

Sterilizing the “Feeble-minded”: Eugenics in Alberta, Canada, 1929–1972

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Abstract Between 1929 and 1972, the Alberta Eugenics Board recommended that 4739 residents of the province be sterilized. However, only 60% of these individuals, 2834 in total, were ultimately sterilized since the legislation under which the Eugenics Board operated required patient consent to be obtained unless the individual recommended for sterilization was diagnosed as “mentally defective.” Women, teenagers and young adults, and Aboriginals were particularly targeted by the Alberta Eugenics Board. The Board pursued its sterilization mandate extremely aggressively and, because of a unique set of social, political and economic circumstances in the province, continued to operate long after other political jurisdictions in North America had set aside their involuntary sterilization programs.

Introduction

In Alberta, Canada, between 1929 and 1972, over 2800 people were sterilized under the authority of the province’s *Sexual Sterilization Act*. The creation of the *Alberta Eugenics Board* to coordinate the sterilization program reflected the widespread popularity of eugenics beliefs at the time. Legislation authorizing involuntary sterilization was enacted by governments on both sides of the Atlantic, including many state governments in the USA. In Canada, Alberta and British Columbia were the only two provinces with such legislation. However, despite similar size populations, about ten times as many people were sterilized in Alberta as in British Columbia.

In its more benign forms, the eugenics ideology and social movement promoted healthy living and “social purity” (McLaren 1990; Paul 1995). In its more draconian form, the movement sought ways to ensure that the more “fit” members of society had children while “undesirable elements” were bred out of the population. In most countries where eugenics beliefs were enshrined in legislation, efforts were made to limit reproduction among “unfit” groups through public education, institutionalization and, sometimes, forced sterilization. In Nazi Germany, eugenics beliefs wrapped in the flag of national socialism led to the forced sterilization of thousands (Proctor 1988), but also to death camps for Jews and other undesirable groups and to the “Lebensborn” program in which

young German women with classic Nordic features were encouraged to mate with members of Hitler's elite SS troops.

North American social engineers did not go this far but in many jurisdictions, including Alberta, they did initiate involuntary sterilization programs. The origins and activities of the Alberta Eugenics Board have been previously described (Christian 1974; Chapman 1977; McLaren 1990; Cairney 1996; Caulfield and Robertson, 1996; Park and Radford 1998) but several critical questions about the activities of the Alberta Eugenics Board remain unanswered.

First, why were only 60% of the patients passed for sterilization eventually sterilized, given the immense power invested in the Board? Second, how aggressively did the Alberta Eugenics Board pursue its sterilization mission, compared to similar organizations elsewhere in North America? Third, why did the Board continue to sterilize Albertans long after other US and Canadian jurisdictions had abandoned the practice? In the following discussion we propose answers to each of these questions. We also take advantage of our unique database to provide a more definitive answer to a fourth question previously addressed by other researchers, namely, whether some population sub-groups were systematically targeted by the Eugenics Board.

The Eugenics Movement in Europe and North America

The popularity of eugenics beliefs in the latter part of the 19th century can be traced, in large part, to the faith and hope invested by politicians and social elites in a vision of "progress" and in the power of science to achieve this vision (Ladd-Taylor 1997; McLaren 1990; Paul 1995; Rafter 1992; Reilly 1991). Underneath such "progressive" goals lay solidly-entrenched patterns of structured social inequality and equally pervasive racist and sexist attitudes and beliefs.

Informed by social philosophers like Herbert Spencer who had coined the term "survival of the fittest," the accepted thinking was that, over time, as with Darwin's evolution of species, society would evolve into a more advanced form. At the organizational level, this evolution would be reflected in the greater differentiation, specialization, and interdependence envisioned by the French sociologist Emile Durkheim. A parallel evolutionary process would (should) involve the growing dominance of stronger and more refined personality types, and the gradual decline and extinction of weaker and inferior types of individuals.

While such evolutionary social trends were seen to be the outcome of "natural laws," there was nothing wrong with, and

much to be gained by, speeding up the process with the tools of modern science (e.g., Gosney and Popenoe 1929). If genetic experiments could lead to improved herds and crops, why could not the same science also be harnessed to improve the human species? In Britain in 1883, Sir Francis Galton introduced the term “eugenics” to describe how, by intervening in human hereditary processes, social reformers could improve the race. In America, informed by several widely-discussed family histories that claimed to show that the “unfit” were reproducing at a faster rate than more advanced segments of society,¹ social planners called for an aggressive government response to combat the problem.

Early eugenics proponents discussed “solutions” such as the advisability and effectiveness of segregation versus sterilization, the economic benefits of work farms as opposed to asylums, and the possibility of deporting “undesirables” (Menzies 1998; Polyzoï 1986). In the United States, the first large-scale eugenics campaign began in 1870 and was instrumental in having fertile, feeble-minded, female paupers designated as “dysgenic” (Rafter 1992: 17). Subsequent eugenics-influenced government policies were invariably shaped by gender- and race-based stereotypes and notions of appropriate behaviour (Carey 1998; Hasian 1996; Paul 1995). In addition, medical organizational and bureaucratic needs often superseded concerns for patient welfare (Trent 1993; Radford 1994).

Segregation and sterilization laws and programs were implemented in several of the United States by the late 1800s. Over the next half decade, close to thirty states performed sterilization operations under their eugenic laws, with the most activity occurring in the 1920s and 1930s (Reilly 1991). By the late 1940s, the preoccupation with “negative eugenics” (i.e., segregation and sterilization) was beginning to share ideological space with calls for “positive eugenics” or “reproductive morality” (Kline 2001). Post-WWII increases in divorce, premarital sex, illegitimate births, and female labour force participation were seen as threats to the traditional (middle class) family. In response, proponents of “positive eugenics” advocated marital counseling to ensure that the “right kind” of couples had children. After all, a white middle class woman’s “true contribution to society lay in her potential to procreate.” (Kline 2001: 156).

The active promotion of both negative and positive eugenics programs reflected the growing influence of the medical, psychiatric, and social work professions in the early to middle decades of the 20th century (Rafter 1994). Larger and more mental health institutions, more social workers and mental health “experts”, the growing tendency to “medicalize” social problems, and the growing power

of professionals (Friedson 1972) were all part of a North American trend.² As Larson (1995) and Dowbiggin (1997) have observed, eugenics beliefs emerged during the Progressive Era in North America, a time when scientific / medical knowledge was increasingly seen as the answer to social problems. The same general social engineering goals that led to the eugenics movement also shaped the birth control movement. Some of the most active advocates of birth control such as Margaret Sanger recommended sterilization as a “scientific” solution to the problem of inferior classes having too many (unwanted and uncared for) children (Larson 1995: 32). Sterilization, it was argued, would reduce the mental health problems experienced by overly-fecund working class women.

Eugenics ideas quickly made their way into Canada as well. In 1908, the League for the Care and Protection of Feebleminded Persons was formed in Nova Scotia while, in Quebec, a number of McGill University scholars advocated for eugenics (McLaren 1990: 24). Reflecting the important role medical professionals played in the movement, Dr. Helen MacMurchy was influential in promoting eugenics in the province of Ontario (McLaren 1990). The western provinces, especially British Columbia and Alberta, provided a particularly receptive and hospitable climate for the eugenics movement.

