nine positive. The Kahn test, which also used spinal fluid, later replaced the Wassermann test.

Top: Spinal needles were used to extract spinal fluid for medical tests, including the test for neurosyphilis. RV0363

Research & Laboratory

Reputable asylums in the early twentieth century conducted research. They carried out experiments on humans and animals, tested drugs, and examined brains post-mortem. Essondale also had an autopsy room to collect post-mortem material, and a modern laboratory.

Originally, the laboratory at the New Westminster Hospital for the Insane served both the Essondale and New Westminster asylums. In 1917, a brand new laboratory was opened at Essondale complete with modern facilities for diagnosis and study. In December 1917 and early 1918, the laboratory tested approximately 3,000 cultures when a diphtheria outbreak occurred at the hospital. Outbreaks from infectious diseases would have been a constant threat, especially during periods of overcrowding.

Diagnostic work took precedence over research. When the laboratory was short of staff in 1922 and 1923, pathology work was reduced, causing Medical Superintendent H.C. Steeves to lament: "It is impossible to make use of much splendid post-mortem material and carry out our research work, which would be of great value."⁵

⁵ Provincial Secretary, *Mental Hospitals, Province of British Columbia, Annual Report for 12 months ended March 31, 1923* (Victoria: Government Printer, 1923), 10.



Photo: An Ernst Leitz Wetzlar microscope, circa 1920s, used in the hospital laboratory. RV0427

of his contemporaries, Doherty viewed insanity as a threat to society, and believed it was hereditary and contagious in a home environment. Therefore, it was believed that an important role of the asylum was to separate patients from their families and home lives. The controlled environment of the asylum was intended to help patients overcome past negative influences.

In reality, asylums were often noisy and disorderly, and staff struggled to enforce routine and discipline. Overcrowding added to the discomfort of hospital life.

By the mid-1920s, the number of patients being admitted to Essondale was outpacing capacity. The hospital was expanded with the addition of the Acute Psychopathic Wing (Centre Lawn) in 1924, and the Female Chronic Building (East Lawn) in 1930.

Creating Order

The hospital was furnished with items specifically selected to create a sense of order and conformity, including monogrammed china and blankets. Beds and dining room furniture were arranged into orderly lines.



Right: The patient dining room in the Male Chronic Building in 1913, at the time the hospital opened. CCOQ C5.010-25



Above: Even the soup bowls served as a reminder to patients that they were institutionalized. The same bowls are shown on the table in the 1913 photograph of the dining room. RV0643



Above: Blankets at the hospital were printed with the MH insignia, for "Mental Hospital". RV1068



Right: A dormitory at the Male Chronic Wing, 1913. CCOQ C5.010-16



From the Collection

Hydrotherapy and medication were early forms of treatment at Essondale.

Internal medication would have included laxatives and powerful plant-based sedatives, such as opium and morphine, which were commonly used in asylums to provide temporary relief of symptoms, or to calm unruly patients. Barbiturates were in use in mental health hospitals by 1913 to induce prolonged sleep. Essondale had a pharmacy, where medications were compounded for general medical problems and treatment of the symptoms of mental illness.

Hydrotherapy treatments included restraining patients and placing them in hot baths for several hours. Rain and needle showers were also used, which involved spraying patients with water. Doherty noted in his 1913 annual report that hydrotherapies had included warm full baths (3,611), rain and needle showers (5,145), and steam cabinet baths followed by massage (792). It was also noted that there had been “92 prolonged and continuous baths in maniacal cases.”⁶

⁶ From Provincial Secretary, *Mental Hospitals, Province of British Columbia, Annual Report for 1913* (Victoria: Government Printer, 1914).



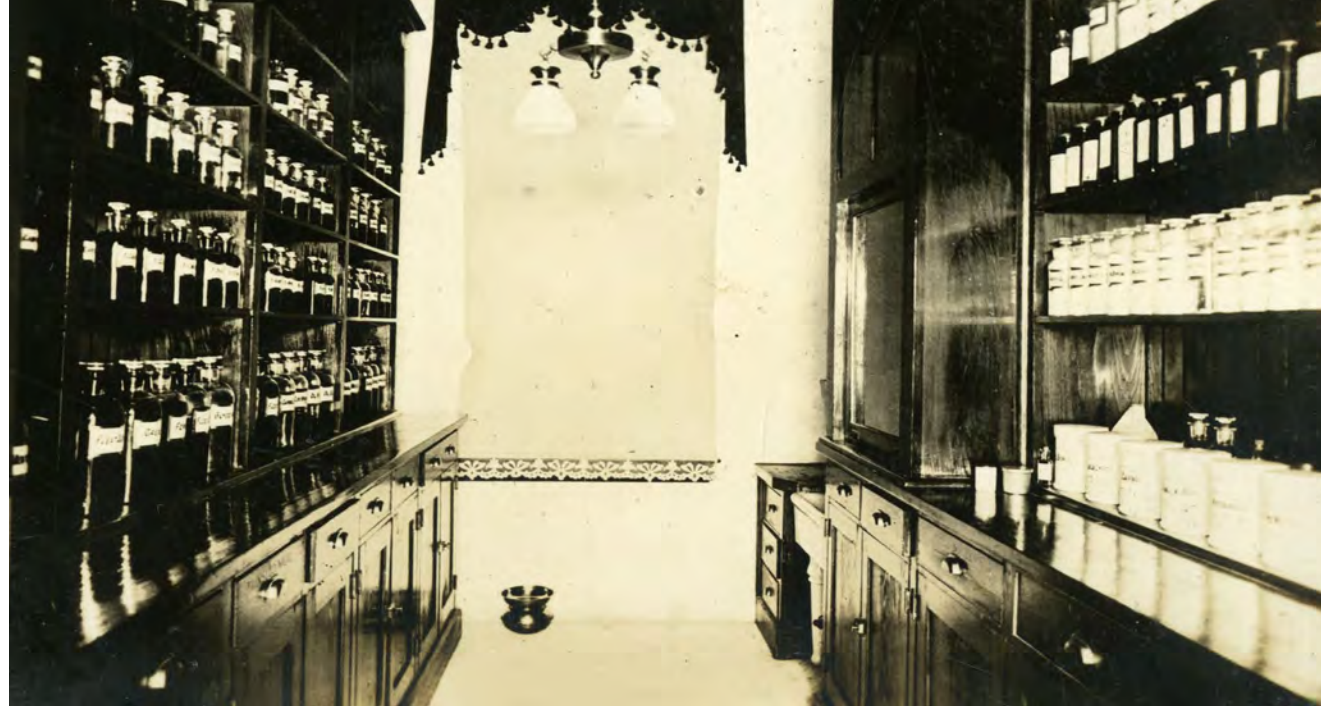
Above: A hydrotherapy unit similar to the one from Essondale, in a photograph taken in the 1920s at an unidentified hospital. SPL C016/2282

