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OF EUGENICS**

Edited by

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CHAPTER 31

EUGENICS IN CANADA: A CHECKERED HISTORY, 1850S–1990S

CAROLYN STRANGE AND
JENNIFER A. STEPHEN

HISTORIANS' growing sensitivity to transnational phenomena confirms what eugenics proponents of the early twentieth century took for granted: eugenics was a scientific and cultural movement that crisscrossed the globe, as leaders attending conferences of experts and policy-makers exchanged ideas and kept abreast of strategies adopted in other countries. Nevertheless, the character of eugenics as well as the characters who advocated it varied, even in neighboring nations and those with similar histories. This is certainly true of Canada, whose eugenic past was connected closely to that of the United States and to a lesser extent England, about which historians of eugenics have written a great deal more. Yet eugenics in Canada was not simply derivative of Anglo-American thought and practice, nor was Canada's eugenic past a gentler version of its American counterpart.¹

Considering the vigor and wide appeal of eugenics in Canada, historians were slow to chart its past. Angus McLaren's *Our Own Master Race*, published in 1990, remains the sole overview.² Drawing largely on medical, public health, and mental hygiene journals, as well as the publications and papers of organizations that promoted eugenic policies, McLaren analyzed the motives of the medical professionals, business leaders, and politicians, who led Canada's eugenics movement and garnered widespread popular support for the cause of "race betterment." His characterization of eugenics as a popular force awakened Canadians to a dark past that most had associated with other nations. More disturbingly, McLaren revealed that

several famous Canadians, celebrated for their contributions to social justice, had been leading eugenicists.³ Pioneering feminists and social democrats supported eugenics, and so did prominent Protestant Canadians in academia and business. Over the first half of the twentieth century, eugenics in Canada was modern, scientific, and respectable.

In Canada the temporal course of eugenics followed that of other countries, such as Sweden, where science, progressivism, and the nascent welfare state brought mixed benefits. University-trained professionals challenged philanthropists as new experts peddled new solutions for the management of problem people—criminals, prostitutes, paupers, Aboriginals, immigrants, and persons judged mentally and physically subnormal. Their reasoned rather than philanthropic or religious appeals elevated scientists, physicians, psychologists, educators, and public health professionals to positions of influence over public policy by the early twentieth century. Eugenics gained momentum in Canada, as it did in the United States, as mass immigration reduced the proportion of native-born Euro-Canadians in the country's population, particularly in the western provinces. By the 1910s, racially coded definitions of fitness found their way into immigration act amendments, designed to reject all but the fittest Anglo-Celts and Anglo-Saxons. Eugenics made its greatest impact, however, in provincial law, specifically the statutes passed in British Columbia and Alberta, that legalized sterilization of the "unfit." French-Canadians in Quebec and Catholics across the country resisted and rejected calls to control the breeding of "subnormal" persons. Despite these objections, poor young women, the physically and mentally disabled, incarcerated offenders, and Aboriginal people—those most likely to be judged unfit—became the individuals most vulnerable to involuntary sterilization.

Numerous case studies have appeared since McLaren's landmark study, many using previously untapped institutional records, including patient files from institutions where sterilizations took place, many without patients' consent. This body of research paints a checkered history of eugenics in Canada. It was a cluster of ideas and a disparate set of solutions that responded to local concerns, inflected by uniquely Canadian demographic, legal, political, and economic conditions. In two key respects, its history puts a distinct national cast on the wider shared course of eugenics (particularly in the United States and Australia): its radically incommensurate provincial and regional character, shaped by the French-Catholic and English-Protestant cultural divide; and its close association with the federally administered regulation of immigration and program of Aboriginal assimilation.

Selective breeding was a modern idea foreshadowed in nineteenth-century colonial population policies designed to isolate some Aboriginal people and assimilate others, in an attack against characteristics that Euro-Canadian legislators defined as markers of Aboriginal racial inferiority. By separating children from their families and forcing them to adopt "civilized" habits, so-called residential schools discouraged students from returning to their communities where they might propagate. Furthermore, the now-infamous Gradual Civilization Act of 1857 and the Indian Act of 1876 and its subsequent amendments authorized Indian agents to

missionaries to police unions likely to result in the birth of children. Canadian eugenicists rarely addressed the question of Aboriginal peoples in part because the far greater number of suspected inferior immigrants preoccupied them, but also because the colonial "civilizing" regime imposed on the indigenous was already firmly in place decades before eugenicists proposed similar forms of selective breeding for non-native Canadians.⁵ Thus race-based reproduction management efforts established a prior logic for eugenic policies concerned to shore up the fitness of Canada's Euro-Canadian majority.