Eugenics Movements and Legislation in Alberta

The eugenics platform was championed in western Canada by a number of influential social reformers including J. S. Woodsworth, a Winnipeg-based proponent of the “social gospel.” Woodsworth was concerned with the declining quality of immigrants arriving in the west. He translated his personal fear into a public crisis, spreading the idea that no segment of Canadian society would be left untouched by the influx of thousands of immigrants of inferior stock from central and eastern Europe. In time, his policy recommendations turned to eugenics and sterilization programs (Chapman 1977: 13).

Woodsworth was a core member of the *Bureau of Social Research*, an agency created by the provincial governments of Alberta, Saskatchewan, and Manitoba and mandated to study social issues including child welfare, crime, and race and immigration problems. Under Woodsworth’s influence the Bureau published articles about the “problem of the mental defective,” taking the eugenics position that mental defectiveness was hereditary and recommending the segregation and sterilization of mental defectives.

The focus on mental defectiveness intensified in the 1920s when Dr. Clarence Hincks, professor of Psychiatry at the University of

Toronto and General Director of the Canadian National Committee on Mental Hygiene (CNCMH), began to conduct research in Alberta. The goal of the CNCMH was to fight crime, prostitution, and unemployment, all of which it claimed were related to feeble-mindedness. The Committee's founders believed that the eastern European immigrants arriving in the prairie provinces were prone to feeble-mindedness. They also insisted that institutionalization of the feeble-minded was ineffective and that a preventative approach – sterilization – was required (McLaren 1990: 99; 59).

Such “scientific” proof of a link between feeble-mindedness and social problems led the United Farmers of Alberta (UFA) to promote involuntary sterilization despite opposition from political opponents and some of the provincial media (Christian 1974: 16–21). At their 1922 convention the UFA passed resolutions that urged the government to bring in legislation allowing the segregation of feeble-minded adults during their reproductive years and to conduct a study of the merits of forced sterilization (Chapman 1977: 15; Christian 1974: 8). The United Farm Women of Alberta lobbied aggressively for such legislation. In her 1924 presidential address, Mrs. Margaret Gunn encouraged the government to pursue a policy of “racial betterment through the weeding out of undesirable strains” (Christian 1974: 9). At its 1925 convention, the UFA adopted a resolution recommending sterilization of mentally deficient people.

Concerns about the dangerous impact on society of “mentally defective” citizens were also voiced in some media. One rural newspaper wrote that: “[I]t is an established fact, we believe, that nitwits, both male and female, are uncannily gifted with reproductive power and the sum total of this reproduction is more nit-wits” (Vegreville Observer 28 March, 1928). And leading citizens joined the chorus. Nellie McClung was only one of many middle class women's rights advocates in favour of sterilization legislation. For example, Judge Emily Murphy warned that:

... the congenitally diseased are becoming vastly more populous than those we designate as the “upper crust.” This is why it is altogether likely that the upper crust with its delicious plums and dash of cream is likely to become at any time a mere toothsome morsel for the hungry, the abnormal, the criminals, and the posterity of insane paupers – in a word, of the neglected folk. (Christian 1974: 12).

The *Sexual Sterilization Act* was passed in 1928. Brought in by the UFA, it remained in place under the subsequent Social Credit governments of William Aberhart and Ernest Manning. The Act allowed for the sterilization of inmates of mental health institutions

if it could be shown that *“the patient might safely be discharged if the danger of the procreation with its attendant risk of multiplication of evil by transmission of the disability to progeny were eliminated.”* A four-person Eugenics Board was created to determine if sterilization was appropriate for each case considered. Board members had to unanimously agree before sterilization was authorized. In addition, the patient had to give her/his consent, unless they were mentally incapable. If so, the consent of a next of kin had to be obtained.

The Eugenics Board began its work in 1929.³ Several years later, the provincial Director of Mental Health (and Commissioner of Mental Institutions) and the Superintendents of the province's mental institutions documented the Board's early success in a scholarly article (Baragar et al. 1935). After reporting how many operations had been performed in only four years, the authors applauded the efficient manner in which the Sexual Sterilization Act was being implemented. They concluded that “sterilization is the only rational procedure” for dealing with mental defectives who are “unduly prolific both within and without marriage” and who are “prone to pass on to posterity their own defects and to bring into the world children double handicapped by both heritage and early environment” (Baragar et al. 1935: 907).

But all was not well. From the outset, obtaining the consent of patients recommended for sterilization, or of their next of kin, had proved to be very difficult. In 1937, the government moved to amend the Sexual Sterilization Act to address this consent problem. Under the new rules, if individuals were deemed to be “mentally defective,” their consent was no longer required before sterilization could take place. R. R. MacLean and E. J. Kibblewhite, mental health professionals actively involved in the presentation of patients to the Board, published a short academic article the same year, explaining the consent issue and celebrating the increasing ease with which the Board could now conduct its business (MacLean and Kibblewhite 1937).

A second critical component of the 1937 amendment broadened the reasons for sterilization to include cases where it was believed that “the exercise of the power of procreation by any such psychotic person involves the risk of mental injury, either to such person or to his progeny.” With this legislative change, sterilization could now also be recommended to preserve the mental well-being of individuals “incapable of intelligent parenthood” as well as to avoid children being raised in stressful family environments by unstable parents. In 1942 a second amendment to the Act broadened the category of mental patients who could be sterilized to include individuals with syphilis, epilepsy (if there was evidence of mental

deterioration), and Huntington's Chorea. In such cases, however, consent of the patient was still required.

Alberta's *Sexual Sterilization Act* remained in force, and the Eugenics Board continued its operations, until 1972. One of the first initiatives of Peter Lougheed's new Conservative government in 1972 was to repeal the Act and to dismantle the Eugenics Board. Little more was heard about the activities of the Board until the mid-1990s when Leilani Muir, a woman who had been sterilized as a teenager, successfully sued the Alberta government and won a settlement.

Other victims of the Eugenics Board started similar legal actions. In 1998, Ralph Klein's Conservative government tried to avoid potentially huge settlements by invoking the "notwithstanding" clause in the Canadian Constitution. A huge public outcry resulted, and the government backed down.⁴ An impartial panel was set up to settle cases out of court using a standardized payment formula. Several hundred victims accepted settlements but close to 300 did not, choosing instead to engage the services of several Edmonton legal firms. These firms contracted with the Population Research Laboratory at the University of Alberta to systematically analyze all of the available records of the Eugenics Board (information made available by the defendant, the Alberta Government).

With advice from the legal firm, we built an electronic data base containing much of the archived information and prepared a report that would have been submitted as evidence. But the case never went to trial. In 1999, the plaintiffs settled out of court with the Alberta government. Because of the confidential information it contains, the report has not been made public. Some of the findings reported in this paper are extracted from the electronic database, but in such a way that confidential (individual-level) information is not compromised.

