

EUGENICS IN THE COMMUNITY: THE UNITED FARM WOMEN OF ALBERTA,  
PUBLIC HEALTH NURSING, TEACHING, SOCIAL WORK, AND SEXUAL  
STERILIZATION IN ALBERTA, 1928-1972

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By

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## ABSTRACT

This dissertation examines the historical relationship between eugenics, the United Farm Women of Alberta (UFWA), and the gendered professions of teaching, public health nursing, and social work in Alberta. In the wake of the Leilani Muir trial, scholarship on Alberta's *Sexual Sterilization Act* (1928-1972) has tended to centre on male medical professionals, and the largely male run provincial psychiatric institutions. When a female is mentioned she tends to be someone in a position of power, including members of the Famous Five whose feminism and support for eugenic thought have often been viewed as incompatible. The historiography has consequently constructed an image in which male medical professionals, and a few exceptional women controlled the reproductive rights of largely female patients, overlooking the women that served on the program's frontlines.

By recasting the province's eugenic sterilization program within a broader public health framework, and focusing on the UFWA, teachers, public health nurses and social workers, this dissertation not only provides a more comprehensive understanding of how the legislation functioned at the ground level, but also challenges prevailing ideas about maternalism, feminism, women's professional work, and eugenics in Canada. It offers an alternative reading of eugenics in Canada by moving beyond formal institutions to the significant role played by gendered political organizations and health, welfare, and education professionals in the community. The Canadian mental hygiene and eugenics movements, which were fundamentally connected, provided them with an opportunity to maintain and extend their authority, and to meet their political and professional goals. The gendered, classed, and ethnic stereotypes that defined public nursing, teaching, and social work allowed them to define a niche for themselves within the eugenics program, but also limited the extent to which they operated as authorities of mental hygiene and eugenic science.

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I have been involved in the Living Archives project run by Rob Wilson and Moyra Lang at the University of Alberta since 2009. Through this project I have had the privilege of connecting with, and learning from sterilization survivors, disability rights organizations, and a wide range of students and scholars. It has shaped the way that I

approach the history of eugenics, disability, and reproductive rights, and has provided me with a framework for thinking about community-engaged research. I will be forever grateful for the many learning opportunities that I received from this project.

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## INTRODUCTION

In the 1990s Leilani Muir successfully sued the Provincial Government of Alberta in court for wrongful sexual sterilization. Leilani had been sterilized under Alberta's *Sexual Sterilization Act*, introduced in March 1928 by the United Farmers of Alberta (UFA) government. The eugenic<sup>1</sup> legislation remained in effect until 1972 and resulted in the sexual sterilization of more individuals considered to be mentally defective or insane than any other jurisdiction in Canada.<sup>2</sup> As the first, and only individual to sue the Alberta government in court for wrongful sexual sterilization, Leilani Muir has become the face of the backlash against the Alberta eugenics movement. Leilani's trial brought to light the abuses that had occurred not only with respect to the province's sterilization program, but also within Alberta's psychiatric institutions. Her lawsuit sparked a wave of scholarly publications on eugenics in Canada, and in many ways continues, to this day, to influence the secondary literature.

Leilani was a trainee at the Red Deer Provincial Training School for Mental Defectives (PTS) between 1953 and 1965 when she was removed against the recommendation of the Superintendent, Dr. L.J. LeVann. In 1959, at the age of fourteen, she was sterilized without her knowledge, based on an inaccurate IQ score. Leilani's case against the Provincial Government of Alberta went to court in June 1995 with a decision being reached in January 1996.<sup>3</sup> In her judgement, Justice Veit ruled in favour of Leilani stating, "[t]he circumstances of Ms. Muir's sterilization were so high-handed and so contemptuous of the statutory authority to effect

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<sup>1</sup> Francis Galton coined the term "eugenics" in 1883 to refer to the "study of the agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally." Francis Galton, *Inquiries Into Human Faculty and Its Development* (New York: Dutton, 1907), p. 17n. For scholarship on the science of eugenics see Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. Cambridge, Massachusetts: Harvard University Press, 2004.

<sup>2</sup> In this dissertation I use the terms "insane," "mental defective," and "feeble-minded" frequently, and without quotations marks. These words were commonly used throughout the twentieth century, the latter two, specifically, were socially constructed as a number of scholars have argued, and, as they were based on intelligence, they were subject to a variety of environmental influences. See for example Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart Inc., 1990); Jana Grekul, *The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972* (PhD diss., University of Alberta, 2002); Jana Grekul, "Sterilization in Alberta, 1928 to 1972: Gender Matters," *The Canadian Review of Sociology*, 43, 3 (Aug 2008): p. 247-266; Gerald O'Brien, *Framing the moron: The social construction of feeble-mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013).

<sup>3</sup> Leilani has recently written her own story. See Leilani Muir, *A Whisper Past: Childless after Eugenic Sterilization in Alberta* (Victoria, BC: Friesen Press, 2014).

sterilization, and were undertaken in an atmosphere that so little respected Ms. Muir's human dignity that the community's, and the court's, sense of decency is offended."<sup>4</sup>

During the trial Leilani's gender, Catholicism and Polish background were identified as determining factors in the case.<sup>5</sup> Professor Gerald Robertson, Faculty of Law, University of Alberta presented expert testimony to the court based on his reading of the Eugenics Board minutes and a sampling of the case files. The Eugenics Board was the main administrative body of Alberta's eugenic sterilization program; the 1928 legislation granted the Board the authority to approve the sexual sterilization of those individuals diagnosed as mentally defective or insane.<sup>6</sup> While looking at the Board's files, Robertson observed that women were more likely to be sterilized than men, particularly women of Eastern European descent, Catholics, and later Aboriginal women.<sup>7</sup> Robertson also noted that from 1930 onward, the Eugenics Board dealt with cases in under 10 minutes, despite not having advance access to patient case files. Additionally, a patient's "racial origin," religion, IQ, and sexual history, were among the little information provided to the Board to assist with their decision. Dr. Margaret Thompson, geneticist and member of the Eugenics Board from 1960 to 1963,<sup>8</sup> was also called as a witness. Based on the evidence that Thompson provided, Justice Veit determined that the "powers of the Board were used not in accordance with either scientific principles or legislative standards, but in support of social policy about who should be allowed to have children in Alberta."<sup>9</sup> Further, both Robertson and Thompson's testimonies led Veit to conclude that there were systemic biases in the operation of the Eugenics Board against "men and women from 'subcultural' backgrounds."<sup>10</sup>

Much of the secondary literature on Alberta's eugenic sterilization program has focused on examining these systemic biases by identifying the marginalized and potentially vulnerable segments of the population targeted by the provincial Eugenics Board.<sup>11</sup> Timothy Christian was

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<sup>4</sup> Muir v. Alberta. The Canadian Legal Information Institute (CanLII) 7287 (AB Q.B.) (1996).

<sup>5</sup> Muir v. Alberta (1996), p. 27.

<sup>6</sup> "The Sexual Sterilization Act," Statutes of the Province of Alberta, 1928, Chapter 37 (March 21, 1922): pp. 117-118.

<sup>7</sup> Muir v. Alberta (1996), p. 26.

<sup>8</sup> Thompson was granted a leave of absence from September 1, 1962 to August 31, 1963.

<sup>9</sup> Muir v. Alberta (1996), p. 26.

<sup>10</sup> See also Muir v Alberta. The Canadian Legal Information Institute (CanLII) 9166 (AB Q.B.) (1995); Muir v. Alberta (1996).

<sup>11</sup> Three years prior to the repeal of Alberta's sterilization legislation K.G. McWhirter and J. Weijer published a critique of the program from a genetic point of view arguing that it was "unscientific." They also observed that the individuals being sterilized under the legislation were likely to be "young, poor, and uninfluential." McWhirter and Weijer concluded that from "legal, social, and scientific standpoints the act is a disgrace to the whole of Canada."



the first to document the disproportionate sterilization of Eastern Europeans, Catholics, women, youth, and Aboriginals under Alberta's eugenic program. His 1974 honours thesis, supervised by Gerald Robertson at the University of Alberta, provided a statistical analysis of a selection of Eugenics Board case files.<sup>12</sup> Terry Chapman's 1977 study, which examined the two decades leading up to the introduction of the province's sterilization policy, built off of Christian's work, demonstrating that the decision to introduce the legislation was largely motivated by concerns about undesirable newcomers to the Canadian West.<sup>13</sup>

Following these two studies, it was not until after the Leilani Muir trial that scholars seriously revisited this history. As part of the background preparation for the class action lawsuits that followed from the Muir trial, sociologists at the University of Alberta conducted a thorough statistical analysis of the Eugenics Board minutes and case files.<sup>14</sup> Jana Grekul, Harvey Krahn and Dave Odynak's 2004 study, which developed out of this work, confirmed Christian's earlier claims by drawing on a larger sample size to determine the validity of the trends identified in his study.<sup>15</sup> Their work largely reinforced Christian's assertion that young adults, Aboriginals, and women were overrepresented among those sterilized; it challenged, however, his argument

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K.G. McWhirter and J. Weijer, "The Alberta Sterilization Act: A General Critique," *University of Toronto Law Journal* 19 (1969): 424-431; Other scholarship has looked at the legal implications of Alberta's sterilization program. Gerald Robertson and Timothy Caulfield, "Eugenics Policies in Alberta: From the Systematic to the Systemic?" *Alberta Law Review* 35 (1996), 59-79; AN Nind, "Solving an 'Appalling' Problem: Social Reformers and the Campaign for the Alberta Sexual Sterilization Act, 1928," *Alberta Law Review* 38:2 (2000): pp. 536-62; <sup>12</sup> Timothy J. Christian, "The Mentally Ill and Human Rights in Alberta: Study of the Alberta Sexual Sterilization Act" (Honours Thesis, University of Alberta, 1974); See also, Institute of Law Research and Reform, *Competence and Human Reproduction, Discussion Paper No. 52* (Edmonton: University of Alberta, 1989); Institute of Law Research and Reform, *Sterilization Decisions and Mentally Incompetent Adults, Discussion Paper No. 6* (Edmonton: University of Alberta, 1988).

<sup>13</sup> Terry L. Chapman, "Early Eugenics Movement in Western Canada," *Alberta History* 25, 4 (1977), p. 9-17.

<sup>14</sup> Following the Muir trial two class action cases were filed against the Alberta government for wrongful sterilization under Alberta's eugenic legislation, one representing dependent adults, and another representing independent adults. In 1998 approximately 600 dependent adults settled with the province, while another 260 independent adults pushed forward with their law suits, declaring that the sterilization program had ruined their lives. In 1998, the Ralph Klein government introduced Bill 26 in an attempt to protect tax dollars by limiting future compensation amounts for the 260 independent adults, while also overriding the notwithstanding clause of the Charter of Rights and Freedoms in order to prevent victims from challenging the awards as a violation of their right to equality. The Bill provoked a tremendous outcry across Canada and was withdrawn the following day. In 1999 the province and lawyers representing these 26- individuals came to an agreement following three years of negotiations. See Kathleen Engman and Greg Owens, "Two new suits filed; Sterilization debate; [FINAL Edition]," Edmonton, *Edmonton Journal* (February 6<sup>th</sup>, 1996), A.1; Wayne Kondro, "Alberta retreats over sterilisation compensation," *The Lancet* 351 (March 21 1998), 892; Don Thomas, "Sterilization victim in race as ND hopeful: Decided to seek election because of controversial Bill 11; [Final Edition]," Edmonton, *Edmonton Journal* (February 18, 2001), A.9.

<sup>15</sup> Jana Grekul, Harvey Krahn, and David Odynak, "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* 17, 4 (2004): 358-384.

that the Eugenics Board targeted Albertans of Eastern European descent.<sup>16</sup> Grekul has also completed a PhD dissertation, and published a number of articles examining the various ways in which the concept of feeble-mindedness was socially constructed.<sup>17</sup> Deborah C. Park and John P. Radford produced a qualitative study of the Eugenics Board's case files and similarly argued that sterilization decisions were largely based on socio-economic factors, rather than genetic ones, indicating that the legislation was an effort to impose a "particular type of morality" on Albertans.<sup>18</sup> By focusing on the male dominated Eugenics Board and its targets, the secondary literature has painted a particular image of Alberta's eugenic sterilization program, which was one of male professionals, and a few women in positions of influence, exercising control over the reproductive rights of predominately female patients; for instance, Leilani Muir.

Women's involvement in the high-level politics behind the initial legislation was recognized by Angus McLaren's in his pre-eminent national study of eugenics in Canada. McLaren documents the eugenic leanings of early women's organizations, such as the United Farm Women of Alberta (UFWA), the sister organization of the UFA, as well as the Famous Five, which includes Emily Murphy, Nellie McClung, Louise McKinney, Henrietta Muir Edwards, and Irene Parlby. While responsible for having women recognized as persons under Canadian and British law, and securing both the vote and property rights for women, the Famous Five were also vocal supporters of eugenic sterilization, and, in fact, are often credited with the eventual legislation of Alberta and British Columbia's respective sexual sterilization policies. Their feminism and fervent support for eugenics had initially been viewed as incompatible, with the latter either being discarded as out of sync with the rest of their views, or used to discredit their achievements and rewrite the past. Such rewriting can be seen in recent efforts to erase, or at least alter, not only the historical memory of members of the Famous Five, but also other Canadian women including Helen MacMurchy, and Margaret Thompson by attempting to have commemorative plaques, statues and other artwork removed from public sites, currency

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<sup>16</sup> Grekul, Krahn, and Odynak also found that Catholics were overrepresented among those presented to the Board, but underrepresented among those sterilized, challenging Christian's assertion that Catholics were overrepresented among those presented, as well as sterilized. Grekul, Krahn, and Odynak, "Sterilizing the 'Feeble-minded,'" p. 382, n.18.

<sup>17</sup> See Jana Grekul, "The Right to Consent? Eugenics in Alberta, 1928-1972," in *A History of Human Rights: Essential Issues*, ed. Janet Miron (Toronto: Canadian Scholar's Press, 2009), p. 135-153; Grekul, *The Social Construction of the Feeble-minded Threat*; Grekul, "Sterilization in Alberta, 1928 to 1972."

<sup>18</sup> Deborah C. Park and John P. Radford, "From the Case Files: Reconstructing a History of Involuntary Sterilisation," *Disability & Society* 13,3 (1998): 317-342.

redesigned, and in the case of Thompson, her Order of Canada revoked.<sup>19</sup> These women became complicated figures, celebrated for their pioneering achievements in law, politics, public health and genetics, and later reviled as their support for eugenics became clear. Their changing historical status, however, reveals much about the changing attitude towards eugenics.

Scholars Janice Fiamengo, Cecily Devereux and Sheila Gibbons have softened this critique by connecting the eugenic views of these prominent early twentieth century feminists and the UFWA to their nationalism, which was based on privileged motherhood, and anti-immigrant sentiment, and to their political agenda, more broadly.<sup>20</sup> Fiamengo, for instance, argues that McClung strategically utilized a fluid definition of motherhood as a political tool in her efforts to promote the advancement of women. However, her emphasis on mother and family as the foundation of society, “almost inevitably, drew on eugenics discourse prevalent in McClung’s day; her construction of the supermother depended on a conception of the non-mother, the wayward daughter who needed protection or the irresponsible mother from whom society had to be protected.”<sup>21</sup>

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<sup>19</sup> See for example Don Butler, “The dark side of honouring Dr. Helen MacMurchy,” *the Ottawa Citizen* (October 5, 2012) <http://www.ottawacitizen.com/health/dark+side+honouring+Helen+MacMurchy/7346152/story.html>; Don Bulter, “MacMurchy plaque likely to languish unseen,” *Star-Phoenix* (Saskatoon) (06 October 2012):C.8; Kevin Rollason, “Human rights lawyer opposes McClung statue: Backed forced sterilization for some,” *Winnipeg Free Press* (April 23, 2010): A1; Naomi Lakritz, “McClung doesn’t deserve new statue,” *Calgary Herald* [Calgary, Alta] (05 May 2010): A.14; Rob O’Flanagan, “Women are Persons monument sparks controversy: Three of the Famous Five have darker side,” *Sudbury Star* [Sudbury, Ont] (23 Oct 2000): A2; Herald News Services, “Owl Takes flight to make way for Famous Five on \$50 bill” *Calgary Herald* [Calgary, Alta] 04 June 2000: A1/Front; Naomi Lakritz, “Should the Famous Five be on the \$50?: Ill-suited feminist icons: Get them off my money,” *Calgary Herald* [Calgary, Alta] August 2004: A13; Gabriel Liu, “The dark side of our feminist heroines: The Gang of Five did well in brining legal ‘personhood’ to women. But do we want racists on our money?” *The Vancouver Sun* [Vancouver, B.C.] 21 Sep 2000: A23; “Story prompts name change,” *The Province* [Vancouver, B.C.] (13 May 1998): A15; For a more balanced viewpoint see also, Paula Simons, “Getting unpersonal: Is it a Stalinist conceit to banish Emily Murphy from the elect of Canadian history because she was a white woman of her times – because she was a racist?” *The Vancouver Sun* (10 June 1998): A5; Patrick White, “Human-rights lawyer opposes honour for right-to-vote pioneer Nellie McClung,” *The Globe and Mail* (April 23 2010), <http://www.theglobeandmail.com/news/national/prairies/human-rights-lawyer-opposes-honour-for-right-to-vote-pioneer-nellie-mcclung/article1545502/>; Nancy Miller, “McClung was often wrong, but so were celebrated men,” *Calgary Herald* [Calgary, Alta] (06 May 2010): A.17.; Don Butler, “Ministry reverses stance on eugenisist’s plaque; Parks Canada should have mentioned MacMurchy’s beliefs, historian says,” *the Ottawa Citizen* [Ottawa, Ont] (06 Oct 2012): A.3.

<sup>20</sup> Janice Fiamengo, “A Legacy of Ambivalence: Responses to Nellie McClung,” *Journal of Canadian Studies* vol. 34, 4 (Winter 1999/2000): pp. 70-87; Cecily Devereux, *Growing a Race: Nellie L. McClung and the Fiction of Eugenic Feminism* (Montreal; Kingson, ON: McGill-Queen’s University Press, 2006); Sheila Gibbons, “The True [Political] Mothers of Tomorrow: Eugenics and Feminism in Alberta” (MA thesis, University of Saskatchewan, 2012); See also Sheila Gibbons, “‘Our Power to Remodel Civilization’: The Development of Eugenic Feminism in Alberta, 1909-1921,” *CBMH/BCM* 31, 1 (2014): pp. 99-122.

<sup>21</sup> Fiamengo, “A Legacy of Ambivalence,” p. 78.

Focusing on Alberta's eugenic sterilization program, specifically, historian Erika Dyck has also begun to challenge and complicate the traditional narrative of female victimization at the hands of male professionals by shifting the focus away from the policies of the Eugenics Board alone, and placing the program within the context of the politics reproductive choice.<sup>22</sup> In her chapter on married middle-class women and reproductive choice, she suggests that the personal experiences of early twentieth century feminists informed their views on eugenics sterilization and reproductive rights, revealing that Violet McNaughton and Irene Parlby had themselves underwent hysterectomies for medical reasons.<sup>23</sup> In their respective works these scholars show how these historical figures could be both celebrated and critiqued by looking more closely at how they justified a more complicated form of feminism.

Political scientists Randall Hansen and Desmond King, among others, suggest that eugenic sterilization programs largely operated within psychiatric hospitals, and related institutions.<sup>24</sup> The secondary literature to date has drawn similar conclusions about Alberta. As a result, the literature focuses heavily on the workings of the Eugenics Board and their interactions with the province's psychiatric institutions, and training school. Alberta's program was amended on two occasions, once in 1937 and again in 1942, the first amendment particularly, served to expand the beyond the province's psychiatric institutions. While the sterilization operations themselves took place within designated hospitals and psychiatric institutions, the program did not only authorize the sterilization of psychiatric patients, or trainees, but rather, following the 1937 amendment, individuals could be presented to the Eugenics Board as outpatients through the provincial guidance clinics. As a result of this focus on psychiatric institutions, and the Eugenics Board, our understanding of how the Alberta's sterilization program functioned beyond of the walls of the various provincial psychiatric institutions, including, for example, how

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<sup>22</sup> Erika Dyck, *Facing Eugenics: Sterilization, Reproduction and the Politics of Choice* (Toronto: University of Toronto Press, 2013).

<sup>23</sup> Dyck, *Facing Eugenics*, Chapter three; See also Erika Dyck, "Sterilization and Birth Control in the Shadow of Eugenics: Married Middle-Class Women in Alberta, 1930-1960s," *CBMH/BCHM* 31,1 (2014): pp. 165-87.

<sup>24</sup> Randall Hansen and Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (New York: Cambridge University Press, 2013); See also Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore: Johns Hopkins, 2008); Alexandra Minna Stern: *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005). Some exceptions to this include Molly Ladd-Taylor, "Eugenics and Social Welfare in New Deal Minnesota," in *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, ed. Paul A. Lombardo (Bloomington, IN: Indiana University Press, 2011), p. 117-140; Rebecca M. Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Jersey: Rutgers University Press, 2009).

individuals ended up before the Eugenics Board, beyond being presented by the superintendents of these institutions, remains unclear.

By recasting the province's eugenics program within a broader public health framework, and focusing on prominent early twentieth century feminists, the UFWA, teachers, nurses and social workers, this study not only provides a more comprehensive understanding of how the legislation functioned at the ground level, but also challenges prevailing ideas about maternalism, feminism, women's paid labour, and eugenics in Canada. It demonstrates that the Canadian mental hygiene and eugenics movements, which were fundamentally connected, socially and scientifically significant, provided these individuals, organizations, and professions with opportunities to maintain and extend their political and professional authority. Traditionally defined in relation to the feminine values of nurturing and caring, eugenics allowed these organization and professions to align themselves with medicine and science, which were traditionally considered masculine pursuits, thus expanding and securing their position in the political and professional landscape, to varying degrees.<sup>25</sup> This study offers an alternative reading of eugenics in Canada by moving beyond formal institutions and looking directly at the significant role played by gendered political organizations and public health professionals in the community.

By concentrating on a broader analysis of eugenics and public health, education and welfare, it becomes clear that Alberta's eugenic program was less about males acting on the reproductive rights of females, than it is about adults acting on the reproductive rights of children and adolescents perceived to be mentally defective, with a particular interest in adolescent girls. Although initially the majority of individuals sterilized under the program were adults already institutionalized at the Provincial Mental Hospital in Ponoka, the age of patients presented to the Eugenics Board became progressively younger as the program developed, with young adults ultimately accounting for a disproportionate number of those sterilized. This shift in the age of patients presented to the Board over time can, and has been, attributed to a number of factors, including most notably the removal of the need for consent in cases where the patient was

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<sup>25</sup> In the post-Second World War period Cold War anxieties gave rise to renewed concerns newcomers to Canada. Welfare professionals, and volunteers, whose positions were defined by class, race, sexuality, and notions of appropriate Canadian behaviours, were central players in efforts to "help" newcomers become Canadian. Through their participation in efforts to assimilate newcomers into Canadian conformity, they created professional and volunteerist niches for themselves. The newcomers both benefitted and were hindered by the assistance provided by these professionals and volunteers. See Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006).

determined to be mentally defective. Jana Grekul has demonstrated that this legal change resulted in a significant decrease in the number of patients being presented by the Provincial Mental Hospital at Ponoka, which largely housed adults considered to be insane, and an increase in those present by the PTS, the main institution for those determined to be mentally defective, whose patient population was much younger than other institutions in the province.<sup>26</sup>

However, another crucial factor that has been overlooked in this transition is the connection of the eugenics program to education, welfare, and public health services in the province. As they expanded, and became further integrated with each other, the eugenics legislation was amended in ways that allowed for the program to become deeply embedded within these services, which were largely aimed at children, adolescents, and teenage mothers. The most significant of these services, in this respect, was the provincial guidance clinic.

Established in Alberta 1929, guidance clinics were part of an international trend in channelling resources towards preventative mental health efforts. The clinics aimed to promote the mental health of all Albertans, by assisting them in their overall adjustment to society, with the goal of preventing serious mental illness. In rural Alberta, rather than being set up on a full time basis, they operated as travelling clinics, and were often held in the schools, or in the office of the resident public health nurse. By the time that the PTS had become an important feeder institution in 1940s, the majority of trainees it admitted each year came through the provincial guidance clinics, and the service itself presented patients to the Eugenics Board as outpatients. These clinics were dependent on the cooperation of the province's teachers, public health nurses, and social workers.

A number of prominent early twentieth century Albertan feminists, through organizations such as the UFWA, Local Council of Women, Alberta Women's Institutes, Alberta Council on Family and Child Welfare, and the Alberta Federation of Women's Organizations, lobbied for educational reforms, and public health and welfare services, including compulsory education, school medical examinations, district nursing services, child welfare legislation, homes for unwed mothers, and mothers' allowances. Through lobbying for child and maternal health and welfare services these women brought motherhood and childhood under the lens of medicine, and science, elevating motherhood, the family, and the home, and carving a place for women in the public sphere, by connecting private experiences of mothering with politics. Their support for

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<sup>26</sup> See Grekul, "The Right to Consent?"

Anglo-imperialism, privileged motherhood and reproductive choice for a select group of women, informed their support for these services, and, more generally, their efforts to secure government funds for the health and welfare of women and children in the province. As part of their efforts to protect the health, morality, mental fitness and wealth of Canadian families, many of these organizations also fought for policies to prevent unfit adults, and their children from becoming burdens on society, by lobbying for various eugenic efforts, including sexual sterilization, immigration restriction, and marriage certificates.

From their inception child and maternal health and welfare services in the province were imbued with concerns about racial betterment, nationalism, and moral citizenship, and once legislated, Alberta's eugenics program became reliant on these very services. As a result, the eugenics program became entrenched in the day-to-day work of the teachers, public health nurses, and social workers. During the course of their work the rank-and-file members of these professions identified and supervised cases of mental deficiency in their respective districts, collected case histories, and promoted mental health in connection with the guidance clinics.<sup>27</sup> Through doing so, they each played a critically important role, whether knowingly or not, in the daily operation of the provincial eugenics program.

Responsibility for the province's mentally defective population initially fell under the jurisdiction of the Alberta Department of Education, until it was transferred to the Alberta Department of Public Health in 1922. When the sexual sterilization program was introduced in 1928, the Department of Public Health oversaw its operation and it continued to do so until 1971 when the Department was dissolved after merging with the Department of Social Development.<sup>28</sup> As a result, the Alberta Department of Education and Alberta Department of Public Health both, at various points in time, had an active interest in locating, supervising, and controlling the province's mentally defective population. The teachers, public health nurses and social workers connected to these departments were the vanguard of the provincial government's attempts to protect the future intelligence, health, and wealth of its populace. Through their work in

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<sup>27</sup> For more on how individuals become case files see Franca Iacovetta and Wendy Mitchinson (eds.), *On the Case: Explorations in Social History* (Toronto: University of Toronto Press, 1998).

<sup>28</sup> In 1967 the Department of Public Health was renamed the Department of Health

connection to these departments, they became a critical part of the “highly efficient sterilization bureaucracy,” which operated within the broader social systems in the province.<sup>29</sup>

In the 1930s the rise of the social sciences and the corresponding emphasis on culture over biology, encapsulated in the nature-nurture debate, resulted in a widespread recognition of the environment’s role in child development.<sup>30</sup> At the same time, a growing number of American psychologists were beginning to recognize that intelligence was not a static concept, and that the results of intelligence testing, on which many eugenic programs were premised, were influenced by education and culture.<sup>31</sup> Additionally, biologists and geneticists began to dismiss eugenics during this period, arguing that feeble-mindedness was a recessive trait, meaning that healthy, or fit individuals could carry the trait.<sup>32</sup> Historian Wendy Kline has argued that as a result of the criticism that accompanied the growing interest in the influence of environmental factors on child psychological development, many American eugenicists moved away from negative eugenic measures aimed at restricting the reproductive rights of those deemed to be unfit, towards positive eugenic efforts intended to encourage those deemed to be fit to reproduce.<sup>33</sup> Notably, Alberta differed from its American counterparts and utilized this intellectual transition as a way to expand its scope.

Legislators expanded the program with two legal changes, the first amendment to the Sexual Sterilization Act altered the wording of the legislation to allow for individuals to be sterilized based on “risk of mental injury” to either the individual, or his or her progeny in addition to the earlier biological justifications. This amendment, passed in 1937, also allowed the guidance clinics to present individuals to the Eugenics Board as outpatients. Eugenic sterilization in Alberta, thus did not play out in psychiatric institutions removed from society, and by extension removed from critiques levied at it by biologists, geneticist and social scientists, but rather, the province’s eugenics program operated beyond these institutions in schools and a variety of health and welfare services.

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<sup>29</sup> Grekul, Krahn, and Odynak use the phrase “highly efficient sterilization bureaucracy” in their 2004 article with reference to the connection between the Eugenics Board and the feeder institutions. See Grekul, Krahn, and Odynak, “Sterilizing the ‘Feeble-minded,’” p. 379-380. In a more recent article, Grekul refers to the program as “a well-oiled machine.” See Jana Grekul, “A Well-Oiled Machine: Alberta’s Eugenics Program, 1928-1972,” *Alberta History* (Summer 2011): pp. 16-23.

<sup>30</sup> Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, California: University of California Press, 2001), p. 99.

<sup>31</sup> Kevles, *In the Name of Eugenics*, p. 134-135.

<sup>32</sup> Kline, *Building a Better Race*, p. 99.

<sup>33</sup> Kline, *Building a Better Race*.



Most obviously the 1937 amendment formalized a relationship between guidance clinics in the province and the eugenic sterilization program. However, by altering the program to include social and behavioural considerations among risk factors, legislators enlarged the pool of candidates for sterilization, which resulted in a new emphasis being placed on the observations made by teachers, public health nurses and social workers during their day-to-day work in the local schools and welfare clinics. With the rising acceptance of the environment's role in mental health and child development, these professions became increasingly valuable in the eyes of mental hygiene and eugenics supporters, both nationally and provincially. As they were expected to have relationships with the homes, schools and families in their respective districts, these professionals could implement preventative measures focused on environmental conditions, and were in a position to collect relevant background information on patients' home conditions, which were coming under closer scrutiny. This shift fundamentally effected not only the demands being placed on professionals, but also how they saw their own role within the mental hygiene and eugenics movements.

At both the provincial and national levels, "leaders" within teaching, nursing and social work, recognized the mental hygiene movement, which sought to solve social problems associated with mental defects through science and professional expertise, and the related eugenics movement, as providing an opportunity to advance their professionalization efforts. Teachers were the least active in this respect, and nurses the most active. Nurses often argued that their relationship with Canadian families, and access to homes placed them in a strategic and enviable position in terms of mental hygiene, and justified increased access to the university, and training programs. These professionals had to negotiate the image and goals of their own profession, the expectations of their students, patients, and clients, and the demands placed on them by those outside of the profession, including government officials, doctors, academics, and other mental hygienists and eugenicists who believed that these workers were crucial to the prevention of mental deficiency and its associated ills.

Women's political organizations were key players in stimulating pressure to bring eugenics in line with emerging public health campaigns. The UFWA had been the architects of the original legislation, and despite a change in government in 1935 they, along with the Alberta Federation of Women's Organizations, continued to support the sexual sterilization program through both the 1937 and the 1942 amendments. They in fact lobbied the newly elected Social

Credit Government to expand the program to allow for the presentation of individuals from outside of the provincial psychiatric institutions. Whether this lobbying influenced the 1937 amendment is unclear, but the amendment did in fact formally allow guidance clinics to present cases to the Eugenics Board as outpatients.

In the 1930s, the UFWA's continued support for eugenic measures intersected with their commitment to securing married women, or those desiring it, as well those "requiring" it, access to birth control information. Scholars Angus McLaren and Arlene Tigar McLaren, Linda Revie, and Erika Dyck have observed that the economic considerations that emerged during the 1930s resulted in a growing support for birth control across Canada, with the exception of Quebec.<sup>34</sup> At their 1923 annual convention the UFWA had introduced a resolution calling for the decriminalization of birth control, however, the resolution was tabled, and the matter of birth control was not raised again until the 1930s when they began to aggressively lobby for Family Limitation Clinics, along the lines of those in Ontario. Their renewed interest in birth control was motivated both by economic concerns stemming from the Depression, and also the fact that the majority of the province's public health budget was being spent on the operation of the psychiatric institutions, as well as by a genuine interest in securing birth control information for those desiring it. This latter interest was tied to the UFWA's recognition of the public health benefits associated with birth control, namely its ability to lower infant and maternal mortality rates, including, importantly, those resulting from botched abortions. The UFWA's interest in preserving the health, intelligence, and wealth of Albertans underpinned both their continued support for eugenics and growing interest in establishing government sponsored birth control clinics. Birth control, like eugenics, became another prong of the UFWA's public health programme.

#### SOCIAL REFORM, MATERNALISM, AND FEMINISM

The Canadian eugenics movement developed within the context of the rising and blending of nation building, social gospel, and maternalism. The social gospel movement was a

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<sup>34</sup> Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart Limited, 1986); Linda Revie, "More Than Just Boots! The Eugenic and Commercial Concerns behind A.R. Kaufman's Birth Controlling Activities," *CBMH/BCHM* 23, 1 (2006), p. 119-143; Dyck, *Facing Eugenics*.

response to the challenge Darwinism posed to religion.<sup>35</sup> As a social religion, social gospel promised to keep religion relevant by focusing on human relationships and realizing a kingdom of heaven on earth.<sup>36</sup> The social gospel movement, which was wedded to the social purity and moral reform movements, inspired and supported efforts to reform the working classes through science. Many of these reform efforts were led by middle-class women, who justified their participation by drawing on maternalist ideology, which praised the capability of women to be mothers beyond the literal family.<sup>37</sup> Maternalism granted select women the authority to apply their allegedly innate care-giving and nurturing skills to broader social problems, particularly those affecting women and children. It also inspired a number of married middle-class women to help out in their communities, often through charitable organizations,<sup>38</sup> and also to lobby for child-centred programs and policies. American historian Molly Ladd-Taylor has defined maternalism as an ideology whose adherents hold:

(1) that there is a uniquely feminine value system based on care and nurturance; (2) that mothers perform a service to the state by raising citizen-workers; (3) that women are united across class, race, and nation by their common capacity for motherhood and therefore share a responsibility for all the world's children; and (4) that ideally men should earn a family wage to support their 'dependent' wives and children at home.<sup>39</sup>

Ladd-Taylor argues that maternalism cannot be separated from white protestant concern about racial degeneration.<sup>40</sup> Many white protestants believed that immigrants accounted for a disproportionate number of the country's mentally defective population. Drawing especially on the writings of American eugenicists, who expressed concerns about the "hyper-fertility" of the so-called mental defective, Canadian reformers argued that the less desirable segments of the population were reproducing at a faster rate than the desirable segments.<sup>41</sup> These concerns fed

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<sup>35</sup> See Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian English Canada* (Toronto, University of Toronto Press, 1985).

<sup>36</sup> Whether social gospel did in fact secularize society, or lead to further entrenched religion in society has been debated by scholars. See Cook, *The Regenerators*; David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940* (Toronto: University of Toronto Press, 1992); Nancy Christie and Michael Gauvreau, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940* (McGill-Queen's University Press, 1996).

<sup>37</sup> See Mariana Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada, 1885-1925* (Toronto: Oxford University Press, 1991).

<sup>38</sup> Mary Kinnear, *A Female Economy: Women's Work in a Prairie Province, 1870-1970* (Montreal and Kingston: McGill-Queen's University Press, 1998), p.101.

<sup>39</sup> Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (University of Illinois Press, 1994), p.3.

<sup>40</sup> Ladd-Taylor, *Mother-Work*.

<sup>41</sup> Richard Dugdale, *The Jukes: A Record and Study of the Relations of Crime, Pauperism, Disease and Heredity*

into criticisms of the growing independence of Canadian women, and underpinned the efforts of materialists to remind these women of their moral responsibility to bear and raise children.

Feminism co-existed and often overlapped with maternalism, with many early feminists drawing on maternalist sentiments, and positioning themselves as “mothers of the race” to gain political power.<sup>42</sup> Maternal feminists borrowed from maternalist ideology, but also departed from maternalists in some respects. They shared maternalist’s concern about race suicide, which in part motivated their support for welfare and educational programs for mothers, as well as negative eugenic measures, including immigration restriction, segregation in institutions, and sexual sterilization. However, maternal feminists differed from maternalists in their commitment to equality for those who met their vision for Canadian society. The UFWA, for instance, never moved forward with any of the resolutions proposed by its locals to have female professionals return to the home after being married, citing the organizations commitment to equality.

#### WOMEN’S PROFESSIONAL WORK AND EUGENICS

In addition to the vote and property rights, early twentieth century Canadian feminists sought to secure women access to professional work. Historian Mary Kinnear has demonstrated that although these goals were met, the equality that feminists had hoped for did not follow suit.<sup>43</sup> Prior to the Second World War it was common practice for female professionals to retire following marriage; however, despite the expectation of being unwed, and therefore presumably chaste, female social workers, as well as nurses and teachers, represented, at least superficially, “fit,” Anglo-Saxon middle-class, hetero-sexual motherhood. The organization of these professions reflected gender norms and familial relations. Kinnear has demonstrated that female teachers often taught in elementary schools, where they could guide and nurture young children, similar to a mother, while high school teaching positions and administrative positions were, for the most part, reserved for men.<sup>44</sup> Similarly, Kathryn McPherson argues that nursing has been

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(New York: G.P. Putnam Sons, 1874); Charles Davenport, “The Nams: The Feeble-minded as Country Dwellers,” *The Survey*, 27 (1912): 1844-5; Henry Goddard, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (New York: MacMillan, 1912).

<sup>42</sup> See Gibbons “The True [Political] Mothers of Tomorrow”; Valverde, *The Age of Light, Soap and Water*.

<sup>43</sup> Mary Kinnear, *In Subordination: Professional Women 1870-1970* (Montreal and Kingston: McGill-Queen’s University Press, 1995), p. 3.

<sup>44</sup> Kinnear, *In Subordination*, p. 123.

defined by a familial paradigm “in which graduate nurses assumed a subordinate wifely position relative to the male doctor and a maternal position relative to the dependent patient.”<sup>45</sup> Teaching and nursing were each defined by their superior position in relation to unskilled female workers, as well as by their subordinate position to male medical professionals, school administrators and various government officials.<sup>46</sup> While social work was also superficially defined by class and ethnicity, in Alberta, a substantial number of men remained employed as social workers throughout the period, and as such it did not become feminized in quite the same way as nursing and teaching.

Kinnear in her study of gendered professions in Manitoba, defines a profession as an occupation that meets at least four requirements. “The first three are postsecondary education and training in a subject requiring scientific or esoteric skill and knowledge; a certification test; and a degree of self-regulation by practitioners. The fourth criterion involves the provision of service to the public.” She argues that by the end of the nineteenth century this criteria was widely recognized as constituting a profession in Canada.<sup>47</sup>

Sociological literature on professionalization in the United States has often labelled teaching, nursing and social work as “semi-professions,” as they are not self-regulated to the point of autonomy, which is a key aspect of the American definition of a profession. Self-regulation in the American context includes “a collective freedom from state control in the internal management of the profession.”<sup>48</sup> Kinnear, however, has argued that this interpretation is only valid in contexts where incomes are largely generated in the private sector.<sup>49</sup> In Canada, for instance, the state played a significant role in the professionalization process. Kinnear suggests that “[w]ith legislative power and with increasing involvement in the provision and delivery of social programs, different levels of government were harnessed advantageously by professions.”<sup>50</sup> In the cases of nurses and teachers in Canada, their education was directed, and in many cases financed by the government. The provincial governments also legislated professional bodies, which were given a certain degree of authority over training, certification, and

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<sup>45</sup> Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Don Mills: Oxford University Press, 1996), p. 15-16.

<sup>46</sup> McPherson, *Bedside Matters*, p. 10; Kinnear, *In Subordination*, p. 123.

<sup>47</sup> Kinnear, *In subordination*, p. 7.

<sup>48</sup> Kinnear, *In Subordination*, p. 11.

<sup>49</sup> Kinnear, *In Subordination*, p. 13.

<sup>50</sup> Kinnear, *In Subordination*, p. 12.

enforcement of standards of service.<sup>51</sup> As the state extended educational, health and social welfare services, an increasing number of professionals were employed directly by provincial governments. Kinnear argues that the professions viewed the provincial government as an ally, not an adversary, as in the American case.<sup>52</sup>

The health, education and welfare services lobbied for by early feminists, and eventually introduced by the Alberta government, encouraged a medical, and scientific understanding of motherhood and childhood. Teaching, nursing, and social work professionals, as a result of their expertise, which stemmed not only from their training, but also from their gender, class, ethnicity, and sexuality, and the close proximity to families within their districts, were key distributors of scientific childrearing advice. Through their interactions with mothers at infant and child welfare clinics, and in homes and schools, they served as the connection between women, children, and doctors, and psychiatrists. These government-sponsored health and welfare services allowed these professions to increase their authority and prestige. They secured and expanded their positions within the medical and educational hierarchy, and also gradually separated themselves from maternal care giving, which was not particularly specialized or considered to be skilled labour.<sup>53</sup>

Mental hygiene, and eugenics provided an important avenue through which various professions aimed to more closely align themselves with science. The medicalization of social problems at the turn of the twentieth century engaged professionals, in a more comprehensive matrix of surveillance over people and families determined mentally defective, or “unfit.” The gender, ethnic, and class stereotypes ascribed to these professions were fundamental to their role within the eugenics and mental hygiene movements, and Alberta’s eugenic sterilization program specifically. Mental hygienists and eugenicists, as well as individuals within the professions themselves, argued that their intimate relationships with families, including their ability to enter homes and have their advice listened to, placed them in a position that male professionals were unable to occupy.

As Angus McLaren has observed, mental hygienists, and eugenicists, began to increasingly argue that “only experts adequately schooled in the importance of heredity could possibly cope with the complex problems of rationally planning and controlling immigration,

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<sup>51</sup> Kinnear, *In Subordination*, p. 12.

<sup>52</sup> Kinnear, *In Subordination*, p. 12-13.

<sup>53</sup> McPherson, *Beside Matters*, p. 107.

education, and a range of programs supporting the birth and rearing of healthy fit children.”<sup>54</sup> As a result, the Canadian National Committee for Mental Hygiene (CNCMH) established a variety of training programs aimed at teachers, nurses and social workers. In Alberta, for instance, beginning in 1929, the CNCMH funded a fellowship program for students at the University of Alberta, whose interests and abilities pointed to careers in social work, education, psychiatry, and psychology, which required them to intern at a provincial guidance clinic.<sup>55</sup> Dr. Clarence Hincks, Director of the CNCMH, summed up the organization’s interest in funding such programs, writing:

psychiatrists and the medical profession working by themselves cannot be expected to meet all the needs that are involved in the safeguarding of the mental health of our people. For this huge task there must be effected a partnership with public health nurses, teachers, social workers and with other groups that contribute to human welfare. This partnership is essential in fostering those important aspects of mental hygiene endeavour that relate to the prevention of mental and nervous disabilities and to the objective of raising the level of the efficiency, the whole-some adjustment and the quality of living of all of our citizens.

Hincks went on to argue that as mental hygiene efforts required the assistance of a number of allies, there needed to be training programs in place for these individuals, and that they also needed to be provided with the opportunity to work in close proximity to psychiatrists.<sup>56</sup>

In a 1932 survey of the CNCMH and its activities undertaken by the Canadian Medical Association (CMA), the authors noted that there was “[a] very real impetus to mental hygiene instruction” throughout the University Alberta, which was “in some measure at least...the result of having a group of mental hygiene research workers in the university.”<sup>57</sup> This group of mental hygiene researchers included educational psychologist Dr. H.E. Smith, who served as Dean of Education from 1950 to 1955. Smith provided “advice and active assistance” to the Edmonton guidance clinic. He also periodically toured students from the Faculty of Education through the clinic.<sup>58</sup> John MacEachran, Head of both the Department of Philosophy and the Department of

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<sup>54</sup> McLaren, *Our Own Master Race*, p. 27

<sup>55</sup> See The Canadian Medical Association, *The Canadian National Committee for Mental Hygiene: Report of a Survey made of the Organization in 1932* (Ottawa: The Metropolitan Life Insurance Company, 1932), p. 28; “A Mental Hygiene Outlook,” *The Bulletin*, 5, 6 (November 1930), p.6.

<sup>56</sup> Clarence M. Hincks, “The Future of Canadian Psychiatry,” *Canadian Medical Association Journal* 57 (Aug 1947), p. 164.

<sup>57</sup> The Canadian Medical Association, *The Canadian National Committee for Mental Hygiene*, p. 28.

<sup>58</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1930), p. 58.

Psychology at the University of Alberta, served as Chair of the Eugenics Board from 1928 to 1965. MacEachran was a vocal advocate of mental hygiene training, writing in 1930 that “[o]ne of the main objectives of the mental hygiene work centred in the university is the training of personnel, and this will perhaps be the most important aspect of the work during the next few years.”<sup>59</sup> MacEachran supervised a number of graduate students on topics related to mental hygiene, most notably Mary Frost, who at the time of entering the program had served as Secretary to the Eugenics Board, and Chief Psychiatric Social Worker. She used her Masters degree as an opportunity to analyze the provincial eugenics program, and to offer recommendations for its improvement.

R.C. Wallace, president of the University of Alberta, from 1928 to 1936 was also a vocal eugenicist. In 1934 he gave an address to the CMA titled “The Quality of the Human Stock.”<sup>60</sup> In his address he justified his own interest in, and support for eugenic interventions by arguing that the intelligence of the provincial, and national populace, was an educational concern, writing,

It may appear worthy of comment that one who is in the field of education should lay such stress on the qualities which come through inheritance... Nurture can do much for the individual; otherwise, educationalists would seek other vocations. But they are not convinced that the individual can transmit any quality which he has acquired to his progeny by inheritance. It is a higher datum plane from which to measure that they seek. That can come only from a higher quality of stock. Then can nature and nurture go together to higher achievement.<sup>61</sup>

He called for eugenicists, medical practitioners, and educationalists to work together to “build for better things.”<sup>62</sup> In other works, however, it was clear that he also believed that the cooperation of other professionals, specifically public nurses, was critical to eugenic efforts in the province. For instance, the same year as his address to the CMA, Wallace published an article in the *Canadian Nurse* in which he argued that nursing education in the province needed to be moved into the University of Alberta for mental hygiene training purposes. He argued that until nursing transitioned from the “antiquated” hospital apprenticeship system to the university,

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<sup>59</sup> “A Mental Hygiene Outlook,” p.6.

<sup>60</sup> R.C. Wallace, “The Quality of the Human Stock,” *The Canadian Medical Association Journal* 31 (October 1934): pp. 427-430.

<sup>61</sup> Wallace, “The Quality of the Human Stock,” p. 429-430.

<sup>62</sup> Wallace, “The Quality of the Human Stock,” p. 429-430.



nurses could not be expected to meet the demands required of them in the mental hygiene, and eugenics movements.<sup>63</sup>

Although nursing education would not be moved into the university until after the eugenics program was repealed, educationalists, and nurses extensively discussed nursing education reform in relation to mental hygiene and eugenics throughout the period under examination. The efforts to secure this profession with access to the university on the basis on their importance to these movements, speaks to the ways in which mental hygiene and eugenics are part of the broader history of nursing education, and were critical to early attempts on the part of nurses to secure their place within the health care system more broadly.

These movements created a social demand for trained mental hygiene workers and led to interested parties lobbying for a variety of educational opportunities for public health nurses and teachers, which included, for instance, access to select university courses. Many of the university-level courses that were aimed at these professionals connected to broader public health or education efforts, such as the one established as part of the 1919 Public Health Act for public health nurses, which, during its first year, included a series of twelve lectures on the “problem of the mental defective.”<sup>64</sup> Additionally teachers were offered mental hygiene courses through the joint summer school established by the Alberta Department of Education in conjunction with the University of Alberta. The mental hygiene and eugenics movement thus assisted teachers, public health nurses, and social workers in their efforts to extend their professional authority, promising access to a new, socially significant, scientific skills-based postsecondary education, while allowing them to continue to serve the public. Beginning in the 1940s, Albertan social workers would stake claim to the niches held by public health nurses and teachers within this movement, arguing that their position as trained mental hygiene workers, made them even better candidates for this work.

Female-dominated professions, particularly teaching, and public health nursing are rarely associated with eugenics. Literature on nursing, particularly, has tended to be written by those within the profession, and as such has often focused on more celebratory aspects of the profession.<sup>65</sup> Only recently have scholars begun to take a more critical look at nursing. When a

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<sup>63</sup> R.C. Wallace, “A Challenge to the Profession,” *The Canadian Nurse* 30, 8 (1934): p. 354-360.

<sup>64</sup> Christine Smith, “The University of Alberta and the Training Schools of the Province,” *The Canadian Nurse* 15, 10 (1919), 2043.

<sup>65</sup> McPherson, *Bedside Matters*, p. 2

critical approach is adopted it is generally through the implication of nurses' participation in the colonial project.<sup>66</sup> These professionals are seldom associated with eugenics, as it runs counter to their role as caregivers. However, eugenics was a progressive science, and assuming that women were not participating in it because of a unique feminine value system paints them as passive, one-dimensional characters, and holds them to an unrealistic ideal.

The participation of social workers in the eugenics movement has been recognized by American scholars.<sup>67</sup> However, social work as a profession was never defined in relation to care giving and other maternal traits in the same way that nurses and teachers were, making their role in the eugenics program appear less problematic.

## SOURCES

This dissertation is concerned with the ways in which the work responsibilities of teaching, nursing and social work personnel, who were essential to the operation of many government-sponsored health and welfare services, contributed, and in fact formed a critical component of the provincial eugenics program. It also examines how members of these professions in turned viewed their connection to the eugenics movement and related mental hygiene movement. The work of these professionals was in many ways defined by the policies lobbied for by the UFWA. These policies not only established the services which these professionals would be responsible for, but they also sought to secure, and extend the professional authority of those within the teaching, nursing and social work fields. Rather than focusing on individual professionals, with a few exceptions, this study looks past the individual women working in these fields in an effort to understand the relations between the provincial health and welfare services and the eugenics program, of which the rank-and-file members of these professions may not have been aware. It provides a framework for understanding how

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<sup>66</sup> See Kristin Burnett, *Taking Medicine: Women's Health Work and Colonial Contact in Southern Alberta, 1880-1930* (University of Washington Press, 2011); Kathryn McPherson, "Nursing and Colonization: The Work of Indian Health Service Nurses in Manitoba, 1945-1970," in *Women, Health and Nation: Canada and the United States since 1945*, ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Kingston and Montreal: McGill-Queen's University Press, 2003), p. 223-247; Laurie Meijer Drees and Lesley McBain, "Nursing and Native Peoples in Northern Saskatchewan: 1930s-1950s," *Canadian Bulletin of Medical History* 18 (2001): 43-65.

<sup>67</sup> See Molly Ladd-Taylor, "Eugenics and Social Welfare in New Deal Minnesota," in *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, ed. Paul A. Lombardo (Bloomington, IN: Indiana University Press, 2011), p. 117-140; Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare in the Twentieth Century*, (Chapel Hill: University of North Carolina Press, 2005); Ladd-Taylor, Molly. "Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States." *Social Politics* 4, 1 (1997): 136-153.

eugenic thought, and associated injustices related to race, ethnicity, sexuality, gender, class, ability, and intelligence, was, and continues to be, institutionalized deep within the education health and welfare system. These issues continue to influence our health and welfare systems, and continue to plague discussions about reproductive rights.

This study ties together a variety of sources, many of which other scholars have not considered as part of eugenic history. It draws on the Leilani Muir files, held at the University of Alberta Archives, to examine how legal scholars have approached the history of eugenics retroactively, and how this interpretation has disproportionately influenced the subsequent narratives of the eugenics program. It also examines legislative documents, specifically the statutes of the province of Alberta, in order to bring a new appreciation to the subtle, and not so subtle ways in which legislators designed and amended the program to respond to debates regarding the underlying presumed causes of mental deficiency, namely whether it was a result of biological factors, or environmental ones. Focusing particularly on the two main pieces of legislation directed at the segment of the population determined to be mentally defective, the Sexual Sterilization Act and the Mental Defective Act, as well as their amendments, this study highlights the ways in which the province's legislative response to the growing interest in environmental factors brought health and welfare professionals into an increasingly comprehensive network of surveillance and control over those people and families determined to be mentally defective, a category largely based on sexuality, race, ethnicity, class, gender, intelligence, and ability.

It also looks at the writings of the early twentieth century Albertan feminists, and women's organizations that shaped Alberta's eugenic sterilization policy. It pays particular attention to the records of the UFWA, and the Alberta Federation of Women, both held at the Glenbow Museum and Archives in Calgary. These records include the minute books of each organization, as well as the monthly bulletins distributed to the locals by the UFWA executives. The UFWA took the lead in lobbying for, and ultimately designing the province's eugenic policies. These records reveal the ways in which their support for eugenics stemmed from a broader concern for protecting the welfare, both social and economic of the provincial citizenry.

Additionally, this study examines the various ways in which teaching, public health nursing, and social work professionals functioned in relation to Alberta's eugenics program, as revealed primarily through the annual reports of Alberta Department of Education, Alberta

Department of Public Health, and the Alberta Department of Public Welfare.<sup>68</sup> The reports of these three departments, compiled by the directors of each department's various divisions, document the activities of the professionals employed by the provincial government, who, although instrumental in the operation of the program, were not necessarily mentioned in the newspapers, or legislation. The reports, which were published once a year, contained qualitative, as well as statistical information, which when taken together reveal both what these professionals did, and what they were expected to do. The written text, for instance, allows this study to access the relationship between the province's public health, education, and welfare services, and the eugenics program more fully. It documents the work of the professionals responsible for these efforts, and often explicitly reveals the ways in which the directors of Division of Mental Hygiene, Alberta Department of Public Health saw this work contributing to the guidance clinics, and eugenics program.

