

Gender, Nationhood, and the Alberta Sexual Sterilization Act, 1928-1972.

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Introduction

Eugenics as both a theory and practice were formally introduced and coined by Francis Galton in 1883.¹ In the same era, Galton's relative, Herbert Spencer theorized the notion of Social Darwinism, coining the (in)famous phrase "survival of the fittest." Both relatives of Charles Darwin, Galton and Spencer believed that Darwin's theory of natural evolution – which had previously been bound to the plant and animal kingdom – could successfully be applied to the human race as a means of irradiating and controlling perceivably inferior individuals.² While Galton and Spencer reinvigorated the theory of eugenics in the nineteenth and twentieth century, the notion of human breeding dates back to the ancient Greeks.³ Informed by racist, patriarchal, and nationalist ideals, eugenic reform became enshrine in formal legislation in a variety of nations including the United States, Canada, and most notably, in the forced sterilization and concentration camps instigated by Nazi Germany.⁴ In Canada, formal eugenic legislation was enacted by provincial governments in British Columbia (1933-1979) and Alberta (1928-1972). Alberta's approach was considerably more aggressive than British Columbia's.⁵

In 1928, the newly passed Alberta Sexual Sterilization Act (1928-1972) authorized the construction of the Alberta Eugenics Board (AEB). The AEB was a four-person cohort

¹ Natalie Ball, "Galton, Sir Francis," Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/discover/players>.

² Erin L. Moss, Henderikus J. Stam, and Diane Kattevilder, "From Suffrage to Sterilization: Eugenics and the Women's Movement in 20th Century Alberta," *Canadian Psychology* 54, no. 2 (2013): 105.; Jana Grekul, Harvey Krahn, and Dave Odynak, "Sterilizing the "Feeble-minded": Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Society* 17, no. 4 (December 2004): 359-360.

³ Ball, "Galton, Sir Francis."

⁴ Grekul, Krahn and Odynak, "Sterilizing the "Feeble-minded"," 358.; For additional information on British Columbia and Alberta's eugenics legislation, please see: Luke Kersten, "British Columbia passes "An Act respecting Sexual Sterilization," Eugenics Archives, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/5271e077dc1dc8b865000030>.; The Sexual Sterilization Act, SA 1928, c.37 (CAN). <https://canlii.ca/t/53zws>, retrieved 2021-10-27.; Luke Kersten, "Alberta passes Sexual Sterilization Act," Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/5172e81ceed5c600000001d>.

⁵ Grekul, Krahn and Odynak, 358.

authorized to determine whether patients presented to Board were considered fit for sterilization. The Sexual Sterilization Act stipulated that the AEB was to be made up of two medical practitioners, and two non-medical practitioners who were appointed and in a position of notoriety.⁶ The AEB was unique in that it was a non-medical institution, which was authorized to make medical decisions and run by various social actors, rather than political ones. The Alberta Sexual Sterilization Act offered white middle-class women a unique opportunity to professionalize using the language of eugenics, motherhood, and nationhood. As this essay will show, women cultivated unique spaces of female authority which were both liberating and constraining.⁷

Using their newly acquired status, authority and claims to nationhood, particularly as professionals in the realms of social services and public health, women participated in the advancement and application of eugenics in Alberta. The degree by which women participated varied according to their professional or political status or standing, however. First, in chapter one, I provide a general overview of eugenics, and its relationship to gender and nationhood. I then explore the 1937 and 1942 policy changes made to the Sexual Sterilization Act concerning consent and coercion. Following that, I examine the ways promiscuity was used against women to enforce and cultivate a feminized ideal. Second, in chapter two, I discuss the manner by which the United Farm Women of Alberta (UFWA) used the language of eugenics to explain how their role as mothers wielded political authority. Specifically, I explore the ways the UFWA, the United Farmers of Alberta, and Alberta society more generally constructed motherhood as a role of national significance. I discuss how the UFWA inadvertently claimed a system of surveillance

⁶ Erna Kurbegović, “Alberta Eugenics Board,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/5233c4865c2ec5000000008b>.

⁷ For a comprehensive timeline of eugenics in Alberta, and Western Canada more generally, please see: <https://eugenicsarchive.ca/discover/timeline>.

of people perceived to be “feeble-minded” and how, by the 1920’s, the professionalization of other women including nurses and social workers were recruited as participants in the monitoring of the family, maternal and child health.⁸ I follow my section on the UFWA with a detailed examination of the roles of public health nurses and their struggle to gain public authority and professional autonomy in the 1920s as health professionals distinct from doctors. I will demonstrate the ways public health nurses used eugenic values, the Sexual Sterilization Act, and their role in nation building to further their professional authority. In chapter three, I further document professional women’s rise to authority through a study of Canadian geneticists, Madge Macklin, and Margaret Thompson, both of whom rationalized and applied eugenic principles as central to their professional career advancements. Subsequently and similarly, I will discuss how physician Helen MacMurchy and social worker, Mary Frost, mobilized their roles as part of the community surveillance system to detect and assess the perceivably “feeble-minded.” Finally, in the conclusion, I prove that white middle-class women’s use of eugenics discourse and policy, as well as their role in nation building, offered them a unique opportunity to professionalize.

⁸ According to historians, Erin L. Moss, Henderikus J. Stam and Diane Kattevilder, the term “feeble-minded” was used to describe “individuals with mental retardation . . . as well as those displaying “immoral behaviour such as criminal acts and/or sexual promiscuity.” The authors note that people from the lower classes, as well as European immigrants were perceived to be highly susceptible to “feeble-mindedness.” See, Erin L. Moss, Henderikus J. Stam and Diane Kattevilder, “From Suffrage to Sterilization: Eugenics and the Women’s Movement in 20th Century Alberta,” *Canadian Psychology* 54, no. 2 (2013): 106. Throughout this essay, I will use the terms “feeble-minded” and “mental-defective” to mean the same thing.

Chapter 1: Provincial Policy and Early Articulations of Gender, Nationhood and Sexual Promiscuity

Centering the Global Reach: Early Articulations of Eugenics, Gender and Nationhood

From its inception, eugenic reform was an intensely gendered project. Eugenicist and sex researcher, Havelock Ellis (1859-1939), argued in favour of women's engagement in eugenic reform. According to Ellis, "women needed to focus on the crucial role of motherhood, as he considered their most important role to be mothers of the race."⁹ Ellis went further arguing that "motherhood was the only domain in which women could ever have superiority over men."¹⁰ American eugenicist, Albert Edward Wiggam (1871-1957) made similar claims, and used the language of eugenic reform to legitimize female authority in the public sphere. Wiggam was explicit in his sentiment, arguing that eugenics offered women a unique political platform. He argued:

She is the natural conservator of the race, the guardian of its blood. Eugenics means the improvement of *life*, and if we can improve *life*, produce better human beings, they will themselves improve everything else. Only a noble race will or can build noble institutions. And this improvement of life, the perfecting of the babe at her breast, is not only woman's supreme duty, but is her one deathless passion. At last her new freedom has given her the opportunity to make *her natural passion her political platform*.¹¹

Wiggam continued, arguing that eugenics "should be the first great signal of the new woman's entry into political life, the first plank in her political platform, and the first great dynamic outlet for her passion for uplifting humanity."¹² Early eugenicists such as Ellis and Wiggam authorized particular women to use the language of eugenics, and their "natural" role as mothers, to establish political authority. These men, among others in similar positions of power, legitimized female authority by naturalizing motherhood. Furthermore, these men drew explicit ties between

⁹ Moss, Stam and Kattevilder, "From Suffrage to Sterilization," 108.

¹⁰ Moss, Stam and Kattevilder, 108.

¹¹ Albert Edward Wiggam, *The Fruit of the Family Tree* (New York: Garden City Publishing Co., 1925), 280.

¹² Wiggam, 290.

motherhood, eugenics, and nationhood, all of which authorized and legitimized a uniquely female position in the public domain.

The Sexual Sterilization Act, operative from 1928 to 1972, legalized compulsory sterilization in Alberta for any individual deemed to be “mentally defective” through a provincially constituted Eugenics Board (AEB) and as defined in accordance with the Act.¹³ While the Act made eugenic sterilization legally permissible, the Act was not a precursor to evidence of eugenic reform in the province. Rather, eugenic ideals, principles, and attitudes predated the formal legislation of the Sexual Sterilization Act in Alberta.

Consent, Efficiency, and Amendments to the Sexual Sterilization Act

The initial version of the legislation in 1928 required that the Alberta Eugenics Board obtain consent from all patients prior to proceeding with sexual sterilization. The legislation stated,

Such operation shall not be performed unless the inmate, if in the opinion of the board, he is capable of giving consent, has consented thereto, or where the board is of opinion that the inmate is not capable of giving such consent, the husband or wife of the inmate or the parent or guardian of the inmate if he is unmarried has consented thereto, or where the inmate has no husband, wife, parent or guardian resident in the Province, the Minister has consented thereto.¹⁴

As mandated in the legislation, sexual sterilization could not legally occur in the absence of patient, familial guardian, or ministerial consent. The Act underwent numerous amendments, the most significant being changes to the terms of patient consent in 1937 and 1942.

In 1935, C. A. Baragar, Geo A. Davidson, W. J. McAlister, and D. L. McCullough, four medical doctors who performed sterilization procedures at the Alberta Eugenics Board

¹³ See, The Sexual Sterilization Act, SA 1928, c 37, <<https://canlii.ca/t/53zws>> retrieved on 2021-04-10

¹⁴ The Sexual Sterilization Act, SA 1928, c.37 (CAN). <https://canlii.ca/t/53zws>, retrieved 2021-10-27.

direction,¹⁵ co-authored an article titled “Sexual Sterilization: Four Years Experience in Alberta.”¹⁶ The authors were complimentary of Alberta’s Sexual Sterilization Act, arguing that it was “progressing steadily and smoothly” without criticism.¹⁷ The authors assured their readers that safeguards were in place to protect the patient from abuse, and supported their assertion with the phrase “consent is necessary.”¹⁸ The authors recognized the potential for sterilization abuse under the Alberta Eugenics Board. They regarded the necessity to obtain consent as being a positive safeguard. The authors – albeit pro-eugenic in opinion and profession – did not overstate the power of sterilization in the quest for racial improvement. They write, “[s]exual sterilization, rationally applied, in selected cases offers within limits an effective means of dealing with these growing problems, and this without effect on the personal health or liberty of the individual.”¹⁹ According to Baragar, Davidson, McAlister and McCullough, sterilization “within limits” was “an effective and reasonable method of bringing about at least a partial solution” characterized through “racial improvement” in Alberta.²⁰

¹⁵ The Sexual Sterilization Act, 1928, stipulated that in the case that the Alberta Eugenics Board unanimously agreed that a patient was to be sterilized, the Board was required to “appoint some competent surgeon to perform the operation.” C. A. Baragar, Geo A. Davidson, W. J. McAlister, and D. L. McCullough were frequently appointed in the Alberta Eugenics Board Case Files. See: The Sexual Sterilization Act, SA 1928, c.37 (CAN).

<https://canlii.ca/t/53zws>, retrieved 2021-10-27.

¹⁶ C.A. Baragar, Geo. A. Davidson, W.J. McAllister, and D.L. McCullough, “Sexual Sterilization: Four Years Experience in Alberta,” *American Journal of Psychiatry* 91, no (1935): 897-923, in *Psychiatry and the Legacies of Eugenics: Historical Studies of Alberta and Beyond*, ed. Frank W. Stahnisch and Erna Kurbegović (Edmonton: AU Press, 2020), 233-251. For additional information the authors please see: Colette Leung, “McAlister, W.J.,” Eugenics Archive, accessed December 13, 2021,

<https://eugenicsarchive.ca/database/documents/5320e0d9132156674b000226>.; Unknown, “McCullough, D.L.,” Eugenics Archive, accessed December 13, 2021,

<https://eugenicsarchive.ca/database/documents/5320e114132156674b000227>.; Amy Samson, “Baragar, C.A.,” Eugenics Archive, accessed December 13, 2021,

<https://eugenicsarchive.ca/database/documents/531e9f46132156674b0001fe>.; Amy Samson, “Davidson, George A.,” Eugenics Archive, accessed December 13, 2021,

<https://eugenicsarchive.ca/database/documents/531e9fae132156674b0001ff>.

¹⁷ Baragar, Davidson, McAlister, and McCullough, 244.

¹⁸ Baragar, Davidson, McAlister, and McCullough, 235.

