

Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972

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Abstract. Scholarship on Alberta's *Sexual Sterilization Act* (1928-1972) has focused on the high-level politics behind the legislation, its main administrative body, the Eugenics Board, and its legal legacy, overlooking the largely female-dominated professions that were responsible for operating the program outside of the provincial mental health institutions. This paper investigates the relationship between eugenics and the professions of teaching, public health nursing, and social work. It argues that the Canadian mental hygiene and eugenics movements, which were fundamentally connected, provided these professions with an opportunity to maintain and extend their professional authority.

Keywords. eugenics, public health, professionalization, nursing, teaching, social work, Alberta

Résumé. Les recherches sur le Sexual Sterilization Act albertain (1928-1972) se sont jusqu'à maintenant focalisées sur le jeu politique, intense, en arrière du texte, la structure administrative qui en a découlé, le Eugenics Board, et son héritage légal, laissant de côté l'intervention professionnelle, largement féminisée, responsable de la mise en œuvre du programme hors des institutions de santé mentale provinciales. Le présent article se concentre sur la relation qui s'est tissée entre l'eugénisme et les professions relevant de l'enseignement, du nursing spécialisé en santé publique et du travail social. Il démontre que les mouvements canadiens dans le domaine de l'eugénisme et de l'hygiène mentale, étroitement liés les uns aux autres, ont donné à ces professionnel(le)s l'opportunité nécessaire pour maintenir, voire étendre, leur pouvoir professionnel.

Mots-clés. eugénisme, santé publique, professionnalisation, nursing, enseignement, travail social

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Psychiatrists and the medical profession working by themselves cannot be expected to meet all the needs that are involved in the safeguarding of the mental health of our people. For this huge task there must be effected a partnership with public health nurses, teachers, social workers and with other groups that contribute to human welfare.¹

Scholarship on Alberta's *Sexual Sterilization Act*, introduced in 1928 under the United Farmers of Alberta government, has centred on the male-dominated Eugenics Board and male-run mental health institutions. As a result, key figures in this history have, for the most part, been men, including John MacEachran, Chair of the Eugenics Board from 1929 to 1965, and L. J. Le Vann, Medical Superintendent of the Provincial Training School for Mental Defectives, located in Red Deer. If a woman is mentioned within the secondary literature she tends to be in a position of power, such as United Farm Women of Alberta (UFWA) president Margaret Gunn, whose 1924 presidential address claimed that "Democracy was never intended for Degenerates," or Margaret Thompson, geneticist and member of Alberta's Eugenics Board beginning in 1960. Conversely, scholarship has focused on sterilization survivor Leilani Muir, who was targeted and disempowered by the legislation.² The resultant image is one of male professionals, and a few women in positions of influence, exercising control over the reproductive rights of female patients within an institutional and political context.³ While Alberta's eugenic sexual sterilization legislation may to some extent warrant this depiction, it neglects the largely female dominated professions that served on the program's frontline, specifically school teachers, public health nurses, and social workers.

Incorporating these professions into the history of Alberta's sterilization program sheds light on the process by which individuals appeared before the Eugenic Board, as well as the relationship between these gendered professions and eugenic thought. This paper argues that mental hygiene and eugenics, which were fundamentally connected socially and scientifically significant movements, provided teachers, public health nurses, and social workers with an opportunity to maintain and extend their professional authority. The access that these professions had to individuals, particularly infants and children, families, homes, and schools allowed them to establish themselves as critical players within the eugenics and mental hygiene movements and the professional landscape. Their niche within these movements was created on the backs of individuals determined to be "mentally defective," a term which a number of scholars have argued often had more to do with class, gender, and ethnic stereotypes than genetic diagnosis.⁴

The statistical studies of Tim Christian, and Jana Grekul, Harvey Krahn, and Dave Odynak demonstrate that certain segments of the population were disproportionately presented to the Alberta Eugenics

Board and approved for sexual sterilization. Christian's 1974 examination of Eugenic Board case files concludes that the program was used to control weak and marginalized groups, specifically Eastern Europeans, Catholics, women, youth, and Aborigines.⁵ Drawing from a larger database of case files, Grekul, Krahn, and Odynak's 2004 work supports Christian's assertion that young adults, Aborigines, and women were overrepresented among those presented for sterilization. It challenges, however, his argument that the Eugenics Board targeted Catholics or Eastern Europeans.⁶ Deborah C. Park and John P. Radford's qualitative study of the Board's records similarly suggests that sterilization decisions were largely based on socio-economic factors, arguing that the legislation was an effort to impose a "particular type of morality" on Albertans.⁷

The Canadian eugenics and mental hygiene movements developed within the context of the rising and blending of social gospel, nation-building ideas, and maternalism, the latter of which praised the capability of women to mother beyond the family. Maternalism, as Sheila Gibbons has argued elsewhere in this issue, granted select women, specifically Anglo-Saxon middle-class women, authority to apply their allegedly innate caregiving and nurturing skills to broader social problems, including "mental deficiency."⁸ Maternalism inspired a number of married middle-class women to help out in their community, often through charitable organizations, and single women to turn to social work as a form of paid labour.⁹ Prior to the Second World War, it was common practice for female professionals to retire following marriage; however, despite the expectation of being unwed, and therefore chaste, social workers, as well as nurses and teachers, were perceived as embodying the essence of Anglo-Saxon middle-class motherhood. The organization of these professions reflected gender norms and familial relations. For instance, historian Kathryn McPherson argues that nursing has been defined by a familial paradigm "in which graduate nurses assumed a subordinate wifely position relative to the male doctor and a maternal position relative to the dependent patient."¹⁰ Similarly, female teachers, as Mary Kinnear has demonstrated, often taught in elementary schools, where they could guide and nurture young children, similar to a mother, while high school teaching positions and administrative positions were, for the most part, reserved for males.¹¹ In their respective works, McPherson and Kinnear suggest that both nursing and teaching were defined by their superior position in relation to unskilled female workers, as well as by their subordinate position to male medical professionals and school administrators.¹²

The gender, ethnic, and class stereotypes ascribed to these professions were fundamental to their role within the eugenics and mental hygiene movements, and Alberta's eugenic sterilization program specifically.