The statistical studies published in the annual reports for the Alberta Department of Public Health include a list of the various defects identified by the nurses during the course of infant and child welfare clinics, and school inspections throughout the province, as well as information on the number of individuals referred to the PTS, and who they were referred by, whether schools, parents, or public health nurses. They also include statistical information regarding the "targets" of the Eugenics Board, and those institutionalized more generally, which has been examined in detail by other scholars.<sup>69</sup> The statistical information regarding the provincial guidance clinic is particularly rich, as it includes information on the number of individuals referred each year, their age, sex, family background, the referring source, the diagnosis of those referred, and on select occasions, the number of patients presented to the Eugenics Board as outpatients from each clinic centre. Despite 32 percent of the total Eugenics Board cases resulting from contact with a guidance clinic, the clinics have received only passing mention in the secondary literature.<sup>70</sup> Even if incomplete at times, these statistics give a general picture of the nature of the public health work undertaken by teaching, nursing, and social work professionals in the province.

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<sup>68</sup> The Alberta Department of Welfare was not responsible for mental deficiency, or the sterilization program. However, prior to the department being established, child and maternal welfare were administered by the provincial Department of Public Health between 1936 and 1944. It is clear that some of the connections between the eugenics program, psychiatric institutions and PTS fostered during this time were maintained following the formation of a separate department for welfare matters.

<sup>69</sup> Grekul, Krahn, and Odynak, "'Sterilizing the 'Feeble-minded.'"

<sup>70</sup> See Grekul, "The Right to Consent?," p. 143.

This study also draws on professional literature in order to examine how leaders within teaching, nursing, and social work, at both the provincial and national level, framed mental hygiene and eugenics into their professions' scope of practice, and used it as a tool in their professionalization efforts, as well as to examine the demands placed on them by those outside of the profession. This includes the *ATA Magazine*, the main organ of the Alberta Teachers' Association (ATA), which is held at the ATA Library in Edmonton, the *AARN Newsletter*, the main journal of the Alberta Association of Registered Nurses (AARN), which is held at the College and Association of Registered Nurses of Alberta Archives in Edmonton, and *the Canadian Nurse*, published by the Canadian Nursing Association, which is available on microfilm at the University of Saskatchewan library.

The *Social Worker*, the initial journal of the Canadian Association of Social Workers (CASW), was also utilized, however, this study only considers later issues of the journal, as it was not until the 1950s that Alberta social workers met the requirements to establish a branch of the CASW. It is important then, to recognize the earlier work of individual social workers within the province, including that of Mary Frost, Secretary to the Eugenics Board and Chief Psychiatric Social Worker in the early 1940s. During her short time in this position Frost carried out the first study of the guidance clinic service, as well as a Masters thesis, supervised by John MacEachran, Chair of the Eugenics Board. As she worked with the Eugenics Board during this time, and was also responsible for running the guidance clinic service, her studies, both completed in 1942, are useful for understanding the connections between the two services. Notably, Frost determined the success of the clinic program based on the number of individuals presented to the Eugenics Board as outpatients by each centre she visited. In her survey of the guidance clinics she did not mention the efforts to help with the overall adjustment of individuals, which were highlighted in the advertisements for the clinic.<sup>71</sup> Rather, she focused on the number of patients referred for sterilization, the number of mentally defective children examined, and the efforts of the clinic staff, namely public health nurses, to maintain contact with such cases until they were able to be presented to the Eugenics Board.

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<sup>71</sup> See for example *Carbon Chronicle* (January 10, 1957), p. 8; *The Farm and Ranch Review* (December 1, 1950), p. 18.

Frost's guidance clinic survey and thesis reveal much about her professional aspirations, as well as the tensions between social workers, and public health nurses, and teachers in the province. Until the 1950s there was a persistent shortage of social workers in the province. This shortage was noted by the Division of Mental Health, Alberta Department of Public Health from an early date. For instance, J.W. Field, member of the Eugenics Board, and former convenor of health for the UFWA, encouraged the UFWA to call for more social workers for Eugenics Board work as early as 1932. Frost's work blamed poorly trained nurses and teachers for the slow pace of the province's eugenics program, suggesting they had not identified sufficient numbers of mentally defective suspects. Her work attracted attention and encouraged member of the Eugenics Board, and the provincial Department of Public Health to become more vocal in their support for the employment of additional social workers to be assigned directly to Eugenics Board work.

While there has been a number of important studies on the targets of the Eugenics Board, including Erika Dyck's recent work, which puts a face on these targets,<sup>72</sup> we still have not delved into the history eugenics in Alberta deeply enough. Each chapter in this dissertation engages with the historiographies on the respective organizations and professions, demonstrating that there is a reason why people have not dug into eugenics within these particular areas of study. In the case of women's organizations, this is the result of the seemingly disconnected ideologies of feminism and eugenics, which have only recently been placed in conversation with each other. In the case of nursing it is the result of the celebratory focus of its history, which has traditionally been written by insiders,<sup>73</sup> and for social workers, a general shortage of scholarship on the profession in Canada. In the case of teachers, and in fact all of these groups, they have been defined by gendered ideals, and associated with caring, nurturing, and passive traits, which likely account, in part, for them being overlooked in the study of a once scientifically significant, aggressive, and heretofore male-dominated movement. The day-to-day lobbying efforts, and work of these professions informed and performed eugenics in a way others have not written about. By speaking to eugenics in practice, this study incorporates different professionalization stories into its examination of eugenics in the community.

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<sup>72</sup> Dyck, *Facing Eugenics*.

<sup>73</sup> McPherson, *Bedside Matters*.

## CHAPTER DESCRIPTIONS

Chapter 1 focuses on the history of Alberta's sexual sterilization program, situating it within the broader context of the Canadian eugenics movement. It focuses on how the program changed between its implementation 1928 and its eventual repeal in 1972, as well the historical context of these changes, specifically 1937 and 1942 amendments. With respect to the 1937 amendment, chapter 1 argues that the focus on consent has overshadowed its other, equally important, aspects, particularly the rewording of the legislation to allow for the consideration of environmental factors in child psychological development in addition to biological ones, as well as the formalization of the guidance clinic's authority to present cases directly to the Eugenics Board as outpatients. This chapter also argues that the 1942 amendment, which has received little attention from scholars, represented an effort on the part of legislators, and the Eugenics Board to expand the program in any way possible by revisiting earlier biological considerations while adding environmental ones. These changes, in combination with the frequently amended Mental Defectives Act, further embedded the eugenics program within the provincial education, public health and welfare systems, and served to engage a variety of professionals outside the formal setting of psychiatric institutions.

Chapter 2 focuses on prominent early twentieth century feminists, and the women's organizations in which they participated, particularly the UFWA. By connecting private experiences of mothering with politics, they sought to elevate motherhood, family and the home, and secure a political voice for women. This chapter examines how these women participated in the medicalization of motherhood and childhood by lobbying for child and maternal public health and welfare services. By promoting the medicalization of motherhood and childhood they assisted in the construction of both intelligent and defective parenthood. Utilizing a public health perspective, demonstrates that the victimization of women at the hands of male medical professionals is only one slice of the gender politics at play in the history of eugenics in Alberta. The UFWA's support for maternal and infant welfare services was motivated by the same aspirations for Canadian, and specifically Albertan society, which underpinned their support for negative eugenics efforts. Specifically, their support for these services stemmed from their interest in protecting the health, intelligence and finances of Albertans.

Chapters 3, 4 and 5 focus on the historical relationship between the gendered professions of teaching, nursing, and social work, and eugenics. Chapter 3 examines the contribution of the

teaching profession to the Alberta eugenics movements. This contribution has been overlooked, in part because teachers' voices are harder to capture, and motivations harder still to identify due to their position within the educational hierarchy. However, it is clear that teachers participated within the Alberta eugenics program. Whether conscious of the potential outcome of their actions or not they reported cases to the PTS, and later the guidance clinics. The province's schoolteachers were active in providing pertinent details about students to public health authorities, and also assisting with the implementation of recommendations forwarded by the clinics.

There are parallels to be drawn between the role of elementary school teachers within the mental hygiene movement, and "mother-blaming," the latter of which has been written about extensively by historians Molly Ladd-Taylor, Lauri Umansky, and Wendy Kline.<sup>74</sup> Teachers were thought to be instrumental in guiding, and in a way, raising the country's future citizens. As trained "mothers," teachers were considered capable of reversing the damages caused by the children's actual mothers, however, they also had the potential to hinder the development of their students. Therefore, in much the same way that American historian Wendy Kline discusses the centrality of women to eugenic discourse as being double-edged, the mental hygiene and eugenics movements constructed elementary school teachers as one of the most powerful forces in the prevention of mental deficiency, and related social ills, while at the same time blaming them for the backwardness of their students. This was particularly the case in the 1930s, when the growing interest in environmental considerations resulted in the child's surroundings, and by extension the teacher's personality, behaviour, dress, and intelligence, coming under closer scrutiny.

Chapter 4 is concerned with the public health nurses attached to the Public Health Nursing Branch of the Alberta Department of Public Health. They were responsible for the Department's child and maternal welfare efforts, and although they were not physically located within the province's mental health institutions they were plugged into the institutional network. Nurses were responsible for many of the referrals to the PTS from an early date, and, beginning in the 1930s, for collecting case histories for a number of provincial guidance clinic patients, and for the administration of these clinics. The Alberta Department of Public Health, which was

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<sup>74</sup> Molly Ladd-Taylor, and Lauri Umansky (eds.), *"Bad" Mothers: The Politics of Blame in 20<sup>th</sup>C America* (New York: New York University Press, 1998). Kline, *Building a Better Race*.



responsible for the provincial mental health institutions, the eugenics program, and the provincial district nursing service, saw Alberta's public health nurses as important members of the sterilization bureaucracy. Alberta's public health nurses acted as extensions of the Department of Public Health, a department that had a vested interest in the sterilization program operating effectively and efficiently.

In comparison to teachers, who were not particularly explicit in defining their role within the eugenics and mental hygiene movements, nursing leaders were vocal about how they saw their profession participating. Mental hygiene authorities placed similar demands on nurses as they did on teachers, however, nursing leaders also placed their own demands on the rank-and-file members of their profession. For nurses battling against the ideals of caring, and nurturing in an effort to secure their position within the health care hierarchy, mental hygiene served as an attractive tool. Historian Kathryn McPherson argues that “[i]deologically, science allowed nurses to distinguish their work from maternal care-giving, which is still considered the domain of all women.”<sup>75</sup> Mental hygiene, as a socially significant science, added a layer of knowledge and skill to nursing work, both outside and, to a lesser extent, inside the hospital setting.

Chapter 5 examines the relationship between social work and eugenics. Throughout the early to mid twentieth century social workers in Alberta lacked organization, as well as provincial, or national representation. As a result of this poor organization and a general lack of trained social work personnel within the province, early figures such as E. Mary Frost, Chief Psychiatric Social Worker, and acting Secretary to the Alberta Eugenics Board, were instrumental in carving out a space for social workers within the provincial eugenics program. Focusing on the social workers connected to the Department of Public Health, and to a lesser extent the Department of Public Welfare, which was established in 1944, this chapter examines the relationship between eugenics, social work, concerns about unwed mothers, and neglected children who were diagnosed as mentally defective, and the costs associated with provincial welfare efforts. The responsibility for child and maternal welfare services was placed under the jurisdiction of the Department of Public Health between 1937 and 1943, establishing a direct connection between the eugenics program and welfare in the province.

Examining gendered political organizations and professions in Alberta reveals a different way of appreciating the eugenics program and its connections to science, labour, and gender. By

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<sup>75</sup> McPherson, *Bedside Matters*, p. 107

examining the eugenics program from a public health and welfare perspective, this study moves beyond the provincial psychiatric institutions, and the program's main administrative body, the Eugenics Board. Instead, it ties eugenics to the community, demonstrating the ways in which eugenics was connected to welfare services within the province. In doing so, it also challenges the dominant narrative of eugenics in Alberta, namely that of female victimization at the hands of male medical professionals, illustrating that although women were, to a certain degree, targeted by those responsible for the program, women were also important players in the program's effective design and operation. This role is evident most notably in their participation in the provincial guidance clinic service, which served as an intermediary between the eugenics program and these professions.

Although these professions were defined by middle-class Anglo-Canadian ideals and gendered familial norms, it is important to recognize that instead of resulting in their passive, or non-participation in the provincial eugenics program, these characteristics were used both by individuals within the professions, and other interested parties to carve each of them a niche within the mental hygiene and eugenics movements. This study examines the relationship between teaching, public health nursing, social work and eugenics. These professions all faced varying degrees of subordination, which both determined, and produced their profession's ability to stake claim to scientific expertise.

## CHAPTER ONE

### Legislating Eugenics: the Alberta Sexual Sterilization Act, 1928-1972

Many Canadians embraced eugenic science as an answer to their concerns about Canada's future, including its place in the British Empire. For health professionals, eugenics offered up a number of specific issues around which to organise professional interventions. Resultantly, it served as a galvanising force that profoundly influenced public health and its associated professionalization projects. During this period crime, illegitimacy, prostitution, venereal disease, and intemperance emerged as social problems that were thought to be threatening Canadian children, families, and women. Mental hygienists and eugenicists constructed these social problems as symptoms of mental defect, and specifically of feeble-mindedness and mental deficiency. Those people categorized as "moron," the highest grade of mental deficiency, which was defined by a mental age of between seven and eleven, or an Intelligence Quotient (IQ) of between 51 and 70, were considered to be particularly troublesome, due to their perceived capacity to appear "normal."

Sociologist Gerald O'Brien has examined the ways in which the concept of the moron was used to galvanize support for eugenics. Eugenicists in North America and Europe used the term as a metaphor for things that were feared, including equating the moron with a contagious disease on an otherwise healthy society, and with a variety of invading animals and insects, including snakes, rats, rabbits, and locusts. These metaphors dehumanized individuals who fell into these flexible, catch-all categories and prompted communities to take action against them.<sup>1</sup> The term moron was also associated with natural disasters, such as floods or tidal waves, which served to construct these individuals as a force for social disaster, bringing with them crime,

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<sup>1</sup> Gerald O'Brien, *Framing the moron: The social construction of feeble-mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013).

alcoholism, illegitimacy, and immorality generally.<sup>2</sup> The series of metaphors examined by O'Brien, and utilized by eugenicists across North America and Europe, helped to motivate the public to protect itself against those individuals, who by being labelled as high-grade mental defectives were recast as parasites, enemies of the state, or a calamity beyond control. These metaphors served to divide the population based on intelligence, ability, ethnicity, race, class, and sexuality, and justified eugenic interventions as religious or altruistic pursuits.<sup>3</sup> As Historian Angus McLaren has observed, the category of mental defective allowed Canada's social troubles to be blamed on individuals and their biological "defects," or weaknesses, and not on the Country's inadequate economic, political or social structures.<sup>4</sup>

In considering the future of the British Empire, and their place within it, many Canadians were concerned about immigration, believing that Canada was being filled with socially unfit immigrants.<sup>5</sup> Wilfred Laurier's Liberal government launched an aggressive immigration campaign in the 1890s, which, combined with the closing of the American frontier, the completion of the transcontinental railway, and an upturn in the Canadian economy, resulted in a significant increase in the number of immigrants arriving in Canada. Between 1896 and 1914,

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<sup>2</sup> Scholars have suspected that the faces that were presented as being representative of "mental deficiency" in the Kallikak study by Henry Goddard were altered to suit the sinister traits associated with the label. See Henry Goddard, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (New York: MacMillan, 1912); Martin A. Elks and John O'Brien, "Visual Indictment: A Contextual Analysis of *The Kallikak Family* Photographs," *Mental Retardation* 43, 4 (August 2005): pp. 268-280; Raymond E. Fancher, "Henry Goddard and *The Kallikak Family* photographs: 'Conscious skulduggery' or 'Whig history'?", *American Psychologist* 42, 6 (1987): pp. 585-590.

<sup>3</sup> O'Brien, *Framing the moron*

<sup>4</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart Inc., 1990), 37

<sup>5</sup> See McLaren, *Our Own Master Race*; Chapman, Terry L. "Early Eugenics Movement in Western Canada." *Alberta History* 25 (1977): pp. 9-17; Myra Rutherford, "'Canada Is No Dumping Ground': Salvation Army Immigrants, Public Discourse and the Lived Experiences of Women and Children Newcomers, 1900-1930," *Histoire Sociale/Social History* 79 (May 2007): pp. 75-115; Robert Menzies, "Governing Mentalities: The Deportation of 'Insane' and 'Feeble-minded' Immigrants Out of British Columbia From Confederation to World War II," *Canadian Journal of Law and Society* 13, 2 (1998) 135-173; Ian Dowbiggin, "'Keeping This Young Country Sane': C.K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925," *The Canadian Historical Review* 76, 4 (December 1995), 598-627.

Canada received three million new immigrants, many of whom arrived from the non-Anglo-Saxon world.<sup>6</sup>

In 1909 James Shaver Woodsworth, a social gospeller who would later become the founding leader of the Cooperative Commonwealth Federation, published *Strangers within our Gates*. Woodsworth's work provided a hierarchy of races and ethnicities based on his perception of their ability to assimilate into Canadian society, and suggested that immigration posed a serious problem to Canadians.<sup>7</sup> The book, according to Woodsworth, was "an attempt to introduce the motley crowd of immigrants to our Canadian people and to bring before our young people some of the problems of the population with which we must deal in the very near future."<sup>8</sup> Later in the work he explains what he believes to be the main challenge posed by immigration, stating "English and Russians, French and Germans, Austrians and Italians, Japanese and Hindus - a mixed multitude, they are being dumped into Canada by a kind of endless chain. They sort themselves out after a fashion, and each seeks to find a corner somewhere. But how shall we weld this heterogeneous mass into one people? That is our problem."<sup>9</sup> The organization of the book reflects Woodsworth's "hierarchy" with early chapters focusing on "Great Britain," "the United States," "Scandinavians," "Germans," and later chapters focusing on the "Italians," "Levantine races," and "Orientals," ending with a chapter titled "the Negro and the Indian."<sup>10</sup> While Woodsworth identified non-white groups as the least desirable immigrants, more subtle distinctions were made between white immigrant groups based on his perception of their behavioural traits, thrift, and work ethic.<sup>11</sup>

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<sup>6</sup> McLaren, *Our Own Master Race*, p. 47; See also, Valerie Knowles, *Strangers at Our Gates: Canadian Immigration and Immigration Policy, 1540-1990* (Toronto: Dundurn Press, 1992).

<sup>7</sup> J.S. Woodsworth, *Strangers within our Gates: or, Coming Canadians* (Toronto: F.C. Stephenson, 1909).

<sup>8</sup> Woodsworth, *Strangers within our Gates*, p. 5

<sup>9</sup> Woodsworth, *Strangers within our Gates*, p. 203.

<sup>10</sup> Woodsworth, *Strangers within our Gates*, table of contents.

<sup>11</sup> Erika Dyck, *Facing Eugenics: Sterilization, Reproduction and the Politics of Choice* (Toronto: University of Toronto

Writing from his vantage point in Manitoba, Woodsworth's book reflected concerns across the country, and particularly those in western Canada, where many non-Anglo-Saxon newcomers settled. As Historian James M. Pitsula's recent work on the Ku Klux Klan (KKK) in Saskatchewan demonstrates, western Canadians did not always welcome these newcomers with open arms.<sup>12</sup> Despite originating in the United States, the KKK in Saskatchewan was a British organization, intent on preserving a white, Protestant Canada.<sup>13</sup> Organized in the 1920s, Pitsula argues that the Saskatchewan KKK was a continuation, by other means, of the First World War, which had been fought to keep Canada British. The KKK believed that the influx of non-British immigrants in the post-war period placed Canada on the losing side of the war. In its efforts to protect British Canada against racial degeneracy the KKK aligned itself with the moral reform movement. It fought against threats to British Canadian families, and the purity of the future mothers of the race, Anglo-Canadian women. These threats included the women's rights movement, as well as alcoholism, gambling and prostitution, which were social ills associated with undesirable immigrants.<sup>14</sup>

Nativist sentiments across Canada led to newly arrived immigrants becoming the targets of eugenic campaigns. Bringing together linguistic, religious, political and nationalistic elements, ethnicity provided eugenicists with a lens through which to construct eugenic threats, or challenges to population control. In 1918 the Canadian National Committee for Mental Hygiene (CNCMH) was organized to address problems in which mental factors were considered to be of

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Press, 2013), p. 41-42.

<sup>12</sup> James M. Pitsula, *Keeping Canada British: The Ku Klux Klan in 1920s Saskatchewan* (University of British Columbia Press, 2013); see also Bill Waiser, *Saskatchewan: A New History* (Calgary: Fifth House Ltd., 2005), p. 249-252.

<sup>13</sup> Pitsula, *Keeping Canada British*, p. 1

<sup>14</sup> Pitsula, *Keeping Canada British*, p. 13-14

prime importance, including crime, prostitution, pauperism, and unemployment.<sup>15</sup> The CNCMH was co-founded by Dr. C.K. Clarke, Canadian psychiatrist and superintendent of the Toronto General Hospital, and Dr. Clarence Hincks, physician and District Medical Inspector of Schools in West Toronto. One of the main eugenic measures that both Clarke and Hincks actively championed through the CNCMH was immigration restriction.<sup>16</sup> They called for the Canadian government to implement a more rigid system of examination along the lines of the United States.<sup>17</sup>

Although the 1869 Immigration Act barred the entrance of “insane” immigrants, among others, to Canada, there was no policy requiring the medical inspection of immigrants at Canadian ports, or across the Canadian-American border.<sup>18</sup> When medical inspection was eventually introduced, eugenicists, and various provincial authorities argued that it was ineffective, and that the Federal government was not being attentive enough during their inspections. In the opening decade of the twentieth century the “mentally ill” were also prohibited from entering Canada, and the deportation of immigrants who ended up in publically-funded institutions within two years of their arrival, became fully legal.<sup>19</sup> In the absence of an adequate system of medical inspection, Canadian provinces turned to deportation as way of screening out newly arrived immigrants who became a burden.<sup>20</sup> Sociologist Robert Menzies has termed the early twentieth century, the “golden age of deportation.”<sup>21</sup>

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<sup>15</sup> “Canadian National Committee for Mental Hygiene,” *Canadian Medical Association Journal* 8,6 (June 1918), 551.; See also McLaren, *Our Own Master Race*, p. 59

<sup>16</sup> Dowbiggin, “Keeping This Young Country Sane,” p. 620.

<sup>17</sup> See McLaren, *Our Own Master Race*, p. 59; For more on American immigration policies see Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940* (Ithaca: Cornell University Press, 1997)

<sup>18</sup> Dowbiggin, “Keeping This Young Country Sane,” p. 606-607.

<sup>19</sup> Dowbiggin, “Keeping This Young Country Sane,” p. 615-616.

<sup>20</sup> Menzies, “Governing Mentalities;” McLaren, *Our Own Master Race*, p. 59-60; Dyck, *Facing Eugenics*, p. 46.

<sup>21</sup> Menzies, “Governing Mentalities,” p. 138.

Between 1918 and 1922 the CNCMH, led by Hincks, undertook mental health surveys in provinces across Canada. During his survey of Alberta, the results of which were published in 1921, Hincks administered IQ tests to school-aged children across the province, observing that immigrant children tended score lower on the tests than British, or Canadian born children. He also examined a number of psychiatric institutions, jails, and homes for unwed mothers in the province, leading him to conclude that not only were the “foreign-born” over represented in these institutions, but also that they accounted for a disproportionate number of the province’s total insane and mentally defective population.<sup>22</sup> As a result, he argued that immigration restriction, along with other eugenic measures, were necessary to address the heavy burden the province, and Canada, more broadly, was bearing with respect to the care of such individuals.<sup>23</sup>

Hincks’ survey influenced mental health policy in the province, including the eventual implementation of a eugenic sterilization program. In response to the costs arising from ineffective medical inspections, which took place at the point of entry, instead of at the point of departure, and delays in deportation highlighted in Hincks’ report, the Alberta legislature introduced a motion in 1927, on the same day that the sterilization bill was first introduced, calling for the federal government to provide for the compulsory physical and mental examinations of all immigrants before their departure for Canada. Citing Hincks’ report, the motion demanded that all costs associated with the maintenance and treatment of immigrants be

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<sup>22</sup> For more on IQ testing and race, and ethnicity see Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, Massachusetts: Harvard University Press, 2004); McLaren, *Our Own Master Race*; Gleason, Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), p. 129-130.

<sup>23</sup> See Canadian National Committee for Mental Hygiene [CNCMH], *Mental Hygiene Survey of the Province of Alberta* (Toronto, 1921), p. 42.



covered by the by the federal Department of Immigration and Colonization until deportation could be arranged.<sup>24</sup>

Historian Ian Dowbiggin has argued that immigration restriction was one of the few issues that almost all North American psychiatrists supported. Focusing on Clarke specifically, Dowbiggin showed that his views about immigration, heredity and eugenics were influenced both by his personal experiences, and professional challenges within psychiatry.<sup>25</sup> During the early twentieth century psychiatry was having trouble keeping up with the advances made in other medical fields.<sup>26</sup> In the face of increased government control of asylums, and largely chronically-ill institutional populations, Clarke sought to extend the scope of psychiatry outside the walls of its institutions.<sup>27</sup> His support for immigration restriction was in part motivated by this desire to move his profession beyond the asylum.<sup>28</sup> He argued that immigrants accounted for a significant percentage of the feebleminded and criminally insane population who ultimately ended up in the psychiatric institutions, leading to psychiatry being associated with criminals, and making therapeutic and modernization efforts difficult.<sup>29</sup> He emphasized the hereditary nature of the mental illnesses plaguing these individuals, calling for eugenic efforts, including immigration restriction, which effectively placed responsibility for the challenges facing the psychiatric profession onto politicians.<sup>30</sup>

Other medical professionals also turned to eugenics in their quest to expand and reinforce their areas of professional expertise. Doctors were drawn to the eugenic idea that many illnesses were the result of biology, as they saw its potential for strengthening the medical profession.

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<sup>24</sup> See “Urge Exaimnation [sic] of Immigrants Before the Leave Old Land,” *Edmonton Journal* (Friday, March 25, 1927); “Alberta Asks that Migrants Be Examined,” *Edmonton Journal* (Saturday, March 26, 1927)

<sup>25</sup> Dowbiggin, ““Keeping This Young Country Sane.””

<sup>26</sup> Dowbiggin, ““Keeping This Young Country Sane,”” p. 601.

<sup>27</sup> Dowbiggin, ““Keeping This Young Country Sane,”” p. 598-599.

<sup>28</sup> Dowbiggin, ““Keeping This Young Country Sane,”” p. 600.

<sup>29</sup> Dowbiggin, ““Keeping This Young Country Sane,”” p. 602.

<sup>30</sup> Dowbiggin, ““Keeping This Young Country Sane,”” p. 610

Doctors, in fact, comprised the largest group of eugenic supporters in Canada.<sup>31</sup> Historian Angus McLaren argues that Dr. Helen MacMurchy, Canadian public health pioneer, “probably did more than any other doctor of her time to try to convince the Canadian public that a host of social problems were in fact medical issues that only physicians could competently deal with.”<sup>32</sup> Examining her writings on infant and maternal mortality and feeble-mindedness, he demonstrates that MacMurchy drew on eugenic arguments, forwarding her belief that individual weaknesses and inadequacies were responsible for social ills, and the poor health of the nation, more generally. She called for the increased medicalization of reproduction and childhood, to address “well intentioned but ignorant” Canadians, encouraging families, and specifically mothers to trust their doctors.<sup>33</sup>

#### INSTITUTIONS AND LEGISLATION CONCERNING MENTAL DEFECTIVES IN ALBERTA

In 1918 the Home for Mentally Deficient Children was opened in Edmonton under the jurisdiction of the Alberta Department of Education. The Home was established on a temporary basis to address “urgent” cases of “mental deficiency” within the provincial education system. Specifically, those cases categorized as “imbecile,” or “idiot” both of which were considered “low-grade” types, further down the IQ scale from morons. The label imbecile was given to individuals believed to have a mental age of between three and seven years, or an IQ of between 26 and 50, and idiot to those thought to have a mental age of less than three years, or an IQ of

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<sup>31</sup> McLaren, *Our Own Master Race*, p. 29; See also David MacLennan, “Beyond the Asylum: Professionalization and the Mental Hygiene Movement in Canada, 1914-1928,” *Canadian Bulletin of Medical History* 4 (1987): pp. 7-23; Historian Mona Gleason argues that psychologists, including Samuel Laycock and William Blatz turned to mental hygiene work as a result of funding opportunities offered by the CNCMH. Additionally, in their studies they moved beyond heredity to environment as it gave them a larger role to play. Gleason, *Normalizing the Ideal*, p. 40-43.

<sup>32</sup> McLaren, *Our Own Master Race*, p. 44.

<sup>33</sup> McLaren, *Our Own Master Race*, p. 31-44;

between 0 and 25.<sup>34</sup> The Mental Defectives Act was introduced a year later providing a legal, albeit vague, definition of “mentally defective person,” and outlining the committal procedures for the Home for Mentally Deficient Children, both in instances where parental or guardian consent was provided, and in instances where it was withheld. The definition of a mentally defective person outlined in the legislation included being unable to manage themselves and their affairs, and considered not to be insane.<sup>35</sup> Both the establishment of the Home for Mentally Deficient Children and the introduction of the Mental Defectives Act represent efforts taken on the part of the provincial government to solve, or at least address the perceived problem of mental deficiency. The Mental Defectives Act was amended several times to provide more authority to the superintendents of institutions approved within the meaning of the Mental Defectives Act, particularly in matters of removal, parole and discharge, to ensure that they had the ability to maintain contact and, to a certain extent, control over at least a portion of the province’s mentally defective population.

From its beginning, the Home for Mentally Defective Children in South Edmonton was intended to be temporary until a permanent location for such an institution could be secured. The building was suitable for the care of 35 patients,<sup>36</sup> and within its first year of operation the Home was full. According to the Department of Education in 1919 one hundred and twenty five cases were reported, fifty-three applications received, and only nineteen individuals were admitted due to a shortage of space.<sup>37</sup> In his 1921 mental hygiene survey of Alberta, Hincks called for a more adequate plan for those determined to be mentally defective who were in need of urgent

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<sup>34</sup> See “Four Types of Mental Deficiency” poster published by The Canadian National Committee for Mental Hygiene.

<sup>35</sup> “An Act respecting Mentally Defective Persons,” Statutes of the Province of Alberta, 1919, Vol. 3 Chapter 12, (April 17, 1919), p. 151.

<sup>36</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1918), p. 17.

<sup>37</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1919), p. 86.

institutional training and care in the province, observing that the Home had received 225 applications in its first three years of operation.<sup>38</sup> Hincks also observed that the Home's focus on low grade mental defectives had resulted in the moron class going largely unnoticed, which, in his view, was troubling. Hincks wrote, "[i]n no part of Canada have morons received the attention they deserve, even although accumulated experience shows them to be more hurtful to society than any other group of the mentally handicapped. Ofttimes they [the moron] pass undiagnosed until social disaster has occurred."<sup>39</sup> Hincks called for the establishment of a larger institution specifically focused on this class of mental defectives, and moron girls especially.<sup>40</sup>

In 1922 responsibility for the administration of the Home for Mentally Deficient Children and legislation respecting Alberta's mentally defective population was transferred to the Department of Public Health. The same year, the Mental Defectives Act was amended for the first time to include "dangerous to be at large" to the definition of a mentally defective person.<sup>41</sup> The legislation was amended again the following year to add a new section detailing the process through which an individual could be removed from an institution approved within the meaning of the Act. According to the legislation, removal of a patient by a parent or guardian was only allowed if the superintendent determined that it was not in the interest of the patient, nor the public for them to remain in the institution.<sup>42</sup> The legislation disempowered families while empowering the superintendent.<sup>43</sup>

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<sup>38</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p. 16.

<sup>39</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p. 7.

<sup>40</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p. 15.

<sup>41</sup> "An Act respecting Mentally Defective Persons," Revised Statutes of the Province of Alberta, 1922, Vol. 3 Chapter 224 (1922), p. 2737.

<sup>42</sup> "An Act respecting Mentally Defective Persons," Statutes of the Province of Alberta, 1923, Chapter 52 (April 12, 1923), p. 261-262.

<sup>43</sup> See Geertje Boschma, "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930," *CBMH/BCMh* 25, 2 (2008), pp. 367-389; André Cellard, and Marie-Claude Thifault, "'Loaded Revolvers': Ontario's First Forensic Psychiatrists," in *Mental Health and Canadian Society: Historical Perspectives*, James E. Moran and David Wright, eds. (Montreal & Kingston: McGill-Queen's Press, 2006), pp. 117-149; James Moran,

In 1923, the Provincial Training School for Mentally Defective Children (PTS) located in Red Deer became the permanent institution for children determined to be mentally defective in the province. In comparison to the Home for Mentally Defective Children, the PTS was conceived as a place where children of the moron class could receive training and treatment. Almost immediately following its establishment, however, the superintendent of the PTS complained that it was being overrun by low-grade cases. The PTS considered children between the ages of five and nine to be “ideal...for admission from every standpoint,” and in fact the majority of cases reported and admitted to the PTS were of school age.<sup>44</sup> Early admission was preferable for training purposes, and was generally considered an important preventative measure. By institutionalizing children at an age where previous pregnancies were unlikely the PTS sought to prevent the hereditary transmission of mental deficiency. Additionally, it sought to prevent associated ills, including crime, prostitution, illegitimacy, and alcoholism.<sup>45</sup>

The Mental Defectives Act was amended again in 1925 to provide further authority to the superintendents in cases where an individual had been removed from the institution by a parent or guardian. The amendment stated that once a patient was removed from the institution, the responsible parent or guardian was expected to notify the superintendent in writing by the first week of January and July each year of the place of residence, mental condition, and care and supervision given to such person. It also allowed for the parole of patients if specific obligations were met. If, however, they were not met, the superintendent could have the individual arrested

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David Wright, and Mat Savelli, “The Lunatic Fringe” Families, Madness, and Institutional Confinement in Victorian Ontario,” in *Mapping the Margins: The Family and Social Discipline in Canada, 1700-1975*, Nancy Christie and Michael Gauvreau, eds. (Montreal and Kingston: McGill-Queen’s University Press, 2004), pp. 277-304; Roy Porter, and David Wright, eds., *The Confinement of the Insane: International Perspectives, 1800-1965* (Cambridge: Cambridge University Press, 2003); Patricia Prestwich, “Family Strategies and Medical Power: ‘Voluntary’ Committal in a Parisian Asylum, 1874-1914,” *Journal of Social History* 27, 4 (June 1994), pp. 797-816.

<sup>44</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1928-29), p. 51; *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 157.

<sup>45</sup> See for *Annual Report of the Department of Public Health, Province of Alberta* (1933), p.107.

and “re-conveyed to the institution from which he was released or to some other similar institution.”<sup>46</sup> This last addition to the legislation becomes particularly noteworthy after the 1929 amendment to the Mental Defectives Act, which allowed for private dwellings, including homes for unwed mothers, and foster homes to be established as mental defective institutions upon the committal of a “mentally defective person” by application from the superintendent.<sup>47</sup> Together these amendments to the Mental Defectives Act created a more comprehensive network for maintaining contact with people deemed to be deviant, or sexually immoral. It relied on professionals based outside of the institutions, in the community to monitor and manage the system of surveillance. The eugenic sterilization program introduced later in the decade relied on this pre-existing legislation, and network.

From its beginning the United Farmers of Alberta (UFA), and its sister organization the United Farm Women of Alberta (UFWA) were committed to public health. In an effort to make the sacrifices of the First World War meaningful the UFA, and UFWA sought to ensure the health of Albertans through progressive reform, which included eugenic sterilization.<sup>48</sup> UFA Minister of Health, R.G. Reid, first introduced the Sexual Sterilization Act to the Alberta legislature in 1923. Motivated by international trends, Reid urged the legislature to consider the potential benefits of sexual sterilization, both economic and social. He believed that sterilization offered a more cost-effective solution to the province’s so-called mental defective population than segregation in psychiatric institutions, as was the practice elsewhere in Canada.<sup>49</sup> Over the

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<sup>46</sup> “An Act to amend The Mental Defectives Act,” Statutes of the Province of Alberta, 1925, Chapter 47 (April 10, 1925): pp. 188.

<sup>47</sup> See for example, “The Mental Defectives Act: Home Approved as an Institution,” (O.C. 216-36) *Alberta Gazette* (February 10, 1936), p. 128.

<sup>48</sup> Bradford Rennie, *The Rise of Agrarian Democracy: The United Farmers and Farm Women of Alberta, 1909-1921* (Toronto: University of Toronto Press, 2000), p. 118

<sup>49</sup> See Leslie Baker, “‘A Visitation of Providence:’ Public Health and Eugenic Reform in the Wake of the Halifax Disaster,” *CBMH/BCHM* 31:1 (2014): pp. 99-122.

next several years, both the UFA and the UFWA, passed resolutions calling for the sexual sterilization of individuals deemed mentally defective, and redoubled their efforts to gain support for this move.

On March 25,<sup>th</sup> 1927, Reid's successor as Minister of Health, George Hoadley, introduced a eugenic sexual sterilization bill, however, the bill did not pass second reading. The few members of the legislature who opposed the bill argued that it infringed upon the rights of the province's institutionalized population.<sup>50</sup> Responding to this criticism Hoadley highlighted the ways in which the bill in fact protected the rights of the patients. In 1927 he was quoted as stating,

Of course, the proposed Alberta law is designed in such a way as amply to protect the rights and liberties of the individual. It does not mean compulsory sterilization. No person will be sterilized except with his own consent. If he is incapable of giving consent, then his next-of-kin must agree...Persons to whom the proposed act is meant to apply are those inmates of provincial institutions who, but for the danger of transmitting mental taint to possible future offspring, might with safety be allowed their liberty. Possibly the provisions of the act may at some future date be extended, but at present I shall be well satisfied if we succeed in establishing the principle of sterilization.<sup>51</sup>

In March 1928 Hoadley reintroduced the bill and it passed with a vote of thirty-four to eleven, making Alberta the first Canadian province to legislate a eugenic sterilization program. The Act placed Alberta within a growing number of North American and European jurisdictions where the sexual sterilization of individuals determined to be mentally defective or insane helped to serve a political agenda, which included promoting a healthy citizenry and minimizing state expenses.

The Sexual Sterilization Act granted the medical superintendents of Alberta's psychiatric institutions the authority to present patients to the Eugenics Board who would then be considered

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<sup>50</sup> See Timothy J. Christian, "The Mentally Ill and Human Rights in Alberta: Study of the Alberta Sexual Sterilization Act" (Honours Thesis, University of Alberta, 1974).

<sup>51</sup> "Alberta to be the First Canadian Province in Sterilization so says Hon. George Hoadley, Minister of Health and Agriculture," *The Bulletin* 2, 9 (November, 1927), 1.

for sterilization.<sup>52</sup> The patients were accompanied by a “presentation summary,” which included their medical, family, and sexual history, diagnosis, educational status, IQ test results, personality, social development, ethnicity, religion, age, and other relevant information.<sup>53</sup> Based on an interview with the patient and the presentation summary the Eugenics Board had the capacity to approve the sexual sterilization of those who “might safely be discharged if the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny were eliminated.”<sup>54</sup>

According to the legislation, the Eugenics Board was to be composed of four members, two medical practitioners, and two non-medical practitioners.<sup>55</sup> The initial members of the Eugenics Board were Dr. E. Pope and Dr. E. G. Mason, both physicians, Jean Field, Health Convener for the UFWA, and Dr. John MacEachran from the Department of Psychology and Department of Philosophy at the University of Alberta.<sup>56</sup> As there was no term set on Board membership there was a limited turn over in personnel between 1928 and the repeal of the legislation in 1972. The Board only had two Chairs, MacEachran, who served from 1928 to 1965, and Dr. R.K. Thompson, who took over for the remaining years of the program. The other three positions were held by a total of 19 individuals, primarily doctors, psychiatrists and social workers.<sup>57</sup> It was not until 1960 that a geneticist was appointed to the Board.

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<sup>52</sup> In order to present patients to the Eugenics Board psychiatric institutions had to be approved as a mental diseases hospital within the meaning of the *Mental Diseases Act*.

<sup>53</sup> This procedure was established at an early meeting of the Eugenics Board. See Jana Grekul, *The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972* (PhD diss., University of Alberta, 2002), p. 5-6.

<sup>54</sup> “The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1928, Chapter 37 (March 21, 1928), p. 117.

<sup>55</sup> The two medical practitioners were to be nominated by the Senate of the University of Alberta and the Council of the College of Physicians, and the two non-medical professionals were to be appointed by the Lieutenant Governor in Council; “The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1928, p. 117.

<sup>56</sup> “The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1928, p. 117.

<sup>57</sup> Jana Grekul, “The Right to Consent? Eugenics in Alberta, 1928-1972,” in *A History of Human Rights: Essential Issues*, ed., Janet Miron (Toronto: Canadian Scholar’s Press, 2009) pp. 135-153.  
see also Jana Grekul, *The Social Construction of the Feeble-minded Threat*, p.102.



In 1933 the Mental Defectives Act was once again amended to include a new section on discharging patients from mental defective institutions, which stated that the superintendent could discharge a mentally defective patient if they considered them to be capable of earning a legitimate livelihood, conforming to the law, and that “the power of procreation of such person no longer exists.”<sup>58</sup> The last part ensured that individuals residing in provincial institutions for the mentally defective appeared before the Eugenics Board prior to being discharged. The amendment also enabled the superintendent to determine whether the parent or guardian removing a patient from an institution was to report to them, as outlined in the 1925 Act, in writing, or in person. Additionally, it outlined the procedure for the return of discharged patients to an institution. It read, if any person discharged,

defaults in making any reports which he is required to make, or in complying with any conditions which he is directed to comply with, or fails to earn a legitimate livelihood or to conform to the law, or pursues any mode or manner of living or behaviour which appears to the superintendent to be undesirable, the superintendent may issue his order in writing requiring that such person be apprehended and conveyed to any institution established under this Act for the reception of mental defectives designated in the order.<sup>59</sup>

This particular change to the policy reflected widespread concerns that patients leaving an institution, or home designated for the care of mental defectives, particularly girls, would turn to prostitution, or find themselves in immoral home environments and subjected to “exploitation and other demoralizing influences.”<sup>60</sup> The assumption that mentally defective girls would become more promiscuous following sterilization, a condition of discharge, was a concern associated with eugenic sterilization in Alberta and elsewhere.

By encouraging superintendents to follow the behaviour and activities of discharged patients, the 1933 legislation built a casework requirement into the care for mentally defective

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<sup>58</sup> “An Act to amend The Mental Defectives Act,” Statutes of the Province of Alberta, 1933, Chapter 29 (April 11, 1933), p. 113.

<sup>59</sup> “An Act to amend The Mental Defectives Act,” Statutes of the Province of Alberta, 1933, p. 113.

<sup>60</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1930), p. 75.

individuals. As a result, the amendment further extended the network of professionals involved in supervising and controlling these individuals. It also explicitly allowed for decisions to be made based on morality, which is particularly notable when it is considered that the Beulah home for unwed mothers in Edmonton, a religious institution, was designated as a mental defective institution in 1938.

The CNCMH applauded Alberta's eugenic sterilization legislation.<sup>61</sup> Particularly, they praised Alberta for "leading the way" and establishing a precedent in Canada for Ontario, Manitoba,<sup>62</sup> and British Columbia who were all discussing, or in the process of drafting sexual sterilization bills, as well as for its "wise" decision to draft a policy that to "a great extent protects the rights, liberties and interests of the individual."<sup>63</sup> Eugenic sterilization campaigns were particularly successful in western Canada where anti-immigrant sentiments were strong,<sup>64</sup> but ultimately, British Columbia was the only other Canadian jurisdiction to successfully implement a eugenic sterilization policy.<sup>65</sup>

British Columbia's Sexual Sterilization Act, which was legislated in 1933 and repealed in 1972, closely resembled Alberta's 1928 legislation. However, whereas 2834 individuals were sterilized under Alberta's eugenic policy,<sup>66</sup> historian Angus McLaren has estimated that in

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<sup>61</sup> "Sterilization in Canada," *The Bulletin* (March-May, 1928): 1; Initially the CNCMH was not a vocal advocate of sexual sterilization, however, after the death of Dr. C.K. Clarke, in 1924, Dr. Clarence Hincks became the new Medical Director of the organization and immigration restriction was replaced with sterilization and immigration as the main eugenic strategies promoted by the CNCMH. Menzies, "Governing Mentalities," p. 166; See also, Dowbiggin, "Keeping This Young Country Sane," p. 626, n. 56; Dowbiggin observes that there is no indication to suggest that C.K. Clarke supported eugenic sexual sterilization.

<sup>62</sup> See Brian L. Ross, "An Unusual Defeat: The Manitoba Controversy over Eugenical Sterilization in 1933," (Unpublished paper, Institute for the History and Philosophy of Science and Technology, University of Toronto, 1981)

<sup>63</sup> "Sterilization in Canada," *The Bulletin* (March-May, 1928): 1

<sup>64</sup> Chapman, Terry L. "Early Eugenics Movement in Western Canada." *Alberta History* 25 (1977), 9-17; Howard Palmer *Patterns of Prejudice: A History of Nativism in Alberta* (Toronto, Ontario: McClelland and Steward, 1982).

<sup>65</sup> See "An Act Respecting Sexual Sterilization," Statutes of the Province of British Columbia, 1933, Chapter 59, 7 (April 1933).

<sup>66</sup> Jana Grekul, Harvey Krahn and Dave Odynak, "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* 17, no. 4 (2004), p. 367

British Columbia no more than a few hundred individuals were sterilized.<sup>67</sup> McLaren argues that the disparity between the numbers sterilized in the two provinces can be attributed to the narrower provisions of British Columbia's Sexual Sterilization Act.<sup>68</sup> Whereas the Alberta legislation was amended twice to increase the program's scope and efficiency, British Columbia's sterilization program remained unchanged. Consequently it remained tied to an institutional context, and did not develop a network of professionals who contributed to the program to the same extent as Alberta.

The remainder of this chapter builds on McLaren's argument, suggesting that what made the two amendments so effective was that in addition to removing the consent requirement they also integrated the eugenics program into the public health and education systems, which in turn led to the engagement of various professionals. Specifically, the amendments to Alberta's eugenics program, particularly the 1937 amendment, changed the program in ways that allowed it to benefit from the growing interest in the influence of environmental factors on child psychological development, rather than biological or hereditary factors; a shift that also informed broader educational, public health and welfare programs and policies.

When addressing the 1937 amendment, scholars examining Alberta's eugenic sterilization program have tended to focus on the removal of the consent requirement, and while significant, this has resulted in other aspects of the amendment being overshadowed. Beyond allowing for the sterilization of those deemed mental defective without patient, parent or guardian consent, the 1937 amendment also changed the wording of the legislation to allow for the Eugenics Board to take into consideration social and economic details pertaining to the patient when determining

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<sup>67</sup> McLaren, *Our Own Master Race*, p. 159. McLaren notes that the number of individuals sterilized in British Columbia is impossible to determine as the Eugenic Board case files were either lost or destroyed.

<sup>68</sup> Angus McLaren, "The Creation of a Haven for 'Human Thoroughbreds': The Sterilization of the Feeble-Minded and the Mentally Ill in British Columbia," *Canadian Historical Review* LXVII, 2 (1986), 145-146.

whether to approve sexual sterilization. It also granted guidance clinics the authority to present individuals, who were largely referred to them by teachers, public health nurses, social workers, and families, directly to the Eugenics Board to be sterilized as outpatients.

Established in 1929 in Alberta, guidance clinics were part of an international trend in channelling resources towards preventative measures, indicating a move away from biological reductionist understandings of mental deficiency and towards considerations for environmental factors, meaning external, rather than internal, or biological ones. Guidance clinics were held in schools, public health nurses' offices, or health units in districts throughout the province. The 1937 amendment, by establishing guidance clinics as feeder-institutions to the Eugenics Board, served to further entrench the sterilization program in provincial schools, and public health and welfare services.

“FOUR YEARS EXPERIENCE IN ALBERTA”

Four years following the implementation of Alberta's eugenic legislation, the provincial Director of Mental Health co-authored an article with the superintendents of three of Alberta's psychiatric institutions evaluating the legislation.<sup>69</sup> In terms of both its focus and its findings, the paper followed in the tradition of earlier American studies, particularly Paul Popenoe's work on California's eugenic sterilization legislation.<sup>70</sup> Popenoe was an associate at the Eugenics Record Office in Cold Spring Harbor, and an internationally recognized expert on eugenic sterilization, and later marriage. His research on California's eugenic program, funded by the E.S. Gosney's

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<sup>69</sup> In addition to C.A. Baragar, Director of Mental Health, the authors included George A. Davidson, Assistant Medical Superintendent at the Provincial Mental Hospital, Ponoka, W.J. McAlister, Medical Superintendent of the Provincial Mental Institute, Oliver, and D.L. McCullough Medical Superintendent of the Provincial Training School, Red Deer; C.A. Baragar, Geo. A. Davidson, W.J. McAlister, and D.L. McCullough, “Sexual Sterilization: Four Years Experience in Alberta,” *American Journal of Psychiatry* 91, 2 (1935), pp.897-923.

<sup>70</sup> Paul Popenoe, “Marriage After Eugenic Sterilisation,” in E.S. Gosney, e.d., *Collected Papers on Eugenic Sterilisation in California* (Human Betterment Foundation, Pasadena, 1930).

Human Betterment Foundation, highlighted what he believed to be the social and eugenic benefits of sexual sterilization.<sup>71</sup> Popenoe argued that although three quarters of the women sterilized under the California legislation were “sex delinquents” prior to undergoing the operation, two-thirds of these women went on to have “successful,” presumably heterosexual, monogamous marriages. However, unlike “normal” marriages where the wives were expected to stay home, sterilized women were expected to find paid employment outside of the home. According to Popenoe’s findings, sterilized men, in comparison, often remained single, and unable to financially support a spouse, or family.<sup>72</sup>

Nearly 80 percent of all compulsory sterilizations in the United States prior to 1921 were performed in California, and, by the late 1920s, the number of eugenic sterilizations performed in this state was almost four times that of rest of the world. As a result, eugenicists in North America and Europe looked to California as a model, and championed Popenoe’s study as evidence that sexual sterilization was a beneficial measure.<sup>73</sup> At least initially, Alberta’s Eugenics Board made an effort to stay informed about the latest research in the area of eugenics. At the fifth board meeting the Chairman of Board informed the other members of Gosney and Popenoe’s recent book, *A Summary of the Results of 600 Operations in California, 1909-1929*, and reported that he had ordered them copies.<sup>74</sup> Proponents of eugenic sterilization in Alberta, particularly individuals associated with the provincial Eugenics Board, continued to cite Popenoe’s research into the 1940s.<sup>75</sup>

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<sup>71</sup> Molly Ladd-Taylor, “Eugenics, Sterilisation and Modern Marriage: the Strange Career of Paul Popenoe,” *Gender & History* 13, 2 (August 2001), p. 305-306.

<sup>72</sup> Ladd-Taylor, “Eugenics, Sterilisation and Modern Marriage,” p. 305-306.

<sup>73</sup> Ladd-Taylor, “Eugenics, Sterilisation and Modern Marriage,” p. 305-306.

<sup>74</sup> Grekul, *The Social Construction of the Feeble-minded Threat*, p. 137.

<sup>75</sup> See for example, Mary Frost, *Sterilization in Alberta: A summary of the cases presented to the Eugenics Board for the Province of Alberta from 1929 to 1941* (Masters thesis, University of Alberta, 1942).

Writing in the wake of Popenoe's study, the authors of "Four Years Experience" drew on many of the same gendered themes. In an effort to prove the importance and efficacy of the sterilization program, and to address concerns that sterilization led to increased promiscuity, the authors analyzed the sexual behaviours of both married and single women before and after sexual sterilization under Alberta's program. They reported,

of the 158 operative cases 98 (62.0 per cent) had been discharged and were making a good moral adjustment when last reported as against 71 (44.9 per cent) before admission; and only 2 (1.3 per cent) and 4 (2.5 per cent) were causing worry on account of doubtful and questionable promiscuous behaviour after discharge as compared with 11 doubtful (6.9 per cent), 49 (31 per cent) irregular, and 27 (17.7 per cent) promiscuous before... This very reassuring improvement is doubtless due in part if not to a great extent to the effect of institutional training and to the follow-up contacts, though these contacts are admittedly inadequate. But one thing we are convinced, sterilization does not lead to increased immorality.<sup>76</sup>

The authors went on to argue that beyond not leading to increased immorality, sterilization also allowed a number of women, previously categorized as morally and sexually deviant, to find satisfaction in presumably heterosexual, monogamous marriages.<sup>77</sup> Although these authors acknowledged in their report that men were also sterilized under the program, the mention was brief and only to state that "[i]nformation in this respect is inadequate, and the problem is not after all so important socially as in the case of the female sex."<sup>78</sup> The focus on women was reflective of earlier reports written by these men, as well as those of many of their colleagues.

In addition to providing a solution to unmarried motherhood and illegitimacy, which the authors believed to be "very grave problems of social maladjustment,"<sup>79</sup> they argued that sexual sterilization helped to alleviate the burden placed on child welfare officials who were challenged with finding foster parents for some of the children born to individuals deemed mentally

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<sup>76</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 904-905

<sup>77</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 905; See also Ladd-Taylor, "Eugenics, Sterilisation and Modern Marriage," p. 305-306.

<sup>78</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 905.