¹⁹ Baragar, Davidson, McAlister, and McCullough, 245.

²⁰ Baragar, Davidson, McAlister, and McCullough, 244-245.

By 1937, the safeguards in place to protect patients from abuse under the Alberta Eugenics Board, as mentioned by Baragar, Davidson, McAlister, and McCullough, had been eroded. The 1937 “Act to Amend The Sexual Sterilization Act qualified a the patients capacity (or lack of capacity) to consent with the introduction of two new patient categories: “mental defective person” and “psychotic person.” The amendment of 1937 defined a “mentally defective person” as “any person in whom there is a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury.”²¹ A “psychotic person” was “a person who suffers from psychosis.”²²

According to the 1937 amendment, the Alberta Eugenics Board was required to obtain patient consent prior to performing a sterilization procedure on individuals deemed as being a “psychotic person.” In the case of those deemed to be “mentally defective,” however, the 1937 amendment authorized the Alberta Eugenics Board to proceed with sterilization without obtaining patient consent. The amendment determined,

If, upon examination of any mentally defective person, the Board is unanimously of the opinion that the exercise of the power of procreation would result in the transmission of such person’s progeny of any mental disability or deficiency, or that the exercise of the power of procreation by any such mentally defective person involves the risk of mental injury either to such person or to his progeny, the Board may direct, in writing, such surgical operation for the sexual sterilization of such mentally defective person as may be specified in the written direction and shall appoint some competent surgeon to perform the operation.²³

²¹ An Act to Amend The Sexual Sterilization Act, SA 1937, c.47 (CAN). <https://canlii.ca/t/540qt> retrieved on 2021-11-16.

²² An Act to Amend The Sexual Sterilization Act, SA 1937, c.47 (CAN). <https://canlii.ca/t/540qt> retrieved on 2021-11-16.

²³ An Act to Amend The Sexual Sterilization Act, SA 1937, c.47 (CAN). <https://canlii.ca/t/540qt> retrieved on 2021-11-16.

The amended Act allowed the Alberta Eugenics Board to permanently remove an individual's reproductive capacities without patient consent, and in some instances, without any knowledge that sterilization had occurred.²⁴

By the late 1930s, medical authorities including R.R. MacLean, Medical Superintendent of the Provincial Mental Hospital in Ponoka, and E.J. Kibblewhite, Psychiatric Social Worker in the Department of Public Health in Alberta publicly praised the 1937 amendment, arguing that it increased the efficiency of the Alberta Eugenics Board.²⁵ The passing of the 1937 amendment, according to MacLean and Kibblewhite allowed the Alberta Eugenics Board to “sterilize a number of defectives from whom consent could not be obtained formerly.”²⁶ In December 1937, MacLean and Kibblewhite co-authored an article titled “Sexual Sterilization in Alberta: Eight Years' Experience, 1929 to May 31, 1937. Prior to the article publication in June 1937, MacLean and Kibblewhite presented their lecture on the same topic during the Mental Hygiene Section at the twenty-sixth Annual Meeting of the Canadian Public Health Association. MacLean and Kibblewhite wrote favourably of the 1937 amendment, arguing that “[i]n former times, when the consent of mental defectives was necessary, it seemed most difficult to obtain that consent from the higher-grade defectives.”²⁷ The authors argued that of the patients denied consent, very few cited the desire for more children as the cause of their refusal. Rather, according to MacLean and

²⁴ In 1959, Leilani Muir was unknowingly, and wrongly sterilized at the age of fourteen while institutionalized at the Provincial Training School for Mental Defectives, Ponoka. For additional information on Muir's unconsented sterilization, her experience under the Alberta Eugenics Board, and her subsequent successful lawsuit against the Province of Alberta, please see: *Muir v. Alberta*, 1996 CanLII 7287 (AB QB), <https://canlii.ca/t/1p6lq>, retrieved on 2021-04-13.; “The Sterilization of Leilani Muir,” *National Film Board of Canada*, directed by Glynis Whiting (1996), https://www.nfb.ca/film/sterilization_of_leilani_muir/.; Leilani Muir, *A Whisper Past* (Victoria, BC: Friesen Press, 2014).

²⁵ Colette Leung and Amy Samson, “Kibblewhite, E.J.,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512faace34c5399e2c000019>.; Colette Leung, “MacLean, R.R.,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/5320e036132156674b000225>.

²⁶ R.R. MacLean and E.J. Kibblewhite, “Sexual Sterilization in Alberta: Eight Years' Experience, 1929 to May 31, 1937,” *Canadian Public Health Journal* 28, no. 12 (December 1937), 589.

²⁷ MacLean and Kibblewhite, 588.

Kibblewhite patients refused sexual sterilization because they feared the operation, felt it to be unnecessary and, in the case of men, perceived it to “be a blow to his pride or vanity.”²⁸ The authors wrote approvingly of the ways the 1937 amendment increased the efficiency of the Alberta Eugenics Board, accelerating the rate at which they could sterilize those Albertans who fell into the new categories of lesser mental capacity.²⁹

In March 1942, the Sexual Sterilization Act was further amended to limit the need of consent not only from the patient but from their guardians, members of the family, or ministerial consent prior to sterilization. The 1942 amendment empowered the Alberta Eugenics Board to proceed with sterilization without consent in the case of those diagnosed with neurosyphilis, epilepsy and/or Huntington Chorea.³⁰

The 1937 and 1942 amendments to patient consent were significant because they revealed the extent at which the AEB was concerned with efficiency and ease of patient sterilization, rather than providing quality care. Jana Grekul argues that the 1937 amendment to the Act reflected a “finessing” of a system in place, rather than questioning the Board’s operational mandate.³¹ What’s more Grekul argues that “[i]n the first decade of operation the Board averaged about 15 minutes per case. By the 1940s, the average time spent per case declined considerably, to about 8 minutes per case.”³² Informed by Grekul’s assertions, it is evident that the AEB was concerned with maintaining and improving efficiency of Alberta’s eugenics program, and the 1937 and 1942 amendments allowed the Board to do just that.

Self-Policing and Coercion: Female Sexuality and Promiscuity

²⁸ MacLean and Kibblewhite, “Sexual Sterilization,” 588.

²⁹ MacLean and Kibblewhite, 590.

³⁰ An Act to Amend The Sexual Sterilization Act, SA 1942, c.48 (CAN). <https://canlii.ca/t/5418w> retrieved on 2021-11-16.

³¹ Jana Grekul, “A Well-Oiled Machine: Alberta’s Eugenics Program, 1929-1972,” *Alberta History* 59, no. 3 (Summer 2011): 18.

³² Grekul, “A Well-Oiled Machine,” 18.

Informed by notions of ideal Anglo-Saxon motherhood, and the construction of women as spiritual and moral leaders of the home, the Alberta Eugenics Board sought to control female sexuality by stigmatizing, and subsequently punishing those were unable to perform the ideal. This was a conscious act of nation building which intended to preserve the “fit” while prohibiting the “unfit” from procreating. Promiscuity and morality established a normative reference to which all women and girls were judged. Failure to adhere to these ideals of womanhood and motherhood left women vulnerable to labels such as “feeble-minded”, making them susceptible to coercive sexual sterilization. The feminine ideals of the twentieth century, and a sustained desire to control female sexuality and morality, continued to inform the Alberta Eugenics Board’s practice for the forty-four years the Sexual Sterilization Act was legislated.

Jana Grekul, Harvey Krahn and Dave Odynak assert that 54% of individuals appearing before the Alberta Eugenics Board between 1929 and 1972 were women, and 46% were men.³³ Despite these figures, the authors note that women were vastly underrepresented in Alberta’s provincial mental hospitals. Between 1931 and 1970, the authors document female patients at Alberta’s provincial mental hospital ranging between 31% and 42%. What’s more, institutionalized women were twice as likely to be recommended for sterilization by medical practitioners and social workers, when compared to institutionalized men.³⁴

With respect to the changes to consent, Grekul, Krahn and Odynak assert that women were less likely to be categorized as a “mental defective” when compared to men, and thus women were more often required to provide patient consent prior to undergoing sexual

³³ Grekul, Krahn and Odynak, “Sterilizing the “Feeble-minded”,” 371.

³⁴ Grekul, Krahn and Odynak, 372-373.

sterilization surgery.³⁵ Yet, Grekul complicates this narrative, by claiming that female patients were more likely to be characterized as promiscuous and sexually immoral than male patients.³⁶

Considering that women were more often required to provide patient consent, it is perhaps puzzling that women were sterilized in greater numbers than men. Grekul, Krahn and Odyank note that medical practitioners and social workers were considerably more effective at coercing women into accepting sterilization than they were at coercing men.³⁷ Using the rhetoric of reproductive morality, which affirmed white Anglo-Saxon ideals of femininity and motherhood, Grekul argues that women were more easily persuaded into accepting sterilization on the supposition that such an operation would protect future generations from their immorality.³⁸ Kibblewhite and MacLean, on the other hand, argue that men were less likely to be coerced into accepting sterilization because they tended to perceive the operation as being “a blow to his [masculine] pride or vanity.”³⁹ Unlike women, it seems apparent that men were less burdened with the onerous responsibility of cultivating and preserving the moral, spiritual and intellectual consciousness of the Province.⁴⁰

The Alberta Eugenics Board used the term promiscuous to effectively control female sexuality by establishing a normative reference against which all female behaviour was judged. Jana Grekul uses a “two-pronged” system to conceptualize the inherent gendering of the implementation of Alberta’s Sexual Sterilization Act. Grekul argues that men were more likely to be sterilized because their behaviour was perceived as harmful to others. In contrast, Grekul asserts that women “were more likely to be sterilized for normative violations which made them

³⁵ Grekul, Krahn and Odynak, “Sterilizing the “Feeble-minded”,” 373.; Jana Grekul, “Sterilization in Alberta, 1928-1972: Gender Matters,” *The Canadian Review of Sociology* 45, no. 3 (August 2008): 254-255.

³⁶ Grekul, “Sterilization in Alberta,” 257, 260.

³⁷ Grekul, Krahn and Odynak, 373.

³⁸ Grekul, “Sterilization in Alberta,” 255.

³⁹ MacLean and Kibblewhite, “Sexual Sterilization in Alberta,” 588.

⁴⁰ Grekul, “Sterilization in Alberta,” 255.

risky to themselves or society's moral order."⁴¹ Clearly the rhetoric used to implement the Act was gendered and explicit in the attempt to control female sexuality in twentieth century Alberta. Women's sexuality could not be perceived distinct from popular, heteronormative, constructions of ideal femininity and motherhood. According to Moss et al., women who failed to meet the normative ideals of virtuous femininity, as prescribed and promoted by eugenicists, the UFWA, and the state, were qualified as promiscuous. These women ultimately were threatened with the label "feeble-minded."⁴² The term promiscuous, according to Grekul, "appears to be a catch all for a variety of nonnormative behavioural expectations for women."⁴³ According to Moss, Stam, and Kattevilder, nonnormative sexual behaviour was most often classified by evidence of premarital sex, extramarital sex, or the bearing of illegitimate children.⁴⁴

Historian Joan Sangster writes a provocative account of juvenile delinquency in Canada affirming Grekul's theorization of promiscuity. According to Sangster, female delinquency – which tended to be characterized, at least in part, by promiscuity – was often framed as a female's "rejection of their gender roles relating to sexuality, domesticity, and motherhood."⁴⁵ Women's political emergence gave rise to increasing counter forces without sought to control the influence of women who challenged the feminized ideal. The Act was another, concrete, expression of control utilized against women whose independence and agency threatened the maternal figure. Like Grekul, Sangster asserts that a female's perceived inability to adhere to a feminized ideal of motherhood and domesticity, were susceptible to being pathologized by both

⁴¹ Grekul, "Sterilization in Alberta," 25.

⁴² Moss, Stam and Kattevilder, "From Suffrage to Sterilization," 106, 108.

⁴³ Grekul, "Sterilization in Alberta," 257.

⁴⁴ Moss, Stam and Kattevilder, 108.