Previous Research on the Activity of the Alberta Eugenics Board

Several previous papers reviewing the history of the eugenics movement in Alberta (Chapman 1977; Cairney 1996; Caulfield and Robertson 1996) have influenced our understanding of the social and political forces that led to the creation and maintenance of the Alberta Eugenics Board. In addition, two very useful studies analyzed Board documents to describe its activities and the groups it appeared to target.

In 1974, Timothy Christian statistically analyzed information from a sub-sample of files (N = 430) considered by the Eugenics

Board. Christian concluded that the Act was used primarily to control weak and marginalized groups, that women, youth, Aboriginals, Eastern European residents of the province, and Catholics were over-represented among those presented to the Board and subsequently sterilized. More recently, Park and Radford (1998) updated this critique by describing how health care professionals often constructed a case for sterilization based on social characteristics rather than on the mental health criteria specified in the sterilization legislation. In their paper, clinical reports, psychiatric diagnoses, and patient histories from 321 case files provide glimpses of the personal lives of individuals recommended for sterilization as well as a demonstration of how sterilization was essentially a medical solution for a variety of perceived social and behavioural problems.

This paper builds on these previous studies, using a much larger database from a variety of different sources. To take full advantage of this historical information, we have quantified some of it. Thus, we can more accurately determine whether some population subgroups were over-represented among sterilization victims, and whether Alberta's sterilization program was implemented more aggressively than were similar programs elsewhere in North America.

Data Sources

The Alberta Eugenics Board maintained individual-level files for all of the cases it considered between 1929 and 1972. We used this information to construct a *basic data file* (N = 4785) containing the name, gender, and Eugenics Board number of each individual "presented" to the Board, along with the date of presentation and the date of sterilization, if the operation was recommended and completed.⁵

The original Board files also included a short standardized "presentation summary" containing all the information the Board would have seen for each case (e.g., gender, birth date, ethnicity, place of residence, family and medical history, psychiatric diagnosis, IQ test information). Most of the files also contained several other standardized forms that recorded the Board's decision, its recommendation for a particular operation and, if sterilization did eventually take place, a medical document providing details of the operation.

These files were placed in the Provincial Archives after the Eugenics Board was disbanded in 1972. In 1987, the Archives administration recommended that only 20% of the files should be maintained, presumably to reduce storage costs. The Public Records Commission approved the recommendation (October 20,

1987) and all but 861 of the original 4785 files were destroyed in 1988. Our case-by-case check of the Eugenics Board numbers for the remaining 861 files reveals that they are a reasonably representative "1 in 5" sub-sample of the total population of all cases considered by the Board (i.e., our basic data file).⁶

We were also able to examine the official Minutes of the Eugenics Board for all of its meetings between 1929 and 1972. We added some of the individual-level information contained in the Minutes to our basic data file. In addition, we created a second *meeting-level data base* containing information about individuals present, decisions taken, and topics discussed in each of the 398 Board meetings.⁷

Eugenics Board Composition and Practices

The *Sexual Sterilization Act* required that the Eugenics Board have four members, including the Chair. Two members were supposed to be physicians. Dr. J. M. MacEachran, a philosopher at the University of Alberta, served as Chair from 1929 until 1965. Dr. R. K. Thompson (a medical doctor) then chaired the Board until it was disbanded in 1972. Over 43 years, only 19 other individuals served as Board members. Most were professionals (medical doctors, psychiatrists, social workers).

Most patients were "presented" to the Board by a representative of the institution in which they were resident, usually a medical doctor / psychiatrist. Alberta Hospital (Ponoka) was the main "feeder" institution, presenting 60% of all the cases ever considered by the Board. The Provincial Training School (PTS) in Red Deer presented 21% of all cases, while Alberta Hospital (Oliver) in Edmonton presented 14%. Deerhome, another smaller training school in Red Deer, presented 4%.⁸

Board members would interview presented patients, relying on the presentation summary sheets prepared in advance for additional information. If patients were unable to attend the meeting, the Board might visit them on their ward to observe and ask questions. Final decisions about sterilization were usually made at the same meeting, although sometimes decisions were deferred until additional information was available. On average, the Board discussed 13 cases per meeting. This translates into, at best, about 13 minutes of Board discussion for each sterilization recommendation.

Eugenics Board Decisions

On June 16, 1972, Dr. R. K. Thompson submitted the Board's *Final Report* to Dr. R. Bland, Medical Superintendent of Alberta

Hospital. The brief report indicated that over the previous 44 years the Board had "presented and passed" a total of 4739 cases, and that 2832 sterilization operations had been completed.⁹ But the report did not explain how many cases had been presented and *rejected*.

Our calculations reveal that, between 1929 and 1972, the Eugenics Board considered a total of 4785 cases. For 60 of these cases, the Board deferred its decision because it wanted to see additional information or because it was uncertain whether the case fell within its mandate. In time, 14 of these 60 "deferrals" were re-considered and passed for sterilization. Thus, over a 44-year period, the Alberta Eugenics Board "passed" (recommended sterilization) 99% of the cases brought before it, and deferred a decision on the rest. *It never said "no."*

Nevertheless, about 40% of the patients "passed" by the Board were never sterilized. Furthermore, for many of those sterilized, the operation took place long after the Board's decision.¹⁰ The explanation for these detours or delays in what otherwise was a highly efficient system lies in the need to obtain the consent of patients and/or next of kin. A patient could withhold consent, or a parent or spouse might be reluctant to provide consent, potentially delaying the operation indefinitely. The 1937 amendment to the Sexual Sterilization Act was meant to deal with such roadblocks by allowing sterilization without consent, if the patient was "mentally defective."

A "patient consent" requirement was included in 42% of "presented and passed" decisions for men, and 39% of such decisions for women.¹¹ However, during the 1930s and 1940s, consent was required more often for the sterilization of men (Figure 1). In the following decades, the gender difference was reversed. Figure 1 also shows that consent was required for a higher proportion of cases in the 1940s than in the 1930s. But by the 1950s and 1960s, many fewer "patient consent" decisions were being made. Why did it take a decade before the Eugenics Board took advantage of the loosened consent rules in the 1937 amendment? To answer this question, we must examine changes in the role played by different "feeder" institutions, in the age distribution of patients presented, and in the psychiatric diagnoses brought forward for patients.

The psychiatric diagnosis information recorded on the presentation summary sheets in our "1 in 5" database contains at least some reference to the patient being mentally defective or deficient in 55% of the 861 cases (Figure 2). Forty percent of the cases mentioned a psychotic condition (most often schizophrenia), while psychiatric information was missing for 5%.

