"An Act Respecting Sexual Sterilization":
Reasons for Enacting and Repealing the Act.

by

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ABSTRACT

British Columbia enacted "An Act Respecting Sexual Sterilization" on April 1, 1933 and repealed the Act on April 18, 1973. Through historical research, this thesis investigates the reasons for both the enactment and repeal of the Act. Also, the thesis describes the changing status of surgical sterilization during those years.

Surgical sterilization initially began as a form of genetic selection for those in institutions. By the 1940s there was demand from the public that this procedure be available. It was not until the 1960s that voluntary surgical sterilization became available, but not without much debate as to whether the procedure was legal outside of the Act. By the 1970s, voluntary sterilization was accessible. The Act was repealed during this time as the understanding of heredity had changed and it appeared that the Act was used to solve behavioral problems rather than problems of heredity.
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CHAPTER ONE

INTRODUCTION AND METHODOLOGY

Introduction

"An Act Respecting Sexual Sterilization" was enacted in British Columbia on April 7, 1933, and was repealed in 1973. The primary focus of this paper is to understand the conditions and the reasoning which lead to the enactment. Secondly, the thesis will focus on what took place with respect to the Act until the time of its repeal. The reasons for the repeal are also investigated. In this chapter I will describe the method and resources of this research and provide reasons for its historical approach.

In Chapter Two, the social climate in Canada prior to the Act is explored. In turn, this will assist in answering how eugenics played a role in bringing in the Act and expose reasons given for and against the Act. With this information, the question will be answered why political control over
reproduction through surgical sterilization\(^1\) was considered to be needed and why access was to be regulated.

Chapter Three outlines "An Act Respecting Sexual Sterilization" and explains the written purpose of the Act. It will examine the reasons as to who was to be subjected to these controls, and why as they were discussed in newspapers, books, and government records prior to and during the enactment. I will attempt to determine why sterilization was selected as a device of control. Finally, I will ask whether the subjects were sterilized to stop the reproduction of their own kind or to control their behaviour.

Chapter Four focuses on the Essondale Report, the only report located which provided case studies for patients who had undergone sterilization under the Act. The study is discussed in detail to examine how the Act was employed. What was the power relationship between the providers and the recipients of the surgery? Who was elected for the surgery and why? As revealed in the Essondale Report, was the Act used to save money or to control behaviour. In light of the Essondale Report, was the Act successful?

Chapter Five will cover the years between the enactment and its repeal. In retrospect, was the Act successful during its time, and why it was repealed is discussed.

\(^1\)The definition of surgical sterilization used in this text is: "Made incapable of progeny, e.g. by removal of the ovaries, tying the Fallopian tubes, hysterectomy, or in the male, vasectomy or tying the vas deferens" (Riley et al., *Faber Pocket Medical Dictionary*, (London: Faber and Faber, 1985), p. 326.)
Global Context

Issues surrounding new reproductive technologies are currently gaining momentum. Before looking at current problems of political control and ethics in human reproduction, past issues of reproductive control need to be investigated. Many of the questions being raised by the new technologies are similar to those posed by the older technologies. Understanding of historic problems may assist in responding adequately to the concerns of today.

Power and control are the core issues in the politics of fertility control. Governments have involved themselves in human reproduction by enacting laws, restricting access to contraception, funding certain procedures, as well as financially supporting specific research.

The implications of government control are far reaching. Not only does this place the government in the powerful position of being the gatekeepers to fertility control,\(^2\) but what forms of fertility control are legal or illegal and for whom. This is seen with the British Columbia Provincial Government determining who was not worthy of reproducing by enacting "An Act Regarding Surgical Sterilization." In the past, and today, it is the government which defines the parameters within which an individual may begin their reproductive choices.

\(^2\)Fertility control is defined as any means of stopping contraception, ending a pregnancy, or enhancing the probability of contraception.
Methodology

History permits the study of society as a whole since "the reality of history [is] one in which economic action, political action and cultural action are entangled in a single, social whole." It is important to study the legislation of eugenic sterilization in this holistic context since laws and political action supporting surgical sterilization were based on the economy of caring for those in institutions (i.e. neo-Malthusian ideology), and deterioration of the Anglo-Saxon race in British Columbia (i.e. race suicide).

History is made by the day to day actions of individual people; at the same time it is manifested under laws which

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4Thomas Malthus (1766 - 1834) believed that war, disease and famine were natural 'positive' methods of maintaining the human population and that 'negative' means of controlling the population were late marriage and chastity (Nicholas Abercrombie et al., *Dictionary of Sociology*. 2nd Ed., London: Penguin Books, p. 142). Neo-Malthusian ideology believed that the poor, through the use of birth control could restrict their population and organise a "general strike." By providing sterilization, or any birth control information for the working poor, their fertility would decline. Also, by not providing the same service or information to the upper classes, there was hope that the well-to-do would increase their parity or number of children produced. Reducing the lower class's population was seen as a method of the upper class keeping control.

5More people were immigrating into Canada, and these people had a higher birth rate than the Anglo-Saxon population. This in turn meant that the ratio of Anglo-Saxons to the rest of the population was declining. The neo-Malthusians believed that only the Anglo-Saxon population was worthy, and this group was not reproducing at the rate of other 'sub-standard' races. Race suicide refers to this concern that the quality of human stock was deteriorating as the ratio of Anglo-Saxon to the remaining population was reducing.
people create. Laws are created through a distillation of beliefs, facts, and values. It is the dominant classes, such as the politicians, who bring about legislation to control those with less power.

This research covers the period from 1920 to 1973. Past events, inaccessible to direct observation, can be best understood through documents. The documents employed in this research are public records such as legislation, the Criminal Code of Canada, the Journals of the Legislative Assembly of British Columbia, Sessional Papers and the Hansards (which are only available after 1972). In the British Columbia Provincial Archives, I have searched the records of the Department of the Provincial Secretary, the Department of Health, the Commission of Mental Hygiene, and the Mental Hospital Records. I have read articles from medical and legal journals and from newspapers. These materials were located at the University of Waterloo Library, the University of British Columbia Library, the British Columbia Provincial Archives, and the British Columbia Medical Association. Finally, interviews with doctor Philip Alderman of North Vancouver and the director of Planned Parenthood were conducted.

An extensive literature review reveals that there is very little published regarding the social aspects of surgical sterilization in Canada. There is extensive material explaining the British, the American, and the Nazi-German experience, but not the Canadian experience. There are four Canadian

**Conclusion**

The purpose of this thesis is to understand (1) how and why "An Act Respecting Sexual Sterilization" became enacted, and (2) what lead to the repeal of the Act. In order to answer these questions, a historical method of research is employed.

Chapter Two exposes the social climate prior to the enactment of "An Act Regarding Sexual Sterilization." The focus is on the role that (1) eugenics and the idea that the population could be improved through genetic selection; and, (2) the financial burden of caring for the mentally ill and mentally retarded could be reduced, by legislating eugenic surgical sterilization.
CHAPTER TWO
SEXUAL STERILIZATION AND EUGENICS

Introduction

This chapter illustrates the foundation upon which "An Act Respecting Sexual Sterilization" was based. The chapter is divided into four sections. The first section, the eugenics movement, describes how overcrowding, unemployment, poverty, and criminality were problems and a resolution was sought. Scientific data implicated that the problems were caused by feeble-minded people and eugenic\(^1\) sterilization\(^2\), or selection of those not worthy to be parents, could resolve these problems. The second section, women's organizations and eugenics, demonstrates that these groups wanted what was best for the

\(^1\)Eugenics was defined as the "science which deals with the influences which improve the inborn qualities" ("Eugenics and the medical profession," (Canadian Medical Association Journal, January 1927, Vol. 17), p. 1526.

\(^2\)It is interesting to note that sterilization also means "germ free."
family and supported eugenic sterilization. The third section, birth control, describes why birth control was considered illegal and not a possible option at that time. The final section, sterilization, details the development of the surgical sterilization technology as well as its earlier uses.

**The Eugenics Movement**

With the Industrial Revolution and increased immigration, British Columbia's major centres were becoming overcrowded with people who were unemployed. Poverty and criminality also increased and these problems were blamed on the feeble-minded. A resolution to these problems were needed. The scientific data leaned towards eugenic sterilization. This would ensure that those who were unfit now would not create more unfit children. Birth control for the lower classes and feeble-minded was also a possibility as statistics inferred that these people reproduced at a higher rate than the upper classes and the Anglo-Saxon race.

Between the 1880s and 1920s attitudes changed regarding the feeble-minded. The industrial revolution resulted in the migration of people seeking work from rural areas to urban areas. With urbanization came disease, homelessness and overcrowding in the major centres of British Columbia. Also, in the 1880s and the 1890s the idea was that immigrant children were the transmitters of the worst characteristics of the old
country. These children were seen as the "biologically inferior strata of British life," and therefore posed the threat of polluting Canadian stock. "... [I]n 1885 Dr. Barnardo had reported that the Canadian press was willing to perpetuate the view that the juvenile immigration movement from Britain to Canada was a 'wholesale dumping of moral refuse on its shores'." British Columbia's James S. Woodsworth, in 1909, stated that if Canada was to receive juvenile immigrants, there was a decided preference for "pink-cheeked, fair-haired, blue-eyed young Saxons and the sons of refinement and education over the grubby little street urchins of uncertain parentage who threatened to pollute Canadian stock."

Joseph de Gobineau (1816 -1882) ranked the human race by the whiteness of their skin. He believed that the less white the less valuable and worthwhile. Cesare Lombroso, toward the end of the decade, in conjunction with the Italian School of Criminology, said that criminals and the lower-ranking people could be recognised by sizes and shapes of their skull, nose,

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4Ibid., p. 229.
5Ibid., p. 241.
6Ibid., p. 41.
7Ibid., p. 230.
and body. Atavism and degeneration became the new catchwords of the time. Both authors could "identify" the less fit, but offered no solution to the perceived problem that these people created.

With the perception of increasing problems, different solutions were suggested. Eugenics was one way to target those considered feeble-minded and focus the solution by reducing their numbers rather than focusing on social issues such as poverty, unemployment, and overcrowding. Charles Darwin was responsible for changing the attitude towards the biological sciences. Darwin illustrated the theory of evolution and how and why some breeds of animals continued to exist. Francis Galton and Herbert Spencer also thought human moral standards were part of the evolutionary process. The development of eugenics was influenced by Social Darwinism which also adopted Malthusian theory. Leading proponents were Herbert Spencer, who coined the term "survival of the fittest," and Francis Galton, who was considered the father of the eugenics movement.

The rediscovery of Mendel's work was influential as well. Social Darwinists believed that there were forces in human and societal evolution similar to the natural forces found in the

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8 Atavism, as defined by the Faber Medical Dictionary (1985) is "After an interval of several generations, recurrence in descendants of a character possessed by an ancestor."


10 Ibid., p. 50.
animal and plant communities. The best adapted were the most likely to survive.\textsuperscript{11} Thomas Malthus (1766 - 1834) believed that war, disease and famine were natural, "positive" methods of maintaining the human population, and that "negative" means of controlling the population were late marriage and chastity.\textsuperscript{12} Mendel's research was originally on mutations and traits being passed from one generation to the next in peas and other plants. From Mendel's results it was understood that separate traits were tied to individual genes. His work received little attention initially, but was rediscovered at the turn of the century. Armed with the information that separate traits were tied to individual genes (wrong, as it turned out) eugenicists set out to improve society permanently.\textsuperscript{13} Eugenicists believed that in order to remove negative traits from society, those carrying the traits should not be allowed to reproduce.