HOW A MENACE WAS MADE

English biomedical politics and the notion of expert-directed human betterment rooted quickly in Canada, where scientists held British and European expertise in high regard. More significantly, eugenics appealed to a coterie of thinkers alive to the challenges facing a young country of vast territory and a tiny population, concentrated overwhelmingly in the cities of the east. Politicians and religious leaders articulated those anxieties and proposed solutions, both spiritual and secular, and so did many of Canada's leading scientists and medical practitioners.⁶

Psychiatrists were among the first academics to embrace eugenics and pronounce it a public issue. In 1890 Nova Scotia's Superintendent of the provincial Hospital for the Insane, Dr. A. P. Reid (1836–1919), called for improved "sanitary" education to reduce the risk of producing the sorts of "diseased ulcerous growths on society" who populated his wards. Reid had trained at McGill University, the country's most prestigious university, which turned out and attracted many of Canada's leading eugenics exponents.⁷ Another asylum superintendent, C. K. Clarke (1857–1924), was influenced by European understandings of degeneracy and expounded a crude creed of hereditarianism. As he advised a member of the National Council of Women, "fully fifty percent of the admissions to our asylums are the outcome of bad heredity."⁸

A key McGill advocate was Carrie Derrick (1862–1941), the first woman hired as a McGill professor (of botany) and the founder of the Montreal Suffrage Association. She championed compulsory schooling and educational streaming as a way to preserve children healthy in mind and body from "contamination," and she addressed women's and church groups and even lectured the provincial premier on the topic (albeit to no effect). Derrick had more success with the Montreal Women's Club. To "improve the race" required that "persons with serious hereditary defects, who become wards of the state, [...] be segregated." Protecting society "from a repetition of hereditary blunders" would be costly, but failing to act was far costlier. Echoing women in other jurisdictions, she warned that inaction would lead to "successive generations of the feeble-minded in jails, penitentiaries and other institutions, ill adapted to dealing with them wisely and humanely."⁹

Although the concentration of eugenicists at McGill made Montreal the intellectual center of eugenics in Canada, Quebec's French-Catholic culture limited its influence. The church largely governed education and health care, both of which are provincial responsibilities in Canada, and it preserved its authority in spite of scientific eugenicists' attempts to usurp it. Catholic authorities considered English Protestant experts (particularly those who linked feeble-mindedness to large families) as threats to Catholicism and to French-Canadian culture.¹⁰ Theologians countered materialist science with Church doctrine, based in scripture and, after 1930, the papal encyclical, *Casti Connubii*, which expressly condemned "all the inventions of modern science" that threatened Christian duty to increase and multiply.¹¹ Clerics also adopted legal and scientific reasoning to undermine the credibility of eugenics. For Hervé Blais, eugenics posed "a moral and legal problem, concerning the conformity of its programmes with moral law or the rights of individuals or of society."¹² Doctrine, religious or political, was not the only basis for criticism. One French-Canadian pediatrician challenged eugenicists to support their claims scientifically, asking: "What does it mean to be feeble-minded? Can it be measured with I.Q. tests? Or disabilities?"¹³

Recent research casts doubt on the notion that French Catholics rejected eugenics outright, however. Religious authorities certainly criticized eugenicists (including several high-profile members of the Eugenics Society of Canada, formed in 1930) who supported sterilization and birth control, measures that interfered with reproduction. But when it came to the goal of encouraging the fit to breed and discouraging dysgenic practices, objections melted away. Dominican M. C. Forest, for one, approved of the isolation and incarceration of the "unfit": "Segregation will do everything sterilization would do, and it will do it without violating the inalienable rights of the individual and upsetting the moral sense of the community." Statements such as these have urged historians to shift their focus from official church policy toward community sentiment and to individual decision-making on reproductive matters.¹⁴ Clerics spoke for the people and for the French "race," but they did not necessarily shape private behavior. Children judged to be unfit could be placed in church-operated orphanages, and private sub rosa arrangements with doctors to prevent family members with mental or physical impairments from reproducing could be made. Just as recent studies have documented the compromises Catholic clergy made with married couples over their desire to limit family size,¹⁵ so further research is required to determine whether eugenic decision-making may have entered into segregation and sterilization decisions.¹⁶

West of Quebec, the climate for eugenics was less hostile, allowing eugenicists to court and win popular as well as governmental support. Toronto, the country's second-largest city, was home to the nation's largest concentration of medical doctors, psychologists, and public health officials, many of whom translated eugenics from scientific discourse into social cause. More significantly, Ontario's Anglo-Protestant culture and its advanced penal-welfare apparatus proved receptive to expert claims-making. Helen MacMurchy (1862-1953), the first woman to receive a medical degree from the University of Toronto, became the country's pioneering

propagandist for eugenics. In 1913 the Ontario government appointed her Canada's first "inspector of the feeble-minded," and she used this position to announce the bad news: venereal disease, alcoholism, crime, tuberculosis, epilepsy, and illegitimacy had spread to alarming levels. The root cause of these mass ills? Mental deficiency. Christian charity and philanthropy, along with the country's open door to immigrants, had tragically allowed feeble-mindedness to flourish, she claimed. MacMurchy's 1920 tract, *The Almosts: A Study of the Feeble-minded* (1920), reached a lay audience reeling from wartime losses and receptive to her message: Canada's only hope to prevent the spread of feeble-mindedness was the isolation and sterilization of the unfit.¹⁷ Although it was little more than a messy mix of statistics and alarmist predictions, *The Almosts* won a popular audience and helped to make feeble-mindedness a pressing national issue by the 1920s.