⁴⁵ Joan Sangster, *Girl Trouble: Female delinquency in English Canada* (Toronto: Between the Lines, 2002), 33.

the community at large.⁴⁶ Sangster argues that the social and medical construction of delinquency was intended to uphold and centre whiteness. Sangster writes,

The definitions of delinquency were the product not simply of an abstract medical measurement like a thermometer, but of an ideology, power relations, and the legitimation of certain social behaviours and familial relations. Underpinning the notion of the normal child was an image of a white, middle-class, patriarchal family as the preferable bedrock of citizenship.⁴⁷

While Sangster was not writing on Alberta's context specifically, when placed in conversation with Grekul, it becomes clear that terms such as promiscuity and delinquency were defined by a desire to preserve and cultivate a white Anglo-Saxon citizenry in Alberta. Women who failed to embody the feminine ideal characterized by white womanhood and motherhood were subject to punishment harsh punishment particularly coercive sterilization.

As noted previously, Grekul concludes that female patients were far more likely to be labelled as promiscuous than male patients. While the term promiscuity was applied as a descriptor for both male and female patients, Grekul argues that the language surrounding the terms use was deeply gendered. Grekul shows that "for women the issue is multiple sexual partners outside of marriage and often resulting in illegitimate children; for men it includes sex with prostitutes."⁴⁸ For women, promiscuity implied a failure of parenthood, feminine virtue, and ultimately, a threat to the health of the race. For men, however, the consequences of promiscuity were less severe. Sangster affirms Grekul's sentiments, arguing that "[p]romiscuity was essentially a female, not a male problem."⁴⁹ Men were not plagued with the responsibility of protecting the moral order of both home, and society. Grekul adeptly summarizes this gendered relationship writing:

⁴⁶ Sangster, *Girl Trouble*, 33

⁴⁷ Sangster, 24.

⁴⁸ Grekul, "Sterilization in Alberta," 259.

⁴⁹ Sangster, 34.

The implications of these trends are that women were sterilized for “lesser” reasons, or more aptly, for transgressions that more directly relate to appropriate gender role expectations. The window of deviance was much narrower for women. Importantly, this window remained narrow from the inception of the Act in 1928 until its repeal in 1972. Men were not subject to similar sexual social structure.⁵⁰

The term promiscuous was disproportionately used against women to target, police, and condemn their perceived immoral sexual behaviour. The term promiscuous was intentionally ambiguous and was applied judgementally to ensure that female behaviours were compatible with the constructed myth of Anglo-Saxon Protestant feminine ideals and motherhood.

The authority of professional women who were involved in the promotion and implementation of the Sexual Sterilization Act came at the expense of the oppression of those women who were marginalized not only by class, race, ability, or ethnicity also through their failure to embody idealized middle-class womanhood. Women engaged in the colonizing process of nationhood by policing and demonizing other women more marginalized and less fortunate than themselves. But these ideological values of normative femininity were also internalized by more affluent and educated women who participated in the implementation of the Act. In Chapter 2, I will detail the United Farm Women of Alberta’s rise to political power, the socially lucrative function of maternal feminism and the rise of a uniquely female political authority via nursing.

⁵⁰ Grekul, “Sterilization in Alberta,” 262.

Chapter 2: A Call to Action: The United Farm Women of Alberta, Maternal Feminism, and the Construction of a Female Nursing Authority

The United Farm Women and their Rise to Formal Political Authority

Women's initial professional entry into Alberta's eugenic belief systems occurred politically via their participation in the United Farm Women of Alberta (UFWA). Historian Sheila Gibbons identifies their participation as the originating moment of a phenomenon she terms *eugenic feminism*.⁵¹ Provincially, she argued that women earned professional status and identities that granted them authority to espouse the values of eugenics as political supporters of the governing United Farmers of Alberta (UFA). The UFA governed Alberta from 1921 to 1935.⁵²

In 1910, in a gesture that has been interpreted as radical in transgressing gendered traditionalism, the UFA began offering their wives equal membership rights.⁵³ Gibbons claims that the UFA acknowledged the hard work of agrarian women in early pioneering efforts, and thus believed they were entitled to decision making power.⁵⁴ The power which had been afforded to women, however, was revokable upon their opposition and/or critique to the political agenda put forth by the UFA. By 1913, as Gibbons explains, the UFA began encouraging agrarian women to formally organize. In 1915, the UFWA was created as the women's division of the UFA.⁵⁵ Gibbons notes that despite the enthusiasm of some women, membership in the UFWA was initially low. However, proponents, including Emily Murphy (1868-1933) and Irene Parlby (1868-1965), the first president of the UFWA successful continued an "aggressive recruitment

⁵¹ See, Sheila Gibbons, "Our Power to Remodel Civilization": The Development of Eugenic Feminism in Alberta, 1909-1921," *Canadian Bulletin of Medical History* 31, no. 1 (2014): 123-42.

⁵² "United Farmers of Alberta (UFA)," Eugenics Archives, accessed April 22, 2021. <http://eugenicsarchive.ca/discover/tree/5233a2305c2ec50000000058>

⁵³ Gibbons, 131.

⁵⁴ Gibbons, 130.

⁵⁵ Moss, Stam and Kattevilder, "From Suffrage to Sterilization," 131.

campaign” into 1916.⁵⁶ Together, the UFA and the UFWA focused their policy efforts on social welfare, education, and health.⁵⁷ By 1921, the UFA were elected leaders of Alberta’s provincial government and the UFWA influence had grown significantly, particularly in their contribution to government considerations of physical and mental health.⁵⁸

Using their newly formed organizational authority, via the UFWA, agrarian women deployed what we understand today as eugenic rhetoric to stress the undeniable role of the mother in racial preservation, specifically the Anglo-Saxon race, as well as the role of mothers in the upkeep of the health of the nation. As they saw it, according to Gibbons, agrarian women’s roles as caregivers offered them a unique political voice. They argued that as mothers, women were charged with the responsibility of serving as the “moral, educational and spiritual guidance of the family unit.”⁵⁹ Additionally, the UFWA argued that raising a family was synonymous with empire-building. Thus, women authorized their maternal care role of national importance.⁶⁰ They espoused belief, according to Gibbons, that a strong mother was necessary to ensure the preservation of the physical, moral and intellectual integrity of the race.⁶¹ Gibbons recounts how through the vehicle of the UFWA’s agrarian feminism, mothers were afforded permission to act politically because they were conceptualized by both themselves, and the UFA, as serving “the ultimate spiritual and national duty.”⁶² According to Gibbons, women were charged by the

⁵⁶ Gibbons, “Our Power to Remodel Civilization,” 133. For information on Emily Murphy and Irene Parlby see: Sheila Gibbons, “Murphy, Emily,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512fa1bd34c5399e2c000007>.; Sheila Gibbons and Colette Leung, “Parlby, Irene,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512fa63234c5399e2c00000e>.

⁵⁷ Gibbons, 133.

⁵⁸ Moss, Stam, and Kattevilder, “From Suffrage to Sterilization,” 107.

⁵⁹ Gibbons, 130.

⁶⁰ Gibbons, 130.

⁶¹ Gibbons, 130.

⁶² Gibbons, 132.

UFWA and the UFA as experts of the home, yet authorized to act as representative of the families.⁶³

The rhetoric of maternal and eugenic feminism developed and espoused by women of the UFWA included celebrated Canadian feminists such as Nellie McClung (1873-1951), Irene Parlby (1868-1965), Louise McKinney (1869-1931), Emily Murphy (1868-1933), and Henriette Muir Edwards (1849-1931) who paved the ways for professional women who subsequently served Alberta's public health system.⁶⁴ The latter – as nurses, social workers, and other occupational representatives of the provincial public health service – created an outlet by which a class of female experts were tasked to monitor or police evidence of “feeble mindedness” among the province's families. The UFWA, and subsequent professional women's' commitment to patrolling women's moral character on behalf of the nation and community, was conceived as task of major significance. In the following section, I review how women of the UFWA opened the arena for eugenics for women as mothers and as public health professionals. Details about the work of nurses, geneticists, and social workers will be discussed in subsequent chapters.

By the late nineteenth century, eugenics and the first-wave feminist movement converged. Although seemingly different in their ideologies and action-based pursuits, the two quickly became intrinsically connected. Historians, Erin Moss, Henderikus Stam, and Diane

⁶³ Gibbons, “Our Power to Remodel Civilization,” 132.

⁶⁴ Moss, Stam and Kattevilder, “From Suffrage to Sterilization,” 109.; Gibbons, 124. For more information on the Canadian feminists listed, please see: Sheila Gibbons, “McClung, Nellie,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512faba634c5399e2c00001a>.; Sheila Gibbons and Colette Leung, “Parlby, Irene,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512fa63234c5399e2c00000e>.; Sheila Gibbons, “McKinney, Louise,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512fa74e34c5399e2c000010>.; Sheila Gibbons, “Murphy, Emily,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512fa1bd34c5399e2c000007>.; Moyra Lang, “Edwards, Henrietta,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/512faa5d34c5399e2c000018>.

Kattevilder provide insight into the ways eugenics and feminism merged in the early twentieth century Alberta. At the times of its conception, proponents of eugenics had sought to *breed-in* desirable characteristics through a process of selective breeding. In practice, selective breeding proved to be difficult. Accordingly, eugenicists shifted their focus to the process by which *breeding-out* undesirable characteristics and traits might best occur in any population. This process would be accomplished, many eugenicists believed, via the institutionalization of the perceived “feeble-minded.” The purpose of housing the “feeble minded” in institutions such as the Provincial Training School in Red Deer and Ponoka was to segregate them from “normal” populations.⁶⁵ Compulsory sterilization contained the procreative potency of those eugenicists believed should never reproduce.⁶⁶

According to Moss et al., Alberta was a hospitable environment for the adoption of eugenic reform for three major reasons. First, they assert, that due to Canada’s proximity to America, moral leaders in the province were influenced and receptive to American eugenic values. Second, they argued that anti-immigration sentiment was felt strongly in Alberta. Many Albertans of Anglo-Saxon ancestry feared that Central and Eastern European immigrants were “more predisposed toward feeble-mindedness and mental illness.”⁶⁷ Maternal feminism and eugenic ideals aligned with one another, prompting advocated to stress the danger of the perceivably “feeble-minded.” First wave feminists expressed intolerance towards any individual who challenged the perceived superiority of the Anglo-Saxon race. According to Gibbons, agrarian women argued that Eastern European immigrants seemed more inclined by nature to be

⁶⁵ For additional information on the training schools please see: Colette Leung, “Provincial Training School,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/517da50e9786fa0a73000001>.; Sheila Gibbons, “Provincial Training School Opens in Red Deer, Alberta,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/5260ba1dc6813a546900001b>.

⁶⁶ Moss, Stam and Kattevilder, “From Suffrage to Sterilization,” 105.

⁶⁷ Moss, Stam and Kattevilder, 107.

ignorant, negligent, lazy, ill, poor and unclean, and thus, posed a great risk to the health of the nation and was perceived as unfit for citizenship to Canadian civil society.⁶⁸ As the UFWA saw it, Gibbons asserts, “homes that did not fit the ideal of citizenry or threatened the health of the nation needed to be strictly controlled.”⁶⁹ The UFWA sought to control these populations perceived as inferior with the promotion of compulsory sterilization and community surveillance. Third, Moss, Stam and Kattevilder argue that Alberta’s agrarian societies were influential, particularly among the UFWA. The UFWA advocacy for eugenic concepts and practices, inspired through agricultural ideals, made the formal implementation of eugenics all the more enticing.⁷⁰ Although the goals of early eugenicists and first-wave feminists appear distinct, it was through the language of maternal feminism and the presence of agrarian societies, including the UFWA, that the movements found common ground.⁷¹ While first-wave feminists were concerned about obtaining equal rights for women, particularly in terms of equal suffrage for certain women, their advocacy of eugenic feminism made it apparent that their equal rights rhetoric did not apply to all women.⁷²

With the construction of motherhood and mothering espoused as a patriotic national duty and a political force, agrarian women rhetorically merged eugenics and feminism by stressing, as Gibbons argues, “their desire to create a better nation through the physical and mental improvement of the individual.”⁷³ Gibbons explains that Alberta’s agrarian culture was particularly dogmatic in the early twentieth century, tending to stress the innate connection between the land, nation and health of the individual.⁷⁴ Alberta’s agrarianism tended to construct

⁶⁸ Gibbons, “Our Power to Remodel Civilization,” 132, 135.

⁶⁹ Gibbons, 135.

⁷⁰ Moss, Stam and Kattevilder, “From Suffrage to Sterilization,” 107.

⁷¹ Moss, Stam and Kattevilder, 105.

⁷² Moss, Stam and Kattevilder, 105.

⁷³ Gibbons, 125.