Left: An early hydrotherapy machine from Essondale. Levers controlled water pressure and temperature, which were monitored by built-in dials. RV0021



Top Left: Bottles used to store medicinal liquids in the Essondale pharmacy. RV0349

Above: Weights used with a scale to measure medicinal ingredients. RV0508



Above: The dispensary where medical ingredients were stored and prepared at Essondale. CCOQ C5.010



Left: A mortar and pestle used to grind medicinal ingredients. RV0126



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2

New Forms of Treatment

From the 1930s to the 1950s, the patient population at Essondale grew significantly and there was overcrowding. It was also a period of experimentation with new treatments for mental illness, including forms of shock therapy.

Opposite page: The number of electroconvulsive shock (ECT) machines in the Riverview Hospital Artifact Collection attest to widespread use of this treatment at the hospital. Individual machines were assigned to each major building in the 1970s. Two machines are shown in this photograph, with electrodes for unilateral and bilateral treatment.

By the 1930s, rising patient populations exceeded the capacity of asylums, including the Essondale Branch of the Provincial Hospital for the Insane. The cost of care, treatment, and infrastructure was expressed as a concern in annual reports as early as the 1920s. Medical Superintendents called for more support from government.

Many historians of psychiatric care note that asylums and mental health hospitals were created by people with good intentions to help those struggling with mental illness. However, by the First World War most were overcrowded and offered little actual therapy to patients. The financial pinch of the Great Depression of the 1930s and staffing shortages during the Second World War would have exacerbated overcrowding at B.C. asylums.

At Essondale, the 1930s to 1950s were years of increasing reliance on the services of psychiatric nurses trained on site at the Nurses' Training School. By the late 1930s the Nurses' Training School at Essondale offered a three-year diploma program and a six-month psychiatric nursing course to postgraduate registered nurses. The program combined classroom study with clinical experience. In 1951, the *Psychiatric Nurses Act* was passed in British Columbia, making psychiatric nursing a licensed profession. The training school became the School of Psychiatric Nursing.

As the patient population increased, so did the number of nurses, with more than 200 nurses graduating in 1953. Female nursing students lived on site in Nurses' Homes under the watchful eye of House Mothers.

Nurses helped to administer new treatments introduced in this era. Psychiatric institutions throughout Europe and North America introduced new treatment methods in the hope of curing more patients for release. The history of psychiatry from this period contains many examples of treatments that in retrospect were often ineffective and inhumane. Coma insulin therapy, Metrazol shock, lobotomies, and widespread use of electroconvulsive shock therapy were developed in this era, and practiced at Essondale.



Above: Patients receiving coma insulin therapy in 1954–55. LABC 1954-55

These therapies sought to treat mental illness by applying treatment to the body to heal the mind. By the 1920s, some doctors were using prolonged, drug-induced sleep to try to treat asylum patients. The idea of treating patients with “profound narcosis” soon spread throughout psychiatry and led to experimentation with other forms of sleep therapy.⁷

Insulin-induced comas were introduced as a form of sleep therapy in the 1930s. A team of doctors and nurses administered the therapy in an insulin ward where patients were given enough insulin to induce a coma. They were monitored by medical staff, and brought out of the coma with a sugar solution. It was common to repeat the treatment frequently over a period of a few weeks, sometimes increasing doses to reach deeper levels of coma. Coma insulin therapy was introduced at Essondale in 1937–38, to treat patients with dementia praecox (schizophrenia).

Treatments were being developed in the mid-1930s that induced convulsions, as seizures were understood to have therapeutic value. The first widespread use of convulsive therapy was administration of Metrazol, which was injected into patients and caused convulsions that were so violent they sometimes led to bone fractures or respiratory problems.⁸ By 1937–38, Metrazol was administered at Essondale. The annual report for that year noted that both insulin and Metrazol treatments were being used and results were positive in patients recently diagnosed, but less effective in long-standing cases. Metrazol was not liked by patients, who were conscious during the violent convulsions. The treatment was in decline by 1941–42 at Essondale, and administered only to “cases with acute maniacal and depressed symptoms.”⁹

The belief that physical problems with the brain were the root of mental illness led to the development of the lobotomy, which is a surgical procedure that severs neural connections to and from the prefrontal cortex. The procedure was first performed in 1935, and became widespread through the 1940s. The first lobotomies at Essondale

⁷ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: Wiley, 1998) 205.

⁸ Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton University Press, 1983), 300.

⁹ Provincial Secretary, *Mental Hospitals, Province of British Columbia, Annual Report for 12 months ended March 31, 1942* (Victoria: Government Printer, 1942).

were performed in 1945, although the procedure faded from use with the introduction of anti-psychotic drugs in the mid-1950s. This treatment made uncontrollable patients more manageable but caused irreparable harm.