"Mentally defective" diagnoses were somewhat more common for male than for female patients (60% versus 51%), but much more

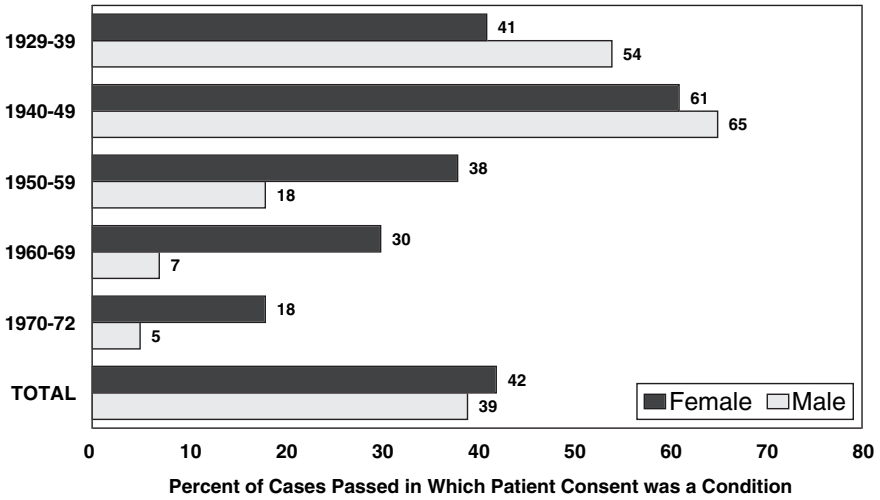


Figure 1: Percentage of Cases Passed by Eugenic Board in Which “Patient Consent” was One of the Conditions for Sterilization* by Decade by Gender.

*Source: Minutes of the Eugenic Board; 46 “deferrals” and 3 additional cases for which information was not available are excluded. “Patient consent” and “consent of patient and other(s)” combined

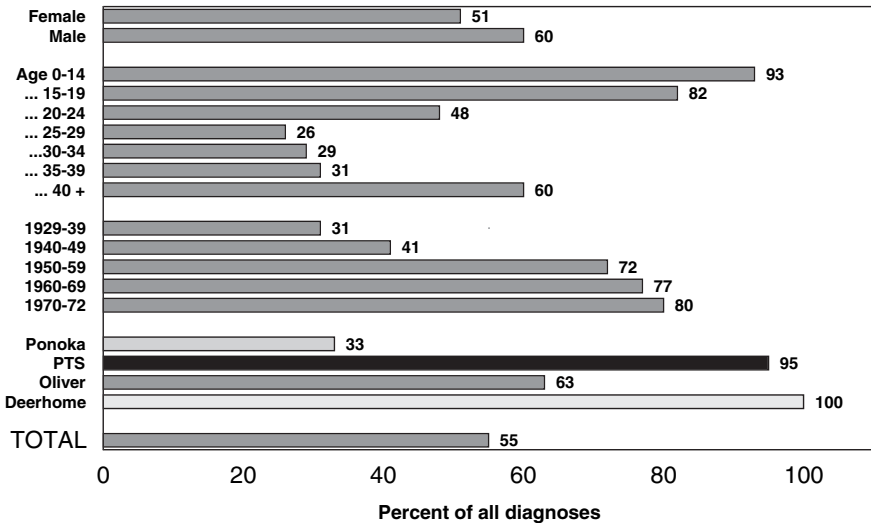


Figure 2: Percentage of “Mentally Defective” Diagnoses* by Gender, Age at Presentation, Decade of Presentation, and Presenting Institution (“1 in 5” sample).

common for younger patients (Figure 2). Specifically, 93% of the children (under age 14) presented to the Board were identified as "mentally defective," compared to 82% of the teenagers (age 15 to 19), and 48% of the young adults (age 20 to 24). The proportion of "mentally defective" diagnoses was much lower for the 25 to 39 year-olds, but higher for the small number (5% in total) of presented patients who were 40 years of age or older.

By the 1950s the Board had begun to see many more patients from the Provincial Training School (PTS) in Red Deer (and, to a lesser extent, Deerhome), and fewer from the provincial mental hospitals (Ponoka and Oliver). The training schools handled children and youth who were typically diagnosed as "mentally defective" when presented to the Eugenics Board (Figure 2). In contrast, only one-third of the adults presented by Alberta Hospital (Ponoka), the most active of the "feeder" institutions, had a "mentally defective" diagnosis. Thus, it was only when PTS became the primary presenting institution that the advantages of the 1937 legislative amendment were exploited.

To an extent, the growing involvement of these training schools in the provincial sterilization program in the 1950s and 1960s simply reflected the growth of the Alberta training school population. In 1931, PTS accounted for only 11% of the 1701 inhabitants of the four "feeder" institutions (Deerhome did not open until the late 1950s). By 1961, 37% of the 4178 patients in the four institutions were residents of PTS or Deerhome.¹²

However, there is more to this story. When we calculate the average annual probability of being presented to the Eugenics Board for residents of each institution in each decade, we find that the odds of being presented by Alberta Hospital (Ponoka), the most active "feeder" institution, declined from 0.083 in the 1930s to 0.010 in the 1960s. In other words, on average, 8% of the patients in this hospital were presented to the Eugenics Board each year in the 1930s, compared to only 1% in the 1960s. In contrast, the annual average probability of being presented to the Board for PTS residents was 0.048 in the 1930s and 0.047 in the 1960s, with some variation above and below this level in the intervening decades. Thus, while Alberta Hospital (Ponoka) dramatically reduced its presentation rate, PTS maintained the same high rate for four decades (as it grew in size), presenting about 5% of its patients to the Eugenics Board each year.

Did the Board encourage PTS to continue presenting its patients while discouraging Alberta Hospital (Ponoka), or did PTS officials maintain their enthusiasm for the sterilization movement much longer than officials in the other "feeder" institutions? The latter is more likely. Eugenics Board Minutes suggest that PTS officials

were very pro-active in the sterilization movement. At the February 9, 1951 Board meeting, Dr. L. J. Le Vann, Medical Superintendent of PTS, proposed that children should be presented for sterilization.¹³ The Board ruled that PTS should wait until these individuals reached adolescence before presenting them. Later that decade (September 23, 1955), the Board discussed a new PTS admission form that asked parents to provide consent for sterilization when their children were admitted, even though their child might not fall under the jurisdiction of the Sterilization Act.

Returning to the issue of "consent," because patients presented at PTS (and Deerhome) were almost always diagnosed as "mentally defective," their consent (or that of their next of kin) was not required. The Board could simply record "*passed clear*" on its documents and recommend sterilization. Thus, patient consent was required for only 1% of all cases "presented and passed" at PTS, compared to 59% of the cases "presented and passed" at Alberta Hospital (Ponoka). But even though the Board had the authority to impose sterilization on "mentally defective" Albertans, it still encountered opposition. The following discussion took place at its November 16, 1950 meeting:

The Medical Superintendents of the Provincial Mental Hospital, PONOKA, and the Provincial Training School, RED DEER, consulted the Board with regard to whether or not it was advisable to discuss with the patients and/or the parents the matter of the patients' operations for sexual sterilization, after the Board had passed the cases "Clear" for the operation, and before the operation was performed. The Board ruled that the Superintendents should decide this question themselves, on the strength of their knowledge of the individual cases and the parents concerned. This would also apply to the question of whether or not the operation itself should be performed if the patient and/or the parent objected to it.