MANAGING THE MENACE

Although eugenicists garnered growing public support they complained that legislators were slow to respond. Dr. C. K. Clarke (1857–1924), dean of medicine and professor of psychiatry at the University of Toronto, was a perennial complainer who griped over inadequate state support for the segregation of mentally and physically defective people. Yet he managed to make effective use of provincial institutions to realize his eugenic goals. In 1909 he set up the Toronto Psychiatric Clinic, a psychometric and psycho-social sorting system that doubled as Toronto General Hospital's psychiatric outpatient clinic. As soon as the city established a juvenile court in 1912, its judge, a close associate of Clarke's, sent minors to the Clinic, where he also assessed the mentality of venereal disease patients from clinics and reformatories. Clarke subjected referrals to intelligence tests and took note of physical clues to mental subnormality—anything from cleft palate to uneven gait. Clarke's greatest concern was young, working-class women and their responses to his questions about their sexual behavior. In his expert opinion, these "thoughtless girls" with low "social and moral intelligence" were "high grade morons." This diagnostic category brought with it the potential for punitive consequences. Once labeled morally or mentally unfit, young women, and less frequently men, became candidates for incarceration at the Ontario Provincial Asylum for Idiots, Canada's largest institution of the sort. In 1919, when a mother dared to inquire about her child's progress, the superintendent replied with a dim prognosis: "Feeble-mindedness is something that no doctor or institution can cure."¹⁸

In other words, the incarceration of people identified as subnormal or inappropriately sexual accomplished eugenic objectives, even in provinces where eugenic policies were never codified in law. In 1924, lobbying by juvenile court judges across the country, including Regina's Ethel MacLachlan and Edmonton's Emily Murphy, produced an amendment to the federal Juvenile Delinquents Act, which empowered

courts to intervene in cases involving "sexual immorality or any similar form of vice."¹⁹ Although gender- and class-neutral in its wording, the statute, like those passed in many US states, placed young, working-class Anglo-Celtic and Aboriginal women more squarely in prosecutorial sight.²⁰ Studies based on institutional records and patient case files cast doubt on eugenicists' complaints over their incapacity to prevent "subnormal" people from procreating. Unlike prisons, whose inmates' sentences were statutorily limited, psychiatric hospitals, industrial schools, and training schools exercised their much wider latitude to segregate "unfit" individuals for indeterminate periods—even life sentences.²¹

CONSTITUTING CANADIAN CITIZENSHIP

Like the United States (and in contrast to other British Dominions), Canada adopted an aggressive pro-immigration policy in the 1890s, in a rush to populate the less-settled area of the vast country. The program successfully boosted and broadened Canada's population: three million immigrants arrived between 1896 and 1914, many to farm in the Prairies (particularly Manitoba, Saskatchewan, and Alberta). After suppressing the Northwest Rebellion in 1885 (the last major armed campaign by Aboriginal people to resist colonization and to retain their land), the federal government opened the resource-rich frontier to non-native immigrants, largely from eastern and southern Europe, Scandinavia, and the Russian empire. Coercive marital regulations were already pressing Aboriginals into the fold of moral citizenry,²² but without similar mechanisms to "civilize" immigrants, arriving by hundreds of thousands each year, eugenicists worried that Canada's national character and fitness were under threat from unfit foreigners.²³

Over the late nineteenth and early twentieth century, the proportion of foreign-born persons in its population exceeded even that of the United States.²⁴ This radical change helps to explain why so few Canadian eugenicists supported birth control: the best stock was dwindling, while alien "defectives" were procreating at alarming rates, producing the Canadian version of "race suicide." There was no need for experts to define the racial identity of Canada's "best": race in this iteration was an amalgam of biological, cultural, and geographical qualities that added up to whiteness. Eugenicists did not invent racism, but their hereditarian claims, articulated by medical and scientific experts, authorized it, and paved the way toward tighter immigration restrictions.²⁵

Dealing with large intakes of immigrants inspired a variety of approaches, including efforts to develop immigrants' skills and resources and to improve health and housing conditions. Others were inclined to see immigrants' problems as inherited, on account of fixed racial characteristics and, in all cases, on account of bad breeding. Peter Bryce, the chief medical officer of the federal immigration department and an advocate of sterilization of the unfit, presented shocking evidence that feeble-mindedness among

British immigrant children was twice that of Canadian-born children.²⁶ Inspections of schools, jails, and asylums confirmed that rates of physical, mental, and moral defects were highest among immigrants of all ethnicities. Helen MacMurchy confidently stated that "the number of recent immigrants that drift into institutions for the neuropathic, the feeble-minded and the insane is very great."²⁷ Thus, eugenicists believed some immigrants to be inferior on the basis (as with indigenous people) of fixed racial characteristics. But experts had to examine every immigrant to determine her or his suitability for Canada. "It is all very well to talk about pumping in the population," C. S. Clarke complained, "but surely the streams tapped should not be those reeking with degeneracy, crime and insanity."²⁸