Electroconvulsive Shock Therapy (ECT) used electricity to cause convulsions, and was introduced to psychiatric hospitals in the 1940s. Its first use was for the treatment of schizophrenia. It did not cure the disease, but was thought to alleviate some of the worst symptoms to help people live more normally. It was the preferred treatment for manic-depressive illnesses and major depression by the 1950s, and a form of this technology is still used today to treat some cases of depression. ECT treatments were introduced to Essondale in 1942, and Medical Superintendent A.L. Crease expressed optimism about the treatment in his annual report for 1941–42.

Coma insulin therapy, ECT, and lobotomies were still in use in 1955–56, though the annual report for that year noted that the introduction of new drug therapies offered new treatment options. The introduction of psychotropic drugs would soon see previous forms of physical treatment phased out, with the exception of ECT.

The new treatments failed to solve the problem of overcrowding. The patient population continued to climb through the Second World War, and Essondale reached its peak population in 1955 with a patient population of 4,726.

There were too many patients to treat with the resources available. When 834 new patients were admitted in the year ending March 31, 1938, Superintendent A.L. Crease noted in the annual report that patients admitted to intensive-treatment wards were being transferred to long-term wards before receiving adequate treatment and classification. Once a patient was assigned to a long-term ward, their chances of recovery were reduced. Crease identified a compounding problem: overcrowding was resulting in patients receiving less care; the result of less care was a reduced chance of recovery, which led to a further overcrowding.

Some people regarded the increasing patient population at asylums as a signal that the number of people with mental disorders in society was rapidly increasing. While many asylum physicians had long believed that mental illness and developmental disabilities were hereditary, by the 1920s–30s, this understanding had become widespread in society.



Above: An electroconvulsion machine used at Essondale to induce prolonged sleep. RV0220



Occupational Therapy

Work by patients was a significant dimension of life at psychiatric hospitals, including Essondale. Work was believed to be good for patients, and patient labour was thought to reduce disorder and disruption. Men were usually assigned farm work or maintenance, and women were given household tasks like sewing and cleaning. There were a number of occupational therapy shops at Essondale, including upholstery, wood-working, and tailoring shops where goods to be used at the hospital were produced.

A weaving and basketry program was introduced shortly after female patients arrived at the hospital in 1930. Handicrafts made by patients as part of the program were displayed at venues like the Pacific National Exhibition and were made available for sale, to contribute to the operation of the hospital.

The monetary value of patient labour was emphasized in annual reports. Medical Superintendent A.L. Crease praised occupational therapy in the 1931–32 report, noting: “The patients enjoy it, and the Hospital has also benefited by articles which have been manufactured at a greatly reduced cost to the institution.”

Top: Patients produced handicrafts for personal use and for sale, such as the embroidery work above. RV1051



Above: A display of handicrafts made by patients at Essondale in the occupational therapy program. LABC 1948-49

Belief in eugenics peaked in this era, with many believing the human population could be controlled and improved by limiting procreation by people with characteristics they considered undesirable.

Most asylum physicians in Canada were convinced that intervention was required to restrict reproduction and immigration of those predisposed to mental disease. By the 1920s, they were classifying patients to identify those they believed had inherited a predisposition to mental illness, and were expressing concern about controlling their ability to reproduce. As a result, the *Sexual Sterilization Act* was passed in the B.C. legislature in 1933, giving the B.C. Eugenics Board the right to make decisions to sterilize people living in government-run institutions, including mental health hospitals, without their consent or knowledge. Historians estimate between 200 and 400 people were sterilized in British Columbia, and that many were patients of Essondale.¹⁰

The sterilization of patients is now regarded as a violation of basic human rights. The *Sexual Sterilization Act* was repealed in 1973.

Immigration restrictions were called for by Essondale's Medical Superintendent H.C. Steeves, who noted emphatically in his annual reports during the 1920s that Canada should do a better job of screening immigrants for mental illness. He organized the deportation of patients who had been in Canada for less than five years. A dramatic example was the repatriation of sixty-five Chinese patients to China in 1935. Deportation of patients was complicated by provincial law that only allowed the release of patients if there was someone willing to take responsibility for them for six months. In this case, asylum staff accompanied the patients across the Pacific Ocean, delivering them to the Honam Municipal Hospital for the Insane.¹¹ Smaller numbers of patients were deported regularly in the 1920s and 1930s.

¹⁰ "Eugenics in Canada," *The Canadian Encyclopedia*, downloaded April 3, 2021, <https://www.thecanadianencyclopedia.ca/en/article/eugenics>.

¹¹ Robert Menzies, "Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' aboard the Empress of Russia, 9 February 1935" in John McLaren, Robert Menzies and Dorothy E. Chunn (Eds), *Regulating Lives: Historical Essays on the State, Society, the Individual, and the Law* (Vancouver: UBC Press), 2002.



Above: The Crease Clinic of Psychological Medicine opened in 1949. LABC 1949-50



Dental Care

Access to dental services was limited for most people in the early twentieth century. Receiving dental care would have been even more challenging for people experiencing mental illness, who were likely to also be experiencing poverty. As a result, patients often arrived at the hospital in need of dental care.

The annual report for 1918 included a dental report for both the Provincial Hospital for the Insane in New Westminster and the hospital at Essondale. The most common procedures were extractions (494) and amalgam fillings (121). The relatively large number of extractions was likely due to inadequate dental care prior to admission. Tooth extractions were performed at some mental health hospitals in the early twentieth century due to theories that bacteria caused insanity. However, no record was found indicating that extractions were performed for that reason at Essondale.

Dental services at Essondale were provided by visiting dentists, until a full-time dentist was appointed in the 1931–32 year. Extractions remained the most common treatment until the 1940s, when fillings became more frequent. Dentistry remained important to patient treatment at the hospital through the 1950s, as many of the new drug treatments introduced in that era caused oral health issues.

Top: Dental cabinet, RV0841

From today's viewpoint, the concerns about immigrants causing strain on the hospital were over-blown and a result of pervasive racism in Canadian society at the time. A more robust program to support patients to return to the community and reform of the laws that prevented patients from being released without a guardian would have reduced patient numbers far more than immigration restrictions. The rise of a patient rights movement and the introduction of community-based care were important components of the de-institutionalization that saw thousands of patients released in the 1960s through 1990s.