Francis Galton, cousin of Charles Darwin, coined the term "eugenics" in 1883 to mean "improved inborn qualities of race."\textsuperscript{14} The foundation of Galton's eugenics was from reading Darwin's \textit{Origin of Species}. Galton who had been trained to do clinical observation at the Birmingham Hospital believed that

\begin{itemize}
\item[\textsuperscript{13}]Ibid., p. 173.
\item[\textsuperscript{14}]Angus Mclaren et al., \textit{The Bedroom and the State}, (Toronto: McClelland and Stewart, 1986), p. 133.
\end{itemize}
"until the phenomenon of any branch of knowledge has been submitted to measurement and number it cannot assume the dignity of science." Galton evolved the conception of germ-plasm which belongs not to the individual but her/his "stirp", a special part in the germ-plasm. The germ-plasm knowledge was the foundation of heredity. The somatic characteristics of the next generation could not be modified by altering the characteristics of the parent generation. The only way to exterminate the undesirable traits, which were believed to be in the reproductive cells, was to eliminate the potential of reproduction. By 1914, "developments within genetics had undermined the one-gene-trait assumption."

Karl Pearson supported Galton's theories with statistical analysis and reworked Galton's law of ancestral heredity. Upper class families were not having children as children were no longer considered an asset but considered a luxury which cost money to support. Capitalism demanded cheap labour and also encouraged immigration of undesirable workers who were reproducing at a higher rate than the upper class families.

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17Angus McLaren, Our Own Master Race, (Toronto: McClelland and Stewart Inc., 1990), p. 17.

18Ibid.
In 1906, Charles Davenport started his studies on genotypes which were hereditary characteristics found in the genes but were not necessarily outwardly observable. Pearson and Galton studied pheno-types which were observable characteristics. Their study, by observing human stock, found that good characteristics were found in the upper classes, whose low reproduction rate raised the concern of race suicide.

One year after Galton died, in 1912, the First International Eugenics Congress was held in London. One section of the Congress was devoted to paupers and "the practical applications of Eugenic Principles" to paupers. It was here that it was decided that the "propagation" of the "unfit" should be prevented either by sterilization or segregation. Persons considered that the "unfit" included the feebleminded, delinquent, "wayward, epileptics, the blind or deaf, deformed, and the dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers)." Other solutions proposed were:

1. Life segregation (or segregation during the reproductive period); 2. sterilization; 3. restrictive marriage laws and customs; 4. eugenic education of the public and of prospective marriage mates; 5. systems of mating purporting to remove defective traits; 6. general environmental betterment; 7. polygamy; 8. euthanasia; 9. neo-Malthusian doctrine, artificial

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20 Ibid., p. 36.
interference to prevent conception; 10. laissez-faire.\textsuperscript{21}

Eugenics tried to reduce the number of people who were reproducing in the lower strata of society. At the time, the only potentially acceptable way to reduce reproduction was to allow for birth control to become available on a large scale. The neo-Malthusians were trying to bring in birth control to the lower class to reduce reproduction, but the eugenicists could not support birth control. To support birth control was "incompatible with their stance on the woman question. The racial enterprise was at odds here with the moral enterprise."\textsuperscript{22}

By allowing women to have access to birth control was considered to be a way of accepting women's sexuality, which could potentially lead to women having sex outside marriage.

Scientific knowledge and statistical information provided a possible cure for the problems of feeble-mindedness. The cure could be to select feeble-minded people for eugenic sterilization so they could not propagate more of their own kind. Another possibility was birth control. Birth control was not considered viable as the upper classes may also use birth control which would cause race suicide.


Women's Organizations and Eugenics

Women's organizations wanted what was best for the family. Also, they thought that improvement in the environment was important, but did not know if charity interfered with nature's law by sustaining the unfit. Overall, the women's organizations supported eugenic sterilization.

Between the 1880s and the 1920s there was a growth in women's organizations. Three such organizations were The Women's Christian Temperance Union (WCTU), the social gospel movement, and the National Council of Women. Many of the women's groups had a common goal to ensure that society's laws and structures were what was best for the family. The WCTU primarily focused on the use of alcohol and wanted alcohol banned. If the men were using the food and housing money for alcohol, the family could not be provided for. Also, with the use of alcohol there was a greater potential for violence in the home. The social gospel movement was also concerned about home life and what would improve that life by maintaining and strengthening the family. Since women were financially dependent on men, concern with men's activities outside the home became women's concern.

Another eugenic suggestion to improve the race was to make

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the immigration laws "more stringent and carefully enforced." The reason for keeping immigrants out of British Columbia was that a "surprisingly large percentage of inmates in jails [and] asylums...were of foreign birth." It was feared that immigration from eastern, central or southern Europe would reduce the British element, which was considered the best stock of humanity. "The Reformers wanted less immigration and that those with hereditary defects should be institutionalized or sterilized." The Western Woman's Weekly informed its readers that 51 per cent of the feeble-minded were new immigrants. The government, concerned over its expenditures especially after the war, had to bear in mind what "feeble mindedness," criminality and pauperism did to the country's economic status. For of some of these "sub-standard" people came to the attention of those who wanted the country to prosper and did not want these undesirable types supported by the government. The Western Woman's Weekly reflected that its writers wanted a cheaper way to deal with the unfit.

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27Angus McLaren, Our Own Master Race, (Toronto: McClelland and Stewart, 1990), p. 135.
Writers to the *Woman Worker* illustrated a variety of eugenic ideas. One writer stated that "we can no longer breed numerically without thinking about the intelligence and quality of offspring." Further, there was warning that "forcing women into child bearing might 'breed degeneracy'." In 1915 the National Council of Women asked Prime Minister Borden to appoint a royal commission on mental defectives and in 1925 the National Council of Women came out in favour of sterilization. However, it was the *Women's Western Weekly*, which served the main women's groups, including the "Child Welfare Association of British Columbia", which led the campaign for sterilization in British Columbia.

The women activists who were attracted to eugenics and advocated sterilization of the inferior and the "regeneration" of the Anglo-Saxon race were only a minority. Most believed in social change, that through education and improvement of the environmental standards, the problems immigrants faced could be overcome. Women's groups had difficulty deciding who was deserving of charity. They were faced with "the contradictions inherent in industrial capitalist society; unemployment, 

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29 Ibid.


31 Ibid., p. 94.
disease, insufficient wages and overcrowded housing rather than individual failure..." Charity was considered by some as interfering with nature's law and by allowing the less fit to survive. All the helping and healing was increasing the number of people who were considered a burden to the system. However, not everyone felt that it was not the individuals' problem and suggested that one way to control the increase of these types of people was to stop their propagation. Sterilization and segregation were two methods recommended.

One person who was worried about the reduction of Anglo-Saxons was Dr. Helen MacMurchy. Dr. MacMurchy supported surgical sterilization of the feeble-minded. More specifically, Dr. MacMurchy did see surgical sterilization as one way of "preventing proliferation of society's misfits." Dr. MacMurchy in the 1920s educated women about their responsibility in reproduction and that motherhood could make up for the lose of human life during the First World War. Also, the use of birth control by those who could best be parents, and the legalization of birth control would equal "race suicide." Most of these reformers were linked with the "active Christianity," also known as the "social gospel" who were

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34Ibid.
initially worried about the suffrage movement. If birth control were available to all, it was believed, the upper classes would further restrict the number of children they were having.

Not all women's groups held the same philosophy, but all wanted a better society. Some eugenicists were against any charity for those in need because it conflicted with the theory of the "survival of the fittest." Others felt that with training and education the individuals with problems would be decreased.

Birth Control

Birth control was not only illegal in Canada, but could further lead to race suicide. Also, a women's role in society was to be a mother and birth control could change that. With the use of birth control, sexual activity would no longer just be for procreation. Changing the Canadian law on birth control would change women's role in society.

The Canadian laws regarding birth control were very strict. From 1882 until 1969 Section 150(2)c of the Criminal

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36 The term "birth control" was coined by Margaret Sanger of New York in 1920. The term birth control replaced the previous term neo-Malthusianism, however, the meaning was to remain the same (Vera Houghton, "International Planned Parenthood Federation (I.P.P.F.), Its history and influence," The Eugenics Review, (April 1945, Vol. 46, No. 16), p. 149.
Code of Canada stated that it was illegal to
	offer to sell, advertise, publish an advertisement of
or have for sale or disposal any medicine, drug or
article intended or represented as a means of
preventing conception or causing abortion, or
miscarriage.\textsuperscript{37}

However, the Canadian Criminal Code of 1892 did provide a
defence for fertility control on the grounds that "the public
good was served". Condoms, however, were legal and available
during this time. They were not considered birth control, but
rather, as a way for men to protect themselves from venereal
disease. Birth control was simply a side effect.

The newspapers published articles indicating that lowering
of the birth rate was considered "race suicide" which could
threaten the Canada as a nation.\textsuperscript{38} "Artificial" control of
family size was understood to be the cause as well as the effect
of the "modern threats of urbanization, rural depopulation,
alien immigration, and feminism."\textsuperscript{39} If sterilization was
requested by a couple for convenience and that they could not
afford to raise any other children, the operation would not be
granted.

The state felt that there was no justification in a
family that can produce eugenically desirable
children, merely because the family felt that
additional children would prevent them from having

\textsuperscript{37}Martin's Annual Criminal Code, (Toronto: Canada Law Book

\textsuperscript{38}Angus McLaren et al., The Bedroom and the State, (Toronto,

\textsuperscript{39}Ibid., p. 11.
luxuries, social enjoyment, or even some necessities....

Doctors accused women of being selfish for wanting to limit the size of their families as they felt the reasons women wanted to limit the family size was to maintain their figure or so they could go out in society. Middle class women who restricted family size were accused of doing so simply out of a desire for greater luxury and self-indulgence.

Because of the law and social pressure, most physicians would only discuss "natural" forms of birth control, "coitus interruptus" and the "rhythm" method. The rhythm method was not initially understood by medical practitioners. Doctors told their patients that they were least likely to conceive between menstrual cycles and most likely to conceive while menstruating. This error in knowledge was given to patients for nearly ten years after correct information became common knowledge to physicians and their clients. Doctors would not discuss the use of the most reliable known forms of contraception, as such appliances were associated with the "libertine" and the prostitute.

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42Ibid., p. 151.

Other than the legal issues surrounding the provision of birth control, there were many moral reasons for withholding contraception. Maternity was a natural role and any interference with that role needed to be resisted. Marriage and motherhood were the proper goals for women and to use contraception was to negate a woman's proper role. Motherhood was the only way women could find true fulfillment and obtain respect. Also, the use of birth control made marriage seem like a form of prostitution, cheapened sex, dulled sexual enjoyment and could lead to unfaithfulness.

Although contraception was illegal, some devices, such as condoms and diaphragms, were available. In Vancouver in 1924 the Canadian Birth Control League was formed in order to educate the public. Its basic concerns were "first, good 'breeding', second, women's health, and third, a woman's right to contraceptive knowledge." It is noteworthy that it was women's right to contraceptive knowledge which was last on the agenda.


Birth control found public respectability when it was discussed within the context of support of the feeble-minded. Prior to the 1920s, and procreation of the feeble-minded became an issue, birth control was an inappropriate topic to discuss publicly as it was thought that women and children should not hear or learn about such topics. Also, the Roman Catholic Church said that birth control was immoral and a contradiction of God's word. If birth control methods became widely known, women would potentially stray from their husbands as having an out-of-wedlock child would be minimized. Further, people may begin to have sex for reasons other than procreation with birth control knowledge at hand.

There were four reasons why use of birth control was not an option: (1) it was illegal; (2) it could further lead to race suicide; (3) people would have sex for reasons other than procreation; and, (4) it would change women's role in society. Sterilization could target an individual and not influence the problems birth control was to create.

Sterilization

This section discusses the technological history of surgical sterilization and the initial reasons for sterilizing people. Also, the interest in British Columbia enacting an eugenic sterilization law is discussed with reference to the sterilization laws that came into effect in the United States. British Columbia politicians continued their contact with the
state of California to determine the value of such an act.

The 1880s mark the beginning of the theories on which British Columbia eugenic sterilization act was based. Eugenics, best defined as selective breeding, was not only an issue in Canada, but also in Great Britain, the United States, and Nazi Germany with its race purification campaign. Of these countries, the United States was most active in passing surgical sterilization laws for the purpose of negative eugenics. Indiana was the first state to enact a sterilization act in 1907, and it was the state of California that sterilized the largest number of people during the 1920s to the 1940s. While British Columbia was considering the enactment of a sterilization law, the Provincial Secretary's Department was in contact with the leading British and American proponents in favour of such an act such as Paul Popenoe and E.S. Gosney from California. In fact, Popenoe and Gosney provided the British Columbia Provincial Secretary's Department with pamphlets and copies of California's Sterilization Act and details of its assumed positive results.47

Prior to the 1880s the only forms of sterilization were castration48 and ovariotomy, which were both considered drastic

47British Columbia Provincial Archives, Provincial Secretary Correspondence, GR 865, Box 1, 1927.

even for the 'unfit'.