By identifying and supervising cases of “mental deficiency” in their respective districts, collecting case histories, and promoting mental health in connection with the guidance clinics, Alberta’s school teachers, public health nurses, and social workers each played a critically important role in the daily operation of the provincial eugenics program. This study examines the various ways in which these female-dominated professions functioned in relation to Alberta’s eugenics program, as revealed primarily through Alberta Department of Public Health and Alberta Department of Education annual reports. These reports, compiled by the Directors of each Department’s various Divisions, document the day-to-day activities of the professionals employed by the provincial government, who, although instrumental in the operation of the program, were not necessarily mentioned in the newspapers, legislation, or Eugenics Board minutes. It also draws on professional literature in order to examine how leaders within teaching, nursing, and social work, at both the provincial and national level, framed mental hygiene and eugenics into their professions’ scope of practice, and used it as a tool in their professionalization efforts.

EARLY EFFORTS TO ADDRESS THE “PROBLEM OF MENTAL DEFICIENCY”

Initially, the perceived “problem of mental deficiency” fell under the jurisdiction of the Alberta Department of Education. In 1918 the Department oversaw the establishment of the Home for Mentally Deficient Children. The Home was set up on a temporary basis in South Edmonton to address the urgent cases of “mental deficiency” within the province’s school system that had been brought to light by early provincial studies.¹³ The *Mental Defectives Act*, introduced a year later, granted the Minister of Education the authority to approve the institutionalization of “mentally defective” cases in the South Edmonton Home, with guardian consent.¹⁴ In cases of reported “mental deficiency” where consent was refused, the Minister could seek institutionalization through application to a Justice of the Peace.¹⁵

With the medicalization of social ills, “mental deficiency” began to be conceptualized less as a social or moral problem and more as a physical disease.¹⁶ As a result, in 1922, responsibility for the “problem of mental deficiency” within the province was transferred to the Alberta Department of Public Health.¹⁷ In his 1922 report, the Director of the Home for Mentally Deficient Children, W. J. McAlister, stressed that while the Department of Public Health was “keenly alive” to its new responsibility, it required “the co-operation of the Educational authorities as well as the co-operation of all public, social, and philanthropic bodies in the launching of a province-wide scheme tending towards the education of the public and the effective handling of such problems as mental

deficiency, moral delinquency, pauperism, vice and crime." He went on to note that the Department of Education remained "vitaly interested" in the "problem" of "mental deficiency" specifically.¹⁸ The following year, the *Mental Defective Act* was amended to reflect this transfer in jurisdictional authority, and, under the direction of the Alberta Department of Public Health, the Provincial Training School for Mentally Defective Children (PTS) located in Red Deer became the permanent institution for the "care" of the province's "mentally defective" population.¹⁹

On 21 March 1928, under the United Farmers of Alberta (UFA) government, Alberta became the first of two Canadian provinces to introduce a eugenic sterilization program. The legislation granted the medical superintendents of the provincial mental hospitals the authority to present patients to the Eugenics Board to be considered for sterilization. Patients were accompanied by a "presentation summary," which included their medical, family, and sexual history, diagnosis, educational status, IQ test results, personality, social development, ethnicity, religion, age, and other relevant information.²⁰ Based on an interview with the patient and the "presentation summary," the Board had the ability to approve the sexual sterilization of patients who "might safely be discharged if the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny were eliminated."²¹ The initial members of the Eugenics Board were Dr. E. Pope and Dr. E. G. Mason, both medical practitioners; Jean Field, Health Convenor for the UFWA; and Dr. John MacEachran, Department of Psychology and Philosophy, University of Alberta. As there was no term set on Board membership there was a limited turnover in personnel between 1928 and 1972. The Social Credit government, which assumed power in 1935, amended the *Sexual Sterilization Act* in 1937 and again in 1942, in each case extending the provisions of the legislation.

Responsibility for the province's sterilization program remained with the Alberta Department of Public Health, renamed Department of Health in 1967, until the Department was dissolved in 1971 after merging with the Department of Social Development. As a result, the Alberta Department of Education and Alberta Department of Public Health both, at various points in time, had an active interest in locating, supervising, and controlling the province's "mentally defective" population. The teachers, public health nurses, and social workers connected to these Departments were the vanguard of the provincial government's attempts to protect the future health of its populace. Through their work in connection to these Departments, they became a critical part of the "highly efficient sterilization bureaucracy," which operated within the broader education and mental health systems.²²

IDENTIFICATION OF "MENTAL DEFECTIVES," AND EDUCATION IN MENTAL HYGIENE PRINCIPLES

Efforts to control the province's "mentally defective" population depended on the identification of cases and, by extension, the workers who had access to Alberta's families, and, perhaps more importantly, relationships with them. In 1916, only 18 of the 68 districts in Alberta had resident doctors, and only 15 had resident public health nurses. Medical inspection of schools in the remaining rural districts was reportedly rare.²³ As a result, in many places throughout the province the responsibility for identifying and reporting children with "mental deficiencies" to the proper authorities often fell to the resident school teacher.²⁴ It was widely believed that schools provided exceptional opportunities for the identification of "mental defectives," and, as one contributor to *Canadian Education* argued, teachers, therefore, were in "a choice position to select pupils to be referred for further study and treatment."²⁵

One of the ways in which Alberta teachers located students with "mental deficiencies" was through the use of intelligence tests in their classrooms. For the most part, mental testing during this period was aimed at identifying and segregating those with "mental defects."²⁶ In Alberta, throughout the entirety of the province's sterilization program, the Eugenics Board relied heavily on the results of intelligence tests in their decision-making process. The University of Alberta offered summer classes in psychology, which were intended to provide teachers with the background necessary to utilize intelligence tests within the classroom, and also to provide supervised, practical experience. These classes were reportedly well attended.²⁷ Whether teachers should be administering individual intelligence tests within their classrooms, however, was frequently debated within the *Alberta Teachers' Association (ATA) Magazine*. While some educational psychologists and teachers in the province believed that intelligence tests served as an important tool for the teacher, school administrators tended to argue that such testing fell outside the teacher's classroom responsibilities.