Through the 1930s and 1940s, families continued to bring loved ones to the institution seeking help and relief. Other patients arrived via transfer from hospitals or were mandated by courts, while some sought admission on their own volition.

An increasing number of First World War veterans who were aging and suffering from the after-effects of war needed support and added to patient numbers. Many of these veterans struggled with "shell shock," which today would be described as Post Traumatic Stress Disorder (PTSD).

Work was underway by the 1930s to develop facilities to address the particular needs of diagnostic groups including veterans and geriatric patients. A Veterans' Unit (later Crease Clinic) opened in 1934 specifically to meet the needs of veterans. A Home for the Aged for geriatric patients was established in 1936, and seniors suffering from dementia and similar challenges of aging became an increasing percentage of the hospital population.

In the early 1930s, the decision was made to convert the New Westminster Mental Hospital to a hospital for people with developmental disabilities. It re-opened as The Woodlands School in 1950. Patients from Essondale with developmental disabilities were assessed for transfer to The Woodlands School. Many were transferred, while others remained at Essondale—including older adults who had spent most of their lives at the institution. The annual report for 1952/53 notes that 282 patients were transferred that year.

A facility to provide specialized care for newly admitted patients was introduced in 1949, when the Veterans' Unit building was expanded and re-opened as the Crease Clinic of Psychological Medicine. The clinic marked a departure from past approaches to mental health treatment. It was intended to be an acute care centre that allowed for voluntary admissions. The intention was that patients would remain for a maximum of four months, during which time they would receive an intensive level of care to accelerate their return to the community.

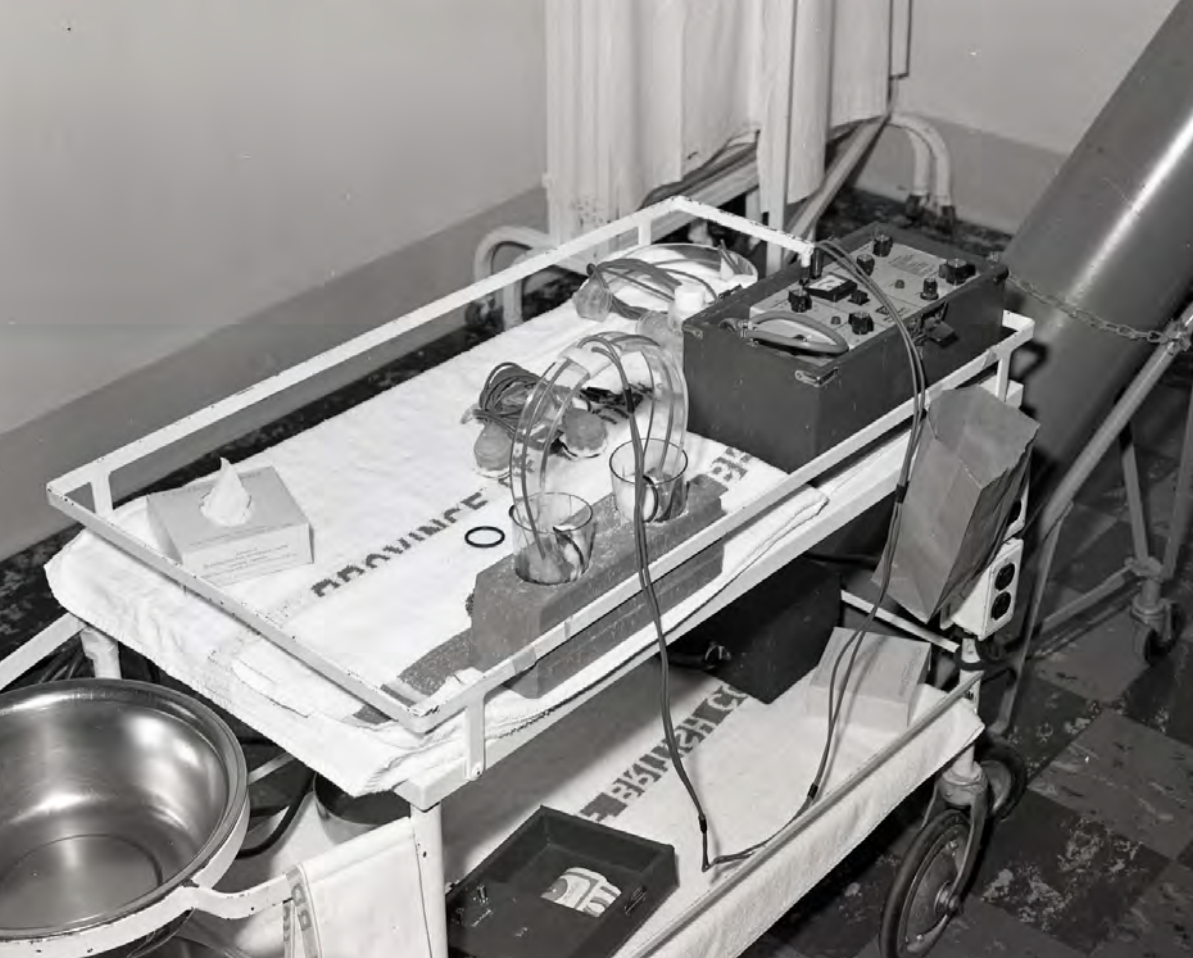
Administrative changes took place at the hospital in 1950, when most mental health services in the province were amalgamated under Provincial Mental Health Services. The hospital was re-named the Provincial Mental Hospital, Essondale.

Involuntary Committal: Ah Fook

Ah Fook, a Chinese migrant committed to the New Westminster Asylum in 1875, is representative of the unequal treatment of racialized Canadians by the province's mental health hospitals.