<sup>79</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 906.

defective. The authors noted, “there is the growing and understandable disinclination on the part of prospective foster parents to accept a child with a bad family history whether of insanity or of defect.”<sup>80</sup> According to the report, among those responsible for social welfare work in the province there was a “steadily growing faith in sterilization.”<sup>81</sup> This focus on social welfare demonstrates the authors’ interest in sterilization as a tool for such work, as much as, or more than, the potential for promiscuity and immorality following the operation. They concluded their work by stating, “[t]here have been no criticisms of this work in Alberta and it is progressing steadily and smoothly.” They credited the “steady” and “smooth” nature of Alberta’s eugenic sterilization policy to the Eugenics Board, which they argued exercised great care when selecting and preparing cases, and also to “the fact that invariably every effort is made to secure the intelligent cooperation of the patient or responsible guardian.”<sup>82</sup>

#### AN ACT TO AMEND THE SEXUAL STERILIZATION ACT (1937), AND “EIGHT YEARS’ EXPERIENCE IN ALBERTA”

Although concern for protecting the “liberties” of patients undergoing sexual sterilization had initially been at the forefront of public conversations regarding the sterilization policy, by the early 1930s these protective measures, particularly the consent requirement, began to be viewed by members of the provincial Eugenics Board, and others, as hindrances. Scholar Jana Grekul argues that during this decade the Eugenics Board “dealt with the problem of obtaining consent in a manner that might be described as persuasive at best, heavy-handed at worst.”<sup>83</sup> For instance, Grekul documents a case in 1934 in which the Board discussed the possibility of consulting multiple family members in an effort to obtain consent.<sup>84</sup> In 1937 the Social Credit Minister of

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<sup>80</sup> Baragar, Davidson, McAlister, McCullough, “Sexual Sterilization,” p. 907.

<sup>81</sup> Baragar, Davidson, McAlister, McCullough, “Sexual Sterilization,” p. 908.

<sup>82</sup> Baragar, Davidson, McAlister, McCullough, “Sexual Sterilization.”

<sup>83</sup> Grekul, “Right to Consent?,” p. 140.

<sup>84</sup> See Grekul, “Right to Consent,” p. 140-141.

Health, Dr. W.W. Cross, proposed an amendment to the legislation, arguing that the Act was too restrictive stating, “only ten years ago there were three hundred hopeless mental defectives in Alberta and now there are three thousand of which eighty percent could be traced to the original three hundred.”<sup>85</sup> An Act to amend The Sexual Sterilization Act came into effect on April 14th, 1937 making a number changes to the provincial eugenics program that significantly increased the likelihood that individuals deemed to be mentally defective would undergo sterilization.

One such change was the removal of the need for patient, parent, or guardian consent in cases where the individual was determined to be mentally defective. Initially the majority of cases that appeared before the Eugenics Board came from the Provincial Mental Hospital, in Ponoka, and Provincial Mental Institute, both of which were active treatment facilities, catering to adults. As Jana Grekul has determined, these feeder institutions were responsible for 60 percent and 14 percent of total cases presented to the Eugenics Board respectively, with the majority of these cases being presented throughout the 1930s and into the 1940s. The removal of the consent requirement in 1937 altered the dynamics of the feeder institutions, as well as the character of Eugenic Board case files. The number of individuals sterilized with a diagnosis other than mental defective decreased, and the PTS became the main feeder institution presenting 21 percent of the total number of patients. Whereas earlier, people diagnosed as insane had accounted for a significant portion of Eugenics Board case files, the removal of consent in cases of mental deficiency led to an increase in the number of those cases. This shift lowered the age of individuals being presented to the Board as mental deficiency was a label that was largely applied to children. It also further engaged educational and welfare professionals who worked

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<sup>85</sup> Edmonton Bulletin, April 1st, 1937; Timothy J. Christian, *The Mentally Ill and Human Rights in Alberta: Study of the Alberta Sexual Sterilization Act* (Honours Thesis, University of Alberta, 1974), p. 26.



closely with children in Alberta. Although the PTS presented fewer cases to the Eugenics Board than Ponoka, only 1 percent of cases presented to the Board by the PTS required patient consent compared to 59 percent of cases from Ponoka. Further, 89 percent of cases approved for sterilization by the Eugenics Board without any consent requirement were sterilized, in comparison to 15 percent of cases where patient consent was required.<sup>86</sup>

Although the legislation still specified that individuals being presented to the Board had to be under consideration for discharge, and according to the Mental Defectives Act individuals had to be sterilized before being discharged, following the 1937 amendment the Eugenics Board was no longer required to consider whether the individual could be safely discharged when making their decision on whether to approve sterilization.<sup>87</sup> Initially the program was conceived as a way to reduce the costs associated with institutionalization by allowing for a quicker turn over in the patient population, however, a distrust of people determined to be mentally defective, along with the significant number of low grade, or custodial types in such institutions, prevented these earlier promises from being realized. As the Leilani Muir trial in the 1990s highlighted, individuals often remained institutionalized long after undergoing sterilization. The slight change in wording regarding the discharge of patients from institutions provided an opportunity for the sterilization program to address two widely held concerns, namely the fear of discharging children, particularly girls to unhealthy, or immoral home environments, regardless of whether they had been sterilized, and the potential for patients to reproduce while in the institution;

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<sup>86</sup> See Grekul, Krahn and Odynak, “Sterilizing the ‘Feeble-minded.’”

<sup>87</sup> See “The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1928, p. 117, and “An Act to amend The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1937, Chapter 47 (April 14, 1937): pp. 181-183; the words “might safely be discharged” were removed from the 1937 legislation.

whether from having sexual relations with other patients, or from abuse at the hands of those responsible for their care.<sup>88</sup>

Furthermore, after 1937, the Eugenics Board's sterilization decisions were no longer based exclusively on whether mentally defective patients might safely be discharged if their ability to procreate was removed, and with it the associated risk of hereditarily passing on their disability to future children.<sup>89</sup> Instead, the Board's decision was based on whether "the exercise of the power of procreation would result in the transmission to such person's progeny of any mental disability or deficiency, *or that the exercise of power of procreation by any such mentally defective person involves the risk of mental injury either to such person or to his progeny*" [emphasis added].<sup>90</sup> By introducing "risk of mental injury" into the legislation, the 1937 amendment allowed for the consideration of environmental, including social and economic factors, in addition to biology or heredity. This aspect of the amendment provided a response to the nature/nurture debate, which had preoccupied social scientists throughout the 1920s and 1930s. Historian Wendy Kline has argued that "[t]he rise of the social sciences, with its emphasis on culture over biology, led to the belief in the biological basis of human behavior being displaced."<sup>91</sup> The triumph of nurture over nature in many ways discredited the science on which

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<sup>88</sup> The class action suits on behalf of the residents of Huronia Regional Centre Orillia, which were settled in 2013, are a recent example of the discovery of such abuses. See "Huronia survivors reach \$35-million settlement with Ontario government," *The Globe and Mail* (December 9, 2013) <http://www.theglobeandmail.com/news/national/huronia-survivors-reach-35-million-settlement-with-ontario-government/article14373078>.

<sup>89</sup> "The Sexual Sterilization Act," Statutes of the Province of Alberta, 1928, p. 117.

<sup>90</sup> "An Act to amend The Sexual Sterilization Act," Statutes of the Province of Alberta, 1937, p.182; emphasis added.

<sup>91</sup> Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (California, University of California Press, 2005); Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, Massachusetts: Harvard University Press, 2004).

eugenic thought was based. The amendment, however, can be interpreted as an attempt to keep Alberta's eugenic program relevant by moving beyond biological considerations.<sup>92</sup>

Kline has argued that in the 1930s American eugenicists developed new eugenic strategies centered on "motherhood and family preservation," enabling eugenic thought to maintain scientific legitimacy in the face of the challenges posed to it by geneticists and social scientists. Whereas the earlier phase of eugenic thought had focused on heredity, the new phase focused on maternal care, emphasizing "the importance of the home environment for child development." This new ideology gave rise to positive eugenics, or promoting the procreation of the "fit," as a tactic to be used alongside negative eugenic efforts, which sought to restrict the reproductive abilities of the "unfit." According to Kline, during this decade sterilization became "a means of restricting motherhood rather than of eliminating genetic defects."<sup>93</sup> With the 1937 amendment, the eugenic strategies outlined by Kline for the United States were legislated as part of Alberta's eugenic sterilization program. No longer constrained by heredity, or, more specifically, by having to consider whether specific behaviours or illnesses were present in past generations, the Eugenics Board began to focus on the notion of intelligent parenthood, and specifically motherhood.

Of the total number of individuals presented to the Eugenics Board 46 percent were men, and 54 percent were women.<sup>94</sup> Despite the numbers being relatively balanced, female patients accounted for only 31 percent to 42 percent of the total population in the feeder institutions from 1931 to 1970, pointing to gender-biased decisions.<sup>95</sup> The gender discrepancy is more readily

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<sup>92</sup> It was also accompanied by a similar amendment to *the Mental Defectives Act* to include the word "injury" in the definition of "mentally defective person." See "An Act to amend The Mental Defectives Act," Statutes of the Province of Alberta, 1937, Chapter 46, (April 14, 1937): p. 179.

<sup>93</sup> Kline, *Building A Better Race*, p. 100.

<sup>94</sup> Grekul, Krahn and Odynak, "Sterilizing the 'Feeble-minded,'" p.371.

<sup>95</sup> Grekul, Krahn and Odynak, "Sterilizing the 'Feeble-minded,'" p.372.

apparent when considering that 64 percent of the total number of women presented to the Eugenics Board were sterilized compared to 54 percent of men.<sup>96</sup> Jana Grekul has closely examined the minutes of the Eugenics Board along with patient case files to conclude that sterilization decisions were gendered. She explains that women's family histories were "marred by evidence of promiscuity, illegitimacy, flirting, dancing, and the potential for sexual indiscretions," whereas the family histories of men "were characterized by criminal acts or severe sexual indiscretion."<sup>97</sup> Men's sexual behaviour, therefore, was not as closely examined by the Eugenics Board. Grekul argues that the reasons for sterilization provided by the Eugenics Board gradually changed from ones which emphasized genetics, to ones which focused on intelligent parenthood.<sup>98</sup> However, according to Grekul one constant throughout these files is the indication of sexually inappropriate behaviours on the part of the female patients. She argues, "whether the eugenic focus was genes or environment it was women's sexual behavior that was scrutinized."<sup>99</sup>

Grekul's sociological analysis is important for highlighting these gender discrepancies in both in the numbers and in the reasons for sterilization provided by the Eugenics Board, including a focus on intelligent parenthood, particularly in cases where the patient was female. By historically contextualizing these developments, and setting them against the back drop of the 1937 amendment to the province's eugenic sterilization program this study sheds new light on the sexual sterilization legislation, specifically the ways in which the legislation was amended to reflect developments within both social and life sciences. When faced with these developments

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<sup>96</sup> Grekul, Krahn and Odynak, "Sterilizing the 'Feeble-minded,'" p. 373

<sup>97</sup> Jana Grekul, "Sterilization in Alberta, 1928 to 1972: Gender Matters," *The Canadian Review of Sociology*, 43, 3 (Aug 2008), p. 262.

<sup>98</sup> Grekul, "Sterilization in Alberta, 1928 to 1972," p. 261.

<sup>99</sup> Grekul, "Sterilization in Alberta, 1928 to 1972," p. 263-264.

Alberta legislators used them as an opportunity to expand the province's eugenics program, instead of reevaluating the flawed science on which the program was based.

Examining the changing character of eugenic sterilization in its historical context also allows for an examination of the interplay between child welfare, unwed motherhood, and eugenics. By focusing on the environment, and risk of mental injury, the amendments to both the Sexual Sterilization Act and the Mental Defectives Act allowed for behaviour considered deviant, and immoral to be increasingly managed, and controlled. In 1936, one year before the amendment was introduced, child welfare and mother's allowance was transferred from the Department of the Attorney General to the Department of Public Health, which was also responsible for the operation of the eugenic sterilization program. The Department of Public Health took on the assigned duties, powers and functions outlined in the Child Welfare Act, and the Mothers' Allowance Act.<sup>100</sup> The 1935 article reviewing the first four years of Alberta's eugenics program had expressed an interest in eugenic sterilization as a solution to welfare issues, including the challenge securing adoptions for children born to a family with a history of mental defect.<sup>101</sup>

A year after the amendment, which granted the Eugenics Board with the authority to consider whether the individual being considered for sterilization had the ability to raise a child without risk of mental injury, the Beulah home for unwed mothers in Edmonton was included as an approved institution under the Mental Defectives Act.<sup>102</sup> Although the administrators at the Beulah home could not present patients directly to the Eugenics Board, they could order that a

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<sup>100</sup> "Administration of the Child Welfare Act and the Mothers Allowance Act, Transferred from the Attorney General to the Minister of Public Health," (O.C. 917-36) *Alberta Gazette* (June 27, 1936), p. 649.

<sup>101</sup> See Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization,"

<sup>102</sup> "The Beulah Home Approved as an Institution," (O.C. 318-38) *Alberta Gazette* (March 31, 1938), p. 288

discharged patient be sent to any institution approved by the Act, including the PTS.<sup>103</sup> The matron of the Beulah home, which had been established by protestant reformers, could prompt such an order if they believed a discharged woman was leading an immoral lifestyle.<sup>104</sup> Additionally, as it was designated a mental defective institution under the Mental Defectives Act, no individual diagnosed as such could be discharged without being sterilized. Incapable of intelligent parenthood then became the most common reason given for the sterilization of female patients at the same time that unwed mothers were coming in closer contact with the eugenics program.

The Alberta government's approval of a home for unwed mothers as an institution for mental defectives reflects their efforts to expand the scope of sterilization in the province to those who were deemed to be incapable of intelligent parenthood not strictly for biological reasons, but on the basis of their personality, behaviour, and home environment. It highlights the ways in which Alberta's eugenic sterilization policy saturated not only the operation of the province's psychiatric institutions, but also early welfare efforts. In addition to the Beulah home, other venues were approved as institutions under the Mental Defectives Act, including private residences that served as foster homes.

Finally, the 1937 amendment formally allowed the guidance clinics to present cases directly to the Eugenics Board as "outpatients," thereby creating a path to the Board from outside the provincial psychiatric institutions and training school.<sup>105</sup> Prior to this point the cases

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<sup>103</sup> As they were not defined as a mental diseases hospital with the meaning of the *Mental Diseases Act*. They could order that a discharged patient be sent to any institution approved under the Mental Defectives Act according to the powers granted to it by the 1925 amendment to the Mental Defectives Act; See "An Act to amend The Mental Defectives Act," Statutes of the Province of Alberta, 1925, Chapter 47 (April 10, 1925): pp. 188.

<sup>104</sup> For more on the religious nature of the Beulah home see: Joanne Marie Ritcey, *Hegemonic heterosexuality, moral regulation and the rhetoric of choice: Single motherhood in the Canadian West, 1900-Mid 1970s* (PhD dissertation, University of Alberta, 2009).

<sup>105</sup> It is likely that the clinics were referring patients directly to the Eugenics Board prior to this point. See for instance Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 901. Although published in

presented to the Board were to come solely through the institutions and hospital wards designated as Mental Diseases Hospitals under the Mental Diseases Act.<sup>106</sup> Established across North America in the early decades of the twentieth century, guidance clinics aimed to assist individuals, predominately children, in adjusting to their surroundings and more generally to society, with the intention of preventing serious mental illnesses.

Guidance clinics had been established in Edmonton, Calgary, and Lethbridge in 1929 and quickly expanded to other areas throughout the province. Patients referred to these clinics received physical, psychiatric, and in some cases psychometric or IQ examinations.<sup>107</sup> Recommendations were made based on these evaluations, which in instances of “mental deficiency” included “sterilization and supervision,” “medical and surgical treatment,” “modified school work,” “special class at school,” “placement in a good home,” “deportation,” and “institutional training and care.”<sup>108</sup> When institutionalization was deemed unnecessary by the clinic staff, the patient, parent, or guardian, and often the teaching personnel were advised on how to deal with the case in the home or community.

The Alberta government saw the guidance clinics as an opportunity to reduce the costs associated with psychiatric institutionalization by pre-screening potential patients before they were admitted to one of the province’s institutions. Additionally, the clinics provided a way to supervise people considered mentally defective more closely, and to provide the institutions with more background information on patients, something that was becoming increasingly important as environmental considerations were gaining traction. In the 1933 annual report of the PTS, the

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1935, the authors of this article report that 71, or 24.7 percent of the total number of individuals presented to the Eugenics Board had been direct through the mental hygiene clinics at Edmonton, Calgary and Lethbridge.

<sup>106</sup> For instance, on February 21<sup>st</sup>, 1931, Ward D of Galt Hospital in the City of Lethbridge became approved as a mental diseases hospital within the meaning of the Mental Diseases Act. “Mental Disease Hospital Designated,” (O.C. 186-31) *Alberta Gazette* (February 21, 1931), p. 155; See also Dyck, *Facing Eugenics* for discussion of contraceptive sterilization in Lethbridge.

<sup>107</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1933), p. 65.

<sup>108</sup> See *Annual Reports of the Department of Public Health, Province of Alberta*.

acting superintendent, D.L. McCullough, noted that the majority of patients admitted to the PTS during the year had been examined at a guidance clinic. McCullough believed that the clinic services provided “a great advantage to the Training School” as it provided the school with a “fuller understanding of the patient’s difficulties before admission,” which in turn allowed for the proper selection of patients and informed treatment decisions.<sup>109</sup>

Guidance clinics formed a critical part of Alberta’s eugenic program. The provincial guidance clinics were important for identifying and directing children into the mental health system, and after the 1937 amendment, the clinics served to connect more individuals with the provincial psychiatric institutions and Eugenics Board than had previously been possible. Although it is unclear how many of the cases referred to the guidance clinic were considered mentally defective, it is clear that throughout the 1930s and 1940s mental defectives accounted for almost forty per cent of new clinic cases each year. The number of clinic cases diagnosed as “mentally defective” decreased in the late 1940s, accounting for approximately twenty percent of new cases yearly.<sup>110</sup>

The Alberta Department of Public Health employed overlapping personnel between the guidance clinics, provincial psychiatric institutions, and Eugenics Board. From the beginning, these clinics were under the direction of the same individuals who were in charge of the provincial psychiatric institutions and training school.<sup>111</sup> It was also common practice for a social worker to concurrently hold the positions of Secretary to the Eugenics Board and Chief Psychiatric Social Worker, which was the position responsible for the guidance clinic service. Therefore, those

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<sup>109</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1933), p. 102.

<sup>110</sup> See *Annual Report of the Department of Public Health, Province of Alberta* (1938), p. 88

<sup>111</sup> The first mental hygiene clinic was held in Edmonton in August 1929 under the direction of Dr. C.P. Fitzpatrick, who was the medical superintendent of the Provincial Training Institute in Oliver, and Mr. Stuart Jaffary, who was a psychologist and social worker.<sup>111</sup> In 1931 the clinics were taken over by Dr. C. A. Baragar, who was Commissioner of Mental Institutions and Director of Mental Health, with Dr. George A. Davidson, assistant medical superintendent at the Provincial Mental Hospital, Ponoka, taking over the direction of the Calgary and Lethbridge clinics, and Dr. W.J. McAlister, Fitzpatrick’s successor at Oliver, assisting with the Edmonton Clinic. Dr. L.J. Le Vann responsible for the Red Deer guidance clinic in the 1950s.



individuals directly in charge of the province's guidance clinics had a vested interest in the clinics contributing to the eugenics program. The clinics represented the movement of mental health "experts," the provincial psychiatric institutions, training schools, and, with the 1937 amendment, the Eugenics Board into the community with the help of professionals who were already working on the ground.

Guidance clinics provided a variety of professionals, specifically school teachers, public health nurses, and social workers with a new way to engage with the socially significant sciences of eugenics and mental hygiene outside the formal setting of a psychiatric institution. Their role in referring individuals to the clinics, collecting case histories, interpreting clinic recommendations for families, and ensuring that such recommendations were being followed, made these professionals critical to the daily operation of the provincial eugenics program.

In 1937 R.R. MacLean, Superintendent of the Provincial Mental Hospital, Ponoka, and E.J. Kibblewhite, Secretary to the Eugenics Board and Chief Psychiatric Social Worker, published an updated review of the province's eugenics program. Their report built on the earlier 1935 study. The conclusions drawn in the two reports were the same; sterilization was a beneficial measure, socially and eugenically.<sup>112</sup> Similar to the 1935 report, the authors found that sterilization did not lead to prostitution or "sexual excess," but in fact had reduced immorality in a number of cases. They also found that the operation, by reducing the fear of future pregnancies, had strengthened the family lives of a number of individuals.<sup>113</sup> However, where the earlier report had highlighted consent as an important protective measure, the 1937 report instead reconstructed sterilization as a positive measure, which anyone of "normal" intelligence would want access to, and, by extension, a

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<sup>112</sup> R.R. MacLean and E.J. Kibblewhite, "Sexual Sterilization in Alberta: Eight Years' Experience, 1929 to May 31, 1937," *Canadian Public Health Journal* 28 (1937), p. 587-590.

<sup>113</sup> MacLean and Kibblewhite, "Sexual Sterilization in Alberta," p. 588

patient's unwillingness to consent to the procedure as further evidence of their mental deficiency.

They wrote,

In former times, when the consent of mental defectives was necessary, it seemed most difficult to obtain that consent from the higher-grade defectives. It is not particularly difficult to obtain the consent of persons of normal intelligence. Where these individuals refuse, however, it is usually on such grounds as 'not wishing to undergo a surgical operation', 'believing that other equally effective measures to prevent procreation might be adopted' or 'that the operation is not necessary'. Strangely enough, the desire for more children is not commonly advanced as a reason for not desiring the operation.<sup>114</sup>

The authors found that the issue of consent was gendered, observing that it was more difficult to secure consent from men than it was from women. They speculated that the reason for this was that men viewed the operation as a "blow to...[their] pride or vanity."<sup>115</sup>

American historians Johanna Schoen, Rebecca Kluchin, and more recently Canadian historian Erika Dyck have examined the intersection of private reproductive choices and public policies informed by notions of reproductive fitness.<sup>116</sup> These scholars have demonstrated that the history of eugenic sterilization is not simply a story of victimization, but instead one of negotiations between individuals, primarily women, families, medical professionals, and in many instances the state. Schoen demonstrates that women of all classes and ethnic backgrounds were in some cases able to use North Carolina's public health programs and policies in ways that contradicted the intentions behind them in order to broaden their reproductive options. For instance, lacking legal access to voluntary sterilization, some women sought access to the procedure through the State's Eugenics Board, even though this required that they be diagnosed

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<sup>114</sup> MacLean and Kibblewhite, "Sexual Sterilization in Alberta," p. 588

<sup>115</sup> MacLean and Kibblewhite, "Sexual Sterilization in Alberta," p. 588; For more on men and sterilization see Dyck, *Facing Eugenics*; See also, Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007).

<sup>116</sup> Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare in the Twentieth Century*, (Chapel Hill: University of North Carolina Press, 2005); Rebecca Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Jersey: Rutgers University Press, 2009); Dyck, *Facing Eugenics*.

as feeble-minded.<sup>117</sup> Looking at the emergence of neo-eugenics in the 1960s and 1970s, Kluchin, similarly, examines how both “fit” women, who were denied access to sterilization, and “unfit” women, who were forcibly sterilized, challenged sterilization trends by filing lawsuits in defence of their reproductive rights.<sup>118</sup> In Canada, Dyck has examined how married middle-class women in Alberta were able to negotiate with their doctors to gain access to sterilization as a safe and reliable form of birth control under the umbrella of the eugenics program.<sup>119</sup> This newer scholarship suggests that eugenics programs were not simply top-down operations, but created multiple points of contact and negotiation. Broadening the scope of study beyond institutions therefore complicates those areas of contact further.

#### AN ACT TO AMEND THE SEXUAL STERILIZATION ACT (1942)

Five years following the 1937 amendment to the Sexual Sterilization Act, the program was expanded again to allow for the sterilization, with consent,<sup>120</sup> of any person who was suffering from neurosyphilis with deterioration not amounting to psychosis and was not responsive to treatment, epilepsy with psychosis or mental deterioration, or Huntington’s chorea.<sup>121</sup> If the Board believed that an individual suffering from Huntington’s chorea was a “psychotic person” they could arrange for their sterilization without consent, notwithstanding the provision of the 1937 amendment.<sup>122</sup>

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<sup>117</sup> Schoen, *Choice and Coercion*, p. 5.

<sup>118</sup> Kluchin, *Fit to Be Tied*, p. 9.

<sup>119</sup> Dyck, *Facing Eugenics*

<sup>120</sup> Consent was required from the patient if the Board deemed he or she capable of providing consent, if not, consent of the patient’s husband, wife, or the parent or guardian if the inmate is unmarried was required, or the Minister of Health, if the patient had none of the above.

<sup>121</sup> “An Act to amend The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1942, Chapter 48 (March 19, 1942): pp. 179-180.

<sup>122</sup> Although the 1937 amendment removed the need for consent in cases of mental deficiency, consent remained a requirement in cases where the individual was determined to be psychotic. “An Act to amend The Mental Defectives Act,” Statutes of the Province of Alberta, 1937, p. 179. “An Act to amend The Sexual Sterilization Act,” Statutes of the Province of Alberta, 1942, p.182.

Huntington's chorea had received the attention of eugenicists from an early date. In 1915 American eugenicist Charles Davenport director of the Cold Spring Harbor Laboratory in the United States and founder of the Eugenics Record Office, addressed the National Academy of Sciences of the United States on the disease, which was later published in the Academy's proceedings.<sup>123</sup> In his presentation Davenport described Huntington's chorea as being defined by "(1) persistent tremors of the head, appendages and trunk; (2) the onset of such tremors in middle or late life; (3) the progressive nature of the tremors; and (4) progressive mental deterioration."<sup>124</sup> Davenport, who was well known for his use of family studies, carried out a study of "four family complexes in eastern Long Island, south-western Connecticut, south-central Connecticut and eastern Massachusetts," and found nearly a thousand cases of Huntington's chorea, all of which originated from six or seven individuals.<sup>125</sup> He stated,

Among the 3000 odd relatives of the 962 choerics studied many nervous traits are recorded. Thus epilepsy is recorded 39 times, infantile convulsions 19 times, meningial inflammations and brain fever 51 times, hydrocephaly 41 times, feeblemindedness 73 times, Sydenham's chorea 11 times, and tics 9 times, mostly in one small family. This incidence, which would seen high for an unselected population, suggests that chorea occurred in families characterized by a general liability to nervous and mental troubles.<sup>126</sup>

He warned his audience that although it was clear that the 962 cases he identified originated from a half a dozen individuals, and that the disease was present in each generation with almost no break, there was no evidence to suggest that these individuals abstained from marriage.<sup>127</sup>

The inclusion of Huntington's chorea, along with neurosyphilis, and epilepsy represents a move back to biological considerations for psychological development, while continuing to account for the environmental factors to which the 1937 amendment responded. It is possible that

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<sup>123</sup> C. B. Davenport, "Huntington's Chorea in Relation to Heredity and Eugenics," *Proceedings of the National Academy of Sciences of the United States of America* 1, 5 (May 1915): pp. 283-285.

<sup>124</sup> Davenport, "Huntington's Chorea in Relation to Heredity and Eugenics, p. 283.

<sup>125</sup> Davenport, "Huntington's Chorea in Relation to Heredity and Eugenics, p. 283-284.

<sup>126</sup> Davenport, "Huntington's Chorea in Relation to Heredity and Eugenics, p. 284.

<sup>127</sup> Davenport, "Huntington's Chorea in Relation to Heredity and Eugenics, p. 285; See also Alexandra Minna Stern, *Telling Genes: The Story of Genetic Counseling in America* (Baltimore: Johns Hopkins University Press, 2012).

as other categories showed up in the psychiatric institutions and guidance clinics that there was pressure to include them within the sterilization program. The expanded categories nonetheless point to a desire to widen the program by including a broader set of diseases, regardless of solid scientific evidence regarding the hereditary nature of those disorders.

In her examination of the provincial Eugenics Board's case files and meeting minutes, sociologist Jana Grekul found that expansion remained a concern of the Board from the implementation of the legislation through to the 1950s. In the early 1950s, the Board sought to have the legislation amended once more to allow for the sterilization of individuals with hereditary deformities. Departmental authorities, however, found that it was not advisable to reopen the sterilization issue.<sup>128</sup> In the late 1950s, the Board again discussed the possibility of expanding the program, this time to allow for the sterilization individuals with the *potential* to develop Huntington's chorea with their consent.<sup>129</sup> It seems clear that despite its unpopularity, members of the Board maintained its social value.

In 1969, three years before the legislation was repealed by the Progressive Conservative government, K.G. McWhirter and J. Weijer published a critique of Alberta's program.<sup>130</sup> In their article, which is written from a genetic point of view, McWhirter and Weijer single out the inclusion of Huntington's chorea and epilepsy, under the 1942 amendment, as demonstrating the unscientific character of the program. For instance, when discussing Huntington's chorea they write,

Huntington's Chorea is a genetical condition of which the onset often occurs late in life (i.e., by the age of 40 the disease is manifest in only half the genetically susceptible individuals) and often the child of a parent who develops Huntington's Chorea will have passed his own reproductive period before he knows whether or not he is affected.

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<sup>128</sup> Grekul, *The Social Construction of the Feeble-minded Threat*, p. 174-175.

<sup>129</sup> Grekul, *The Social Construction of the Feeble-minded Threat*, p. 175.

<sup>130</sup> K.G. McWhirter, and J. Weijer, "The Alberta Sterilization Act: A Genetic Critique," *The University of Toronto Law Journal* 19:3 (Summer 1969): pp. 424-431.

Sterilization of persons suffering from Huntington's Chorea is therefore an exercise in futility.<sup>131</sup>

The late onset is perhaps why the Board discussed extending sterilization to individuals with the *potential* to develop Huntington's chorea, but continues to demonstrate how the Board saw itself as playing a preventative role.

Alberta's Sexual Sterilization Act and Mental Defectives Act had dramatic effects on the discourse of mental deficiency, and the surveillance over children and women. By setting in motion a deep connection between eugenics and welfare in the province, these policies served to engage a variety of professionals outside the formal setting of a psychiatric institution in monitoring and judging Albertan families. While scholars have concentrated on the removal of consent clause contained in the 1937 amendment, they have overlooked the ways in which the amendments to the sterilization program, in combination with the changes made to the mental defectives legislation, allowed the program to expand into the community. It is these changes that resulted in the legislation becoming the most aggressive sterilization program in Canada.

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<sup>131</sup> McWhirter, and Weijer, "The Alberta Sterilization Act," p. 429.

## CHAPTER TWO

### Politics of Women’s Bodies: the United Farm Women of Alberta, Public Health, and Eugenics

“With respect to the British Commonwealth of Nations, Alberta is the pioneer in legislation of this character, and to the Honorable George Hoadley and a group of active supporters – chiefly organizations of women – must be given the credit for the vision and courage that has placed this statute on the books of the province.”

- C.A. Baragar, Geo. A. Davidson, W.J. McAlister, and D.L. McCullough, 1935<sup>1</sup>

Beginning in 1996 the Famous Five Foundation, based in Calgary, Alberta, worked towards installing two identical statues commemorating the Famous Five, and celebrating the 70<sup>th</sup> anniversary of the “Persons” Case. The statues, which were installed in Calgary’s Olympic Plaza in 1999, and on Parliament Hill in Ottawa in 2000, depict the Famous Five, Nellie McClung, Irene Parlby, Henrietta Muir Edwards, Louise McKinney, and Emily Murphy celebrating their success. Murphy led the fight to have women recognized as Persons under the British North America Act, which made them eligible to be appointed to the Canadian Senate. Her statue pulls out a chair inviting onlookers to sit with them. The Foundation’s decision to commission these statues sparked a debate, and a great deal of outrage, amongst Canadians. The establishment of the Famous Five Foundation, and their efforts to erect these statues came in wake of the Leilani Muir trial, which had highlighted the involvement of Murphy and McClung in the history of eugenic sterilization, and led people to question whether the celebration of these women was appropriate given their eugenic views. Hal Joffe, a lawyer practicing in Calgary, wrote to the Calgary Herald expressing his disapproval of the statues:

It is one thing to forgive good people for sometimes doing bad things. But it is a more serious matter to select individuals for hero status or as role models and to erect statues in their honor. Murphy, McClung and McKinney – but especially Murphy – are not the types of examples that I would want my daughter to follow.

On the other hand, it is important to celebrate the victory in the Persons Case as the advancement of women’s issues in Canada. One way to do that would be to have a more representative number of women appointed to our Senate. Another appropriate way of reminding Canadians of this important milestone in our history is to create a unique monument on Parliament Hill, in Calgary and elsewhere designed to commemorate the case.

But it would be totally inappropriate if that monument contained a larger-than-life visage of Emily Murphy.

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<sup>1</sup> C.A. Baragar, Geo. A. Davidson, W.J. McAlister, and D.L. McCullough, “Sexual Sterilization: Four Years Experience in Alberta,” *American Journal of Psychiatry* 91, 2 (1935), p. 897.

It would be an affront to all – especially to those who have been affected by racism and eugenics, like many victims of Murphy’s mind and pen who are alive today. After reading her writings and hearing her words, can we believe that Emily Murphy would really have accepted as equals, or even held a chair for, women members of minority groups – women of color, native women, immigrant women, women with mental health issues or mental physical disabilities, women of different religions or lifestyles? Based on the historical record, not likely.<sup>2</sup>

Other editorials came to Murphy, and the other Famous Five’s defense, including one written by Paula Simons, which was published in *The Vancouver Sun*.<sup>3</sup> Simons article was based on interviews with a number of scholars, including historian Alvin Finkel, who argued that “[c]anadians have to accept their historic figures as the complex intriguing human beings they were.’ ‘What’s the point of creating icons?’ he asks. ‘You want to look at people with all their warts, or else they’re not worth studying. You want to know why things happened, not have some romantic vision.’” Cathy Cavanaugh, who has studied Irene Parlby extensively, told Simons that “‘taking Murphy’s name off buildings and parks is an easy, self-righteous way for people to distance themselves from Canada’s racist history. The unsought outcome is to make our history invisible. We’re saying, ‘We’re better than they were,’ that we’re not racist any more. And who among us can really say that?’” Kristy Harcourt, a writer and broadcaster in Edmonton specializing in gender issues, questioned why Murphy has received so much attention for her racism and eugenic beliefs, when many of her male contemporaries shared her views. Ian MacLaren, a Canadian studies professor at University of Alberta, stated “Yes, Murphy was a racist. [Humourist] Stephen Leacock was a racist, and so was [prime minister] John A. Macdonald. It would be more accurate to say, we’re racist today, too. We just front it differently.”<sup>4</sup>

The efforts to erase, or rewrite history in the wake of revelations regarding eugenic sexual sterilization in Canada have been gendered, focusing disproportionately on female rather than male eugenicists. The expectation that because of their feminism they should have been wise, and forward thinking, or perhaps caring, and moral enough to have dismissed what was a

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<sup>2</sup> Hal Joffe, “Flawed record follows revered Famous Five: [Final Edition] *Calgary Herald* [Calgary, Alta] (21 Feb 1996), J6; See also, Norm Greenfield, “Revising history for idols wrong: [Final Edition],” *Calgary Herald* (November 8, 1999): A17; Rob O’Flanagan, “Women are Persons Monument Sparks Controversy: Three of the Famous Five have darker side: [Final Edition],” *Sudbury Star* [Sudbury, Ontario] (October 23, 2000): A2.

<sup>3</sup> Paula Simons, “Getting unpersonal: Is it a Stalinist conceit to banish Emily Murphy from the elect of Canadian history because she was a white woman of her times – because she was a racist?: [Final Edition], *The Vancouver Sun* [Vancouver, B.C] (June 10, 1998): A15.

<sup>4</sup> Simons, “Getting unpersonal.”



socially and scientifically significant movement is problematic. As Kristy Harcourt and others have highlighted, men do not seem to be held to the same standards as women. The Social Credit Minister of Health, and for a period of time Minister of Public Welfare, Dr. W.W. Cross was responsible for introducing the 1937 amendment to the sexual sterilization program, stating “only ten years ago there were three hundred hopeless mental defectives in Alberta and now there are three thousand of which eighty percent could be traced to the original three hundred.”<sup>5</sup> Cross, like Murphy and the other Famous Five, is a complicated historical figure. In addition to his support for eugenic sterilization, he was also an advocate for cancer research, which resulted in the Cross Clinic in Edmonton being named in his honour in 1968.<sup>6</sup> The Cross Clinic is still in operation, and does not appear to have ever come under the same criticism as tributes to Murphy, McClung, and other members of the Famous Five.<sup>7</sup>

Following the Muir trial the Famous Five, but particularly Murphy and McClung, have been criticized as often as they have been heralded for their contributions to Canadian history. Their eugenic beliefs have often been looked at as being disconnected from their feminism, or as outweighing their political gains. Although often perceived as incompatible, Canadian scholars including Janice Fiamengo, Cecily Devereux and Sheila Gibbons have connected the eugenic views of early twentieth century feminists, particularly members of the Famous Five, to their political agenda, which was informed by their nationalism, and support for privileged motherhood.<sup>8</sup> Fiamengo, focusing on Nellie McClung, argues that by drawing on the concept, and “ethical power,” of motherhood, particularly women’s ability to form responsible opinions, their empathy,

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<sup>5</sup> *Edmonton Bulletin*, April 1st, 1937; Timothy J. Christian, “The Mentally Ill and Human Rights in Alberta: Study of the Alberta Sexual Sterilization Act” (Honours Thesis, University of Alberta, 1974), p. 26.

<sup>6</sup> “October 3, 1968: Cross Cancer Institute Opens” *Edmonton Journal* (October 2, 2012), <http://www2.canada.com/edmontonjournal/news/story.html?id=1770b40d-cdfa-4472-9318-db078862ea29>

<sup>7</sup> One exception to this is John MacEachran, the Chair of the Eugenics Board from 1928-1965. The University of Alberta changed the name of an award given in MacEachran’s name following the Muir trial. See Doug Wahlsten’s article, Douglas Wahlsten, “Leilani Muir versus the Philosopher King: Eugenics on Trial in Alberta,” *Genetica* 99, no. 2-3 (1997): 185–98.

<sup>8</sup> Janice Fiamengo, “A Legacy of Ambivalence: Responses to Nellie McClung,” *Journal of Canadian Studies* vol. 34, 4 (Winter 1999/2000): 70-87; Cecily Devereux, *Growing a Race: Nellie L. McClung and the Fiction of Eugenic Feminism* (Montreal & Kingston, ON: McGill-Queen’s University Press, 2006); Sheila Gibbons, “‘Our Power to Remodel Civilization’: The Development of Eugenic Feminism in Alberta, 1909-1921,” *CBMH/BCM* 31, 1 (2014): pp. 99-122; See also Sheila Gibbons, “‘The True [Political] Mothers of Tomorrow’: Eugenics and Feminism in Alberta” (master’s thesis, University of Saskatchewan, 2012); Erin L. Moss, Henderikus J. Stam, and Diane Kattevilder, “From Suffrage to Sterilization: Eugenics and the Women’s Movement in 20<sup>th</sup> Century Alberta,” *Canadian Psychology* 54, 2 (2013): pp. 105-114; Angeliq Richardon, *Love and Eugenics in the Late Nineteenth Century* (Oxford: Oxford University Press, 2003); M. Ziegler, “Eugenic feminism: Mental hygiene, the women’s movement, and the campaign for eugenic legal reform, 1900–1935,” *Harvard Journal of Law and Gender*, 31, (2008), pp. 211–235.

and moral rectitude, McClung was able to provide women, even non-Anglo Canadians, with the right to fully participate in public affairs.<sup>9</sup> McClung, according to Fiamengo, strategically used a fluid definition of motherhood to forward her political interests. She writes, “[m]oreover, because McClung’s references to motherhood were often literal and metaphorical at the same time – or slid from one to another – she was able to justify quite radical departures from conventional behaviour for women, including their decision not to become mothers or to work outside the home, on the basis of their crucial service to the social family.”<sup>10</sup> However, she argues that McClung’s conception of motherhood, and emphasis on the family as the foundation of society, although it was able to secure a variety of rights for women, depended on a non-mother, and as a result, almost inevitably drew on eugenic discourse.<sup>11</sup> The non-mother, or the wayward woman was constructed as being in need of saving by those drawing on maternalist sentiment.

Also, focusing on McClung, Devereux argues that it is important to consider how her ideas, and those of her peers, were intended to promote the “greatest social good.” According to Devereux, McClung viewed controlling reproduction as “crucial to liberating women, improving social conditions, protecting what seemed to her to be weaker or needier members of society, and maintaining national economic strength in what was imagined, if never actually realized, as a community organized around principles of ‘common good.’”<sup>12</sup> She argues that “[e]ugenics was not for her and her contemporaries a ‘bad’ measure adopted for a ‘good’ end but a spectrum of ‘solutions’ to perceived problems in the national community.”<sup>13</sup> As was common of early twentieth century feminists, McClung was concerned less with individual rights, than with the “family as the representative unit of the national community and the mother as the centre of that unit and that community. Reproduction was to be controlled for the strengthening of the family and for the betterment of the nation understood as the political and territorial locus of the ‘race.’”<sup>14</sup> These scholars have demonstrated that these women are complex historical figures, and at the same time the issue of eugenics occupied a complicated space in Canadian politics and culture.<sup>15</sup> It is not

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<sup>9</sup> Fiamengo, “A Legacy of Ambivalence,” p. 76.

<sup>10</sup> Fiamengo, “A Legacy of Ambivalence,” p. 76-77.

<sup>11</sup> Fiamengo, “A Legacy of Ambivalence,” p. p. 78.

<sup>12</sup> Devereux, *Growing a Race*, p. 12.

<sup>13</sup> Devereux, *Growing a Race*, p. 12.

<sup>14</sup> Devereux, *Growing a Race*, p. 13.

<sup>15</sup> Scholars studying early twentieth century feminists have disagreed over whether they were progressive, or conservative, as well as whether they were able to control and use language for their own political ends, or whether they were unconsciously subjected to and by the language they used. Scholars have debated whether their use of motherhood was strategic, or a belief, and whether maternal feminism is even feminist. Carol Lee Bacchi, focusing

sufficient to recognize it has inherently good or bad, but rather to untangle it as it related to contemporary feminism and nationalism.

Scholarship on the United Farm Women of Alberta (UFWA), and the Alberta eugenics program has received much less attention from scholars, despite many of the Famous Five having connections to the organization, and it being largely credited with designing the province's Sexual Sterilization Act. As part of her wider study on eugenic feminism in Alberta, Sheila Gibbons places efforts to legislate eugenics within the framework of agrarian feminism, arguing that organized farm women offered a radical maternalism, which explained their combined interests in political reform and feminism.<sup>16</sup> She situates their support for eugenics within their larger political goals, arguing that early twentieth century feminism was not simply about securing the vote, but rather, was focused on larger issues related to social welfare, nation building and family. By bringing eugenics and early feminism into conversation with one another, these scholars have demonstrated that they are not in fact disparate ideologies, but rather eugenic thought was in line with the beliefs of early twentieth century feminists, who sought to secure a community based on common good, and where motherhood was elevated to a position of responsibility in securing that common good.

This chapter focuses specifically on the UFWA and the Alberta Federation of Women's Organizations, and their participation in advancing political resolutions regarding mental health,

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specifically on the suffrage movement, was one of the first historians to be critical of suffragists, highlighting their failure to completely liberate themselves, and to challenge traditional gender roles. She argued that these women were part of the conservative elite and were concerned with maintaining their own socio-economic position, viewing the vote as a way to being about select reforms that allowed them to do so. Other scholars, namely Mariana Valverde and Ernest Forbes have focused language to evaluate the contributions of these women, a historiographical trend which Janice Fiamengo traces in her work *The Woman's Page*. Looking at six women, and the public personas they constructed for themselves, Fiamengo contributes to this debate by situating herself between Valverde's suggestion that these women were both controlled and unaware of the operations of the language they employed, and Forbes suggestion that these women used language strategically. She reminds her readers that we should "neither impose a false uniformity" nor should we "underestimate speakers' and writers' sophistication and agility." Janice Fiamengo, *The Woman's Page: Journalism and Rhetoric in Early Canada* (Toronto: University of Toronto Press, 2008), p.11. Historian Veronica Strong Boag, in reflecting on her view of early twentieth century feminists over the course of her career, suggests that in addition to studying their limitations scholars must also think about what it meant to challenge any aspect of the gendered status quo. Even if conservative by our stand point, she reminds us that it is important to recognize that these women struggled for greater equality, even if what this meant to them was problematic, and that they did not give up while doing so. Veronica Strong-Boag, "Taking Stock of Suffragists: Personal Reflections on Feminist Appraisals," *Journal of the Canadian Historical Association* 21, 2 (2010), p.76-89. See also Mariana Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada, 1885-1925* (Toronto: Oxford University Press, 1991); Ernest Forbes, "The Ideas of Carol Bacchi and the Suffragists of Halifax," *Atlantis* 10, 2 (Spring 1985), pp. 119-126.

<sup>16</sup> Gibbons, "'Our Power to Remodel Civilization.'" Sheila also builds upon Georgina Taylor's work on Violet McNaughton who explores similar themes. See Georgina Taylor, "Ground for Common Action: Violet McNaughton's Agrarian Feminism and the Origins of the Farm Women's Movement in Canada" (PhD diss., Carleton University, 1997).

eugenics and birth control. The Women's Auxiliary, as it was initially called, was established in 1915. At their first meeting they changed their name to the UFWA to reflect their belief that they were an integral part of the farm movement, rather than simply an auxiliary. Although the United Farmers of Alberta (UFA) "did not grant women equality in the organization," according to historian Bradford James Rennie, they did support the UFWA agenda, forwarding many of the UFWA's resolutions to the Liberal government. Following the UFA's electoral victory in 1921, the party relied on many UFWA ideas for the basis of new pieces of legislation, particularly in the areas of public health, welfare and education.<sup>17</sup> The UFWA's president eventually became a member of the UFA executive, and the UFWA executive formed part of the UFA board.<sup>18</sup>

In his work, Rennie describes the UFA/UFWA movement culture as one that was influenced by both radical and liberal ideology. Initially an agrarian movement, before becoming a political party, the UFA/UFWA's membership included Alberta radicals, who drew on British and North American radical traditions. Their belief in the labour theory of value, "that labour creates and should retain all value," motivated them to call for a farmer-labour political alliance, with the goal of redistributing wealth through monetary reform and state ownership.<sup>19</sup> The radical members of the UFA/UFWA, as Rennie observes, were stronger activists for civil and women's rights than the organization's ideological liberal members, and although the latter group were more numerous, radical members, both men and women, "sustained a vibrant radical ideology that influenced the whole movement."<sup>20</sup> The liberal UFA/UFWA members, according to Rennie, had more faith in "the benefits of truly competitive capitalism," and "supported state interventionism and ownership, where necessary, to ensure equality of opportunity and greater equality of condition."<sup>21</sup> These dual influences contributed to their support for policies centered on women, and gender equality. Their class, able-bodied, racial, and ethnic identity, however, influenced their conception of equality. These influences also led the UFA and the UFWA to support state intervention to improve the health and welfare of Albertans. Rennie and others have argued that their belief in state intervention stemmed in part from the Canadian government's

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<sup>17</sup> Bradford Rennie, *The Rise of Agrarian Democracy: The United Farmers and Farm Women of Alberta, 1909-1921* (Toronto: University of Toronto Press, 2000), p. 112-113, and 116.

<sup>18</sup> Rennie, *The Rise of Agrarian Democracy*, p. 112.

<sup>19</sup> Rennie, *The Rise of Agrarian Democracy*, p. 10.

<sup>20</sup> Rennie, *The Rise of Agrarian Democracy*, p. 10.

<sup>21</sup> Rennie, *The Rise of Agrarian Democracy*, p. 10-11.

handling of war production during the First World War, and the wheat market. It also places the party within a broader progressive tradition.<sup>22</sup>

The UFA was in power from 1921 to 1935, during which time the UFWA took the lead on shaping education, health and social welfare policies, including the initial sexual sterilization legislation. The UFWA Health Convener, Jean Field, who was responsible for crafting the resolution that came to form the basis of the legislation, was appointed as a member of the Eugenics Board, a position she held from 1928-1937, 1938-1945, and 1947-1949. The UFWA continued to lobby for the expansion of the eugenics program even after the UFA lost to the Social Credit party in the 1935 provincial election, indicating its recognition of the significance of this program for the province.

This chapter builds off of the earlier literature on eugenics and the UFA/UFWA by looking at the UFWA's support for eugenics through a public health perspective, demonstrating that eugenics was part of their overall effort to promote social improvement through state policies. Much of the literature on the early twentieth century feminists who lent their support to eugenic measures has focused on race, and eugenics as a racist ideology, one that was introduced in response to an influx of immigrants, and in later decades targeted Aboriginal and Métis persons.<sup>23</sup> This is also true of many of the editorials written in response to the statues commissioned by the Famous Five Foundation. Looking at this relationship through the lens of public health, and recognizing that eugenics was in fact a public health measure, moves the analysis beyond race and brings class, gender, sexuality, and disability, into focus. Many of the policies that the organization lobbied for created and reinforced the dualities of normality versus abnormality, healthy versus unhealthy, fit versus unfit, and intelligent versus defective. This was true of not only Alberta's eugenic sterilization legislation, but also many of the policies that the UFWA fought for in the name of protecting health, intelligence, and wealth of the province's families.

The UFWA had intimate connections to the individuals who would become known as the Famous Five. Irene Parlby served as the first UFWA president, and, from 1921 to 1935, as a minister without portfolio in the UFA government. Emily Murphy, and Louise McKinney were guest speakers at the UFWA conventions, and Henrietta Muir Edwards attended some conventions

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<sup>22</sup> Rennie, *The Rise of Agrarian Democracy*, p. 123.

<sup>23</sup> See Erika Dyck, *Facing Eugenics: Sterilization, Reproduction and the Politics of Choice* (Toronto: University of Toronto Press, 2013).

as a representative of the National Council of Women. As a feminist organization, the UFWA lobbied for measures to protect Albertans, and particularly women and children, by providing the province's largely rural population with access to health, education and welfare services, and by promoting equality between men and women, which was influenced by their own sense of class solidarity, and racial, ethnic, able-bodied, sexual identity.

Health related legislation accounted for many of the UFWA achievements, and the majority of their resolutions. The significant number of casualties from the First World War highlighted for the UFWA, and others, the need to protect Canadian lives. The UFWA, along with the UFA and rural municipalities, developed a plan for districts to establish hospitals that could be funded by local taxes. In 1917 the provincial Liberal government introduced legislation based on this plan, and hospitals were soon established. The UFWA also lobbied the provincial government for rural medical inspections, a provincial health department, a district nursing service, and a short course in nursing, as well as higher hospital grants, limit on medical fees, state-funded doctors for rural districts, and enforcement of quarantines.<sup>24</sup> Although many of the health policies called for by the UFWA and UFA were legislated to some degree, Rennie argues that many farmers were not satisfied, believing that the lack of medical and nursing services in rural Alberta demonstrated that 'the state under our present political system will only creep along as public opinion and political expediency permit.'<sup>25</sup> His work contrasts the late twentieth century image of Albertan politics as chiefly laissez-faire, and instead reinforces the degree to which Albertans, like their prairie counterparts, were deeply affected by poor economic conditions or destabilized social circumstances during and after the First World War. They too sought state intervention and collective action as a means of redistributing resources and building stronger communities.<sup>26</sup>

The UFWA's particular focus on women and children was tied up in their own nationalist and maternalist belief in the importance of women as mothers, and children as the future. Moreover, it stemmed from their desire to address the province's high infant and maternal mortality rates, which they believed resulted from isolated childbirth in underserved regions. Their efforts to promote child and maternal welfare through public health policies focused on both physical and mental health, the latter of which affected any Canadian family with

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<sup>24</sup> Rennie, *The Rise of Agrarian Democracy*, p. 119, and 191.

<sup>25</sup> Rennie, *The Rise of Agrarian Democracy*, p. 191.

<sup>26</sup> Rennie, *The Rise of Agrarian Democracy*; See also, Alvin Finkel, *The Social Credit Phenomenon in Alberta* (Toronto: University of Toronto Press, 1989); David Laycock, *Populism and Democratic Thought in the Canadian Prairies, 1910-1945* (Toronto: University of Toronto Press, 1990).

insufficient information about their hereditary backgrounds. It also included protecting the public from social ills, including the effects of drugs, and alcohol, prostitution, venereal disease, and delinquency, which were issues that were medicalized during this period and commonly viewed, or constructed as symptoms of mental illness. As a result, the UFWA turned to eugenic measures, including demands for marriage certificates, and eugenic sterilization, to reduce the coupling of poor genetic stock from reproducing.

From its beginning the province's eugenics program was administered through the Alberta Department of Public Health, and was intended to prevent the "spread" of mental illness, specifically insanity and mental deficiency, and associated ills, in addition to cutting the costs tied to institutionalization. These programs supported a very narrow vision of what the healthy Canadian family looked like, which was based on gendered social roles, sexuality, class, race, ethnicity, religion, and disability.

In lobbying for public health initiatives, the UFWA brought motherhood and childhood under the lens of medicine and science, elevating the family, and the home. The UFWA brought public health services to mothers, who were often in remote areas of the province, and in doing so reinforced the medicalization of women, and maternity, while also bringing their own form of motherhood to public health. They supported the professionalization, and the monopoly of medicine by physicians, and nurses, as well as teachers, and social workers in the province by discrediting competing professions, calling for their expansion, better working conditions, and demanding access to advanced training, including obstetrical training for public health nurses. Their alliance with social welfare experts is reflective of the brand of maternalism that they embraced, which was rooted in science.

Through their efforts to provide women with access to the knowledge of these experts, the UFWA promoted scientific motherhood, which scholars have defined as the movement towards the responsibilities and duties of motherhood being defined in medical terms.<sup>27</sup> Scientific motherhood was perceived positively by many women, and as scholars have demonstrated, women called for access to expert information, pre and post-natal maternity clinics, and infant and child welfare clinics, which they used to reaffirm their own parenting, and to define themselves as "good" mothers. In constructing the good, healthy, and intelligent

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<sup>27</sup> See Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Jersey: Rutgers University Press, 2006).

mother, public health measures and the medicalization process to which they were central, also constructed the bad, unhealthy, and defective mother as someone requiring medical and expert intervention. Thus, by encouraging the medicalization of motherhood from conception through to child rearing, the public health initiatives lobbied for by the UFWA reinforced women's double-edged existence.