Earle D. McPhee, a professor in the Department of Education at the University of Alberta, believed teachers had an important part to play in combating the forces that were leading to the degeneration of society, particularly "mental defects." He argued that the use of intelligence testing in the classroom enabled teachers to aid in the prevention of the social problems associated with "mental deficiency." For instance, he believed that by testing their pupils, teachers could help to determine the "full extent" of the "problem," and also to collect "accurate" data on the connection between "mental deficiency" and delinquency in Alberta.²⁸ In a later article, an Albertan teacher suggested that intelligence tests, by providing teachers with a working knowledge of

students' mental capacities, allowed them to avoid the injustices inadvertently placed upon "mentally deficient" children.²⁹ In comparison, C. B. Willis, the principal at Victoria High School in Edmonton, claimed that intelligence tests were an important tool in the hands of a skilled educational administrator, not teachers, noting that "the work of the teacher is to teach."³⁰ A. Melville Scott, Superintendent of Schools, Calgary, similarly wrote that "the teacher does not need any special knowledge of the art of applying a modern scale for the measurement of intelligence. This is a task of a trained expert, requiring wide experience and a thorough knowledge."³¹

Despite the debate over whether teachers were skilled or knowledgeable enough to employ individual intelligence tests within their classrooms, most contributors agreed that teachers should employ group intelligence tests. While these were not as exact as individual tests, they required less precision and gave teachers a general sense of their students' intelligence. Although intelligence testing came under serious scrutiny following the First World War, it was not until the 1950s that use of intelligence tests within the classroom began to be questioned in Alberta, ultimately remaining a part of many teachers' routines into the 1980s.³²

Public health nurses were also encouraged to make the most of the opportunities that schools provided for case finding. For instance, a 1917 article published in the *Canadian Nurse*, the main organ of the Canadian Nurses Association, argued that since education was compulsory, the school was "the best place in which to discover ... and to classify" "mentally defective" children.³³ A later article, published in the same journal, similarly claimed that the school was "the strategic point for the detection of mental defect or the early manifestation of character abnormalities that later blossom into psychoses."³⁴

In 1921, Elizabeth Clarke, Superintendent of the Public Health Nursing Branch, Alberta Department of Public Health, noted that "because the nurse lives in her district and, therefore, comes in close touch with her surroundings, not infrequently she has the opportunity of drawing the attention of the proper authorities to existing conditions and defects which otherwise would not have been discovered. Especially is this true in regard to Neglected children and Mental Defectives."³⁵ Within its annual reports, the Public Health Nursing Branch recorded 315 children, including infants, as "mentally defective," or some variation of this category between 1922 and 1945. Public health nurses identified 100 of these cases during child welfare clinics, and 215 during school examinations, both routine and those preceding the travelling operative clinic.³⁶

Recognizing public health nursing's value to the mental hygiene movement, a number of contributors to the *Canadian Nurse* argued for the specialized training of nurses in matters of mental hygiene, and

in some cases the overhauling of nursing's educational system. For instance, in 1930 W. T. B. Mitchell, Registered Nurse, Director of the Montreal Division of Parental Education, Canadian National Committee for Mental Hygiene, asked *Canadian Nurse* readers to "[t]hink what it would mean if every registered nurse were trained to detect, modify or help prevent the slight deviations from the normal that appear constantly in those [with] whom she comes in contact!"³⁷ Mitchell argued that nursing needed to recognize the responsibility that lay before it in detecting and preventing mental disease, and promoting mental health by properly training undergraduates.³⁸

Taking a more aggressive stance than Mitchell, president of the University of Alberta and vocal eugenicist R. C. Wallace argued that public health nurses not only needed to receive training in principles of mental disease and abnormality, but that their education also needed to evolve out of the "antiquated" apprenticeship system into a university-based system. Published two years after G. M. Weir's monumental 1932 report, *Survey of Nursing Education in Canada*, Wallace's article argued that only if this evolution occurred could public health nurses fill the important role required of them within the mental hygiene and eugenics movements, namely, further spreading the "gospel of public health," lest the "race go under."³⁹

The University of Alberta required nurses, as part of a "special course of study" outlined in the 1919 *Public Health Nurses' Act*, and teachers to take classes in Psychology, which focused on the main principles and general outlook of mental hygiene. In 1929, the Canadian National Committee for Mental Hygiene (CNCMH), in cooperation with the provincial government, began to fund a mental hygiene fellowship program at the University of Alberta.⁴⁰ The program, directed by J. M. MacEachran, head of the provincial Eugenics Board and the Department of Philosophy and Psychology at the University, sought to train "specially selected university students with the hope of developing suitable personnel for mental hygiene work."⁴¹ In an article published in *The Bulletin*, the journal of the CNCMH, MacEachran wrote, "[o]ne of the main objectives of the mental hygiene work centred in the University is the training of personnel, and this will perhaps be the most important aspect of the work during the next few years."⁴² As part of the CNCMH-funded program, the University awarded fellowships to students whose interests and abilities pointed to careers in "Psychiatry, Psychology, Social Work, and Education." These fellowships required the students to spend their summers working in the provincial mental hygiene clinics and public institutions.⁴³ The 1932 survey of the CNCMH and its activities undertaken by the Canadian Medical Association (CMA) noted that there was "[a] very real impetus to mental hygiene instruction" throughout the University Alberta, which was "in some measure at least ... the result of

having a group of mental hygiene research workers in the university."⁴⁴ Besides MacEachran, Dr. H. E. Smith, Dean of Education at the University of Alberta, and, beginning in 1947, president of the Alberta Teachers' Association, also participated in activities connected to mental hygiene in the province, including providing "advice and active assistance" to the Edmonton guidance clinic.⁴⁵ The recognition that teachers, public health nurses, and social workers were invaluable to mental hygiene and eugenic efforts in the province led them to be provided with educational opportunities, which in turn reinforced not only their importance to these efforts but also their authority within the broader health and education landscape.

REFERRAL OF "MENTAL DEFECTIVE SUSPECTS" TO THE PROVINCIAL TRAINING SCHOOL AND ALBERTA GUIDANCE CLINICS

The access that teachers and public health nurses had to the provincial school population allowed for the early identification of "mental deficiency," which was thought to be important in terms of both treatment and prevention of social ills. An early article in the *Canadian Nurse* encouraged readers to consider how much could be saved in terms of "money, life and morality" if preventative measures were applied during early stages of development. The author argued that those designated as "mentally defective" required rescuing "from the tragic fates which must inevitably overtake them as a result of their weaknesses" while still children.⁴⁶ In stressing the vulnerability of those children who were deemed "mentally defective," the author was drawing on the widely held belief that this population lacked the intelligence and maturity to resist society's "evils" and temptations, and therefore required protection.⁴⁷