He was committed to the province's first insane asylum in Victoria in 1875 after police were called because he was destroying items at his home with an axe. He was examined by two doctors who briefly communicated with him through an interpreter before concluding that he was of unsound mind. When the Victoria asylum closed in 1878, he was transferred to the New Westminster Asylum where Chinese men were segregated to a separate ward, and assigned to work in the laundry. In 1913 he was transferred to Essondale, where he lived the rest of his life until he passed away in 1926 after spending fifty years incarcerated at the province's asylums. Researcher David J. Davies has noted that Ah Fook was committed illegally, as due process was not observed at the time of his committal.¹²

¹² David J. Davies, RN, RPN "The Case of Ah Fook, the Woodcutter" *BC Medical Journal*, Volume 28, No. 2, December 1986, pgs.824- 825.



Above: An ECT machine ready for use at Riverview. CCOQ C5.1984

Right: The Medcraft B-24 Mark II was a commonly-used ECT machine. This model can be seen in the photograph from Riverview in the early 1970s. RV0997



From the Collection

Electroconvulsive therapy was widely used at the hospital beginning in the 1940s.

This photograph from the early 1970s shows bilateral electrodes plugged into a Medcraft ECT machine on a cart, ready for use. The electrodes have had bundles of steel wool attached to them, which are held in place by cotton gauze and a rubber ring. At Riverview, steel wool was attached to the electrodes to increase conductivity.

The electrodes were soaked in saline solution prior to use—the glass cups containing the saline solution are visible in the photograph. Patients were administered a tranquilizer and were rendered unconscious for the treatment, and also given a muscle relaxant to reduce harm from a seizure.

During the treatment, the electrodes were placed on the patient's temporal lobes, delivering sufficient electrical current to cause a convulsion. The goal of the treatment was to cause a *grand-mal* epileptic-type seizure that lasted one to two seconds or longer to produce a convulsion lasting approximately sixty seconds. The convulsion was understood to be beneficial to the patient, though psychiatric survivors have described it as a form of torture.¹³

¹³ Anti-psychiatry activist Don Weitz describes the ECT procedure in Brenda A. LeFrancois, Robert Menzies and Geoffrey Reume (Eds) *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars Press, 2013), 158-169.

The hospital relied on the services of nurses to provide for the day-to-day care of patients, and to assist with administration of treatment.

—NURSES—
Nurses have hearts that are golden
Nurses have love near divine
If it isn't so; then it ought to be
For the work they do is sublime
Not sublime from an earthly standpoint
For that certainly cannot be so
But someone looks on as they linger
He too walks about to and fro
He sees all the kind little touches
For which they never are paid
Except when a poor tired patient
Says; Thank you dear nurse for your aid
—||—
G.W.P

Above: Nurses performed essential work at the hospital and sometimes formed strong bonds with patients. Patient George Potts was inspired to write a poem in honour of nurses in the early 1940s. CCOQ C5-S09-F04



Above: A circa 1939 photograph of two women in nursing uniforms, in front of Nurses' Home No. 1. Each is holding a blue wool nurses' cloak. CCOQ C5.4008

Right: Navy blue wool cloaks were part of the uniform assigned to nurses who graduated from the Nurses' Training School. Uniforms were sewn on site as part of the occupational therapy program. RV1012





Patient Suitcases

Suitcases were brought by patients to the hospital and kept in storage rooms as there was limited space for personal belongings on the crowded wards. Periodic access to the suitcase was provided, and the contents were edited over time as old items were removed and new items added.

Three suitcases holding the abandoned belongings of former hospital patients are included in the Riverview Hospital Artifact Collection. The three suitcases in the collection serve as deeply personal time capsules, containing objects brought to the hospital by patients at the time they were admitted, possibly packed by family members. They contain letters, notes and cards received from friends, items made at the hospital in occupational therapy programs, and clothing and personal care items. Notebooks, prayer books, and religious objects are included in some of the suitcases, as well as items for sewing and making handicrafts.

Doctoral candidate Heidi Currie has documented the suitcase contents and researched the patient files of owners of two of the suitcases as part of an extensive research project. She notes the suitcases provide a glimpse into the lived experiences of women living in the Provincial Mental Hospital in Coquitlam during the peak of psychiatric institutionalization in the mid-twentieth century. As part of her research, she took the suitcases into post-secondary classrooms to engage students in the study of the history of asylum practice. She found that the suitcases are powerful teaching and learning tools that can connect students to the history of psychiatric care and its impact on individual patients.

Currie notes that “the suitcase collection is historically significant and has value as a research resource for understanding approaches to psychiatric care and to the impacts on patients, families and the community.”¹⁴

¹⁴ Heidi Currie, “Riverview Hospital Suitcases Finding Aid/Inventory,” Douglas College, downloaded April 1, 2021 from <https://dc.arcabc.ca/islandora/object/dc%3A28311>.

Suitcases containing personal belongings are powerful reminders of the lived experiences of psychiatric patients.



Above: This suitcase belonged to patient Miss Ruth Iona who was admitted to Essondale in 1946 and lived the rest of her life at the hospital until she passed away in 1969 at age fifty-two, after contracting bronchopneumonia. RV0888

Opposite page: A suitcase that belonged to Mrs Elsie is one of three suitcases containing patient belongings that are part of the Riverview Hospital Artifact Collection. RV0887



A FRIEND
 A friend is a present you give yourself
 It lasts one of the best times always
 So put you down with the best of them
 For you're where the best belongs
 Showy the gifts I have given to me
 Most comforting tried and true
 The one that I oftenest think about
 Is my gift to myself of
 you



Mrs. Elsie's Suitcase

Mrs. Elsie was admitted to Essondale in May 1955.¹⁵ Hospital notes indicate she suffered from delusions. Medical staff observed she was “sometimes withdrawn, delusional, tearful and perplexed” and feared her mother’s spirit was trapped in spaces and objects inside the hospital.¹⁶ She was born in 1904 and passed away at age sixty-six in 1970. The social worker who served as the informant for her death certificate indicated that Mrs. Elsie’s mother’s name was Lilly Blanch.