Whereas much of the secondary literature on feminism and eugenic sterilization focuses on the opening decades of the twentieth century, this chapter brings the UFWA's support for eugenic sterilization forward, and through looking at it as a public health measure, reveals the continuity between their earlier lobbying efforts for eugenic sterilization legislation, their continued support for the program through both the 1937 and 1942 amendments, and their efforts to secure access to birth control information for those who desire it, alongside birth control for those for whom it was thought to be advisable. The eugenic sterilization program was not simply a piece of legislation for the UFWA, rather members viewed it as central securing the access to health care, quality education, and reproductive control for a specific, privileged segment of the province's population.

#### MEDICALIZATION OF MOTHERHOOD

Over the course of the opening decades of the twentieth century in Canada, childbirth was for the most part transferred from the home to the hospital, and mothers were told to rely on expert knowledge for the sake of their children. This medicalization process was motivated by professional interests, and by the high infant and maternal mortality rates across Canada, which became politicized, and served to fuel concerns about racial degeneration, and the overall health of Canadian women and children more generally. During the early 1920s, the number of maternal deaths per year in Canada was second only to deaths resulting from tuberculosis.<sup>28</sup> These statistics prompted public health pioneer Dr. Helen MacMurchy's 1926 report on "Maternal Mortality in Canada."<sup>29</sup> MacMurchy undertook the study in her capacity as Chief of the Federal Division of Maternal and Child Welfare, Department of Health. With respect to Alberta, MacMurchy reported that the province had the highest maternal mortality rate per 1,000

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<sup>28</sup> Helen MacMurchy, *Maternal Mortality in Canada: Report of enquiry made by the Department of Health, Division of Child Welfare* (Department of Health, Canada, 1926), p. 10.

<sup>29</sup> MacMurchy, *Maternal Mortality in Canada*.



births in 1921 and 1922. Although the rates improved, largely due to public health initiatives put in place by the UFWA, Alberta continued to have a high maternal mortality rate, claiming the fourth highest rate in 1924, and the third highest in 1923 and 1925.<sup>30</sup>

MacMurchy's report emphasized the importance of pre-natal care, noting that in a vast majority of maternal mortality cases no pre-natal care had been received. In cases where pre-natal care had been received, MacMurchy argued that it was often not effective because the "mother did not follow instruction," or because she visited the doctor only one or twice at the beginning of pregnancy.<sup>31</sup> MacMurchy's findings reflected other North American surveys at that time. For instance, the Massachusetts Department of Health, Division of Hygiene had found that pre-natal care was obtained in only in eleven percent of 984 maternal mortality cases studied.<sup>32</sup> Pre-natal care, according to MacMurchy, safeguarded the life of not only the mother, but also the child.<sup>33</sup> The "infant soldier," she wrote, met "his death at the opening of the battle of life because of ante-natal or natal conditions, not because of his inherent unfitness but because of our unfitness to take care of his mother and him. Take care of the mother and she will take care of the baby."<sup>34</sup> MacMurchy's views matched those of her contemporaries in Alberta, who elevated the needs of the mother in securing the health of children and by extension the nation.

MacMurchy played an important role in politicizing the need for health reform, particularly with respect to infant and maternal health.<sup>35</sup> During her time as Chief of the federal Division of Maternal and Child Welfare she wrote the Blue Books, which were a series of manuals published by the federal government on a variety of topics, including, but not limited to, pre- and postnatal care, childbirth, cooking, cleaning, and nutrition.<sup>36</sup> As historian Diane Dodd argues, "the Blue Books represent the first indication of federal government responsibility for the health of Canadians."<sup>37</sup> Historian Angus McLaren has argued MacMurchy's work championed the professional interests of the medical profession.<sup>38</sup> MacMurchy, herself a medical practitioner,

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<sup>30</sup> MacMurchy, *Maternal Mortality in Canada*, p. 44.

<sup>31</sup> MacMurchy, *Maternal Mortality in Canada*, p. 10.

<sup>32</sup> MacMurchy, *Maternal Mortality in Canada*, p. 10.

<sup>33</sup> MacMurchy, *Maternal Mortality in Canada*, p. 11.

<sup>34</sup> MacMurchy, *Maternal Mortality in Canada*, p. 5.

<sup>35</sup> Diane Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," *Canadian Bulletin of Medical History* 8 (1991), p. 204.

<sup>36</sup> Dodd, "Advice to Parents," p. 206.

<sup>37</sup> Dodd, "Advice to Parents," p. 205.

<sup>38</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart Inc., 1990), p. 35.

called for the implementation of public health measures across the country, arguing that they were critical to the health of Canadians. These measures, which included pre- and post-natal clinics, were central to the process of medicalizing motherhood, and of Canadians more generally.<sup>39</sup>

Prior to her position with the federal Department of Health, MacMurchy served as Ontario's Special Inspector of the Feebleminded from 1906-1919.<sup>40</sup> Her later writings on infant and maternal health were informed by this experience, and by her support for eugenic thought, and particularly her belief, as McLaren explains, "that personal inadequacies underlay much of the ill health of the nation."<sup>41</sup> Her work on maternal mortality, including her 1928 report titled *Maternal Mortality in Canada*, blamed maternal deaths not only on inadequate services, but also largely on the "ignorant" favouring of midwives over doctors, and the decision of some mothers not to follow expert advice.<sup>42</sup> Similarly, she also blamed ignorant mothers for the high infant mortality rates in Canada.<sup>43</sup>

MacMurchy's work highlights the connections between public health efforts aimed at women and children, or, more specifically the medicalization process, and eugenic sentiments. She and many of her contemporaries constructed certain women as ignorant, and others still as incapable of being educated in proper childrearing advice, or of having a healthy child, due to hereditary predispositions such as mental deficiency. The medicalization process served to establish normality and abnormality as categories for women to be placed in according to their perceived ability to properly care for their children according to the standards established by medical experts.

A number of scholars have demonstrated that rather than the medicalization of motherhood simply involving the medical profession, and the state exerting control over women's bodies, in many cases women supported the process, trusting in the objectivity, and healing power of medical science.<sup>44</sup> Historian Jacqueline Wolf, for instance, argues that

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<sup>39</sup> Denyse Baillargeon, *Babies for the Nation: The Medicalization of Motherhood in Quebec, 1910-1970*, trans. Donald Wilson (Waterloo: Wilfrid Laurier Press, 2009), p. 11.

<sup>40</sup> McLaren, *Our Own Master Race*, p. 30

<sup>41</sup> McLaren, *Our Own Master Race*, p. 44.

<sup>42</sup> McLaren, *Our Own Master Race*, p.33.

<sup>43</sup> McLaren, *Our Own Master Race*, p.31.

<sup>44</sup> Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002), p. 6-7; See also Baillargeon, *Babies for the Nation*; Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Jersey: Rutgers University Press, 2006); Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto, 1991).

“women’s desire for obstetric anesthesia allowed physicians to shape birth practices long before hospital births became the norm.”<sup>45</sup> However, gendered social norms dictated the physician’s role in relation to his patients. As Wolf observes, “women relied on (male) physicians to determine one of the most elementary aspects of treatment during labor, estimating when the most painful moment in childbirth occurred, something only women were in a logical position to determine.”<sup>46</sup> Wolf argues that “[w]omen’s and physicians’ views and use of obstetric anesthesia have been... closely allied with contemporary cultural perceptions of the ideal woman and her appropriate role in society.”<sup>47</sup> The female body was constructed as problematic, in that it is different from the normal male body, and thus as something to be managed.<sup>48</sup>

As women’s bodies became increasingly medicalized, and understood in relation to their reproductive abilities, so too did their child rearing.<sup>49</sup> Historian Rima Apple, in her history of scientific motherhood in America, argues that during the twentieth century “instinct and tradition in childrearing were replaced by all-important medical and scientific advice.”<sup>50</sup> Parents, specifically mothers, now required the knowledge of “experts” to raise healthy, moral children, and ultimately to be “good,” “fit” mothers.<sup>51</sup> Women turned to medical science for child-rearing advice, allowing and often encouraging experts to “intervene in their daily lives, to such an extent that even everyday childrearing tasks, such as bathing and dressing, became medicalized.”<sup>52</sup> They did so in an order to confirm that they were in fact raising their children in the best way possible – a manner that was defined through science, not instinct—and that they were good mothers. This process resulted in women being held individually responsible for their children’s health, and intelligence, as well as their behavioural, and emotional problems, particularly when they neglected, or refused to follow the instructions of medical and scientific

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<sup>45</sup> Jacqueline Wolf, *Deliver me from Pain: Anesthesia and Birth in America* (Baltimore: Johns Hopkins Press, 2009).

<sup>46</sup> Wolf, *Deliver me from Pain*, p. 9.

<sup>47</sup> Wolf, *Deliver me from Pain*, p. 8.

<sup>48</sup> See Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-Century America* (Baltimore: Johns Hopkins, 2009); Mitchinson, *Giving Birth in Canada*; Mitchinson, *The Nature of Their Bodies*.

<sup>49</sup> Apple, *Perfect Motherhood*; Baillargeon, *Babies for the Nation*; Cynthia R. Comacchio, “Nations are Built of Babies:” *Saving Ontario’s Mothers and Children, 1900-1940* (McGill-Queen’s University Press: Montreal and Kingston, 1993); Norah L. Lewis, “Creating the Little Machine: Child Rearing in British Columbia, 1919-1939,” *BC Studies* 56 (1982-83), pp. 44-60; Veronica Strong-Boag, “Intruders in the Nursery: Childcare Professionals Reshape the Years One to Five, 1920-1940”, in *Childhood and Family in Canadian History*, ed. Joy Parr (Toronto: McClelland and Stewart Limited, 1982); Dodd, “Advice to Parents.”

<sup>50</sup> Apple, *Perfect Motherhood*, p. 2.

<sup>51</sup> Apple, *Perfect Motherhood*, p. 2.

<sup>52</sup> Apple, *Perfect Motherhood*, p. 2

experts, or to make use of the health services available to them, free, or not.<sup>53</sup> MacMurphy's report on maternal mortality is a reflection of this sentiment.

The rise of scientific motherhood thus served to create categories of good and bad motherhood, the latter of which centered on individual weaknesses. In the introduction to their collection titled "*Bad Mothers*," Molly Ladd-Taylor and Lauri Umansky observe that "[t]hroughout the twentieth century, the label of 'bad' mother has been applied to far more women than those whose actions would warrant the name. By virtue of race, class, age, marital status, sexual orientation, and number other factors, millions of mothers throughout the western world have been deemed substandard."<sup>54</sup> American historian Wendy Kline, in her study of motherhood and eugenics, argues that eugenicists promoted two opposing models of womanhood, the "mother of tomorrow," or the good mother, and the "moron," or the bad mother. "The mother of tomorrow represented the procreative potential of white middle-class womanhood, while the moron symbolized the danger of female sexuality unleashed."<sup>55</sup> The view of womanhood held by eugenicists was therefore "double-edged," it depicted women as responsible for both racial progress, and racial destruction.<sup>56</sup> Ladd-Taylor has argued that "[t]he image of the 'good' mother provided the impetus for constructing a welfare system which protected women and children; unfortunately, the contrasting image of the 'bad' mother, exemplified today in the icon of the black welfare recipient, has had the more lasting effect on American social politics."<sup>57</sup>

The ideal of the good motherhood, or the mother of tomorrow, was promoted at better baby contests across North America.<sup>58</sup> Historian Gerald Thomson has examined the Better Baby Contest hosted by the Local Councils of Women in Vancouver and New Westminster, British

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<sup>53</sup> Baillargeon, *Babies for the Nation*, p. 4; See Comacchio, "*Nations are Built of Babies*."

<sup>54</sup> Molly Ladd-Taylor and Lauri Umansky, "Introduction," in "*Bad Mothers: The Politics of Blame in Twentieth-Century America*," Molly Ladd-Taylor and Lauri Umansky, eds. 1-28 (New York: New York University Press, 1998), p. 2.

<sup>55</sup> Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (California, University of California Press, 2005), 3.

<sup>56</sup> Kline, *Building a Better Race*, p. 3.

<sup>57</sup> Molly Ladd-Taylor, "Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States," *Social Politics* 4, 1 (1997), p. 139.

<sup>58</sup> See also Mariana Valverde, "Families, private property, and the state: The Dionnes and the Toronto Stork Derby," *Journal of Canadian Studies* 29, 4 (Winter 94/95), pp. 15-35.

Columbia.<sup>59</sup> The first such contest took place in Vancouver in 1913 and was publicized as an effort to increase interest in scientific methods of raising children and to promote child health. Initially, it was referred to as a “beauty contest,” with judging focusing on superficialities, however beginning in 1915 the contests became far more scientific with the adoption of the *Woman’s Home Companion’s* standardized rules and the “Better-Babies Standard Score-Card,” which were accepted throughout Canada and the United States.<sup>60</sup> Thomson links the better baby contests to the early eugenics movement, including the role of women in advancing the quality of the Anglo-Canadian race.<sup>61</sup> The contests were held as part of agricultural fairs, and as such, associated human breeding with animal husbandry, both of which were to be treated scientifically.<sup>62</sup> Thompson observes that better baby contests taught mothers and the public to evaluate their children in a scientific manner,<sup>63</sup> which was encouraged particularly by the score card, which the mothers were sent home with, along with advice literature.<sup>64</sup> The contests served to showcase what the ideal childhood, and by extension motherhood looked like.

Public health, and the accompanying medicalization of motherhood promoted a dual image of women, both of which centered on her ability to give birth to, and raise healthy, fit, intelligent children. The medicalization process justified medical and scientific intervention into the lives of all Canadians, but particularly those who were not meeting, or refusing to comply with the standards set before them by a variety of experts. This process thus defined normality, and by extension abnormality, the latter of which had the potential to threaten the health and stability of Canadian families, and therefore became a public health concern, and something to be managed through a variety of initiatives. Those interventions soon took form as eugenic sterilization, immigration restriction, marriage certificates, institutionalization, and committal to government wardship.

## THE UFWA, PUBLIC HEALTH, AND SEXUAL STERILIZATION

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<sup>59</sup> Gerald E. Thomson, “‘A Baby Show Means Work in the Hardest Sense’: The Better Baby Contests of the Vancouver and New Westminster Local Councils of Women, 1913-1929,” *BC Studies* 128 (Winter 2000/2001): pp. 5-36.

<sup>60</sup> Thomson, “‘A Baby Show Means Work in the Hardest Sense,’” p. 19.

<sup>61</sup> Thomson, “‘A Baby Show Means Work in the Hardest Sense,’” p. 6.

<sup>62</sup> Thomson, “‘A Baby Show Means Work in the Hardest Sense,’” p. 15.

<sup>63</sup> Thomson, “‘A Baby Show Means Work in the Hardest Sense,’” p. 22.

<sup>64</sup> Thomson, “‘A Baby Show Means Work in the Hardest Sense,’” p. 29-30.

The UFWA played a significant role in delivering motherhood and childhood into the hands of health professionals. Prior to MacMurchy's report, the UFWA had lobbied for, and succeeded in securing, a district nursing service "to the end that the settlement and development of these [rural] sections will not be retarded through fear on the part of prospective settlers that their families will suffer through lack of medical aid."<sup>65</sup> In an effort to provide assistance to women experiencing frequent childbirth in isolated conditions, the UFWA later lobbied for the obstetrical training of the province's public health nurses. Their efforts were successful, and in 1920 Alberta became the first province to send registered graduate nurses with obstetrical training to districts throughout the province that lacked doctors.

Over the next decade they continued to lobby for public health interventions, including the expansion of the district nursing service.<sup>66</sup> Alongside these efforts the UFWA also developed plans for sexual sterilization legislation.

In 1922 the UFWA board decided that two of its members, R. Price, and R.B. Gunn would form a committee to "draft a resolution re the method of handling the question of the increase of mentally defectives."<sup>67</sup> The committee decided that sexual sterilization would be a useful method in this regard, and the following year the UFWA re-affirmed its approval of a sterilization law for individuals determined to be feeble-minded.<sup>68</sup> The UFWA assigned the matter of drafting a resolution to the Convener of Health, Jean Field, the Convener of Education, R.B. Gunn, the Convener of Immigration, R. Price, and the Convener of Social Service E. Hallum.<sup>69</sup> In 1925 a resolution regarding sexual sterilization was carried, which stated, "[be it] [r]esolved that in view of the alarming increase in the mentally deficient the danger thereof to the population and the cost to the state, that sterilization be compulsory by law, as a means of stopping the mentally deficient from reproducing their kind."<sup>70</sup> Two years later, Field introduced a far more extensive resolution regarding sexual sterilization to the UFA convention, which read,

'Whereas, heredity plays a most important part in the transmission of insanity and all grades of feeble-mindedness, and,

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<sup>65</sup> Minutes of the United Farm Women of Alberta, (December, 1918), p. 24, United Farmers of Alberta Fonds, Series 4, Micro-ufwa, Glenbow Museum and Archives, Calgary (hereafter cited as Minutes, UFWA).

<sup>66</sup> Minutes, UFWA (1934), n.p., document p. 10.

<sup>67</sup> Minutes, UFWA (1922), p. 78.

<sup>68</sup> Minutes, UFWA (1923), p. 84.

<sup>69</sup> Minutes, UFWA (1923), p. 85.

<sup>70</sup> Minutes, UFWA (1925), p. 132.

Whereas, under certain conditions many feeble-minded and many intermittently deranged persons could, with safety to themselves and without menace to the public, be permitted their freedom:

Therefore be it resolved by the United Farm Women of Alberta in Convention assembled, that we respectfully ask the Government of the Province of Albert to pass an act by which it shall be compulsory for each and every institution in the Province, entrusted with the care of the insane or feeble-minded, to appoint upon its staff, in addition to the institutional physician, two, (2) skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician, and a properly constituted board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable, it shall be lawful for the surgeons to perform such operations for the prevention of procreation as shall by them be decided the safest and most effective.<sup>71</sup>

Although the resolution was carried unanimously, not all members of the UFWA locals agreed with it. The following year, in 1928, the Camrose Local presented a resolution asking the Convention to renounce sexual sterilization and to call for segregation instead. The resolution centered on their belief that sexual sterilization was “a violent and drastic invasion of the most elementary human rights,” while also leaving the individual with sexual desires and “utterly lacking in moral resistance.” In order to pay the high costs associated with institutionalization, for which the sterilization program was intended to provide a solution, the Camrose Local suggested that undesirable immigration be eliminated, marriage laws be made more strict, and that educational efforts be put in place, which aimed to make individuals determined to be mentally defective at least partly self-supporting.<sup>72</sup> The resolution failed, and the Convention reaffirmed its earlier position on sexual sterilization.<sup>73</sup> When the sterilization program came into effect later that year Field was appointed to the Eugenics Board. Although she had to step down from the UFWA executive she continued to attend each Convention, often reporting on the functioning of the Eugenics Board, and encouraging the UFWA to pass resolutions supporting the program.

The sexual sterilization resolutions forwarded to the UFA by the UFWA reflected their support for state intervention into the lives of Albertans, in alliance with scientific and medical experts, in an effort to protect their health, both mental and physical, and for, what they believed to be, the greater social good. The UFWA regularly estimated that 90 percent of the province’s

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<sup>71</sup> Minutes, UFWA (1927), p. 123-124.

<sup>72</sup> Minutes, UFWA (1928), p. 106.

<sup>73</sup> Minutes, UFWA (1928), p. 107.

health budget was directed towards mental health; part of their support for the program stemmed from their belief that this money could be better spent elsewhere.

#### UFWA, BIRTH CONTROL, AND EFFORTS TO EXPAND THE SEXUAL STERILIZATION PROGRAM

The UFWA was interested in birth control from an early date. In 1923 members attending the organization's annual convention forwarded a resolution calling for access to information on birth control for healthy individuals. The resolution, however, met challenges from others within the organization, including Emilie O. Briggs, who read a statement in opposition, which resulted in the resolution being tabled, and Briggs' paper being sent to the locals. The resolution stated:

Whereas one of the primary necessities for family and therefore for public health is an intelligently determined interval between pregnancies, to be secured by regulating the inception of life and not by interfering with life after it starts; and

Whereas the lack of knowledge as to how to secure such an interval frequently results in serious disaster for mother and babies, and indirect or direct results for the entire community.

Be it resolved that this Convention urge the speedy removal of all barriers due to the legal restriction, traditions, prejudice, or ignorance which now prevents parents from access to such scientific knowledge on this subject as is possessed by the medical profession.<sup>74</sup>

From the beginning, birth control was looked at as a public health issue, due to its importance to the health of the family, and specifically because of the association between unwanted babies and maternal mortality rates. As McLaren has argued elsewhere, some of the maternal deaths listed in MacMurchy's report on maternal mortality had resulted from botched abortions.<sup>75</sup> Debates over contraception at this time thus included provisions for concerns over the practice of abortion as a form of contraception.

The fact that access to birth control for healthy, presumably married couples was being discussed at the same time as the sterilization program, suggests that it is overly simplistic to assume that all eugenic supporters wanted to restrict the reproduction of women deemed to be unfit, while encouraging women deemed to be fit to reproduce in order to strengthen the Anglo-Canadian race. Although some eugenicists, including Emily Murphy,<sup>76</sup> believed that women's

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<sup>74</sup> Minutes, UFWA (1923), p. 90.

<sup>75</sup> McLaren, *Our Own Master Race*, p. 34-35.

<sup>76</sup> Angus McLaren, and Arlene Tigar McLaren. *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart Limited, 1986), p. 68.



role was to produce children for the future of the race, this resolution suggests that at least some of the UFWA's public health efforts trumped concerns regarding race suicide, or racial degeneration. Both in the case of the eugenics sterilization program, and this early resolution calling for access to birth control information, the primary issue was protecting the lives, and health of Albertan families, while also promoting an Anglo-Canadian, middle-class, and Protestant morality.

By the 1930s the stage was set for birth control to be reconsidered by the UFWA. Historians Angus McLaren and Arlene Tigar McLaren have demonstrated that by this decade many of the people who had viewed birth control as dangerous for its perceived ability to “undercut programs centered on the mothering ideal” had reconsidered their stance. Emily Murphy was among those who shifted her position at this time.<sup>77</sup> The depression, and resulting social and economic fears, fueled a conservative neo-Malthusian movement, and led clergymen, and others to join the conversation regarding birth control.<sup>78</sup> These new birth controllers, as McLaren and McLaren referred to them, presented “family planning as a force that would support rather than subvert existing social, political, and sexual relationships.”<sup>79</sup> They made advocating for birth control culturally acceptable.<sup>80</sup>

During the 1930s, the UFWA began to regularly promote state-sponsored education on birth control. While the 1923 proposed resolution had only focused on married couples, they began to combine eugenic, and government cost-saving concerns with concerns about spacing between children, and health and financial concerns at the family level. For instance, in 1932 the UFWA passed another resolution regarding birth control, which stated:

Whereas, Birth Control is the subject of intensive study in every part of the civilized world today, and

Whereas, the economic condition caused by the failure of Birth Control is more evident than ever before, and

Whereas, in this Province we are given to understand that over 60 cents in every dollar appropriated for expenditure by the Health Department is now used in taking care of our mental institutions;

Therefore it seems to us that every one of the questions that has a bearing on the problem of Birth Control, economically and socially, should receive consideration, by this Convention of United Farm Women of having this matter fully discussed;

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<sup>77</sup> McLaren and McLaren, *The Bedroom and the State*, p. 68.

<sup>78</sup> McLaren and McLaren, *The Bedroom and the State*, p. 92.

<sup>79</sup> McLaren and McLaren, *The Bedroom and the State*, p. 93.

<sup>80</sup> McLaren and McLaren, *The Bedroom and the State*, p. 93.

Therefore be it resolved, that with the purpose of acquiring all the information available on the subject, the

Executive be instructed to investigate the question of Birth Control and report their conclusions at the next Convention; and further that they ask the Provincial Health Department to give them all the assistance possible in investigating this problem.”<sup>81</sup>

The following year the UFWA began to lobby for the establishment of government-run family limitation clinics, which they envisioned providing access to birth control information “for those married women who desire information,” and “for those whose health and welfare it is deemed advisable.”<sup>82</sup>

Discussions of birth control, or family limitation at the UFWA meetings and annual conventions, almost always took place alongside discussions of the eugenic sterilization program, and specifically the need for that program to be expanded. The UFWA began lobbying the government to expand the sterilization program almost immediately following the implementation of the eugenic program in 1928, these efforts continued into the 1940s. In 1933 for instance, the UFWA endorsed a resolution calling for the government to amend the Act “so as to remove its limitations and make it applicable to every known case in the Province.”<sup>83</sup> In her Health Bulletin for the year, Health Convener for the UFWA, Mary Banner, discussed the benefits of this resolution for the organization’s locals.<sup>84</sup> She wrote,

[w]e know that nearly 90% of the health allotments are taken up by the expenses of the mental hospitals and sanitoriums. We also know that these institutions are already overcrowded and have a waiting list of would-be patients – and yet every year children are born in Alberta, as elsewhere, who inherit the diseases which will most probably make them inmates of one or other of these institutions during their lives, in many cases for a very long period of their lives, and a constant expense to our Province and to the remainder of the taxpayers.... I know after the last convention how those who were present realize this problem. The support given to the resolutions show this, but there are many throughout the country who do not realize yet and who still must be educated along these lines. Selected parenthood is quite a recent study, but surely we can, between us, think of some way in which reforms can be suggested... With the medical examinations and the help of the mental hygiene clinics, I believe a great deal might be done towards reducing the increase in future patients, more particularly in the case of hereditary diseases; and these subjects will prove a worthy study for us all.<sup>85</sup>

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<sup>81</sup> Minutes, UFWA (January 1932), n.p. document p. 9-10

<sup>82</sup> Minutes, UFWA (January 1933), n.p., document p. 7.

<sup>83</sup> Minutes, UFWA (1933), n.p. document p, 8.

<sup>84</sup> Mary Banner, “Health,” (1933), p. 12, United Farm Women of Alberta, Monthly Bulletins, Louise and Russell Johnston Fonds, Series 2, United Farm Women of Alberta, Helmsdale local no. 80 – 1929-138, 1946-1948, M-8634-29, Glenbow Museum and Archives, Calgary (hereafter cited as UFWA, Monthly Bulletins).

<sup>85</sup> Banner, “Health,” UFWA, Monthly Bulletins.

As Banner's Bulletin illustrates, the UFWA's concerns regarding the costs associated with mental illness intensified during the depression. The notion of selected parenthood, highlighted by Banner, merged the organization's continued support for family limitation, both for those who desire it, and those for whom it is deemed advisable, with their support for broadening the Sexual Sterilization Act. These combined forms of selected parenthood had the potential in Banner's opinion to lower government expenditures, while still improving the health of families.<sup>86</sup>

With input from Field, the UFWA continued to pass resolutions regarding the expansion of the eugenics program, which eventually came to closely mirror some of the changes that were later implemented by the Social Credit government in 1937. For instance, in the years leading up to the 1937 amendment to the Act, the UFWA continually lobbied the government to expand the program to apply to individuals who were not institutionalized, arguing in 1935 that such cases "constitute an even greater menace to society by the propagation of their kind."<sup>87</sup> By 1937 the draft versions of their sterilization resolution, formed in conversation with Field and Dr. D.L. McCullough<sup>88</sup> of the Provincial Training School for Mentally Defective Children (PTS) at Red Deer, centered on the mental hygiene clinics, and considered removing consent in select cases.<sup>89</sup> Interestingly one particular revised draft speaks directly to the concerns regarding welfare costs and sterilization. It reads "[t]herefore be it resolved that where people are mentally deficient and have been declared so by competent medical authorities and they have become a public charge, that municipalities and local improvement districts may apply to the Medical Board and if approved, sterilization may be carried out by the Department of Health without the consent of the relatives or guardians."<sup>90</sup> Although not endorsed in this form, this draft proposal illustrates that at least some members within UFWA viewed the program as a way to reduce costs associated with welfare, and relief, and believed an individual gave up his or her rights once she accepted government aid.

Following the 1937 amendment, Eugenics Board member E.G. Mason wrote to the UFWA informing them that many of their suggested changes has already been implemented earlier in the year. His letter stated, "[a]t the regular session of the Legislature in 1937 the Act was amended to

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<sup>86</sup> Minutes, UFWA (January 1934), n.p., document p. 10.

<sup>87</sup> Minutes, UFWA (1935), p. 45.

<sup>88</sup> Minutes, UFWA (1937), p. 100.

<sup>89</sup> Minutes, UFWA (1937), p. 107.

<sup>90</sup> Minutes, UFWA (1937), p. 107.

provide that mentally defective cases could be examined for presentation to the Alberta Eugenics Board at any of the Mental Hygiene Clinics held throughout the province.”<sup>91</sup> The UFWA further revised their resolution regarding sterilization to reflect these changes. The subsequent resolution endorsed by the organization later that year stated, “[w]hile we appreciate that has been taken to broaden the Sterilization Act, we recommend that the Act be further widened to include the compulsory sterilization of problem cases and patients outside institutions, but which come under the jurisdiction of the Eugenics Board.”<sup>92</sup> The UFWA did only support early eugenics measures, but they stayed committed to the program, continually calling for its expansion, even after the program had been widened to a point beyond that of any other program in North America, allowing patients to be presented as out-patients, and for those determined to be mentally defective, sterilized without consent. Their continued support for eugenic sterilization merged with their support for the legalization of birth control information.

Birth control and eugenics were almost always discussed together, and UFWA members approached them as related components of a larger initiative. This approach served to bolster their belief that those families who were a cost to the government, or a public health risk should be subject to measures aimed at controlling their reproduction, while the provincial eugenics program, and the beliefs that underpinned it served to provide respectability to the family limitation clinics. In the 1930s it was more acceptable to discuss birth control in neo-Malthusian, or eugenic terms. By discussing the two in combination with each other the UFWA attempted to make a case for access to birth control for married middle-class women, while simultaneously promoting the expansion of the eugenics program.

#### ALBERTA FEDERATION OF WOMEN

On September 25, 1936 delegates from the UFWA, along with the Provincial Women’s Institutes, the Provincial Imperial Order Daughters of the Empire (IODE), Alberta Council on Child and Family Welfare, the Provincial Girl’s Work Board, and the Provincial Children’s Work Board, met to discuss forming a federation of women’s organizations in the province.<sup>93</sup> The Alberta

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<sup>91</sup> As quoted in Moss, Stam, and Kattevilder, “From Suffrage to Sterilization: p. 110.

<sup>92</sup> Minutes, UFWA (1937), p. 119.

<sup>93</sup> Minutes of the Alberta Federation of Women, September 25, 1936, p. 2. Maude and Harold Riley fond, Series 3, Organizations and committee work, 1911-1962, Alberta Federation of Women, 1936-1941, M-8401-47, Glenbow

Federation of Women, as it came to be called, aimed “to promote co-operation and unity among the various organizations of the Province,” and “to obtain the opinion of the affiliated organizations and give expression to them, particularly to the Governments.”<sup>94</sup> From the beginning, many of the petitions forward to the government by the Federation were focused on the health and welfare of women and children in the province. In a letter to the members of the Federation its president, Maude Riley, outlined a mission statement of sorts for the Federation, writing “[e]verywhere we hear of women urging that women become internationally-conscious if peace is to be maintained, and at the same time often these same women have not yet become Alberta-conscious, especially with regard to the many pressing problems affecting the welfare of women and children within its borders.” She suggested that the Alberta Federation of Women would be capable of addressing this problem if all of the members thought clearly and pulled together.<sup>95</sup>

Angus McLaren as argued that the National Council of Women, of which Maude Riley was a part, was “the first organized group to take up the campaign for the more effective segregation of the feeble-minded.”<sup>96</sup> The UFWA found a like-minded individual in Riley, and in cooperation with her, the Federation became a tool in advancing their related concerns of expanding the government’s reproductive control, while simultaneously extending reproductive rights. Almost all of the resolutions endorsed by the Federation were presented by the UFWA, including those pertaining to the eugenic sterilization program, and family limitation clinics. This relationship is likely why the Federation was so short lived, after losing affiliated organizations within its first year.

For the most part, the petitions presented to the government by the Federation did not change during its short existence. The petitions tended to focus on sexual sterilization, birth control, compulsory medical examinations of all school children in Alberta, the appointment of women to the Cabinet, and the appointment of female police magistrates.<sup>97</sup> Following its first meeting the president, Riley, who also served as President of the Alberta Council on Child and Family Welfare, circulated a questionnaire that she proposed be presented to the government along with the petitions that the Federation had agreed upon during the meeting. The preamble to the questionnaire stated,

Statistics in the United States prove that families on relief have a much higher birth rate

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Museum and Archive, Calgary (hereafter cited as Alberta Federation of Women).

<sup>94</sup> Minutes of the Alberta Federation of Women, September 25, 1936, p. 2, Alberta Federation of Women.

<sup>95</sup> Letter to members of Federation from Maude Riley, August 1937, p. 8, Alberta Federation of Women.

<sup>96</sup> McLaren, *Our Own Master Race*, p. 37.

<sup>97</sup> Minutes of the Alberta Federation of Women, September 25, 1936, p. 4, Alberta Federation of Women.

than those that are working – in some cases reaching the amazing proportions of 54 percent greater. If statistics were available in Canada the same conditions would doubtless be found to exist. A recent survey has shown that unemployment relief is costing Canada some 120 millions a year. Vancouver, Toronto, Winnipeg and other cities have taken steps so that those desiring to do so can get scientific information whereby the size of the family can be regulated. Surely no wife should have to resort to illegitimate means to obtain a legitimate end. If she so desires, the knowledge that is rightfully hers, ought to be given to her.<sup>98</sup>

Riley asked the members if they were in favour of the Federation asking the government the following questions:

1. Does the government see its way clear to take immediate steps on the great and pressing question of family limitation where the public good would be served?
2. Failing this, will the government call a round table Conference of delegates from representative organizations and others, where this questions can be frankly and thoroughly discussed not as something ‘dark’ to be spoken of only in whispers, but as something illuminated by the sunshine of social progress?
3. Is it the intention of the government to widen the scope of the present Sterilization Act.<sup>99</sup>

The Federation decided that it would move ahead with asking the government these questions. The questionnaire illustrates in a clear way the connection between eugenics, and birth control. While the introduction focuses on the right of Albertan to have access to scientific birth control material, the questions focus on “public good,” and ask directly whether the sexual sterilization program would be expanded in the near future. A number of North American scholars have demonstrated that women in some instances turned to the eugenic programs for access to secure, reliable birth control.<sup>100</sup> Historian Erika Dyck, focusing specifically on Alberta, has documented conversations among Canadian physicians in which they discussed the possibility that women may be able to secure access to a hysterectomy for non-medical reasons more easily in Alberta as a result of the eugenics program.<sup>101</sup> The lobbying efforts by the UFWA and the Federation illustrate how the eugenics program was also used to further efforts to legalize the distribution of birth control information to

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<sup>98</sup> Petitions to the Lieutenant-Governor-in-Council of Alberta To be presented by the Alberta Federation of Women” n.d. [1936], p. 7, Alberta Federation of Women.

<sup>99</sup> Petitions to the Lieutenant-Governor-in-Council of Alberta To be presented by the Alberta Federation of Women” n.d. [1936], p. 7, Alberta Federation of Women.

<sup>100</sup> Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare in the Twentieth Century*, (Chapel Hill: University of North Carolina Press, 2005); Rebecca Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Jersey: Rutgers University Press, 2009); Dyck, *Facing Eugenics*.

<sup>101</sup> Dyck, *Facing Eugenics*, p. 109.

all women, or even how the widespread support for birth control, for population control reasons, was used as an argument for expanding the eugenics program. In both instances the arguments centered on the notion of “public good.” Eugenic sterilization and family limitation became the main issues championed by the Federation.<sup>102</sup>

In response to the questionnaire on family limitation the provincial Minister of Public Health, and Minister of Public Welfare, Dr. W.W. Cross, called a meeting with representative members of the Federation, along with Dr. Malcolm Bow, Deputy Minister of Health to “discuss frankly and thoroughly the subject of birth control.”<sup>103</sup> The meeting took place on February 24<sup>th</sup>, 1937, at which point a sub-committee was appointed with Dr. Bow as the Chair.<sup>104</sup> Dr. Bow, in his capacity as Chairman, compiled a report, which summarized the views that various individuals and organizations had expressed on the topic of birth control.<sup>105</sup> His report found that “in all quarters birth control is recognized as an established fact in most countries, and that it is an important factor in the national life.”<sup>106</sup> He wrote, “birth control is endorsed, in some measure, by people and organizations representing a cross section of practically the whole civilized world.”<sup>107</sup> These reports suggest that the topic of birth control had been normalized, or had entered the public discourse in a more regular manner, moving beyond its tabooed character of the previous decades.

In his report, Bow discussed the Ontario Eastview Trial, which the UFWA and the Federation had been watching closely. The trial was for Dorothea Palmer who was charged with violating Section 207c of the Criminal Code for “door-to-door canvassing in favour of birth control in the poorer neighbourhoods of the small Ottawa Valley town of Eastview.”<sup>108</sup> Section 207c of the 1892 Criminal Code stated, “[e]veryone is guilty of an indictable offense and liable to two years imprisonment who knowingly, without lawful excuse or justification, offers to sell, advertises, publishes an advertisement of or has for sale or disposal any medicine, drug or article intended or

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<sup>102</sup> Whether related, or not, both the IODE and the Women’s Institutes did not renew their association with the Federation after its first year, Minutes of the Annual Meeting of the Alberta Federation of Women, September 23, 1937, p. 9, Alberta Federation of Women. What is clear is during its second annual meeting the Federation passed a new regulation requiring that all affiliated organizations accept a resolution before it gets forwarded to the government.

<sup>103</sup> Minutes of the Annual Meeting of the Alberta Federation of Women, September 23, 1937, p. 11, Alberta Federation of Women; “Questionnaire.” [sic] (1938), p. 14, Alberta Federation of Women.

<sup>104</sup> “Questionnaire.” [sic] (1938), p. 14, Alberta Federation of Women.

<sup>105</sup> [Dr. Malcolm Bow], “Birth Control (A Brief Summary of Some Views Expressed),” n.d [1937], p. 1-16. Maude and Harold Riley fond, Series 3, Organizations and committee work, 1911-1962, Alberta Department of Health – Sub-committee on Birth Control - 1937, M-8401-49, Glenbow Museum and Archives, Calgary.

<sup>106</sup> “Birth Control,” n.d, p. 2, Maude Riley’s Birth Control Records.

<sup>107</sup> “Birth Control,” n.d, p. 3, Maude Riley’s Birth Control Records.

<sup>108</sup> McLaren and McLaren, *The Bedroom and the State*, p. 92.

represented as a means of preventing conception or causing abortion.”<sup>109</sup> Palmer was part of a team of visiting nurses working for A.F. Kaufman’s Parent Information Bureau. Kaufman, a wealthy manufacturer in Kitchener, Ontario, who has been referred to as the “father” of birth control in Canada, supported birth control for its eugenic potential, he was particularly interested in bringing down the birth rate of the working class; it was never his intention to provide access to birth control to anyone desiring it.<sup>110</sup> Ultimately Palmer’s case was dismissed under the public good loophole in Section 207c of the Criminal Code. The Eastview Trial, as it came to be known, legitimized Kaufman’s birth control activities, and Bow, and others recognized the opportunity it created for birth control efforts in other parts of the Country.<sup>111</sup> He observed in his report that “[d]uring the Eastview Trial 1936-37 the following claims were made for birth control, and reports of the trial revealed no evidence of these claims having been seriously disputed:

1. That it will reduce infant mortality
2. That it will reduce maternal mortality
3. That it will promote infant health
4. That it will promote maternal health
5. That it will prevent abortions
6. That it will reduce prostitution
7. That it will reduce the spread of venereal diseases
8. That it will promote mental and physical health
9. That it will promote marital happiness
10. That it will promote economic equality
11. That it will reduce taxation
12. That it will improve the quality of the race
13. That it will reduce inter-cultural friction
14. That it will improve the standard of living
15. That it will reduce unemployment<sup>112</sup>

Many of these undisputed claims centered on maternal and infant health, as well as economic factors, and race.

Dr. Bow’s report ended with a discussion of the claim made by birth control advocates that its use would not result in fewer births in desirable families. Bow compared the case of Holland, where birth control had been legal for fifty years, and which had a birth rate of over 20, to Belgium, where

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<sup>109</sup> Criminal Code of Canada, 1892, S.C. 1892, c. 29. See also Linda Revie, “More Than Just Boots! The Eugenic and Commercial Concerns behind A.R. Kaufman’s Birth Controlling Activities,” *CBMH/BCHM* 23, 1 (2006), p. 119-143.

<sup>110</sup> For more on A.F. Kaufman see McLaren and McLaren, *The Bedroom and the State*

<sup>111</sup> McLaren and McLaren, *The Bedroom and the State*

<sup>112</sup> “Birth Control,” n.d, p, 4, Maude Riley’s Birth Control Records.



birth control was opposed, and the birth rate was 15. He argues that in Holland, as in New Zealand, where birth control was also practiced, and the birth rate was over 21, the infant and maternal death rates were low, and “improvement in the national stock is generally admitted.”<sup>113</sup>

As Riley was unable to attend the meeting between the representatives of the Federation, Cross, and Bow, she provided a written response to Bow’s report. Her response starts by quoting the list of fifteen “undisputed reasons” to support birth control.<sup>114</sup> She commented particularly on his information regarding Holland, New Zealand and Belgium, writing

It is both interesting and informative to know that in Holland and New Zealand where there is legalized birth control there is a birth rate of 20 and 21 respectively, while in Belgium where ‘it is against the law’ the birth rate is only 15. It would therefore seem that publically controlled birth control clinics, staffed by the understanding doctor and nurse, win the confidence and trust of the wife who consults them, fear is eliminated, thus giving her peace of mind and body. The mother therefore had an opportunity to save and plan for the children that she and her husband want and can provide for. The unwanted child often leads to disaster; the wanted child is one of the greatest factors in making a happy home. The health and happiness of the home are of primary importance to the State.<sup>115</sup>

She concluded her letter by reiterating her support for state-run family limitation clinics “where reliable and scientific information can be given to the wife and husband who desire it.”<sup>116</sup> It is noteworthy that while Bow’s report had a eugenic undertone to it, Riley’s support for family limitation clinics centered on the health and security of Albertan women. Both Riley and Bow’s reports demonstrate the centrality of public health to birth control efforts, and the ways in which public health concerns, namely lowering infant and maternal mortality rates, and promoting healthy, happy families, connected birth control to eugenics .

In the next meeting, held in 1938, the petition regarding family limitation was amended to reflect the discussion, while writing it, the Federation incorporated the list of “undisputed facts” and emphasized the public good of the clinics. It stated,

[i]n the interest of public health and public good we respectfully ask the Government to take immediate steps to establish clinics where reliable and scientific information on family limitation can be given to husband or wife when they so desire, believing it will result in the following, - reduce infant mortality, reduce maternal mortality, promote infant health, promote maternal health, prevent abortions, prevent the spread of venereal disease, promote physical and mental health, promote martial happiness, improve the quality of the race,

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<sup>113</sup> “Birth Control,” n.d, p, 3, Maude Riley’s Birth Control Records.

<sup>114</sup> Report from Mrs. Harold W. Riley in response to “Birth Control (A Brief Summary of Some Views Expressed),” n.d [1937], p. 17, Maude Riley’s Birth Control Records.

<sup>115</sup> Report from Mrs. Harold W. Riley, n.d, p. 18, Maude Riley’s Birth Control Records.

<sup>116</sup> Report from Mrs. Harold W. Riley, n.d, p. 19, Maude Riley’s Birth Control Records.

improve the standard of living, reduce unemployment crime and juvenile delinquency.<sup>117</sup>

Although the Federation had already used the term public good in their earlier resolutions, following the Eastview trial they began to place more emphasis on this notion, along with the specific benefits associated with birth control.

As part of their petition they cited an excerpt from an article published in *the Outlook*, a publication of the United Church of Canada, which addressed the Eastview trial, stating,

[t]he real importance of the decision lies in its bearing in the treatment of modern knowledge. The whole question bristles with dangerous and difficult features, and we genuinely sympathize with those who are anxious and upset, but ignoring a problem never solved it. This new knowledge has come and the question is; who will control and direct its use? Will it be kept within the orbit of Christian ethics? Will it run like a river in the open or will be it forced like a sewer to flow underground? All who know the small towns of Canada realize that the issue cannot be neglected, and all who believed that suppression can only harm will rejoice in the verdict of the Eastview trial. We now have a chance to face a difficult problem, courageously, constructively and in the open.<sup>118</sup>

By 1939 only three organizations were affiliated with the Alberta Federation of Women, which included the Girl's Work Board, Alberta Council Child and Family Welfare, and United Farm Women of Alberta.<sup>119</sup> During this year the Federation reaffirmed its resolution regarding sexual sterilization, calling for the appointment of more social workers, and for greater co-operation between the eugenics program and the Department of Education.<sup>120</sup> However, this year they decided to defer action of the family limitation clinics, likely because the Girl's Work Board, which left the Federation later in the year, did not endorse the resolution.<sup>121</sup> Following this change, the UFWA executives took it upon themselves to contact other women's organizations in the province to see if they would be interested in seeking affiliation with the Federation, however, they had been advised that all of the organizations they had contacted "would not contemplate such action."<sup>122</sup> The UFWA, in response, agreed to discuss the matter of continued affiliation with the Federation at their next meeting, and to suggest that unless it became representative of more women's organization the

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<sup>117</sup> Minutes of Annual Meeting Of The Alberta Federation of Women, October 21<sup>st</sup>, 1938, p. 16, Alberta Federation of Women.

<sup>118</sup> Minutes of Annual Meeting Of The Alberta Federation of Women, October 21<sup>st</sup>, 1938, p. 16-17, Alberta Federation of Women.

<sup>119</sup> Minutes of Meeting of Alberta Federation of Women, October 26<sup>th</sup>, 1939, p. 23, Alberta Federation of Women.

<sup>120</sup> Minutes of Meeting of Alberta Federation of Women, October 26<sup>th</sup>, 1939, p. 24, Alberta Federation of Women; See also earlier resolution, Minutes of Annual Meeting Of The Alberta Federation of Women, October 21<sup>st</sup>, 1938, p. 16, Alberta Federation of Women.

<sup>121</sup> Minutes of Meeting of Alberta Federation of Women, October 26<sup>th</sup>, 1939, p. 24, Alberta Federation of Women.

<sup>122</sup> Minutes, UFWA (1939), p. 81.

UFWA would withdraw.<sup>123</sup> Although the UFWA maintained its affiliation until 1940, the Federation itself was inactive.

Although it appears that the Federation, and by extension the UFWA, was out of touch with the views of almost all of the other women's organizations in the province, following the disintegration of the Alberta Federation of Women, the UFWA carried on lobbying for family limitation clinics, and the expansion of the sterilization program. Their resolution regarding family limitation clinics was completely overhauled in response to their failure to have the Federation endorse it. At the 1939 annual convention they passed a resolution stating, "[b]e it resolved, in view of present world conditions, overpopulation, unemployment, financial difficulties and believing that it would be more conducive to happier homes and more fortunate children, that we go on record as supporting Government supervised clinics dealing with family limitation and endorsing the committee and its work."<sup>124</sup> They continued lobbying the provincial government for expanded health, welfare and education services in Alberta until 1949, when the organization amalgamated with the Alberta Farmers' Union, becoming the Farmers' Union of Alberta, the women's organization of which was called the Farm Women's Union of Alberta.

The UFWA was critical to the implementation of the initial eugenic sterilization legislation in Alberta, promoting sterilization along with a number of other public health initiatives aimed at protecting the health, welfare and intelligence of a particular segment of Albertan families. These initiatives, supported in connection with scientific and medical experts, led to the medicalization of motherhood, childhood and social ills. The medicalization process justified the intervention in the lives of Canadian families in the name of public good. It also served to define intelligent, fit motherhood, and by extension defective, unfit motherhood, the latter of which was constructed as a public health threat that cost the government money, and as such needed to be contained through various measures, including eugenic sterilization, immigration restriction, segregation, marriage and certificates.

Recent scholars have challenged the tendency to view the feminist and eugenic beliefs of the Famous Five and others as being disconnected. They have done so largely by focusing on motherhood, race, and nationhood. While this approach is critical to our understanding of feminism and eugenics, examining the connection between the two from a public health perspective highlights

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<sup>123</sup> Minutes, UFWA (1938), p. 122-123.

<sup>124</sup> Minutes, UFWA (1939), p. 7.

the longevity, and continuity of their support for eugenic sterilization, and the ways in which this conceptualization intersected with their efforts to secure access to birth control information for Albertan women. This perspective, which developed at a time when the idea of the mother of the race, or, more specifically, the idea that fit mothers should not be allowed access to birth control information, as it was their sole purpose to propagate the race, was losing its strength in the face of the economic challenges of the depression, and the growing awareness around the health risks associated with unwanted pregnancies. Although many early twentieth century feminists were certainly concerned about the future of the country, health was central to their efforts to secure such a future. The UFWA's support for public health connects their feminism, including their desire to provide equal access to health care to women and children, to their eugenic beliefs, and also brings into focus not only race and ethnicity, but also sexuality, class, and disability.

### CHAPTER 3

#### “A teacher knows what pupils are bright and what pupils are dull”:<sup>1</sup> Alberta School Teachers and Eugenics

In an address to the Calgary chapter of the Local Council of Women (LCW) Evelyn Carson, a Calgary teacher in charge of one of the city’s classes for “subnormal children,” and convenor of the LCW’s committee on Mental Hygiene, commended the province of Alberta for its plans to enact “a law legalizing eugenical sterilization.”<sup>2</sup> Providing context to the legislation, Carson drew on the findings of the *Mental Hygiene Survey of the Province of Alberta* by Dr. Clarence Hincks of the Canadian National Committee for Mental Hygiene (CNCMH). Specifically, she reminded her audience that a considerable number of individuals identified as mentally abnormal were recent immigrants, and that while the province was able to provide institutional care for one hundred and fifty subnormal children, it was estimated that two percent of children in Alberta were mentally unfit.<sup>3</sup> Carson, like others, believed that by preventing individuals from becoming permanent charges on the province the sterilization program would help to lower the costs associated with these challenges. She informed the LCW that the legislation would apply only to patients at provincial psychiatric institutions, including the training school, and, specifically, to those who would be granted their freedom if the “danger of transmitting mental taint to possible future offspring” was eliminated.<sup>4</sup> Quoting the Minister of Health, George Hoadley, she assured her audience that “the Alberta bill is designed in such a way as to amply protect the rights and liberties of the individual.”<sup>5</sup>

Carson’s address was reprinted in the February 1928 issue of the *ATA Magazine*, the official organ of the Alberta Teachers’ Association, which reached out to teachers across the province. By actively engaging with debates regarding immigration, and the treatment of those with intellectual disabilities, Carson complicates the role of teachers within the history of Alberta’s sexual sterilization legislation. Teachers, as professionals who have traditionally been associated with caring, and nurturing, have tended to be overlooked in the literature on eugenics.

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<sup>1</sup> C. Sanson, “Mental Measurement in Education,” *ATA Magazine* 11,1 (June 1921), p. 9.

<sup>2</sup> Evelyn Carson, “Problems Relating to Mental Hygiene,” *ATA Magazine* 8,7 (February 1928), p. 12.

<sup>3</sup> Carson, “Problems Relating to Mental Hygiene,” p.12.

<sup>4</sup> Carson, “Problems Relating to Mental Hygiene,” p.12

<sup>5</sup> Carson, “Problems Relating to Mental Hygiene,” p.12; “Alberta to be the First Canadian Province in Sterilization: So says Hon. George Hoadley, Minister of Health and Agriculture, Progressive Program,” *The Bulletin: Official Organ of the Canadian National Committee for Mental Hygiene* 2, 9 (November 1927).

There is a substantial amount of scholarship looking at the history of education in Canada. A selection of this scholarship focuses on nineteenth and twentieth century reformers, demonstrating that they championed state-run education as a way to create and mould a particular type of society and future citizenry. Sociologist Bruce Curtis, for instance, argues that the educational state was a project designed to build a productive, governable, moral citizenry that reinforced nineteenth-century middle-class values, and social structure. Teachers were critical to this project, serving as a moral, civilizing force.<sup>6</sup>

By 1916 eight Canadian provinces had introduced compulsory attendance laws, for the first time allowing, in principle, for a whole generation to be contained within the walls of the school.<sup>7</sup> During the early twentieth century, a variety of stakeholders looked to the new, “free,” compulsory Canadian education system to groom young Canadians who were capable of contributing to the country in ways that supported their own interests. For Canadian and imperial patriots it meant producing a citizens with strong loyalties to Canada, the empire and monarch. For Protestants and Roman Catholic, it meant instilling young Canadians with Christian faith and values, capable of strengthening the moral foundation of the country, and for industrialists it meant people trained to be efficient workers.<sup>8</sup> Mental hygienists and eugenicists similarly looked to education as an ally in their efforts to raise a generation of Canadians who conformed to their ideals of health and mental fitness, which were based on race, class, gender, sexuality, intelligence, religion, and ability, and imbued with nationalist concerns.<sup>9</sup>

By the 1920s a greater proportion of school-aged children were attending school regularly, staying in school for longer, and being taught by better educated teachers than had been the case at the turn of the twentieth century.<sup>10</sup> Earlier efforts to maximize students’ potential as productive citizens, and maintain the existing social structure were reinforced by science, and specifically scientific measurement. Originating in the United States, scientific progressivism was adopted by Canadian school authorities in the 1920s. It addressed the high number of older students being held in lower grades, or the high “retardation rate” or

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<sup>6</sup> Bruce Curtis, *Building the Educational State: Canada West, 1836-1971* (Ontario: The Althouse Press, 1988).

<sup>7</sup> Neil Sutherland, *Children in English-Canadian Society: Framing the Twentieth Century Consensus* (Waterloo, Ontario: Wilfrid Laurier University Press, 2000); see also Paul Alexrod, *The Promise of Schooling: Education in Canada, 1800-1914* (Toronto: University of Toronto Press, 1997).