Alberta's PTS preferred to admit individuals between the ages of five and nine, viewing this age group as "ideal ... for admission from every standpoint."⁴⁸ Alberta's public health nurses and the Department of Education served as two of the main sources of referrals to the PTS throughout the 1920s, referring 89 and 165 "mental defective suspects," respectively, between 1923 and 1927.⁴⁹ The 89 cases referred by public health nurses constituted 20% of the total recorded recommendations received by the PTS between these years. The Department of Education's 165 cases accounted for another 40% of the total referrals.⁵⁰ Although the numbers were no longer printed in the annual reports for the PTS after 1927, both public health nurses and the Alberta Department of Education continued to refer cases. In his 1928-29 report, W. J. McAlister, superintendent of the PTS, wrote "[t]he Department of Education, through its inspectors and teachers, has co-operated quite satisfactorily in advising us of such cases as were attending schools who

were decidedly backward and those who had not as yet attended school because of marked mental defect." He also noted his appreciation for the co-operation of the Public Health Nursing Branch, Alberta Department of Public Health, in recording cases that came to its attention. According to McAlister, almost all of the recommendations received during the year were "bona fide cases of mental defect," speaking to a level of knowledge on the part of the schools, public health nurses, and other referral sources.⁵¹

By 1932 "mental defective suspects" were no longer reported directly to the PTS, but instead to the provincial mental hygiene clinics, which were renamed guidance clinics in 1939. The Alberta government's establishment of a guidance clinic service in 1929 was part of an international trend. In the late 1920s and early 1930s, as the environment's influence on child development became widely recognized, the mental hygiene movement shifted away from a hereditarian focus towards a general concern for the overall adjustment of individuals. Established in this context, guidance clinics aimed to assist individuals in adjusting to their surroundings, and more generally to society, with the intention of preventing serious mental illnesses. In promoting the overall health of the provincial population, Alberta's guidance clinics extended the reach of the eugenic sterilization program, as well as its presence in the community. Beginning with the 1937 amendment to the province's *Sexual Sterilization Act*, guidance clinics were formally allowed to present individuals directly to the Eugenics Board as "out patients."⁵² Despite receiving only passing mention in the secondary literature, 32% of total Eugenics Board cases were presented as a result of contact with a provincial guidance clinic.⁵³

Alberta's initial guidance clinics were set up in Edmonton, Calgary, and Lethbridge, but quickly expanded to other areas throughout the province. Patients referred to these clinics received physical, psychiatric, and in some cases psychometric or IQ examinations.⁵⁴ Recommendations were made based on these evaluations, which in instances of "mental deficiency" included "sterilization and supervision," "medical and surgical treatment," "modified school work," "special class at school," "placement in a good home," "deportation," and "institutional-izational [sic] training and care."⁵⁵ In the 1933 annual report of the PTS, the acting superintendent, D. L. McCullough, noted that the majority of patients admitted to the PTS during the year had been examined at a mental hygiene clinic. McCullough believed that the clinic services provided "a great advantage to the Training School" as it provided the school with a "fuller understanding of the patient's difficulties before admission," which in turn allowed for the proper selection of patients and informed treatment decisions.⁵⁶

After its establishment, both public health nurses and teachers actively referred cases of "mental deficiency" to the provincial guidance clinic service. The province's full-time health units, of which public health nurses were a part, were responsible for 1505 referrals between 1939 and 1950. In 1959, the Stettler and Castor clinics reported that "as in previous years, cases were referred by the school principals or superintendents, or by the public health nurses."⁵⁷ In 1960 and 1962 the Provincial Guidance Clinic at Red Deer cited the City's Medical Officer of Health and his nursing staff as one of its main referral sources.⁵⁸

Between 1931 and 1960, "schools," including teachers, inspectors, and officials, referred 5,926 new cases to the province's guidance clinics.⁵⁹ The number of students referred to clinics increased as the service expanded and developed closer relationships with the schools. For instance, schools referred 259 new cases from 1933 to 1935, and 1710, from 1948 to 1950. These referrals accounted for 23% and 40% of the total number of new cases received by the clinic during these years.⁶⁰ Although it is unclear how many of the 5,926 cases referred by schools were determined to be "mentally defective," it is clear that throughout the 1930s and 1940s "mental defectives" accounted for almost 40% of new clinic cases each year. The number of clinic cases diagnosed as "mentally defective" decreased in the late 1940s, accounting for approximately 20% of new cases yearly.⁶¹ The provincial guidance clinics provided teachers with an instrument to both encourage the mental health of their students and to deal with "problem" students. Although particularly true in districts where the clinics were held directly in the schools, teachers throughout Alberta viewed the clinics as a classroom management tool. In 1938, a rural teacher reportedly brought a student more than 20 miles to a guidance clinic held in Vermillion.⁶²

INVESTIGATION AND SUPERVISION OF "MENTAL DEFICIENCY" IN THE HOME AND COMMUNITY

For the first 25 years of the program the Chief Psychiatric Social Worker was one of only a handful of personnel assigned directly to the clinic service. With the exception of the few city clinic centres that had a resident social worker, much of the administrative, investigational, and follow-up work associated with these clinics fell to the public health nurses who, in many cases, lived in their respective districts full-time.⁶³ In his annual reports for the guidance clinic, R. R. MacLean, Director of Guidance Clinics and superintendent of the Provincial Mental Hospital, Ponoka, frequently praised Alberta's public health nurses for their support. In 1939, he claimed that rural centres depended on the assistance provided by the public health nurses, as it was not possible for the Chief Psychiatric Social Worker to maintain contact with cases

between clinics.⁶⁴ In most cases, Alberta public health nurses also took on the responsibility for collecting case histories and visiting homes and schools to interpret clinic recommendations for the referral sources, often families and teachers, and to ensure that the preventative measures recommended by the clinic were being properly implemented and maintained. They also arranged clinic appointments and made the necessary arrangements for individuals who were to be presented before the Eugenics Board.⁶⁵

Contributors to both the *AARN Newsletter* and the *Canadian Nurse* often referred to public health nurses' "natural entry into the home," arguing that it provided them with an opportunity to observe and establish a rapport with families in their "normal environment" in a way that few professionals could.⁶⁶ A 1925 article published in the *Canadian Nurse* noted, "[n]urses enter homes freely, are welcome visitors and often penetrate deeply into the problem of home and family life."⁶⁷ Alberta public health nurse M. Fawcett expressed similar sentiments in an article published in the *AARN Newsletter* writing, "[t]he public health nurse is in a strategic and rather enviable position in a community, for she is often the first professional person to learn of family difficulties."⁶⁸ Fawcett argued that through maternal and child welfare programs, the public health nurse has "attained an opportunity to detect early symptoms of emotional disturbance or mental illness. She can assist the family in recognizing their own needs and expressing their concern when someone in the home is mentally ill. She can often guide the patient and family in intelligent action by seeking the attention of those prepared to treat their unhealthy symptoms."⁶⁹