These procedures, especially castration, were only used for punitive reasons for such offenses as rape. Dr. Sharp, performed his "first sterilisations in America and there after 'mutilation' was rapidly superseded by vasectomy and ligature of the fallopian tubes".

The first vasectomies were performed in the United States in the 1890s and early 1900s. Vasectomies were not performed for sterilization, but for other health reasons such as to cure urinary disease and treat impotence. However, it has since been demonstrated that a vasectomy does not cure these health problems.

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50A vasectomy is the removal of part of the vas deferens in order that the sperm may not be ejected, resulting in sterility.


52The tubal ligation may consist of burning, cutting, burying or tying the fallopian tubes in order that the ovum is not able to descend into the uterus and become fertilized.


The first female vaginal sterilization dates back to 1895. The laparoscopy was first performed on humans in 1903 and became an accepted practice in the United States by 1911. The primary motivation for technological development of female sterilization was to stop certain women from having children rather than to alleviate ailments as in the case of male sterilization. Hysterectomies were not utilized in great numbers until a later time and then not exclusively for sterilization reasons. Hysterectomies, were used for relieving women of female problems, psychological and physical.

Radiologists considered the feasibility of using X-rays to terminate fertility. The dosage was not easy to regulate and it was felt that it was possible that the X-ray could have harmful effects on the germ plasm causing further defects in future generations. As with other forms of sterilization, the beneficiary was not the individual undergoing the procedure, but

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56 The laparoscopy is a scope which enables an examination of the abdominal organs by entering through the vagina or abdomen. This technology was needed in order to perform tubal ligations (cutting, burning, burying, clamping or removing the Fallopian tubes).


the future generations.\footnote{C.P. Blacker, Voluntary Sterilization, (London: Oxford University Press, 1934), p. 24.} Except for the X-ray, all these methods, though technologically more refined, are still performed today.

The technology for eugenic sterilization was now available and was not as drastic as castration and removal of the ovaries. A number of states in the United States had enacted eugenic sterilization laws. California's eugenic law and leading proponents were the most influential to the British Columbia politicians wanting a similar act to be legislated.

**Conclusion**

With the increase of people coming to the major centres of British Columbia many problems followed. The development of statistics focused the cause of unemployment, poverty, crime, and overcrowding on the feeble-minded. The science of eugenics was also being developed and offered a cure to these problems through the sterilization of the unfit.

The major women's organizations wanted to improve the family and the environmental circumstances of the unfit. However, who to give charity to was a problem as charity would support the unfit and go against nature's law. Therefore, the women's organizations supported eugenic sterilization. They also offered other solutions to reduce the unfit which were stricter immigration laws, as many of the immigrants were
overcrowding institutions, and segregation. Segregation cost money, and therefore was not considered a viable option.

Birth control was also a possible method of reducing the unfit. However, birth control was illegal and the desirable parents might also use birth control, leading further to race suicide. The use of birth control could also change women's role as a mother and change the nature of sexual relationships. For these reasons, birth control was not seen as an option to reduce the unfit.

Technology had advanced and less radical methods of surgical sterilization were available. A number of states in the United States had enacted eugenic sterilization laws. California's law was the most influential to British Columbia as California's major proponents of the law were in direct correspondence with British Columbia's Provincial Secretary's Department. The next step was for British Columbia to follow by enacting its own eugenic sterilization act.

The following chapter will discuss how the media displayed to the public the benefits of sterilizing the unfit. It will also demonstrate how "An Act Respecting Sexual Sterilization" was enacted as well as highlight the Act itself.
CHAPTER THREE

ENACTMENT OF THE LAW RESPECTING SURGICAL STERILIZATION

Introduction

This chapter describes how since the early 1900s there was public interest in the expense of maintaining the "feeble-minded" and "subnormals". The Vancouver Sun, the Province, and the Victoria Daily Times began publishing articles concerned with how to reduce the expense of taking care of these people and the methods, which at the time, thought could reduce the propagation of more subnormals. The chapter continues by describing how "An Act Respecting Sexual Sterilization" was enacted and what it contains.

Alternatives to Segregation

One primary method of dealing with people who were deemed subnormal or feeble-minded who were in an institution was segregation. Keeping male and female subnormals apart from each
would assure that reproduction would not occur. However, financing segregation was very costly, and to maintain segregation would continue to cost the public and would not relieve the financial burden of caring for these people. This position was reflected in the Victoria Daily Times front page heading "B.C. Must Pay Big Bill for Insanity in Next Few Years." The article reported that the hospitals were becoming more overcrowded as the "insane population" continued to grow. A notation in the Provincial Secretary's correspondence indicated concern over the crowding in the New Westminster Mental Hospital. Dr. J.G. McKay, a Vancouver psychiatrist and the superintendent of the Hollywood Sanatorium in New Westminster, was quoted in the Sun as saying that "the mental deficient breeds faster than his fellows, who is able to care for himself and others."

Alternatives to segregation were being explored. On November 18, 1925, the Honourable William Sloan, Provincial Secretary and a doctor himself, recommended that the House appoint a committee to find alternatives to cope with the insane. This committee was created as the Mental Hygiene Commission. Therefore, options other than segregation were reported, proposed, and exposed in the newspapers resulting from

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1Victoria Daily Times, December 14, 1926; p. 1
2British Columbia Provincial Archives, GR 496, December 1923.
3Sun, December 31, 1928; p. 8.
Eugenic marriage regulations were one alternative. The Victoria Daily Times reported that a Dr. Wrinch told the House that medical certificates should be provided to prove that a couple was normal and, in turn, be allowed to reproduce.\(^4\) The Victoria Daily Times also stated that childless marriages should be decreed if "after a marriage one is afflicted with ailment."\(^5\)

The same article advocated that more stringent methods for screening immigrants be put in place, as there was evidence that proportionately more immigrants were institutionalized. The Provincial Secretary's file in the British Columbia Provincial Archives contained a letter from the Medical Superintendent to J.W. White, Deputy Provincial Secretary, that there was concern over the percentage of immigrants in hospital, and that some should be deported as they had not lived in Canada for five years.\(^6\) The Canadian National Committee on Mental Hygiene reported that they had found in the western provinces a higher "percentage of foreign born in institutions than the foreign born ratio in the general community."\(^7\) One suggested method to reduce the "feeble minded" and "subnormal" of foreign born was that a province should be able to return immigrants to their

\(^4\)Victoria Daily Times, November 19, 1925; p. 6.

\(^5\)Victoria Daily Times, April 19, 1926; p. 6.

\(^6\)British Columbia Provincial Archives, FR 465, correspondence of February 14, 1924.

\(^7\)British Columbia Provincial Archives, GR. 868, Box 1.
"province of origin if a latent disease should come up - even after 10 years..."\(^8\)

Sterilization as an Alternative

In comparison with the potential combined effect of segregation, suggested changes in marriage laws, and greater screening of immigrants, sterilization was repeatedly reported in the newspapers as the best method to ensure that the number of feeble-minded people did not increase and as the "cure" for the public problem of caring for these people. In 1926 Dr. Adolf Lorenz of Vancouver stated that "our sense of humanity is destroying humanity ... we are allowing more and more of the poorer human stock to survive and reproduce."\(^9\) Sterilization was the best method to decrease the number of feeble-minded being produced. Once the feeble-minded were sterilized and the "problem cured," no other changes were needed.

Many doctors, citizens and women's groups were in favour of sterilization, as reported in articles and editorials in the local papers. On October 19, 1925, the Local Council of Women wrote to General Victor W. Odlum, Member of Legislative Assembly (MLA), asking to

humbly beg [his] support for the care and housing of the mentally defective and that drastic measures be taken to prevent the propagation of this class of

\(^8\)Victoria Daily Times, November 19, 1925; p.6.
\(^9\)Vancouver Sun, November 24, 1926; p. 16.
people.\textsuperscript{10} The Vancouver Sun stated that "all women's clubs are very anxious to have all feeble-minded and insane children sterilized."\textsuperscript{11} Another proponent of the enactment of a sterilization law was the Canadian Mental Hygiene Commission. The Commission wrote to the Honourable William Sloan, Provincial Secretary, on January 15, 1926 stating:

\begin{quote}
. . . very valuable information can be secured indicating how great a percentage of insanity is due to heredity. It is anticipated that this particular enquiry will lead towards the conclusion that sterilization is the only effectual preventative.\textsuperscript{12}
\end{quote}

In order to determine who was a potential candidate for sterilization or institutionalization, intelligence tests were being administered in schools, hospitals, and boys and girls schools. Intelligence tests were initiated in California, which also had the most active eugenic policy in the United States. Members of the Legislative Assembly of British Columbia, such as the Honourable William Sloan, stated California was the leader in developing and carrying out an eugenics act. Paul Popenoe, one of California's leaders in the Eugenic movement and author of the California Eugenics Act, described to the British Columbia Provincial Secretary's Department the positive results the Californian Act had received. As a result of the positive report and the lack of similar Canadian acts to review, the

\textsuperscript{10}British Columbia Provincial Archives, GR 865, Box 1.

\textsuperscript{11}Vancouver Sun, December 18, 1926; p. 6.

\textsuperscript{12}British Columbia Provincial Archives, GR 865, Box 1.
Californian Act was the model which British Columbia's future act was to be based on.

There was some opposition to a sterilization act being passed in British Columbia. The primary group opposed was the Roman Catholic Church. Priests disliked the potential act on moral grounds. Only God was to determine who was to reproduce and all were God's children, defective or not. The state should not be attempting to interfere with God. The St. Matthew Gospel of Christ, "If thine eye offend thee, pluck it out" was quoted to support moral reasons against sterilization.

Doctors said not enough was known about heredity in the medical profession and the public had even less knowledge. As a result of this lack of knowledge all the pro's and con's of a sterilization act could not be understood. In an attempt to educate the public, Dr. Dobson reported to the Victoria Daily Times that less than "half of the mental disorders" were caused by heredity. The article continued by saying that diseases after an accident could not be transmitted. Further, this article stated that there were many other reasons why a person became defective and the environment a person lived in was a major factor and also needed to be considered.

Some editorials reflected individual's disgust with sterilization as seen in the comment "[s]terilization...is

\(^{13}\)Victoria Daily Times, April 23, 1926; p. 13.

\(^{14}\)Ibid.
limited murder." Overall, there were few articles found in the British Columbia newspapers exposing any view point or factual information that could undermine the establishment of an eugenics act. One opinion about those arguing against sterilization, written to M.J.A. McDonald of the Mental Hygiene Commission in Victoria by the Provincial Mental Hospital, Essondale, on November 2, 1926 was;

... but it appears to me that those arguing for this control and having some definite theories upon which to base their doctrines are not particularly interested in the present generation as in the effects of the future generations and posterity in general. Those arguing against appear to have as their chief concern the interference or the inconvenience of the immediate generation, having little or no thought for the future.16

The first attempt to pass a sterilization bill in British Columbia was made in March of 1927. However, the bill was tabled too late for the legislature to respond. It was understood that the bill would be reintroduced in January of 1928 without any serious contention. On March 25, 1927, a letter from the Court House of Vancouver to Dr. Harry H. Laughlin, Eugenics Records Office, Cold Springs Harbor, New York, stated:

The interim report of the Commission...was tabled in the Legislature too late for any action being taken at the time towards introduction of the necessary bill to carry out the recommendation on Sterilization, but it is rather taken for granted that a bill will be introduced at the next session in January 1928, and

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15Evening Sun, June 1, 1927; p.8.

16British Columbia Provincial Archives, GR 865, Box 1, November 2, 1926.
prospects are that it will pass without very serious contention. The Commission felt that it was best at this stage to recommend on a very restricted law, and that future action should be guided by actual results.  