By the early 1900s, amendments to the Immigration Act began to attach eugenic objectives to immigration restrictions. An amendment in 1906 prohibited the landing of "feeble-minded" immigrants, as well as those convicted of "a crime involving moral turpitude." Significantly the 1906 amendment granted the Department of Immigration the legal power to deport immigrants whose undesirable qualities became evident after arriving in Canada. This new proactive role gave the federal government, in cooperation with provincial and municipal authorities, the power to expel undesirables. A 1910 amendment introduced racial characteristics among a list of vaguely defined criteria for rejection: "immigrants belonging to any race deemed unsuited to the climate or requirements of Canada, or of immigrants of any specified class, occupation or character" could be prevented from landing.²⁹ Explicitly race-based restrictions worked from 1885 to reduce Chinese immigration, and in 1923 a federal statute (named, ironically, the Chinese Immigration Act) prohibited immigrants of "Chinese origin or descent."³⁰

Deportation orders also followed eugenic objectives, even if they were never implemented in strict accordance with expert assessments, as Clarke, MacMurchy, Bryce, and other eugenicists had urged. The Immigration Department's retrospective review of deportation, conducted in 1950, revealed that approximately 10 percent of the more than 80,000 persons deported between 1903 and 1939 were removed for medical reasons; of these deportees, half were expelled on the grounds of insanity or feeble-mindedness.³¹ Studies based on close readings of case files reveal how character assessments could be turned into grounds for deportation on the word of a physician. Men and women diagnosed with mental illness or judged morally defective were equally vulnerable. For example, when a Manitoba doctor treated a young English man with an "addiction" to masturbation, the physician's prognosis that the vice would "end in insanity" was sufficient reason for deportation. Generally, however, women were more likely than men to be deported on moral or medical grounds. Even those not found to be suffering from venereal disease were singled out: "she is presumably healthy enough, except that, being a prostitute, she is likely to spread sexual disorder," one doctor advised.³² Judgments of this nature were acceptable and appropriate, according to William Scott (1861-1925), superintendent of immigration from 1908 to 1924: "It is intended that only the criminally inclined, mentally or physically incapable, and moral degenerates should be deported."³³

The pace of deportations escalated by the 1930s, when public support for the indigent, as well as funding for hospitals, asylums, and prisons was stretched to the breaking point. But the logic of cost saving, institutional efficiency, and racial betterment found its way into more radical proposals as well. Over the 1920s and 1930s, disparate calls for the sterilization of the unfit united into a Canada-wide campaign, championed by two national organizations and endorsed by the country's leading business and political figures. Although British Columbia and Alberta were the sole provinces to pass institutional sterilization laws (with Alberta providing for non-consensual sterilization), negative eugenics was more than a western-Canadian phenomenon: extreme eugenic measures would never have been implemented so harshly in the west had medical and psychiatric experts from central and eastern Canada not promoted them so vigorously.

NATIONAL CAUSE, PROVINCIAL PATTERNS

Eugenicists faced their greatest challenge in dealing with native-born people whom they considered to be defective. These were white Canada's "Almosts"—people who could not be confined to reservations, sent to residential schools, or deported. After World War I, two organizations rallied public and political support for eugenic reforms across the nation. The first was the Canadian National Committee for Mental Hygiene (CNCMH), which psychologist Clarence Hincks (1885–1964) established in 1918³⁴ as hearings for Ontario's "Royal Commission on the Care and Control of the Mentally Defective and Feeble-Minded" were still underway.³⁵ The second was the Eugenics Society of Canada, established by Dr. William Hutton (1888–1958), a Toronto-area medical officer of health, and supported financially by businessman A. R. Kaufman (1889–1979), a controversial proponent of voluntary sterilization and birth control. While the former was instrumental in encouraging the governments of Alberta and British Columbia to introduce sterilization statutes, the latter organization formed out of a sense that the western provinces' innovations could pave the way for the nation-wide adoption of a full-blown eugenic program.

Although the country's leading mental hygienists came together in the CNCMH, its members had a range of views on eugenics. Some psychologists and psychiatrists were drawn to eugenics to the extent that it helped explain their incapacity to cure all of their patients. Yet many placed greater faith in therapy and rejected eugenics as gloomy hereditarianism. Dr. William Blatz (1895–1964), one of the country's first child psychologists, believed that improved scientific child study and parental training offered the best recipe for fit children.³⁶ Nevertheless, he and others who disavowed negative eugenics joined the CNCMH, as did many of the academics and medical experts who had participated in the Ontario Royal Commission, in addition to an extraordinary roster of the nation's business leaders and blue-blooded philanthropists.³⁷ Mental hygiene was a cause that embraced a range of perspectives on

eugenics, and its president was a respected professional, a humanitarian campaigner, and an advocate of negative eugenics—all perfectly possible in postwar Canada.³⁸

When government bodies and social welfare organizations, such as local councils of women, sought expert advice for solutions to such problems as juvenile delinquency, prostitution, and overcrowded asylums, the CNCMH was poised to respond with expert advice. The first major commission came from the governments of Manitoba, British Columbia, and Alberta in 1918 and 1919. Over the next three years, Hincks and his team provided mental hygiene reports for seven of the nine provinces. The conclusions the CNCMH reached, after investigating Canada's asylums, industrial schools, and prisons, as well as many of its public schools, were grim but predictable: the population of mental defectives was booming. The radical downturn in Canada's immigrant intake and the use of deportations were the first steps toward remedying the problem; the final was sterilization.