At the time of her death, she lived at the Mary Hill Hospital, which was a private hospital that provided care for elderly patients, including those released from Riverview and Woodlands School. Patients who were not released to family often became residents of private hospitals or boarding homes.

Non-profit societies such as Port Coquitlam’s New View Society emerged in the 1970s to try to fill the gaps of de-institutionalization. Its founders were concerned that patients were being released into boarding homes with little support. They began providing programs and support to former Riverview patients, though these came too late for Mrs. Elsie.¹⁷

Inside her suitcase there are: books; photographs; postcards; notes and cards; religious objects including a small porcelain statue of Jesus; a small porcelain doll; grooming items including a hand-mirror and coat brush; a salt shaker and pieces from a ceramic tea set; and embroidered handkerchiefs that she likely made in occupational therapy. There are also items of clothing, including nylon stockings, collars, bloomers, a nightgown and several hats, including one child’s hat.

¹⁵ Patients’- last names have been removed in respect for their privacy.

¹⁶ Ward notes from a 2015 postcard that accompanied an exhibition about the history of Riverview coordinated by Douglas College, the Riverview Hospital Historical Society, and the City of Coquitlam

¹⁷ New View Society, “The New View Society 40th Anniversary History Timeline 1973 to 2013”, pg 18. Downloaded April 1, 2021 from <https://www.newviewsociety.org/wp-content/uploads/2015/10/Celebrating-40-Yrs-History-Book.pdf>



Above: A miniature piano model from Mrs. Elsie’s suitcase. RV0887

Opposite page: A selection of contents from Mrs. Elsie’s suitcase, including photographs of her mother, Lily Blanch, playing the piano. RV0887



3

Return to Community

The post-war era saw a revolution in patient care that would eventually lead to de-institutionalization and the closure of Riverview.

Opposite page: Development of psychotropic medications transformed the treatment of mental illness. A new, enlarged pharmacy was constructed in 1963 to manage the volume of prescriptions at Riverview. CCOQ C5.2000

The post-war era saw significant change at the Provincial Mental Hospital, Essondale, including a new name. In 1965, several mental health facilities at Essondale were amalgamated to form Riverview Hospital. Between the 1950s and early 2000s, Riverview was the site of a transformation in psychiatric care that would eventually lead to the closure of the hospital.

New approaches to treatment were being implemented at the hospital by the early 1950s, bringing an increased focus on psychotherapy, and engagement of patients with families and the community. Volunteers, family members, and the public were invited inside the institution, and new facilities supported development of an active community life for patients within the boundaries of the hospital.

Medical Superintendent Dr. A.M. Gee noted in his annual report for the year ending March 31, 1953 that young physicians who had specialized in psychiatry were bringing a new approach to the field, specifically a greater interest in psychotherapy. While a Clinical Psychology Department had been established at Essondale in 1937, treatment at the hospital had remained focused on physical treatments.

Staff who returned from service in psychiatric units overseas during the Second World War also brought new ideas to Essondale. While stationed in Europe, they had been exposed to an approach to mental health that integrated family and community into treatment plans for patients. After the war, both physical therapy and psychotherapy approaches were used to accelerate the treatment of patients.

The mobilization of patients was a significant focus of this era, as the institution was transformed into an active community where many patients could socialize, recreate, learn, shop, and participate in community life, albeit under restrictions and the watchful eyes of staff.



Above: In the mid-1950s, the Canadian Mental Health Association established and operated an apparel shop at the hospital, where patients could choose their own clothing. LABC 1955-56



Left: By the 1950s, patients were participating in group therapy at the Hospital. LABC 1955-56

A Department of Recreational Therapy had been formally established in 1945, and construction of a patient recreation centre began in 1950. Pennington Hall featured a gymnasium, cafeteria and dining room, bowling alleys, and an auditorium that could also be used as a movie theatre and for church services. The hall significantly expanded opportunities for recreation and socializing.

A new patient service building provided a bus depot and included a range of community services for patients, staff and the public. It included a post office, credit union, central office for volunteers, public washrooms, and a convenience store and coffee shop operated by the Canadian National Institute for the Blind. Also in 1955, a rehabilitation program was initiated to provide basic skills to patients preparing for release.

Mobilization was supported by a volunteer program established in the mid-1950s by the Canadian Mental Health Association that provided programs to serve patients, including operation of apparel shops. Patients were now permitted to wear their own clothing at the hospital, instead of standardized hospital-issued pajamas and daywear.

The first anti-psychotic drugs were developed in the 1950s. The breakthrough

drug was Chlorpromazine, which allowed patients to overcome agitation, hysteria and delusion and live in a normal, if somewhat sedated state. The effects seemed almost miraculous, as people who had suffered from major psychosis for long periods of time were able to function, carry on conversations, and appeared to be symptom-free. They were not “cured”—but the medication reduced symptoms. Historian Edward Shorter has called the development of Chlorpromazine “revolutionary” and compares it to the introduction of penicillin in general medicine.¹⁸

Chlorpromazine was first introduced at Essondale in 1954. The introduction of anti-psychotic drugs to Essondale in 1954 accelerated the revolution in patient care that was already taking place—a form of treatment had finally arrived that could free patients for participation in the wider community.

More drug developments followed Chlorpromazine, including drugs that relieved symptoms of mania (anti-manic medication) and drugs to deal with depression (antidepressants).

In March 1956, Clinical Director F.E. McNair noted “we have discharged more patients to the community than ever before; public understanding and acceptance of mental illness is improving; new drugs provide short cuts, both by reducing the severity of symptoms of the mentally ill and by reducing the number of hospital days for discharged patients.”¹⁹ He also noted that the Social Services Department at the hospital did not have enough staff to settle all of the people awaiting discharge.

The building program of the 1960s reflects the new emphasis on drug treatment and preparing patients for return to the community, and included construction of a new Industrial Therapy Building (1962–63), a pharmacy distribution centre in 1963, and the Hillside Building (1964), which provided facilities for life-skills training, such as cooking, taking a bus, and managing money.