<sup>8</sup> Sutherland, *Children in English-Canadian Society*, p. 172.

<sup>9</sup> See Sutherland, *Children in English-Canadian Society*; Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999).

<sup>10</sup> Sutherland, *Children in English-Canadian Society*, p. 165.

“retardation crisis,” as it was referred to, as well as the high failure rates in secondary schools by promoting “differentiated education based on students’ natural ability as measured by intelligence tests.”<sup>11</sup> Differentiated education involved the testing and sorting of students from a young age, as well as establishing vocational and technical schools. Historian Gerald E. Thomson has examined the history of scientific progressivism in Vancouver, British Columbia, arguing that while differentiated education extended schooling for many students, it also maintained social divisions. He observes, “[f]ar from being neutral and scientific, the progressive educational reforms...reinforced individual and social differences.”<sup>12</sup> Intelligence testing, the results of which were susceptible to influence by social background, [dis]ability, and ethnicity, formed the basis of scientific progressivism and determined the educational path of the child.<sup>13</sup>

Historian Angus McLaren argues that compulsory education, which exposed an unprecedented number of children to testing, and medical examination, as well as the corresponding discovery of mental defectives by teachers, in effect created mental deficiency as an educational category.<sup>14</sup> The children who were able to meet the new standards imposed by test and exams were declared to be normal, while those who did not, were categorized as abnormal, feeble-minded, or mentally defective.<sup>15</sup>

Jason Ellis has also examined the increasingly widespread use of intelligence tests in the 1920s, which he refers to as “the testing moment.”<sup>16</sup> Focusing on Toronto, Ontario, Ellis argues that prior to the 1920s auxiliary classes were organized for backward children in an effort to address the alleged retardation crisis, and that this early category of backward was distinct from mental deficiency. Whereas mental deficiency was understood to be hereditary, backwardness was a label applied in cases where a student’s learning difficulties resulted from external factors. However, the testing moment in the 1920s changed the way educationalists thought about

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<sup>11</sup> Gerald E. Thomson, “A Fondness for Charts and Children: Scientific Progressivism in Vancouver Schools 1920-50,” *Historical Studies in Education* 12, 1 (2000), p. 115; See also, Gerald E. Thomson, “‘Not an Attempt to Coddle Children’: Dr. Charles Hegler Gundry and the Mental Hygiene Division of the Vancouver School Board, 1939-1969,” *Historical Studies in Education*, 14, 2 (Fall 2002): 247-278; Gerald E. Thomson, “‘Through no fault of their own’: Josephine Dauphinee and the ‘Subnormal Pupils of the Vancouver School System, 1911-1941,’” *Historical Studies in Education*, 18, 1(2006): 51-73

<sup>12</sup> Thomson, “A Fondness for Charts and Children,” p. 128.

<sup>13</sup> Thomson, “A Fondness for Charts and Children,” p. 128.

<sup>14</sup> McLaren, *Our Own Master Race*, p. 38 and 91.

<sup>15</sup> McLaren, *Own Master Race*, p. 91.

<sup>16</sup> Jason Ellis, “‘Inequalities of Children in Original Endowment:’ How Intelligence Testing Transformed Early Special Education in a North American City School System,” *History of Education Quarterly* 53, 4 (November 2013), p. 403.

children's learning difficulties, leading them to focus exclusively on intelligence when considering causal factors. With this shift in perspective, special classes for backward children were reorganized into a separate stream for students classified as mentally defective or subnormal.<sup>17</sup>

Mental testing assumed that intelligence was a static, inherited trait, and that the test results were representative of an individual's overall ability to learn.<sup>18</sup> These assumptions were challenged in 1922 by American Walter Lippmann in a series of articles published in the *New Republic*. Lippmann argued that intelligence was not a concrete, or unchanging entity, but instead an "exceedingly complicated notion which nobody has yet succeeded in defining."<sup>19</sup> In the late 1920s and 1930s this criticism intensified with the emergence of the social sciences, and the corresponding recognition and focus on environmental factors in psychological development.

Lippman's critique led to changes in the way that intelligence was understood and applied, principally by expanding it beyond traits that were thought to be biologically determined. Historian Mona Gleason has examined the intervention of psychologists into the lives of Canadians from the 1930s to the post-Second World War period. She argues that under the guise of helping Canadians to be emotionally and mentally healthy, psychologists expected all Canadians to conform to the ever-expanding standards of normalcy, which, during this period, were defined not only by intelligence, but also by behaviour, personality, and sexuality. The growth of psychology as a profession served to further entrench the division between normal and abnormal, with more Canadians being subjected to these categories, and to expert opinion, scientific measurement and examination than ever before.

The school continued to hold promise for those social reformers interested in shaping the future citizenry, a task that took on a newfound importance as education came to be viewed as a national resource, and "a necessary investment in the competitive and ideologically volatile

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<sup>17</sup> Jason Ellis, "Inequalities of Children in Original Endowment," 409-410, 414; See also, Jason Ellis, *Backward and Brilliant Children: A Social and Policy History of Disability, Childhood, and Education in Toronto's Special Education Classes, 1910 to 1945* (PhD dissertation, York University, 2011)

<sup>18</sup> For more on intelligence testing and education see Thomson, Gerald E. *Remove from our midst these unfortunates: a historical inquiry into the influence of eugenics, educational efficiency as well as mental hygiene upon the Vancouver school system and its special classes, 1910-1969* (PhD Dissertation, University of British Columbia, 1999); Clyde Chitty, *Eugenics, Race and Intelligence in Education* (London: Continuum, 2007); Gleason, *Normalizing the Ideal*.

<sup>19</sup> Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, Massachusetts: Harvard University Press, 2004), p. 129.



postwar world.”<sup>20</sup> Psychologists claimed that with their professional expertise Canadian schools could train well adjusted, productive, and democratic citizens.<sup>21</sup> Instead of focusing simply on the student’s intellectual ability, the psychologised post war classroom focused on the whole child. It continued, however, to promote white, middle-class heterosexual values, and to test and measure students.<sup>22</sup>

As Thomson, McLaren, Ellis, and Gleason all demonstrate, educational practices have historically been shaped by social ideals and anxieties, the movements that these ideals and anxieties inspire, and the interests of professionals attempting to establish themselves as experts providing necessary services. For much of the twentieth century, the quest to create a mentally fit citizenry relied on sorting and labelling students through scientific testing. These labels determined which educational opportunities were available to students, and how they were understood and treated within the classroom setting.<sup>23</sup> In Alberta, children categorized as mentally defective, based on an Intelligence Quotient (IQ) of below 75 were eligible for the province’s sterilization program. The label affixed to them, based on a static understanding of intelligence, had the potential to determine their reproductive futures.

The process of labelling school-aged children through the use of intelligence testing in Alberta took place in connection with the provincial guidance clinics. Guidance clinics had developed out of the scientific progressivism movement. In a number of locations throughout the province the guidance clinics were held directly in the schools, and even where they were held elsewhere, teachers and school administrators accounted for the vast majority of the referrals received by the clinics. As public health tools, child guidance clinics worked to disseminate particular views about intelligence, ethnicity, class, religion, sexuality, and disability. These views permeated the provincial education system with which the clinics were intrinsically connected.

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<sup>20</sup> Gleason, *Normalizing the Ideal*, p. 120; See also Matthew Smith, “Putting Hyperactivity in its Place: Cold War Politics, the Brain Race and the Origins of Hyperactivity in the United States, 1957-1968,” In *Locating Health: Historical and Anthropological Investigations of Health and Place*, ed. Erika Dyck and Christopher Fletcher (London: Pickering & Chatto Ltd., 2011), p. 57-70.

<sup>21</sup> Gleason, *Normalizing the Ideal*, p. 119-120.

<sup>22</sup> Gleason, *Normalizing the Ideal*, p. 120.

<sup>23</sup> Mona Gleason had argued that such labelling had the potential to effectively end childhood. See Mona Gleason, “Navigating the Pedagogy of Failure: Medicine, Education and the Disabled Child in English Canada, 1900 to 1945,” in *The End of Children? Changing Trends in Childbearing and Childhood*, ed. Graham Allan and Nathaniel Lauster (Vancouver: UBC Press, 2012), p. 140-160.

In the secondary literature, the complex relationship between education, guidance clinics, and eugenics has been overlooked. Guidance clinics have been constructed as being representative of a turn from eugenics, and more specifically, as a tool used by psychologists and educationalists that promoted a new way of looking at mental hygiene that was more child centred, focusing on the whole child and the child's environment, instead of just their biological, or inherited traits. To a certain extent this held true in Alberta, but guidance clinics there also served another purpose, which was to facilitate the continued intervention into the reproductive lives of children determined to have low IQs. Eugenicists and policy makers in Alberta not only adapted to the growing interest in children's environments, but also amended the sterilization program in ways that aligned it with the accompanying rise of educational psychology.

Beginning in the late 1930s, Alberta's eugenics program turned its attention towards those who, in addition to scoring below 75 on an intelligence test, did not meet the behavioural, and emotional norms defined by the growing field of psychology. The Alberta Eugenics Board justified this targeting of children by arguing that in the future these individuals would place themselves or their progeny at "mental risk," or more specifically, that they would raise mentally defective children.<sup>24</sup>

Much of the secondary literature on the relationship between eugenics, mental hygiene and education focuses on educational psychologists and school administrators. In doing so it reinforces the structural ways that eugenics discourse permeated society. Although teachers' voices are harder to capture, and motivations more difficult to identify because of their position within the educational hierarchy, it is clear that teachers were an integral part of the Alberta eugenics program. Whether they were ultimately aware of the potential outcome of their actions or not,<sup>25</sup> they reported cases to the Provincial Training School for Mentally Defective Children

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<sup>24</sup> "An Act to amend The Sexual Sterilization Act," Statutes of the Province of Alberta, 1937, Chapter 47 (April 14, 1937): pp. 181-183.

<sup>25</sup> See Donald Elroy Orn, *An Analysis of the Role of the Alberta Guidance Clinic in Edmonton* (Masters thesis, University of Alberta, 1968), p. 38-45. Orn's thesis examines how both the professionals employed at the Alberta Guidance Clinic, Edmonton, and the professionals referring cases to the clinic perceived the clinic's role. The referring professions included members of the Alberta Association of Social Workers, welfare workers, probation officers, and school principals, counsellors, psychologists, social workers, and psychiatrists. Orn found that many of these professionals were not aware of the full extent of the services provided by the guidance clinic. With respect to eugenic sterilization, specifically, he discovered that "[a]pproximately one-half of the respondents of the three alter groups who did not respond 'don't know' on the 'relevancy' scale, perceived that the Guidance Clinic did not assess individuals who were thought to be candidates for sterilization. One the other hand, all of the Guidance Clinic staff perceived this as one of the services performed by the Guidance Clinic." As this chapter will demonstrate, by the

(PTS), and later to the guidance clinics. The province's school teachers were active in providing pertinent details about students to public health authorities, in assisting with the implementation of the recommendations provided by the guidance clinics, and in maintaining contact with children determined to be mentally defective in between clinics.

Scholars have warned against assuming that the expectations placed on teachers by mental hygiene and eugenic authorities reflected reality. Gleason, for instance, has identified a disconnection between the official pronouncements of mental hygiene authorities, such as the CNCMH, which expected teachers to fully participate in mental hygiene efforts, and the lack of resources and low wages teachers received.<sup>26</sup> This is important for appreciating the limitations of reading these texts, but, despite this disconnect, the explicit expectations for teachers to play a role in the connected mental hygiene and eugenics movements is significant. These official pronouncements worked to create a niche for teachers within these movements.

Additionally, the reports of the Alberta Department of Education and Alberta Department of Public Health provide evidence that teachers were in fact critical to the eugenics program. The Alberta Department of Education was initially responsible for the perceived problem of mental deficiency in the province, establishing the Home for Mentally Defective Children in South Edmonton in 1918, and commissioning Dr. Clarence Hincks' *Mental Hygiene Survey of the Province of Alberta* in 1921. This early relationship between mental hygiene and education in the province led teachers to develop certain practices that continued long after the responsibility for mental deficiency was transferred to the Alberta Department of Public Health in 1922. These practices, which included referring individuals suspected to be mentally defective to the proper authorities, were vital to the eugenics program once it was introduced in 1928.

The demands placed on teachers by mental hygiene authorities translated into training programs, and access to scientific measurement tools, including, most notably, intelligence tests. In addition to being underpaid, rural teachers throughout the twentieth century lacked resources, including often serving areas that had limited access to full time public health and welfare services. This sentiment was captured in a quote printed on the cover of the August 1920 issue of the *ATA Magazine*, which stated, “[t]he Teacher - My mission is holy. I prescribe for the mind and body; battle against heredity and environment; build states-men patriots, thinkers, artists. In

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time of Orn's study social work personnel had taken over most of the referral work from teachers, which is likely why they were not included in the list of professionals questioned by Orn.

<sup>26</sup> Gleason, *Normalizing the Ideal*, p. 16

return I receive pittance; I am forced to struggle against discouragement, live in inferior boarding-houses, and exist on bare necessities.”<sup>27</sup> The mental hygiene and eugenics movements provided teachers with access to classroom management tools, and a way to pass on their problem students to new authorities, which many of them utilized, particularly teachers working in rural districts.

Historian Angus McLaren has noted that teachers contributed to the medicalization of troublesome classroom behaviour by reporting children acting out in class to mental health authorities.<sup>28</sup> In an effort to address troublesome behaviour in their own classrooms, Alberta teachers working in rural districts on occasion travelled a fair distance to have their students evaluated at the nearest guidance clinics.<sup>29</sup> They also lobbied the Alberta Department of Public Health to have a guidance clinic brought into their own schools.

Despite teachers holding a subordinate position within the educational and mental hygiene hierarchies, and perhaps not contributing to mental hygiene efforts as much as mental hygiene and eugenic authorities would have liked, the Alberta Eugenics Board relied on teachers. Both the eugenics program and the guidance clinic service in Alberta aimed to cut the costs associated with psychiatric institutionalization, and in an effort to maximize these savings they maintained a small staff. As a result, they were forced to depend on teachers, and other professionals, who already had relationships with Albertan children. The reliance of the Eugenics Board, and the guidance clinics on these professionals was cost-effective. In Vermilion the guidance clinic, then called mental hygiene clinic, was forced to shut down because the schools refused to refer cases. In response, clinic administrators changed the name of the service from mental hygiene clinic to guidance clinic so as to symbolically distance themselves from the provincial psychiatric institutions. The Vermilion example demonstrates that, particularly in rural areas, without the cooperation of teachers, and other school authorities, these clinics were rendered ineffective.

Teachers served as intermediaries between the eugenics program and the guidance clinics, and the province’s schools. Beginning with the establishment of the Home for Mentally Defective Children in South Edmonton in 1918, teachers identified and referred students that they suspected to be mentally defective to the proper authorities, whether the school inspectors,

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<sup>27</sup> *ATA Magazine* 1, 3 (August, 1920), cover.

<sup>28</sup> McLaren, *Our Own Master Race*, p. 92.

<sup>29</sup> See *Annual Report of the Department of Public Health, Province of Alberta* (1938), p. 83.

principals, or directly to the superintendent of the Home, and later the PTS. After the 1937 amendment to Alberta's eugenic sterilization program, their proximity to school-aged children in the province, which allowed them to maintain supervision over cases of suspected mental deficiency, made teachers increasingly valuable to the eugenics program.

Instead of focusing strictly on the hereditary transmission of mental deficiency, the 1937 amendment allowed the Eugenics Board to consider environmental factors when determining whether to approve sterilization. Home conditions, family, personality, and behaviour, particularly sexual behaviour, were constructed as evidence of mental deficiency more readily. The amendment secured the province's teachers a place within the "highly efficient sterilization bureaucracy," particularly in rural areas. Teachers not only identified and referred students to the guidance clinics, but also worked with the clinics, and were an important component of the eugenics program's unorganized, but apparent intention to utilize the guidance clinics, and schools to monitor children until they reached appropriate age for sterilization.<sup>30</sup> Even if they did not support the psychologization of the classroom, which, as Gleason suggests, resulted in them being subjected to measurement and examination alongside of their students, Alberta teachers engaged with mental hygiene, and eugenics efforts, and enrolled in scientific measurement courses. This suggests that despite the associated challenges, teachers still saw these efforts as useful tools for managing their classrooms, and dealing with problem students.

With the increasing interest in the influence of environmental factors, rather than hereditary factors, in child psychological development, schools in Canada became less a place for intellectual disabilities to be detected, as a place where they could be prevented, or worsened.<sup>31</sup> As a result, the personality, intelligence, behaviour, and dress of teachers came under closer scrutiny. Not only did teachers have the potential to help students with their emotional, intellectual, and behavioural development, but they also had the potential to hinder, or damage it. In the 1940 work *Mental Hygiene: A Manual For Teachers*,<sup>32</sup> the Canadian authors write,

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<sup>30</sup> Secretary to the Eugenics Board, and Chief Psychiatric Social Worker of the guidance clinic service, Mary Frost explicitly expresses this intention in her 1942 survey of the guidance clinics in the southern portion of the province; See *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 108-113.

<sup>31</sup> Sheila L. Cavanagh, "From a belief in 'biology as destiny' to an environmental perspective of mental health: the impact of the Canadian National Committee for Mental Hygiene on education in Ontario, Canada, 1920-50," *Change: Transformations in Education* 4, 1 (May 2001): pp. 48-62; Gleason, *Normalizing The Ideal*

<sup>32</sup> Written by J.D.M. Griffin, Associate Medical Director for The Canadian National Committee for Mental Hygiene, S.R. Laycock, Professor of Educational Psychology, College of Education, University of Saskatchewan, and W.

For several reasons we would hesitate to draw the parallel between contagious physical disease and the influence of the teacher's personality on pupils. Even if we had here in mind the occasional occurrence of frank mental disease among the still-practicing teachers, the parallel would be unsound; for, while none of us would want our children to be placed under the direction of such a teacher, the influence that would result could in no sense be regarded as one of contagion. We cannot 'catch' mental disability in any sense of the word; and any attempt to stretch the meaning of *contagion* to make it an apt simile in our present discussion could only render that discussion subject to ridicule or gross mis-understanding.<sup>33</sup>

Although they hesitated to make this connection, they used it for illustrative purposes in their effort to highlight how the psychological adjustment of teachers was likely to affect that of their students. In the same way that morons had been equated with disease beginning earlier in the twentieth century,<sup>34</sup> teachers were constructed as a source of concern. The disease, so to speak, was now in the child's environment, which included the people they interacted with, instead of something that the child was born with. Ultimately, individual weaknesses were still blamed for social problems, and poor psychological development, but it was no longer just biological weakness, it was also learned behaviours, and acquired traits that contributed to one's worth as a citizen.

As women working in a profession defined by its members' supposed nurturing and care giving skills, teachers were subjected to the same double-edged characterization of women employed by mental hygienists and eugenicists. Women as future mothers were constructed as both capable of saving, and destroying, the Anglo-Canadian race.<sup>35</sup> Although teachers were trained and usually unmarried professionals, they were not immune to this depiction of womanhood, or to the connected discussions of "good" and "bad" motherhood.<sup>36</sup> By holding a mother-like position in relation to their students mental hygienists argued that teachers were capable of undoing the wrongs inflicted on children by their actual mothers. This mother-like

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Line, Associate Professor of Psychology, University of Toronto. For more on Laycock and his connections to the CNCMH see Gleason, *Normalizing the Ideal*

<sup>33</sup> J.D.M. Griffin, S.R. Laycock, and W. Line, *Mental Hygiene: A Manual for Teachers* (United States: American Book Company, 1940), p. 236.

<sup>34</sup> See Gerald O'Brien, *Framing the moron: The social construction of feeble-mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013).

<sup>35</sup> See Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (California, University of California Press, 2005).

<sup>36</sup> See Molly Ladd-Taylor, and Lauri Umansky (eds.), *"Bad" Mothers: The Politics of Blame in 20<sup>th</sup> C America* (New York: New York University Press, 1998).

position, however, also resulted in the teacher being blamed for the poor performance, or maladjustment of their students.

Initially, as Ellis has demonstrated, educationalists were concerned with the backwardness of many students in the Canadian education system, which was a label defined by external causal factors. Educational authorities in Alberta cited a lack of commitment, and effort, on the part of teachers in their explanations for the substantial number of backward students within the province. This criticism decreased with the scientific progressivism of the 1920s, which resulted in learning difficulties being almost exclusively understood in terms of intelligence, then considered to be a static, inherited trait. By the 1930s however, as the classroom became increasingly psychologised, teachers faced renewed scrutiny from the growing field of educational psychology. Educational psychologists began to subject teachers to extensive testing and measuring, and blamed their personality and behaviour for their student's maladjustments. More than ever teachers were expected to conform to the image of the heterosexual, single, young, attractive, and intelligent, teacher.<sup>37</sup>

According to widely respected Canadian educational psychologist Samuel Laycock, the teacher was to surround herself with married couples, and was to avoid becoming a bitter, spinster or old-maid type.<sup>38</sup> Their actions, including their level of interest in engaging with parents, and the districts in which they worked, became a reflection of their mental health. The nature of this blame reveals more about the expectations placed on teachers by mental hygiene and eugenic authorities than about the teachers themselves.<sup>39</sup> It also speaks to the broader, changing expectations of motherhood, which informed the eugenic sterilization program.

The 1937 amendment shifted the focus of the Eugenics Board from hereditary concerns to the patient's capacity to be an intelligent parent, or more aptly, an intelligent mother, a term that was further defined by race, ethnicity, class, gender, sexuality, behaviour, ability, and personality. Many of the same types of psychological tests and measurements that were applied

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<sup>37</sup> Sheila L. Cavanagh, "Female-Teachers Gender and Sexuality in Twentieth-Century Ontario, Canada," *History of Education Quarterly* 45, 2 (Summer 2005): pp 247-273.

<sup>38</sup> See Griffin, and Laycock, and Line, *Mental Hygiene*; S.R. Laycock, "Effect of the Teacher's Personality on the Behaviour of Pupils," *Understanding the Child* 19 (1950): pp. 50-85.

<sup>39</sup> Educational psychologists did not focus on male teachers to the same degree. Perhaps because male teachers would have been better represented in the secondary schools, rather than elementary schools, but it likely stemmed from the fact that male teachers were not associated with mothering traits in the same way that female teachers were; See Take for example Laycock, "Effect of the Teacher's Personality on the Behaviour of Pupils." In the vast majority of the cases documented the teachers were women.

to patients were also applied to teachers. After the 1930s being simply being a maternal figure was no longer satisfactory, teachers were expected to be intelligent mother-like figures.

#### HISTORICAL BACKGROUND ON TEACHERS, AND TEACHER TRAINING IN ALBERTA

During the opening decades of the twentieth century, Alberta had one of the highest proportions of male teachers in Canada. In Alberta and elsewhere in western Canada, where men outnumbered women in the population, it was not uncommon for men to both teach and farm.<sup>40</sup> In 1913 32.2 percent of all Albertan teachers were male, and 67.8 were female.<sup>41</sup> Women, however, served as a cheaper source of labour as they were not expected to support a family. Teaching was to provide a break between school and marriage. Until the 1940s, it was widely expected that women would retire from teaching upon marriage.<sup>42</sup> Throughout the twentieth century teaching became increasingly feminized. By 1920 women accounted for 75 percent of Alberta's teaching force.<sup>43</sup>

Teaching was defined by social expectations of sexuality, ethnicity, class, and mental fitness, and reflected gender relations. Historian Mary Kinnear, focusing on Manitoba, has argued that female teachers often taught in elementary schools, where they could guide and nurture young children in a mother-like fashion, while positions of authority, including principal, school inspector, and normal school instructor, as well as high school teaching positions were, for the most part, reserved for men.<sup>44</sup>

Initially there were few regulations or standards placed on teaching beyond expectations regarding moral character, nationality, and religion. However, as public schooling expanded in Canada there was pressure to improve the quality of education. One of the ways in which

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<sup>40</sup> Paul Alexrod, *The Promise of Schooling: Education in Canada, 1800-1914* (Toronto: University of Toronto Press, 1997), p. 50

<sup>41</sup> James Collins Miller, *Rural Schools in Canada: Their Organization, Administration and Supervision* (New York: Teachers College, Columbia University, 1913), p. 62.

<sup>42</sup> Kinnear, *In Subordination*, p. 124; See also, Cavanagh, "Female-Teacher Gender and Sexuality in Twentieth-Century Ontario, Canada."

<sup>43</sup> Robert M. Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary: A History of the Calgary Normal School and the Faculty of Education, University of Alberta* (Calgary: Detselig Enterprises Ltd. 2004), p. 22.

<sup>44</sup> Mary Kinnear, *In Subordination: Professional Women 1870-1970* (Montreal and Kingston: McGill-Queen's University Press, 1995), p. 123.



educational officials sought to achieve these ends was through formalized and standardized teacher certification, which included establishing normal schools for teacher training.<sup>45</sup>

A long-standing tradition throughout Europe and North America, normal schools served as specialized, single purpose facilities for teacher training.<sup>46</sup> Earlier expectations regarding morality, however, continued to underpin the normal schools' curriculum and behavioral code.<sup>47</sup> Beyond the classroom students were expected to obey authority, follow curfews, adhere to gender segregation policies, and to regularly attend church.<sup>48</sup>

In 1906, almost immediately after becoming a province, Alberta established its first normal school in Calgary, followed by a normal school in Camrose in 1912, which was geared towards the training of rural teachers, and Edmonton in 1920. The three normal schools were run by the provincial Department of Education, and offered four-month, and later eight-month training courses to Grade 11 and 12 graduates who were interested in becoming school teachers. In documenting the history of the Calgary Normal School scholar Robert M. Stamp found the experiences of student teachers to include strict gender expectations and moral codes.<sup>49</sup> In a rush to meet a chronic teacher shortage, Alberta established the Calgary Normal School on the earlier traditions developed in Toronto, in 1847, and reproduced across the other prairie provinces, despite these traditions being considered outdated by educationalists. At the normal school in Calgary, the admissions requirements were based on academic achievement, character traits, and age. Student teachers, as was the case elsewhere, could only board in approved housing.<sup>50</sup> The Calgary Normal School, despite being the only training school for all individuals wishing to be teachers in the province, including Roman Catholics, and recent immigrants, was protestant, and promoted Anglo-Canadian values.<sup>51</sup> Stamp has observed that the Calgary Normal School “was expected to train teachers ‘imbued with a wholesome combination of national loyalty and international sympathy, teachers who were well versed in both Canadian history, and geography

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<sup>45</sup> Alexrod, *The Promise of Schooling*, p. 39.

<sup>46</sup> Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary* p, 16.

<sup>47</sup> Alexrod, *The Promise of Schooling*, p. 46; See also Curtis, *Building the Educational State*

<sup>48</sup> Alexrod, *The Promise of Schooling*, p. 47; See also Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary*, p. 16-17.

<sup>49</sup> Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary*, p. iii.

<sup>50</sup> Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary* p, 16-18.

<sup>51</sup> There was no Catholic normal school in Alberta, and the Alberta Department of Education did not recognize the training Catholic nuns received in Catholic environments elsewhere, as a result those interested in teaching in the Catholic system were required to attend a provincial (Protestant) normal school; Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary*, p. 21.

and European history, who were willing to go out into foreign settlements and endeavor to win the newcomers to the language, culture and citizenship of Canada.”<sup>52</sup>

Non-Anglo Saxon newcomers arriving in western Canada at the beginning of the twentieth century hoped that their children would be taught in both English as well as their mother tongue. As a result, the prairie provinces were forced to confront this reality when developing educational policies. Both Manitoba and Saskatchewan, for instance, established schools to train and certify foreign teachers. Alberta, however, approached the situation differently.

In 1911, Alberta school regulations allowed for the school board of any district to hire one or more “competent persons” to teach students in any language other than English.<sup>53</sup> However, over the next year school inspectors reported that there was an ignorance of English in districts with a predominately recent immigrant population. In response the province opened a residential English school for foreigners in Vegreville, a Ukrainian settlement. The school was intended to teach English to newcomers who wished to become teachers, prior to them attending a normal school. The Ukrainian community, however, believed that the school certified its students directly, without additional training. This misunderstanding resulted in a student strike, and the school closing its doors.<sup>54</sup>

The confusion and anger that accompanied the Vegreville school also contributed to the Great Ruthenian School Revolt of 1913-1914. As scholar Cornelius J. Jaenen explains, the revolt began with at least twelve Ukrainian school trustees insisting that their district be able to retain uncertified Ukrainian teachers rather than hire certified non-Ukrainians as teachers. Although some of these teachers had graduated from the Manitoba and Saskatchewan schools for foreign teachers, they did not meet Alberta’s certification requirements. As a result, Alberta school inspectors dismissed and replaced the unqualified teachers, and, when local authorities refused to co-operate they assumed the powers of the official trustees.<sup>55</sup> This resulted in a number of the Ukrainian districts refusing to send their children to school, and culminated in a 1914 resolution calling for the Alberta government to allow students to be taught in their mother tongue as well as in English. The Alberta government responded by unanimously passing a resolution stating

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<sup>52</sup> Stamp, *Becoming a Teacher in 20<sup>th</sup> Century Calgary* p, 22.

<sup>53</sup> Cornelius J. Jaenen, “Ruthenian Schools in Western Canada,” in *Shaping the Schools of the Canadian West*, eds. David C. Jones, Nancy M. Sheehan, and Robert M. Stamp (Calgary: Detselig Enterprises Limited, 1979), p. 51.

<sup>54</sup> Jaenen, “Ruthenian Schools in Western Canada,” p. 53.

<sup>55</sup> Jaenen, “Ruthenian Schools in Western Canada,” pp. 53-54.

“[t]hat this House place itself on record as being opposed to Bi-lingualism in any form in the school system of Alberta, and as in favour of the English language being the only language permitted to be used as the medium of instruction in the schools of Alberta, subject to the provisions of any law in force in the Province in that effect.”<sup>56</sup> Jaenen argues that Alberta held a clearly defined and consistent policy towards foreign-speaking communities from the very beginning, which promoted “English unilingualism, ‘national schools,’ and British patriotism.”<sup>57</sup>

Alberta’s attitude towards “foreign,” or non-English speaking teachers in the province reflects some of the nativist sentiments that would later underpin the province’s eugenic sterilization program.<sup>58</sup> By 1921, both parents of 41 percent of the total population of children under the age of 10 in Alberta had been born outside of Canada. In comparison, 7 percent of all Canadians had foreign-born parentage on both sides.<sup>59</sup> The English-speaking teacher, trained at a provincial normal school, was to serve as a missionary of sort in foreign districts, leading efforts to assimilate new immigrants into Anglo-Canadian homogeneity.

#### THE ALBERTA DEPARTMENT OF EDUCATION AND THE PROBLEM OF MENTAL DEFICIENCY, 1918-1922

The perceived problem of mental deficiency in Alberta initially fell under the jurisdiction of the provincial Department of Education. Early provincial studies, including the survey of Alberta’s school population conducted by Dr. James C. Miller, Provincial Director of Technical Education, had brought to light a number of cases of mental deficiency.<sup>60</sup> Miller’s survey, which appeared in the Alberta Department of Education’s 1915 annual report, documented 426 such cases, based on his analysis of reports collected from Alberta teachers. Miller’s survey concluded that one in every two hundred children in attendance at school had a mental defect that was sufficient enough to explain his or her backwardness.<sup>61</sup>

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<sup>56</sup> Jaenen, “Ruthenian Schools in Western Canada,” pp. 54-55.

<sup>57</sup> Jaenen, “Ruthenian Schools in Western Canada,” pp. 55.

<sup>58</sup> See Palmer, Howard. *Patterns of Prejudice: A History of Nativism in Alberta* (Toronto, Ontario: McClelland and Steward, 1982).

<sup>59</sup> The other prairie province’s also had a high-percentage of children under 10 with foreign-born parentage, 34 percent in Manitoba, and 42 percent in Saskatchewan; Sutherland, *Children in English-Canadian Society*, p. 203.

<sup>60</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 149-226.

<sup>61</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 202; Miller’s study was part of a broader interest in examining the mental health of school populations. For instance after being appointed as school medical inspector for the Toronto Board of Education in 1910, Helen MacMurchy examined “117 children whose names had been

In 1916 only 18 of the 68 districts in Alberta had resident doctors, and only fifteen had resident public health nurses. Medical inspection of schools in the remaining rural districts was reportedly rare.<sup>62</sup> As a result, the responsibility for identifying and reporting children with mental deficiencies, as well as those who were blind, “deaf and dumb,” or “crippled” in these districts often fell to the resident teacher.<sup>63</sup> Miller’s reliance on the reports of teachers for his survey is a reflection of the authority many of them were given in determining the mental abilities of their students, and also the fact that in many districts teachers were one of the only experts in close proximity to the students.

Miller’s survey found that in comparison to their urban counterparts, students in rural districts tended to struggle in school. Many rural students were in a lower grade than expected, based on their age.<sup>64</sup> Although this was likely a combination of a number of factors, including the relatively recent presence of public schools within rural areas of the province, labour requirements for farm children, and the dissatisfaction on the part of some non-English speaking immigrants with the strict language and teacher training rules in the province, Miller nevertheless found that there were more cases of mental deficiency in Alberta’s rural schools, than in its urban schools. Miller also found that there were more children in the separate school districts in Calgary who were in lower grades than their age would suggest, noting that there were more children with “foreign-speaking parentage” attending separate schools, than was the case in the public schools.<sup>65</sup>

In their individual reports to the province’s Department of Education, school inspectors directed much of the blame for the poor state of education, and student performance in rural districts at teachers, and to a lesser extent the teacher-education system, which they argued had a tendency to prioritize teaching in urban schools. For instance, one such report submitted in 1915, three years following the establishment of the Camrose Normal School, stated, “so far as Normal School training goes, the rural schools get anything but a ‘square deal.’ In most cases only a small percentage and those the weaker, the least experienced and the shorter course students take rural positions, while the aim and focus of all thorough-going courses would seem to be services

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submitted by teachers and principals from the public schools, she found that 52 were not just backward, but clearly mentally defective;” Harvey G. Simmons, *From Asylum to Welfare* (Ontario: National Institute on Mental Retardation, 1982), p. 90.

<sup>62</sup> J.S. Woodsworth, “The Co-operative Community,” *The Grain Growers’ Guide* (December 20, 1916), p. 25.

<sup>63</sup> Woodsworth, “The Co-operative Community,” p. 25.

<sup>64</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 149-226.

<sup>65</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 191.

in an urban community.”<sup>66</sup> Another report written by J.A. Fife, Edmonton Inspectorate, titled “The Rural School Problem,” focused on the tendency of Alberta teachers to start off in the country, with the best instructors moving to the larger centers after gaining a year of experience. Fife complained that consequently rural areas were left with “mediocre,” “inexperienced,” and “untrained” teachers, which affected the continuity, and quality of the student’s work.<sup>67</sup> Fife went on to argue that many teachers in the province’s rural districts were not acquainted with their students’ parents, often going their whole term without being invited into some of their homes. Subsequently, the teacher “loses opportunities of getting knowledge of the home atmosphere, which would be of great advantage to her classroom management.”<sup>68</sup> In Fife’s opinion, the lack of relationship between the home and the teacher also meant that the teacher was not taking a leadership role in facilitating broader educational and social improvement efforts in the community. He wrote, “[i]t would be a great help towards social improvement in these communities if the teacher felt it her duty to take the lead in fostering healthful games and literacy meetings among the grown-up young people of her district.”<sup>69</sup>

At the time of Fife’s report Alberta’s Department of Education was attempting to address the problems plaguing rural education. In addition to a Normal School at Camrose, Alberta was consolidating its rural schools into fewer, stronger district schools. The consolidation of schools promised to allow for the employment of better trained, and better paid teachers, and also for introducing courses such as school gardening, manual training, and domestic science.<sup>70</sup> By 1919, 209 district schools in the province had been consolidated into 63.<sup>71</sup> Despite the recognition that the rural education system itself needed to be improved, as evidenced by the consolidation of schools, teachers were blamed for the level of backwardness in rural areas. This blame also overlooked the challenges that teachers in these districts faced, specifically those in immigrant settlements, where students faced language barriers, and many residents wanted a teacher who could teach the students in their mother tongue as well as in English.

The sentiments expressed by Fife and other school inspectors matched those that

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<sup>66</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 30; See also, Miller, *Rural Schools in Canada*, p. 62; Miller found that almost all of the lowest grade teachers, 97.2 percent in Alberta, were found in the rural schools.

<sup>67</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 89

<sup>68</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 89.

<sup>69</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 89.

<sup>70</sup> See Sutherland, *Children in English-Canadian Society*, p. 193-196.

<sup>71</sup> Sutherland, Sutherland, *Children in English-Canadian Society*, p. 196.

appeared in the *ATA Magazine*, the main organ of the Alberta Teacher's Association (ATA). This was particularly true of Fife's argument that teachers had a responsibility to take on leadership roles in social improvement efforts. In a 1920 article titled "Teachers as Community Leaders," the author argued that in rural districts the school formed a social center; it was the "headquarters of the social life of the entire community." As the school held such a prominent position, the teacher, "its presiding genius," was expected to be "no mere nonentity."<sup>72</sup> It was widely believed that the teacher was an influential figure in the rural districts, both because there was a lack of other authorities, and because rural education allowed for closer relationships between teachers, students and parents than urban areas.<sup>73</sup> Additionally, many of the province's immigrant settlements were situated in rural areas, and the teacher, serving in a sort of missionary capacity, was almost single handedly expected to encourage newcomers to assimilate to Anglo-Canadian conformity. They were to do so through developing relationships with the homes and communities.

In 1918 the provincial Department of Education established the Home for Mentally Deficient Children. The Home was set up on a temporary basis in South Edmonton to address "urgent" cases of mental deficiency within the province, specifically those considered "low-grade" types.<sup>74</sup> Teachers actively referred students who they suspected were mentally defective to the Home, beginning what would be a long-standing practice of teachers referring such students to the institutions, training schools and guidance clinics. Sarah Houston, special teacher of subnormal children in Calgary, for instance, referred the first five cases received by the Home.<sup>75</sup> The Mental Defectives Act introduced a year later, provided the Minister of Education with the authority to approve the institutionalization of individuals determined to be mentally defective in the Home for Mentally Deficient Children, with guardian consent.<sup>76</sup> During its first year of operation the Home received reports of 125 mentally deficiency students in the school system, and ultimately approved 53 cases. Due to its 34-person capacity, the Home could only

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<sup>72</sup> W. Everard Edmonds, "Teachers as Community Leaders" *ATA Magazine* 1, 3 (August, 1920), p. 13.

<sup>73</sup> G.R. Mealing, "A Rural Teacher's Task," *ATA Magazine* (June 1934), p. 16.

<sup>74</sup> *Annual Report of the Department of Education, Province of Alberta* (1918), p. 15; See "Four Types of Mental Deficiency" poster published by The Canadian National Committee for Mental Hygiene.

<sup>75</sup> *Annual Report of the Department of Education, Province of Alberta* (1918), p.17.

<sup>76</sup> In cases of reported "mental deficiency" where consent was refused the Minister could seek institutionalization through application to a justice of the peace; An Act respecting Mentally Defective Persons, Statutes of the Province of Alberta, 1919, Vol. 3 Chapter 12

admit 19 of these cases.<sup>77</sup> By 1921 the Home had received 225 applications from across the province. The surplus cases were not further assessed or prioritized but placed on a waiting list. This decision suggests that the Minister had confidence in the teachers' assessments, even when teachers' recommendations far exceeded the province's capacity to manage the caseload.

In an effort to maintain contact with these cases until a larger, permanent training school could be established, the Home attempted to create a registry of all of the individuals suspected to be mentally defective who had been reported to them. In the second annual report for the Home for Mentally Defective Children, the acting superintendent Van G. Gosnell wrote,

[t] he work of compiling information regarding the feeble-minded in the province was continued throughout the year and a plan has been worked out for an organization which will place the department in touch with every case in the province. This may be done with very little extra expense, working through the school teachers, school inspectors, public health nurses and the Superintendent of Dependent and Delinquent Children. It has also been found possible to get in touch with many cases through the reports of teachers to the Chief Attendance officer.<sup>78</sup>

This was the first of many attempts to maintain contact with every individual suspected to be mentally defective in the province.

As part of its effort to address the problem of mental deficiency in the province, the Alberta Department of Education commissioned Dr. Clarence Hincks of the CNCMH, to examine the extent of mental abnormality in the province, and its effect on the community. Hincks himself was drawn to mental hygiene through his role as the District Medical Inspector of Schools in West Toronto, which had exposed him to the emotional and mental problems of students. His findings were published in 1921, and were instrumental in laying the groundwork for Alberta's sterilization program.<sup>79</sup> Hincks' survey focused largely on the province's public schools, making a case for a provincial mental hygiene programme by emphasizing the negative influence that he believed mentally defective students had on their peers. In his foreword, for instance, Hincks stated, "[p]erhaps the chief menace of mental disability lies, not so much in the harm that the afflicted individuals bring upon themselves, but rather the ill-effects for which they are responsible upon their associates... We have abundant proof... that one mentally deficient lad in a school community can, under certain circumstances poison the morals of his fellows."<sup>80</sup>

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<sup>77</sup> *Annual Report of the Department of Education, Province of Alberta* (1919), p. 89.

<sup>78</sup> *Annual Report of the Department of Education, Province of Alberta* (1919), p. 89.

<sup>79</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*.

<sup>80</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.1

Hincks went on to argue that “normal children made greater progress when defectives are removed from their midst,” reinforcing mental hygiene as an educational concern.<sup>81</sup> Hincks’ 1921 survey provided “scientific” backing to the belief that troublesome behaviour in the classroom, including truancy, often indicated low intelligence, which in turn was tied to criminality and deviancy.

Over the course of his investigation Hincks visited seven schools that he believed were relatively representative of the entire province. He selected five urban schools, three of which received their pupils from an “average mixed community,” one from a labouring class, and one from a professional class, as well as six rural schools, which were all within the vicinity of Medicine Hat.<sup>82</sup> Hincks administered intelligence tests to the students attending the seven schools he visited in order to determine students’ IQ. He calculated the students’ IQ by taking their mental age, according to the Binet-Simon Intelligence Scale, dividing it by their chronological age and multiplying the result by 100.<sup>83</sup> Following this method Hincks estimated that out of the 135,750 students in the province’s school system in 1920, approximately 4500, or 3.32 percent were mentally defective, a label he, like others, applied to those with an IQ of 75 or less.<sup>84</sup> According to Hincks, although it was possible for a child with an IQ of 75 or less to “get along fairly well” after leaving school, they were nevertheless unable to benefit from a curriculum designed for students of average intelligence. He praised Alberta for developing special classes for subnormal children, a tool that was used in a number of provinces across Canada. These classes, as Hincks explained, were reserved for students with an IQ between 51 and 75. Students with an IQ of lower than 51 were, according to Hincks, “quite unsuitable as a pupil in the public school system.”<sup>85</sup>

Notably, Hincks found that three of the six rural schools he visited had a significantly higher percentage of defectives than the urban schools. For instance, he determined that 11.11 percent of students at school number 2658, located in Brecon Hill were defective. Similarly, he found that the schools located in the rural districts of Mile Lake and Abelein had a mentally defective population, which accounted for 14.81 and 7.15 percent of their school populations,

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<sup>81</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.2; Tommy Douglas made a similar claim in his 1933 thesis, see T.C. Douglas, *The Problems of the Subnormal Family* (Masters Thesis, McMaster University, 1933).

<sup>82</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.22

<sup>83</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.21.

<sup>84</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.21-22.

<sup>85</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.21.



respectively. In comparison, McDougall school in Edmonton was recorded as having the highest “percentage of defectives” out of the five urban schools visited; he identified 5.83 percent of its students as mentally defective.<sup>86</sup>

The rural schools were all within the vicinity of Medicine Hat, an area that during this period was composed of a number of non-English speaking settlements. Hincks was an advocate for immigration restriction, and his bias against non-English speaking families was apparent in his report. For instance, he determined that immigrants accounted for a disproportionate number of the province’s insane and feeble-minded population. He found that continental Europeans accounted for 24.10 percent of the overall population at the Hospital for the Insane at Ponoka, while only accounting for 14.6 percent of the total provincial population. In comparison, he found that those born in Canada accounted for 27.16 percent of the overall population at the Ponoka hospital, while accounting for 48.6 percent of the provincial population. He used these statistics to make a case for immigration restriction, arguing that such a policy would help to address the heavy financial burden that Alberta and other Canadian provinces were bearing with respect to the care of the insane and feeble-minded in psychiatric institutions, jails, and homes for unwed mothers. The poor test scores from the Medicine Hat area served to reinforce Hincks’ assertion that immigrants comprised a significant portion of the province’s mental defective population.

The schools with the lower percentage of defectives were ones that served primarily “successful” British and Canadian-born families.<sup>87</sup> In his report Hincks mentioned that the Medicine Hat area had suffered from poor crop conditions, which suggests that he may have recognized the potential for external factors to influence test scores. However, these conditions were not given any consideration in his analysis of the IQ results from this region of the province. Nor was the Anglo-centric nature of the test, potential language barriers, or that the schools in the Medicine Hat area were all relatively new.<sup>88</sup> The three districts Hincks identified as having the highest percentage of mentally defective students in 1921 were all less than a

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<sup>86</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.22-25.

<sup>87</sup> CNCMH, *Mental Hygiene Survey of the Province of Alberta*, p.22-25

<sup>88</sup> These biases have been documented elsewhere in studies of IQ tests. See for example Black, Edwin. *War Against the Weak: Eugenics and America’s Campaign to Create a Master Race*. New York: Four Walls Eight Windows, 2003, which argues that intelligence tests were used as weapon to root out certain groups of people.

decade old at the time of his study.<sup>89</sup> Alberta's Department of Education had expressed concern about the Medicine Hat area prior to Hincks report, commenting in 1915 that families from this area tended to place value in their children's future as farm labourers, which the report interpreted as misunderstanding the importance of education.<sup>90</sup>

Responsibility for mental deficiency was transferred from the Alberta Department of Education to the Alberta Department of Public Health in 1922.<sup>91</sup> In his 1922 report for the Home for Mentally Deficiency Children, Director W.J. McAlister stressed that while the Department of Public Health was "keenly alive" to its new responsibility it required "the co-operation of the Educational authorities as well as the co-operation of all public, social, and philanthropic bodies in the launching of province-wide scheme tending towards the education of the public and the effective handling of such problems as mental deficiency, moral delinquency, pauperism, vice and crime." According to McAlister, the Department of Education, including teachers, remained "vitaly interested" in these problems, particularly that of mental deficiency.<sup>92</sup> Specifically, they continued to refer students they suspected to be mentally defective to the PTS after its establishment in 1923.

#### IDENTIFYING AND REFERRING CASES OF MENTAL DEFICIENCY

Beginning in the 1920s, uncovering cases of mental deficiency through the use of intelligence testing in classrooms across the province became central to efforts to address mental deficiency and its associated social ills. Students with an IQ of between 65 and 75 were funnelled into special classes for subnormal children, or in some instances referred to the PTS. While accepting the widely held belief at this time that intelligence was static, many educationalists, eugenicists, and mental hygienists argued that with training high grade mental defectives, defined by an IQ of between 51 and 75, might be capable of contributing to society. The PTS was intended to do just that, however, the superintendent frequently complained that it was overrun with custodial cases, or low grade mental defectives, a category defined by an IQ of 50 or lower. Special classes for sub-normal students consequently became an important

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<sup>89</sup> For a list of the dates that these districts were established see *Annual Report of the Department of Education, Province of Alberta* (1915), p. 149-226.

<sup>90</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p. 100-102.

<sup>91</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1922), p 42.

<sup>92</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1922), p 44.

component of the province's plan for providing training, and maintaining close contact and supervision of children determined to be mentally defective.

As intelligence tests became a key component of not only the mental hygiene and eugenics movements, but also of how schools approached their students, there were a number of training opportunities provided to teachers to educate them on how to administer tests in their own classrooms. One such course was offered through the University of Alberta's "joint summer school," which was organized in 1913 by the University and the Department of Education to provide teachers with the opportunity to supplement their normal school training. The summer school offered teachers a means for qualifying for higher-grade teaching certificates, and introduced new learning methods. Within the first decade of its operation, the Department of Education declared the summer school "one of the most potent educational agencies in Alberta."<sup>93</sup>

The summer school was well attended with one hundred and thirty applications received in the first year, and two hundred and seventy five the second year.<sup>94</sup> The range of courses offered expanded each year, and included, among others, agriculture, manual training, music, math, oral English, psychology, and intelligence measurement. Classes on intelligence measurement provided teachers with the necessary background to utilize intelligence tests within the classroom, including supervised, practical experience.<sup>95</sup>

Whether teachers should be administering tests within their classrooms, however, was frequently debated within the *ATA Magazine* throughout the 1920s. While some educational psychologists and teachers in the province believed that intelligence tests served as an important tool for the teacher, school administrators tended to argue that such testing fell outside of the teacher's classroom responsibilities. Earle D. McPhee, an Education professor at the University of Alberta, believed teachers were critical in combating the forces leading to the degeneration of society, particularly mental defect. He argued that the use of mental testing within the classroom enabled teachers to play a key role in preventing social problems associated with mental deficiency. By testing their pupils, teachers assisted in combating the problem of mental deficiency within the province. McPhee also suggested that the use of mental testing by teachers helped with the collection of accurate data on the connection between mental deficiency and

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<sup>93</sup> *Annual Report of the Department of Education, Province of Alberta* (1918), p. 12.

<sup>94</sup> *Annual Report of the Department of Education, Province of Alberta* (1914), p. 54.

<sup>95</sup> E.D. McPhee, "Mental Deficiency as a Social Problem," *The ATA Magazine* 2, 8 (January 1922), p.12.

delinquency in Alberta.<sup>96</sup> He wrote, “[m]ental deficiency is not the least of the challenges to our civilization; its solution will come from the sympathetic and intelligent efforts of those who fashion and form the youth of our land. The psychiatrist, the psychologist, the doctor, the judge, will do their part, but much must come from the teacher.”<sup>97</sup> McPhee published a number of articles instructing his readers on the best intelligence tests to use, and how to use them. He also offered to mail copies of intelligence tests directly to teachers.

The Faculty of Education at the University of Alberta, as well as the departments of philosophy and psychology, both headed by John MacEachran, future Chair of the Eugenics Board, had a long standing interest in training teaching personnel in matters of mental hygiene, which, importantly, also meant training them in techniques that would benefit the eugenics program. The Department’s use of the joint summer program to introduce teachers to mental deficiency and its relationship to low intelligence, and delinquency serve as an early example of this overlapping set of interests, and agendas.

In an article published in the *ATA Magazine* in 1924 an Alberta teacher defended the use of intelligence tests within the classroom. She suggested that by providing teachers with a working knowledge of students’ mental capacities, intelligence tests allowed to them to avoid the injustices inadvertently placed upon mentally deficient children.<sup>98</sup> She wrote, “[w]herever intelligence tests have been used in schools, they have shown this important fact: that approximately two per cent of the school population have a grade of intelligence that no matter how long they may live, will never develop beyond the normal mentality of child of twelve years.”<sup>99</sup> If they knew which of their students fell into this “two per cent” the teacher could adjust their expectations to meet the students’ abilities. She further emphasized how enjoyable the test was for students, writing “[a]n application of an intelligence test is a most interesting and pleasant experience for the pupil, as compared with a written examination. It takes only an hour at most, and is no source of anxiety or worry as a written test may be, and proves a most satisfactory method of determining a child’s original endowment.”<sup>100</sup>

In comparison, C.B. Willis, the principal at Victoria High School in Edmonton, claimed that mental tests were an important tool in the hands of a skilled educational administrator, not

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<sup>96</sup> E.D. McPhee, “Mental Deficiency as a Social Problem,” p.12.

<sup>97</sup> E.D. McPhee “Mental Deficiency as a Social Problem,” p. 12.

<sup>98</sup> Cameron, “Intelligence Tests in the Public Schools,” *ATA Magazine* 5, 4 (September 1924), p. 28-30.

<sup>99</sup> Cameron, “Intelligence Tests in the Public Schools,” p. 28.

<sup>100</sup> Cameron, “Intelligence Tests in the Public Schools,” p. 30.

teachers, noting that “the work of the teacher is to teach.”<sup>101</sup> Willis received widespread recognition for his experiment, where he administered intelligence tests to the incoming student body at his school and separated the pupils according to mental age. A. Melville Scott, Superintendent of Schools, Calgary, similarly wrote, “the teacher does not need any special knowledge of the art of applying a modern scale for the measurement of intelligence. This is a task of a trained expert, requiring wide experience and a thorough knowledge.”<sup>102</sup> The views of Willis, and Scott further illustrate teachers’ subordination within the educational hierarchy. Intelligence measurement was a relatively new science, connected to a “progressive,” socially and scientifically significant movement, and while teachers were trained, they were not sufficiently trained from the perspective of the higher-ranking educational authorities who had their own interest in managing these activities.

In a 1926 article published in the *ATA Magazine* J.W. Verge responded directly to the claim put forth by school administrators in the province that teachers should not participate in mental testing. Verge noted that this argument was “rather peculiar” given the nature of teaching, writing,

to say that a teacher should not know the I.Q. of the pupil in his charge is somewhat analogous to saying that a doctor should know nothing of the disease for which he seeks to treat his patient...just as a doctor who can most accurately diagnose disease can most competently deal with it, so the educator who can most closely test the mental functions can most adequately and wisely provide for their proper training.<sup>103</sup>

Verge argued that mental testing was “one of the most useful tools lying at the hand of the expert teacher.” To assert that teachers should not use mental testing was, in Verge’s opinion, to deny them “the right of using a very valuable aid” in their work. Verge maintained that instead of denying teachers this right, educational administrators, and psychologists should instead focus on training teachers to properly use intelligence testing in the classroom.<sup>104</sup> Despite the debate over whether teachers were skilled, or knowledgeable enough to employ individual intelligence tests within their classrooms, most contributors agreed that teachers should employ group intelligence tests. Group tests required less precision but supposedly gave teachers a general sense of their students’

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<sup>101</sup> C.B. Willis, “Mental Hygiene and the Schools,” *Mental Health* 7, 2 (Feb 1932), p.11.