⁷⁴ Gibbons, 127.

itself within a masculine framework, although by all appearances they provide the opportunity for women to be vocal contributors as mothers. As a result, she demonstrates that rural women, many of whom were enduring the harsh conditions of homestead life alongside their husbands, were left with little space within the public sphere to occupy and embrace their womanhood.⁷⁵ This isolation was particularly problematic, as Gibbons asserts, because agrarian women were perceived as both an asset to the economic development of the home, as well as considered “central to building the moral and spiritual backbone of the new nation.”⁷⁶ To navigate these competing interests, rural women measured their success “against “backwards” societies in which women remained simply labourers, but also against those societies that were overly decadent.”⁷⁷ Following their commitment to early pioneering, Gibbons argues that agrarian, primarily Anglo Saxon, women wanted recognition and political rights for their effort. As a result, she argues they agrarian women used their roles as mothers to create a uniquely political space, one which “rested between the extremes of civility and savagery (femininity and masculinity).”⁷⁸ In sum, the UFWA effectively constructed female political authority by forging white motherhood as a national duty. To be a white Anglo-Saxon woman of good moral character, was to serve family and nation.

In response to the provincial intolerance towards Central and Eastern European immigrants, as well as any individual deemed “unfit”, public health nurses became the professional sector tasked with monitoring the health of provincial families.⁷⁹ As previously noted by Moss et al., women’s entrance into politics using the language of eugenics has been

⁷⁵ Gibbons, “Our Power to Remodel Civilization,” 128.

⁷⁶ Gibbons, 128.

⁷⁷ Gibbons, 129.

⁷⁸ Gibbons, 129.

⁷⁹ Gibbons, 135.

characterized as maternal feminism and was a route by which white women used the terms of motherhood to serve “a necessary and valuable social function.”⁸⁰ Therefore, as I and others argue, by mobilizing the rhetoric of maternal feminism, the UFWA afforded women opportunities to step into and justify their political authority as experts on public health.⁸¹ According to Gibbons, women were seen as experts of the home as well as responsible for ensuring the ongoing health of the home.⁸² Furthermore, she asserts that the UFWA “constructed the health of the individual and family as central to the health of the nation, inspired their active advocacy for eugenic reforms that provided for stringent controls over marriage, child rearing, and household sciences.”⁸³ Using the language of eugenics and domestic science, women of the UFWA voiced a commitment to a racially-exclusive nation, and elevated the value of motherhood. In other words, women inhabited eugenics as a means to exploit their perceived role as caretakers and, for some, garnered professional authority within the realm of public health.

In many ways the UFWA’s subscription to maternal feminism was ingenious and allowed women of a certain race to benefit from the traditional concepts of heteronormativity that formerly had confined them to the home. Intuitively, they used their role as mothers and the language of eugenics to stress their commitment and significance as caretakers of the nation. In doing so, agrarian women advanced politically without disrupting the norms of agrarian masculinity. Although these circumstances were, in part, liberating for some women, maternal feminism reinforced the patriarchy as the norm for themselves and others. While maternal feminism authorized women to participate in the political realm, they did so on the condition that they were mothers first. Thus, women’s value was determined foremost by their roles as

⁸⁰ Moss, Stam and Kattevilder, “From Suffrage to Sterilization,” 108.

⁸¹ Gibbons, “Our Power to Remodel Civilization,” 135.; Moss, Stam and Kattevilder, 108.

⁸² Gibbons, 137-138.

⁸³ Gibbons, 139.

mothers. Therefore, maternal feminism can be read as the reinforcement of sexist notions that prescribed women as being biologically innate as caregivers. In other words, maternal feminism prevented women from being understood as intrinsically valuable as humans, and instead they were judged and valued for their procreative abilities. In many ways, maternal feminism was an illusion of freedom, remaining confined, legitimized, and authorized by male power.

Additionally, maternal feminism was only partially liberating for those identified – both by self and others - as healthy Anglo-Saxons. The success of maternal feminism as shaped by the UFWA was predicated on the exclusion of anyone deemed to be a racially defined “other” or “mental defective.”

This racializing discourse was significant as agrarian women exploited their privilege as markers of whiteness to authorize their currency as professionals. More importantly, the success of the UFWA was a testament to the ways women deployed eugenics to further their political authority, and to justify their entry into the public sphere. The rhetoric on race and motherhood espoused by the UFWA set the precedent for the professionalization of future social reforms in Alberta, including their works as experts in public health, social works, psychiatry, and genetics. These professional fields used the language of eugenics to appeal to social, class, and racial values set forth by the nation.

While the auxiliary appeared united, the principles, ideals and moral convictions which inspired the UFWA were not homogenous. Canadian historian, Nanci Langford, dispels the notion that the UFWA unanimously agreed on eugenic policy. While some women, including Mrs. J. W. Field, Convenor of Health and Child Welfare argued in favour of government legislation which sought to take action on the perceived issue of mental deficiency in the province on Alberta, Langford is explicit that “not all farm women were comfortable with this

position.”⁸⁴ Langford’s insights indicate that fractures existed within the UFWA. Yet, as evident by their aggressive public support for the passing of eugenics legislation, the UFWA constructed a united front which appeared unanimously in favour of eugenic practice in Alberta.

Perhaps even more divisive than eugenics were the deep moral contradictions, particularly as they related to white middle-class women’s access to contraceptive which divided the auxiliary. In 1892, the Criminal Code of Canada criminalized contraception and it remained illegal until 1969, just three years prior to the repeal of the Sexual Sterilization Act.⁸⁵ Despite these legal limitations, by the 1930s, members of the UFWA began agitating for accessible contraception for white married middle-class women in Alberta. Historian Erika Dyck asserts that members of the UFWA argued that middle-class families were worn out, and that increased access to contraception would allow women to better serve their families, and ultimately the nation. Such sentiments were not unanimously expressed throughout the UFWA. According to Dyck, Emily Briggs, member of the UFWA, adamantly rejected the movement in favour of accessible contraception for some women, emphasizing “the importance of family values as inseparable from Christian morals and thus resisting the temptation to embrace contraception.”⁸⁶

In the 1920s and 1930s, Catholics were among the most vocal opponents to accessible contraception for married middle-class women.⁸⁷ The Catholic Church adamantly opposed the motion and in response, publicly reaffirmed the importance of Catholic family values including marriage and unobstructed child rearing. According to Dyck, the Catholic Church, as well as members of the UFWA who opposed the movement, pathologized contraception, arguing that it

⁸⁴ Nanci Langford, *Politics, Pitchforks and Pickle Jars: 75 Years of Organized Farm Women in Alberta* (Calgary: Detselig Enterprise Ltd., 1997), 66.

⁸⁵ Erika Dyck, “Sterilization and Birth Control in the Shadow of Eugenics: Married, Middle-Class Women in Alberta, 1930-1960s,” *Canadian Bulletin of Medical History* 31, no. 1 (2014): 168.

⁸⁶ Dyck, 171-173.

⁸⁷ Dyck, 173.

would lead to illness and degradation of the middle-class family, as well as would result in “promiscuity, regret, and serious mental illness.”⁸⁸ Dyck argues that the Catholic Church was committed to preserving the ideals of white middle-class family values. She notes:

The Catholic Church held a firm position on reproduction and furnished opponents to the birth control movement with strong language to justify its position. The Catholic condemnation of all forms of birth control, including sterilization, stemmed from a fundamental belief in a traditional set of circumscribed roles for sexes, including safeguarding women as subservient, but distinctly celebrated “mother of the race.” Any medical or private intervention aimed at challenging this “natural” role the Church regarded as blasphemous and criticism was leveled at women and their increasingly secular doctors.⁸⁹

While the Catholic Church was committed to preserving the integrity of the idealized white middle-class family, Dyck makes a critical observation in which she notes that Catholic family values “did not extend to families in which members were considered mentally defective.”⁹⁰ Dyck’s assertion provides clarity to the ways provincial eugenic reform coincided with the criminalization of contraception in twentieth century Alberta.

The criminalization of contraception aligned with Catholic family values and sought to promote the ideal feminized citizenry which was embodied by white middle-class Catholic women. Moreover, those who supported family limitation via contraceptive perhaps were regarded as opposing the values and self-sacrificial nature of maternal feminism. That is to say that to prevent contraception, and therefore motherhood, was to deny your “natural” roles as a woman. The Sexual Sterilization Act, in contrast, sought to restrict and deny procreative ability to those who failed to embody the feminized ideal of motherhood and womanhood. While the impact of these laws differed greatly from one another in terms of intent and lasting consequence, one thing remains fundamentally similar: the state had executive control over the

⁸⁸ Dyck, “Sterilization and Birth Control,” 173-174, 178.

⁸⁹ Dyck, 177-178.

⁹⁰ Dyck, 176.

reproductive autonomy and identities of women in the 20th century. What's more, the state's selective sanctioning of contraception, specifically sexual sterilization, indicated a desire to forge a provincial nationhood which reaffirmed middle-class whiteness as an idealized normative reference against which all women would be judged. The state's intentional and selective use of sexual sterilization within specific targeted racialized, marginalized, and/or immigrant populations, sought to artificially construct a "healthy" nation which was void of the perceivably "unfit."

The language of maternal feminism empowered the UFWA to exploit their positions as mothers to advance their political influence as caretakers of the nation. The UFA granted women the legitimacy to act as leaders of the home in the public realm. That very same authority could be revoked had women failed to embody their role as mothers and stewards of the nation.

The Rise of Public Health Nurses: Inhabiting Social Authority

On the wake of popular expression of views by the UFWA, public health nursing training programs were established and women were recruited to serve the province in a more formal, professional capacity. By the early twentieth century, nursing historians Barbara Keddy and Dianne Dodd argue that home nurses were navigating the distinction between unpaid and informal domestic labour, and authority established through formal training programs.⁹¹ Using the language of eugenics and nation building, nurses garnering newfound political authority with their gain in professional status. Their presence as workers in the public sector increased rapidly in Alberta. Gibbons notes that between 1921 and 1922, the number of public health nurses in rural Alberta increased from 6 to 21. According to Gibbons, "[p]ublic health nurses, as the

⁹¹ Barbara Keddy and Dianne Dodd, "The Trained Nurse: Private Duty and VON Home Nursing (Late 1800s to 1940s)," in *On All Frontiers: Four Centuries of Canadian Nursing*, ed. by Christina Bates, Dianne Dodd, and Nicole Rousseau (University of Ottawa Press; Canadian Museum of Civilization Corporation, 2005), 47.

epitome of feminine authority, served as key to promoting health in rural Alberta.”⁹² Public health nurses, according to Gibbons, were charged with the responsibility of inspecting families in the communities in which they served, as well as promoting the ideals of public health.⁹³ The practice of inspection allows me to conceive nursing, and home nursing in particular, as having been a unique form of community surveillance.

In 1872, the Dominion Land Act was passed, which in turn promoted the influx of new and diverse immigrants. By the 1920s, concerns over public health, which had been triggered by an influx of immigrants, emerged at the forefront of Albertans psyches and the political agendas of governance. Between 1901 and 1931, Mansell explains that Alberta’s population increased from 73,033 to 732,605. As a result, she asserts that Alberta underwent “a dramatic change in ethnic composition.”⁹⁴ According to Mansell, this increase in non-Anglo-Saxon immigration concerned the pre-existing Anglo-Saxon settler population: many feared that immigrants would degrade their superior stock.⁹⁵

In 1918, in response to the growing concern over immigration in Alberta, a Provincial Public Health report was published. According to Mansell, the report expressed concerns over the growing number of unreported infant deaths especially among immigrant families. Mansell argues that popular anxiety over immigration, as well as evidence of the increasing frequency of unreported infant deaths was the probable cause for increasing nurse recruitment and subsequent professionalization of women in public health in Alberta.⁹⁶ Nurses were dispatched as home visitors, charged with the responsibility of investigating the health and hygiene in the homes of

⁹² Gibbons, “Our Power to Remodel Civilization,” 137.

⁹³ Gibbons, 137.

⁹⁴ Diana Mansell, “The Involvement of Nurses in the Eugenics Program in Alberta, 1920-1940,” in *Psychiatry and the Legacies of Eugenics: Historical Studies of Alberta and Beyond*, ed. Frank W. Stahnisch and Erna Kurbegović (Edmonton: Athabasca University Press, 2020): 94.

⁹⁵ Mansell, 94-95.