Even if consent was not required for the sterilization of "mentally defective" patients, enough resistance might delay the operation, perhaps indefinitely. However, institutional authorities had considerable power, not the least of which was the ability to discharge a patient, and were probably highly persuasive.¹⁴ Since the Eugenics Board had given the institutions the option not to discuss the operation with a patient (or her/his family), in some cases such discussion probably never took place.

Eugenics Board files reveal a high correlation between the absence of a consent requirement and eventual sterilization. Almost all (89%) individuals "presented and passed" *without* any consent requirements attached to the decision were ultimately sterilized (91% of women and 86% of men). In stark contrast, sterilization took place in only 15% of the cases where "patient consent" alone *was* a requirement (21% of women and 9% of men). If the

consent of both the patient and some other person was required, the probability of sterilization was between 40% and 60%, depending on the conditions.

Groups Targeted by the Alberta Eugenics Board

Gender

Figure 3 displays the total number of cases presented to the Eugenics Board each year between 1929 and 1972. After a slow start, the Board's activity peaked between 1934 and 1939. A second peak occurred in the late 1950s when, because of its rapid expansion, PTS became a primary "feeder" institution. With a few exceptions (particularly in the 1930s), more women than men appeared in front of the Board. Over the decades, 2203 men (46%) and 2582 women (54%) were presented.

According to Census data, 55% of the Alberta population was male in 1931. Thus, the larger number of men presented to the Board during the 1930s reflects the male-female composition of the province at the time. The gender distribution of the Alberta population slowly shifted in the following decades (54% male in 1941, 52% in 1951 and 1961, 51% in 1971), but women never outnumbered men. Consequently, the larger number of women

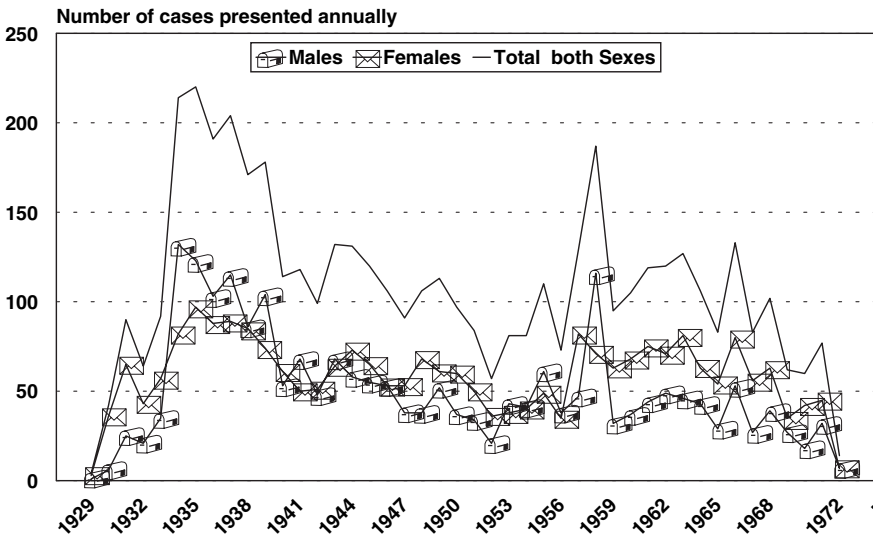


Figure 3: Cases Presented by Gender, 1929–1972*.

*Source: Basic data file and Minutes of the Eugenics Board: new cases only, with 46 "deferrals" included

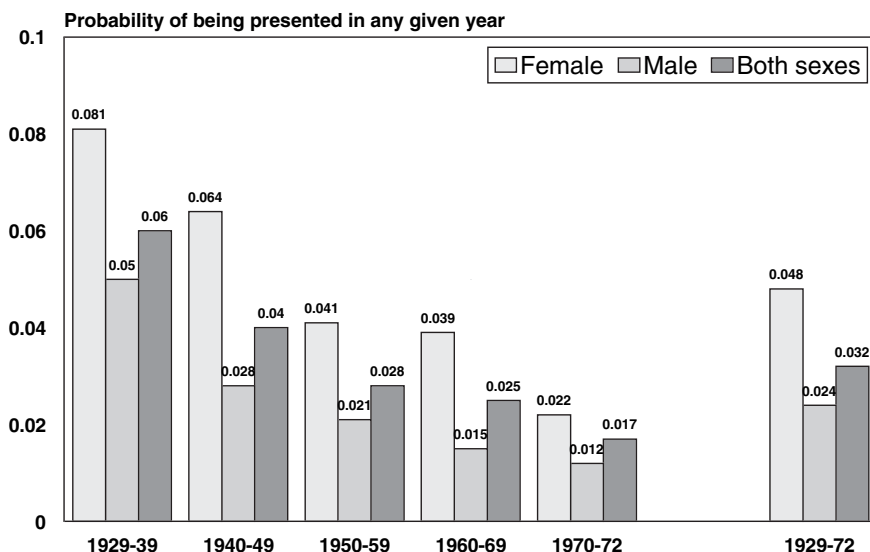


Figure 4: Probability of being Presented to the Eugenics Board by Decade by Gender*.

*Source: Basic data file; Minutes of the Eugenics Board; Alberta Public Health Reports. Total number of cases presented as a proportion of total number of patients in four main “feeder institutions”

presented to the Board does not mirror the gender distribution in the provincial population.

The over-representation of women is also not a result of more women being resident in the province’s mental health and training institutions. Annual Public Health Reports show that the proportion of female residents in the two provincial mental hospitals and PTS varied between 31% and 42% from 1931 to 1970. Hence, gender-biased decisions (to present an individual to the Board) within these institutions, rather than a larger proportion of female residents, accounted for the more frequent presentation of women to the Eugenics Board.

Figure 4 displays the average annual probability of being presented to the Board for women and men, by decade, in the four main “feeder” institutions combined. Over the life-span of the Eugenics Board, for both sexes, the probability of being presented in any given year was 0.032 (on average, 3% of the patients in these four institutions were presented to the Board each year). However, this average hides a significant downward trend over time. In the 1930s, the probability of an institutional resident appearing in front of the Board was 0.06. By the 1960s the odds had been cut in half (0.025) and by the 1970s they had dropped to 0.017

(primarily because of the dramatic decline in presentations by Alberta Hospital (Ponoka); as we noted earlier, PTS maintained a very high presentation rate right into the 1960s).

Figure 4 shows that, for all decades combined, the female presentation probability was twice as high as the male rate (0.048 versus 0.024). In other words, the medical and social work professionals in the “feeder” institutions were twice as likely to conclude that women in their care, rather than men, should be sterilized. We also note that that the gender difference was not as large in the 1930s (0.081 for women, compared to 0.05 for men) men, as it was in the 1940s (0.064 versus 0.028) and in later decades. This change may reflect the 1937 legislative amendment that added “incapable of intelligent parenthood” as a reason for recommending sterilization. Given the gender role expectations of the time, it is likely that this new argument for sterilization was used more often against women.