<sup>102</sup> A. Melville Scott, “The Problem of the Special Pupil,” *ATA Magazine* Easter Annual (1922), p. 32.

<sup>103</sup> J.W. Verge, “What Should the Teacher Know about Mental tests,” *ATA Magazine* 6, 8 (January 1926), p. 15.

<sup>104</sup> Verge, “What Should the Teacher Know about Mental tests,” p. 15.

intelligence.<sup>105</sup>

Whether identifying cases through the use of individual, or group IQ tests, or from experience and judgement, Alberta teachers continued their earlier practice of referring students they suspected of being mentally defective to mental hygiene authorities, which after 1923 included the PTS. Despite the PTS falling under the jurisdiction of the Alberta Department of Public Health, the province's teachers, and other educational authorities served as the main sources of referrals throughout the 1920s, referring 165 mental defective suspects between 1923 and 1927.<sup>106</sup> These 165 cases accounted for forty per cent of the total recorded recommendations received by the PTS during these years.<sup>107</sup> In his 1928-29 report, W.J. McAlister, Superintendent of the PTS, and former Director of the Home for Mentally Defective Children, wrote "[t]he Department of Education, through its inspectors and teachers, has co-operated quite satisfactorily in advising us of such cases as were attending schools who were decidedly backward and those who had not as yet attended school because of marked mental defect." In the same report he also commented on the quality of the referrals, writing, "practically all cases reported during the year were bona fide cases of mental defect," speaking to a level of knowledge and experience on the part of the referral sources.<sup>108</sup>

By 1932, children suspected of being mentally defective were directed to the guidance clinics, instead of directly to the PTS. The province's teachers, and school administrators remained active in identifying and forwarding details regarding students suspected to be mentally defective, as well as children who were having trouble adjusting more generally. Between 1931 and 1960, schools were responsible for referring 5,926 new cases to the province's guidance clinics.<sup>109</sup> The number of students referred to clinics increased as the service

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<sup>105</sup> The 1984 "Review of Issues on Intelligence Tests," undertaken by the Special Education Services Branch of Alberta Education, found that in fact Alberta teachers often administered group intelligence tests in their classrooms, unsupervised; Special Education Services Branch of Alberta Education, "Review of Issues on Intelligence Tests," (1984), p.5.

<sup>106</sup> *Annual Report of the Department of Public Health, Province of Alberta (1923-1928)*; It is clear from the text of the Red Deer Provincial Training School annual reports that teachers were responsible for a number of the referrals recorded under the general "Department of Education" category in the include tables for 1923-1927. For instance, "There is no doubt that there are many defective children throughout the Province, reported as suspects by teachers and Public Health nurses." "Provincial Training School, Red Deer, Alberta," Department of Public Health, 1923, p.5

<sup>107</sup> *Annual Report of the Department of Public Health, Province of Alberta (1921-1928)*.

<sup>108</sup> *Annual Report of the Department of Public Health, Province of Alberta (1928-29)*, p. 51.

<sup>109</sup> See department of public health annual reports; the specific title of the referring agency changed over time within these reports: "city schools" (1931-1932), "school" (1933-1935, and 1948-1950), "school teachers and officials" (1936-1947), "schools and schools authorities" (1956-1960). Although "teachers" were only included in the title

expanded and developed closer relationships with the schools. From 1933 to 1935, the provincial schools referred 259 new cases, in comparison to the 1710 new cases they referred from 1948 to 1950.<sup>110</sup> These referrals accounted for twenty-three and forty per cent, respectively, of the total number of new cases received by the guidance clinic during these two periods of time.<sup>111</sup> Although not all of these 5,926 cases would have been instances of mental deficiency, those diagnosed as mentally defective accounted for forty per cent of all new cases referred to a provincial guidance clinic each year until the 1940s. After this point, students identified as mentally defective continued to account for twenty per cent of new cases yearly, meaning that teachers and other referral sources continued to refer those determined to be mentally defective throughout the period.<sup>112</sup>

Throughout the course of the twentieth century the definition of “problem” student broadened, initially focusing on backwardness, then on mental deficiency, and as an increasing number of behaviours became medicalized, it came to include anti-social behaviour, and emotional troubles.<sup>113</sup> The clinics served as a classroom management tool for teachers, providing them with a service to which they could refer their problem students for evaluation. This was particularly true in areas like Medicine Hat where the clinics were held directly in the schools. However, even in areas where teachers did not have convenient access to clinics they still saw this service as an option, either travelling with their students to the nearest clinic centre, or lobbying the provincial government to have the clinic travel to their own districts.<sup>114</sup>

The influence of scientific progressivism on the Alberta education system resulted in efforts to better prepare and train teachers, particularly in scientific measurement techniques. Differentiated education promised to create a healthy, and mentally fit future citizenry by directing students’ educational paths based on their intelligence. For students with IQs below 75, this path involved referral to the PTS, and following the introduction of the eugenics program in 1928, sexual sterilization.

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from 1936-1947 it is clear from the reports in which these statistics were published that they were responsible for a significant portion of the cases that fell under the loose “school” category every year.

<sup>110</sup> Teachers continued to refer cases past 1950; however, the exact numbers were no longer recorded in the annual reports.

<sup>111</sup> See *Annual Reports of the Department of Public Health, Province of Alberta*.

<sup>112</sup> See *Annual Reports of the Department of Public Health, Province of Alberta*.

<sup>113</sup> In 1960 Linden house was opened for emotionally disturbed children on the grounds of the PTS in Red Deer.

<sup>114</sup> See *Annual Report of the Department of Public Health, Province of Alberta* (1938), p. 83.

## HOME-SCHOOL ASSOCIATIONS AND TEACHER-BLAMING

In addition to serving as a referral source for the guidance clinics, teachers were also expected to be involved in the follow-up work that took place in between the clinics. During the clinics' early decades the individual, or organization referring a case received advice and recommendations from the medical staff on how to assist the child at home and school. When a teacher referred a case they were encouraged to help the family implement the clinic's recommendations in addition to making their own adjustments within the classroom setting.

By the 1930s childrens' home environments were recognized as critical to their psychological development, resulting in a renewed effort on the part of mental hygienists to encourage teachers to develop relationships with their students' families. Clinic administrators encouraged teachers to assist families in establishing healthy home environments. They asked teachers to collect information that might be valuable to mental hygiene authorities in cases where interventions were determined to be necessary. In an article co-written by an administrator at the Provincial Guidance Clinic, Edmonton, and an educationalist from the University of Alberta, the authors indicated that "[a] good teacher will welcome casual and arranged meetings with parents as opportunities to improve the cooperation between home and school."<sup>115</sup> During these meetings the authors suggested that the teacher should "secure information on how the child behaves at home. Information on bed-time, sleep habits, control techniques, relations with siblings, can be obtained readily by just listening."<sup>116</sup> Like other mental hygienists in the province, these authors believed that teachers were in an excellent position to obtain this intimate knowledge. Clinic administrators suggested that teachers utilize the province's home and school associations as an avenue through which to connect with their student's families, including, importantly, the families of children who had been referred to the clinic. Clinic administrators relied on what they hoped to be intimate bonds between students, families and teachers to help carry out their mental hygiene plans.

A number of contributors to the *ATA Magazine* also encouraged teachers to recognize the opportunity that home and school associations provided for developing relationships with their students' families. This relationship, many suggested, was useful in terms of educating parents,

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<sup>115</sup> Jean L Dixon, and S.C.T. Clarke, "The Exceptional Child: Emotional Problems in the Classroom," *The ATA Magazine*, 34, 8 (April 1954), p. 21

<sup>116</sup> Dixon, and Clarke, "The Exceptional Child: Emotional Problems in the Classroom," p. 20-22, and 35.



as well as collecting information on the home environment. For instance, in a 1927 article published in the *ATA Magazine*, Nellie McClung, who would later become known as one of the Famous Five, suggested that parent-teachers' associations might become a medium for the dissemination of knowledge about child psychology, believing it would benefit the home as well as the school. She wrote,

Parent-Teacher Associations are not a necessity, if they merely aim at being a Ladies' Aid to the School Board, raising money by the usual methods for school equipment, or a social organization for the promotion of better bridge in the community, worthy as these aims are; but if the Society is a sincere coming together of teachers and parents to discuss and study the problems of childhood, the possibilities are unlimited. And in this work, the teachers should take the lead. They have the responsibility, because of their superior training for their work. They have something to give to the parents.<sup>117</sup>

McClung claimed that whereas teachers had been trained to teach, motherhood was a “haphazard affair” requiring no training or experience.<sup>118</sup> These comments are not surprising given McClung's support for eugenic sexual sterilization, which was underpinned by her belief that motherhood was a privilege.<sup>119</sup> In a later *ATA Magazine* article Lydia A. Lammle, an Alberta teacher, stressed a similar point, commenting that it was “a great, great mistake that parent-education is not compulsory, that young couples contemplating marriage, are not compelled to first take a course in hygiene, parenthood and home-making, prior to the issuance of a license.”<sup>120</sup> She believed that the teacher had a role to play in addressing this “mistake,” arguing “[w]e teachers cannot undo the mischief so innocently done during the first six years, but we can strive to prevent that mischief from being done, and the quickest, the surest way, is through the Parent-Teacher Association.”<sup>121</sup>

These articles, particularly McClung's, speak to the tension between teachers' expertise, which mental hygienists and eugenicists argued placed them in a position to recognize problems that parents might overlook, and the belief of these same mental hygienists and eugenicist that this expertise was narrow, and directly related to educating their students. Teachers were considered to be trained mental hygiene workers, but only up to a point. They were considered to

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<sup>117</sup> Nellie McClung, “A Plea for parents” *ATA Magazine* 7, 12 (July 1927), 17.

<sup>118</sup> McClung, “A Plea for parents” p. 17

<sup>119</sup> See Cecily Devereux, *Growing a Race: Nellie L. McClung and the Fiction of Eugenic Feminism* (Montreal & Kingston, ON: McGill-Queen's University Press, 2006); Janice Fiamengo, “A Legacy of Ambivalence: Responses to Nellie McClung,” *Journal of Canadian Studies* vol. 34, 4 (Winter 1999/2000): 70-87.

<sup>120</sup> Lydia A. Lammle, “The Parent-Teacher Association” *ATA Magazine* (November 1933), 24

<sup>121</sup> Lammle, “The Parent-Teacher Association,” p. 24

be experts in relation to the families of the children they taught, but they were to refer cases they suspected to be mentally defective to other authorities for advice.

The growing support for scientific motherhood served to construct notions of good and bad motherhood, which were largely based on the extent of the mother's compliance with expert advice. As historian Rima Apple has explained, scientific motherhood resulted in maternal instinct being replaced by a reliance on professional expertise.<sup>122</sup> Teachers were one of a variety of professionals on whom Canadian mothers were expected to rely. They acted as a model of Anglo-Canadian motherhood, to which the mothers in their districts could aspire. At the same time, however, because teachers served as a mother-like figure in the lives of their students, they were subjected to the same scrutiny as actual mothers.

The 1937 work of educational psychologists Samuel Laycock,<sup>123</sup> and J.D. Griffin's titled *Mental Hygiene* contained a chapter dedicated to examining the teacher's own mental health.<sup>124</sup> The chapter argued that teachers who were not well adjusted or reasonably mentally healthy "do not present an example of human living that we hope our children will achieve."<sup>125</sup> By behaving in an unacceptable or undesirable way, teachers had the potential to hinder the development of the children in their classrooms.<sup>126</sup> Particularly undesirable traits or behaviours included being "inconsiderate, impatient, prejudiced, rigid, unimaginative," "sarcastic," or "overcritical." The authors also observed that an "unpleasant voice, appearance, or manner" on the part of the teacher, could have "unfortunate" effects on students.<sup>127</sup> In order to minimize the potential for damage the authors maintained that there needed to be a student-teacher selection program in place at Canadian schools of education. According to Laycock and Griffin, such program should be based on "careful clinic appraisals, together with extensive psychological and educational tests and evaluations."<sup>128</sup>

While the mental health of the school administrators and male teachers was mentioned in Laycock and Griffin's 1937 work, most of the earlier work on the topic focused specifically on

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<sup>122</sup> Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Jersey: Rutgers University Press, 2006).

<sup>123</sup> For more on Samuel Laycock see Gleason, *Normalizing the Ideal*.

<sup>124</sup> Griffin, Laycock, and Line, *Mental Hygiene*.

<sup>125</sup> Griffin, Laycock, and Line, *Mental Hygiene*, pp. 236-237.

<sup>126</sup> Griffin, Laycock, and Line, *Mental Hygiene*, p. 237.

<sup>127</sup> Griffin, Laycock, and Line, *Mental Hygiene*, p. 237.

<sup>128</sup> Griffin, Laycock, and Line, *Mental Hygiene*, p. 241; See the Laycock Mental Hygiene Rating Scale of Teachers' Personal Effectiveness

female teachers. For instance, in 1936 Leigh Peck an American educational psychologist published his study of the personalities of one hundred female teachers, who were enrolled his summer university courses at the University of Texas, in the *Journal of Educational Psychology*.<sup>129</sup> Using a variety of psychological tests, Peck argued that [o]ne third of the female teachers examined were “definitely maladjusted,” one-sixth required “psychiatric advice, and only one-fifth could be “classified as well-adjusted.”<sup>130</sup> He indicated that among female teachers those who were married were the worst adjusted, and those who were widowed were the most well adjusted, with single teachers falling somewhere in between.<sup>131</sup> Commenting on Peck’s study in their 1937 work, Laycock and Griffin argued that although the tools employed by Peck lacked validity, the findings were nevertheless “food for thought.”<sup>132</sup> Laycock, himself, focused on the marital status of teachers in his own work, often suggesting that single teachers should surround themselves with married friends, but while doing so they should be aware of becoming bitter, and old maid-like.<sup>133</sup>

In his later work Laycock continued to emphasize the importance of the teacher’s mental health to the development her students. However, he began to construct the expectations in terms of social improvement into his discussion of what constituted “good” mental health. He wrote “[o]ther symptoms of poor mental health in teachers are revealed by some teachers in their poor community relationships. Instead of taking their proper share in community life as citizens, they withdraw and keep to themselves.”<sup>134</sup> He noted for instance that teachers tended to vary in their relationships with their student’s parents, with some having “as little to do with parents as possible.”<sup>135</sup> Laycock stated, “[s]ome are on the defensive at once when they meet a parent. They are unable to absorb the hostility of a parent who is upset and therefore retaliate in kind.”<sup>136</sup> This sentiment speaks to how psychologists utilized teachers for their own professional ends. They constructed the good teacher as one who helps to bring psychological knowledge into their students’ homes, and by extension, teachers who resisted the psychologization of the home and

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<sup>129</sup> L. Peck, “A study of the Adjustment Difficulties of a Group of Women Teachers,” *Journal of Educational Psychology* 27, 6 (September 1936), 401-416.

<sup>130</sup> Peck, “A study of the Adjustment Difficulties of a Group of Women Teachers,” p. 414.

<sup>131</sup> Peck, “A study of the Adjustment Difficulties of a Group of Women Teachers,” p. 409.

<sup>132</sup> Griffin, Laycock, and Line, *Mental Hygiene*, p. 239.

<sup>133</sup> Cavanagh, “Female-Teachers Gender and Sexuality.”

<sup>134</sup> Samuel R. Laycock, *Mental Hygiene in the School: A Handbook for the Class-Room Teacher* (Canada: The Copp Clark Publishing Co. Limited, 1960), p. 71.

<sup>135</sup> Laycock, *Mental Hygiene in the School*, p. 71.

<sup>136</sup> Laycock, *Mental Hygiene in the School*, p. 71.

school became “bad” teachers. Much of the expectations, or demands placed on teachers, played into the eugenics and mental hygiene movements, out of which the psychology profession developed.

#### TEACHERS, GUIDANCE CLINICS, AND EUGENIC STERILIZATION

In her 1942 survey of the guidance clinics in the southern portion of the province, Secretary of the Eugenics Board, and Chief Psychiatric Social Worker of the guidance clinic service, Mary Frost, judged the success of each of the clinics she visited based on the number of cases that it had presented to the Eugenics Board for sterilization. She also evaluated how well the clinics were able to maintain contact with children determined to be mentally defective who were too young to be sterilized, and additionally, the relationships that each clinic had developed with the nearby homes. Specifically, the survey attempted to determine how effectively the guidance clinics were utilizing the new authority provided to them by the 1937 amendment.

As the Medicine Hat clinic was held directly in the schools, examining cases reported by teachers and principals with guardian consent, the teachers at this centre were particularly important to the clinic’s success.<sup>137</sup> As a result, Frost largely blamed the teachers in Medicine for the faults she found with the clinic. She criticised them for their limited knowledge of the home conditions of their pupils, connecting this lack of knowledge to the fact that there were only four cases presented for sterilization from this centre. She detailed the case of a family with several children who the teacher reported were “so filthy” that they, and their other students, were uncomfortable.<sup>138</sup> Although the hygiene of these children was obviously bothering the teacher, she did not address her concerns with the family, instead she requested that the public health nurse visit the home. As the nurse’s visit to the home overlapped with Frost’s time in Medicine Hat, Frost went along and between the two of them they managed to convince the father to have his children examined at the next guidance clinic.<sup>139</sup> Frost cited this case in her report as evidence of the poor relationship between the teacher and the homes in the city, suggesting that if this relationship were better there would likely be more referrals, and by extension more sterilizations. She argued that the poor home and school relations in Medicine Hat stemmed from

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<sup>137</sup> See *Annual Report of the Department of Public Health, Province of Alberta* (1936), p. 64

<sup>138</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p.51.

<sup>139</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p.51.

the absence of a home and school association in the district.<sup>140</sup> Alberta home and school associations thus were not only important tools of the progressive education movement, but they also had a role to play in the eugenics movement, at least according to Frost.

In her survey, Frost reported that “the schools of Medicine Hat ha[d] quite a comprehensive idea of the values to be gained from mental hygiene, and of the benefits to be derived from the early examinations at a Guidance Clinic of pupils who are showing signs of poor adjustment.”<sup>141</sup> However, she argued that a few Medicine Hat teachers “tended to look to the clinic for mere endorsement [sic] of their contentions that the children whom they referred were mentally deficient.”<sup>142</sup> Frost’s observation suggests that teachers were using the clinics in ways that they were not intended, namely to report troublesome students without necessarily being interested in developing relationships with the homes themselves.

Frost had her own professional interests in writing this survey. Beyond providing recommendations to improve the efficiency of the program, Frost sought to highlight how ineffectively the clinics, and by extension the sterilization program was functioning in an effort to carve a niche for the growing social work profession within these programs. Although she visited a number of other clinics during the course of her survey, she was the most critical of the Medicine Hat clinic, and this was arguably it was the farthest removed from the limited social work personnel appointed to clinic work at this time.

The relationship between the clinics and the schools varied from district to district. Despite this, however, schools across the province were considered important to the clinic’s operation. This was perhaps best demonstrated by the 1939 decision, on the part of the Alberta Department of Public Health, to close the Vermilion clinic after only one year of operation.<sup>143</sup> The Department’s 1939 report indicated that the initial clinic, a year earlier, had been a “very successful one.” As there was no full-time health unit and no public health nurses stationed in Vermilion, referrals to the clinic came exclusively from the schools and parents. In 1938 a teacher in one of the rural schools brought a student more than 20 miles to the guidance clinic.<sup>144</sup> By 1939 enthusiasm for the mental hygiene clinic located in Vermilion had subsided; the clinics

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<sup>140</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110.

<sup>141</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110.

<sup>142</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110.

<sup>143</sup> *Annual Report of the Department of Education, Province of Alberta* (1915), p.108.

<sup>144</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1938), p. 88

arranged during the first half of the year were “very poorly patronized.”<sup>145</sup> In reporting the Department’s decision to close the Vermilion clinic R.R. MacLean, provincial Director of the Division of Mental Health, wrote that “certain difficulties” had arisen “which seemed to be caused chiefly by the attitude taken by the Town School Board.”<sup>146</sup> In the same paragraph he went on to explain,

since their inception, our clinics have been known as Mental Health or Mental Hygiene Clinics. These names have not been entirely satisfactory, because of the tendency on the part of many people to associate the term ‘mental’ with mental disease and mental hospital. In an attempt to overcome this tendency, the name Guidance Clinic has been adopted. This does not mean that there has been any change in the real function of the clinic, which remains as before.<sup>147</sup>

Although not stated explicitly, it is clear that the decision to change the name of the clinics was directly connected to “attitude” of the Vermilion School Board, and the apparent boycotting of the clinics that took place in 1939.<sup>148</sup> The quick response in Vermilion, both in terms of the closing of the clinic, and the renaming of the service, demonstrates the importance of the province’s school to the operation of the guidance clinics, particularly in locations where there was no full-time health unit or no public health nurse. Vermilion had for a long time been lobbying the government for access to a health clinic, when the mental hygiene clinic initially arrived, residents reportedly believed that their children were going to be receiving physical examinations, however, when they realized that this was not the case, they refused to participate. Vermilion had a history of conflict with provincial government, boycotting the schools in 1913 in protest of the government’s attitude towards to their interest in having their children taught by Ruthenian teachers in their mother tongue.<sup>149</sup>

Vermilion highlights the consequences for the clinic, and by extension the eugenics program, without the compliance of teachers. It demonstrates that although mental hygiene authorities in the province made unrealistic demands of teachers’ time, and criticized them for their inability to meet these demands, the province’s mental hygiene efforts were ultimately dependent on their participation, whether limited or not. Teachers served as intermediaries between the provincial guidance clinics, eugenics program and schools. By participating in

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<sup>145</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1939), p. 99.

<sup>146</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1939), p. 99.

<sup>147</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1939), p. 99.

<sup>148</sup> The Vermilion clinic would not be reestablished until 1948.

<sup>149</sup> Sutherland, *Children in English-Canadian Society*, p. 208.

clinics, and specifically, by referring cases, and collecting information, even if this only happened on a small scale, they extended the reach of the eugenics program. In areas where the teachers, and the schools more broadly, refused to participate in the clinics, the eugenics program lost its footing in these areas, as was the case in Vermilion. It also reminds us that the eugenics sterilization program was not just happening behind the walls of the provincial psychiatric institutions.

It was not until the 1950s, as interest in scientific progressivism began to decline, that the use of intelligence testing within the classroom began to be seriously questioned in Alberta,<sup>150</sup> and across Canada. In Alberta, however, the 1984 “Review of Issues on Intelligence Tests,” undertaken by the Special Education Services Branch of Alberta Education, found that within the province only 10.9 percent of school jurisdictions surveyed had “stopped using group intelligence as general screening instruments” at the time of the review, and used them only when requested.<sup>151</sup> The review also found that in 68.3 percent of the jurisdictions teachers administered group intelligence tests without supervision.<sup>152</sup> Intelligence tests thus remained a part of the teacher’s routine throughout the entire period under examination.

The emergence of progressive education in the 1930s, which increasingly focused on the whole child, has been interpreted as being informed by a new form of mental hygiene, one that was focused on the overall mental and emotional health of Canadians, rather than heredity, or biology. Guidance clinics were central to the progressive education movement across Canada, and as such have been also been interpreted as an important shift away from eugenic policies. Alberta’s eugenics program, however, was amended in ways that allowed it to develop as a critical part of progressive education, which was led by educational psychologists beginning in 1930s into postwar period. This further demonstrates that rather than being stagnant, Alberta’s eugenics program was active, and plugged into developments that were shaping the education efforts on which they were reliant. As a result of this adaptability, eugenic ideas permeated the provincial school system, and teachers became critical to the program’s operation.

The position of teachers within this program, and within the eugenics movement more generally, was notable. On the one-hand teachers were viewed as experts capable of assisting

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<sup>150</sup> See for instance, Jeanne Rogers, “Is Intelligence Testing a Two-Edged Sword?” *The ATA Magazine* 39, 4 (December 1958), p. 25-26; Henry S. Dyer, “Nine Mistakes About Testing,” *The ATA Magazine* 42, 5 (January 1962), p. 7-12.

<sup>151</sup> Special Education Services Branch of Alberta Education, “Review of Issues on Intelligence Tests,” p. 4.

<sup>152</sup> Special Education Services Branch of Alberta Education, “Review of Issues on Intelligence Tests,” p. 5.

families, and particularly mothers, in their respective districts to understand childhood problems, but on the other-hand they were subject to the same scrutiny and criticism directed at mothers. This became particularly the case in the 1930s with the emergence of the social sciences, and the recognition of the environment's role in child psychological development. Within the context of the eugenics program specifically, the 1937 amendment, which served as a response these changes, effected the way in which teachers were evaluated, and resulted in them becoming subject to the professional interests of psychologists, and social workers who increasingly claimed professional space within the classroom, edging teachers out of their role as mental health authorities.



## CHAPTER FOUR

### “A strategic and rather enviable position in a community:”<sup>1</sup> Public Health Nursing, and Eugenics

In her October 1922 report, Alberta public health nurse M. Strem included a photograph of two brothers, ages sixteen and ten, whom she identified as mentally defective. In her report, rather than qualifying her assessment that the boys were mentally defective, she emphasized the physical disabilities of the two boys, as well as the eldest boy's lack of utility on his family farm. Strem, working in Innisfree, Alberta, wrote of the older brother: “his eyes appear to have a film covering and he has difficulty to open them in the bright light. The boy performs some light tasks around the farm but is fidgety and wobbles when walking.”<sup>2</sup> The younger brother was blind in the right eye, which according to his mother resulted from an injury at birth. Their sister, who refused to stand for a picture, suffered from chorea, a disorder often associated with mental deficiency. Strem observed that the home conditions were “very depressive,” and documented the father's name and the school the two youngest children attended. Although we do not know what happened, if anything, to these children, the report itself offers one of the few snapshots available of a public health nurse identifying individuals in her district as mentally defective. Public health nurses, along with teachers, were often at the center of efforts to identify, supervise, and control this population, particularly in rural areas.

In documenting the schools the boys attended Strem's report reflects the connection between schools, and public health nurses, or more specifically, the central role that the schools played in providing a venue for public health efforts. The school provided public health workers with an avenue through which to identify and treat communicable diseases before they spread, and served as a “strategic point for the detection of mental defect.”<sup>3</sup> In an article on feeble-mindedness published in the *Canadian Nurse*, the main organ of the Canadian Nursing Association (CAN), Bertha Winn, Director of the Child Study Laboratory in Vancouver, wrote, “now that education is pretty generally compulsory, it follows that the school is the best place in which to discover them and to classify them.”<sup>4</sup> While teachers were expected to, and did,

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<sup>1</sup> M. Fawcett “Psychiatric Nursing Moves into the Community,” Presented at AARN Annual Meeting Banff, Alberta, *A.A.R.N* 13, 2 (September 1957), 59-60.

<sup>2</sup> Department Administrative Records [Alberta Department of Social Services and Community Health], GR1975.0454, Provincial Archives of Alberta, Edmonton.

<sup>3</sup> A.T. Mathers, “Mental Hygiene and Nursing,” *Canadian Nurse* 24, 8 (August 1928), p. 429.

<sup>4</sup> Bertha Winn, “The Feeble Minded,” *The Canadian Nurse* 13, 2 (1917), p. 80.

identify students of low intelligence, nurses were often called on to follow up with these students, which included visiting their homes.

In comparison with teachers, who were not particularly active in defining their role within the mental hygiene and eugenics movements, nurses across Canada were vocal about how they saw their profession participating. While mental hygiene and eugenic authorities placed similar demands on nurses as they did on teachers, nursing leaders also placed their own demands on the rank-and-file members, utilizing their profession's potential contribution to these movements as a tool in their professionalization efforts. Nurses across Canada argued that they, and others in their profession, were in a strategic, and enviable position in relation to their patients, and in the case of public health nurses, within their respective districts, which allowed them to contribute disproportionately to mental hygiene movement.

The gendered nature of nursing was critical to this strategic position; a fact that both nursing professionals, and other mental hygiene authorities recognized. Similar to other female-dominated professions during the early twentieth century, nursing initially tapped into maternal arguments to define a place for itself within the professional, and specifically medical, hierarchy. Historian Kathryn McPherson argues that nursing has been defined by a familial paradigm in which graduate nurses hold “a subordinate wifely position relative to the male doctor and a maternal position relative to the dependent patient.”<sup>5</sup> For nursing, this maternal and “wifely” image was tied to a middle-class respectability, and gentility that were European in origin. McPherson suggests that nurses relied on this image to legitimate their presence in the health care system, and also to differentiate themselves from other women.<sup>6</sup> This image placed nursing in a remarkable position. On the one hand situating them at the “apex of the occupational hierarchy for women,” and on the other, ensuring that nurses were “[n]either fully professional nor part of a male-dominated proletariat.”<sup>7</sup> However, as McPherson demonstrates, nurses did not conform to this image beyond a superficial level.<sup>8</sup> Instead, nursing, in serving as a form of paid labour, attracted women who were predominately of working-class backgrounds.<sup>9</sup>

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<sup>5</sup> Katherine McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Ontario, Oxford University Press, 1996), p. 15-16.

<sup>6</sup> McPherson, *Bedside Matters*, p. 16-17.

<sup>7</sup> McPherson, *Bedside Matters*, p. 18.

<sup>8</sup> McPherson; see also Mary Kinnear, *In Subordination: Professional Women 1870-1970* (Montreal and Kingston: McGill-Queen's University Press, 1995), p. 98.

<sup>9</sup> McPherson

Historian Mary Kinnear has documented nursing's efforts to professionalize in Canada, she observes that although nursing is, and should be considered a profession, it has had difficulty achieving professional autonomy.<sup>10</sup> According to Kinnear, groups such as hospital administrators and physicians have consistently tried and succeeded in controlling nurses. Their success in regulating nursing had "less to do with the work nurses perform and much more to do with the nurses' gender."<sup>11</sup> She argues that "[i]f women regulated their own profession, this would challenge the authority of other groups within the health-care system. It would also undermine the orthodoxy of women's dependence on men, socially, economically, and politically."<sup>12</sup>

Historian Patricia D'Antonio and others have suggested that despite the constraints placed on them by their social position, nurses were active in reconstructing their practice and identities, often using the socially-constructed stereotypes, which at least superficially defined nursing, as a way to advance themselves, and their profession.<sup>13</sup> Focusing specifically on psychiatric nurses, who faced particular challenges due to their association with psychiatric institutions, historians Chris Dooley, Geertje Boschma, Olive Yonge and Lorraine Mychajlunow have demonstrated that nurses were active in redefining their work, and employing the tools at their disposal to establish a place for themselves within the medical hierarchy.<sup>14</sup> In the case of the mental nurses, later called psychiatric nurses, trained at the Brandon Hospital for Mental Disease (BHMD) in Manitoba, Dooley argues they utilized a variety of strategies to create a secure and respectable space for themselves, including both the decision to seek affiliation with a union in the 1920s, and to refrain from unionization in the late 1930s. In response to not meeting the credentials required to seek registration as a graduate nurse, the nurses trained at the BMHD

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<sup>10</sup> Mary Kinnear, *In Subordination: Professional Women, 1870-1970* (Montreal & Kingston: McGill-Queen's University Press, 1995), 100.

<sup>11</sup> Mary Kinnear, *In Subordination*, p. 100.

<sup>12</sup> Mary Kinnear, *In Subordination*, p. 100; See also Celia Davies, *Gender and the Professional Predicament in Nursing* (Buckingham: Open University Press, 1995).

<sup>13</sup> Patricia D'Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: Johns Hopkins University Press, 2010); Patricia D'Antonio, "Revising and rethinking the rewriting of nursing history," *Bulletin of the History of Medicine* 73 (1999): pp. 268-90; See also, Geertje Boschma, "Community mental health post-1950: Reconsidering nurses' and consumers' identities," in *Routledge Handbook on the Global History of Nursing*, P. D'Antonio, J. Fairman, and J. Whelan, eds (London: Routledge Taylor & Francis Group, 2013), . pp. 237 -258.

<sup>14</sup> Chris Dooley, "'They Gave Their Care, but We Gave Loving Care': Defining and Defencing Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression," *CBMH/BCMh* 21,2 (2004); Geertje Boschma, Olive Yonge and Lorraine Mychajlunow, "Gender and professional identity in psychiatric nursing practice in Alberta, Canada, 1930-75," *Nursing Inquiry* 12 (2005): 243-255; See also Geertje Boschma, *The rise of mental health nursing: A history of psychiatric care in Dutch asylums, 1890-1920* (Amsterdam: Amsterdam University Press, 2003).

worked hard to establish “mental nursing as a skilled craft based on proprietary knowledge, different from the work of the general nurse, the untrained ward attendant and their precursors in the 1920s.”<sup>15</sup>

In their examination of psychiatric nurses in Alberta, Boschma, Yonge, and Mychajilunow have similarly shown that nurses “responded to their circumstances in complex ways, actively participating in the reconstruction of their practice and finding new ways of professional organization that fit the local context.”<sup>16</sup> In the post Second World War period, for instance, nurses embraced the opportunities provided by new therapeutic and rehabilitative practices and reorganized their professional identities in ways that allowed both male attendants, and female aides, to transgress the gender boundaries that had traditionally defined their work.<sup>17</sup> Dooley, Boschma, Yonge, and Mychajilunow convincingly maintain that the mental hygiene movement provided an opportunity for a select group of nurses, who did not qualify as graduate nurses, to claim an economically secure, respectable space for themselves. As this chapter demonstrates, the mental hygiene movement also provided professional opportunities for registered nurses, and in Alberta, these opportunities were connected to the provincial eugenics program.

The only work that has been written on the role of nurses in Alberta’s sexual sterilization program is a 1998 article by historians Diana Mansell and Judith Hibbert, which interprets the past actions of nurses through the lens of caring.<sup>18</sup> The article examines how caring manifested in the work of the nurses who referred cases for sterilization and assisted with the operations. Rather than complicate the notion of caring, they argue that this eugenic work was simply an extension of it, and that the two decades under examination, the 1920s and 1930s, “represent a time in nursing history when the nurse’s duty to care was complicated by the attitudes and values of the society in which she existed.”<sup>19</sup>

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<sup>15</sup> Dooley, “They Gave Their Care, but We Gave Loving Care,” p. 231.

<sup>16</sup> Boschma, Yonge and Mychajilunow, “Gender and professional identity,” p. 243.

<sup>17</sup> Boschma, Yonge and Mychajilunow, “Gender and professional identity,” p. 253.

<sup>18</sup> Diana Mansell and Judith Hibbert, “‘We picked the wrong one to sterilise’: The Role of Nursing in the Eugenics Movement in Alberta, 1920-1940,” *International History of Nursing Journal* 3, 4 (1998): 4-11; See also Thomas Foth, *Caring and Killing: Nursing and Psychiatric Practice in Germany, 1931-1943* (Göttingen: V&R Unipress/Universitätsverlag Osnabrück, 2013). Foth uses patient files compiled by nurses to look at how they constructed certain patients as “unworthy of life.”

<sup>19</sup> Mansell and Hibbert, “We picked the wrong one to sterilise,” 4.

Largely written by nurses, nursing history has often focused on the necessary tasks of celebrating notable individuals within the occupation, and “directing professional achievements and strategies.”<sup>20</sup> When a critical approach is adopted it is generally through the implication of nurses’ participation in the colonial project.<sup>21</sup> While Mansell and Hibbert’s work focuses on a less flattering aspect of nursing history in Alberta, it still falls within this vein as it utilizes a caring framework to justify the participation of nurses in the provincial eugenics program.

Historian Thomas Craig Olson has argued that equating nursing with caring, which is linked with passive feminine traits, obscures aspects of nursing that do not fit within traditional understandings of gender and work.<sup>22</sup> Mansell and Hibbert, by employing a caring framework, depict nurses as passive participants in the program, perpetuating the assumption that eugenics was an ideology that came from elite male professionals and was forced upon women, and that nurses lacked autonomy within the program.

Drawing on the work of D’Antonio, Dooley, Boschma, Yonge, and Mychajilunow this chapter challenges this depiction. It instead demonstrates that nurses were active in redefining their scope of practice to include mental hygiene. McPherson argues that “[i]deologically, science allowed nurses to distinguish their work from maternal care-giving, which is still considered the domain of all women. For nurses at the workplace, claims to specific rituals, all in the name of science, were more useful than abstract professional concepts in elevating trained personnel above the informally or untrained competition in the marketplace.”<sup>23</sup> Mental hygiene, as a socially significant science, added another layer of knowledge and skill to nursing work, both outside and inside the hospital setting.

This chapter focuses specifically on the public health nurses attached to the Alberta Department of Public Health. These nurses were responsible for the Department’s public health efforts, which included pre-natal and post-natal clinics, child welfare clinics, and school

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<sup>20</sup> McPherson, *Beside Matters*, p.2

<sup>21</sup> See Kristin Burnett, *Taking Medicine: Women’s Health Work and Colonial Contact in Southern Alberta, 1880-1930* (University of Washington Press, 2011); Kathryn McPherson, “Nursing and Colonization: The Work of Indian Health Service Nurses in Manitoba, 1945-1970,” in *Women, Health and Nation: Canada and the United States since 1945*, Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, eds. (Kingston and Montreal: McGill-Queen’s University Press, 2003): 223-247; Laurie Meijer Drees and Lesley McBain, “Nursing and Native Peoples in Northern Saskatchewan: 1930s-1950s,” *Canadian Bulletin of Medical History* 18 (2001): 43-65.

<sup>22</sup> Thomas Craig Olson, “Laying Claim to Caring: Nursing and the Language of Training, 1915-1937,” *Nursing Outlook* 41, 2 (March/April 1993): 68, 71.; see also Dooley “‘They Gave Their Care, but We Gave Loving Care,’ p. 239-242.

<sup>23</sup> McPherson, *Beside Matters*, p. 107.

inspections, as well as the eugenics program, and the provincial guidance clinics. Although they were not physically located within the province's institutions, Alberta public health nurses were plugged into an institutional network. They were employed by the same provincial department that was responsible for administering the eugenics program, and the province's psychiatric institutions. This departmental connection shaped the demands made of public health nurses, and established an expectation that they would form a critical part of the sterilization bureaucracy. In turn, this furthered their own professionalization efforts, with the University of Alberta president, among others, calling for nurses to be given access to university education on the basis of their potential contribution to eugenic measures in the province. Although these calls did not result in immediate changes, they helped to further connect nursing to social reform, and established nurses as critical to efforts aimed at protecting the health, both mental and physical, of Canadians. The mental hygiene and eugenics movements thus are one part of a longer struggle to gain access to the university, and professional recognition, more generally.

Nursing historians Heidi Coombs Thorn, Myra Rutherford, Jayne Elliot, Kathryn McPherson, and Kari Delhi have argued that public health nurses experienced more independence and autonomy than their hospital-based counterparts.<sup>24</sup> The gendered hierarchy that defined nursing in institutional settings did not exist in the same way for public health nurses. This was particularly the case for nurses working in rural communities, as they were further removed from other medical professionals and administrators.<sup>25</sup> Additionally, public health nurses often enjoyed a higher status in relation to their patients, who were often recent immigrants, compared to hospital-based nurses.<sup>26</sup> The independence and removal from direct supervision, which characterized public health nursing, is in part what allowed public health nurses, and nursing more generally to carve a niche for itself within the mental hygiene and eugenics movements.

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<sup>24</sup> Heidi Coombs-Thorne, "Conflict and Resistance to Paternalism: Nursing with the Grenfell Mission Stations in Newfoundland and Labrador, 1939," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, Myra Rutherford ed. (Montreal and Kingston: McGill-Queen's University Press, 2010), pp. 210-245; Jayne Elliot, Meryn Stuart, and Cynthia Toman (eds.), *Place and Practice in Canadian Nursing History* (Vancouver: UBC Press, 2008); McPherson, *Beside Matters*; Kari Delhi, "'Health Scouts' for the State? School and Public Health Nurses in Early Twentieth-Century Toronto," *HSE/RHE* 2, 2 (1990), pp. 247-264; See also other articles in Rutherford, ed., *Caregiving on the Periphery*.

<sup>25</sup> Examining visiting and school nurses in Toronto, Kari Delhi has suggested that nurses were both participants and subjects of state regulation. She argues that the process of report taking was used as a way to control and regulate nurses working in the home, where supervision was not possible. Delhi, "'Health Scouts' for the State?" p. 248.

<sup>26</sup> McPherson, *Beside Matters*.

Public health nurses were responsible for many of the referrals to the PTS from an early date, and, beginning in the 1930s, for collecting case histories for a number of the individuals directed to the PTS through the provincial guidance clinics. The Alberta Department of Public Health, which was responsible for the provincial psychiatric institutions, the eugenics program, and the provincial district nursing service, saw Albertan public health nurses as important members of the “sterilization bureaucracy.” Alberta’s public health nurses acted as extensions of the Department of Public Health, a department that had a vested interest in the sterilization program operating effectively and efficiently. Similar to teachers, nurses provided a cost effective alternative at a time when there was a shortage of individuals employed directly by the provincial eugenics program, and the provincial guidance clinic service. Nurses already had relationships with families in their respective districts, and identifying cases of mental deficiency, collecting information on the family backgrounds, personality, and behaviours of individuals who were of interest, were actions that could very easily be incorporated into their day to day work.

In addition to the annual reports of the Department of Public Health, this chapter will also draw on the *Canadian Nurse*, the main organ of the CNA, and the *AARN Newsletter*, published by the Alberta Association of Registered Nurses (AARN), to examine what nurses perceived their role to be within to the mental hygiene and eugenics movements, and how they contributed to defining, and extending this role. In their contributions to these journals, a number of nursing professionals assisted in defining mental hygiene and eugenics as part of their scope of practice, at both the provincial and national level. They argued that nurses were in a strategic position for identifying mental defective suspects, and collecting family histories, due to their close proximity to families in their respective districts, and also their unique relationships these families, and particularly the mothers, which stemmed from their gendered professional identities.

Initially much of the professional literature encouraged public health nurses to take advantage of the opportunities presented to them to detect mental defective suspects during the course of their daily work. However, beginning in the 1930s, with the rise psychology, and the corresponding interest in treating the whole patient, mental hygiene became applicable to all nurses, with many within the profession arguing that by employing mental hygiene principles they could better serve their patients. During this time, articles focusing on mental hygiene, and

public health nurses, specifically, encouraged nurses to not only identify cases of mental deficiency, but to also collect information on the family and personal circumstances of such individuals. Similar to teaching, the expectations placed on nursing professionals within these journals reflected the broader goals, and focus of the mental hygiene and eugenics movements.

Additionally, as nurses judged the health and appearance of the children that they examined, their own intelligence, mental health, and appearance was scrutinized within professional journals, and nursing manuals. The professional literature was engaged in defining the traits of a “good” nurse, and initially these traits revolved around specific qualities associated with caregiving, and nurturing, however, they came to increasingly focus on personality and intelligence. What constituted a “good” nurse was in many ways created by the profession itself in its efforts to secure its place within the medical hierarchy.

In Alberta, public health nurses engaged in the work called for within the professional journals. Their work on the ground led academics at the University of Alberta, along with medical professionals to call for nursing reform. In communities across Alberta public health nurses retained a monopoly on work related to the eugenics program until the 1940s, when social workers, led by Mary Frost, began to stake claim to this space. Frost, specifically, did so by depicting public health nurses as “untrained [case]workers” in comparison to social workers.

#### THE DEPARTMENT OF PUBLIC HEALTH, INFANT AND MATERNAL WELFARE, AND MENTAL DEFICIENCY

After the First World War medical and public health professionals became increasingly interested and involved in “child saving” campaigns, claiming authority over infant and maternal mortality efforts, which had previously been organized by female volunteers.<sup>27</sup> In an effort to address the high mortality rates across Canada, and promote their own professional interests, medical professionals established themselves as the experts in all aspects of pregnancy, childbirth and childhood. They fought for the transfer of childbirth from the home to the hospital,

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<sup>27</sup> Cynthia R. Comacchio, “*Nations are Built of Babies:*” *Saving Ontario’s Mothers and Children, 1900-1940* (McGill-Queen’s University Press: Montreal and Kingston, 1993), p. 43-44; Denyse Baillargeon, *Babies for the Nation: The Medicalization of Motherhood in Quebec, 1910-1970*, translated by W. Donald Wilson (Waterloo: Wilfred Laurier University Press, 2009).



and encouraged mothers to rely on nurses' expert knowledge, both of which they argued were necessary for the sake of Canadian children.

Dr. Helen MacMurchy's work on infant and maternal mortality in Canada reflects these professional interests. In her capacity as Chief of the federal Division of Child Welfare, Department of Health, MacMurchy, a medical practitioner, public health pioneer and vocal eugenicist, published a report titled *Maternal Mortality in Canada* in 1926.<sup>28</sup> In it she called for the medicalization of motherhood from conception to post-natal care. While recognizing that many Canadians lacked access to medical care, her report blamed individual weaknesses, including most notably maternal ignorance, for the Country's high infant and maternal mortality rates. She argued that in many instances Canadian mothers chose not to seek medical attention, and did not heed the advice of doctors. She called on the state to provide more resources, and on doctors to show more interest in countering maternal ignorance, in order to prevent both maternal and infant mortality.

MacMurchy believed that public health nurses had an important role to play in extending and promoting the medicalization of motherhood, particularly in rural districts where access to doctors was limited. She recommended that in addition to establishing pre-natal and post-natal clinics, Canadian provinces needed to employ more public health nurses to provide Canadian mothers with the necessary care. Additionally, she recommended that trained nurses should replace midwives. Midwives threatened the interests of medical professionals, including nurses, who, as a result, constructed them as untrained, unscientific, and out of date, often associating them with "foreigners."<sup>29</sup> Many of the newcomers to the Canadian prairies came from regions where midwifery was commonplace.<sup>30</sup> MacMurchy believed that rural women and ethnic minorities were particularly ignorant, indifferent and apathetic, highlighting their reliance on

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<sup>28</sup> Helen MacMurchy, *Maternal Mortality in Canada: Report of enquiry made by the Department of Health, Division of Child Welfare* (Department of Health, Canada, 1926).

<sup>29</sup> MacMurchy, *Maternal Mortality in Canada*; I J Bramadat and Marion I. Saydak, "Nursing on the Canadian Prairies, 1900-1930," *Nursing History Review* 1 (1993): pp. 112-113; Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002), chapter three; Comacchio, "Nations are Built of Babies." Despite this negative publicity midwifery remained a viable form of labour throughout the period. See C. Lesley Biggs, "Rethinking the History of Midwifery in Canada," in Ivy Bourgeault, Cecilia Benoit, and Robbie Davis-Floyd, eds., *Reconceiving Midwifery: The New Canadian Model of Care* (Montreal & Kingston: McGill-Queen's University Press, 2004), pp. 17-45; Mitchinson, *Giving Birth in Canada*.

<sup>30</sup> See for instance, I J Bramadat and Marion I. Saydak, "Nursing on the Canadian Prairies, 1900-1930," *Nursing History Review* 1 (1993): pp. 112-113.

midwifery as evidence.<sup>31</sup> MacMurchy believed that public health nurses could counter some of this ignorance through their work in connection with the maternal and child welfare clinics.

From the inception of their organization, the United Farm Women of Alberta (UFWA) recognized the importance of public health nurses to their efforts to protect the health of Albertans, particularly those in rural districts who lacked access to medical care. The UFWA had lobbied for a district nursing service, which was introduced in 1918, “to the end that the settlement and development of these [rural] sections will not be retarded through fear on the part of prospective settlers that their families will suffer through lack of medical aid.”<sup>32</sup> The lack of medical aid was associated with the inaccessibility of doctors, both in physical and financial terms. In an effort to provide assistance to women experiencing frequent childbirth in isolated conditions, the UFWA later lobbied for the obstetrical training of the province’s public health nurses. Their efforts were successful, and in 1920 Alberta became the first province to send registered graduate nurses with obstetrical training to districts throughout the province that did not have doctors.

From the organization of the Public Health Nursing Branch of the Alberta Department of Public Health, public health nurses promoted the health of families through various provincial services, including pre-natal and post-natal clinics, infant and child welfare clinics, and school inspections. Public health nurses then served as an important link between the mother and medical, and mental health authorities, particularly in rural areas where they were often the only medical professionals. Through their everyday maternal and child welfare work, public health nurses distributed expert knowledge to mothers, and encouraged them to utilize the services available to them, and to adopt scientific child rearing practices in order to promote their own health, and that of their children.<sup>33</sup>

Until 1923 the Alberta Department of Public Health paid the district nurses’ salaries and provided medical equipment, while the municipalities were responsible for the nurses’ residence and transportation.<sup>34</sup> After this point the government adopted a policy of requiring the municipalities to pay for fifty percent of the district nursing service, resulting in a reduction in

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<sup>31</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland & Stewart Inc., 1990).

<sup>32</sup> Minutes of the United Farm Women of Alberta, (December, 1918), United Farmers of Alberta Fonds, Series 4, Micro-ufwa, Glenbow Museum and Archives, Calgary (hereafter cited as Minutes, UFWA).

<sup>33</sup> See Cynthia Comacchio Abeele, “ ‘The Mothers of the Land Must Suffer’: Child and Maternal Welfare in Rural and Outpost Ontario, 1918-1940,” *Ontario History* 80,3 (1988), 183-205.

<sup>34</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1921), 47.

the number of district nurses employed by the Department of Public Health from twenty to six.<sup>35</sup> According to the Public Health Nursing Branch, the new policy's weakness was that it left the decision over whether to hire a public health nurse to a few municipal councillors who often failed to see the value of the service.<sup>36</sup>

Despite efforts on the part of the Public Health Nursing Branch to communicate the benefits of the nursing service, only a small number of nursing districts had been established by 1926. The following year the travelling child welfare clinic, and the travelling operative clinic were established. Prior to the travelling operative clinic, which involved a qualified doctor and dentist visiting isolated districts within the province, public health nurses pre-examined children in order to identify cases requiring clinical attention. Both of these travelling clinics helped to spread awareness of the benefit of resident district nurses, and established nurses as experts in areas that were largely settled by immigrants, who reportedly clung to their own traditional health care practices.<sup>37</sup> In the following years there was a significant increase in the number of district nurses employed by municipalities in Alberta.

Employed by the provincial government, and engaged in promoting the physical and mental health of Canadians, public health nurses were essential to Canada's social reform and nation building agenda. In 1925 the *Canadian Nurse* published an article titled "Provincial District Nurses of Alberta: A Colonization Agency," the author, Annie Kenney, observed that the majority of new settlers in the province locate in remote districts, often a fair distance from the railways. She wrote "[h]ere is the setting of the [Alberta] Provincial Nurse. Well trained and carefully chosen, even carefully coached, she offers her best to the district to which she is sent. Her cottage, usually in proximity with a little store or a congenial family, soon becomes a centre of well-directed activity in public health that ought to bear fruit for decades to come."<sup>38</sup> Kenney went on to argue that nurses served as models of Canadian motherhood for newcomer women, stating,

The mother, born in another land... sees in the nurse a type of that nationality to which she is herself aspiring. All around her may be representative of this country...but the nurse is truly all-British, all-patriotic, and (with the inevitable exceptions that only prove the rule) she is all-conformed in mind and morals to what

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<sup>35</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1923), 21.

<sup>36</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1926), 17.

<sup>37</sup> Bramadat and Marion I. Saydak, "Nursing on the Canadian Prairies," p. 107

<sup>38</sup> Kenney, "Provincial District Nurses of Alberta," p.468.

the country recognizes as fitting... Her worth, measurable and immeasurable, ought not to be undervalued as a colonization agency.<sup>39</sup>

Through their work, nurses could not only introduce recent immigrants to scientific child rearing advice, which promoted Anglo ideals of motherhood, and childhood, but they also acted as a model of “good” motherhood. Public health nurses, through maternal and child health efforts, served as intermediaries between the mother, the hospital, and government, encouraging mothers to forgo their traditional health care practices, specifically their reliance on midwives. Articles such as Kenney’s established the rural districts as the nurse’s domain, placing her in an ideal location to contribute to important social reform, and health efforts, including the sexual sterilization program.

From the initiation of the public health nursing service, nurses examined children and documented any apparent physical or mental defects, and as Strem’s report demonstrates, labelled certain children as being mentally defective. They examined Albertan children during the course of their work, including in advance of other professionals, which placed them in a strategic position.

Contributors to the *Canadian Nurse*, and the *AARN Newsletter* stressed that public health nurses were presented with daily opportunities to identify mentally defective children. These opportunities appeared not only during child welfare clinics, and school inspections, but also, notably, during the home visits carried out in connection with these services. In a 1929 *Canadian Nurse* article entitled “A True Story,” readers accompany a nurse on a home visit stemming from a recent child welfare clinic. A “tired and anaemic looking mother” invites the nurse and reader into her home. Her youngest, sleeping in a darkened room, is swarmed by flies attracted by the infant’s soother, and milk bottle, which is lying aside on a blanket of “doubtful cleanliness.” The infant is described as “a pitiful sample of humanity: eleven months and visibly an idiot.” A “tactful conversation” with the mother reveals a “history of insanity on one side,” poor environment, and lack of hygiene. The story, set in “Town X,” lacks a specific geographical setting and as a result transcends regional boundaries, making itself applicable to nurses throughout Canada.<sup>40</sup> Although the author’s name is not provided, a “true story” serves as a

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<sup>39</sup> Annie Kenney, “Provincial District Nurses of Alberta: A Colonization Agency,” *The Canadian Nurse* 11, 9 (1925), pp. 468-469.

<sup>40</sup> “A True Story,” *Canadian Nurse* 25,10 (1929), pp. 628-629.

representation of the ideal relationship between the public health nurse and the home that was constructed by both nursing professionals and other mental hygiene authorities within the professional literature.