A number of nurses recognized that the gender, ethnic, and class ideals that, at least superficially, defined their profession, made them crucial to the eugenics movement. In a 1931 article published in the *Canadian Nurse*, author Emma de V. Clarke, who was associated with the Division of Mental Hygiene in Toronto's Department of Public Health, argued that the psychiatrist depended on the public health nurse for a "true picture" of the child's home environment, a history of their behaviour and development both in school and out, their progress, and their difficulties. According to Clarke, the public health nurse was in a position to obtain this "true picture" because she had "entrée into more homes than probably any other type of worker," and because her presence was often "welcomed and her advice listened to."⁷⁰ She suggested that by collecting case histories nurses had become as important to the psychiatrist as they were to the physician.⁷¹

The public health nurse's relationship with the home enabled the provincial government to maintain contact with those identified as "mentally defective" who were too young to be sterilized. In her 1942 survey of the guidance clinics in the southern portion of the province,

Mary Frost, the clinic's Chief Psychiatric Social Worker, wrote that in High River, "[w]hile only one mentally deficient person ... has been sterilized ... most of such cases examined to date have been quite young, and are still being cared for at home. It is expected that the percentage sterilized will increase as the patients become older."⁷² She went on to note that most of the clinic work at this centre was done through the homes visited by public health nurses and through the schools.⁷³

Frost was part of a tradition of overlapping social work personnel between the Eugenics Board and provincial guidance clinics. Frost, E. J. Kibblewhite, and Isabelle Munroe all at different points held the position of Chief Psychiatric Social Worker in charge of the clinic service, while at the same time serving as Secretary of the Eugenics Board. As a result, they had a direct interest in the guidance clinics contributing to the province's eugenics policy. Frost's survey of the southern guidance clinics, as well as her 1942 Masters thesis, supervised by John MacEachran, speak to this interest. In both works Frost suggests that there is a correlation between the number of social workers employed by the Alberta Department of Public Health and the number of cases sterilized under the province's eugenic sterilization program. For instance, commenting on the Medicine Hat clinic centre in her survey, she wrote:

The most apparent need in the Medicine Hat centre in connection with the work is that of a full-time Social Worker. From casual observation, both in the schools and in the neighborhoods which the Social Worker visited, it was concluded that there are a good many people who might well be assisted in their adjustment, but who as yet have not received any attention from any existing agency. In addition, the need of a Worker is further emphasized by the attached table. It is seen from it that only four cases have been sterilized from this centre, while it is known that more than 125 mentally defective persons have been examined here. Furthermore, the whereabouts of 60% of these is at present unknown.⁷⁴

Frost's overall impression of the clinics was that "the problem of mental deficiency" was not being adequately solved. She wrote, "[t]he percentage undergoing operation for sterilization has been seen to be very small. In addition, there is accommodation for only a few at the Provincial Training School at Red Deer, and a large number of those who are at home are not receiving sufficient training and supervision."⁷⁵

Frost concluded that the "effectiveness of the Guidance Clinic work appeared to vary directly with the degree of training in mental hygiene of the agencies referring the cases and carrying out the recommenations [sic]."⁷⁶ In the districts where public health nurses or schools were in charge of the clinic work, Frost found the clinics to be ineffective. She believed that these centres had not presented a sufficient number of individuals determined to be "mentally defective" to the Eugenics

Board. The only exception to this was in Lethbridge where the majority of the clinic work was carried out through the Lethbridge Nursing Mission. Frost noted that the Mission served as “somewhat of a unique organization acting as a bureau for all types of social work.” Frost found that the Mission accounted for a significant number of clinic referrals, and also noted that it had particularly good co-operation and direct contact with families and homes in Lethbridge.⁷⁷ The Lethbridge Nursing Mission continued to be active in the operation of the Lethbridge guidance clinic well after the support provided by public health nurses in many other centres had largely declined. The longer direct involvement of the Mission in the clinic service was likely connected to its role as a social work organization of sorts. The Mission’s first director, appointed in 1911, had been trained in social work.⁷⁸

Frost believed that both of the problems identified in her survey of the southern guidance clinics, namely the low number of sterilizations and the lack of supervision, could be alleviated by the employment of “trained [social] workers” by the provincial Department of Public Health. Her Masters thesis similarly argued that the staff entrusted with the investigational and follow-up work of the provincial guidance clinics was not large enough to “ensure the obtaining of the greatest possible benefit from the operation of the Act.”⁷⁹ She provided a cost analysis of the sterilization policy, arguing that the program was saving the province more than enough money to cover the expenses of the Eugenics Board as well as those of an additional full-time social worker.⁸⁰

Throughout the early to mid-20th century, social workers in Alberta lacked organization, as well as provincial or national representation. Despite the organization of the Canadian Association of Social Workers (CASW) in the 1920s, Alberta did not meet the membership requirements to qualify for a Branch until 1950. As a result of this lack of organization and a general lack of trained social work personnel within the province, early figures such as Frost’s were instrumental in carving a space for social workers in the provincial eugenics program and in broader public health efforts, which had largely been run by public health nurses, schools, and psychiatrists. Frost’s 1942 survey and thesis attempted to redefine and solidify the investigational work associated with the clinic, and the provincial eugenic program more broadly, as part of her profession’s area of expertise.⁸¹

A 1946 article published in the *Canadian Nurse* examined the relationship between social workers and public health nurses from the latter’s perspective. The author argued that her experiences as a nurse, as well as her conversations with her colleagues, had made it clear that nurses saw social workers, with their “impersonal” “viewpoint that human personality can be examined, diagnosed and treated scientifically,” as infringing on their space and authority within the home. She believed

that this viewpoint, and the social worker's "particular aggressiveness," which she found was frequently commented upon by nurses, prevented them from connecting with and therefore helping families in the same way that nurses were able to.⁸² Despite these differences, the author maintained that the professions had to learn to work together.