⁹⁶ Mansell, 94.

immigrant families who at the time were view with great suspicion and disgust.⁹⁷ According to Mansell, within the province the medicalization of social problems and the rise of medical authority at all tiers including home visiting nurses helped to fuse public health with the practices and rhetoric of eugenics in the popular imagination. Mansell argues that nurses, in harmony to the growth of xenophobia, were “working toward the maintenance of a white Anglo-Saxon Canada.”⁹⁸ Historian Veronica Strong-Boag confirms Mansell’s sentiments, arguing that nursing offered Canadian women a pertinent job in the country’s Canadianizing mission. According to Strong-Boag, “[i]n the process of administering public health programs, nurses were major contributors to the Canadianization campaigns that attempted to transform immigrants into obedient citizens on a middle-class model.”⁹⁹ As noted in the previous section, pro-white sentiments had already been voiced by the UFWA and decidedly influenced the emergent profession of nursing.

The influx of immigrants, according to Mansell, directly impacted public health policy and informed nursing mandates in Alberta.¹⁰⁰ Moreover, as Mansell notes, numerous public health organizations and government departments gained momentum during the 1920s also in response to concerns stemming from increased Eastern European immigration. For example, in 1918, the Canadian National Committee for Mental Hygiene was founded and publicly expressed concerns over the health of the population, arguing “that it would be ideal to reject the insane and mentally deficient because they were more threatening than any other group.”¹⁰¹ By 1919, Alberta’s Department of Public Health was founded, legitimizing the need for great

⁹⁷ Mansell, “The Involvement of Nurses,” 94-95.

⁹⁸ Mansell, 97-98.

⁹⁹ Veronica Strong-Boag, “Making a Difference: The History of Canada’s Nurses,” *Canadian Bulletin of Medical History* 8 (1991): 243.

¹⁰⁰ Mansell, 94.

¹⁰¹ Mansell, 91.

numbers of medical personnel to attend to rising provincial concerns over health and hygiene.¹⁰² Two institutions, one federal and concerned with mental health and the other provincial and concerned with public health, medicalized social problems. These converging circumstances as asserted by Mansell, served as an “easy opportunity to increase the power of the medical profession.”¹⁰³ This latter point is especially relevant in relation to the accelerated presence of professional nursing in Alberta and as seen in the rise of nurse training programs and professional associations including the Alberta Association of Registered Nurses and the Calgary Graduate Nurses Association. According to Mansell, the later was the directly corresponded with the UFWA’s political advocacy of public health.¹⁰⁴

By 1929 the UFA advocated for a greater number of medical staff charged with the responsibility of identifying potential candidates for sterilization among the wider population. Accordingly, Mansell argues that the popular and medical expectation that more surveillance of the so-called “feeble minded” be met was shouldered by public health nurses in Alberta.¹⁰⁵ She notes that public health nurses had played an integral role in promoting eugenic culture in Alberta because they “acted as an agent of socialization and surveillance, owing to the frequency of visits’ to immigrant homes within their communities.”¹⁰⁶ Affirming that nurses were actively engaged in the advocacy of eugenics, Mansell suggests they participated in the eugenic supply chain by performing the “assessment, referral, operating room assistance, and post-operative care” for patients deemed to be “mentally defective”.¹⁰⁷

¹⁰² Mansell, “The Involvement of Nurses,” 97.

¹⁰³ Mansell, 91.

¹⁰⁴ Mansell, 93.

¹⁰⁵ Mansell, 96.

¹⁰⁶ Mansell, 97.

¹⁰⁷ Mansell, 100.

According to Mansell, nurses actively promoted negative eugenics by referring clients for sterilization under the AEB, as well as positive eugenics through the promotion of birth control in the community.¹⁰⁸ The goal of these nurses appeared to be well intentioned, asserted Mansell, as they sought to alleviate the burden of care for the poor on both the state and society.¹⁰⁹ Nurses perceived the promotion of eugenics as adhering to the goals of the dominant social group, thus perceiving their work to be rooted in compassion and professional ethics of care.¹¹⁰

The language of eugenics allowed a certain population of women, through the occupational domain of nursing, to socially advance their status as professionals. Nursing associations and training programs offered a clear professional purpose for some women who, in turn, monitored their community's health using the guidance of eugenics. While professionalization was partially liberating, Strong-Boag asserts that there were limited to the power of female professionalization. She argues, "[t]he self-serving efforts at domination by doctors, and the exploitation of nurses and women in general by a patriarchal and class society" negatively affected women.¹¹¹ Moreover, and despite professionalization, Veronica Strong-Boag, Barbara Keddy and Dianne Dodd argue that nurses tended to operate under poor working conditions which were characterized by poor pay, long hours, and non-existent job security.¹¹² Keddy and Dodd argue that "patients and doctors alike linked nursing with "feminine" traits such as compassion and caring, and it was soon clear that nursing would achieve only partial recognition as a profession."¹¹³ Strong-Boag builds on this point, arguing that nurses had to

¹⁰⁸ Mansell, "The Involvement of Nurses," 99.

¹⁰⁹ Mansell, 100.

¹¹⁰ Mansell, 102.

¹¹¹ Strong-Boag, "Making a Difference," 99.

¹¹² Strong-Boag, 100; Keddy and Dodd, "The Trained Nurse," 43.

¹¹³ Keddy and Dodd, 43.

navigate a seemingly paradoxical working environment characterized by “a society that claimed to value women and yet persistently treated them less fairly than their male counterparts.”¹¹⁴

Informed by Mansell, Strong-Boag, Keddy and Dodd, it is my observation that women were both liberated and oppressed in their newly professionalized occupation as nurses in Alberta. In terms of liberation, women as nurses were able to justify and prove their social and community value, and thus were authorized by the provincial policy on eugenic sterilization to exercise their expertise as professionals within the field of public health. And yet, provincial political and medical leadership was dominated by men, and thus the terms of the nurses’ engagement as servants in the systems and spaces of public health were imbued with power imbalances. While women, as nurses gained expertise particularly to assess the health of families and homes, their power was constrained by gender inequality in the upper tiers of political governance and policy decision making.

Mansell suggests that possible opposition to the provincial policy on sterilization that had come into effect with the Sexual Sterilization Act in 1921 was evident among nurses although were rare. Resistance to the Act and their tasks as monitors of feeble-mindedness in the home was voiced exclusively by those nursing students and nurses holding religious conviction.¹¹⁵ However, and most commonly, Mansell notes that if nurses personally felt apprehension in participating in negative eugenics, the culture of medicine in Alberta, which stressed compliance, denied women the opportunity to articulate these feelings.¹¹⁶ Strong-Boag shares similar sentiments, arguing that the focus on obedience within the nursing profession harmed women. Strong-Boag writes,

¹¹⁴ Strong-Boag, “Making a Difference,” 101.

¹¹⁵ Mansell, “The Involvement of Nurses,” 100.

¹¹⁶ Mansell, 100-101.

Obedience and conformity to ideals of respectable middle-class womanhood did nothing to protect student nurses from becoming the exploited drudges of an expanding hospital system nor graduates from becoming insecure and ill-paid wage earners in Canada.¹¹⁷

Mansell argues that between the 1920s and the 1940s, nurses were expected by male medical authorities, including Eugenics Board Chair John MacEachran, to be obedient as well as loyal to the medical community.¹¹⁸ Moreover, nurses often worked under the rule of male medical authorities who wielded greater professional credibility and status.¹¹⁹ That is not to suggest that the action of nurses was harmless or benign, but rather to acknowledge, with contemporary hindsight, the ways the choice and opportunity to voice dissent for these women in the lower ranks of the medical community was constrained by their lesser status in a medical and political arena dominated and controlled largely by men.

As trained experts, women were controlled, at least in part, by the authority of male leadership and policy makers. The authority enacted by public health nurses had been granted by prominent medical men within the field. Yet at any time nurse authority was fragile and might be rescinded if nurses challenged the values espoused by a provincial authority. Had women challenged the eugenic values embedded in the Alberta's public health infrastructure or refused to engage in the recommendation process for compulsory sterilization they risked their jobs. The reality for some nurses was that their professionalization came at the cost of personal conviction. Despite a select group of women who opposed eugenics, the majority of nurses agreed with, and promoted the principles of eugenics. Although experts of the home, women were not viewed as being experts in the field equitable to men higher on the hierarchies of the medical profession. Thus, they continued to be perceived as inferior to prominent men working in medicine.

¹¹⁷ Strong-Boag, "Making a Difference," 237.

¹¹⁸ Natalie Ball, "MacEachran, John," Eugenics Archive, accessed December 13, 2021, <http://eugenicsarchive.ca/discover/tree/531e9b08132156674b0001fa>.

¹¹⁹ Mansell, "The Involvement of Nurses," 101-102.

In many ways, Mansell implies that women in provincial nursing were a product of the culture of their professional employment. As such, nurses were expected to conform with the norms of the dominant ideology and empowered authorities. Nurses were primarily white women, and thus as descendants of Anglo-Saxons, they were perceived by popular and professional rhetoric as normative citizenry. Additionally, Mansell's discussion of the nurse's brief of care helps to reorient contemporary understanding regarding the eugenic inclinations or motives of nurses in Alberta. As noted by Mansell, their uncritical participation in the values of eugenics was itself seen by nurses as an act of care for the needs and goals expressed by the leadership of the dominant society.

Chapter 3: Social Workers, Geneticists and Physicians: Constructing and Occupying Spaces of Female Authority

Female Geneticists: Rationalizing Eugenic “Science” for the Alberta Eugenics Board

Support and advocacy for eugenics ranged across professions, including among Canadian geneticists, Madge Macklin (1893-1962) and Margaret Thompson (1920-2014).¹²⁰ Formally trained in genetic theory, their support for eugenics – which had been, and continued to be founded on unscientific theory - is puzzling for contemporary readers like myself.¹²¹ This section explores the motivations and reasons why highly educated professional female scientists, including Macklin and Thompson, advocated for the practice of eugenics.

Historian Angus McLaren in *Our Own Master Race: Eugenics in Canada, 1885-1943*, provides a comprehensive biography of Canadian geneticist, Madge Macklin (1893-1962). According to McLaren, Macklin was a strident eugenics advocate and was actively involved in Canada’s eugenic reform with her members in the *Canadian Eugenics Society*. Moreover, her publications also demonstrate her advocacy for eugenics.¹²² Macklin resided in Ontario, and thus, while her activism is not regionally located in Alberta, her commitment to eugenic reform as a high-profile scientist offers profound insight into the motivations and ways female scientists, like male scientists, rationalized their advocacy for applied eugenics. Moreover, McLaren’s work effectively attends to the paradox which allowed Macklin to merge legitimate genetic theory, and eugenic constructions of “science.”

¹²⁰ Sheila Gibbons, “Macklin, Madge,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/531eac3c132156674b000201>.; Erna Kurbegović and Rob Wilson, “Thompson, Margaret,” Eugenics Archive, accessed December 13, 2021, <https://eugenicsarchive.ca/database/documents/531e9b08132156674b0001fa>.

¹²¹ Muir v. Alberta, 1996 CanLII 7287, at *31.

¹²² Gibbons, “Macklin, Madge.” For additional publications by Macklin, please see the following: Madge Thurlow Macklin, “Genetical Aspects of Sterilization of the Mentally Unfit,” *Canadian Medical Association Journal* 30, no. 2 (1934): 190-195.; Madge Macklin Thurlow, “Genes and the Unconscious,” *Journal of Heredity* 26, no. 2 (February 1935): 72-74.

In 1919, after completing her undergraduate career at Goucher College, Madge Thurlow attained her medical degree with honours from John Hopkins. At John Hopkins, Madge Thurlow married her colleague, Charles Macklin.¹²³ In 1921, Charles and Madge Macklin continued their scientific careers at the University of Western Ontario (UWO). As McLaren explains, Madge Macklin's professional ambitions were continually undermined by her employers at the UWO. Drawing on the work of historian Margaret W. Rossiter, McLaren asserts that during this era, women scientists were undervalued, underemployed and considerably underpaid when compared to their male colleagues.¹²⁴ Macklin's career exemplifies the sustained history of gender wage inequities of women scholars. During her employment at the UWO, Macklin was forced to teach embryology and histology despite being a published specialist in human genetics and, according to McLaren, was paid less than half of her male colleagues, that of her husband Charles, while enduring periods of no pay at all.¹²⁵ McLaren notes, "The [UWO] university treated her shabbily throughout her long and distinguished career ... she was exploited as part-time instructor until 1930 and then only appointed to the rank of part-time assistant professor."¹²⁶ *The Eugenics Archive* notes that "despite her international reputation as a geneticist, Macklin was never promoted beyond assistant professor at UWO."¹²⁷ McLaren exposes the sexism that prevailed at the UWO showing how Macklin's professional mobility was impeded by an institutional glass ceiling which was used to control and limit the success of prominent professional women. Despite having reached international success, Macklin received little or no recognition from UWO for her career accomplishments or aspirations.¹²⁸

¹²³ Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (University of Toronto Press, 1990), 129.