Not only were women more likely to be presented to the Board but, once presented, they were also more likely to be sterilized.¹⁵ Sixty-four percent of all women ever presented were sterilized, compared to 54% of all men presented. This gender imbalance existed even though, as noted above, women presented to the Board were less likely to be diagnosed as mentally defective (Figure 2) and, consequently, somewhat more likely to have a consent requirement attached to their sterilization decision. It appears that, following a Board decision, medical and social work professionals in the province’s mental health system were considerably more effective at convincing (or coercing) women into accepting sterilization.¹⁶

This two-stage gender bias (more likely to be presented, and more likely to be sterilized, once presented) meant that 58% of the 2834 individuals eventually sterilized were women (N = 1651). Figure 5 displays the total number of people sterilized each year, between 1929 and 1972. In most years, more women than men were sterilized.

Age

Using birth date information from our “1 in 5” database, we estimate that 12% of all cases ever presented to the Eugenics Board involved children (under 15 years old). Another 27% were teenagers age 15 to 19, and 17% were young adults age 20 to 24. The remainder (44%) were 25 and older. Census data for the period 1921 to 1971 reveal that children (under 15) accounted for 29% to 36% of the total provincial population during this era. Thus, children were under-represented among patients presented to the Board. Older Albertans (40 and older) were also under-represented, making up

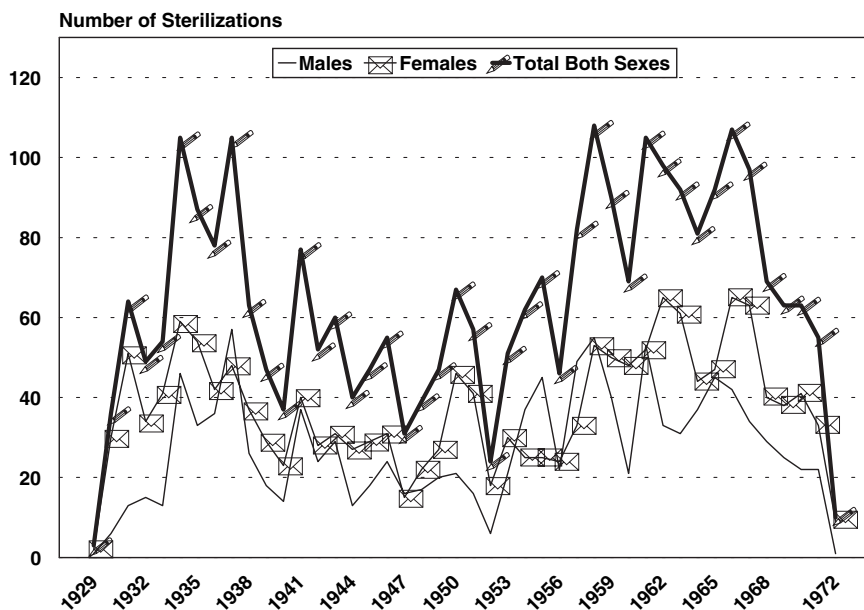


Figure 5: Sterilizations by Gender, 1929–1972*.

*Source: Basic data file

only 5% of the presentations but between 22% and 31% of the total population.

Teenagers represented less than 10% of the provincial population, but constituted 27% of the cases presented to the Board. Young adults also accounted for less than 10% of the population, but 17% of all cases presented. Thus, as Christian (1974: 50) concluded from his smaller-sample study, the Eugenics Board targeted teenagers and young adults in its sterilization campaign. As we have already observed, the Provincial Training School (PTS) in Red Deer was responsible for presenting most of these young people. In virtually all these cases, patient consent was not required. Consequently, 38% of all Albertans sterilized were teenagers.

Race and Ethnicity

Information in the “1 in 5” data base allowed us to categorize individuals presented to the Board as: “Canadian” (11%); Anglo-Saxon (31%); French (6%); West European (18%); East European (19%); Aboriginal (6%); and Other / Not known (9%). Census reports from the era did not use a “Canadian” category so we combined this

group with Anglo-Saxons. This large group was under-represented among patients presented, until the 1960s. For example, in the 1930s, Anglo-Saxon / Canadian patients made up 43% of the individuals presented, while the 1936 Census showed 52% of Albertans with Anglo-Saxon origins.¹⁷ Individuals of Western European origin (e.g., German, Norwegian, Italian) were also under-represented, accounting for 18% of presentations but 21% to 28% of the provincial population during the years the Board was operating.

In contrast, Eastern Europeans (e.g., Ukrainian, Polish, Russian) were marginally over-represented (19% of cases presented, but never more than 17% of the population). Most noticeably over-represented were Aboriginals (identified as "Indian," "Metis", "half-breed", "treaty" and "Eskimo"). While the province's Aboriginal population hovered between 2% and 3% of the total over the decades in question, Aboriginals made up 6% of all cases presented.

We estimate that 55% of all patients presented, and the same proportion of Anglo-Saxon / Canadian patients, were diagnosed as "mentally defective." Both Western and Eastern European patients were less likely to receive such diagnoses (46% and 44%, respectively), but 77% of Aboriginal patients did. As a result, patient consent was required in only 17% of the Aboriginal cases, compared to 49% of Eastern European cases, 44% of Western European cases, and 38% of Anglo-Saxon / Canadian patients.

While Christian (1974: 89) tentatively concluded that the Eugenics Board targeted Albertans of Eastern European origin, we fail to find evidence of such discrimination.¹⁸ But, like Christian (1974: 90), we conclude that Aboriginals were the most prominent victims of the Board's attention. They were over-represented among presented cases and among those diagnosed as "mentally defective." Thus they seldom had a chance to say "no" to being sterilized. As a result, 74% of all Aboriginals presented to the Board were eventually sterilized (compared to 60% of all patients presented). In contrast, because patient consent was so often required, less than half (47%) of both Eastern and Western European patients were eventually sterilized.

The Political Economy of Sterilization in Alberta

Annual Sterilization Rates in Alberta and the United States

Compared to other North American jurisdictions that introduced involuntary sterilization legislation, how aggressively did Alberta pursue its eugenics goals? Information on the number of individuals sterilized in several American states (and in the USA in total)

is available from various sources (Gosney and Popenoe 1929; Myerson et al. 1936; Reilly 1991), for a range of time periods.¹⁹ We calculated annual *rates* (standardized to take population size into account) for all the North American jurisdictions for which sterilization data are available, for each decade that the Alberta Eugenics Board was in existence, and for women and men separately (Table 1).²⁰

Involuntary sterilization was introduced a few years earlier in some of the United States than in Alberta. In the 1920s, the annual rate of sterilization (per 100,000 population) in the United States was only 0.74 (less than one person sterilized per year per 100,000 population), although it was considerably higher in Oregon (13.05 per 100,000 population) and somewhat higher in Kansas (3.32 per 100,000). In the 1930s, the rate for all of the United States had risen to 2.05 per 100,000, although a number of states (California, Oregon, Kansas and Virginia) had considerably higher rates. Alberta's sterilization rate (per 100,000 population) of 9.05 during the 1930s was more than four times as high as the total USA rate. Thus, during the first decade of its existence, Alberta matched the states that were most aggressively pursuing sterilization programs.