For the most part, Alberta's guidance clinics were held in the offices of public health nurses, or, where full-time health units had been established, in the unit's centre. In a number of areas throughout the province, however, guidance clinics were held directly in the schools. The Medicine Hat clinic was held over the course of two days, one of which was spent in the schools examining cases that had been reported, with guardian consent, by teachers and principals.⁸³ During her survey of the Medicine Hat clinics, Frost found that the city's schools had "quite a comprehensive idea of the values to be gained from mental hygiene, and of the benefits to be derived from the early examinations at a Guidance Clinic of pupils who are showing signs of poor adjustment."⁸⁴ Frost noted, however, that Medicine Hat teachers had little knowledge of the home conditions of their pupils. As a result, they often had trouble carrying out clinic recommendations. She argued that the lack of co-operation between teachers and parents was due to the absence of a Home-School Association in Medicine Hat.⁸⁵

While this comment was no doubt part of Frost's effort to reinforce the social workers' authority in the home and within the mental hygiene movement, Home-School Associations had long been recognized as an important tool in mental hygiene efforts. In a 1927 article published in the *ATA Magazine*, Nellie McClung, one of Alberta's "Famous Five" whom Sheila Gibbons discusses in this issue, suggested that the Parent-Teachers' Association might become a medium for the dissemination of knowledge about child psychology, believing it would benefit the home as well as the school.⁸⁶ She wrote:

Parent-Teacher Associations are not a necessity, if they merely aim at being a Ladies' Aid to the School Board, raising money by the usual methods for school equipment, or a social organization for the promotion of better bridge in the community, worthy as these aims are; but if the Society is a sincere coming together of teachers and parents to discuss and study the problems of childhood, the possibilities are unlimited. And in this work, the teachers should take the lead. They have the responsibility, because of their superior training for their work. They have something to give to the parents.⁸⁷

McClung argued that whereas teachers had been trained to teach, motherhood was a "haphazard affair," requiring no training or experience.⁸⁸ In a later *ATA Magazine* article, Lydia A. Lammle, an Alberta teacher, stressed a similar point, commenting that it was "a great, great mistake that parent-education is not compulsory, that young couples

contemplating marriage, are not compelled to first take a course in hygiene, parenthood and home-making, prior to the issuance of a license."⁸⁹ She believed that the teacher had a role to play in addressing this "mistake," arguing that "[w]e teachers cannot undo the mischief so innocently done during the first six years, but we can strive to prevent that mischief from being done, and the quickest, the surest way, is through the Parent-Teacher Association."⁹⁰

Beginning in 1947 the provincial guidance clinics began to form closer relationships with schools and homes in Alberta through the use of "visiting teachers." Visiting teachers met with clinic staff on a regular basis to review the progress of students who had been referred to the clinic for treatment.⁹¹ In a 1948 article in *Canadian Education*, Winnipeg visiting teacher Grace L. Dolmage explained that individuals who held this position were "all teachers with varying degrees of training." The "usual qualifications" included an Arts degree and a special diploma in Social Science.⁹² A 1947 article published in *The Alberta School Trustee* outlined the visiting teacher program in Calgary, stating:

A closer contact between the home and the school will be provided through a new visiting teacher service started this term ... Miss Sutherland's work will be that of a social worker. She will receive reports from school principals of pupils who have difficulties with their studies and will endeavor to learn the cause and offer suggestions for their improvement. This may be done through observing the child at work in the classroom, perhaps meeting the parents, or arranging interviews between parents and teachers so the difficulties may be ironed out. Some cases many need individual counseling. These children whom Miss Sutherland will work with will be those with trouble learning, difficulties in personality, or other problems.⁹³

In 1966 the Edmonton Clinic reported that its assessment and diagnostic work was slowly becoming more sophisticated and time consuming. They credited this, in part, to the "better trained" visiting teachers, who were providing more complex referrals to the clinics and becoming increasingly selective in the kinds of cases they referred.⁹⁴

By the 1950s, public health nursing's involvement in the daily responsibilities of the provincial guidance clinics had declined substantially. This decline was in part due to the 1950s' reorganization of the clinic service into three zones: northern, central, and southern. The reorganization made larger centres accountable for the rural satellite clinics throughout the province. As a result, social workers, who had almost exclusively been employed in larger centres, were encouraged to visit the smaller clinics on a regular basis. Additionally, the new clinic arrangements were accompanied by an increase in the number of Alberta Department of Public Health social workers, allowing them to take on the clinic responsibilities earlier performed by public health

nurses.⁹⁵ Public health nurses working in rural, one-nurse health units, however, continued to be active with respect to investigational and follow-up work, reporting a total of 439 "Mental Hygiene Home Visits" between 1949 and 1953.⁹⁶

CONCLUSION

Teachers, public health nurses, and social workers were widely acknowledged to be important members of the "mental hygiene team." The gender, ethnic, and class ideals that, at least superficially, defined these professions placed them in a position to extend the gaze of the mental health institutions, Eugenics Board, and Alberta government into the province's homes and schools. Through the course of their daily work, either in the classroom or the various public health clinics, they brought individuals, particularly infants and children, as well as their domestic environments under the surveillance of the government and medical professionals. By locating "mentally defective suspects," referring them to the proper authorities, collecting case histories, promoting mental health in connection to the provincial guidance clinics, and participating in administrative and investigational responsibilities of these clinics and the Eugenics Board, these professions, each in various ways, formed integral parts of the province's sterilization bureaucracy.

At both a provincial, and to some extent a national level, these professions, or at least key players within them, recognized their importance to the mental hygiene movement, and drew on it for strategic purposes. Whether to secure educational opportunities, reinforce and extend their position within the health, welfare, or education landscape, or to make smaller gains, including demanding access to classroom management tools such as guidance clinics and intelligence tests, teachers, nurses, and social workers actively promoted their professions' involvement in provincial eugenics programs.

ACKNOWLEDGEMENTS

I would like to thank Erika Dyck for the support and insight she has provided throughout the larger project on which this article is based. I would also like to thank the other contributors to this issue and the anonymous reviewers for their valuable comments.

NOTES

- 1 Clarence M. Hincks, "The Future of Canadian Psychiatry," *Canadian Medical Association Journal*, 57 (August 1947): 164.
- 2 Leilani Muir was the first and only individual to successfully sue the Alberta government, in court, for wrongful sterilization.