Beginning in the early 1970s, some buildings and hospital functions were closed due to the declining patient population. In 1972, the BC School of Psychiatric Nursing

¹⁸ Shorter, *A History of Psychiatry*, 255.

¹⁹ Department of Provincial Secretary, *Mental Health Services, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1956* (Victoria: Government Printer), 1956.



New Functions, New Furniture

The mobilization of patients that began in the late 1940s required new spaces and furnishings to meet the new operational needs of the hospital. Day rooms became important places for volunteers or family members to socialize with patients, and for patients to gather.

Wooden chairs like the one above are seen in photographs of day rooms, including photographs of patients participating in ward council meetings and group therapy sessions.

The taupe upholstery and metal upholstery tacks were modifications made later to the chair, likely at the upholstery shop in the hospital’s Occupational Therapy program. Patients working in these shops sometimes restored or repurposed older furniture for re-use.

Photo: Circa 1950 chair. RV0683



Photos: Stamps bearing the name of medications are reminders of the variety of drugs administered beginning in the 1950s. RV0256

moved from Riverview to the British Columbia Institute of Technology. In 1984, Colony Farm ceased operation, and West Lawn was permanently closed.

Governance and management of Riverview Hospital was transferred from the Ministry of Health to the BC Mental Health Society in 1988. Originally composed of senior government civil servants, by 1994 the Board of Trustees included six consumers of mental health services and family members.²⁰

The 1960s and 1970s also saw the rise of social movements that questioned authority and advocated for social equality. Concern about the rights of psychiatric patients, and the practices of psychiatric hospitals were raised and impacted psychiatric hospitals everywhere, including Riverview.

In 1991, a patient-run advocacy group was formed at Riverview. Tensions between the group and hospital administration were growing by 1992, when the administration discharged the group's chairperson. In response, several community groups, including the BC Schizophrenia Society and the Canadian Mental Health Association's BC Division, approached the BC Ombudsman, resulting in a year- and-a- half- long review of the hospital's administration. One of the outcomes was the recommendation that a patient-run advocacy body, the Patient Empowerment Society, be created with funding from the Ministry of Health.

Parallel to the Ombudsman's investigation, the Board of Trustees of the hospital completed a process to draft and approve a *Charter of Patient Rights*, which was approved in February 1994. It was created in cooperation between staff and patients.²¹ Among other rights, the charter identifies that patients have rights to a safe therapeutic environment and the right to be fully informed of treatment options. Patients who were admitted voluntarily also had the right to consent to treatment.

By the early 1990s, the paternalistic approach to mental health care advocated by Superintendent Charles Doherty in 1913 had been turned on its head. Patients, advocacy

²⁰ Dulcie McCallum, Ombudsman, Province of British Columbia, *Listening: A Review of Riverview Hospital, Public Report No. 33* (Victoria: Office of the Ombudsman, 1994).

²¹ McCallum, *Listening: A Review of Riverview Hospital*.

groups and government were now working together to advocate for patient rights, and the power of the hospital's administration was being reduced.

Riverview was on a path to de-institutionalization. The Province of BC released two strategic mental health plans (1992 and 1993) recommended downsizing of institutional facilities like Riverview, and transfer of mental health care to community-based services.²² By 1994, the patient population had declined to 850 patients. A revised mental health plan released in 1998 included the closure of the hospital and distribution of mental health services to community-based facilities. The Riverview Hospital closed in 2012.

²² Charlene Ronquillo, "Deinstitutionalization of Mental Healthcare in British Columbia: A Critical Examination of the Role of Riverview Hospital from 1950 to 2000 in *The Proceedings of the 18th Annual History of Medicine Days, March 6th and 7th, 2009, University of Calgary, Faculty of Medicine*, (Cambridge Scholars Publishing, 2009) 17.



Photo: *The Leader*
September 1968. CCOQ
C5-S03-F4

Printed at Riverview

The Leader newsletter was produced by and for patients. It was first published in the 1950s and was printed on a printing press (RV0018) that is now part of the Riverview Hospital Artifact Collection. The printing press was used in the Occupational Therapy department.

The annual report for the year ending March 31, 1956 reports that the original print shop was destroyed by a fire that impacted several occupational therapy workshops. As a result, new equipment was purchased and shops were rebuilt, including the print shop, which was operated by patients under staff supervision.

Print jobs included hospital forms and *The Leader*. By 1956, an editorial room had been established at West Lawn to produce the magazine, with patients working in both the editorial room and the print shop under the supervision of staff.



From the Collection

Riverview conducted research to support diagnosis and treatment.

Throughout the history of the hospital, the hospital administration sought to secure a reputation as a modern hospital at the forefront of the field of the diagnosis and treatment of mental illness. Research into the cause of mental illness and its treatment were conducted at the institution from its earlier days.

In 1947, a Department of Neurology was created at Essondale. Neurologists study and treat disorders of the nervous system, which includes the brain, the spinal cord, and nerves in the body. When the Crease Clinic opened in 1949, it included “an eight-channel electro-encephalograph and eight-channel electrocardiograph, a wave-frequency analyzer, and complete facilities for pneumoencephalography for use by neurology staff.”²³

²³ Department of Provincial Secretary, *Mental Health Services, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1953* (Victoria: Government Printer), 1953.



Above: Electroencephalogram (EEG) machines were used at Essondale for research and diagnosis. Electrodes were placed on the patient’s scalp to measure electrical activity in the brain. CCOQ C5.2886

Left: An electroencephalogram (EEG) machine, likely from the 1970s. It was used to assist with diagnosis of tumours and to diagnose epilepsy. It was also used for research, such as research to understand the neurological patterns of psychopaths. RV0723

Patient Mobilization

By the mid-1950s, patients were being mobilized—they received new freedoms to socialize, recreate, learn, shop and participate in community life within the boundary of the hospital grounds.