During the 1940s, Alberta's sterilization rate dropped to 6.21 per 100,000 while the total USA rate declined to 1.68, making the Alberta rate about 3.7 times as high as the total US rate. Again, Alberta was keeping pace with the two states with the highest rates (California and Virginia). During the 1950s, Alberta's rate inched up to 6.43. A total USA rate is available for only 1950, and it is much lower (1.01 per 100,000). The California rate had dropped to 2.0 per 100,000 by the early 1950s, but the Alberta rate was still in line with the North Carolina rate.

By the 1960s, the eugenics movement had lost its momentum in the United States. We were only able to calculate 1963 rates for the USA (0.26 per 100,000) and for North Carolina (4.24 per 100,000). The Alberta rate (for the whole decade) was higher (6.56 per 100,000). A decade later, the Alberta rate had dropped to 3.39 per 100,000. By now, Alberta was one of only two North American jurisdictions still engaging in forced sterilization, although 26 states still had sterilization legislation on their books. Alberta sterilized 10 people in 1972, before repealing the Sexual Sterilization Act. North Carolina sterilized only 5 individuals in 1972 before discontinuing the practice.

Summing up, Alberta joined the involuntary sterilization movement somewhat later than did many of the states that implemented eugenics-based sterilization legislation. During the 1930s, 1940s and 1950s, Alberta kept pace with those states that were pursuing their eugenics goals most aggressively. However, by the 1950s

Table 1: Annual Rates of Sterilization by Gender in Alberta 1929–1972 and the United States, 1909–1972

Annual rates of sterilization (per 100,000 population)¹

Province/State ²	Year[s]	Male Rate	Female Rate	Total Rate
1920s				
U.S.	1924–1927	0.78	0.74	0.74
Oregon	1923–1928	8.60	18.09	13.05
Kansas	1917–1928	4.30	2.29	3.32
Virginia	1924–1928	0.021	0.539	0.28
Washington	1921–1928	0.02	0.18	0.095
1930s				
Alberta	1929–1939	6.39	12.18	9.05
U.S.	1932–1939	2.30	1.50	2.05
California	1928–1935	9.30	11.47	10.34
California	1935–1939	–	–	15.08
Oregon	1928–1935	3.72	9.94	6.68
Kansas	1928–1935	6.08	4.75	5.43
Virginia	1928–1935	8.86	13.42	11.13
N. Carolina	1929–1939	1.06	4.0	2.50
Wisconsin	1928–1935	0.39	3.86	2.08
Washington	1928–1935	0.09	0.31	0.19
1940s				
Alberta	1940–1949	5.13	7.43	6.21
U.S.	1940–1941	1.33	2.03	1.68
U.S.	1947	–	–	0.81
Virginia	1942–1944	–	–	8.48
California	1940–1945	–	–	6.22
N. Carolina	1940–1947	1.73	6.04	3.90
1950s				
Alberta	1950–1959	5.87	7.03	6.43
U.S.	1950	–	–	1.01
California	1949–1952	–	–	2.00
N. Carolina	1948–1955	–	–	6.65
1960s				
Alberta	1960–1969	5.14	8.06	6.56
N. Carolina	1963	–	–	4.24
U.S.	1963	–	–	0.26
1970s				
Alberta	1970–1972	2.72	5.19	3.93
N. Carolina.	1972	–	–	0.10

¹ For Alberta, the number of sterilizations each decade was divided by the number of years during that decade that the Eugenics Board was operating to obtain the average number of sterilizations per year. This number was then divided by the average population for the time period (e.g., for 1929–1939, Census data for 1931 and 1941 were averaged). The result was then multiplied by 100,000 to obtain the sterilization rate. For the U.S., a single population total was used (e.g., for 1928–35, 1930 Census data were used).

² Alberta data from basic data file; U.S. data from Gosney and Popenoe (1929), Myerson et al. (1936) and Reilly (1991).

and 1960s the number of USA states with active sterilization legislation had declined. Alberta continued to pursue its eugenics goals, and continued to exhibit a high annual rate of sterilization, for a considerable time after the movement had lost its strength in the USA.

Why So Long?

Why did Alberta continue its program of involuntary sterilization so long? To address this question, we must first ask why the eugenics movement was institutionalized in Alberta since not all provinces and states in North America went this far. The unique political history and culture of this western Canadian province provides part of the answer. Both the United Farmers of Alberta and the Social Credit regime that followed the UFA were (at least in their early years) radical populist parties that capitalized on widespread anti-Eastern (Canada) sentiments and traded on a strong “we’ll show you we can do it on our own” image (Finkel 1989: 22). Albertans were rugged and strong-minded, and willing to experiment with new political, economic (i.e., Social Credit), and social ideas. Thus, while several other Canadian provinces flirted with eugenics legislation and programs, Alberta went all the way.

Charismatic leadership was also part of the explanation. The eugenics campaign in Alberta was promoted by highly influential middle-class social reformers such as Judge Emily Murphy and Nellie McClung and, during the first decades of Social Credit rule, by highly popular political leaders. In fact, the province exhibited an unusual degree of overlap between political and religious elites. William Aberhart, leader of the Social Credit Party and Premier, was a fundamentalist religious leader who maintained a loyal following via an extremely popular weekly religious radio program (Finkel 1989). His successor, Ernest Manning, also continued this tradition with his Sunday morning “Back to the Bible Hour” radio broadcast. With political and religious leadership intertwined, it was unlikely that active opposition to government social programs, including involuntary sterilization, would emerge in the province.

Furthermore, both Aberhart and Manning ran the province in a highly authoritarian fashion, expecting and typically receiving unquestioning loyalty from elected officials and civil servants (Finkel 1989: 30–1). Both leaders are remembered for being indifferent to complaints from the public and for an over-reliance on experts for running government. Thus, in time, the “democratic and radical aspects” of their populist movement were transformed into a highly authoritarian political system that received little public criticism, including from the media (Finkel 1989: 58–60; 87).

Equally important was the relative weakness of the Roman Catholic Church in Alberta, a province with a more prominent Protestant presence than, for example, Ontario (Dowbiggin 1997: 187), Manitoba, and, particularly, Quebec. Alberta politicians were not particularly beholden to the Catholic church hierarchy which was strongly opposed to any form of birth control including sterilization.

The medical / mental health professionals and experts on whom the Social Credit government relied were few in number and very powerful. As we have noted, there was very little turnover on the Eugenics Board over four decades. Similarly, a handful of several senior civil servants controlled the Department of Health for decades on end. For example, Dr. W. W. Cross was the Minister of Health from 1935 until 1956. Malcolm Bow served as Deputy Minister of Health from 1932 until 1952. Dr. R. MacLean's influence lasted even longer. He served as Acting Director and Director of the Mental Hygiene / Guidance Clinics for several decades, beginning in the 1930s, and also as Medical Superintendent at Alberta Hospital (Ponoka) for several years. From 1948 until 1965, he was also the Director of the Department's Mental Health Division. Thus, the legislation that created the Eugenics Board, and that maintained the provincial mental health institutions, gave a small number of individuals incredible power over the lives of the province's "feeble-minded."