Because Alberta and British Columbia were the only provinces to enact sterilization laws (involuntary, in the case of Alberta), historians struggle to explain why that was the case. In most Canadian provinces, aside from Quebec, sterilization bills or commissions of inquiry brought negative eugenics to the brink of implementation, so which factors tipped these western governments over the edge? The answer lies in the unique range of demographic, political, and cultural factors at play. Alberta, along with Saskatchewan, became a self-governing province only in 1905. Compared to the longer-settled eastern provinces, Alberta's health and social service network was rudimentary and ill-equipped to service its disproportionate share of Canada's immigrants. Similarly British Columbia's major cities, Victoria and Vancouver, were prime entry points for Chinese and Indian immigrants. Although British Columbia's array of institutions for mentally and physically unfit people was larger than Alberta's, its public health system had also failed to keep pace with spikes in immigration early in the twentieth century.

Both provinces had local champions of eugenics who linked Canada-wide concerns about rising populations of suspect deficients to local conditions. In Edmonton, Police Magistrate Emily Murphy (1868–1933) headed an investigation into the province's asylums and jails as a national board member of the CNCMH. Vancouver had a larger cohort of feminists, including Mary Ellen Smith (1861–1933), who became a legislator and cabinet member in the provincial Liberal government, where she used her position to promote sterilization legislation. Western eugenicists supplemented local expertise with advice from central Canadian medical and psychiatric experts and they also looked southward, especially after California and Washington passed involuntary sterilization statutes in 1909. Alexandra Stern's analysis of the distinctive western cast to eugenics in the United States³⁹ might be extended transnationally, to incorporate Canada's western-most provinces into a wider frame that helps to analyze the regional preoccupation with the breeding of "human thoroughbreds."⁴⁰

Eugenicists' efforts to secure the social good over individual rights came fully to fruition only in Alberta, where populism and western agrarianism swept aside doubts about the ethics and legalities of "asexualization." The United Farmers of Alberta (UFA) and its ally, the United Farm Women of Alberta Association,

combined forces over the 1920s, using talk of animal husbandry and better breeding to appeal to the province's farmers.⁴¹ In 1928, with the UFA forming a government, Alberta charged ahead with Canada's first Sexual Sterilization Act. A board comprised of two medical and two lay members was established to review the fitness of patients eligible for discharge from mental asylums. Where the board agreed that an individual's release presented "the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny," it could direct surgical sterilization to eliminate the danger.⁴²

Initially the Act required mentally competent patients' consent, or permission from their guardians in the case of minors and individuals judged incompetent. An amendment in 1937 enhanced the board's powers and enlarged the scope of dangerous procreators to include "psychotics." The consent clause was struck, replaced by the board's unfettered power to order sterilizations, in cases in which any "mentally defective person" presented the "risk of mental injury either to such person or to his progeny."⁴³ Without governmental or public oversight, physicians and eugenics board members exercised their authority to prevent "defectives" from breeding, in a province whose political culture resembled that of the U.S. Deep South. There as well eugenicists on the periphery of scientific research held power and prestige, even as geneticists' doubts about the inheritability of defects mounted over the 1930s.⁴⁴ In this milieu a single individual, Alberta's first Eugenics Board head, who held his post from 1928 to 1965, endorsed over 3,200 sterilization orders, 60 percent of which were carried out, until the statute was eventually repealed in 1972.⁴⁵

British Columbia's sterilization bill faced a rougher road to passage. BC's larger community of social welfare and medical experts included individuals who questioned the rush to sterilization. Some, like Vancouver's school inspector, favored education and integration: "the majority of morons... can be trained so that they can live in the outside world."⁴⁶ Environmental arguments of this nature pulled the province away from implementing involuntary sterilization. The report of the province's Royal Commission on Mental Hygiene in 1928 recommended sterilization legislation, but it demonstrated concern about the province's reputation and supported mental health care reforms over surgical solutions. A change of government delayed passage of a permissive sterilization bill until 1933, when the Liberals regained power amidst the Depression and committed the government to the use of sterilization. British Columbia's law also remained in effect until 1973, but its use declined after World War II, and it appears that far fewer institutionalized people (approximately 200) were sterilized. Still, it would be inappropriate to characterize British Columbia's sterilizations as "voluntary" and Alberta's as compulsory: when "asexualization" was presented as a condition of release and when guardians of minors or of those diagnosed as incompetent so wished, sterilizations occurred, with and without individuals' consent.