In January of 1928 an act regarding surgical sterilization was not tabled even though numerous newspaper articles during 1928 in the two major papers argued that the members in the public supported such an act. From 1929 to early 1932 the topic of surgical sterilization nearly disappeared from the papers.

On April 5, 1932, Dr. L.E. Borden, Conservative member for Nelson, British Columbia, and member of the Mental Hygiene Commission, stated to the House that sterilization of the unfit was needed. Dr. Borden added that:

Birth control is the most important issue in Canada...emphasizing not only the economic cost imposed upon the governments, but wastage of human life involved in perpetuating the unfit.

Reading and Passing of "An Act Respecting Sexual Sterilization"

On April 1, 1933, the first reading of the Act Respecting Sexual Sterilization was read. The Honourable Dr. Howe presented to Mr. Speaker;

... a message from His Honour the Lieutenant-Governor, which read follows: J. W. Fordham Johnson, Lieutenant-Governor, The Lieutenant-Governor transmits herewith a Bill entitled 'An Act Respecting Sexual Sterilization,' and recommends the same to the

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17British Columbia Provincial Archives, GR 865, Box 1, March 25, 1927.

18Sun, April 6, 1932; p. 1.
Legislative Assembly, Government House.\textsuperscript{19}

The Sessional Clippings reported that a "great majority of members of the Legislature are now in favor" of such a bill. T.D. Pattullo, Liberal leader, asked Honourable S. L. Howe "if, in view of various statistics throughout the world dealing on the subject, the government did not deem the time at hand for such legislation." However, on April 3, 1933, the Vancouver Sun reported that there was concern over the pending bill and suggested that the debate be "held in camera."\textsuperscript{20} The article also stated that since the topic had been discussed by Dr. L. R. Borden in great "frankness" before galleries of the legislature who were about equally filled with men and women, "greater candor would be possible if the galleries were entirely cleared."\textsuperscript{21} Finally, the article discussed the fact that the only major opposition to the bill was from the Roman Catholic church. In order to help counter that opposition, it was recommended that as a "safeguard" the assent of a patient's clergy be required prior to the surgery.\textsuperscript{22}

On April 5, 1933, a draft of "An Act Respecting Sexual Sterilization" was introduced to the House. The Act was drafted by Dr. McKay and Dr. A.L. Crease, Superintendent of the

\textsuperscript{19}Journals of Legislative Assembly of British Columbia, April 1, 1933, Index Reference J110 L5 J8.

\textsuperscript{20}Vancouver Sun, April 3, 1933; p.14.

\textsuperscript{21}Ibid.

\textsuperscript{22}Ibid.
Provincial Mental Hospital. In a letter to Dr. Crease, P. Walker of the Department of the Provincial Secretary wrote that "nobody wanted a consent clause put in, but consensus of opinion was that the Bill stood a much better chance of getting into the House if such a clause were added...." In this correspondence it was also stated that "none of us think the Bill will accomplish much in its present state, but felt that the main thing was to get the principle adopted by the House...."

On April 6, the second reading of the Bill No. 82, "An Act Respecting Sexual Sterilization" was scheduled. A debate arose and the second reading was adjourned to later that day. Specific details of that debate could not be located. However, the Vancouver Sun reported that there was "[s]trong condemnation of legislation . . . of the Catholic Women's League" regarding Bill No. 82. They stated that sterilization was "an ill-ordered attack on a primary right of the individual and an act of violence against human nature and Almighty God." Dr. W.H. Sutherland reported that the bill was "meaningless" as doctors

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23 British Columbia Provincial Archives, GR 542, Box 22.

24 Correspondence from P. Walker, Department of the Provincial Secretary to Dr. A.L. Crease, Medical Superintendent, Provincial Mental Hospital, April 6, 1933. Found in the British Columbia Provincial Archives, GR 542, Box 22.

25 Ibid.


27 Vancouver Sun, April 6, 1933; p. 1.

28 Vancouver Sun, April 6, 1933; p. 1.
already had the right to perform sterilization with a patient's consent.\textsuperscript{29} Dr. Borden, on the other hand, thought that the Bill was not strong enough and stated that anything that reduced the cost of caring for "criminals and the feeble-minded" was worthwhile.\textsuperscript{30} It was reported that Dr. Gillis, opponent of the Bill, was responsible for adjourning the debate.

Later on April 6, the second reading of the bill was passed without any amendments.\textsuperscript{31} The Vancouver Sun reported on the second sitting of the second reading. Dr. J.J. Gillis strongly opposed the Bill. One of the reasons for his opposition was that of the 23 states in the U.S. that had adopted sterilization laws, only 4 still had it on the statute books.\textsuperscript{32} Dr. Gillis reported that the U.S. found that the sterilization acts caused an increase "in the spread of social diseases."\textsuperscript{33} Further, he stated that some of the defects that the bill was attempting to curb were not due to heredity.\textsuperscript{34} Also, T.D. Pattullo, Liberal Leader, the first to recommend a sterilization act, was against the Bill being adopted at this time. His reasoning was that there was great conflict in medical knowledge regarding

\textsuperscript{29}Vancouver Sun, April 6, 1933; p. 5.
\textsuperscript{30}Ibid.
\textsuperscript{31}Ibid.
\textsuperscript{32}Journals of the Legislative Assembly of British Columbia, Ref J110 L5 J8.
\textsuperscript{33}Vancouver Sun, April 7, 1933; p. 12.
\textsuperscript{34}Ibid.
sterilization and certain groups in the community were strongly opposed to the bill.

On April 7, 1933, "An Act Respecting Sexual Sterilization", was read a third time and passed. The Sessional Clippings of April 7, 1933, recorded that the bill was passed "without formal division" although T.D. Pattullo, Liberal leader, did verbally vote against it.\textsuperscript{35} The Vancouver Sun reported that the Act was passed, provided minimal details of the Act, and stated that "[m]ental deficiency is the only grounds upon which the act becomes operative."\textsuperscript{36}

Shortly after passing of the bill, there were numerous articles in the newspapers about the bill. Archbishop W.M. Duke was reported as being strongly opposed to the bill. He said that the bill had been made law "over the unanimous protests of 90,000 Catholics in British Columbia...."\textsuperscript{37} The primary aspect of the bill which he disagreed with was that "in the name of social progress and economy and hygiene" such a bill could become law without respect for man's inherent rights.\textsuperscript{38} A Dr. Burnett was reported as supporting the Bill and stated;

[s]terilization is not a punishment, it is purely eugenic. Its only aim is to prevent the certain reproduction of mentally defective types who are a

\textsuperscript{35}Sessional Clippings, April 7, 1933.

\textsuperscript{36}Vancouver Sun, April 8, 1933; p. 20.

\textsuperscript{37}Vancouver Sun, April 10, 1933; p. 10.

\textsuperscript{38}Vancouver Sun, April 24, 1933, p. 9.
On July 5, 1933, the sterilization law became operative. On November 1, 1933, the Evening Sun reported that the members of the sterilization board were named. Judge Robertson would be the chairman, Dr. McKay, one of the individuals responsible for drafting the bill, and Miss Holland, both considered well known experts in the treatment of mental cases, made up the Board of Eugenics.40 However, not one person had been sterilized by January 6, 1934 and, as a result, the bill was reported as a failure.41 Other than one brief article in the Vancouver Sun, details of the bill were not explained in any British Columbia newspaper.

The Sexual Sterilization Act

"An Act Respecting Sexual Sterilization" received its third reading and was passed on April 7, 1933. In accordance with the Act (see Appendix A), only people who were a "patient or in custody" of an institution as defined by the "Mental Hospitals Act" or the "Industrial Home for Girls " or the "industrial School Act" would be affected by the Act."42 These individuals, termed by the Act as "inmates," would be involved or living in Essondale (now known as Riverview Psychiatric Institution), or

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39Vancouver Sun, May 11, 1933, p. 3.
40Evening Sun, November 1, 1933; p. 2.
41Victoria Daily Times, January 6, 1934; p. 1.
42Sexual Sterilization Act, Sec. 2.
the Boys' or Girls' Industrial Schools (for children deemed delinquent). All these institutions were located in the Vancouver Lower Mainland.

Decisions as to which inmates would be sterilized were to be made by the Board of Eugenics. The Board of Eugenics consisted of a judge, a psychiatrist, and a social worker who were appointed by the Lieutenant-Governor in Council. The Board of Eugenics would receive recommendations from one of the above institutions if the superintendent of the institution believed that the release of an inmate would result "by reason of inheritance" in having children who would have "serious mental disease or mental deficiency." The recommendations were to be in writing and were to include a history of the inmate to support the institution's recommendation for sexual sterilization. The inmate may, thereafter, be examined or seen by the Board of Eugenics.

If after the examination of the inmate the Board of Eugenics unanimously agreed that this person would be likely to produce children who would have a serious mental disease or mental deficiency due to inheritance, the Board of Eugenics may order, in writing, that the sterilization take place. The Board of Eugenics would or could appoint the doctor who would perform the procedure. However, the inmate or family, at their own expense, could select their own doctor to perform the operation.

The inmate's written consent to the operation was required.

43Sexual Sterilization Act, Sec. 4(1).
If the Board of Eugenics believed that the inmate was not capable of consent, a spouse, guardian, or family member would be requested give their for consent. If the inmate had no family, the Provincial Secretary, the predecessor of the Superintendent of the Ministry of Social Services, was to consent on the inmate's behalf. Any of the doctors appointed by the Board of Eugenics to perform the surgical sterilization would not be liable to any civil action unless there was negligence during the operation.\textsuperscript{44}

The members of the Board of Eugenics would only be compensated for their expenses. The physician would be paid the proper fees for the surgery from the institution from which the inmate was referred.

According to the section of principles of the Act no person "should be forced to choose between" sexual abstinence or sexual activity or "bringing into the world children whose disabilities will make them a burden to themselves and society . . . . sterilization "ought to be regarded as a right and not as a punishment."\textsuperscript{45}

\textsuperscript{44}Sexual Sterilization Act, Sec. 7.

\textsuperscript{45}Charles E. Banfield, "An Act Regarding Sexual Sterilization," (Statutes of the Province of B.C.: Printer to the King's Most Excellent Majesty, 1933), p. 201.
Conclusion

The proposals for legislatting eugenic sterilization was based on the belief that characteristics of the feeble-minded and subnormal, such as mental illness and low I.Q., were genetically inherited. The main focus of those in favour of this legislation were concerned about the cost of caring for these people now and in future generations. Opposition to the Act came from the Roman Catholic Church and those concerned about infringement of human rights. Due to these concerns, the Act incorporated a consent to surgery clause in order to have the Act passed without much opposition. Some of the legislators did not want the consent clause in the Act as it weakened the authority of the Act.

This chapter highlighted how the newspapers covered the topic of surgical sterilization. "An Act Regarding Sexual Sterilization" was passed for eugenic reasons to stop the economic burden of the "subnormals." The Act itself states that individuals were to be sterilized if they were likely to reproduce their own kind. Chapter Four details the Essondale Report, which provides case studies of patients who were sterilized.
CHAPTER FOUR
THE ESSONDALE REPORT

Introduction

This chapter focuses on the Essondale Report which documents sixty-four case histories. The case histories and reasons for patient surgical sterilization are outlined. Also, the Essondale Report is contrasted with the Act to determine whether the patients were sterilized according to the intent of the Act. The intent of the Act was to stop people from producing "like children." In order to determine if these patients would produce "like children" family psychiatric history was to be taken into consideration.

Even though the Act was in effect for a total of thirty-nine years, very few case histories were available to review. The only specific case information which could be located was
from the Essondale Provincial Mental Hospital from 1935 to 1943.¹

Although the Act was to come into effect on July 1, 1933, it was not until 1935 that it actually came into operation. One reason for the delay was that the members for the Board of Eugenics needed to be appointed.