This power was obtained during an era when the medical, mental health, and social work professions were gaining credibility and influence across North America (Friedson, 1972), an era when social problems were becoming increasingly "medicalized." In Alberta, with the blessing of an authoritarian provincial government that relied heavily on experts and took little notice of public criticism, and in the absence of strong opposition from the Catholic church, this medical empire-building included a highly efficient sterilization bureaucracy that linked the Eugenics Board with a series of compliant "feeder" institutions. One of these institutions in particular – the Provincial Training School (PTS) in Red Deer – kept this bureaucratic machine running until the early 1970s.

While the eugenics movement had been discredited, both morally and scientifically, by mid-20th century, in Alberta public criticism was muted, if it existed at all. To some extent, this silence simply reflected the absence of criticism of the Social Credit government in general. However, the oil boom that began in 1947 also meant that most Albertans were prospering and, consequently, disinclined to criticize the government. Furthermore, many residents of the province were recent arrivals and probably knew little, if

anything, about the provincial mental health system, including the Eugenics Board.

Prosperity and economic growth, and a almost non-existent opposition, allowed the Social Credit government to maintain power for an unusually long time. The eugenics bureaucracy that its experts had constructed continued to operate, quietly and efficiently within the larger and growing mental health system. Secure in their power and in their beliefs, and receiving little attention, let alone criticism, the doctors, psychiatrists, and social workers on the Eugenics Board and in the "feeder" institutions (especially PTS) continued sterilizing Albertans until, finally, in 1972, a change in government put an end to the system and the practice.

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Notes

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¹ Richard Dugdale's *The Jukes: A Study in Crime, Pauperism, Disease and Heredity* (1877) and Henry Goddard's *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (1912) both chronicled the histories of families descended from "defective" ancestors.

² See Dowbiggin (1997) for a fascinating account of the extensive, yet conflicted, involvement of psychiatrists in the eugenics movement. While participation in the movement enhanced the professional image of psychiatrists, taking them out of asylums and involving them in public health programs, it also was an implicit acknowledgement of the failure of psychiatric therapy as a solution to personal and social problems.

³ The Eugenics Board frequently also served as a "visiting Board" that traveled to and inspected provincial mental health institutions.

⁴ Leilani Muir's case relied on Canada's *Charter of Rights and Freedoms*. By invoking the so-called "notwithstanding" clause in Section 33 of the Charter, governments can pass legislation (for a renewable five-year period) that allows them to disregard Charter-based court rulings. But they have been reluctant to do so, given the widespread perception that such legislation is a deliberate assault on individual rights and freedoms.

⁵ This study relies only on the information available in the Muir exhibits, to which the authors were allowed access by the kind permission of Ms. Muir (*Muir v. Her Majesty the Queen*).

⁶ With the exception of 95 missing cases from 1945, the 861 remaining cases appear to be a systematic sample (i.e., every n^{th} case was kept). Until 1944, 1 in 6 files were kept. Starting in 1945, a "1 in 5" sampling fraction was used.

⁷ Department of Health Annual Reports allowed us to cross-check some information in our database. They also contained useful information about the mental health institutions that presented cases to the Board.

⁸ A few patients were presented by representatives of travelling *Mental Hygiene Clinics*. Starting in 1929 (by 1939 they were called *Guidance Clinics*), these clinics would visit small towns and rural areas and, along with providing other mental health services and referrals, could recommend that individuals be presented to the Eugenics Board. While the Board Minutes identify only a few cases directly presented by Guidance Clinics, these organizations were centrally involved in the mental health bureaucracy that funneled patients towards the Eugenics Board. In the Minutes, 32% of the individuals "presented" were identified (with an asterick) as "Guidance Clinic cases." We assume this meant that, at some point, the patient had been interviewed or tested in such a clinic, prior to entering one of the main "feeder" institutions. Further research on the role these Guidance Clinics played in the Alberta eugenics movement, as well as in the larger mental health system, would be valuable.

⁹ Our case-by-case analysis of the Eugenics Board records indicates that 2834 individuals were sterilized.

¹⁰ Fifty-eight percent of the 2834 sterilizations took place more than a month after the Board's decision, 32% occurred more than three months later, and 10% were completed more than a year later.

¹¹ One-quarter required next of kin (or some other responsible person) as well as patient consent.

¹² Deerhome was opened in 1958 and expanded rapidly. By 1961 it had more residents than PTS (830 and 718, respectively), according to annual Public Health Reports. In 1965, PTS was renamed Alberta School Hospital.

¹³ Le Vann also used children in PTS as subjects in his experiments with antipsychotic drugs, but without gaining consent from parents or guardians (Wahlsten, 2003).

¹⁴ Minutes from the same Board meeting (November 16, 1950) report that a father had objected to his son's proposed sterilization. The Training School Superintendent was instructed to "attempt to convince the patient's father that the operation should be performed before the patient was discharged from the Training School. In the event that the father insisted on taking his son from the Training School without the operation having been performed, the former should be made to understand that he would be entirely responsible for any difficulties the patient might get into because the operation had not been performed." The son was sterilized four months later.

¹⁵ Christian (1974: 42) draws the same conclusion from his analysis of a smaller sample of cases.

¹⁶ MacLean and Kibblewhite (1937: 588) noted that it was more difficult to convince men to accept sterilization, perhaps because "the operation would be a blow to [their] pride or vanity." As for coercion, at its

October 29, 1959 meeting, the Board discussed how best to deal with two non-institutionalized women (referred by Guidance Clinics) who had failed to appear before the Board as instructed. Their social workers presented their cases in their absence, and asked if the Board had the authority to "force" these women to appear and to sterilize them. The answer was that "the Minister of Public Health did have the authority under Section 6 of the Mental Defectives Act to cause proceedings to be instituted before a Justice of the Peace in order to have cases such as this placed in an Institution."

¹⁷ In the 1960s, the combined "Anglo-Saxon / Canadian" category represented 54% of the cases presented but only 46% of the population. This reversal may be an artifact of how, by the 1960s, the label "Canadian" might have come to be used by the Board to include some patients of eastern and western European origin.

¹⁸ While Christian (1974: 68) noted that rural Albertans were more likely to be presented to the Board (but not more likely to be sterilized), we found rural residents to be *under*-represented among patients presented to the Board as well as among those sterilized. Our analyses also showed that, compared to Protestants, Catholics had a higher probability of being presented to the Board. But, once presented, Catholics were less likely to be sterilized. In contrast, Christian (1974: 75–81) concluded that Catholics were over-represented in both presentations and sterilizations.

¹⁹ McLaren (1990: 159) estimated that several hundred people were sterilized in British Columbia, but noted that the files required to confirm this number were either lost or destroyed. However, not all the documentation disappeared. In early 2003, based on records located in a provincial mental hospital, a lawsuit against the BC provincial government was launched on behalf of 19 individuals sterilized between 1940 and 1968 under the authority of the BC legislation.

²⁰ Table 1 demonstrates that, as in Alberta, female sterilization rates were also almost always higher than male rates in the United States.

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