The Eugenics Society of Canada (ESC) hailed the western provinces' bold moves toward racial betterment, but it never managed to muster legislative support for eugenics elsewhere in the country. Its chief power base was Ontario and its principal support came from the medical profession in Ontario, although the province's Lieutenant Governor and Kaufman, a rubber manufacturer, became its most vocal

spokesmen, who campaigned enthusiastically for sterilization. There was nothing new to their message, but the climate had shifted by the 1930s, as welfare relief rolls ballooned and the costs of incarcerating the unfit burdened taxpayers. Far from recoiling from an association with Nazi eugenic programs, Lieutenant Governor Bruce (1868–1963) urged Canada in 1938 to undertake a thorough “biological housecleaning” along the lines of Germany, which he praised for sterilizing “300,000 useless, harmful, and hopeless people.”⁴⁷ Statements of this ilk had a darker ring after Canada joined the fight against Nazi Germany. Sterilizations continued to be performed in Alberta behind the walls of institutions (even exceeding California’s and North Carolina’s rates in the 1950s and 1960s) but the ESC, the public face of eugenics in Canada, declined by 1941.

EUGENICS’ LONG HISTORY

The endurance of the CNCMH, renamed the Canadian Mental Health Association (CMHA) in 1950, signals that eugenic aspirations, not just policies, lingered on in postwar Canada. Prominent eugenicists remained active: Hincks in the CMHA until his death in 1964, and Kaufman in the contraception bureau he established in 1935 and headed until 1970. Many supporters of eugenics remained steady advocates, at least privately. Two-thirds of doctors polled in a 1970 medico-legal questionnaire supported the use of “forcible sterilization” for “mentally retarded” people, as well as the criminally insane. Others were moved to express their support publicly, as repeal campaigns gathered strength. In 1972 a superintendent of the Red Deer Training School for Mental Defectives, where compulsory sterilizations were still carried out, hoped that repeal agitation might prove nothing more than “a political storm in a tea cup.”⁴⁸

The minor storm that rose in the 1970s subsided quickly, only to gain far greater force in the 1990s, when individuals who had suffered from eugenic practices publicized their experiences. In a historical moment when claims for redress for past wrongs (such as institutional sexual abuse, wrongful convictions, and racist immigration and detention policies) were gaining political, legal, and cultural purchase, one woman—Leilani Muir (b. 1944)—became the public face of the harm inflicted in the name of eugenics.⁴⁹ Sterilized without her knowledge or consent at 14 while she was an inmate of the Red Deer school, she sued the province of Alberta in 1996 for wrongful confinement and wrongful sterilization. The judgment in her favor was unequivocal: the “wrongful stigmatization of Ms. Muir as a moron... has humiliated Ms. Muir every day of her life... the community’s, and the court’s, sense of decency is offended.”⁵⁰ Although the province resisted paying court-ordered compensation, over 700 people with experiences similar to Muir’s, filed suits of their own.⁵¹ A decade later, British Columbia’s Public Guardian and Trustee represented individuals in that province who had been sterilized against their will, successfully claiming that the procedure constituted “battery.”⁵²

The history of eugenics in Canada (as in the United States and other jurisdictions with indigenous populations) is inseparable from racist assimilationist policies and practices. From the mid-nineteenth century, the national effort to reshape the character of Canada's indigenous population created a precedent for racially informed conceptions of fitness. Framed through colonial discourse and pathologized on account of Euro-Canadian readings of "instinct," Aboriginals were the nation's first "problem" population. Eugenics administrators who linked "Indian blood" to low intelligence were predisposed to diagnose indigenous people as "mentally defective" and incompetent: consequently they were judged unfit to make their own reproductive decisions. Detailed analysis of patient and inmate records in British Columbia and Alberta confirms that "Indian," "Métis," "half-breed," and "Eskimo" individuals, particularly young women already institutionalized for moral infractions, were assigned for sterilization at disproportionately high rates: three-quarters of Aboriginal people presented before Alberta's eugenics board were sterilized, compared to 47 percent of presentees of European descent.⁵³ Thus Canada's sterilization laws, while never explicitly race-specific in design or intent, were implemented to racist effect.

The people most affected by Canada's eugenic policies were those whose sexual morality and reproductive futures appeared suspect: young women. Gender disparities in institutional sterilizations were more marked than racial disparities, even though the girls and women who appeared before the eugenics boards of Alberta and British Columbia eugenics boards were less likely than men to be diagnosed as mentally defective. Similarly, the likelihood of sterilization was strongly associated with youth, largely because training schools for juveniles referred the bulk of inmates. Ultimately, the most consistent feature in the administration of negative and positive eugenics was its impact on the poor, who were most vulnerable to investigation by Canada's expanding welfare network of teachers, public health nurses, social workers, doctors, psychologists, and juvenile court judges. These were the professionals and experts whose reports could become the first links in the chain of eugenic inquiry, investigation, diagnosis, and segregation. For thousands, ultimately, the final link was non-consensual sterilization.

NOTES

1. Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca, NY: Cornell University Press, 1997). In this article we stress the factors that made Canada distinct.