The Essondale Hospital Report

The Essondale Hospital report was completed on August 17, 1945 by M. Stewart. The report states that if in the history of the inmate there were no Social Service registrations, "it is assumed arbitrarily that the patient's total adjustment has been satisfactory" after the surgical sterilization.² Further, "[n]o attempt has been made to contact discharged patients" as it was felt that it may put the patient's adjustment at risk.³ As a result, the report's validity was decreased by the limited information.⁴

The Essondale report continues, stating that there were too many safeguards in the Act which resulted in a delay in patients obtaining the operation, and that "[p]roponents of sterilization in British Columbia feel that the legislation is too limiting in

¹British Columbia Provincial Archives, GR 542, Box 11/31, File 4.


³Ibid.

⁴Ibid.
According to the report, since the Act was so limited, many individuals were not sterilized where the need was indicated in the opinion of the institution. The Essondale report states that there were too many restrictions protecting the patient rather than society.

The report incorporates a pamphlet published by the Human Betterment Foundation of Pasadena, California, to describe the effects of eugenic sterilization, which the Essondale report supports. This pamphlet collected its statistics from 8,506 patients who had been sterilized in the twenty-five years prior to January 1, 1933. Some of the effects due to sterilization were listed as follows:

- It [sterilization] is a protection, not a punishment...
- It permits many patients to return to their homes, who would otherwise be confined to institutions for years.
- It takes a great burden of expense off the taxpayers, and enables the state to care for more patients than would otherwise be possible.
- It has been followed by a marked decrease in sex offenses.
- It enables many handicapped persons to marry and have a life normal in most respect, who without sterilization could not be allowed to marry.
- It is a practical and necessary step to prevent racial deterioration.

The report continues by writing that sterilization was not a


6Ibid.

substitute for segregation, but does provide more space in institutions for other patients and reduces cost to society.

Also, the report draws from two studies completed by H.H. Goddard. The first report explains that the data from studying children from 324 matings indicated that feeble-mindedness was hereditary in a large number of cases and that "it is transmitted in accordance with the Mendelian formula."\(^8\) However, Goddard in another review states that the laws of inheritance were still unknown and that it was difficult to determine which patient would transmit feeble-mindedness to their offspring. This, in turn, makes the decision as to who undergoes surgical sterilization a serious one.\(^9\)

The Essondale report does acknowledge that normal persons may be carriers of recessive genes which could ultimately produce a feeble-minded person. Also, many people considered by the report as defectives were not inside institutions and, therefore, according to the Act could not be sterilized. The report suggests that all defective individuals should be sterilized whether they reside inside or outside an institution.

One of the concerns mentioned with respect to releasing sterilized feeble-minded individuals was that there would be an


increase in "promiscuous sexual intercourse" which would result in an increase in venereal disease. This was seen as just a possibility rather than fact. However, in support of sterilization, the Essondale report quotes E.S. Gosney, who points out that "...fear of pregnancy would not seem to be a likely deterrent to promiscuity, as most feeble-minded persons have little ability to see consequences of their actions."\textsuperscript{10}

Therefore, it was understood by the author of the report that whether a feeble-minded person was sterilized did not determine promiscuous activity.

The Essondale Report provides case studies on the individuals from the Essondale institution who were sterilized from 1935 to 1943 inconclusive. All recommendations of patients to be sterilized were made by the same doctor, Dr. Ryan, of Essondale. The operations took place at Vancouver General Hospital. For each individual sterilized, their sex, age, reason for sterilization, family psychiatric history, post-operative information and intelligence quotient (I.Q.) were provided. If an individual was assessed as having an I.Q. of 70-79, they were classified as borderline defective, and if their I.Q. was 69 or less, they were classified as mentally

defective." Post-operative success was gauged by the individual's adjustment in society after the surgery. The Essondale report groups the data for the first three years together. Thereafter, each year was individually documented within the report. It was from the individual data that the group data were compiled.

From 1935 to 1943, sixty-four people were sterilized, seven men and fifty-seven women. The average age of the sterilized men was thirty-two years. The youngest was twenty-two and the oldest was forty-eight. The average age of the sterilized women was twenty-four years. The youngest was thirteen years and the oldest was forty-four years.

Case Studies of Men

Of the seven men sterilized, two had previous psychiatric admissions. One of these two men had a family member who had been committed. Of the other five men, only one other had family members committed to a psychiatric institution. Post-operatively, one man was committed two more times. Of the seven males sterilized, only one had his I.Q. listed, which was 54. Of the others, one was diagnosed "paranoid", one "manic depressive", and two "dementia praecox."

The reasons provided for these men being sterilized were as follows: two could not support their family and one of these two

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was "promiscuous"; one had a "mental deficiency"; one committed incest; one was afraid of his wife becoming pregnant again, and one had "violent tendencies." The results provided after the operation proved the operation to be successful for two men. One of these successes was the man "fearing to make his wife pregnant," and the other success was the man with violent tendencies who was considered "fit." The two other men's success was considered "doubtful", one man was unimproved and one other was unknown.

Case Studies of Women

From 1935 to 1943 inclusive, fifty seven women were sterilized. The reasons for sterilization provided in the case studies were as follows; thirty five for promiscuous behaviour, six from what today is called postpartum depression, six as they were epileptic, three had psychiatric problems, four had a variety of other reasons stated, and three had no reason for surgery listed. In seven of the case studies the concern for "reproducing their own type" was mentioned.

Forty six of the women were single. Of the single women, twenty two had illegitimate pregnancies and another five had their pregnancies terminated prior to or during the surgical sterilization. Five of the eleven married women had children. Twenty nine women had no previous, subsequent, or family members who had been institutionalized. Twelve women had no previous or subsequent admissions to an institution, but there was a family
history of institutionalization. These members included children born while at Essondale, great aunts, great grandmothers, and fathers in jail. Five women had no previous or family committals to an institution, but after the surgery were readmitted themselves.

The I.Q. levels for fifteen women was not noted. Nine women had an I.Q. 70 and above. The remaining thirty three women had an I.Q. of 69 or below.

The report does not mention who provided written consent for surgery, except for two cases. In these cases the women lost their appeals not to be sterilized and the Provincial Secretary's Department provided the consent. One of these cases was a twenty three year old unmarried woman, with an I.Q. of 76 and had "marked sexual tendencies" was diagnosed to be an imbecile and manic depressive. She had no previous or post committals and no family member had been committed to an institution. The Appeal Board believed that "her discharge would entail considerable risk." The second appeal was a thirty three year old unmarried mother of one, diagnosed as a moron, but no I.Q. was registered. This women did not have any previous, subsequent, or family committals to an institution. However, this patient was described as "incorrigible and shows marked sexual

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propensities."¹³ One who woman died during surgery was sterilized as she showed "marked sexual inclination, and the tendency would, therefore, be to reproduce children of subnormal capacity."¹⁴

Beyond the medical success of the surgery, the case notes evaluate the patients' success outside Essondale. One woman was considered a success since "she is reputed to be a scrupulous housekeeper."¹⁵ Another case, an "epileptic with psychosis," was successful as her "mother is having no difficulty with her, and she is earning a small amount of money by embroidery work."¹⁶ Yet another woman who was operated on as she was "subnormal" and that "this type of case tends to reproduce subnormal children" was successful as, since discharge, the "patient has been able to support herself and her (four) children."¹⁷ One woman who was sterilized due to postpartum depression was classified as "doubtful" success as she applied to adopt a baby.¹⁸

Of the fifty five children these patients had, only two children were mentioned beyond the fact that they existed. One


¹⁴Ibid., p. g.

¹⁵Ibid., p. f.

¹⁶Ibid.

¹⁷Ibid., p. d.

¹⁸Ibid., p. n.
child was described as an "idiot" the other as "bright." Few of these patients had any previous, subsequent, or family committals to a psychiatric institution. In all the above case histories there were thirteen successes, twenty two unknown results, fourteen were unsuccessful or doubtful, three women died (one due to the surgery itself), and for the balance of the cases, success rates were not stated.\(^{19}\)

Conclusion to the Essondale Report

The conclusion of the Essondale Report focuses on the women who were sterilized. It explains why individual cases were termed unsuccessful, with attention to the successful cases. The conclusion of this report begins by outlining why the women were sterilized, why cases were deemed unsuccessful, doubtful, and successful. The report continues by evaluating "An Act Respecting Sexual Sterilization" in reference to the case studies in the report.

As already noted, fifty seven women were sterilized. These patients, according to the report, could be divided into two major groups, thirty nine women with "mental deficiency," and eighteen women with "mental disease."\(^{20}\) Nineteen women assessed as being mentally deficient were noted as having had illegitimate pregnancies producing a total of twenty seven children. The report notes that information on the "mental

\(^{19}\)Ibid., p. 11.

\(^{20}\)Ibid.
rating" of these children were not "available." The report found it important to note that "only those patients whose relatives have been admitted to Mental Hospital, or examined at Child Guidance Clinic..." were in the report.

At the time of writing the report, fourteen patients were still in the hospital and three had died, "only 1 of these from the results of the operation." Also, information on twenty of the patients could not be obtained. As a result, the remaining cases of twenty seven patients were utilized to determine the level of success of surgical sterilization and "An Act Respecting Sexual Sterilization."

Of the remaining twenty seven cases used to assess the Act, only two were classed as being unsuccessful. In both these cases the woman was classified as a "moron" with a "past history of promiscuity, who continued to be promiscuous after discharge." The fact that these women could no longer procreate was considered a benefit even if their promiscuous activity had not stopped.

The success of twelve other cases was considered doubtful, as not enough information on these patients had been gathered after discharge. The remaining thirteen patients were deemed as a success and that the sterilization procedure primarily

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21 Ibid.
22 Ibid.
23 Ibid.
24 Ibid., p. 11.
responsible for their success in society. The report describes in detail why these cases were considered successful.

Two married women who had "manic attacks" with each pregnancy were doing well as they no longer could become pregnant and, therefore, no longer had "manic attacks." Another married woman, classified as an "imbecile" was successful as she had adjusted well since the surgery and had been able to work and support herself and her children. Finally, the last married woman discussed, also considered an "imbecile," was rated a success without further detail.

One married male with "manic depressive episodes" no longer displayed these episodes and was able to work. The other male mentioned, also married, was classified with "dementia praecox," appeared to be doing well as the surgery had reduced his stress. For both men their relationship with their wife had become less stressful.

Two women who were not married at the time of the surgery, and were married at the time of the writing of the report, who had histories of being "sexual delinquents," were "adjusting well." The report credits both the surgery as well as the training the women received while in hospital as the reason for their success. The balance of the success cases, all classified as "mental deficients with histories of sex delinquencies," had stayed out of trouble and a few were able to support themselves. Again, these women were described as not only having benefited from the surgery but also from the institutional training.
The report continues by saying that mental hospitals were too overcrowded to allow for segregation of "mental defective girls with histories of promiscuity." These women "seem infinitely better off for a period of training and an operation which bars them from reproducing children, possible mental defectives," which these women may not have been able to care for. The report concludes by stating that the British Columbia experience with surgical sterilization was successful with a quote from E.S. Gosney speaking of sterilization in California:

Sterilization is not a panacea, but in the light of California's experience, it appears to be one of the many measures that indispensable in any far-sighted and humanitarian program for dealing with society's tremendous burden of mental disease, deficiency, and dependency.

Evaluation of the Essondale Report

The Essondale Report was written in order to determine whether the surgical sterilization of patients from Essondale had an effect, and as a result, whether the "Act Respecting Surgical Sterilization" was successful for these cases. The final conclusion of the report was that surgical sterilization was good for both the patient and society at large. However,

26Ibid., p. 11.

analyzing the data provided in the report indicates that the conclusion of success was incorrect.

The report and analyses lack in many areas. The most serious was the selection of cases, internal consistency and reporter's bias in analyzing the sample selection. There was a total of sixty-four patients sterilized. The assessment of the success of the Act was based on of twenty-seven cases over an eight year period, with thirteen success cases. There were not enough cases to come to the conclusion that the Act was successful.

It was stated in the conclusion of the Essondale Report that fourteen patients were still in hospital at the time of the report writing and, as a result, were eliminated from the cases from which the success of the Act was to be determined. However, this was not reflected in the case study information. When evaluating the results on a case by case basis, all patients were discharged at one time, and only twelve were recommitted, with two patients dying after their recommitment. This was one of the discrepancies between the different sections of the Essondale Report.