- 3 Approximately the same number of men and women were approved for sterilization (2203 men compared to 2582 women). However, as Jana Grekul has demonstrated, women and men were sterilized for different reasons. With respect to female cases, the reasons cited for sterilization were often tied to transgressions related to sexuality and gender expectations. See Jana Grekul, "Sterilization in Alberta, 1928 to 1972: Gender Matters," *The Canadian Review of Sociology*, 45, 3 (2008): 247-66; See also Erika Dyck's article in this issue: "Sterilization and Birth Control in the Shadow of Eugenics: Married, Middle-Class Women in Alberta, 1930-1960s." Dyck complicates the dominant narrative by examining the ways married middle-class women in Alberta sought access to sexual sterilization as a reliable form of birth control.
- 4 See Jana Grekul, "The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972," PhD dissertation, University of Alberta, 2002; Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999), p. 22; and Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart, 1990).
- 5 Timothy J. Christian, "The Mentally Ill and Human Rights in Alberta: Study of the Alberta Sexual Sterilization Act," unpublished paper, University of Alberta, 1974.
- 6 Jana Grekul, Harvey Krahn, and David Odynak, "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology*, 17, 4 (2004): 358-84.
- 7 Deborah C. Park and John P. Radford, "From the Case Files: Reconstructing a History of Involuntary Sterilisation," *Disability and Society*, 13, 3 (1998): 317-42.
- 8 Sheila Gibbons, "'Our Power to Remodel Civilization': The Development of Eugenic Feminism in Alberta, 1909-1921" in this issue, p. 123-42.
- 9 Mary Kinnear, *A Female Economy: Women's Work in a Prairie Province, 1870-1970* (Montreal and Kingston: McGill-Queen's University Press, 1998), p. 101.
- 10 Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Don Mills: Oxford University Press, 1996), p. 15-16.
- 11 Mary Kinnear, *In Subordination: Professional Women 1870-1970* (Montreal and Kingston: McGill-Queen's University Press, 1995), p. 123.
- 12 McPherson, *Bedside Matters*, p. 10; Kinnear, *In Subordination*, p. 123.
- 13 See for instance, Dr. James C. Miller, "Survey of Age, Grade and Sex Classification of Pupils in the Schools of Alberta," in *Annual Report of the Department of Education, Province of Alberta* (1915), p. 149-226; *Annual Report of the Department of Education, Province of Alberta* (1918), p. 15.
- 14 See "An Act Respecting Mentally Defective Persons," in *Statutes of the Province of Alberta*, Chapter 21 (1919), p. 151-56.
- 15 See "An Act respecting Mentally Defective Persons," p. 151-56.
- 16 Harvey G. Simmons, *From Asylum to Welfare* (Ontario: National Institute on Mental Retardation, 1982), p. 90.
- 17 *Annual Report of the Department of Public Health, Province of Alberta* (1922), p. 42.
- 18 *Annual Report of the Department of Public Health, Province of Alberta*, (1922), p. 44.
- 19 "An Act to Amend the Mental Defectives Act," in *Statutes of the Province of Alberta*, Chapter 52 (1923), p. 261-62.
- 20 Grekul, "The Social Construction of the Feeble-minded Threat," p. 5-6.
- 21 "The Sexual Sterilization Act," in *Statutes of the Province of Alberta*, Chapter 37 (1928), p. 117.
- 22 Grekul, Krahn, and Odynak used the phrase "highly efficient sterilization bureaucracy" in their 2004 article. See Grekul, Krahn, and Odynak, "Sterilizing the 'Feeble-minded,'" p. 379-80. For more on the relationship between education and mental hygiene in Canada, see Gerald E. Thomson, "'Not an Attempt to Coddle Children': Dr. Charles Hegler Gundry and the Mental Hygiene Division of the Vancouver

- School Board, 1939-1969," *Historical Studies in Education*, 14, 2 (Fall 2002): 247-78; Gerald E. Thomson, "'Through no fault of their own': Josephine Dauphinee and the 'Subnormal Pupils of the Vancouver School System, 1911-1941,'" *Historical Studies in Education*, 18, 1(2006): 51-73; Jason Ellis, "'Backward and Brilliant Children': A Social and Policy History of Disability, Childhood, and Education in Toronto's Special Education Classes, 1910 to 1945," PhD dissertation, York University, 2011; and Mona Gleason, "Navigating the Pedagogy of Failure: Medicine, Education and the Disabled Child in English Canada, 1900 to 1945," in Graham Allan and Nathaniel Lauster, eds., *The End of Children? Changing Trends in Childbearing and Childhood* (Vancouver: UBC Press, 2012), p. 140-60.
- 23 J. S. Woodsworth, "The Co-operative Community," *The Grain Growers' Guide*, (20 December 1916): 25.
 - 24 Woodsworth, "The Co-operative Community," p. 25.
 - 25 Jules Gilbert, "Needed Improvements in Health Education," *Canadian Education*, 3, 1 (December 1947): 66-72.
 - 26 See McLaren, *Our Own Master Race*, p. 37.
 - 27 E. D. McPhee, "Mental Deficiency as a Social Problem," *Alberta Teachers Association (ATA) Magazine*, 2, 8 (January 1922): 12.
 - 28 McPhee, "Mental Deficiency as a Social Problem," p. 12.
 - 29 Mrs. Cameron, "Intelligence Tests in the Public Schools," *ATA Magazine*, 5, 4 (September 1924): 28-30.
 - 30 C. B. Willis, "Mental Hygiene and the Schools," *Mental Health*, 7, 2 (Feb 1932): 11.
 - 31 A. Melville Scott, "The Problem of the Special Pupil," *ATA Magazine*, Easter Annual (1922): 32.
 - 32 See Special Education Services Branch of Alberta Education, "Review of Issues on Intelligence Tests," (1984): 4-5. The 1984 report found that within the province only 10.9% of school jurisdictions surveyed had "stopped using group intelligence as general screening instruments" and used them only when requested. The review also found that in 68.3% of the jurisdictions, teachers administered group intelligence tests without supervision.
 - 33 Bertha Winn, "The Feeble Minded," *Canadian Nurse*, 13, 2 (February 1917): 80-82.
 - 34 A. T Mathers, "Mental Hygiene and Nursing," *Canadian Nurse*, 24, 8 (1928): 429.
 - 35 *Annual Report of the Department of Public Health, Province of Alberta* (1921), p. 44.
 - 36 The "statistical summaries" from which these numbers are taken are inconsistent and incomplete. For instance, there were no data provided for child welfare clinic work in the Department of Public Health Annual Reports between 1932 and 1938. As a result, it is likely that these numbers were actually higher.
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 - 38 Mitchell, "Importance of Mental Hygiene," p. 127.
 - 39 R. C. Wallace, "A Challenge to the Profession," *Canadian Nurse*, 30 (1934): 356.
 - 40 "A Mental Hygiene Outlook," *The Bulletin*, 5, 6 (November 1930): 6.
 - 41 The Canadian Medical Association, *The Canadian National Committee for Mental Hygiene: Report of a Survey made of the Organization in 1932* (Ottawa: The Metropolitan Life Insurance Company, 1932), p. 28.
 - 42 "A Mental Hygiene Outlook," p. 6.
 - 43 "A Mental Hygiene Outlook," p. 6.
 - 44 The Canadian Medical Association, *The Canadian National Committee for Mental Hygiene*, p. 28.
 - 45 *Annual Report of the Department of Public Health, Province of Alberta* (1930), p. 58.
 - 46 Winn, "The Feeble Minded," p. 80.
 - 47 See McLaren, *Our Own Master Race*, p. 39.
 - 48 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 157.