2. The only scholarly works published before McLaren's book are Terry L. Chapman, "The Early Eugenics Movement in Western Canada," *Alberta History* 25 (1977): 9-17; and Bernard M. Dickens, "Eugenic Recognition in Canadian Law," *Osgoode Hall Law Journal* 13 (1975): 547-577. Chapman and other more recent works rely on an unpublished research report by Timothy J. Christian, "The Mentally Ill and Human Rights in Alberta: A Study of

the Alberta Sexual Sterilization Act" (Faculty of Law, University of Alberta, 1974). Our account is heavily indebted to McLaren's interpretations and his citations in *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart, 1990).

3. This argument has been used to discredit the Left. See Michael Coren, "Don't Blame Right-wing Thugs for Eugenics—Socialists Made it Fashionable," *National Post*, June 16, 2008, network.nationalpost.com/np/blogs/fullcomment/archive/2008/06/16/michael-coren-don-t-blame-right-wing-thugs-for-eugenics-socialists-made-it-fashionable.aspx (accessed August 5, 2008).

4. The Canadian Constitution Act 1867, Section 91(24), placed all matters regarding Canadian Aboriginal peoples and reserves set aside for them under federal jurisdiction, effectively defining Aboriginal people as wards of the state.

5. Mary Ellen Kelm, "Diagnosing the Discursive Indian: Medicine, Gender and the 'Dying Race,'" *Ethnohistory* 52, no. 2 (2005): 371-406.

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

7. McGill pathologist, J. G. Adami (1862-1926), also published eugenic work. See "A Study in Eugenics: Into the Third and Fourth Generation," *Lancet* 2 (1912): 1199-1204.

8. Clarke to Mrs. Talbot Macbeth, 1896, quoted in Dowbiggin, *Keeping America Sane*, 140.

9. Derrick, December 21, 1915, quoted in Sebastien Normandin, "Eugenics, McGill and the Catholic Church in Montreal and Quebec, 1890-1942," *Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine* 15, no. 1 (1998): 68-69.

10. William Schneider makes this argument in *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge: Cambridge University Press, 1990).

11. Normandin points out that this encyclical acknowledged eugenic ideals, but condemned any measures that interfered with reproduction. See his "Eugenics, McGill and the Catholic Church," 73.

12. Hervé Blais, *Les tendances eugénistes au Canada* (Montreal: L'Institut Familial, 1942), 133, quoted in Normandin, "Eugenics, McGill and the Catholic Church," 76.

13. Dr. Gaston Lapierre, "Les campagnes internationales actuelles d'eugenisme," *Revue trimestrielle canadienne* 21 (1935): 356-372, quoted in Normandin, "Eugenics, McGill and the Catholic Church," 79.

14. Denyse Baillargeon, *Un Québec en mal d'enfants. La médicalisation de la maternité, 1910-1970* (Montréal: Éditions du remue-ménage, 2004).

15. Dianne Gavreau, Peter Gossage, and Neil Sutherland, "Fécondité et contraception au Québec, 1920-60," *Revue d'histoire de L'Amérique française* 78, no. 3 (1997): 478-510.

16. Monique Benoit, "25 ans de pratique massive de la stérilisation tubaire au Québec: Les manifestations d'une crise de la fécondité," *Revue Sexologique* 5, no. 1 (1997): 48-49. Quebec established a provincial home for the feeble-minded (École La Jemmerais) in 1928.

17. Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," *Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine* 8, no. 2 (1991): 203-230.

18. J. P. Downey to inmate mother (anonymized), quoted in Jessica Chupik and David Wright, "Treating the 'Idiot' Child in Early 20th-Century Ontario," *Disability and Society* 21, no. 1 (2006): 77.

19. Because juvenile court judges were not required to have law degrees, women were among the first appointees. Quebec, however, restricted judicial appointments to members of the bar.