What criteria were necessary to classify a case as successful? The conclusions of only eight cases were cross referenced with their case numbers. Criteria for success were consistent in the conclusion and the actual case studies in those eight cases.

One case which was considered a success was a married man
with four children, diagnosed as being manic depressive. The case study indicates that he was sterilized due to recurrent psychosis and mental deficiency in his family.\textsuperscript{28} He was readmitted to Essondale, once again diagnosed as being manic depressive. After his second discharge he was readmitted while in the navy. Since his third discharge, he was unable to find employment and received social assistance. He obtained work, but had to quit because he "became elated."\textsuperscript{29} Again he was given social assistance to supplement his income as his employment was unsteady. It is noted that "[h]e worked in the shipyards . . . and had many manic spells. Fearing another breakdown, he left this work."\textsuperscript{30} After he left work on September 9, 1944, nothing further was heard from this patient (the Essondale Report was completed on August 17, 1945). The conclusion of the report presents slightly different and addition information on this case stating "[s]ince sterilization, he has been able to work, and although he has had minor manic episodes, he has not had an actual breakdown, and is adjusting better with his wife."\textsuperscript{31} This case was considered successful.

The cases of two married women who had "manic attacks" with

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\textsuperscript{28}Essondale Report, 1945; p. oa., British Columbia Provincial Archives, GR 542, Box 11/31, File 4.

\textsuperscript{29}Ibid., p. p.

\textsuperscript{30}Ibid.

\textsuperscript{31}Ibid., p. 12.
each pregnancy were also classified as successful, as now that the "fear of pregnancy" was removed, "each woman is . . . making good adjustment."\textsuperscript{32} In the case history of these two women, they were not only considered successful, but "recovered." All the other women who had psychiatric difficulties after pregnancies were also classified as "recovered." Two other success cases were both unmarried women who had illegitimate children and were diagnosed as a moron prior to their surgery. In the report conclusion, it simply states that these women had "married and are apparently adjusting well. Each...appears to have received benefit from hospital training."\textsuperscript{33} The case studies only indicate that one of the woman became married and omits any discharge information on the other case.

The case numbers of the two unsuccessful cases described in the report's conclusion were not provided, and therefore, cross referencing was impossible. The information provided in the conclusion about these two cases was as follows: "In each case, the patient was a moron, with past history of promiscuity, who continued to be promiscuous after discharge."\textsuperscript{34} In the case histories, the success of the surgery for two patients was considered unsuccessful which is consistent with the report's conclusion. One of the unsuccessful cases was that of an unmarried woman who had one illegitimate pregnancy which was

\textsuperscript{32}Ibid.

\textsuperscript{33}Ibid.

\textsuperscript{34}Ibid.
terminated in the hospital. This patient was diagnosed as a moron. Prior to the surgery she had no committals. After the surgery she was recommitted as she "continued to be promiscuous." The other unsuccessful case, was an unmarried woman with one child. She was diagnosed as being a moron and "already had on illegitimate child, and she is on who is apt to reproduce children of her own type." No member in this patient's family had a committal to a psychiatric institution, nor did this patient have a subsequent committal. The result of the operation was considered unsuccessful as she had, since the surgery, appeared in Juvenile Court on a charge of "immorality." She was sentenced to the Girls' Industrial School, but did have employment arranged for after her release.

The contrast between the successful cases and the unsuccessful cases was based on sexual behaviour. The man termed as successful was committed three more times to hospital, had numerous other manic attacks, received social assistance, and quit his job. Women who were deemed successful had become married. The reasoning provided for the two unsuccessful cases was that they were still sexually active outside of marriage. This leads to the conclusion that these women were considered unsuccessful due to the fact they did not fill the role expected of women, keeping sexual relations within marriage.

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35 Ibid., p. s.
36 Ibid., p. v.
37 Ibid.
Throughout the case studies and the conclusion of the Essondale Report an effect was implied that the surgery would have on the patients. The surgery was considered successful or unsuccessful dependent on the person's subsequent behaviour. The training provided in the hospital was given little credit in a patient's success. The conclusion indicates that it was the sterilization procedure which was primarily responsible for any positive effect.

Did Essondale Follow the Intent of the Act?

The intent of "An Act Respecting Sexual Sterilization" was that patients were to be sterilized so that they would not reproduce substandard children. In this respect, all cases were successful as none of the sterilized patients could reproduce. However, in many of the cases patients already had children and none of the fifty-seven children already produced were assessed to determine whether these patients' had defective children and in turn, therefore required sterilization. In six cases was the fact that these patients might produce a "like" child given as the reason for surgical sterilization. No reason was provided as to why none of the children were assessed to determine if they were feeble-minded or sub-normal. Assessing the offspring would have provided a good indication if these patients "produced like children." Therefore, in my opinion, this aspect of the intent of the Act was not followed.

One of the reasons for the Act to come into effect was that
the cost of maintaining people in institutions was considered too expensive. The hospital was to refer people who were likely to produce children with the same defects for sterilization. However, out of the sixty-four patients sterilized, thirty-one had never been in an institution, never had family members committed to an institution, or had been readmitted to an institution. All of these sterilizations may have been unnecessary as there was no indication of a hereditary disease. As there was no indication of hereditary disease and twenty of these patients already had children, I do not believe that the likelihood of these patients having like children was established from their family history as outlined in the Act.

The next category was women sterilized who had no previous or family commitment to an institution. These six women returned to Essondale and the ward notes reflect that some of the women had become withdrawn or displayed behaviour consistent with anger. It was possible that these women did not accept being sterilized.

Thirteen individuals were sterilized who had no previous or subsequent institutionalization. However, a family member had been institutionalized, which could support the fact that the patients' deficiency was hereditary. Family members who had been in an institution included great aunts, grandmothers, children born in Essondale, and family members in jail. The report goes to great lengths to find family members who have been institutionalized to support their argument for
sterilization. Some of these family members are genetically far removed from the patient. Again, under the intent of the Act, to sterilize patients because there was a family history of feeble-mindedness or being sub-normal was not followed.

The Essondale Report states that fourteen of the patients sterilized were, at the time of the report's writing, in hospital. It is more expensive to both sterilize and maintain a patient in an institution, and does not reduce costs as the Act intended. Never the less, these patients did not reproduce.

There are seven cases which were considered successful by the report which may have saved the tax payers money. Five of these patients were women who suffered with what today is called post-partum depression, and two men who were fearful of their wives becoming pregnant again. These seven patients may have never entered the institution if fertility control was accessible. However, the sterilization process may have been of benefit to these people. Whether the intent of the Act was fulfilled in these cases is unlikely. All these patients had children who were not assessed. However, the women were reinstitutionalized after each pregnancy, which with the sterilization was stopped.

An inconsistency found in the Essondale Report was that patients with I.Q.s above 70 were diagnosed as imbeciles and morons. Even where the I.Q. was provided, the diagnosis was not consistent with the I.Q. tests available at the time.
Intelligence testing was one of the few ways for the hospital to defend the sterilization of a patient. Intelligence was understood to be hereditary. This may be the one reason why the hospital continued to use I.Q. testing and could, in writing, follow the intent of the Act.

Another diagnostic tool that the hospital used was psychological assessment. There was no official manual for mental disorders which contained descriptions of diagnostic categories until 1952 with the introduction of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Therefore, diagnoses were not consistent and possibly not valid. There were patients who were diagnosed as being manic depressive, depressed, or epileptic who were never in an institution before or after the surgical sterilization. Surgical sterilization does not cure these illnesses. Today with advances in medication, people who are manic depressive and have epilepsy do return to the hospital. Again, it may be possible that these categories were used to provide a reason for sterilization. Psychologically labelling people with psychiatric illnesses understood to be hereditary, and recommending them for sterilization on those grounds, would support the intent of the

Francis Galton and Herbert Spencer reintroduced the Latin term "intelligence to refer to individual differences in mental ability." (Lewis Aiken, Psychological Testing and Assessment, Boston: Allyn and Bacon, Inc., 1982, p. 131.)

Act.

The intent of the Act was that surgical sterilization was to stop the hereditary process of feeble-minded and sub-normal people producing like. Partially, this was to be based on family history which would include children already born. None of the children were assessed and family members in most cases used to support sterilization were often genetically far removed. Also, the I.Q. testing and psychological testing that was available at that time was not properly removed. A person with an I.Q. of 83 was called a moron. Also, some of those with epilepsy and manic depressive illnesses never returned to an institution. In my opinion, labels such as moron, epilepsy and manic depression were used to ensure that the Eugenics Board would agree that sterilization was necessary. Overall, I do not believe the intent of the Act was followed.

Why Sterilize?

As already been noted, of the sixty four patients sterilized, fifty seven were women. The case notes for thirty three single women documented that these patients' behaviour, which was utilized to base their psychological assessment. Their behaviour was described as follows; "sex delinquent," "sexual colouring to ideas," "sexual propensities," "already had one pregnancy," "talked freely of sex experiences," "illegitimate pregnancy," "already had one affair," "showing sexual tendencies," and "sexual propensities are quite marked."
The behaviour these women demonstrated were not consistent with how women were to act. In my opinion, these women were sterilized because their sexual behaviour was considered unacceptable. This was also the case with two of the men as they were described as having "sexual colouring of ideas." One man was having sex with his daughter and the other was having sex several women.

The reasons for which cases were considered successful in the Essondale Report showed a marked contrast between men and women. Women were considered to be success cases if they became married or supported themselves. Men considered as successful were happier in their marriages, were in and out of the institution, on social assistance, and not working. Unsuccessful cases for women were due to the fact that they still had "sexual colouring" to their thoughts or were known to be sexually active outside the hospital. In my opinion, if women fit the expected role they were to fill, they were successful.

Finally, the ratio difference between the women and the men sterilized, eight women to each man, indicates that women's behaviour was focused on. Although the ratio of women to men at Essondale was not documented, I believe that the ratio sterilized was not consistent with the population ratio. I believe that women who did not fill their proper role were became a target for this Act.

These women were not sterilized under the intent of the
Act. Rather, they were sterilized because they did not follow the role expected of them. With the Act in place, women could be punished for their sexual behaviour.

Conclusion

This chapter focused on the Essondale Report and the case studies within it. The case studies have been divided between the men and women sterilized. Case information for both groups has been condensed in order to provide an understanding of why these patients were sterilized.

In assessing the information I have come to the conclusion that the intent of the Act was not followed in a majority of the cases. These patients were sterilized for their unacceptable behaviour which was the basis of their psychiatric diagnosis. These patients' children were not assessed to determine whether they had any hereditary disease, and nearly half the patients had no previous or family history of institutionalization. The manner in which the report was written implies that the sterilization was to change the individuals' behaviour. Further, twenty-three percent of those sterilized were confined to the institution at the time of the report writing. Their surgery and institutionalization incurred a greater expense to the public.

The following chapter will explore the newspapers' attention towards sterilization since the Act was enacted. Also, the changing opinion on surgical sterilization as well as
fertility control will be discussed. Finally, the reasons for the repeal of "An Act Respecting Sexual Sterilization" will be analyzed.
CHAPTER FIVE
THE SURGICAL STERILIZATION ACT REPEALED

Introduction

Chapter Two described the events which led up to "An Act Respecting Sexual Sterilization" being enacted. Institutions in British Columbia were overcrowded with people who were labelled as mentally ill or mentally unfit. Through eugenic sterilization, selective breeding of people would be possible. Sterilization offered a way to reduce the financial cost to the public since future generations of feeble-minded people would not be produced, and once the surgery was complete, the patient no longer needed to be segregated.

Chapter Four focused on the case studies in the Essondale Report. My conclusion was that most of the patients sterilized, who were primarily women, were done so because they were "promiscuous" and had sexual relations outside marriage, which was not acceptable. Surgical sterilization, I concluded, was
used as a method of punishment.