As “A True Story” illustrates, nurses were encouraged by others within their profession, and also by medical professionals, academics and government officials to use their relationships with families in their districts to identify mental defectives, and to collect information regarding home conditions, and family histories. These relationships, and their proximity to families and homes in their districts were the defining features of the niche that public health nurses held within the mental hygiene and eugenics movements. Throughout the period under examination, these factors were continually highlighted within the professional literature. Nurses at both the provincial and national levels referred to nursing’s position within these movements as advantageous, strategic, and enviable, highlighting their notable position in relation to Canadian families. Their position was strategic both in terms of their potential contribution to the movements themselves, and in terms of their own professional interests. Public health nurses were able to connect psychiatric institutions, and mental hygiene authorities with children they suspected to be mentally defective, who may otherwise have gone undetected. This ability, in turn, ensured that medical professionals, academics, and other interest groups considered nurses critical to the mental hygiene and eugenics movements.

Their relationships with families and homes in their respective districts became increasingly important in the 1930s with the growing interest in the environment’s influence on child psychological development. With this shift away from a predominantly biological understanding of mental deficiency, educational efforts became an increasingly significant preventative tool, and psychiatrists required a more in-depth knowledge of home conditions, behaviour, and personality. Due to their position within the community, public health nurses were instrumental to both public education, and the collection of case histories that facilitated their shift in practice.

The assumption that public health nurses had close relationships with the families in their districts stemmed from the gendered stereotypes that in many ways defined the profession. In 1931 Emma de V. Clarke, Division of Mental Hygiene, Toronto Department of Public Health, argued, “[i]n Canada, at the present time there is no group of workers more advantageously situated to carry out any mental health programme than the public health nurse... The public

health nurse has an entrée into more homes than probably any other of worker and in most cases her presence is welcomed and her advice listened to.<sup>41</sup> The Director of the University of Alberta School of Nursing, Ruth McClure, similarly suggested that the public health nurse's "natural entry into the home," provided them with the opportunity to observe, and establish a rapport with families in their "normal environment."<sup>42</sup> In a later article, the public health nurse is referred to as "the one and only outsider to whom a confidence is trusted,"<sup>43</sup> and in another, the author writes, "[t]he nurse's specialized function arises from her very special position in relation to her patient and this is a role which is not open to any of the other specialists except under atypical conditions. The chief characteristic of this position is closeness."<sup>44</sup> The gendered stereotypes that defined their profession gave them a critical edge in their efforts to secure a space for themselves within the mental hygiene and eugenics movements, and within the medical hierarchy more generally, a fact that nurses such as de. V. Clarke, and McClure recognized.

Psychiatrists, physicians, psychologists, and others outside of the profession had their own interests that aligned with those of public health nurses. In their efforts to promote eugenics, individuals within these professions often assisted in establishing nurses as key players on the mental hygiene team. In an article published in the *Canadian Nurse*, Dr. A.T. Mathers, Provincial Psychiatrist for Manitoba, wrote, "[n]urses enter homes freely, are welcome visitors and often penetrate deeply into the problem of home and family life."<sup>45</sup> He believed that once armed with knowledge of mental hygiene principles, nurses would have no reason not to identify and place unrecognized patients under proper care. He also argued that this knowledge would allow nurses to recognize and to some degree change influences and environments that were likely to result in mental defects.<sup>46</sup> Whether Mathers supported the "arming" of nurses with "knowledge of mental hygiene principles" for his own interests, his work, and others like it, served to underscore the recognition of public health nurses as critical to the mental hygiene and eugenics movements.

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<sup>41</sup> Emma de V. Clarke, "Mental Hygiene in Public Health Nursing," *The Canadian Nurse* 27, 9 (1931), p. 451.

<sup>42</sup> Ruth McClure, "Mental Health for all," *The Canadian Nurse* 45, 12 (1949): 914.

<sup>43</sup> Thérèse Loviot, "Social and Mental Health," *The Canadian Nurse* 56, 7 (1960): 642.

<sup>44</sup> Gerald Caplan, "The Mental Hygiene Role of the Nurse in Maternal and Child Care," *Nursing Outlook* 2, 1 (January 1954), p. 14-19; Also quoted in Alcoholism Foundation of Alberta, "The Nurse's Approach to Alcoholism," *AARN Newsletter* 15,1 (April 1959), p. 73.

<sup>45</sup> A.T. Mathers, "Some Thoughts on Nursing – General and Mental," *The Canadian Nurse* 21, 7 (1925), p. 344.

<sup>46</sup> Mathers, "Some Thoughts on Nursing," p. 344.

In practice, nurses were also on the ground identifying cases of mental deficiency. Elizabeth Clarke, Superintendent of Alberta's Public Health Nursing Branch, observed in 1921 that "because the nurse lives in her district and, therefore, comes in close touch with her surroundings, not infrequently she has the opportunity of drawing the attention of the proper authorities to existing conditions and defects which otherwise would not have been discovered. Especially is this true in regard to Neglected children and Mental Defectives."<sup>47</sup> In instances where public health nurses encountered children they suspected of being "mentally defective" they referred them to the PTS, and after 1932 to the provincial guidance clinics. Alberta's public health nurses served as one of the main sources of referrals to the PTS, referring 89 cases between 1923 and 1927.<sup>48</sup> These 89 cases constituted 20 percent of the total recorded recommendations received by the PTS between these years. From 1922 to 1945, Alberta public health nurses documented 315 cases of mental deficiency, or some variation of this category, during the course of their day-to-day work. Specifically, these cases were identified during child welfare clinics and school examinations.<sup>49</sup>

#### MENTAL HYGIENE AND EDUCATION REFORM

In Alberta, nurses faced a particularly long struggle to gain control over their own educational standards, and gain access to the university. The Graduate Nurses Act, passed in 1916, established nursing registration, and incorporated the Alberta Association of Graduate Nurses, which would later become the Alberta Association of Registered Nurses (AARN), as an organization with select regulatory functions.<sup>50</sup> Two years later a registration examination was held for the first time, containing both a verbal and written component, the latter of which was administered by medical doctors. From the outset, the AARN expressed concern over the standards of nursing education in province. The initial legislation did not provide details for how these guidelines would be developed nor monitored. The legislation was amended in 1920 and again in 1921 to establish the senate of the University of Alberta as the official authority in

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<sup>47</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1921), p. 44.

<sup>48</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1923-1928).

<sup>49</sup> The "statistical summaries" from which these numbers are taken are inconsistent and incomplete. For instance, there was no data provided for child welfare clinic work in the Annual Reports of the Department of Public Health between 1932-1938. As a result, it is likely that these numbers were actually higher.

<sup>50</sup> See Janet C. Ross-Kerr, *Prepared to Care: Nurses and Nursing in Alberta, 1859-1996* (Edmonton: The University of Alberta Press, 1998).

setting and monitoring nursing education standards in the province.<sup>51</sup> Scholar Janet C. Ross-Kerr argues that “[t]he fact that the scope of the senate’s responsibility was considerably greater for the nursing profession than for other professions in the province made nursing a special and anomalous case.”<sup>52</sup> With respect to other professions in the province, the University’s role was limited to administering examinations, and appointing examiners.<sup>53</sup> In both Manitoba and Saskatchewan, responsibility for the standards were initially under the control of the provincial university, however, it was later transferred to the provincial nursing association, leaving Alberta as the only Canadian province where responsibility for nursing education standards was not delegated to an autonomous nursing organization.<sup>54</sup>

Scholars Alice J. Baumgart and Rondalyn Kirkwood situate the origin of nursing education reform in the “tide of social reform” that emerged in response to industrial unrest, increased immigration, and urban and rural poverty in the early twentieth century. They argue that it was the nurse’s potential contribution to this social reform, through public health work, that provided them with access to the university.<sup>55</sup> Focusing on Alberta, historian Janet C. Ross-Kerr similarly argues that the impetus for the introduction of nursing education to the university was the perceived need for highly trained, and capable nurses to carry out public health work. Within the movement to promote health in the community, nurses were seen as central players, and as such required university-level preparation.<sup>56</sup> This mind-set led to the “Special Course of Study” outlined in Alberta’s *Public Health Nurse’s Act* of 1919, which was offered at the University of Alberta. The course covered a range of topics, and in 1919 included a series of twelve lectures on the “problem of the mental defective.”<sup>57</sup>

Many of the individuals and agencies that supported nursing education reform in the 1920s and 1930s were associated with the public health movement. Baumgart and Kirkwood suggest that to a certain extent “progress in university nursing education was related to benefits

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<sup>51</sup> Ross-Kerr, *Prepared to Care*, p. 212-213.

<sup>52</sup> Ross-Kerr, *Prepared to Care*, p. 214.

<sup>53</sup> Ross-Kerr, *Prepared to Care*, p. 212-213.

<sup>54</sup> Ross-Kerr, *Prepared to Care*, p. 214.

<sup>55</sup> Alice J. Baumgart and Rondalyn Kirkwood, “Social reform versus education reform: university nursing education in Canada, 1919-1960,” *Journal of Advanced Nursing* 15, 5 (May 1990), 512.

<sup>56</sup> Ross-Kerr, *Prepared to Care*, p. 158.

<sup>57</sup> Christine Smith, “The University of Alberta and the Training Schools of the Province,” *The Canadian Nurse* 15, 10 (1919): 2043. There is debate amongst scholars over how long this course was offered for.



that could be accrued by these groups.”<sup>58</sup> For instance, the Rockefeller Foundation funded the 1923 Goldmark Report, which influenced nursing education in both the United States and Canada.<sup>59</sup> According to Baumgart and Kirkwood the Foundation’s interest in nursing education “was secondary to the enhancement of public health programmes and medical education.”<sup>60</sup> Scholars have demonstrated that the Foundation supported a number of mental hygiene, and eugenic efforts, including perhaps most notably, funding the construction of the Kaiser Wilhelm Institute for Anthropology, Human Heredity, and Eugenics in Berlin in 1928.<sup>61</sup>

In addition to recommending that high school be mandatory for entry into a training school for nursing, and that the program length be cut from four to three years to reduce redundancy,<sup>62</sup> the Goldmark Report also called for mental hygiene to become “a part of the public health nurse’s equipment,” stating:

She cannot be content to see the feeble-minded mother set the health standards of a home without wishing to possess knowledge of the avenues of instruction and encouragements that are open to the feeble-minded... She can not only render the most immediate and practical kind of aid if she has learned how to deal with ‘the facts of the mind as expressed in terms of behaviour’ but, on account of her unique opportunities for observation, she can add to the stock of scientific knowledge concerning the social symptoms of mental diseases. ‘Hers’ writes a wise psychiatric physician, ‘is the privilege of gathering the concrete facts from the stories of family and teachers, neighbors, physicians, employer, and priest.’ Upon information gathered in this way will be decided many times issues of admission to or discharge from mental hospitals, accurate diagnosis in doubtful conditions, and determination of real causes when false ones seem more probable, that will mean success in treatment or rehabilitation and the future happiness of whole families as well as of individuals.<sup>63</sup>

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<sup>58</sup> Alice J. Baumgart and Rondalyn Kirkwood, “Social reform versus education reform: university nursing education in Canada, 1919-1960,” *Journal of Advanced Nursing* 15, 5 (May 1990), p. 514.

<sup>59</sup> Josephine Goldmark, *Nursing and Nursing Education in the United States: Report of the Committee for the Study of Nursing Education, and Report of a Survey* [Goldmark Report] (New York: The MacMillan Company, 1923); See Ross-Kerr, *Prepared to Care*, p. 215.

<sup>60</sup> Baumgart and Kirkwood, “Social reform versus education reform,” p. 514; See also Edwin Black, *War Against the Weak: Eugenics and America’s Campaign to Create a Master Race* (New York: Four Walls Eight Windows, 2003).

<sup>61</sup> The institute was directed by Eugen Fischer, whose work Adolf Hitler was influenced by; See Black, *War Against the Weak*, p. 270, and 283;

<sup>62</sup> Goldmark, *Nursing and Nursing Education in the United State*; See also Ross-Kerr, *Prepared to Care*, p. 215.

<sup>63</sup> Goldmark, *Nursing and Nursing Education in the United States*, p. 86-87; Portions of the Goldmark Report are quoted in V. May MacDonald, *Mental Hygiene and the Public Health Nurse: Practical Suggestions for the Nurse of Today*, Lippincott’s Nursing Manuals (Philadelphia, J.B. Lippincott Company, 1923).

The report suggested that nurses needed to receive specialized training to be able to collect these facts pertaining to mental defect, to be able to detect such defects, and to know what resources are available to them in dealing with mental hygiene issues.<sup>64</sup>

The Goldmark Report was one of several studies on nursing education in North America published during this period, the most influential in Canada being G.M. Weir's monumental 1932 report entitled *Survey of Nursing Education in Canada*. In his report, which was funded by the Canadian Medical Association (CMA) and the CAN, Weir, Head of the Department of Education at the University of British Columbia made a number of recommendations, which affected every aspect of nursing in Canada.<sup>65</sup> Weir recommended that rather than continuing in its current hospital-apprenticeship form, nursing education should be moved into a general education system. He also recommended that the minimum number of beds in a training hospital should be 75, that nursing instruction should be provided by nurses, that nurses wishing to be instructors receive better preparation, and that a high school diploma be the minimum entrance standard.<sup>66</sup>

Similar to the Goldmark Report, Weir, in his extensive survey, touched on need for public health nurses to receive psychological knowledge that in his opinion needed to be “functional rather than static or ‘bookish.’” Weir wrote,

An authority also states that there are 30,000 patients in the mental institutions of Canada and predicts that – ‘Of every 1,000 Canadian children now at school forty (40) will enter our mental hospitals – more than will graduate from our universities!’ Such a prospect seems appalling. Surely there is need for preventive work here, and the public health nurse has ample scope for the use of all her knowledge and abilities in developing right attitudes towards the realities of life and healthful habits of thinking, as well as living, on the part of the rising generation. But, unless the public health worker be equipped with a sound working knowledge of mental hygiene, she is seriously handicapped in attacking the urgent mental health problems that challenge solution.<sup>67</sup>

Weir's survey situates the nurse on the front line of efforts to prevent mental health “problems.” His survey, along with the Goldmark Report, illustrates that nursing education reform happened in connection with the important social movements of the day.<sup>68</sup>

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<sup>64</sup>Goldmark, *Nursing and Nursing Education in the United States*, p.86-87.

<sup>65</sup> Ross-Kerr, *Prepared to Care*, p. 218.

<sup>66</sup> Ross-Kerr, *Prepared to Care*, p. 218.

<sup>67</sup> G.M. Weir, *Survey of Nursing Education in Canada* (Toronto: University of Toronto Press), 1932, p. 139.

<sup>68</sup> See Baumgart and Kirkwood, “Social reform versus education reform.”

Nurses themselves also called for educational opportunities on the basis of their potential contribution to the mental hygiene movement. For instance, in 1930 W.T.B Mitchell, R.N., Director of the Montreal Division of Parental Education, Canadian National Committee for Mental Hygiene (CNCMH), asked *Canadian Nurse* readers to “[t]hink what it would mean if every registered nurse were trained to detect, modify or help prevent the slight deviations from the normal that appear constantly in those whom she comes in contact!”<sup>69</sup> Mitchell argued that the nursing profession needed to recognize the responsibility that lay before it in detecting and preventing mental disease, and promoting mental health by properly training their undergraduates.<sup>70</sup> The maternal qualities that defined the nursing profession allowed them to carve out space within this movement, and nurses such as Mitchell worked to ensure that their skill would keep them there.

A variety of psychiatrists, academics, and psychologists echoed these sentiments for their own professional interests, in some instances calling for more training opportunities for nurses, and in others demanding a complete overhauling of the education system. In an 1934 article published in the *Canadian Nurse*, R.C. Wallace, president of the University of Alberta and vocal proponent of eugenics,<sup>71</sup> stressed the importance of spreading the “gospel of public health,” arguing that there was “no better agency in inculcating the public health consciousness than the nurse who has the freedom of the home and community.”<sup>72</sup> He argued that before they could be expected to fulfil this role, public health nurses not only needed to receive training in principles of mental disease and abnormality, but that their education also needed to evolve out of the “antiquated” apprenticeship system into a university-based system.<sup>73</sup>

During the 1920s and 1930s, as these various reports reveal, the CNA and AARN became increasingly concerned about educational reform, and raising their professional standards in order to differentiate themselves from others serving in care-giving capacities. The AARN,

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<sup>69</sup> W.T.B. Mitchell, “Importance of Mental Hygiene in the Curriculum of Schools of Nursing,” *The Canadian Nurse* 26, 3 (1930), p. 127.

<sup>70</sup> Mitchell, “Importance of Mental Hygiene in the Curriculum of Schools of Nursing,” p. 127.

<sup>71</sup> See R.C. Wallace, “The Quality of the Human Stock,” *The Canadian Medical Association Journal* 31 (October 1934): pp. 427-430.

<sup>72</sup> R.C. Wallace, “A Challenge to the Profession,” *The Canadian Nurse* 30 (1934), p. 356.

<sup>73</sup> R.C. Wallace, “A Challenge to the Profession,” p. 356; Scholars have demonstrated that within the hospital training system the education of student nurses was secondary to the financial needs of the institution. See Pauline Paul, “Nursing Education Becomes Synonymous with Nursing Service: The Development of Training Schools,” in Janet C. Ross-Kerr, *Prepared to Care: Nurses and Nursing in Alberta, 1859-1996* (Edmonton: The University of Alberta Press, 1998), 131.

specifically, frequently expressed concerns that monitoring these educational standards was not a priority of the University senate. For instance, they were concerned about the school of nursing set up at Ponoka in 1931, arguing that the majority of the supervision of students was carried out by untrained attendants rather than regular nurses.<sup>74</sup> Both the CNA and the AARN sought to raise the level of training of those coming into the profession, aligning themselves more closely with knowledge, and science, and moving away from being simply a profession for women.

Throughout this period a number of articles appeared within the professional journals emphasizing the importance of intelligent, educated nurses, and arguing for the need to introduce intelligence tests into schools of nursing. For instance, in a 1926 article, the author, a nurse herself, noted that women of “medium or lower educational standing” had been applying to schools of nursing, “because in the past such women have looked towards this as a branch of work in which they could succeed.”<sup>75</sup> She suggested that there needed to be specific standards, including intellectual standing, which applicants would be required to meet in order to enter a school of nursing. She wrote, “...before they are accepted for the preliminary course they should be tested by a standard set of tests in the hands of a psychologist; they should be rated from their application blanks by the instructors of the school; they should be physically examined by a doctor, and from their standing, which a correlation of the scores from these various tests would give.”<sup>76</sup> In Alberta, Dr. M. Lazerte, Associate Professor Psychology and Education, University of Alberta, believed that testing of the students nurse was important to identify their abilities and capabilities, particularly in terms of skill, mental ability, and social intelligence. He and others believed that “[t]hese and many other qualities are necessary for the nurse who is to be a success in her profession.”<sup>77</sup>

However, because nursing was a gendered profession, there were individuals who were concerned that in the pursuit of establishing itself as a skilled, intelligent profession, they would lose sight of role as caregivers. In an article in the *AARN Newsletter*, for example, the author wrote,

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<sup>74</sup> Ross-Kerr, *Prepared to Care*, p. 220; See also, Boschma, Yonge and Mychajlunow, “Gender and professional identity.”

<sup>75</sup> Winnie Laurier Chute, “The Use of Vocational Psychology in Selecting Nurses for a Training School,” *The Canadian Nurse* xxii, 9 (September 1926), 471.

<sup>76</sup> Winnie Laurier Chute, “The Use of Vocational Psychology in Selecting Nurses for a Training School,” *The Canadian Nurse* xxii, 9 (September 1926), 471.

<sup>77</sup> “News Notes: Alberta,” *The Canadian Nurse* xxvi, 1 (January 1930), 35.

[t]oo many people don't think nurses have a personality; they don't regard them as persons with emotions. You have often heard the saying, 'There are three kinds of people in the world: men, women and nurses.' Too many nurses regard themselves as being very professional, skilled persons whose job it is to methodically mend the patient's broken body of mind, much as a machine would sew up a torn shoe.<sup>78</sup>

According to the author it was important that the nurse be aware of her personality, or the apparently oft-repeated phrase, "Mental Health is Your Business."<sup>79</sup> They argued that because of the nurse's close association with her patients on a day-to day basis, her behaviour and personality affected the individual, and vice versa. If nurses forgot that they were not just skilled machines they might unwittingly negatively influence the patient, or allow the patient to affect their own mental health.<sup>80</sup>

#### PROVINCIAL GUIDANCE CLINICS, AND ALBERTA PUBLIC HEALTH NURSES

The growing interest in the personality of nurses corresponded with a rise of psychology. The increasing recognition of the environment's influence on psychological development shaped the expectations that were placed on public health nurses by interested parties across Canada, including both nurses, and those outside the profession. In this context, observation, investigation and public education took on a newfound significance, as did nurses' relationships with families and homes in their respective districts. A 1928 article by Dr. A.T. Mathers highlights this shift; he writes, "[w]e are not particularly interested in a mere diagnosis: a mere tagging of this or that clinical case, we want to know what factors united to produce the wreck. Not only so that we may eradicate them in this given case but so that we may do all that we can to prevent them from producing other wrecks."<sup>81</sup> As a result of their relationship with the homes and schools in their respective districts, public health nurses were in a position to provide information about the factors that "united to produce the wreck."<sup>82</sup> This position led Emma de V. Clarke to claim that nurses were as important to the psychiatrist as they were to the physician. She argued that the psychiatrist depended on the public health nurse for a "true picture" of the child's home

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<sup>78</sup> "Psychological Tools in Nursing," *AARN Newsletter* 13, 3 (1957) p. 29.

<sup>79</sup> "Psychological Tools in Nursing," p. 29.

<sup>80</sup> "Psychological Tools in Nursing," p. 35.

<sup>81</sup> Mathers, "Mental Hygiene and Nursing," 427.

<sup>82</sup> Mathers, "Mental Hygiene and Nursing," 427.

environment, a history of their behaviour, progress, and difficulties, both in school and out.<sup>83</sup>

In Alberta, these expectations fed into the eugenics program. After the 1937 amendment, arguments for how to improve the program's efficiency centred on investigational work, resulting in more demands being placed on nurses and other community workers. The provincial guidance clinic became the channel through which much of the Eugenic Board's investigational work took place. Due to the small clinic staff during the clinics' first three decades of operation, including only one social worker assigned to clinic work for the first ten years, much of the investigational work carried out by the clinics fell to public health nurses. This was particularly the case in rural districts where it was difficult for the Chief Psychiatric Social Worker, and later resident social workers, to travel to. The investigational work of the clinics included collecting family and behavioural histories of individuals who were to be presented to the clinic, and visiting homes and schools to interpret clinic recommendations for the referral sources and to ensure that the preventative measures directed by the clinic were being properly implemented and maintained. It also included monitoring children who, while diagnosed as mentally defective at a guidance clinic, were not yet old enough to be sterilized.

In both urban and rural clinic centres, the provincial guidance clinics were often held in the public health nurse's office, and where full-time health units had been established in the unit's centre. In most cases, Alberta public health nurses took on the responsibility for the clinic's daily administrative work, scheduling clinic appointments, and making the necessary arrangements for individuals who were to be presented before the Eugenics Board.<sup>84</sup> Although the guidance clinics were a public health service, and therefore in many ways fell within the purview of nurses, they were administered by the Mental Health Branch of the provincial Department of Public Health, rather than the Public Health Nursing Branch like school inspections and other welfare clinics for which the province's public health nurses were responsible. Therefore, the provincial guidance clinic was not a task they were directly responsible for, which speaks to the interconnectedness of the services offered by the Department.

From the establishment of the service, a social worker was placed in charge of the investigational work. Despite this situation, the clinic staff included only one social worker for

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<sup>83</sup> Clarke, "Mental Hygiene in Public Health Nursing," 455.

<sup>84</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1939), p. 102; *Annual Report of the Department of Public Health, Province of Alberta* (1935), p. 64.

the first decade when two more were hired, after which point there were no more positions created until 1954.<sup>85</sup> In his annual reports for the guidance clinic, R.R. MacLean, Director of Guidance Clinics, and superintendent of the Provincial Mental Hospital, Ponoka, frequently praised Alberta's public health nurses for their support. In 1939, he claimed that rural centres depended on the assistance provided by the public health nurses, as it was not possible for the Chief Psychiatric Social Worker to maintain contact with cases between clinics.<sup>86</sup> By incorporating this work into their day-to-day routine, public health nurses served as a cheap source of labour for the clinics, and by extension for the sterilization program. They were in a position to help the clinic and sterilization programs operate cost effectively. In turn, their participation in the service, which was a cornerstone of the provincial mental hygiene program, gained them the support of other interested groups and individuals, including the University of Alberta.

In her 1942 survey of the guidance clinics in southern Alberta, and her Masters thesis completed the same year at the University of Alberta, Mary Frost sought to establish social workers as the professional authority in investigational work. In both works Frost constructed public health nurses as "untrained" workers, in comparison to "trained [social] workers." In her survey, for instance, Frost concluded that the "effectiveness of the Guidance Clinic work appeared to vary directly with the degree of training in mental hygiene of the agencies referring the cases and carrying out the recommendations [sic]."<sup>87</sup> In the districts where public health nurses or schools were in charge of the clinic work, Frost found the clinics to be ineffective. Her overall impression of the clinics was that "the problem of mental deficiency" was not being adequately solved.<sup>88</sup> Similarly in her thesis she argued that the eugenics program was not operating effectively due to the lack of trained workers carrying out investigational work. In both works Frost argued that these problems could be alleviated, and that the province could save more money, by employing of "trained [social] workers."

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<sup>85</sup> In 1939 the Division of Mental Health assigned a "resident social worker" to both Calgary and Edmonton. With the exception of Ponoka and Red Deer, which were operated out of the Provincial Mental Hospital, and the PTS, respectively, Calgary and Edmonton remained the only clinics with full-time social workers until 1954 when one was hired at Lethbridge.

<sup>86</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1939), p. 102.

<sup>87</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.

<sup>88</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.

A 1946 article published in the *Canadian Nurse* examined the relationship between social workers and public health nurses from the latter's perspective.<sup>89</sup> The article is evidence that at least some nurses saw social workers, with their "impersonal" "viewpoint that human personality can be examined, diagnosed and treated scientifically," infringing on their space, and authority within the home.<sup>90</sup> The author believed that this viewpoint, and the social worker's "particular aggressiveness," which she found was frequently commented upon by nurses, prevented them from connecting, and therefore helping families, when compared with nurses.<sup>91</sup> In this context the author used the gendered stereotypes that defined nursing as a way to reinforce their authority within the home, in the face of the professional boundary threats that social work posed. However, despite these differences, the author maintained that the professions had to learn to work together.

The involvement of Alberta public health nurses in the daily responsibilities of the provincial guidance clinics declined substantially by the 1950s. This decline was in part due to 1950 reorganization of the clinic service into three zones: northern, central, and southern, which was accompanied by the employment of additional social work personnel assigned to specific zones. Public health nurses, however, continued to carry out home visits in connection with the clinics, and to refer individuals to the guidance clinics into the 1960s. Public health nurses working in rural Alberta continued to be particularly active in these respects. For instance, the remaining one-nurse health units reported a total of 439 "Mental Hygiene Home Visits" between 1949 and 1953.<sup>92</sup>

On May 23<sup>rd</sup>, 1957 Miss M. Fawcett, public health nurse with the Wetoka Health Unit, Ponoka, Alberta, delivered a paper at the AARN annual meeting in Banff on the relationship between public health nursing and mental health. She argued that the public health nurse, who occupied "a strategic and rather enviable position in a community," was an important member of the mental health team.<sup>93</sup> Fawcett stated, "[t]hrough such services as post-natal, home visitations, maternal welfare programs, well-baby clinics, the school health program and the tuberculosis control program to mention a few, she [the public health nurse] has attained an opportunity to

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<sup>89</sup> Lillian Thomson, "The Relationship of Public Health Nurses and Social Workers in the Field," *The Canadian Nurse* 42,1 (January 1946): 49-52.

<sup>90</sup> Thomson, "The Relationship of Public Health Nurses and Social Workers in the Field," p. 51-52.

<sup>91</sup> Thomson, "The Relationship of Public Health Nurses and Social Workers in the Field," p. 51.

<sup>92</sup> *Annual Report of the Department of Public Health, Province of Alberta*

<sup>93</sup> M. Fawcett "Psychiatric Nursing Moves into the Community," *AARN Newsletter* 13, 2 (September 1957), p. 59-60.



detect early symptoms of emotional disturbance or mental illness.” In addition to detecting such symptoms, Fawcett also argued that the public health nurse could “assist the family in recognizing their own needs and expressing their concern when someone in the home is mentally ill. She can often guide the patient and family in intelligent action by seeking the attention of those prepared to treat their unhealthy symptoms.”<sup>94</sup> Fawcett’s article demonstrates the continuity of the arguments used with respect to public health nursing and mental hygiene throughout this period. Even after social workers claimed the provincial guidance clinics and the eugenics program largely as their own, nurses still continued to contribute to the program through their public health work.

The nature of public health nursing services, their location, and in most cases actual residence in their districts, and the gendered nature of nursing, all of placed public health nurses in close contact with Albertan families, and most importantly Albertan mothers and children. These factors ensured a space for them within the Canadian mental hygiene movement, in which they could expand, and reinforce their professional authority. At both the provincial and national level, nurses, academics and medical professions cited the importance of nurses to the mental hygiene, and/or eugenics movements when calling for increased training, and specifically, access to the university. While they were not able to secure university training until much later in the twentieth century, their connection with the eugenics and mental hygiene movements allowed them to establish themselves as critical to social welfare services, to the medical, and psychiatric professions, and to broader efforts to protect the health of Albertan families.

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<sup>94</sup> Fawcett “Psychiatric Nursing Moves into the Community.”

## CHAPTER FIVE

### **"Keep the welfare costs down": Alberta Social Workers and Eugenics**

In 1999, Claire Helman, a former social worker with the Alberta government, published her reactions to the Leilani Muir trial in *The [Montreal] Gazette*.<sup>1</sup> Helman, then living in Montreal, wrote about a specific instance in 1959 in which she had applied to the Attorney-General's Department to have "Lily" declared a ward of the state so that she could be sexually sterilized under Alberta's eugenic program. She explained that the eugenic sterilization legislation "sought to improve public health and intelligence – and protect welfare coffers – by ensuring that so-called mental defectives did not reproduce."<sup>2</sup> According to Helman her caseload was composed entirely of unmarried mothers. Most often she and the other welfare workers urged these women to place their children up for adoption, and, in cases where they insisted on keeping their child and applying for welfare, encouraged them to seek financial support from the alleged father. According to Helman their mandate was to "keep the welfare costs down."<sup>3</sup>

Lily, a 17 year old who Helman described as "good-natured and six months pregnant," was living in a residence for unwed mothers in Edmonton until her child was born. Lily, who according to Helman was "retarded," was not planning to give up her child. Helman had been informed by other welfare workers near Lily's rural home town that Lily's mother was also "slightly retarded," and that only four of her eight children could be considered "normal." As a result there "was no way of knowing into which category Lily's child would fall." Two specific factors encouraged Helman to recommend sexual sterilization in this case. Firstly, the "culture of largely agricultural Alberta," and secondly, Helman's own "fragile" position in the department, which stemmed from being one of only a handful of welfare workers with a university degree, and one of the first individuals who identified as Jewish to be hired by the Social Credit government.

In the end, the lawyer handling Lily's case determined that sterilization was not the best option. Instead, marriage was. Lily's mother had brought forth a marriage offer from a "farmer down the road," who also promised to help support Lily's child. Helman had not viewed this as an appealing option, writing "[i]t seemed as though another mixed-intelligence family, perhaps a

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<sup>1</sup> Claire Helman, "Sterilization in Alberta: As social worker 40 years ago, I tried to have a woman sterilized. I regret it now: [Final Edition]" *The Gazette* [Montreal, Que] 10 Nov 1999: 3.

<sup>2</sup> Helman, "Sterilization in Alberta," p. 3.

<sup>3</sup> Helman, "Sterilization in Alberta," p. 3.

large one, was looming on the rural horizon. Or maybe Lily was going to be some kind of sex-and-housekeeping slave for an old man.” However, she observed that the option was preferable because it did not cost the government money. Helman concluded her article by offering an apology to readers for not being one of the individuals who were “courageous and far-sighted enough to fight the wrong done to so many.”<sup>4</sup>

There is a rich body of recent secondary literature on the history of eugenics, and welfare politics in the United States. Historians Molly Ladd-Taylor and Johanna Schoen have demonstrated that welfare politics, and specifically anti-welfare sentiment bolstered support for eugenic sterilization across the United States and influenced which segments of the population were represented among the people sterilized at various points throughout the twentieth century.<sup>5</sup> Comparing the Sheppard-Towner Maternity and Infant Protection Act, which provided federal funding for child welfare services, with sexual sterilization legislation, Ladd-Taylor argues that “[t]he association between sterilization and reducing welfare costs was undoubtedly one reason that sterilization programs achieved more lasting success in the United States than government-(i.e. taxpayer)-funded public health services.”<sup>6</sup> Whereas the Sheppard-Towner Act, the first federal piece of child welfare legislation, was introduced in the United States in 1921, and fully withdrawn in 1929, eugenic sterilization policies remained in place into the post-Second World War period in a number of states and in both Alberta and British Columbia.

In a later article focused specifically on Minnesota, Ladd-Taylor argues that the rise in the number of sterilizations in the 1930s was connected to the influx of funding available as a result of the New Deal.<sup>7</sup> The New Deal directed resources through existing state agencies, expanding the power of the State Board of Control, which was responsible for administering

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<sup>4</sup> Helman, “Sterilization in Alberta,” p. 3.

<sup>5</sup> Molly Ladd-Taylor, “Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States,” *Social Politics* 4, 1 (Spring 1997): pp. 136-153; Molly Ladd-Taylor, “Eugenics and Social Welfare in New Deal Minnesota,” in *A Century of Eugenics in America: from the Indiana experiment to the Human Genome Era*, Paul Lombardo, ed. (Bloomington, Indiana: Indiana University Press, 2011); Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005); Johanna Schoen, “From the Footnotes to the Headlines: Sterilization Apologies and Their Lessons,” *Sexuality Research & Social Policy*, 3,3 (September 2006): pp. 7-22; See also Edwin Black, *War Against the Weak: Eugenics and America’s Campaign to Create a Master Race* (New York: Four Walls Eight Windows, 2003); Rebecca M. Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Jersey: Rutgers University Press, 2009). Kluchin’s work focuses on the second half of the twentieth century, and examines the attempts of neo-eugenicists to secure white power structures by using policies and rhetoric that echoed the earlier eugenic sterilization movement.

<sup>6</sup> Ladd-Taylor, “Saving Babies,” p. 137-138.

<sup>7</sup> Ladd-Taylor, “Eugenics and Social Welfare.”

Minnesota's sexual sterilization legislation, as well as other components of the child welfare system.<sup>8</sup> Minnesota's sterilization program was legislated as part of the Children's Code, a set of 35 laws passed in 1917,<sup>9</sup> and applied exclusively to individuals who were determined to be feeble-minded or insane, and who were wards of the state.<sup>10</sup> The Children's Code also included a civil commitment law that granted county probate judges the authority to commit "neglected, dependent, and delinquent children – and any person 'alleged to be Feeble Minded, Inebriate, or Insane,' regardless of age – to state guardianship without the approval of parent or kin."<sup>11</sup> Ladd-Taylor suggests "[t]he fact that a compulsory commitment law for so-called defectives was part of the Children's Code reveals the deep intellectual and administrative connections between eugenics and child welfare in Progressive Era Minnesota."<sup>12</sup> She suggests that the program was "propelled less by a eugenics-based 'quest for racial purity' than by specific local concerns about welfare dependency and social disorder."<sup>13</sup>

Schoen's work on North Carolina's eugenics legislation also reveals that the state Eugenics Board was concerned with individuals who might become a financial burden, often inquiring about family resources, including history with relief payments.<sup>14</sup> She shows that the inclusion of African Americans in the provisions of the Aid to Dependent Children Act (ADC), which served to provide federal funding to states to support their mothers' allowance legislations, changed the composition of the cases presented to the North Carolina Eugenics Board. Prior to the mid -1950s, when discriminatory welfare practices had kept African Americans from claiming relief under the ADC program, they accounted for a small number of the cases presented to the state's Eugenics Board. However, federal pressure and new requirements relating to the administration of ADC brought African Americans in closer contact with social workers and thus with state-supported sterilization. By the mid 1960s African Americans accounted for sixty-four per cent of the total number of individuals sterilized under North Carolina's program.<sup>15</sup>

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<sup>8</sup> Ladd-Taylor, "Eugenics and Social Welfare," p. 118 and 125.

<sup>9</sup> Ladd-Taylor, "Eugenics and Social Welfare," p. 118.

<sup>10</sup> Ladd-Taylor, "Eugenics and Social Welfare," p. 120.

<sup>11</sup> Ladd-Taylor, "Eugenics and Social Welfare," p. 119.

<sup>12</sup> Ladd-Taylor, "Eugenics and Social Welfare," p. 119.

<sup>13</sup> Ladd-Taylor, "Eugenics and Social Welfare in New Deal Minnesota," p. 117-118.

<sup>14</sup> Schoen, *Choice & Coercion*, p. 91.

<sup>15</sup> Schoen, "From the Footnotes to the Headlines," p. 16 See also Schoen, *Choice & Coercion*.

North Carolina's sterilization program was administered by the state's Department of Public Welfare, and was the only program in the country that allowed social workers to file sterilization petitions directly with the state Eugenics Board. Schoen interprets this ability as indicative of North Carolina's "financial interest in sterilization."<sup>16</sup> She documents cases in which welfare recipients complained that social workers withheld their payments in an effort to coerce them into consenting to be sterilized.<sup>17</sup> Additionally, the involvement of social workers, who had access to their clients' homes, sometimes meant that entire families were targeted for sterilization.<sup>18</sup> Even in areas where social workers did not have the authority to file petitions directly to the Eugenic, or State Control Board, they often compiled the case files that were used by the Board to determine whether or not someone should be sterilized. Social workers served on the front lines of eugenic sterilization programs across the United States and Canada, determining the desirability of individuals based on their ability to intelligently, and financially, provide for their families and potential future offspring.<sup>19</sup>

In Canada the relationship between the rise of the welfare state and eugenics has been largely overlooked. Historian Nancy Christie has demonstrated that the development of welfare legislation in the twentieth century was a gendered project, the focus and nature of which shifted over time and was tied to social expectations regarding the family unit, and motivated by "fear of family breakdown."<sup>20</sup> She observes that initially the legislation, which had its roots in maternalism and was led by early feminists, focused on the mother's role as spiritual centre of the family. Welfare efforts thus initially focused on women and children, and included, among other things, mother's allowances. Beginning in the 1930s, however, unemployment relief was legislated, which was aimed specifically at men. Family stability after this point became tied to economic security, traditionally associated with men, rather than the morality of the home, traditionally associated women. Christie argues that the fundamental goal of unemployment relief, like all welfare legislation, was "the fostering of self-sufficient and independent families in which the male was the breadwinner."<sup>21</sup> Men were expected to be able to support their

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<sup>16</sup> Schoen, *Choice & Coercion*, p. 82-83.

<sup>17</sup> Schoen, *Choice & Coercion*, p. 92.

<sup>18</sup> Schoen, *Choice & Coercion*, p. 82.

<sup>19</sup> See for instance Ladd-Taylor, "Saving Babies," p. 146

<sup>20</sup> Nancy Christie, *Engendering the State: Family, Work, and Welfare in Canada* (Toronto: University of Toronto Press, 2000), p. 4.

<sup>21</sup> Christie argues that this "masculinised and materialistic vision of family life" marked the beginning of the process of secularization, Christie, *Engendering the State*, p. 4; Scholar have debated when this secularization process

families, and when they could not, they were often blamed, or deemed to be lazy, or deviant, despite the recognition that many were out of work “through no fault of their own.”<sup>22</sup>

Following the collapse of the first federal unemployment relief legislation introduced by Prime Minister R.B. Bennett, historian James Struthers demonstrates that Ontario social worker, Charlotte Whitton, was able to utilize this failure as a way to carve a place for her profession in the distribution of federal funds.<sup>23</sup> She wrote to Bennett, suggesting that the program required more rigid conditions to be successful, and that “[s]ocial workers had a wealth of knowledge in the annual administration of hundreds of thousands of dollars’ for social aid...that was ‘open and ready’ for Ottawa’s benefit if it seriously wanted to bring relief costs under control.”<sup>24</sup> Struthers indicates that her motivation stemmed from her concern that the thousands of untrained personnel responsible for administering municipal and provincial relief efforts across the country would threaten her profession, unless social workers could gain control of such efforts.<sup>25</sup>

The association between unemployment and deviancy, or abnormality, had existed for some time. Beginning in the early twentieth century many individuals who were chronically unemployed in Canada were considered to be mentally defective.<sup>26</sup> Individuals failing to meet gendered societal expectations due to perceived individual weaknesses were subject to various interventionist measures, including, after 1928 in Alberta, sexual sterilization.<sup>27</sup> In addition to family and sexual history, the economic history of those individuals presented for sterilization

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began, See Nancy Christie and Michael Gauvreau, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940* (Montreal & Kingston: McGill-Queen’s University Press, 1996); David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940* (Toronto: University of Toronto Press, 1992); Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian English Canada* (Toronto, University of Toronto Press, 1985).

<sup>22</sup> See for instance, James Struthers, *No Fault of Their Own: Unemployment and the Canadian Welfare State, 1914-1941* (Toronto: University of Toronto Press, 1983).

<sup>23</sup> James Struthers, “A Profession in Crisis: Charlotte Whitton and Canadian Social Work in the 1930s,” *Canadian Historical Review* 62, 2 (1981): pp. 169-185; See also, Patricia T. Rooke, and R.L. Schnell, *Discarding the Asylum: From Child Rescue to the Welfare State in English Canada (1800-1950)* (Lanham: University Press of America, Inc., 1983).

<sup>24</sup> Struthers, “A Profession in Crisis,” p. 174.

<sup>25</sup> Struthers, “A Profession in Crisis,” p. 174.

<sup>26</sup> Canadian National Committee for Mental Hygiene [CNCMH], *Mental Hygiene Survey of the Province of Alberta* (Toronto, 1921), p. 39.

<sup>27</sup> See Veronica Strong-Boag, “‘Forgotten People of All the Forgotten’: Children with Disabilities in English Canada from the Nineteenth Century to the New Millennium,” in *Lost Kids: Vulnerable Children and Youth in Twentieth-Century Canada and the United States*, Mona Gleason, Tamara Myers, Leslie Paris, and Veronica Strong-Boag, eds. (Vancouver: UBC Press, 2010), pp. 33-50.

was included in the summary that accompanied them when they appeared before the Eugenics Board. Many of the people approved for sterilization were of lower socio-economic status.<sup>28</sup>

In their four year review of the province's sterilization program, published in the *American Journal of Psychiatry*, the authors found that only 14.2 per cent of the 288 patients who had been sterilized were regarded as "self-supporting," 42 per cent as "potentially self-supporting," 34 per cent as "partially self-supporting," and 27.8 per cent were "dependent."<sup>29</sup> Although the authors commented that "some were dependent by reason of their immaturity chronologically, and some by reason of their low intelligence rating," it is significant that the vast majority of cases at this point had come through the Provincial Mental Hospital in Ponoka, and would have been, for the most part, adults.<sup>30</sup> A table attached to the report indicates that most individuals deemed to be dependent fell within the 16 to 25-age range.<sup>31</sup> When interpreting these statistics the authors connected low intelligence to economic dependency.

After the 1937 amendment, family stability, or more specifically whether an individual could raise a child without placing them at risk of mental injury, became central to the provincial eugenics program. According to the amendment, sterilization decisions no longer had to be based exclusively on whether there was a threat of hereditary transmission of mental deficiency, but the Eugenics Board could also take into account environmental factors, most of which centred on gendered social roles, including specifically whether the mother could raise a healthy child, and whether the father could financially support a child. While providing her testimony during the Leilani Muir trial, Dr. Margaret Thompson, member of the Eugenics Board from 1960 to 1963, was asked about a specific case that involved a boy with a full scale, or combined written and verbal IQ of 76. His score placed him outside of the mentally defective range, and, as court documents note, he had a "severe hearing defect" which likely accounted for his low verbal IQ score.<sup>32</sup> The patient summary for the boy informed the Eugenics Board that he had no interest in girls, but that he masturbated, and that he required little supervision in social hygiene. It also

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<sup>28</sup> Jana Grekul, "Sterilization in Alberta, 1928 to 1972: Gender Matters," *The Canadian Review of Sociology*, 43, 3 (Aug 2008), p. 251.

<sup>29</sup> C.A. Baragar, Geo. A. Davidson, W.J. McAlister, and D.L. McCullough, "Sexual Sterilization: Four Years Experience in Alberta," *American Journal of Psychiatry* 91, 2 (1935), p. 901

<sup>30</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 901; See Jana Grekul, "The Right to Consent? Eugenics in Alberta, 1928-1972," in *A History of Human Rights: Essential Issues*, ed. Janet Miron (Toronto: Canadian Scholar's Press, 2009), p. 135-153

<sup>31</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization," p. 912.

<sup>32</sup> *Muir v. Alberta*. The Canadian Legal Information Institute (CanLII) 7287 (AB Q.B.) (1996), p. 29-30.

included a note stating that the school found him to be a poor worker. Thompson was asked why the Board approved of the sterilization of this individual, to which she replied that social success was a factor considered by the Board, and after reading that he was a poor worker she and the other Board members determined that despite other indications that he was a nice, quiet boy, he was not really functioning in society. She also commented that she was being protective of him when she decided to approve his sterilization.<sup>33</sup> Sterilization decisions promoted a heterosexual familial ideal, in which males were economically independent, and females were good homemakers, and remained chaste until after marriage.

From its beginning, the legislators and administrators behind Alberta's eugenic sterilization program were concerned with minimizing state expenditures, and specifically with lowering costs associated with public charges. As such, the program intersected with other welfare measures, which were largely managed by social workers, including Helman. While compiling data for his 1921 report, which predated the program, Clarence Hincks had studied 96 Albertan children who were dependent, or neglected, and he found that 12.5 per cent were mentally defective.<sup>34</sup> He wrote,

[t]he question of the ultimate disposal of these children forms a difficult problem. As a rule they are unsatisfactory for adoption, and are probably best cared for in a training school for mental defectives. It is evident at least that mental examination is a reasonable procedure, so that prospective foster parents can be notified in advance of the weaknesses of those they propose to take into their households."<sup>35</sup>

Hincks' report speaks to the problem mentally defective children posed for those responsible for child and maternal welfare legislation in the province, particularly in terms of finding proper homes for them, as they were often thought to be undesirable for adoption. It was common for such children to be made wards of the state, and to be removed from the care of their biological parents, who were also likely to be considered mentally defective.

The four year review of the sterilization program focuses on social welfare, revealing the authors' interest in sterilization as a tool for such work, as much as, or more than, their interest in evaluating the potential for promiscuity and immorality following the operation, which was a

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<sup>33</sup> Muir v. Alberta (1996), p. 29-30.

<sup>34</sup> See also Veronica Strong-Boag, "'Children of Adversity': Disabilities and Child Welfare in Canada from the Nineteenth Century to the Twenty-First," *Journal of Family History* 32, 4 (2007): 413-32; Veronica Strong-Boag, *Finding Families, Finding Ourselves: English Canada Confronts Adoption from the Nineteenth Century to the 1990s* (Toronto: Oxford University Press, 2006).

<sup>35</sup> Canadian National Committee for Mental Hygiene [CNCMH], *Mental Hygiene Survey of the Province of Alberta* (Toronto, 1921), p. 39.



widespread concern at the time. The authors, C.A. Baragar, George A. Davidson, W.J. McAlister, and D.L. McCullough wrote,

[a]mong those in this province who are carrying out social welfare responsibilities, and have daily to deal in a practical way with the problems involved there is a steadily growing faith in sterilization as an effective and reasonable method of bringing about at least a partial solution, recognizing of course that neither sterilization nor any other one procedure will prove a complete cure. Sterilization does not, of course, take the place of hospital treatment in the case of patients with mental diseases, nor does it make any the less necessary the very essential training carried out by institutions for the mentally subnormal. Neither does it make less desirable the very important contact work and supervision carried on by the corps of social workers in any adequate mental health program.”<sup>36</sup>

Much of the early welfare efforts in the province focused on unmarried mothers, and children of unmarried mothers. As it was a widely held belief among eugenicists and mental hygienists that illegitimacy was a symptom of mental defect, and therefore that a significant portion of children identified as mentally defective were born to unmarried mothers, it is not surprising that those individuals responsible for administering these efforts interacted with the eugenics program in the province.

Unlike British Columbia’s Eugenics Board, which was composed of a judge, a psychiatrist, and a social worker,<sup>37</sup> the Alberta Eugenics Board did not have a member serving in a social work capacity. It did, however, have social workers associated with it from its inception. These individuals were initially men, starting with Mr. Jaffary, who was responsible for the social service work in connection to Provincial Training School (PTS) in Red Deer, which involved, among other things, following-up with Eugenics Board cases. Mr. Jaffary was replaced in 1930 by Mr. E.J. Kibblewhite, who by 1934, was reported as being “in charge of the mental health social work of the Province.” Kibblewhite was given the title of Chief Psychiatric Social Worker, the responsibilities of which included not only work in connection with the provincial guidance clinics, but also field investigations and follow-up work for the provincial psychiatric institutions, the courts, and the Eugenics Board.<sup>38</sup> Following Kibblewhite a series of female social workers held this position, including E. Mary Frost. Frost. During her time in this position,

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<sup>36</sup> Baragar, Davidson, McAlister, and McCullough, “Sexual Sterilization,” p. 908.

<sup>37</sup> Angus McLaren, “The Creation of a Haven for ‘Human Thoroughbreds’: The Sterilization of the Feeble-minded and the Mentally Ill in British Columbia,” *Canadian Historical Review*, LXVII, 2 (1986), p. 129; See also “An Act Respecting Sexual Sterilization,” Statutes of Provinces of British Columbia, 1933, Chapter 59 (April 7<sup>th</sup>, 1933).

<sup>38</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1934), p. 61.

Frost was instrumental in establishing the guidance clinics, and eugenics program as a space for social workers.

From its beginnings in the charitable reform efforts of married middle-class women in the late nineteenth century, social work has been considered to be women's work. Similar to teaching, and nursing, social work was defined by women's supposedly innate care-giving and nurturing skills, and as scholar Elizabeth Lunbeck observes, it was "an apparently natural extension of properly feminine domestic duties into the public sphere."<sup>39</sup> In the early twentieth century, individuals, predominantly women, began to turn to social work as a form of paid labour. During this period, Lunbeck illustrates, "college-educated social workers began to voice their professional aspirations and to challenge the comforting conflation of woman's specially virtuous character and her special fitness for social service that had lent ideological legitimacy to their predecessors' transgressive endeavors beyond woman's sphere."<sup>40</sup>

In Alberta, many of the individuals working in a social work capacity in connection to the provincial psychiatric institutions, and the eugenics program, were initially men. The psychiatric hospital was traditionally a male space, until the entrance of female psychiatric nurses in the 1930s.<sup>41</sup> However, by the late 1930s these positions had largely been taken over by women. Eugenicists and mental hygienists in the province did not discuss social workers in the same gendered way in which they discussed teachers and nurses, and social workers themselves did not rely as heavily on gendered stereotypes in their efforts to gain professional legitimacy.

The guidance clinics were key to the social workers role within the eugenics movement. However, within these clinics, which, like psychiatric hospitals, were quite hierarchical, the ambiguity of their status was apparent. Prior to the late 1940s, nursing professionals in the province largely carried out the work that social workers claimed to be experts at, namely casework and investigational work, more generally. However, it was also through these clinics, and, after 1937, the clinics' connections to the eugenics program, that social workers were able to position themselves as important and necessary members of the province's mental hygiene team.

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<sup>39</sup> Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, New Jersey: Princeton University Press, 1994), p. 36.

<sup>40</sup> Lunbeck, *The Psychiatric Persuasion*, p. 37.

<sup>41</sup> See Geertje Boschma, Olive Yonge and Lorraine Mychajlunow, "Gender and professional identity in psychiatric nursing practice in Alberta, Canada, 1930-75," *Nursing Inquiry* 12 (2005): 243-255.

This chapter focuses on the social workers attached to the Department of Public Health, specifically those assigned to follow-up work in connection to the provincial Eugenics Board and guidance clinics. It pays particular attention to acting Chief Psychiatric Social Worker, E. Mary Frost, and her efforts to establish social workers as experts with defined skills, who were necessary for ensuring that the eugenics program and guidance clinics operated at an optimal level in order to maximize government savings. In comparison to public health nurses and teachers who also had other responsibilities, and who were stationed in the communities, social workers were attached directly to the institutions, the Eugenics Board, and the guidance clinics. As a result, they had more incentive to act in the interest of the program.

Additionally, in order to further highlight the connections between government expenditures and the eugenics program, this chapter briefly considers the administrative overlap between the child welfare and mothers' allowances and the provincial sterilization legislation. From 1936 to 1944 the Department of Public Health was responsible for maternal and child welfare services, in addition the eugenics program. Both of the amendments to the eugenics program took place within this eight-year span. The 1937 amendment, in particular, expanded the program in ways that targeted unwed mothers, and neglected and delinquent children. During this time a deeper connection developed between the province's mental health services and the administration of these initiatives, which then continued after the establishment of the Department of Public Welfare in 1944. Notably the social workers responsible for welfare programs in the province utilized the guidance clinics in their efforts to manage their caseloads, and to address the undesirable, and especially the mentally defective children, who were considered unadoptable.

Throughout the early to mid twentieth century social workers in Alberta lacked organization, as well as provincial, or national representation. Despite the organization of the Canadian Association of Social Workers (CASW) in 1926, Alberta did not meet the membership requirements to qualify for a Branch until 1950 when the Northern Alberta Branch was established. This failure to meet membership requirements stemmed from the small number of social workers, as well as the lack of social work training amongst those working in this capacity in the province. Prior to the late 1950s many social workers trained elsewhere. In 1957 a Certificate in Social Welfare was offered by the Department of Extension at the University of Alberta, which remained the only training program for social workers in the province until the

establishment of a school of social welfare at the University of Calgary in 1966. Divisions of the University of Calgary's school of social welfare opened in Edmonton and Lethbridge in 1975 and 1982 respectively.