¹²⁴ McLaren, 131.

¹²⁵ McLaren, 129-130.

¹²⁶ McLaren, 130.

¹²⁷ Gibbons, "Macklin, Madge."

¹²⁸ McLaren, 130.

In 1945, Macklin's colleagues accused her of being "outspoken" and she was subsequently dismissed from her assistant position at the UWO. McLaren argues that Macklin's dismissal had been because of the gendered assumption that women deserved less, which oppressed and underestimated all women scholars, even the most accomplished, in the medical sciences during the decades of Macklin's career.¹²⁹ The sexism Macklin faced at the UWO provides a necessary reminder that although women were stepping into newfound professional authority in the discipline of public health, most of the medical sciences and jobs associated with the discipline continued to be dominated, and controlled by men. In many ways, professional female scientists, such as Macklin, were oppressed under the patriarchal structure of public health and the university where research pertaining to health and genetics occurred. Consequently, men in science and in universities prioritized their own professional ambitions and authority above those of women.

In 1946, possibly in response to the barriers posed by the UWO, Macklin relocated to Ohio State University (OSU) where she was appointed cancer researcher associate. At OSU, Macklin received a significant raise in pay, was able to teach human genetics and was recipient of numerous awards and honours for ground-breaking genetic research contributions to medical research.¹³⁰ McLaren argues that Macklin's ground-breaking contributions to the field of genetics was derived from her cancer research in which she argued that the disease was inherited and linked to a specific time of onset. Although her theories on cancer have since been partially disproven, McLaren shows that Macklin remains an important figure in the international history of cancer and genetic research.¹³¹

¹²⁹ McLaren, *Our Own Master Race*, 132.

¹³⁰ McLaren, 130-132.

¹³¹ McLaren, 135.

Macklin's international renown based on her profound understanding of genetics and the inheritance supposition she made about cancer makes her subsequent work in eugenics – which had fallen out of favour in light of the atrocities of Nazi Germany – all the more atypical.¹³² As McLaren notes, “The central problem of the day, as Macklin saw it, was that society was being swamped by the “feeble minded” arising from “the fact that the unfit were no longer weeded out by disease.”¹³³ McLaren claims that Macklin believed that individuals perceived as “defectives” were having disproportionality more children than the middle-class, and a subsequently, were overly dependent on government welfare.¹³⁴ Furthermore, Macklin feared the degradation of intelligence as more individuals deemed “unfit” entered the school system. According to McLaren, Macklin called on teachers to reward intelligent children and to penalize those understood as incompetent.¹³⁵ Additionally, as asserted by McLaren, Macklin's deep concern about marriages between “defectives” was rooted in social bias rather than scientific data. As she saw it these individuals, “tended to marry thoughtlessly and have huge families.”¹³⁶

McLaren outlines how Macklin's involvement with the Canadian and international eugenics association prompted her vocal support for sexual sterilization.¹³⁷ Interestingly, McLaren notes that in 1937, Macklin even travelled to Nazi Germany “to acquaint herself with the programs being employed under Dr. Kurt Pohlisch to deal with the mentally ill.”¹³⁸ Upon her return, Macklin sustained unwavering public support for eugenics and sterilization and continued to do so throughout the remainder of her career into the 1940s and 1950s.¹³⁹ McLaren asks:

¹³² McLaren, *Our Own Master Race*, 143-144.

¹³³ McLaren, 138.

¹³⁴ McLaren, 139.

¹³⁵ McLaren, 140-141.

¹³⁶ McLaren, 140.

¹³⁷ McLaren, 138, 142.

¹³⁸ McLaren, 143.

¹³⁹ McLaren, 143.

“Why did such an obviously gifted woman, who was herself a victim of discrimination and prejudice, throw her support behind a movement that chose to make the weakest members of the community the scapegoat for all its ills?”¹⁴⁰ He implies that Macklin, in actuality, knew little about the “feeble-minded” and in her pursuit of identifying such individuals as burdens to Canadian civil society, she was purposefully negligent of all scientist formalities she had advocated and practiced as a skilled geneticist. Macklin, McLaren argues, was both socially conservative and classist. As such, in her social value system, Macklin failed to apply the ethical practices of genetic science.¹⁴¹ Accordingly,

“[T]he only valued life, in her estimation, was the one lived by those who shared her class and cultural values. It is sad to think that her own struggle to win intellectual recognition despite the handicap of being a woman might have made her less, rather than more, sympathetic to those attempting to overcome mental handicaps.”¹⁴²

McLaren’s effective outline of the rise of Macklin’s social understanding of eugenics might similarly apply to women’s right activists Emily Murphy (1863-1933) or Nellie McClung (1873-1951) among other women.¹⁴³ Women activists, among others, in western Canada in the early to mid-twentieth century founded their advocacy for Alberta’s Sexual Sterilization Act in class and racial biases.

As McLaren suggests, Macklin’s appeal to eugenics was rooted in a class bias against those deemed to be “mentally defective,” rather than any genuine, or precise application of scientific knowledge. Moreover, McLaren’s insights reinforce the assumptions that contemporary citizens might retrospectively hold that eugenics was not reproduced or

¹⁴⁰ McLaren, *Our Own Master Race*, 144.

¹⁴¹ McLaren, 144.

¹⁴² McLaren, 145.

¹⁴³ Sheila Gibbons, “McClung, Nellie,” Eugenics Archive, accessed December 13, 2021, <http://eugenicsarchive.ca/discover/tree/531e9b08132156674b0001fa>.; Sheila Gibbons, “Murphy, Emily,” Eugenics Archive, accessed December 13, 2021, <http://eugenicsarchive.ca/discover/tree/531e9b08132156674b0001fa>.

disseminated by the undereducated. As McLaren's analysis and research proves, educated and focused professionals, including Madge Macklin were often strident boosters of eugenics.

Woman scientists, as exemplified by Macklin, exploited their professional authority and status using the associated rhetoric of class superiority to support eugenic values.

The circumstances and occupational record of Canadian geneticist, Margaret Thompson (1920 – 2014) provides further insight into the ways highly educated women rationalized their participation in eugenics.¹⁴⁴ Like Macklin, Thompson received formal training in genetic science. In 1948, Margaret Thompson graduated from the University of Toronto with a PhD in Zoology and a specialization in human genetics.¹⁴⁵ In the 1950s, Thompson was hired as an assistant professor at the University of Alberta where she founded the *Hereditary Counselling Service* in the Faculty of Medicine at the University of Alberta in 1957. Thompson's role as founder of the *Hereditary Counselling Services* was particularly important given the close relationship counselling work had in referring patients for potential sterilization by the AEB. She served as the chair of the *Hereditary Counselling Service* until 1963.¹⁴⁶ In 1960, Thompson joined Alberta Eugenics Board, becoming the first geneticists to serve on the Board.¹⁴⁷ She served the AEB from 1960 to August 31, 1963.¹⁴⁸

In 1996, Margaret Thompson testified at the trial of *Muir v. Alberta* where she was asked by the prosecution to account for her work as a former member of the AEB.¹⁴⁹ Despite her

¹⁴⁴ Kurbegović and Wilson, "Thompson, Margaret."

¹⁴⁵ Kurbegović and Wilson, "Thompson, Margaret."

¹⁴⁶ Kurbegović and Wilson, "Thompson, Margaret."

¹⁴⁷ Kurbegović and Wilson, "Thompson, Margaret."

¹⁴⁸ Thompson was on a leave of absence from September 1, 1962 and August 31, 1963. See, *Muir v. Alberta*, 1996 CanLII 7287, at *29.

¹⁴⁹ In 1996, Leilani Muir successfully sued the Alberta government for wrongful sterilization which had occurred in 1959 while she was interned, under the Sexual Sterilization Act, at the Provincial Training School in Red Deer Alberta. In the *Muir v. Alberta* trial, Muir argues that the sexual sterilization had been unconsented, and subsequently caused her permanent and life-long emotional and physical trauma. The courts concluded that Muir's sterilization occurred as a result of the "wrongful stigmatization of Muir as a moron, a high grade mental defective."

formal education in human genetics, Thompson appeared to speak against her education in science. As the case law reveals, Thompson “acknowledges that the Board could not – in Ms. Muir’s or in many other cases – be certain that any defect of the trainee would be passed on to the trainee’s offspring.”¹⁵⁰ That is to say, during her active membership on the AEB, Thompson was aware that she was acting on unscientific and questionable grounds, and yet, she continued.

During the *Muir v. Alberta* trial, Madam Justice Joanne B. Viet questioned Thompson about numerous cases she had approved for sterilization during her time on the AEB. The first cases concerned the circumstances of a young deaf boy. Although reported to have been profoundly deaf and a poor worker at school, the boy had an IQ of 76 which was determined to be of normal intelligence and was well mannered.¹⁵¹ Thompson went on record to express her distaste for him as a poor worker, and when questioned, justified her decision to approve his sterilization arguing that “she was being protective of him when she decided to have him sterilized.”¹⁵² It is important to note that regardless of the boy’s demeanour, Thompson’s behaviour might be perceived by contemporary readers as unethical and unjustified. However, and to the point, Thompson’s behaviour appears to speak to the authority of the AEB which remained largely unchecked or regulated both internally and externally. Thompson, like other members, were entrusted with the power to decide who, among the recommended cases referred to the AEB, was, or was not, worthy of reproduction. Additionally, her behaviour speaks of the social, class, and racial biases AEB members brought to their decisions. They reacted negatively to anyone deemed to challenge the heteronormative, class, or racial status quo. Her testimony in

The province was found guilty of wrongful sterilization and wrongful confinement in the case of Muir. For her grievances, Muir was awarded a financial settlement worth \$740,780. See, *Muir v. Alberta*, 1996 CanLII 7287 (AB QB), <<https://canlii.ca/t/1p61q>>, retrieved on 2021-04-13, *2-5.

¹⁵⁰ *Muir v. Alberta*, 1996 CanLII 7287, at *29.

¹⁵¹ *Muir v. Alberta*, 1996 CanLII 7287, at *29-30.

¹⁵² *Muir v. Alberta*, 1996 CanLII 7287, at *30.

court indicates the ways she, like Macklin, used their professional authority to establish their purpose within a male dominated field. Thompson essentially justified her decisions as protective of the survivors, and society more generally. She was motivated by social paternalism rather than science.

Perhaps the most vivid example of the misguided bias leading decisions to sterilize made by the members of the AEB, were made evident during the *Muir v. Alberta* trial when Thompson was asked by the court why she had approved the sterilization of male children with Down Syndrome.¹⁵³ While it had been scientifically proven by geneticists since the 1940s that children with Down Syndrome were infertile, making sterilization superfluous, Thompson had approved their sterilization.¹⁵⁴ As Thompson stated, “there was nothing lost by sterilizing the male mongol; she thought everyone would agree with her approach. She thought that sterilization would “make assurance doubly sure.”¹⁵⁵ Again, Thompson’s response exemplifies how motives for sterilization in Alberta’s eugenics program were rooted in social bias and the dislike of those considered to be of a lower class and intelligence than herself. Thompson herself acknowledges the unscientific nature of her pursuit, noting that eugenics was a political and social movement more than it was a scientific one.¹⁵⁶ In her testimony, Thompson appeared unremorseful. She did not seem to recognize the extent of the harmful effects of the AEB more generally.

In addition to the superfluous sterilization of men with Down Syndrome, evidence at the *Muir v. Alberta* trial revealed that Thompson, in collaboration with her colleague and Superintendent of the Provincial Training School, Leonard Le Vann¹⁵⁷, had conducted

¹⁵³ In the 1960’s, during the period of Thompsons service on the AEB, people with Down Syndrome were referred to as “mongols”.

¹⁵⁴ *Muir v. Alberta*, 1996 CanLII 7287, at *30, 32.

¹⁵⁵ *Muir v. Alberta*, 1996 CanLII 7287, at *30.

¹⁵⁶ *Muir v. Alberta*, 1996 CanLII 7287, at *30.