This chapter deals with a variety of issues from the downfall of eugenics, the use of voluntary sterilization, birth control becoming legal, and finally, the repeal of the "Sexual Sterilization Act. As early as 1915, genetic research began to indicate that inheritance was more complex than previously assumed. Some years later, the "separation of heredity and environment began to be challenged, undermining one of the basic assumptions of the eugenics movement." The primary factor for the scientific community to remove their support of eugenic programs was Nazi Germany's widespread use of eugenic policies. Hitler's eugenic policies were systematically killing huge numbers of Poles, Russians, and Jews as well as the mentally ill and retarded as they were considered to be an inferior class of people. Knowledge that carriers of recessive genes that the carriers could not be identified, and that environment may factor into feeble-mindedness, led to the downfall of eugenics as a science. The basis for eugenic sterilization being able to selectively breed out defectiveness was no longer valid. Oral contraceptives did become available

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2Ibid.

3Ibid., p. 38

in the 1960s, but reports on their dangers brought a further need and want for voluntary sterilization. The birth control pill was the most dependable means to avoid conception other than sterilization. As the legalities of voluntary sterilization were being debated, the "Sexual Sterilization Act" was barely mentioned. When the Act was brought back into public light again in the early 1970s, it was quickly repealed without debate.

**Heredity or Environment?**

In 1933, the same year as British Columbia's "An Act Regarding Sexual Sterilization" was enacted, Hitler came to power in Germany and Dr. Ernst Ruedin, Professor of Psychiatry at Basel and Munich, became the author of the compulsory sterilization law of Nazi Germany.\(^5\) The newspaper reports regarding the huge number of people being killed for eugenic reasons resulted in the Act having less respectability. In the Canadian Medical Association Journal (CMAJ), W.L. Hutton wrote that Nazi sterilization as "sweeping, compulsory, and dictatorial in its provisions."\(^6\) By 1950s most of the scientific community withdrew its support of eugenics as there was little "scientific basis for the belief that mental illness

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and mental retardation are transmitted through the genes," and genetics was put in disrepute.\(^7\)

The knowledge that people carried recessive genes and could produce sub-normal children was another reason why the medical profession did not fully support sterilization as noted in the statement "...if every mental subnormal now living were sterilized, the resulting decrease in their numbers a generation hence would be insignificant."\(^8\) An editorial in the CMAJ explained that parents without signs of defects were capable of producing children with defects. The editorial continues by saying that for sterilization to be effective, a larger group than "the obvious mental defectives" need to be sterilized.\(^9\) However, that would bring into question who were the mentally unstable, and that "has never yet been satisfactorily answered, for the very good reason that our methods of selection are inadequate."\(^10\)

Hutton also argued that little was known about inheritance and carriers of defective genes.\(^11\) He reports that mental

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\(^10\)Ibid.

defectives were found in all social classes, but the more severe cases were found in the lower classes and in the slums, and therefore, "[t]his is a very important distinction, with social implications of the greatest importance." This was not the first article to mention the fact that mental defects came from all classes and that poverty needed to be considered as a potential reason for mental defectiveness. The article ends by stating that eugenic sterilization was part of the "economic holy wars" and "for the benefit of the few and the enslavement of the many." Another article reports that change in the environment was needed since the chance of improvement from eugenics was small. If people were defective due to their environment, eugenic sterilization was not appropriate or effective. The need to change environmental conditions rather than sterilizing the unfit and that not enough was known about genetic inheritance, continued to be a topic in the CMAJ.

The newspaper reports in the "Victoria Daily Times" and the

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12 Ibid., p. 193.


14 Ibid.


"Vancouver Sun" were both for and against eugenic sterilization during 1933 to 1935. One title in the Victoria Daily Times reads "Sterilization is Forecasted, May be Necessary to Solution of Social Problems Says Minister." The Hon. W.G. Martin, Minister of Public Welfare of Ontario, believed that eugenic sterilization was the way to "solve social problems." Alan Muir in a "Vancouver Sun" editorial wrote sterilization was called "unprovoked assault" and "promotes degeneration, not race purity." In another article, eugenic sterilization was written as "inhuman and contrary to the principles of Christianity and is a retrograde step in civilization." Citing Nazi Germany's sterilization laws, and paralleling them to British Columbia's, Dr. Tait remarked that "society's worst ills come from the things that are done - not by the mental defectives, but by those who are smarter than their fellows." Baradai argued that a majority of those who are mental defects do not necessarily inherit their disease, and therefore, the sterilization law would not lessen the financial burden of caring for these people. I found only one article in support

17 Victoria Daily Times, May 4, 1933; p. 12.
18 Ibid.
19 Alan Muir, Vancouver Sun, February 15, 1934; p. 6.
21 Dr. Tait, Victoria Daily Times, February 18, 1934; p. 18.
of eugenic sterilization during these years. The Local Council of Women in Nanaimo wanted the consent for surgery clause in the Act removed.\textsuperscript{21}

Most publications indicated that eugenic sterilization was not an answer to the social problems. Medical publications focused on recessive genes and nature versus nurture, while journalists were concerned with the morality of sterilization. Finally, these concerns differed from those expressed before "An Act Respecting Sexual Sterilization" was enacted.

**Downfall of Eugenics**

In 1936, the newspapers changed their focus from sterilization to birth control. A few articles were written that year in support of making birth control information available to women and legalizing it. The birth control clinic movement was headed by Dorothy Steeves, C.C.F. M.L.A. for North Vancouver. She stated that

> Every married woman without such facilities should have to become a mother, regardless of her health, is a crime, despite what the church and welfare organizations might have to say about it.\textsuperscript{24}

As rural and lower-class women did not have access to birth control information, Dorothy Steeves wanted to see public health nurses permitted to provide this information. One counter

\textsuperscript{21}Evening Sun, June 20, 1934; p. 9.

\textsuperscript{24}Vancouver Sun, March 17, 1936; p. 1.
concern was that this would lead to a rise of immorality.\textsuperscript{25} Both the issue of eugenic sterilization and birth control seemed to disappear from the media attention for four years.

While all was quiet on the newspapers front regarding sterilization, the medical community also had little to report. In 1937 a committee of the American Medical Association reported:

\begin{quote}
Our present knowledge regarding human heredity is so limited that there appears to be very little scientific basis to justify limitation of conception for eugenic reasons.\textsuperscript{26}
\end{quote}

It was not until the 1940s that scientific interest in genetic research was rekindled.\textsuperscript{27} In 1944, Canadian scientist, Oswald Avery, discovered DNA and its role in heredity. Nearly ten years later, in 1953, James Watson and Francis Krick described what DNA looked like and how traits were passed on to the next generation. Genetics had finally gained new respect in the scientific community after its downfall from the Nazi German experience. By the 1950s and 1960s eugenics as a science had fallen into disrepute as there was little scientific basis for the belief that mental illness and mental retardation was

\textsuperscript{25}Vancouver Sun, December 3, 1937; p. 14.


\textsuperscript{27}Ibid.
transmitted through genes.28

The British Columbia Provincial Archives did not reveal any correspondence within the government on eugenic sterilization or birth control from 1937 to 1941. On May 12, 1941, in response to a request from The Most Reverend W.M. Duke, Archbishop of Vancouver, a letter from the Provincial Secretary and Minister of Education (names not provided) wrote:

I (Provincial Secretary) have made some inquiries as to the circumstances under which the Sterilization Act presently on the Statute books was passed by the Conservative Government, but it is difficult to find out from the official record of the votes and Proceedings anything beyond the bare detail that the bill was introduced as a message bill, which means it came into the House with the general and official approval of the party then in power . . . there is very little I could find about it beyond the detail reported in the press and the scanty details contained in the Votes and Proceedings.29

In a confidential letter from A.L. Crease, Provincial Psychiatrist to E.W. Griffith, Assistant Deputy Provincial Secretary, dated March 27, 1944, Mr. Crease wrote "...when the Board first started, it was quite active and now things are not going as well and a change seems imminent."30 What these changes were to be was not stated. There was some mention in a note dated Feb 8, 1946, from General Superintendent to P. Walker, Deputy Provincial Secretary, that the Act was "going to


29British Columbia Provincial Archives, GR 469, Box 1.

30British Columbia Provincial Archives, GR 496, Box 1.
be discussed in the next session." However, no further mention of the Act was made in the following session. The only change found on record was that the name "An Act Regarding Sexual Sterilization" was changed to the "Sexual Sterilization Act" in 1953.

Voluntary Sterilization - Legal or Not?

In the 1940s and 1950s the focus of sterilization changed from eugenic to a method to deal with the concerns over world population. Now the issue was whether it was ethical to sterilize healthy people for "non-medical" reasons. During these years, the debate remained within the confines of the government and medical and legal professions.

A confidential letter from the College of Physicians and Surgeons of British Columbia, written by Dr. J. MacLachlan, dated October 26, 1945, discussed the legality of sterilizing a patient on their request when there were no medical reasons. At that time there had (and as of 1994 still has not) been a judicial ruling in such a case. Dr. MacLachlan wrote that such "a surgical operation would constitute an assault on the person operated upon . . . an assault of a serious nature . . ." The

\[^{31}\text{Ibid.}\]

\[^{32}\text{Journal of Legislative Assembly, J 110L5 J8, p. 152.}\]


\[^{34}\text{British Columbia Provincial Archives, GR 542, Box 11/31, File 4. p. 1.}\]
Criminal Code of Canada in 1945 stated "assault is the act of intentionally applying force to the person . . . without the consent of the other . . .". However, voluntary sterilization with a person's consent technically could not be considered assault. It was advised that surgical sterilization for non-medical reasons and requested by a patient not be performed. In 1948, Dr. T.L. Fisher, wrote in CMAJ that "voluntary sterilization of the healthy should not be performed." 

There seemed to be a consensus in Canadian law in the late 1950s that voluntary sterilization was not legal and was not for the general good. In 1959, the Manitoba Bar News wrote:

... it appears to be almost universally accepted that eugenic sterilization is illegal, and that the surgeon who performs the operation is liable to criminal proceedings from the patient. Sterilization, even when voluntary, is frowned upon as there is a large weight of learned opinion to the effect that voluntary sterilization of the healthy is unlawful - what it does is restrict the procreation of the human race and this is against the public interests.

In British Columbia in 1963, a subcommittee on the "Sexual Sterilization Act" reported:

It is essentially a eugenic law ... and is scientifically meaningless in its present wording.

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35 Ibid., p. 2


Although the members of the committee are not familiar of the details of each case, on the basis of the diagnoses given, it seems reasonable to query if any of the individuals who have been sterilized under this act to date would have if a geneticist had been involved in the decision.  

Not only was the legality of the "Sexual Sterilization Law" being questioned, but during the 1950s and 1960s the legality of vasectomies was questioned more than tubal ligations. Female sterilization could be seen as in the best interest of the patient since it is the female who becomes pregnant. Also, female sterilizations are done in a hospital setting where peer review is possible. In the case of male sterilization, there was no possible medical need. Further, the sterilization occurs in a doctor's office where peer review is not possible. 

Slowly, female voluntary sterilization was becoming accepted. In 1963, parity indicator (parity greater than eight), was introduced for women seeking voluntary surgical sterilization. 

At that time the hazards of the birth control pill started to be published and more women were seeking alternative secure birth control. In June of 1965, the Canadian Medical Association

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39 Ibid., p. 9-10.  


41 Parity is defined as the number of live children a women has.  


43 Ibid., p. 37.
Code of Ethics addressed voluntary sterilization for the first time.\textsuperscript{44} Also, in 1965 the British Columbia Medical Services Plan was put in place and there was a billing code for both male and female sterilization which was paid for by both the federal and provincial governments.\textsuperscript{45} Since the governments were recognizing sterilization as a legitimate procedure, this brought further into question whether voluntary sterilization was legal.

By the early 1960s the population explosion of the world was receiving media attention and said to be "one of the major problems of the age."\textsuperscript{46} The urge for both birth control and voluntary surgical sterilization to become available was reported in the newspapers. For the Roman Catholic church the only legitimate form of birth control was abstention. However, Anglicans supported birth control and stated that abstinence was against nature.\textsuperscript{47} Birth control and family planning were reported as a humane way of controlling the population.