- 49 "Annual Report of the Provincial Training School, Red Deer," in *Annual Report of the Department of Public Health, Province of Alberta* (1923-1928). In the statistical charts attached to the reports the "Department of Education" is listed as the referral source; however, it is clear from the text of the reports that many of these referrals came from teachers.
- 50 *Annual Report of the Department of Public Health, Province of Alberta* (1921-1928).
- 51 *Annual Report of the Department of Public Health, Province of Alberta* (1928-29), p. 51.
- 52 "An Act to Amend The Sexual Sterilization Act," *Statutes of the Province of Alberta*, Chapter 47 (1937), p. 181-83. It seems likely that the provincial guidance clinics were presenting cases directly to the Eugenics Board, bypassing the institution, before they were formally granted the authority to do so by the 1937 amendment.
- 53 Jana Grekul, "The Right to Consent? Eugenics in Alberta, 1928-1972," in Janet Miron, ed., *A History of Human Rights: Essential Issues* (Toronto: Canadian Scholar's Press, 2009), p. 143.
- 54 *Annual Report of the Department of Public Health, Province of Alberta* (1933), p. 65.
- 55 See Reports of the Provincial Training School, in *Annual Report of the Department of Public Health, Province of Alberta*.
- 56 *Annual Report of the Department of Public Health, Province of Alberta* (1933), p. 102.
- 57 *Annual Report of the Department of Public Health, Province of Alberta* (1950), p. 111.
- 58 *Annual Report of the Department of Public Health, Province of Alberta* (1960), p. 117.
- 59 The specific title of the referring agency changed over time within the *Annual Reports of the Department of Public Health*: "city schools" (1931-1932), "school" (1933-1935, and 1948-1950), "school teachers and officials" (1936-1947), "schools and schools authorities" (1956-1960). Although "teachers" were only included in the title from 1936-1947, it is clear from the reports that they were responsible for a significant portion of the cases that fell under the loose "school" category every year.
- 60 See *Annual Reports of the Department of Public Health, Province of Alberta*.
- 61 See *Annual Reports of the Department of Public Health, Province of Alberta*.
- 62 *Annual Report of the Department of Public Health, Province of Alberta* (1938), p. 83.
- 63 In 1939 the Division of Mental Health assigned a "resident social worker" to both Calgary and Edmonton. With the exception of Ponoka and Red Deer, which were operated out of the Provincial Mental Hospital, and the PTS, respectively, Calgary and Edmonton remained the only clinics with full-time social workers until 1954 when one was hired at Lethbridge.
- 64 *Annual Report of the Department of Public Health, Province of Alberta* (1939), p. 102.
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- 66 Ruth McClure, "Mental Health for all," *Canadian Nurse*, 45, 12 (1949): 914.
- 67 A. T. Mathers, "Some Thoughts on Nursing—General and Mental," *Canadian Nurse*, 21, 7 (July 1925): 344.
- 68 M. Fawcett "Psychiatric Nursing Moves into the Community," *AARN Newsletter*, 13, 2 (1957): 59-60.
- 69 M. Fawcett "Psychiatric Nursing," p. 59-60.
- 70 Emma de V. Clarke, "Mental Hygiene in Public Health Nursing," *Canadian Nurse*, 27, 9 (September 1931): 451.
- 71 Clarke, "Mental Hygiene," p. 455.
- 72 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 112.
- 73 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 112.
- 74 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110-11.
- 75 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.
- 76 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 113.
- 77 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110-11.

- 78 See Sharon Richardson, "Women's Enterprise: Establishing the Lethbridge Nursing Mission, 1909-1919," *Nursing History Review*, 5 (1997): 105-30.
- 79 Mary Frost, "Sterilization in Alberta: A summary of the cases presented to the Eugenics Board for the Province of Alberta from 1929 to 1941," Masters thesis, University of Alberta, 1942, p. 92.
- 80 Frost, "Sterilization in Alberta," p. 90.
- 81 See Kathleen W. Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Massachusetts: Harvard University Press, 1999). Jones examines the relationship between mental hygiene, child guidance clinics, and the professionalization of social work in the United States.
- 82 Lillian Thomson, "The Relationship of Public Health Nurses and Social Workers in the Field," *Canadian Nurse*, 42, 1 (January 1946): 51-52.
- 83 *Annual Report of the Department of Public Health, Province of Alberta* (1936), p. 64
- 84 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110.
- 85 *Annual Report of the Department of Public Health, Province of Alberta* (1942), p. 110.
- 86 Gibbons, "Our Power to Remodel Civilization," this issue, p. 123-42.
- 87 Nellie McClung, "A Plea for Parents" *ATA Magazine*, 7, 12 (July 1927): 17.
- 88 McClung, "A Plea for Parents," p. 17
- 89 Lydia A. Lammle, "The Parent-Teacher Association," *ATA Magazine* (November 1933): 24
- 90 Lammle, "The Parent-Teacher Association," p. 24
- 91 *Annual Report of the Department of Public Health, Province of Alberta* (1958), p. 98.
- 92 Grace L Dolmage, "The Winnipeg Child Guidance Clinic: School District of Winnipeg No. 1," *Canadian Education*, 3, 2 (March 1948): 56.
- 93 "Calgary Schools Broaden Guidance Program," *The Alberta School Trustee*, 17, 9 (October 1947): 25.
- 94 *Annual Report of the Department of Public Health, Province of Alberta* (1966), p. 155.
- 95 *Annual Report of the Department of Public Health, Province of Alberta* (1948), p. 159.
- 96 *Annual Reports of the Department of Public Health, Province of Alberta*. Between 1949 and 1959 there were eight remaining One-Nurse Health Units, in 1952 five remaining, and in 1953 two remaining. One-Nurse Health Units closed once they were established as a Full-Time Health Unit, or incorporated into one. The Division of Public Health Nursing did not report the work of the municipal nurses working within full-time Health Units.

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