Top left: The scale from the Tuck Shop can be seen on the counter of the 1955 photograph of the shop. RV0317

Top right: Patients could shop for food, magazines and other items at the Tuck Shop that was operated by the Canadian National Institute for the Blind. LABC 1955-56

Right: In 1952, patients, staff, and family members participated in the sixth annual Sports Day. LABC 1952-53

Left: Carnival Day trophy: Carnival Day was a community event on the hospital grounds. RV0626



Photo Credits

Front Cover **RV0959**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0959

Page iii **RBCM B-00275**: Image B-00275 courtesy of the Royal BC Museum and Archives

Pages v and vi **RV0958**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0958

Page 1 **CCOQ -C5.010**: City of Coquitlam Archives, CCOQ C5-S01-SS05-F2-C5.010

Page 3 **CCOQ C5.010-4**: City of Coquitlam Archives, CCOQ C5-S01-SS05-F2-C5.010-C5.010-4

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Page 4 **RV0145**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0145

Page 5 **CCOQ C6.622**: City of Coquitlam Archives, CCOQ C6-S01-C6.622

Page 7 **CCOQ C5.005**: City of Coquitlam Archives, CCOQ C5-S01-SS05-F2-C5.005

Page 7 **CCOQ CF.016**: City of Coquitlam Archives, CCOQ C5-S01-SS03-CF.016

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Page 9 **RV0427**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0427

Page 10 **CCOQ C5.010-25**: City of Coquitlam Archives, CCOQ C5-S01-SS05-F2-C5.010-25

Page 10 **RV1068**: Riverview Hospital Artifact Collection, City of Coquitlam, RV1068

Page 10 **RV0643**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0643

Page 10 **CCOQ C5.010-16**: City of Coquitlam Archives, CCOQ C5-S01-SS05-F2-C5.010-C5.010-16

Page 11 **SPL: Science Photo Library**, C016/2282

Page 11 **RV0021**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0021

Page 12 **CCOQ C5.010**: City of Coquitlam Archives, CCOQ C5-S01-SS05-F2-C5.010

Page 12 **RV0508**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0508

Page 12 **RV0349**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0349

Page 12 **RV0126**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0126

Page 13 ECT machines and electrodes from the Riverview Hospital Artifact Collection, City of Coquitlam

Page 15 **LABC 1954-55**: “Nursing care for patient undergoing insulin treatment” from Department of Provincial Secretary, Mental Health Services, Province of British Columbia, *Annual Report for Twelve Months ending March 31, 1955* (Victoria: Government Printer), p. 56. A Sessional Paper of the Legislative Assembly of British Columbia

Page 16 **RV0220**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0220

Page 17 **RV1051**: Riverview Hospital Artifact Collection, City of Coquitlam, RV1051

Page 17 **LABC 1948-49**: “Occupational therapy display at Y.M.C.A., New Westminster” from Department of Provincial Secretary, *Mental Hospitals, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1949* (Victoria: Government Printer), pg. 58. A Sessional Paper of the Legislative Assembly of British Columbia

Page 18 **LABC 1949-50**: LABC 1948-49: “Crease Clinic of Psychological Medicine, Essondale, B.C.” from Department of Provincial Secretary, *Mental Hospitals, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1950* (Victoria: Government Printer), pg. 49. A Sessional Paper of the Legislative Assembly of British Columbia

Page 19 **RV0841**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0841

Page 21 **CCOQ C5.1984**: City of Coquitlam Archives, CCOQ C5.1984

Page 21 **RV0997**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0997

Page 22 **RV1012**: Riverview Hospital Artifact Collection, City of Coquitlam, RV1012

Page 22 **CCOQ C5.4008**: City of Coquitlam Archives, CCOQ C5-S09-F15-C5.4008

Page 22 **CCOQ C5-S09-F04**: City of Coquitlam Archives, CCOQ C5-S09-F04 from the Riverview Hospital Historical Society Collection, Personal Collections Series, Jean Campbell collected materials file. Poem authored by George Potts

Page 23, 25, & 26 **RV0887**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0887

Page 24 **RV0888**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0888

Page 27 **CCOQ C5.2000**: City of Coquitlam Archives, CCOQ C5.2000

Page 29 **LABC 1955-56**: “The psychiatrist meets a group of patients for group psychotherapy” from Department of Provincial Secretary, *Mental Health Services, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1956* (Victoria: Government Printer), pg. 64 (top). A Sessional Paper of the Legislative Assembly of British Columbia

Page 29 **LABC 1955-56**: “A general view of the apparel shop operated by volunteers of the Canadian Mental Health Association” from Department of Provincial Secretary, *Mental Health Services, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1956* (Victoria: Government Printer), pg. 28. A Sessional Paper of the Legislative Assembly of British Columbia

Page 30 **RV0683**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0683

Page 31 **RV0256**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0256

Page 32 **CCOQ C5-S03-F4**: City of Coquitlam Archives, CCOQ C5-S03-F4 from the Riverview Hospital Historical Society Collection, Riverview Hospital Publications and Communications Series, The Leader file

Page 33 **RV0723**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0723

Page 33 **CCOQ C5.2886**: City of Coquitlam Archives, CCOQ C5.2886

Page 34 **LABC 1952-53**: “Sixth annual sports day” from Department of Provincial Secretary, *Mental Health Services, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1952* (Victoria: Government Printer), pg. 150. A Sessional Paper of the Legislative Assembly of British Columbia

Page 34 **LABC 1955-56**: “New tuck shop at Essondale, opened September, 1955” from Department of Provincial Secretary, *Mental Health Services, Province of British Columbia, Annual Report for Twelve Months ending March 31, 1956* (Victoria: Government Printer), pg. 25 (top). A Sessional Paper of the Legislative Assembly of British Columbia

Page 34 **RV0317**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0317

Page 34 **RV0626**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0626

Back Cover **RV0256**: Riverview Hospital Artifact Collection, City of Coquitlam, RV0256



Admitted to Riverview Hospital