As a result of the lack of formal recognition and a general paucity of trained social work personnel within the province, early figures such as Mary Frost, Acting Chief Psychiatric Social Worker, and Secretary to the Alberta Eugenics Board, became instrumental in carving a space for social workers with the provincial eugenics program, and broader public health efforts. Her relationship with the Eugenics Board, and especially with John MacEachran, chair of the Board and her Masters supervisor, placed her in a position to push for the hiring of more social workers based on their training in case work, and therefore their ability to save the government more money.

Although the Board had, on occasion, discussed the need for more social workers in their Board meetings<sup>42</sup> and in their annual reports<sup>43</sup> Frost was the first to make an economic argument for social workers by directly linking them to the number of individuals presented for sterilization, both through the institutions, and as outpatients through the provincial guidance clinics. Following Frost's time with the Department of Public Health the annual reports of the Eugenics Board continued to connect social workers to potential cost-savings. In the late 1940s there was a substantial increase in the number of social work personnel employed by the Department of Public Health both as a result of the lobbying efforts of Frost and her colleagues, and the growing population due to increased oil production and the boom economy.

In addition to looking at the Department of Public Health and the Department of Public Welfare annual reports, this chapter examines two documents written by Frost, both published during her time as acting Chief Psychiatric Social Worker, and Secretary to the Eugenics Board. Frost's 1942 Masters thesis, *Sterilization in Alberta: A summary of the cases presented to the Eugenics Board for the Province of Alberta from 1929 to 1941*, has received some mention in the secondary literature, however, it has tended to be looked at simply as a review of the case files in line with the earlier "four year's experience," and "eight years' experience" articles.<sup>44</sup> Although

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<sup>42</sup> Jana Grekul, *The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972* (PhD diss., University of Alberta, 2002), p. 134.

<sup>43</sup> See for example *Annual Report of the Department of Public Health, Province of Alberta* (1932), p. 61.

<sup>44</sup> E. Mary Frost, "Sterilization in Alberta: A Summary of the Cases presented to the Eugenics Board for the Province of Alberta from 1929 to 1941" (MA thesis, University of Alberta, 1942).

Frost reviewed Eugenics Board case files in her thesis, she does not do so simply to promote the social and economic benefits of sterilization, as the earlier articles had done. Rather, she uses the cases as a way to provide a critique of the program, and to promote her own professional goals. She used her thesis to argue that although the program was promising, in terms of economic savings, and social and eugenic benefits, it was not being used to its potential. In Frost's view the key to improving the success of the program was the employment of more social workers.

Frost's guidance clinic survey, on the other hand, has received no mention from scholars. The survey, also written in 1942, is important for understanding the connections between the guidance clinics, and the Eugenics Board, as well as the social workers role as an intermediary between the two. Similar to her thesis, Frost's survey, completed in her capacity as Chief Psychiatric Social Worker, established the guidance clinics, and by extension, the eugenics program as falling within social workers' area of expertise.

Frost's lobbying for social workers to be recognized as the only truly skilled caseworkers, reflects the struggles that the profession faced in attempting to define a unique scope of practice. At the time that Frost was actively promoting her profession, the CSWA was interested in moving away from casework, referring to the study of an individual's family and personal history, and circumstances, as their defining skill. A number of its members argued that it was not distinct enough to separate them from other professions.<sup>45</sup> Working in a province that was lagging behind in having their profession recognized, Frost attempted to claim the casework associated with the guidance program, and the Eugenics Board, as a specific professional context for social workers. She did so by referring to the public health nurses and teachers who were taking on much of this work as untrained caseworkers. In doing so, she sought to establish social workers as the only true casework professionals, who were necessary to mental hygiene, public health and eugenic efforts.

#### UNWED MOTHERS, AND NEGLECTED CHILDREN

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R.R. MacLean and E.J. Kibblewhite, "Sexual Sterilization in Alberta: Eight Years' Experience, 1929 to May 31, 1937," *Canadian Public Health Journal* 28 (1937), pp. 587-590; Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization."

<sup>45</sup> See Therese Jennissen and Colleen Lundy, *One Hundred Years of Social Work: A History of the Profession in English Canada, 1900-2000* (Wilfred Laurier University Press, 2011).

The maternalist ideology of the late nineteenth and early twentieth century enabled married middle-class women to help out in their communities, often through charitable organizations. For the most part these efforts centred on improving the lives of mothers and children, and particularly unwed mothers, whom they constructed requiring saving. The desire on the part of reform women to rescue unmarried mothers, resulted in the establishment of a number of maternity homes across North America. By the 1920s, however, social workers began to compete with these reformers for the authority to define and control unmarried motherhood. In her work, scholar Regina G. Kunzel traces this transition, and challenges the often-held assumption that the professionalization of social workers was a simple progression, and instead, demonstrates that social workers had to struggle to achieve professional authority.<sup>46</sup> She argues that “[a]lthough struggles to define, represent, and control female sexuality have often been waged by and between men, illegitimacy became a site for women’s contests for power and authority.”<sup>47</sup> Kunzel argues,

“[t]hroughout the period from 1890 to 1945, out-of-wedlock pregnancy functioned as a language through which people might seek to contain, contest, and resolve issues of social chance and sexual, racial, and class conflict far more sweeping than the issue of illegitimacy. Those who struggled to discover the ‘cause’ of out-of-wedlock pregnancy were engaged in an effort to understand weightier more disconcerting, and less comprehensible issues.”

Social workers placed themselves at the centre of efforts to address illegitimacy, which was connected to mental deficiency, and relief, both important social problems. In an effort to establish their profession as necessary to addressing these issues that were plaguing Canadian society, and threatening Canadian families, they defined their work as superior to both female reformers, and other professionals who included casework as part of their scope of practice.

In Alberta, social workers gained authority with the amendments to the eugenics program, the related Mental Defectives Act, and other health and welfare legislation. These policies utilized experts to maintain contact with potentially problematic cases, providing them

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<sup>46</sup> Regina G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945* (New Haven: Yale University Press, 1993), p. 1-3; For more on the proliferation of experts with respect to delinquency, and deviancy more generally see Bryan Hogeveen, “‘The Evils with Which We are Called to Grapple’: Elite Reformers, Eugenicists, Environmental Psychologists, and the Construction of Toronto’s Working-Class Boy Problem, 1860-1930,” *Labour/Le Travail* 57 (Spring 2005), p. 57; Lori Chambers, *Misconceptions: Unmarried Motherhood and the Ontario Children of Unmarried Parents Act, 1921-1969* (Toronto: University of Toronto Press, 2007).

<sup>47</sup> Kunzel, *Fallen Women, Problem Girls*, p. 5.

with the authority to intervene in family life in the interest of protecting family stability, as well as the finances of the government. The Children's Protection Act of Alberta, introduced in 1909, for instance, granted chief constables, sergeants of the police, Royal North-West Mounted Police officers, and officers of the Children's Aid Society the power to bring children who they believed to be neglected before a judge without a warrant. The judge was then able to direct institutionalization or care as he saw fit.<sup>48</sup>

The definition of "neglected child" provided in the 1909 legislation, and largely left unchanged, focused as much on morality, or a lack of morality in the child's home environment, as it did on abuse.<sup>49</sup> A child, for instance, could be removed from the home if they were found in public begging, receiving alms, stealing, or associating or living with a thief, alcoholic, vagrant, or known prostitute.<sup>50</sup> Neglected children were often associated with unwed mothers.

In 1920, this legislation was amended to further bring unwed mothers and their children under government control. The amendment required any individual, or maternity home, boarding an unmarried woman with infants to notify the Superintendent of Neglected and Dependent Children within one week of their arrival.<sup>51</sup> In 1923 An Act to provide for the Protection of Children of Unmarried Parents was passed, which furthered this control by requiring that every District Registrar of Vital Statistics inform the Superintendent every out of wedlock birth that was registered with their office under the Vital Statistics Act.<sup>52</sup> The act went onto state that the Superintendent, through the cooperation of Children's Aid, and other agencies, will obtain all information possible with respect to every child born out of wedlock, "other than children legitimated by the subsequent intermarriage of their parents, or adopted pursuant to the provisions of the Infants Act, or being cared for voluntarily by a person who is, in the opinion of the Superintendent, a suitable person to have the charge of the child."<sup>53</sup> Under the legislation, the Superintendent could apply to a judge to be granted guardianship rights if the judge determined the person caring for such individuals to be undesirable.<sup>54</sup>

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<sup>48</sup> "An Act for the Protection of Neglected and Dependent Children," *Statutes of the Province of Alberta*, Chapter 12 (1909), p. 210.

<sup>49</sup> "An Act for the Protection of Neglected and Dependent Children," p. 206-207.

<sup>50</sup> "An Act for the Protection of Neglected and Dependent Children," p. 206-207.

<sup>51</sup> "An Act to amend The Children's Protection Act of Alberta," *Statutes of the Province of Alberta*, Chapter 12 (1920), p. 59.

<sup>52</sup> "An Act to provide for the Protection of Children of Unmarried Parents," *Statutes of the Province of Alberta*, Chapter 50 (1923), p. 251.

<sup>53</sup> "An Act to provide for the Protection of Children of Unmarried Parents," p. 252.

<sup>54</sup> "An Act to provide for the Protection of Children of Unmarried Parents," p. 252.

In 1925 the Child Welfare Act was introduced, however it was not brought into force until 1931, with three sections of the legislation remaining inactive until 1940. The legislation extended the ability to apprehend a child suspected of being neglected, without warrant to school attendance officers, and a child welfare committee authorized by the Superintendent.<sup>55</sup> One of the sections of the Child Welfare Act, which was not brought into force until 1940, dealt specifically with immigrant children, and, notably, mentally defective and/or diseased immigrant children. Under the legislation any individual who knowingly placed, or assisted in placing a mentally disabled child in the province was at risk of being fined, and required to pay all of the costs associated with the care of the child, or risk jail time.<sup>56</sup> This specific section of the legislation reveals the interests of the government in only providing care to individuals thought to be desirable, or, more specifically, who were able to use the welfare provided to establish a socially acceptable life. It also illustrates the efforts to limit the costs associated with welfare expenditures, and more specifically, expenditures directed towards undesirable segments of the population.

Each legislative change provided experts, including social workers, with control over behaviours that were considered abnormal, in the interest of protecting the family, which was based on specific ideas of what family meant, and perhaps more importantly, saving the government money. Unmarried mothers, specifically, were a potential expense to the province in terms of both mothers' allowances, and because illegitimacy was associated with mental deficiency from an early date.<sup>57</sup> Eugenicists attempted to demonstrate through statistical studies that those women determined to be mentally defective were likely to have children out of wedlock due in part to what they believed to be a lack of self-control, and hyper-fertility. This meant that a number of children born to unwed mothers were also expected to be a drain on the state. They were likely to require foster care for an extended period of time, as those determined

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<sup>55</sup> "An Act respecting the Welfare of Children," *Statutes of the Province of Alberta*, Chapter 4 (1925), p. 27-28.

<sup>56</sup> "An Act respecting the Welfare of Children," p. 35.

<sup>57</sup> See Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization"; MacLean and Kibblewhite, "Sexual Sterilization in Alberta."; Richard Dugdale, *The Jukes: A Record and Study of the Relations of Crime, Pauperism, Disease and Heredity* (New York: G.P. Putnam Sons, 1874); Henry Goddard, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (New York: MacMillan, 1912); Charles Davenport, "The Nams: The Feeble-minded as Country Dwellers," *The Survey* 72 (1912): pp. 1844-5; T.C. Douglas, *The Problems of the Subnormal Family* (Masters Thesis, McMaster University, 1933); Paul Popenoe, "Marriage After Eugenic Sterilisation," in E.S. Gosney, e.d., *Collected Papers on Eugenic Sterilisation in California* (Human Betterment Foundation, Pasadena, 1930); Molly Ladd-Taylor, "Eugenics, Sterilisation and Modern Marriage: the Strange Career of Paul Popenoe," *Gender & History* 13, 2 (August 2001), pp. 298-327.



to be mentally defective were perceived to be “unadoptable,” or be institutionalized indefinitely, both of which cost the government money.

From an early date, the Eugenics Board expressed an interest in expanding the powers of the various homes and institutions that had frequent contact with people determined to be mentally defective. In their tenth meeting, for instance, they discussed the possibility of approving the Beulah Home and Mount View Home, which were both homes for unwed mothers, as institutions under the Mental Diseases Act, meaning that they would be eligible to present cases, namely unwed mothers, directly to the Eugenics Board.<sup>58</sup> Although the Board ultimately decided that this was not possible, it was not the last attempt to strengthen the connections between such homes and the eugenics program.

Beginning in 1936 the administration of child welfare, juvenile delinquency, and mother’s allowance in the province was transferred from the Attorney General’s office to the Minister of Public Health, W.W. Cross. This meant that the province’s eugenics sterilization program, and welfare policies for neglected and delinquent children and unwed mothers were both administered through the Alberta Department of Public Health. As a segment of the individuals presented for sterilization were wards of the state, this also meant that Cross was provided with the authority to provide consent in such cases. In fact he attended Board meetings on occasion.<sup>59</sup>

The year following this transfer in jurisdictional authority, Cross was responsible for proposing the 1937 amendment to the *Sexual Sterilization Act*, arguing that the legislation was too restrictive, and somewhat famously stating, “only ten years ago there were three hundred hopeless mental defectives in Alberta and now there are three thousand of which eight per cent could be traced to the original three hundred.”<sup>60</sup>

Following the 1937 amendment, the Eugenics Board began, at least explicitly, to base their decisions on how capable they believed the individual was of intelligent parenthood.<sup>61</sup> Their determination of the female patient’s ability to intelligently raise a child focused largely on issues of sexuality. As sociologist Jana Grekul has observed, the Eugenics Board was concerned with sexual deviancy in the case of female patients, including premarital and extra martial

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<sup>58</sup> Grekul, *The Social Construction of the Feeble-minded Threat*, p. 131

<sup>59</sup> Grekul, *The Social Construction of the Feeble-minded Threat*, p. 132.

<sup>60</sup> *Edmonton Bulletin* (April 1st, 1937).

<sup>61</sup> Grekul, “Sterilization in Alberta.”

relations, including illegitimate births, and children with multiple partners, and promiscuity, more broadly. They were also concerned with the sexual histories of patients' mothers and grandmothers.<sup>62</sup>

The same year that the first amendment to the eugenics program was introduced, the Beulah Home was approved as an institution under the Mental Defectives Act, along with select foster homes housing mentally defective children.<sup>63</sup> Although this did not provide the Home with the ability to present cases directly to the Eugenics Board for sterilization, they could order that a discharged patient be sent to any institution approved by the Act, including, for instance, the Provincial Training School for Mentally Defective Children (PTS) in Red Deer.<sup>64</sup> The matron of the Beulah home, which was a religious home, established by protestant reformers, could prompt such an order if they believed a discharged woman was leading an immoral lifestyle.<sup>65</sup> Additionally, as it was designated a Mental Defective institution under the Mental Defective Act, no individual diagnosed as mentally defective could be discharged without being sterilized. Thus, "incapable of intelligent parenthood" became the most common reason given for the sterilization of female patients at the same time that unwed mothers were coming in closer contact with the eugenics program.

Although Beulah home was not directly connected to the Eugenics Board, legislators found a less explicit way to connect the two. This connection, provided through the Mental Defectives Act, allowed for policy makers to address eugenic concerns associated with illegitimacy, namely the belief that many such women were mentally defective, and as a result would have mentally defective children, while also minimizing the costs associated with providing aid to such women, or caring for their children, mentally defective, or not.

The Alberta government's approval of a home for unwed mothers as an institution for mental defectives reflects their efforts to expand the scope of sterilization in the province to those who were deemed to be incapable of intelligent parenthood not strictly for biological

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<sup>62</sup> Grekul, "Sterilization in Alberta."

<sup>63</sup> "The Beulah Home Approved as an Institution," (O.C. 318-38) *Alberta Gazette* (March 31, 1938), p. 288

<sup>64</sup> As they were not defined as a mental diseases hospital with the meaning of the *Mental Diseases Act*. They could order that a discharged patient be sent to any institution approved under the Mental Defectives Act according to the powers granted to it by the 1925 amendment to the Mental Defectives Act; See "An Act to amend The Mental Defectives Act," Statues of the Province of Alberta, 1925, Chapter 47 (April 10, 1925): pp. 188.

<sup>65</sup> For more on the religious nature of the Beulah home see: Joanne Marie Ritcey, *Hegemonic heterosexuality, moral regulation and the rhetoric of choice: Single motherhood in the Canadian West, 1900-Mid 1970s* (PhD dissertation, University of Alberta, 2009).

reasons, but on the basis of their personality, behaviour, and home environment. It highlights the ways in which Alberta's eugenic sterilization policy saturated not only the operation of the province's psychiatric institutions, but also early welfare efforts. Early welfare legislation, and policies aimed at those determined to be mentally defective, together created a network of individuals responsible for controlling and supervising this population. These policies set the stage for Mary Frost to claim eugenics, and mental hygiene as a space for social workers, based on their ability to save the government additional money.

#### E. MARY FROST, CHIEF PSYCHIATRIC SOCIAL WORKER, AND ACTING SECRETARY TO THE ALBERTA EUGENICS BOARD

Following the establishment of the Guidance Clinic Service in Alberta, the positions of Secretary of the Eugenics Board, and Chief Psychiatric Social Worker were held jointly by a social worker. The Chief Psychiatric Social Worker was in charge of the guidance clinic service, and in a number of instances, they also provided services to the provincial psychiatric institutions, which included job placement, and following up with patients after they had been discharged. Mary Frost served as acting Chief Psychiatric Social Worker and Secretary to the Eugenics Board at various points between 1940 and 1943, previously serving as the resident social worker at the Edmonton guidance clinic. During her time with the Department of Public Health, Frost was active in promoting the need for the Department to employ trained social work personnel. As the Eugenics Board, and the government was interested in the cost-savings benefits associated with the eugenics program, Frost, argued that the program would be more successful in this respect if more social workers were employed directly in connection to the eugenics program. More specifically, she argued that the program could save the province more money if it approved more sterilization, and the employment of more social workers would ensure an increase in the number of individuals being presented to the Eugenics Board.

Although there were a number of communities throughout Alberta where mental hygiene clinics were established, only a few ever had a full-time social worker on staff. Initially the Chief Psychiatric Social Worker was in charge of all of the clinics throughout the province. This changed in 1939 when the Alberta Department of Public Health assigned a resident social worker to both Calgary and Edmonton. Calgary and Edmonton remained the only clinics with full-time

social workers until 1954 when one was hired in Lethbridge.<sup>66</sup> In areas without resident social workers, much of the responsibility for collecting case histories, interpreting clinic recommendations, and following up with cases fell to the province's teachers and public health nurses.

In 1942, Frost completed her Masters thesis in the Department of Psychology, under the supervision of Dr. John MacEachran, Chair of the Eugenics Board, and professor at the University of Alberta. As Secretary to the Eugenics Board, Frost was granted full access to the Board's case files. Her thesis built off of the four-year and eight-year reviews of Alberta's sexual sterilization program published in the *American Journal of Psychiatry* and *Canadian Public Health Journal* respectively, and drew heavily on Paul Popenoe's work in California.<sup>67</sup> However, beyond acknowledging that sterilization ensured the moral adjustment of those sterilized, Frost's thesis moves away from the focus on feeble-minded women and immorality, which had preoccupied the earlier studies. Frost instead provides a more thorough critique of the program, as well as making bold recommendations aimed at increasing the number of individuals presented to the Eugenics Board for sterilization. Most of these suggestions forwarded her own professional interests by calling for more social work personnel.

Written from a biological reductionist point of view, her thesis begins by establishing the eugenic and social significance of the eugenics program in Alberta, setting up her argument that the program should be expanded and strengthened with the help of trained social workers, and that such expansion was in the best interest of the province. She stresses the existence of a differential birth rate between the "superior stock" and those with "inferior endowment" within the province. The notion of a differential birth rate was a common focal point of early eugenic arguments, and was often tied directly to the perceived immorality, hyper-sexuality and hyper-fertility of individuals deemed to be mentally defective. Birth control use by the superior stock, as well as the death of the fit at war, were two of the factors that many eugenicists, Frost

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<sup>66</sup> The guidance clinics in Ponoka and Red Deer, were operated out of the Provincial Mental Hospital and the Provincial Training School (PTS), respectively. Both Ponoka and the PTS employed their own social work personnel who were also often responsible for follow-up work in connection with the clinics. In 1957 the Ponoka full time health unit takes over the mental hygiene clinics.

<sup>67</sup> Baragar, Davidson, McAlister, and McCullough, "Sexual Sterilization"; MacLean and Kibblewhite, "Sexual Sterilization in Alberta." Popenoe was an associate at the Eugenics Record Office in Cold Spring Harbor, and an internationally recognized expert on eugenic sterilization, and later marriage. See Molly Ladd-Taylor, "Eugenics, Sterilisation and Modern Marriage: the Strange Career of Paul Popenoe," *Gender & History* 13, 2 (August 2001), p. 298-327; Alexandra Minna Stern: *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005).

included, identified as contributing to this difference. Frost, like other eugenicists, believed that eugenic measures were necessary to offset the effects of these circumstances.<sup>68</sup> She argued that sexual sterilization was the most effective of such measures as it posed “little physical risk to the individual” and made “procreation impossible and consequently the transmission of defects to future generations.”<sup>69</sup>

To further demonstrate the social and eugenic significance of Alberta’s sterilization program, Frost dedicated an entire chapter to examining the family charts of sterilized patients. Early American eugenicists commonly used family charts and family studies, in addition to the differential fertility argument, to provide “scientific” backing to their claim that mental deficiency was inherited.<sup>70</sup> In the absence of an understanding of genetics, early eugenicists studied the family trees of individuals categorized as mentally defective, or insane, in an effort to document other such cases in past generations. These studies often focused on the sexual histories of both immediate and distant relatives, highlighting instances of illegitimacy, promiscuity, and venereal disease, as well as alcoholism, and criminality, as evidence of unfit lineage.<sup>71</sup> In her own work, Frost utilized family charts to show that “cacogenic lines” were being established in Alberta, and that the province’s eugenic sterilization program was therefore necessary.<sup>72</sup>

While compiling the family charts that appear in her study, Frost found that there was a significant lack of information on record regarding the relatives of the patients examined. She observed that the Department of Public Health, primarily through the work of public health nurses, tended to collect information on the patients themselves, only seeking out “pertinent facts” about family members in select cases.<sup>73</sup> The information that was available was obtained “incidentally and at intervals, a good deal by chance.”<sup>74</sup> According to Frost, “[e]ven where the histories suggested the presence of mental disorders in other members of the family, no definite policy had been followed to investigate and report on the condition.”<sup>75</sup> She argued that this

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<sup>68</sup> Frost, *Sterilization in Alberta*, p. 1-2.

<sup>69</sup> Frost, *Sterilization in Alberta*, p. 3.

<sup>70</sup> The most famous of these studies are Dugdale, *The Jukes*; Goddard, *The Kallikak Family*; Davenport, “The Nams”; for a Canadian example see Douglas, *The Problems of the Subnormal Family*.

<sup>71</sup> See for instance, Goddard, *The Kallikak Family*

<sup>72</sup> Frost, *Sterilization in Alberta*, p. 87.

<sup>73</sup> Frost, *Sterilization in Alberta*, p. 32.

<sup>74</sup> Frost, *Sterilization in Alberta*, p. 88-89.

<sup>75</sup> Frost, *Sterilization in Alberta*, p. 88-89.

indicated an urgent need for a larger social work staff to carry out the investigative, administrative, and clerical work of the Eugenics Board. Frost believed that hiring more workers to assist with the operation of the program was in the best interest of the province, not only in terms of eugenic outcomes, but also financial savings. She argued that the public health nurses who were largely responsible for this work were busy with their other duties, and, regardless, were not trained case workers, collecting information by chance, rather than through any skill. Social workers on the other hand were trained to carry out investigational work. They would be able to bring the family members of those identified as mentally defective, or insane under the surveillance of the provincial eugenics program, and the provincial government more generally, thus contributing to a more cost-efficient set of programs.

Frost provided a cost analysis of the sterilization policy, arguing that by preventing the expenses associated with institutionalization, the program was saving the province more than enough money to cover the expenses of the Eugenics Board as well as that of an additional full-time social worker.<sup>76</sup> As the family charts demonstrated, the investigational work taking place in connection with the Eugenics Board was limited. Frost suggested that it was likely that a number of the cases eligible for presentation to the Board were not being identified. She argued that the lack of social workers “would seem to limit the effectiveness of the Sterilization Act very definitely, as well as to hinder the securing of accurate data for the further study of the problem.”<sup>77</sup> By employing another social worker to be tied to the Eugenics Board’s work through the guidance clinics, Frost was certain that the number of individuals considered for sterilization would increase, and that government expenditures would be further reduced.

Frost’s thesis contains a short “further reading list,” which includes a 1938 article titled “Towards Curing Differential Births and Lowering Taxes.”<sup>78</sup> The article, written by Caroline H. Robinson, a member of the Board of Directors of the American Research Association calls for American states to depend on compulsory segregation “as the ultimate defense against births among the very worst problem-people,” specifically individuals “who are careless about having more children than they have any capacity for bringing up properly.” She writes,

At the outset, students of heredity must understand this point – that our program fights births in Unfit homes not because it is in the least certain that the children would be by

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<sup>76</sup> Frost, *Sterilization in Alberta*, p. 90.

<sup>77</sup> Frost, *Sterilization in Alberta*, p. 12-13

<sup>78</sup> Frost, *Sterilization in Alberta*, p. 8; Caroline H. Robinson, “Towards Curing Differential Births and Lowering Taxes,” *Journal of Heredity* 29, 7 (1938): pp. 260-264.

nature defective but because it is certain their upbringing will be defective. To taxpayers, already supporting one public parasite per solvent family, a defectively brought-up ‘dull normal’ or even [a] ‘bright’ individual may be far more expensive than a well-nurtured and obedient though moronic day-laborer.<sup>79</sup>

Although Frost’s work calls for sterilization, viewing compulsory segregation as an added expense, Robinson’s article speaks to Frost’s interests in saving the government money, which, she argued, could only be done effectively with the assistance of social workers.

Frost’s emphasis on the biological nature of mental deficiency in her thesis did not, however, fit with the broader international trends in eugenic thought. Although the environmental arguments increasingly employed by eugenicists often took on a pseudo-biological tone, direct reference to mental deficiency as an inherited trait, and the use of family charts and studies had largely waned by the 1930s. Alberta’s sexual sterilization legislation, although amended in 1937 to include environmental factors, still contained a biological component. Perhaps her biological reductionism was reflective of the tacit views of the Eugenics Board, given her close ties to it, both as its secretary, and as MacEachran’s graduate student. Or perhaps she felt that not emphasizing traditional eugenic arguments would hinder her assertion that the sterilization program continued to be a necessity. Her emphasis on the biological basis of mental deficiency also provided strength to her argument that social workers were key to the success of the eugenics program, a point that underpins every aspect of her thesis, and serves as the main recommendation. If mental deficiency was solely a product of an individual’s environment, public health and educational efforts might be more successful, however, a biological understanding required workers who could more fully investigate family backgrounds.

As a result of her cross-appointment as acting Chief Psychiatric Social Worker, and Secretary to the Eugenics Board, Frost had a direct interest in the guidance clinics contributing to the province’s eugenics program, and in the program’s efficient operation. Her 1942 survey of the guidance clinics in Southern Alberta, published in the Department of Public Health’s annual report for that year, speaks to this interest, and echoes the sentiments expressed in her thesis.

In the early 1940s southern Alberta experienced a curtailment of guidance clinic services due to a shortage of personnel as result of the Second World War. During this period, the Provincial Mental Hospital in Ponoka was responsible for providing a psychiatrist for the clinics in the southern portion of the province, with the exception of Red Deer and Stettler, which were

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<sup>79</sup> Robinson, “Towards Curing Differential Births and Lowering Taxes,” p. 260.

attended by psychiatrists from the PTS. In her capacity as Chief Psychiatric Social Worker, Frost travelled to southern Alberta to check on the progress of the individual cases that had already been examined at the guidance clinics in Red Deer, High River, Medicine Hat and Lethbridge, all of which had been cancelled at the beginning of 1942. The purpose of her survey was to provide comments on the “value” of the clinic work to date, and also to make recommendations for when the conditions improved.<sup>80</sup> Frost based her judgement regarding the value of each of the clinics’ work on whether they had taken advantage of their newfound ability, following the 1937 amendment, to present cases to the Eugenics Board for sterilization.

The first of the clinic centres visited by Frost was located in Red Deer. Most of the follow-up work at the Red Deer clinic was undertaken by the Health Unit, or through the schools. Frost found that although there had only been three individuals sterilized out of the nearly forty mentally defective cases examined at the centre, most of the cases were under ten years or age, or of the “mongoloid type”, a category associated with low rates of survival into adulthood.<sup>81</sup> Frost anticipated that many of the younger cases would come before the Eugenics Board in the future, observing that the Health Unit remained in touch with “a good number” of the children who had been determined to be mentally defective at the clinic.<sup>82</sup> Additionally, the Red Deer Health Unit was quite effective in implementing clinic recommendations. Frost made similar observations regarding the High River guidance clinic, noting that most of the clinic work was done in connection with the Health Unit, and through the schools and the homes visited by public health nurses. She commented that the staff understood how to interpret and carry out the clinic recommendations, and that the clinic had been of value. Although only one case of mental deficiency had been sterilized, many of children determined to be mentally defective by the clinic had been quite young, and were being cared for in their homes until sterilization became an option.<sup>83</sup>

Frost was more critical of the Medicine Hat clinic. Although she praised the clinic’s relationship with the doctors in the district, and its exceptional ties to the school, she argued that there were a number of faults in its operations. Frost wrote,

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<sup>80</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 112.

<sup>81</sup> See K.G McWhirter, and J. Weijer, “The Alberta Sterilization Act: A Genetic Critique,” *The University of Toronto Law Journal* 19:3 (Summer 1969), p. 427; Mark Jackson, “Changing depictions of disease: race, representation and the history of ‘mongolism,’ in *Race, Science and Medicine, 1700-1960*, edited by Bernard Harris and Waltraud Ernst, 167-188 (London: Routledge, 1999).

<sup>82</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 109.

<sup>83</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 109.



The most apparent need in the Medicine Hat centre in connection with the work is that of a full-time Social Worker. From casual observation, both in the schools and in the neighborhoods which the Social Worker visited, it was concluded that there are a good many people who might well be assisted in their adjustment, but who as yet have not received any attention from any existing agency. In addition...only four cases have been sterilized from this centre, while it is known that more than 125 mentally defective persons have been examined here. Furthermore, the whereabouts of 60% of these is at present unknown.<sup>84</sup>

Additionally, she argued that the clinic centre had poor relationships with the homes in Medicine Hat, which prevented clinic recommendations from being implemented properly. The lack of information regarding the residency of more than half of the individuals diagnosed as mentally defective at the clinics was extremely problematic from Frost's point of view, as they were likely a drain on the province both financially and socially.

During her time at the Medicine Hat centre, Frost found that in a number of cases the situation remained unchanged following contact with the clinic. For instance, she documented a number of cases in which "moral adjustment continued to be questionable," the individual, or their family were "unable or unwilling to follow psychiatric advice," environmental conditions, and delinquency were worsened, and an instance in which the patient committed suicide.<sup>85</sup> She suggested that these faults stemmed from the fact that the clinic was largely run by the public health nurse, and through the teachers.

The final clinic centre visited by Frost was in Lethbridge. Lethbridge was notable as it was home to the Lethbridge Nursing Mission. The Lethbridge Nursing Mission developed out of the Lethbridge Women's Relief Society, which was organized in 1908 by middle-class women from various church groups. The Society was created to look after Lethbridge's immigrant population, and those in need, more generally.<sup>86</sup> In 1910 Jessie Turnbull Robinson, "a graduate nurse who had 'retired' from salaried work following her marriage in 1904," became president of the Society, shortly thereafter she redirected its attention towards visiting nursing, specifically providing care during illness and childbirth.<sup>87</sup> In 1911 Anna Tilley, who had received social work training, became director of the Nursing Mission. Tilley began to increase the Mission's

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<sup>84</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110-111.

<sup>85</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 111.

<sup>86</sup> Sharon Richardson, "Women's Enterprise: Establishing the Lethbridge Nursing Mission, 1909-1919," *Nursing History Review* 5 (1997), p.106.

<sup>87</sup> Richardson, "Women's Enterprise," p. 105 and 125.

social service activities, including providing accommodation, food, clothing, rent and fuel.<sup>88</sup> Frost described the Mission as “a unique organization acting as a bureau for all types of social work.”<sup>89</sup> She wrote, “[t]he contacts made by the Nursing Mission are almost always directly with the home, and because of this the co-operation it receives is particularly good.” In addition to taking on much of the responsibility for the clinic’s investigational work, the Mission was in charge of the majority of the clinic referrals. By the time of Frost’s survey, 23 cases had been sterilized in connection with the Lethbridge clinic, making the Lethbridge centre the most productive in terms of sterilization out of the southern clinics.<sup>90</sup> Frost still, however, argued that it would be in the best interests of the patients to have a part-time social worker to help with the follow-up work associated with the clinic. The Lethbridge clinic supported Frost’s belief that social work personnel were in a position to improve the guidance clinics and the eugenics program, specifically in terms of the number of individuals presented for sterilization from each clinic centre. It was the social work nature of the nursing mission, in addition to the high number of cases presented for sterilization that led Frost to praise the Lethbridge clinic in her 1942 survey, while overlooking and even downplaying the contribution of Medicine Hat public health nurse.

Despite her assertion that the Red Deer, High River, and Lethbridge clinic centres were able to maintain contact with cases of mental deficiency and implement clinic recommendations fairly well, Frost concluded that “[i]n all of the centres, the impression was gained that the problem of mental deficiency is not being adequately solved. The percentage undergoing operation for sterilization has been seen to be very small.”<sup>91</sup> She also found it problematic that a significant number of the mentally defective cases identified by the clinics remained at home with their families, where it was unlikely that they were receiving sufficient training and supervision.<sup>92</sup> Frost believed that the solution to this situation, both the low number of sterilizations, and the lack of supervision, lay in the employment of trained workers by the provincial Department of Public Health. In her concluding remarks she wrote,

[a]t the larger centres – Medicine Hat in particular – numerous cases were found in which the diagnosis of mental deficiency had been made, and who are known to be the parents

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<sup>88</sup> Richardson, “Women’s Enterprise,” p. 124.

<sup>89</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 111.

<sup>90</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 112.

<sup>91</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.

<sup>92</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.

of several children of like intellectual endowment. (the actual number of these cases could not be ascertained in such a short visit, but they were cited so frequently from various sources that there is no doubt but what they constitute quite a problem socially.) This situation might well be alleviated (at considerably less cost than institutionalization would be) if trained workers were employed for the purpose of supervising these persons, and of interpreting the problems associated with their deficiency to their relatives and others with whom they come in contact.<sup>93</sup>

She argued the faults with the guidance clinic service was due to the lack of social work, or “trained” personnel, writing, “[t]he effectiveness of the Guidance Clinic work appeared to vary directly with the degree of training in mental hygiene of the agencies referring the cases and carrying out the recommennations [sic].”<sup>94</sup> The only centre where the clinic was fully administered by social work personnel was Lethbridge, and Lethbridge had the highest number of sterilizations, which was largely what Frost judged the effectiveness of the clinic on, along with relationships with homes, and ability to maintain contact with cases of mental deficiency.

Frost recommended that the Department hire a social worker whose time would be divided between Medicine Hat, where Frost felt they should be based, and Lethbridge. The other three centres were closer to the services of a social worker than Medicine Hat. The Red Deer clinic received support from a social worker employed at the PTS, High River was a short distance from Calgary, which was home to a full-time social worker assigned to clinic work, and Lethbridge was home to the Lethbridge Nursing Mission. Medicine Hat, in comparison, was located a fair distance from other centres, and as a result was more difficult for social workers to travel to. Her survey set up the division of the province into three zones, which occurred in 1950 after the public and mental health services had fully recovered from the wartime personnel shortages. The 1950 reorganization of the guidance clinic service made larger centres accountable for the rural satellite clinics throughout the province. As a result, social workers, who had almost exclusively been employed in larger centres, were encouraged to visit the smaller clinics on a regular basis. The new clinic arrangements also were accompanied by an increase in the number of Alberta Department of Public Health social workers, allowing them to take on the clinic responsibilities earlier performed by public health nurses. The Lethbridge Nursing Mission, however, serves as an exceptional case, as it continued to be active in the operation of the Lethbridge Clinic until the mid-1950s when a full time social worker was

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<sup>93</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 111.

<sup>94</sup> *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.

employed. Frost's construction of social work personnel as the most effective investigational workers influenced the way in which the program was managed. The later participation of the Nursing Mission in the Lethbridge clinic likely stemmed from the social work training of their staff.

Frost's 1942 survey of the guidance clinics in southern Alberta established the clinics as the domain of social workers.<sup>95</sup> Specifically, Frost used the clinics' connection to the eugenics program following the 1937 amendment as a way to establish social workers as critical to the success of both the clinics and the eugenics program, arguably two of the most significant preventative mental health programs in Alberta at that time. Whereas teachers and public health nurses were employed by the municipalities, Frost constructed the social worker as being rooted within these programs, and therefore in a position to forward, and protect the interests of the Eugenics Board directly. Notably, Frost was the first individual to receive remuneration for serving as Secretary to the Eugenics Board, which suggests perhaps that she was effective in establishing her own value to the program, in addition to the value of social work personnel more generally.<sup>96</sup>

During the period in which Frost was writing her two studies, social workers were attempting to more clearly define the boundaries of their profession. Frost's work should be understood within this context. While her reports provide an updated review of the sterilization program, and the first survey of the provincial guidance clinics, they also reflect larger issues within her profession. Members of the CSWA were concerned that casework, which initially was one of the defining practices of the profession, was not specialized enough, and that the line separating social workers from public health nurses, and other casework professionals, was blurred.<sup>97</sup> Frost, working in a province that was removed from many of these conversations, defined social work in relation to casework, despite its limitations. In doing so, she redefined the investigational and follow-up work of both the clinic and the eugenics program as part of social work's scope of practice. She did this partly through depicting the individuals, namely public health nurses, and teachers, responsible for the investigational work at the time of her two studies as untrained caseworkers workers, placing the challenges faced by the eugenics program, and

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<sup>95</sup> See Kathleen W. Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, Massachusetts: Harvard University Press, 1999).

<sup>96</sup> Frost, *Sterilization in Alberta*, p. 10.

<sup>97</sup> See Jennissen and Lundy, *One Hundred Years of Social Work*.

guidance clinic squarely on their shoulders. In doing so, she attempted to clarify the boundaries separating the professions, and establish social workers as critical to the eugenics and sterilization program, as a result of their specialized knowledge of casework.

#### ESTABLISHMENT OF DEPARTMENT OF PUBLIC WELFARE, AND GROWTH OF THE OIL INDUSTRY

By 1944 the provincial government had recognized the advantage of housing all welfare services under a single administration. As a result, it established the Department of Public Welfare, which was granted the authority to administer relief, child welfare, mothers' allowances, and Métis resettlement, among other government initiatives.<sup>98</sup> By the 1950s, the decade in which Helman was encouraged to apply for sexual sterilization in the case of Lily, the relief rolls in the province were growing. The Department of Public Welfare found that although the province was booming, and there were adequate jobs available, a number of individuals were coming to the province who, they reported, were "unwilling" to work to earn a wage. These same individuals were often not eligible for federal unemployment insurance, and as a result, applied to the municipalities and the province for relief.<sup>99</sup> The Department also reported that many of the men working in seasonal positions in the oil industry were out of money by the time fall rolled around, and were also often not eligible for federal relief. In the Department's 1955-1956 report, the superintendent wrote, "[d]uring the past two or three years, it is surprising how well dressed many of the applicants are smoking manufactured cigarettes which are quite expensive."<sup>100</sup>

During this same decade, the Department reported that in cases where the child under state guardianship was determined to be mentally defective it was "practically impossible to find foster homes."<sup>101</sup> As a result, the Department planned to open an institution to care of children labelled as such, which was to be leased to, and staffed and operated by the Beulah Home.<sup>102</sup> In 1965 the Welwyn Manor was opened in Wetaskiwin to provide institutional care for wards awaiting admission to the Alberta School Hospital, formerly the PTS.<sup>103</sup>

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<sup>98</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1946), p. 48.

<sup>99</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1955), p. 8.

<sup>100</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1955-56), p. 16.

<sup>101</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1957/58), p. 25.

<sup>102</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1957/58), p. 25.

<sup>103</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1965-66), p. 13.

At the same time as the Department began to express unease over the number of mentally defective children in its care, it also voiced concern over the increasing number of unmarried mothers, and their decreasing age. In 1961 the superintendent of the Department reported, “[i]n the five maternity homes for unmarried mothers the fourteen- and fifteen-year-old mother is no longer a rarity. The number of unmarried mothers giving birth to their second and third child out of wedlock now represents almost forty per cent of out-of-wedlock births.”<sup>104</sup> With the expanding welfare rolls, and the increasing number of mentally defective children who were under state guardianship, and the decreasing age of unwed mothers, the pressure to “keep the welfare costs down,” as discussed in Helman’s editorial, resulted in the social workers attached to the Department of Public Welfare turning to sterilization, through the guidance clinics, as an option. They relied on the provincial guidance clinics, and by extension the eugenics program, to manage their caseloads.<sup>105</sup>

Alberta’s guidance clinics provided social workers with a space in which to engage with the provincial eugenics program, a key piece of mental health legislation in the province, particularly after the relationship between the two was formalized by the 1937 amendment. Frost, notably, saw both the guidance clinics and the eugenics program as opportunities to establish social work as profession with necessary skills. She constructed social workers as being capable of saving the government money, which was one of the main motivators for the initial eugenic legislation. Social workers were in a position to lower the costs associated with mental health in the province, one of the largest government expenditures, as a result of their knowledge and casework training. She argues that social workers were more adept at determining eligibility for sterilization, and expanding the reach of the program to include the family members of those presented for sterilization than “untrained” caseworkers. Public health nurses, teachers, and other professionals acting as caseworkers threatened the necessity of the social work profession in Alberta. By establishing social workers as critical to the success of the two key preventative mental health initiatives in the province, Frost sought to protect her profession from this intrusion, and also to expand it.

Although aspects of Frost’s arguments are reminiscent of those forwarded by social workers, notably Whitton in Ontario, decades earlier, the timing was right for Frost’s work in

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<sup>104</sup> *Annual Report of the Department of Public Welfare, Province of Alberta* (1961-62), p. 27.

<sup>105</sup> See *Annual Report of the Department of Public Welfare, Province of Alberta* (1955), p. 24; *Annual Report of the Department of Public Welfare, Province of Alberta* (1957/58), p. 24.

Alberta. The changes to the eugenics program legislated by the 1937 amendment made the social workers all the more important to the program, and the growth of the oil industry created an environment where more individuals trained to administer welfare programs were required. The groups targeted by the Board often came in contact with these latter workers. The overlap in welfare recipients, and sterilization cases, also reflected the administrative connections between those responsible for administering the guidance clinics, and eugenics program, and those responsible for welfare services from 1936 and 1944, a significant period in the history of the eugenics program. During this time referrals to the guidance clinics by welfare officials significantly increased, a practice that would continue after the establishment of the Department of Public Welfare.

## CONCLUSION

There are practical reasons why various groups of Canadians supported eugenic measures. Those reasons move beyond the discourse on race building, which although important, is only part of the story. In addition to promising to create a strong Anglo-Canadian race, eugenics allowed legislators to overlook the socio-economic problems facing the growing, increasingly urbanized Country, and instead blame looming challenges on individual weaknesses inherent in Canadian citizens, which were informed and defined by gender, sexuality, class, race, religion, intelligence and ability.<sup>1</sup>

The ideas contained in eugenics ideology forwarded the interests of a number of professions within the blossoming domain of public health. Interest groups and professionals forged their identities by articulating a position within the broader context of population control, and some relied on eugenics more explicitly to carve out professional space. They often defined themselves altruistically; professionals offered necessary tools for establishing a stronger Canadian citizenry, a population that increasingly looked to public health nursing, teaching, and social work, and as other scholars have demonstrated, psychiatry, medicine, and psychology as new experts capable of solving social problems.<sup>2</sup> As a socially and scientifically significant movement, eugenics provided a degree of scientific legitimacy to those professions that engaged with it, allowing them to extend their authority into the communities, homes, bedrooms, and schools of Canadian families. Perhaps most importantly, eugenics also promised to minimize government expenditures by reducing the numbers of needy families and by breaking the alleged cycles of poverty that were allegedly produced through bad genetics.

As this study has argued, eugenics was not an ideology or practice that was isolated within institutional settings, nor was it limited to male medical and psychiatric professionals. Rather, as the case of Alberta's sexual sterilization program reveals, eugenics was connected to the education, health, and welfare services utilized by individuals across the province, and was shaped in day-to-day practice by a variety of female reformers, and professionals. Designed in

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<sup>1</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart Inc., 1990), p. 37.

<sup>2</sup> Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999); Ian Dowbiggin, "'Keeping This Young Country Sane': C.K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925," *The Canadian Historical Review* 76, 4 (December 1995), 598-627.



part by the United Farm Women of Alberta (UFWA), the program served to advance a specific political agenda, one that sought to protect the health, finances, and intelligence of Albertans, and the stability of their families, by securing Albertans “equal” access to quality social services. Much of their legislative efforts, created in alliance with various social welfare experts, focused on public health initiatives, and in doing so served to bring Albertans under the lens of medicine and science. The eugenics program was one component of their public health agenda, which also included, lobbying for a district nursing service, pre- and post natal clinics, school inspections, and travelling operative clinics. The growing network of health services provided much needed resources to Albertans, but also extended a degree of surveillance over families to a greater extent than ever before. Relying on public health officials to carry out the daily services also brought professional women directly into Albertan homes, creating new experts and new levels of compliance.

In an effort to reduce the high infant and maternal mortality rates in the province, many of the public health initiatives supported by the UFWA focused specifically on mothers and children, promoting a medicalization discourse over young and female bodies, and in turn constructing, and reinforcing the divide between intelligent and defective motherhood, or the “mother of tomorrow” and the “moron.”<sup>3</sup> The medicalization process justified significant interventions into the lives of Albertan women, particularly if they fell into categories denoting deficiency, disability, or criminality.

Women’s organizations, public health nurses, teachers and social workers drew on this double-edged conception of women to justify their presence within politics, and health, education and welfare systems in the province. They constructed themselves as “mothers of tomorrow” who were capable of securing the welfare of Albertan families by lobbying for legislation, and administering education, health, and economic relief programs in the province. In terms of the eugenics program specifically, these gendered stereotypes placed professional women in a position to contribute to the eugenics and mental hygiene movements. Their niche within these movements centered on their relationships and proximity to children and adults in their respective communities. Both those within these professions and others argued that this relationship was made possible as a result of their gender, and class, ethnic, sexual, and religious

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<sup>3</sup> See Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (California, University of California Press, 2005).

identities. Although superficially constructed, this identify provided teaching, public health nursing and social work personnel with authority in relation to the largely immigrant families they encountered during the course of their day-to-day work. It also positioned them strategically to be able identify cases of mental deficiency, maintain contact with individuals and families, and collect case histories, all of which were central to the operation of the eugenics program, which relied on following families and identifying potential deficiencies that might be passed on to another generation.

At a time when these professions, particularly nursing and social work, were attempting to establish themselves as necessary members of the health care system, their participation in these scientifically-supported progressive movements served to forward their professionalization efforts. Alberta took this idea one step further by linking the science of eugenics with progressive agrarian feminist reform. This manifestation was most notable in the UFWA, which tied goals of progressivism and feminism together under the guise of equal rights and healthy citizens.

The extent of the authority that these largely female-dominated professions were able to claim within the eugenics and mental hygiene movements varied based on how much independence they experienced within their day-to-day work, and also how effectively they were able to position themselves in relation to scientific skill. Teachers had the hardest time defining a niche within the eugenics movement per se, but remained critical players in identifying potential candidates for further study. While teachers were not nearly as active as public health nurses and social workers they nonetheless helped to spread the public health gaze deeper into the community. Teachers were overworked, underpaid, and subject to the close scrutiny of educational psychologists, and school administrators, the latter of which saw themselves as more suited to undertaking scientific ventures than the teacher. Despite this, teachers relied on the programs available to them, particularly the provincial guidance clinics, as classroom management tools. These same programs, however, conditioned the behaviour of teachers. Scientific educational measures were also used against the teachers themselves, often resulting in teachers being held individually responsible for their students' weaknesses. The female dominated teaching profession created a moral standard for women as teachers while they applied another standard of morality to the pupils, and by extension their families, in the community.

Public health nurses, by comparison, were in a better position to establish themselves as key players in the mental hygiene and eugenics movements. Often the only medical professional in their respective districts, public health nurses served as the connection between hospitals, the state, the Eugenics Board, and Albertan families. They were able to effectively harness the gendered stereotypes that defined them, using their maternal nature as health-conscious experts and mothers-to-be, presumably, who played a more natural role in care giving. Their unprecedented authority, particularly in underserved areas established their access to Albertan families through infant and maternal welfare clinics. Nurses secured a prominent position within the mental hygiene and eugenics movements, which they maintained, at least in Alberta, until the expansion of the social work profession in the late 1940s, which threatened to edge them out of this strategic position.

Social workers more aggressively positioned themselves in the eugenics network by openly encroaching on the territory once filled by teachers and nurses, and did so by claiming higher degrees of scientific expertise. In Alberta, during much of the period in which the eugenics program was in place, social workers were in short supply, and the profession remained unorganized, lacking representation at both the provincial and national level into the 1950s, and a provincial training program until the 1960s. Mary Frost, Chief Psychiatric Social Worker, utilized both her master's thesis, and a report on the provincial guidance clinic service as opportunities to construct both teachers and public health nurses as "untrained workers," in comparison to social workers. She argued that because both the guidance clinics and eugenics program relied on these "untrained workers" they were not operating to their maximum potential, or more specifically that they were not presenting, and approving as many individuals for sterilization as Frost believed they could be, if they employed additional social workers. Social workers, she explained, had the necessary training to judge the interplay between genetics and environment, and to anticipate challenges produced by poor health or environment that might lead to mental deficiency. By straddling both hereditarian and environmental explanations, social workers claimed to have deeper insights than either nurses or teachers.

From its initial legislation in 1928, the eugenics program in Alberta was intended to lower expenditures associated with mental health, and hiring social workers was a key part of that strategy. Social workers were ostensibly better positioned to save the government money by employing their casework skills and by combining clinical observations with social conditions

that might aggravate or develop into health problems. Mary Frost, as a champion for social workers in the field of eugenics, established the social work profession as necessary to the efficient operation of guidance clinics, and the eugenics program.

The 1937 and 1942 amendments, which distinguished Alberta's program from that of its provincial neighbour, British Columbia, served to further entrench the eugenics program in the social welfare system, and by extension, expand the authority of health and welfare professionals. The 1937 amendment, in particular, reflected and adapted to the intellectual debates regarding nature and nurture, which then fundamentally affected how the professions saw their roles vis a vis the eugenics program. It also heightened the demands placed on them by those outside of the profession. The day-to-day lobbying efforts, and work of these professions informed and performed eugenics in a way that historians have not yet dealt with.

Examining Alberta's sexual sterilization program through the lens of public health reveals how eugenics entered the community. Through the province's various public health services, and facilitated by the professions that served on the front line of these services, the eugenics sterilization program extended beyond the psychiatric institutions, and into the communities and districts across the province. People were targeted by the program based on their socio-economic status, including their reliance on relief programs, or limited access to education, as well intellectual disabilities, gender, age, sexuality, race and ethnicity. Looking through a public health perspective also highlights the continuity in the UFWA's support for the continued expansion of the eugenic sterilization program through to the 1940s, and uncovers the connections between this support and their efforts to secure access to birth control information for married women who desire it, as well as for those who, for health and welfare reasons, "required" it.

There is a potential to become disassociated with the program if we think of it as being completely socially constructed, or centered on a theoretical idea of nation, or race building. As the Living Archives on History of Eugenics in Western Canada, Community University Research Alliance (CURA), and Social Sciences and Humanities Research Council (SSHRC)-funded project at the University of Alberta is revealing, eugenics, and "newgenics," or neo-eugenics, is still very much alive, and currently operating in more covert, and perhaps more effective ways. Newgenics refers to new forms of eugenics that have emerged following the repeal of coercive sexual sterilization programs, and include for instance the obstacles that

parents with intellectual disabilities are forced to navigate in order to be considered fit parents, or the lack of information and services available for parents with intellectually disabled children.

Individuals referred to the provincial guidance clinics by these professions, and presented for sterilization, in some instances would have been intellectually disabled.<sup>4</sup> The sterilization program is not only alarming because people were “wrongfully sterilized,” but also because those people with intellectual disabilities had their rights taken from them. A focus on disability makes it harder to distance ourselves from the past, or to write eugenics off as being a racist ideology that we have moved past. By examining the way that eugenics functioned in the community through the day-to-day practices of professionals, it becomes clear that the program was not simply overseen by a small handful of individuals, rather it was an integral part of a larger system. The rank-and-file members of these professions participated in eugenics without necessarily understanding the larger ramifications of their actions. The institutionalization of these practices, deep within the health and welfare system, also reminds us that the relationship between reproduction and disability continues to be a complex one with significant power imbalances.

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<sup>4</sup> See Molly Ladd-Taylor, “Contraception or Eugenics? Sterilization and ‘Mental Retardation’ in the 1970s and 1980s,” *CBMH/BCM* 31, 1 (2014), pp. 189-211.

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