¹⁵⁷ Natalie Ball, “Le Vann, Leonard J.,” Eugenics Archive, accessed December 13, 2021, <http://eugenicsarchive.ca/discover/tree/531e9b08132156674b0001fa>.

unauthorized medical experiments on the testicular tissue of castrated and vasectomized institutionalized men with Down Syndrome.¹⁵⁸ Thompson's testimony indicated that she, alongside Leonard Le Vann and her colleagues on the AEB, were unaware or indifferent to the trauma and violence they instigated against the bodies and personhood of those sterilized. Thompson was unapologetic in her testimony to the court, standing firmly in her belief that eugenics was a vehicle for social good.¹⁵⁹ Although no definitive conclusions can be made as to why Thompson was complacent during her time on the AEB or in her later e to the court, it can be said, with absolute certainty, that Thompson was scientifically aware of the implications of her actions while on the AEB. As already noted, those experiments she conducted in collaboration with Leonard Le Vann were unscientific and contradicted her professional training as a geneticist. Moreover, these experiments did not align with Alberta's Sexual Sterilization Act.¹⁶⁰ Apparently, Thompson never questioned the ethics of her decisions on the AEB.

Viet refuted Thompson's testimony, arguing that her recollections were ill sufficed to justify her role on the AEB. The court explicitly stated that her behaviour was rooted in control, not in science. Viet notes that given Thompson's evidence, "sterilization was done primarily to control sexual activity in the institution rather than for any of the purposes set out in the legislation."¹⁶¹

¹⁵⁸ *Muir v. Alberta*, 1996 CanLII 7287, at *32.

¹⁵⁹ *Muir v. Alberta*, 1996 CanLII 7287, at *30.

¹⁶⁰ According to the prosecution in the *Muir v. Alberta* (1996) trial, Thompson "testified that the Board unilaterally modified the standard passed by the Legislation of Alberta; in her opinion, the legislature had set a standard that was unreasonably tough – too high to meet." Furthermore, the prosecution argues that the decisions made by AEB members "not made according to standards imposed on them by the legislation, but because members of the Board, like Dr. Thompson, thought that it was socially appropriate to control reproduction of "these people". Finally, and as a testament to the illegal nature of Thompsons behaviour, the prosecution argues that the AEB was *not* legally responsible for authorizing appendectomies. Yet, they continued, Thompson, while serving on the AEB "never questioned the reports that almost always noted that an appendectomy had been performed at the same time as the sterilization." See, *Muir v. Alberta*, 1996 CanLII 7287, at *29, 31-33.

¹⁶¹ *Muir v. Alberta*, 1996 CanLII 7287, at *31.

As a historian, I acknowledge that the available knowledge on eugenics today may not represent the knowledge held by those of a past era. And yet, Thompson's testimony demonstrates that she used social, rather than scientific values, to justify her eugenic behaviour. Viet's decision in the *Muir v. Alberta* trial argues that "even in the early days of the push for government sterilization in Canada, it was recognized that there was no solid scientific basis for the adoption of the program."¹⁶² Despite all claims and justification, eugenics was not, and had never been, rooted in science. As other scholars have questioned, it is difficult to comprehend why Alberta's program was sustained well beyond the belief system on which it was founded. Eugenics was, however, a pseudo-scientific initiative which sought to control the reproductive lives of people deemed to be inferior. Thompson exploited her empowerment on the AEB to exercise her professional authority and build her reputation as a scientist.

The case of Madge Macklin and Margaret Thompson indicate, clearly, that eugenics was embraced by some highly educated women of science. Macklin and Thompson indicate the extent to which eugenics was used as a vehicle for professional advancement. Both women were unapologetic in their eugenic pursuits, and despite both having been qualified and skilled geneticists, they abandoned their scientific formalities to rationalize the social and disciplinary values of eugenics. Neither engaged in eugenic reform in accordance with their skills as geneticists. Rather, they exercised decisions based on class bias. Their commitment to eugenic values, despite their formal training, demonstrates how and why eugenics lasted so long in Alberta. Many were professionally empowered by the institutional bureaucracies that existed because of eugenics.

¹⁶² *Muir v. Alberta*, 1996 CanLII 7287, at *31.

Public Health as a New Form of Population Surveillance: Female leadership in Alberta's Sexual Sterilization Act and the Eugenics Program

In the previous section, I proved that female geneticists Madge Macklin and Margaret Thompson effectively bridged their scientific expertise in genetic theory, with their support for eugenics. Moreover, I argue that these women exploited this paradox as a means of advancing their careers, as well as a means of legitimizing their personally held racist, classist and social bias's against individuals deemed to be "feeble-minded." Like Thompson and Macklin, other women in various professions including Toronto based physician, Helen MacMurchy (1862-1953) and Chief Psychiatry Social Workers of Alberta's Guidance Clinic, Mary Frost (death and birth date unknown) were highly educated and strident pro-eugenic activists.¹⁶³ MacMurchy and Frost exploited eugenics ideas as a means of garnering professional authority, justifying increased professionalization, and legitimizing their personal bias using their newfound professional authority.

Using the language of eugenics, MacMurchy and Frost argued favourably for increased community surveillance for individuals deemed to be "mentally defective." This form of public health outreach was an innovation that served the eugenic system. Moreover, in this role of policing families and mother care, as they saw it, professional women were empowered in their public role as social housekeepers. In publications and public presentations, both argued that public health work directly profited the demographic accounting that upheld Alberta's eugenic culture. They proposed a system of reporting which sought to detect, and subsequently institutionalized, individuals deemed to be "mentally defective."

¹⁶³ Amy Samson, "MacMurchy, Helen," Eugenics Archive, accessed December 13, 2021, <http://eugenicsarchive.ca/discover/tree/531e9b08132156674b0001fa>.; Amy Samson, "Frost, Mary," Eugenics Archive, accessed December 13, 2021, <http://eugenicsarchive.ca/discover/tree/531e9b08132156674b0001fa>.

Helen MacMurchy was a prominent eugenicist who garnered a national profile on matters of public health. In *Our Own Master Race: Eugenics in Canada, 1885-1943*, Angus McLaren argues that “Helen MacMurchy probably did more than any other individual in Canada in the first third of the twentieth century to alert the public to the dangers posed to public health.”¹⁶⁴

According to McLaren, MacMurchy was:

a member of the second generation of Canadian women doctors, attending the Women’s Medical College and then the University of Toronto, where she earned her M.D. in 1901. She was the first woman in the Department of Obstetrics and Gynaecology at Toronto General Hospital, with a cross-appointment as lecturer at the university, and the first woman to be accepted by the John Hopkins University medical school for post-graduate study.”¹⁶⁵

Between 1906 and 1919, MacMurchy worked for the Ontario government and in 1920 for the federal government’s Department of Health, where she remained until 1934. Additionally, McLaren notes that MacMurchy had “served as medical inspector for the Toronto schools from 1910 to 1911 but was forced to resign because of clashes with the educational authorities, and between 1906 and 1916 she was the inspector of the feeble-minded in Ontario.”¹⁶⁶ MacMurchy’s involvement as medical inspector are important as it reveals her public commitment to eugenic reform.

In 1915, while serving as the inspector of the “feeble-minded” as well as the inspector of auxiliary classes for Ontario, MacMurchy released a publication titled “The Mentally Defective Child.” Although brief, her article provides profound insight into the ways professional bodies of social welfare administration depended on complex network of staff led client surveillance. Employers were tasked to identify and report people deemed to be “mentally-defective” and of potential threat to the community. MacMurchy notes:

¹⁶⁴ McLaren, *Our Own Master Race*, 30.

¹⁶⁵ McLaren, 30.

¹⁶⁶ McLaren, 30.

At our last meeting in the Academy of Medicine, one of the Fellows who had that morning seen a mentally defective girl on the street, asked what could be done for such a child. Acting on the information thus received, and with the assistance of Dr. Hastings and the nurses of the Medical Health Department, this case was investigated. One of the Public Health Nurses paid a friendly visit to the family. She found the home of the child, had a chat with the mother, and later on communicated with the School Nurse of the school which the little girl attended. It was arranged that the child should be taken to the Social Service Guidance Clinic of the Toronto General Hospital.¹⁶⁷

In the above statement, MacMurchy demonstrates the monitoring, assessment, and reporting tasks undertaken by a burgeoning cohort of health professionals including physicians, public health nurses, school administrative staff and social workers in identifying children perceived to be “mental-defective” in the communities. As MacMurchy implied, the successful detection of “mental defectives” relied on a trained observational workforce of health professionals, who collectively policed their community.

Helen MacMurchy viewed eugenics as a public health panacea advocating strongly for the segregation of individuals assessed as “mentally defective” from “normal” citizenry.¹⁶⁸ As MacMurchy saw it, “persons of subnormal mentality cannot fit into a world intended for normal people.”¹⁶⁹ Subscribing to the binary of those who were, and were not, considered worthy to be a part of Canadian civil society, MacMurchy upheld the idea of the normative liberated from the gaze of state systems of social or public health workers.

Children as well as adults and youth were subject to surveillance with the potential for apprehension if abnormalities were detected. According to MacMurchy, “defective” children required permanent institutionalization. Otherwise, as she asserted, “defective” children would be “a burden and a source of evil in the community.”¹⁷⁰ MacMurchy argued that the most

¹⁶⁷ Helen MacMurchy, “The Mentally Defective Child,” *The Public Health Journal* 6, no. 2 (February 1915): 85.

¹⁶⁸ MacMurchy, “The Mentally Defective Child,” 85.

¹⁶⁹ Helen MacMurchy, “The Care and Treatment of Mental Defectives,” *Canadian Medical Association Journal* 7, no. 10 (1917): 894.

¹⁷⁰ MacMurchy, “The Mentally Defective Child,” 85.

effective detection work could be performed in school.¹⁷¹ As a result, MacMurchy argued for a network of school and community watchdogs charged with identifying and reporting children deemed to be “unfit.” According to MacMurchy, Canada needed to “promote and improve medical inspection of schools by every means in our power, so that mental defectives may be recognized.”¹⁷²

Once children perceived to be “mentally defective” were identified in the Toronto school, MacMurchy argued in favour of their formal institutionalization. Removed from the school system, MacMurchy argued that they were to be sent to either a Farm Colony or Industrial Training School. MacMurchy understood child and youth institutionalization to “protect[s] the mentally defective and renders them happy and as useful as they can be.”¹⁷³

For contemporary readers, MacMurchy’s sentiments are problematic lending the impression that she was advocating for the permanent incarceration of “mentally defective” children. By arguing that these children could be “trained” to be “useful,” she explicitly suggests that the worthiness of those children understood as “feeble minded” were judged on their future contributions to the waged labour economy. Her message was clear: the worthiness of the “mentally defective” child would be transformed by their segregation in institutional facilities where they would receive training in manual, rather than intellectual, labour.

MacMurchy’s stance on Auxiliary Classes, as well as the call for increased public surveillance, has a bearing on the emergent professionalization of women in other occupational tiers of the social welfare scheme as social workers, nurses, school counsellors, and physicians. MacMurchy argued that increase surveillance by a range of public health professionals would

¹⁷¹ MacMurchy, “The Mentally Defective Child,” 85.

¹⁷² MacMurchy, “The Care and Treatment of Mental Defectives,” 895.

¹⁷³ MacMurchy, “The Mentally Defective Child,” 86.

allow for the efficient detection, reporting, and prevention of “mental defectives.” Those invested in Alberta’s eugenics program understood the value of this trained section of social housekeepers, believing themselves to be essential in the campaign for improving the public health of Alberta’s growing population.

In addition to her professional aspirations to segregate the “feeble-minded,” MacMurchy appears to have perceived her role as a physician to be of national significance. Consequently, she used her professional standing as a physician to argue in favour of eugenics. She notes, “We owe it to the country that gave us our medical education, to help Canada in national medical problems.”¹⁷⁴ According to MacMurchy, the presence of “mental defectives” in the community was a threat to Canada’s national health. MacMurchy argued that institutionalization protected the “feeble minded” as much as it did “the community and the nation.”¹⁷⁵ MacMurchy’s arguments, which return many of the arguments made by the UFWA, suggest that her strident application of eugenics grew from an investment in Canadian nationalism, rather than in a genuine desire to protect those categorized as “mentally defective.” McLaren argues that “the hostility to feeble-mindedness was obviously based more on moral than on medical preoccupations. But the two issues were inextricably intertwined in the minds of most early twentieth-century commentators.”¹⁷⁶ MacMurchy felt authorized to publicise her views on eugenics due to her professional status. MacMurchy’s public life, McLaren demonstrates, exemplifies the ways moral and medical opinions morphed into a single entity in Canada at mid twentieth century.