20. Bruno Théoret, "Régulation juridique pénal des mineures et discrimination à l'égard des filles: La clause de 1924 amendant la *Loi sur les jeunes délinquants*," *Canadian Journal of Women and the Law* 4 (1990-1991): 539-555.
21. Deborah C. Park and John P. Radford, "From the Case Files: Reconstructing a History of Involuntary Sterilisation," *Disability and Society* 13, no. 3 (1998): 317-342.
22. This project was not exclusive to Canada. See Andrew Armitage, *Comparing the Policy of Aboriginal Assimilation: Australia, Canada and New Zealand* (Vancouver: University of British Columbia Press, 1995).
23. For an excellent collection of essays that takes a critical approach to Canadian population management, see Robert Adomoski, Dorothy E. Chunn, and Robert Menzies, eds., *Contesting Canadian Citizenship: Historical Readings* (Peterborough: Broadview Press, 2002).
24. Harold Palmer, ed., *Immigration and the Rise of Multiculturalism* (Toronto: University of Toronto Press, 1976), 4.
25. McLaren, *Our Own Master Race*, 49. See also Frank Dikötter, "Race Culture: Recent Perspectives on the History of Eugenics," *American Historical Review* 103, no. 2 (1998): 467-478.
26. Peter Bryce, "Medical Inspection in Schools," *Public Health Journal* 7 (1916): 59-62.
27. Helen MacMurchy, "Defective Children," *Social Service Congress: Ottawa 1914* (Toronto: Social Service Council, 1914), 101.
28. C. K. Clarke, "Defective and Insane Immigration," *Sessional Papers of Canada*, vol. 40, part 8 (Session 1908).
29. Canada, "An Act Respecting Immigration and Immigrants," *Revised Statutes of Canada*, Chapter 93, 1906, ss. 26, 29, 32; Canada, "An Act Respecting Immigration," *Statutes of Canada*, Chapter 27, 1910, s. 38 (b).
30. Canada, "Chinese Immigration Act," *Statutes of Canada*, Chapter 38, 1923.
31. Department of Citizenship and Immigration, "Immigration Studies with Special Reference to Mental Disease," National Archives of Canada, Ottawa, RG 29, vol. 3901, file 854-4-300, pt. 1-A, quoted in 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 (1998): 138.
32. Quoted in Fiona Alice Miller, "Making Citizens, Banishing Immigrants: The Discipline of Deportation Investigations, 1908-1913," *Left History* 7, no. 1 (2000): 79.
33. Barbara Roberts, *Whence They Came: Deportation from Canada, 1900-1935* (Ottawa: University of Ottawa Press, 1988), 55, 58, 60. Scott was responding to a mayor to underline that being a public charge was insufficient grounds for deportation.
34. At C. K. Clarke's suggestion, Hincks met the leader of the American National Committee for Mental Hygiene, Clifton Beers, in 1917. Ronald A. LaJeunesse, *Political Asylums* (Edmonton: Muttart Foundation, 2002), 63.
35. Frank E. Hodgins, *Report on the Care and Control of the Mentally Defective and Feeble-minded in Ontario* (Toronto: Queen's Printer, 1919).
36. Harley D. Dickinson, "Scientific Parenthood: The Mental Hygiene Movement and the Reform of Canadian Families, 1925-1950," *Journal of Comparative Family Studies* 24, no. 3 (1993): 387-402.
37. Charles G. Roland, *Clarence Meredith Hincks: Mental Health Crusader* (Toronto: Hannah Institute and Oxford University Press, 1990).
38. Hincks was sufficiently well respected to become the director of the US National Committee for Mental Hygiene in 1930.
39. Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley, CA: University of California Press, 2005).

40. Emily Murphy famously used this phrase in 1932, in articles calling for sterilization, which were published in the Vancouver *Sun* under the pseudonym "Janey Canuck." McLaren, *Our Own Master Race*, 101
41. The United Farmers of Alberta was established as a lobby group in 1909 and preferred not to operate as a party, even after it formed the government. Alvin Finkel, *The Social Credit Phenomenon in Alberta* (Toronto: University of Toronto Press, 1989).
42. Alberta, *Statutes of the Province of Alberta*, "The Sexual Sterilization Act," Chapter 37, 1928, s. 5.
43. Alberta, *Statutes of the Province of Alberta*, "An Act to Amend the Sexual Sterilization Act," Chapter 47, 1937, s. 5. The non-consent clause remained in effect until the Act was repealed, but it was amended in 1942 to apply to those diagnosed with neurosyphilis, epilepsy, and Huntington's chorea. Alberta, *Revised Statutes of Alberta*, "The Sexual Sterilization Act," Chapter 194, 1942.
44. Edward J. Larsen, *Sex, Race, and Science Eugenics in the Deep South* (Baltimore, MD: Johns Hopkins University Press, 1995).
45. Jana Marie Grekul, *Social Construction of the Feeble-minded Threat—Implementation of the Sexual Sterilization Act in Alberta, 1929–1972*, (PhD diss., University of Alberta, 2002), 102–103; 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): 359; K. J. McWhirter and J. Weijer, "The Alberta Sterilization Act: A Genetic Critique," *University of Toronto Law Journal*, 19 (1969): 424–431.
46. Quoted in Robert Menzies, "Unfit Citizens and the B.C. Royal Commission on Mental Hygiene, 1925–28," in *Contesting Canadian Citizenship*, Adomoski et al., eds., 396, 392.
47. Bruce made this statement in a Canadian Broadcasting Company radio broadcast in 1938. Quoted in McLaren, *Our Own Master Race*, 124.
48. Quoted in Park and Radford, "From the Case Files," 340.
49. Gerald L. Gall, May M. Cheng, and Keiko Miki, "Redress for Past Government Wrongs," Advisory Committee to the Secretary of State (Multiculturalism) (Status of Women) on Canada's preparations for the UN World Conference Against Racism, January 2001, www.pch.gc.ca/progs/multi/wcar/advisory/redress_e.cfm (accessed August 5, 2008).
50. *Muir v. The Queen in Right of Alberta*, *Dominion Law Reports*, 132 (4th series, 1996), 696.
51. Grekul et al., "Sterilizing the 'Feeble-Minded,'" 380, n. 4.
52. In 2005 the British Columbia Court of Appeal ruled in favor of nine women, sterilized between 1940 and 1968, who received from \$25,000 to \$100,000 plus their legal costs in compensation. Grekul et al., "Sterilizing the 'Feeble-Minded,'" 382, n19.
53. Grekul et al., "Sterilizing the 'Feeble-Minded,'" 375.

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