¹⁷⁴ MacMurchy, “The Care and Treatment of Mental Defectives,” 894.

¹⁷⁵ MacMurchy, “The Mentally Defective Child,” 86.

¹⁷⁶ McLaren, *Our Own Master Race*, 40.

Similar to my earlier arguments on eugenic feminism, MacMurchy's claims are ideologically contradictory. On the one hand, as McLaren shows, Helen MacMurchy "was always held in check by her conviction that innate biological inequality could never be overcome."¹⁷⁷ This sentiment suggests MacMurchy was an advocate of biological determinism, stressing the value of nature (biology) over nurture (social context). On the other hand, MacMurchy, who was an expert in public health and social hygiene, had scaled the social expectations of femininity, testifying to the truth of nurture over the popular rhetoric that biology shaped women's natural destiny. Had MacMurchy been genuinely committed to the concept of biological determinism, she likely would have rejected a career in medicine. Her self-made rise to professional and occupational authority challenges the narrative of women as best suited to tasks arriving from their weaker and maternal nature. The point is that women's support for and engagement in eugenic reform was deeply nuanced, and in many ways, contradictory.

Mary Frost, Chief Psychiatry Social Worker of Alberta's Guidance Clinics, stands as a second example. Frost, like MacMurchy, was deeply troubled by the presence of "mental defectives" in Canadian society. In addition to holding an appointment as Chief Psychiatry Social Worker responsible for the oversight of Alberta's provincial guidance clinic, Frost was the secretary for the Alberta Eugenics Board.¹⁷⁸ In 1942, Frost published a master's thesis titled, "Sterilization in Alberta: A Summary of the Cases Presented to the Eugenics Board for the Province of Alberta from 1929 to 1941."¹⁷⁹ Given its tone and content that does not challenge the social value of eugenics, it is not surprising to learn that Frost's master's thesis was completed at

¹⁷⁷ McLaren, *Our Own Master Race*, 30.

¹⁷⁸ Samson, "Frost, Mary."

¹⁷⁹ Mary Frost, "Sterilization in Alberta: A Summary of the Cases Presented to the Eugenics Board for the Province of Alberta from 1929 to 1941" (master's thesis, university of Alberta, 1942).

the University of Alberta under the supervision of the AEB's founding director, John MacEachran, who also served as the Board Chair from 1928 to 1956.¹⁸⁰

In her thesis, Frost argued in favour of increased marriage laws, segregation, and sexual sterilization for individuals determined to be “mentally defective”. As she proposed, these policies would prevent the “feeble minded” from reproducing.¹⁸¹ Sterilization, according to Frost, posed “little physical risk to the individual, it makes procreation impossible and consequently the transmission of defects to future generations – yet in no way need it impair the social or sexual life of the individual.”¹⁸² She argues that the procedure itself had “no mutilating or inhibiting effect” on the bodies of survivors.¹⁸³ According to Frost, sterilization was a benign procedure, posing little risk to the emotional or sexual wellbeing of the patient. While the tone of her thesis is overwhelmingly pro-sterilization, Frost initially notes that “sterilization should be considered only as a supplementary measure ... and not as a panacea in itself.”¹⁸⁴ Again, however, the tone of her thesis suggests that she favoured more strongly for sterilization than the previous statement implies.

Frost expressed concern about the influx of Central European immigrants into Canada. Exposing her social bias, she argued that these immigrants were inherently “defective” in comparison to the British stock. Frost advocated for increased testing sites at entry ports where immigrants arrived, so that people deemed to be “mentally defective” could be identified and reported upon entrance into Canada. According to Frost, “had adequate psychometric

¹⁸⁰ Samson, “Frost, Mary.”; Henderikus J. Stam and Ashley Barlow, “John M. MacEachran and Eugenics in Alberta: Victorian Sensibilities, Idealist Philosophy, and Detached Efficiency,” in *Psychiatry and the Legacies of Eugenics: Historical Studies of Alberta and Beyond*, ed. Frank W. Stahnisch and Erna Kurbegović (Edmonton: Athabasca University Press, 2020), 46, 49.

¹⁸¹ Frost, “Sterilization in Alberta,” 3.

¹⁸² Frost, 3.

¹⁸³ Frost, 11.

¹⁸⁴ Frost, 4.

examination been made at the port of entry, there might have been twenty-four per cent fewer mental defectives of both sexes, presented to the Eugenics Board from 1929 to 1941.”¹⁸⁵ As far as Frost was concerned, immigration and “mental defectiveness” were intrinsically connected.¹⁸⁶

According to Frost, the psychiatrists responsible for reporting patients to the AEB were highly trained consistently. In her thesis, she argued that “the psychiatrists have made it their policy to exercise the utmost care in selecting suitable cases for presentation.”¹⁸⁷ While Frost may have believed her sentiment to be true, the testimony presented in the 1996 *Muir v. Alberta* case law record demonstrate otherwise. In 1996, research conducted for the *Muir v. Alberta* case exposed that Leonard Le Vann, the former Director of the Provincial Training School in Red Deer, was in fact untrained. He was not a qualified psychiatrist despite having unethically posed as one for several decades.¹⁸⁸ The evidence presented twenty years after the AEB had been disbanded affirms that the AEB and the psychiatrists who recommended patients were less regulated and less committed to providing “the utmost care” than what Frost had claimed in the 1940s.

While Frost praised Alberta’s eugenics program in her master’s thesis, she made multiple recommendations to increase efficiency of the program. First, she favoured increased public education on the dangers of “mental deficiency.” Second, she argued that that the terms of office for the AEB should be defined, and restricted to “membership terms of, say, five years, staggered so that only one member changed in one year.”¹⁸⁹ According to Frost, staggered membership on the AEB would “allow a natural infiltration of new ideas from equally competent persons.”¹⁹⁰

¹⁸⁵ Frost, “Sterilization in Alberta,” 68.

¹⁸⁶ Frost, 86.

¹⁸⁷ Frost, 12.

¹⁸⁸ *Muir v. Alberta*, 1996 CanLII 7287, at *13.

¹⁸⁹ Frost, 88.

¹⁹⁰ Frost, “Sterilization in Alberta,” 88.

Her insights are particularly interesting given that John MacEachran, Frost's thesis supervisor, had served on the Board for twenty eight consecutive years. Perhaps her commentary on the AEB appointees may be read as a critique to MacEachran's extended service on the Board. Third, and most importantly, Frost argued "that the staff entrusted solely with this work had not been sufficiently large to ensure the obtaining of the greatest possible benefit from the operation of the Act."¹⁹¹ As a remedy, Frost called for the expansion of the trained labour force arguing for "additional full-time social workers" whose jobs would be to enforce and apply Alberta's Sexual Sterilization Act to its fullest operational potential.¹⁹² She notes, there is an "urgent need of a larger staff to carry out the administrative and clerical work of the Eugenics Board."¹⁹³ Frost was proposing a growth in the eugenic and AEB bureaucratic operations to expand the Sexual Sterilization Acts reach and impact. As Frost saw it, a greater number of social workers would ensure that more people deemed to be "mentally defective" in the community would be detected and reported for possible sterilization to the AEB.

While Frost had argued favourably for increased community social workers in her 1942 thesis, professionalization with the field of social work was slow to come. Historian Amy Samson, argues that social workers in Alberta lacked a professional provincial organization between the early and mid-twentieth century and that the profession lacked national representation.¹⁹⁴ Not until 1950 did Alberta social workers qualify for membership to the Canadian Association of Social Workers (CASW).¹⁹⁵ As a result, Samson argues that Frost's thesis "attempted to redefine and solidify the investigational work associated with the clinic, and

¹⁹¹ Frost, 92.

¹⁹² Frost, 90.

¹⁹³ Frost, 89.

¹⁹⁴ Amy Samson, "Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972," *Canadian Bulletin of Medical History* 31, no. 1 (2014): 156.

¹⁹⁵ Samson, 156.

the provincial eugenic program more broadly, as part of the profession's area of expertise."¹⁹⁶ As noted earlier, Frost herself was a social worker, and thus the increased professionalization within her field directly benefited her.

While their approach to supporting and promoting eugenics in Alberta differed, both Helen MacMurchy and Mary Frost, respectively argued that increased public health staffing would allow for greater detection of "mental defectives." Their rationale for expansion of their professional authority and reach may be seen as harmonious. As outspoken leaders making public pronouncements about how to improve the national and provincial schemes of public health, both MacMurchy and Frost understood that surveillance of those classified as contrary to the norm might threaten community health. Their assertions to expand the social welfare bureaucracy was a necessary facet of their profession. As a result, they publicly justified the statistical increases in the profession and their status as public health experts so long as it served the greater interest of Alberta's eugenic reform. Calling for the greater professionalization of social workers through expanded training, Frost exemplifies how women in the field used the language of eugenics to affirm their expertise in community surveillance as benefiting the nations (and Alberta's) social hygiene. Frost and MacMurchy's rise to professional prominence can be also understood as emerging from a personal ambition and desire to be taken seriously as authorities within public health and eugenics programs.

¹⁹⁶ Samson, "Eugenics in the Community," 156.

Conclusion

Using the language of Anglo British nationalism and maternal feminism, white middle-class women were able to exploit eugenics, as outlined in the Sexual Sterilization Act, established by the arguments of women of the UFWA in the early 1920s. Eugenics, I argue along with Gibbons, Grekul, and others was a means of cultivating a uniquely female public and political authority. These liminal spaces were both liberating and oppressive to women. As I have demonstrated, women used their role as mothers to both the family and the nation, to acquire political power and establish opportunities for professionalization in the feminized fields of public health and social services in Alberta, and across Canada.

In chapter one, I explored the ways gender, nationhood and eugenic reform had been constructed at an international level. I subsequently explored the policy amendments in 1937 and 1942 which altered the terms of consent, rendering unconsented sterilization legally permissible in Alberta. Finally, I utilized arguments made by sociologist Jana Grekul and historian Joan Sangster to demonstrate the ways female promiscuity was constructed and proved useful to those arguing for the control of female sexuality which fell outside of the heterosexual norm. In harmony with Sangster and Grekul, I argued that the failure to embody the feminized ideal rendered women susceptible to accusations of sexual immorality and promiscuity.

Like Grekul, I understood that Alberta's Sexual Sterilization Act punitively mediated female "deviance" from social norms during the era it operated from 1928 to 1972. I demonstrate this by exploring the ways sexual immorality was disproportionately used by the AEB to rationalize their decisions to sterilize women.

In chapter two, my discussion on how the United Farm Women of Alberta (UFWA) are influenced by those of Sheila Gibbons, as well as Erin Moss, Henderikus Stam and Diane

Kattevilder. The UFWA intuitively exploited the language of maternal feminism and eugenics as a means of legitimizing political authority within the male dominated public sphere. I outline the ways the UFWA exploited their roles as mothers – which was rhetorically argued by them to be of national significance – to establish and justify a system of surveillance over people perceived as “feeble-minded.” Following that, and using the work of Amy Samson, Dianne Mansell, Dianna Dodd, and Barbara Keddy, I examined the rise of public health campaigning espoused by social reforms like Helen MacMurchy and Mary Frost, as well as the way women’s entry into nursing and social work was justified by their “natural” abilities to care. Hence women’s maternal dispositions acceptably extended their reach as female authority within the field of public health.

Chapter three further developed the framework of women’s ruse to public qualified expertise through my exploration of Canadian women geneticists, Madge Macklin and Margaret Thompson. They used their role as women to justify their professional authority as scientific experts while arguing that their stance on eugenics was central to strengthen nationalism.

In this essay, I have proved that white middle-class women from agriculturalists of the UFWA, social workers, nurses, and geneticists strategically deployed the language of maternal feminism and the idea of the public hygiene of the nation to construct themselves as authorities from a uniquely feminine standpoint. These tools for women’s advancement were both liberating and constraining. Finally, in this essay Alberta served as my specific site of exploration because of the longevity of the Sexual Sterilization Act. Women, as experts, were highly visible in the Act’s application and thus an examination of the gender politics of the Act created a doorway into how certain classes and races of women were able to progress socially, politically, and professionally. The construction of the idealized female professionalism legitimized, and

authorized particular women's rise to political authority in Alberta under the Sexual Sterilization Act.

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