The medical plight in determining if voluntary surgical sterilization was legal was also reviewed in the media. The articles indicated that doctors risked legal action if they


\textsuperscript{46}Victoria Daily Times, March 15, 1962; p. 33.

\textsuperscript{47}Vancouver Sun, December 17, 1959; p. 25.
performed the surgery. Other articles focused on the fact that it was illegal to sterilize healthy married men.48 One article boldly told the readers that 8,000 husbands had been sterilized in Vancouver by a total of 10 different doctors.49 These men had opted for the surgery because it was less dangerous and cheaper than female sterilization, and they could not afford more children.50 Another article in the same issue of the "Vancouver Sun," reported that the Attorney General "Robert Bonner said today there is no law to prevent a person of sound mind and body from consent to be sterilized."51 Obviously there was ambivalence within the medical and legal professions as to the legality of voluntary surgical sterilization, and now the CMAJ reported public demand for this medical service.

Birth Control and Voluntary Sterilization Should be Legal

In the mid 1960s the fight to make birth control legal and available once again came to media attention. The birth control law was considered to be "outdated and should be changed before anything."52 At the time, prosecutors were being pressured into charging six Vancouver drug stores for selling contraceptives, which still was illegal according to Section 150 of the Criminal

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49Bob Porter, The Vancouver Sun, December 20, 1962; p. 10.
50Ibid.
51Vancouver Sun, December 20, 1962; p. 1.
Doctors a few years later were also advocating that the Criminal Code of Canada be changed to legalize birth control. In support of voluntary sterilization, Section 45 of the Criminal Code of Canada was cited by the Canadian Medical Protective Association (CMPA), in 1969 as stating that "surgical operations will not be subject to criminal liability if they are performed for an individual's benefit." An individual's benefit was open to interpretation. In 1968 the sale and advertisement of contraceptive information became legal and was to come into effect in 1969. More birth control methods became available to the general public. Since 1965, welfare recipients' birth control devices and sterilization have been paid for welfare recipients by the Medical Services Plan.

However, as late as 1970, the legal status of voluntary surgical sterilization was not established. It was not legal or illegal. The CMPA, thought the operation could be understood as self-mutilation and therefore illegal and, in turn, the

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53 Ibid.

54 Victoria Daily Times, October 5, 1966; p. 21.


56 Vancouver Sun, January 29, 1965; p. 25.

patient's consent would not be valid. The CMPA advised that the decision be made by the individual doctor after discussing the patient's request for sterilization. The doctor should ensure that the spouse also sign a consent form as the operation affected both parties. A final concern was that the doctors' role would be changing by providing an operation after a patient's request for non-medical reasons.

Vasectomies and tubal ligations continued to grow in popularity. Still, many men had to go to the United States or other provinces to undergo a vasectomy. In the "Vancouver Sun," Dr. Alderman freely admitted that he had been performing vasectomies since the early 1960s and was aware of other Vancouver doctors doing the same. In a telephone interview with Dr. Alderman on April 27, 1992, he said that doctors "were told to avoid vasectomies" but he did not think "anyone really thought about it." British Columbia was the only province which had vasectomies and tubal ligations on their Medical Service

58Ibid.


60Ibid.


62Ibid.

"Surgical Sterilization Act" Repealed

While voluntary surgical sterilization of healthy people was being debated by the doctors and lawyers, little or no attention was given to the "Sexual Sterilization Act" which provided for feeble-minded patients' consent to sterilization. In 1963 a journalist reported that the Act was not used very much and that only 35 patients in the past five years had been sterilized. In 1968 the "Vancouver Sun" reported that the Act has almost become "a dead letter," as in the last five years only three or four patients a year had been sterilized. The same article argued that there was scant evidence that mental disease and retardation are hereditary. Dr. Bryson, director of Riverview (previously known as Essondale), said that the decline in sterilization under the Act was partly due to the fact that mental illness and mental retardation are not hereditary and "modern treatment techniques." Dr. J.S. Bland, B.C. co­ordinator of mental retardation programs agreed that the eugenics law was based on false premise but he added that sterilization has a definite

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64 Telephone interview with Marcena Levine, Planned Parenthood, Vancouver, B.C., April 27, 1992.


67 Ibid.
role to play in the correct treatment of some cases.\textsuperscript{68}

Vancouver General Hospital medical director, Dr. L.E. Ranta, said that ten years earlier the hospital had sterilized patients from Riverview on demand, but, the hospital had changed its policy: "mental retardation alone is not regarded as a sufficient reason for such a critical and irreversible procedure...."\textsuperscript{69} Another article stated

more often than not . . . a person's social behavior such as promiscuity seemed to figure largely in the decision to order sterilization although the operation was supposed to be done only on people with a mental disorder that could be passed on to their children.\textsuperscript{70}

On March 21, 1973, Health Minister Dennis Cocke announced that he would introduce a bill to rescind the "Sexual Sterilization Act."\textsuperscript{71} He said that the act has barely been used, but "is embarrassing . . . I see no reason for that kind of an anachronistic legislation to be on our books."\textsuperscript{72} He did not know how many times or when the Act was last used.

The first reading, introduced by Hon. Mr. Cocke, to remove the "Sexual Sterilization Act" from the statutes was on March

\textsuperscript{68}Ibid.

\textsuperscript{69}Ibid.

\textsuperscript{70}"Sterilizations performed after 'sketchy evidence'," (Vancouver Sun, September 17, 1979), p. 40.

\textsuperscript{71}"B.C. sterilization act to go: 'fascist legislation'," (Vancouver Sun, March 21, 1973), p. 46.

\textsuperscript{72}Ibid.
29, 1973, second session of the thirtieth Parliament. The second reading of Bill 45, "The Sexual Sterilization Act" Repeal Act was on April 5, 1973. During this reading Hon. Mr. Cocke stated that the Act;

... provided for sterilization of people who were in boys' industrial schools, girls' industrial schools and that type of situation. The people in our health department and the people in the professions feel that it was most archaic.74

There was no further discussion or debate. The third and final reading was on April 18, 1973, at which time the "Sexual Sterilization Act" was repealed.75

Conclusion

There were many factors which put of eugenics into disrepute. First, there were the Nazi sterilization laws; second, the knowledge that individuals not displaying any disease or feeble-mindedness could be carriers of recessive genes; and finally, the acceptance that environment did play a role in a persons' mental capabilities. As a result, eugenic sterilization had little basis to defend that it would reduce the cost to the public or ensuring that the race would be purified.


74Ibid., Vol. 3 No. 10., p. 2298.

75Ibid., Vol. 3 No. 36.
In the 1960s oral contraceptives came on the market, but there were reports about the hazards of the pill. This created more requests for voluntary sterilization as no other dependable means of birth control were available. There was quite a controversy whether voluntary sterilization was legal. Doctors were fearful of malpractice suits as voluntary sterilization went against the usual medical practice where the doctor advises the patient to undergo surgery and the laws were not clear whether voluntary sterilization was legal. Voluntary sterilization had no therapeutic benefit and had the potential of being considered assault under the Criminal Code of Canada. However, since the demand was so high and so many procedures were being completed without medical malpractice suits, the practice continued. In 1969 advertisement and the sale of contraceptives became legal.

"The Surgical Sterilization Act" was barely mentioned from 1936 to 1969. The Act in the late 1960s and early 1970s was considered an embarrassment to the province and set up under false information. The Act was not frequently utilized, and when it was, it was probably done so because of unacceptable social behaviour such as promiscuity. In 1973, without debate, the Act was repealed.

CHAPTER SIX
CONCLUSION

The purpose of this thesis was to understand (1) how and why "An Act Respecting Sexual Sterilization" became enacted, and (2) what led to the repeal of the Act. In order to answer these questions, a historical method of research was employed.

The rural population was moving to the major centres of British Columbia resulting in increased unemployment, poverty, crime and overcrowding of the institutions. Through eugenics, selective parenting through eugenic sterilization, offered a promise to reduce the number of feeble-minded in institutions and stop their reproduction.

Major women's organizations supported eugenic sterilization. Although birth control could reduce the number of feeble-minded people reproducing, making birth control available was not an acceptable or legal alternative. If made available, the upper-class may have used birth control as well,
further leading to race suicide. Also, women's accepted roles could change. With the advance in technology, less radical forms of surgical sterilization were developed allowing sterilization to become a more viable option.

States in the United States had sterilization laws as early as 1911. California was the most influential in British Columbia developing a eugenic law. Proponents of the California law were in direct communication with people in the Provincial Secretary's Office. The next step was for British Columbia to enact a similar act.

The proposals for legislating eugenic sterilization was based on the belief that characteristics of the feeble-minded and subnormal were genetically inherited. The primary focus of those in favour of this legislation were concerned about the cost of caring for these people now and in the future. Opposition to the Act came from the Roman Catholic Church and people concerned about infringement of human rights. In order to appease these concerns, a consent to surgery clause was incorporated into the Act. "An Act Respecting Sexual Sterilization" was enacted on April 6, 1933.

The Essondale Report provided detailed case studies of seventy four patients who were sterilized. In assessing the information I came to the conclusion that the intent of the Act was not followed in a majority of the cases. Rather, these patients, who were primarily women, were sterilized for their unacceptable behaviour which focused on sexual activity.
Since 1933 eugenics was receiving less respect. The knowledge that people could be carriers of feeble-mindedness and not display any characteristics resulted in undermining the basis for eugenic sterilization. In the 1960s oral contraceptives became available and provided nearly one hundred percent fertility control. The birth control pill had negative side effects and people were wanting an alternative method with equal effectiveness. Surgical sterilization was requested to fill those needs.

There was controversy over whether surgical sterilization was legal. As the demand increased, more doctors were agreeing to surgically sterilize their patients with no legal recourse. In 1969 it became legal in Canada to sell birth control devices and distribute birth control information. From 1936 to 1969 the "Surgical Sterilization Act" received little attention. In 1973 the Act was repealed without debate.
Bill No. 82
1933

An Act Respecting Sexual Sterilization

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia enacts as follows:-

1. This Act may be cited as the "Sexual Sterilization Act."

2. In this Act, unless the context otherwise requires:-
   "Inmate" means a person who is a patient or in custody or under detention in an institution:
   "Institution" means any public hospital for insane as defined in section 2 of the "Mental Hospitals Act," the Industrial Home for Girls maintained under the "industrial Home for Girls Act," and the Industrial School Maintained under the "Industrial School Act":
   "Superintendent," in the case of a public hospital for insane, means the Medical Superintendent of that hospital, and, in some case of the Industrial Home for Girls or the Industrial School, means the Superintendent or other head thereof.

3. For the purposes of this Act, the Lieutenant-Governor in Council may from time to time appoint three persons, on whom
shall be a Judge of a Court of Record in the Province, on whom shall be a psychiatrist, and one of whom shall be a person experienced in social-welfare work, who shall constitute a Board to be known as the "Board of Eugenics."

4. (1.) Where it appears to the Superintendent of any institution within the scope of this Act that any inmate of that institution, if discharged therefrom without being subjected to an operation for sexual sterilization, would be likely to beget or bear children who by reason of inheritance would have a tendency to serious mental disease or mental deficiency, the Superintendent may submit to the Board of Eugenics a recommendation that a surgical operation be performed upon that inmate for sexual sterilization.

(2.) The recommendation of the Superintendent shall be in writing, and be accompanied by a statement setting forth the history of the inmate as shown in the records of the institution, so far as it bears upon the recommendation, and setting forth the reasons why sexual sterilization is recommended.

(3.) The Superintendent may cause the inmate to be examined by or in the presence of the Board of Eugenics.

5. (1.) If upon such examination of the inmate the Board of Eugenics is unanimously of opinion that the procreation by the inmate would be likely to produce children who by reason of
inheritance would have a tendency to serious mental disease or deficiency, the Board may by an order in writing signed by its members direct such surgical operation for sexual sterilization of the inmate as is set out in the order, and may appoint some legally qualified medical practitioner to perform the operation.

(2.) Nothing in this section or in any order made under it shall prevent the inmate, or any person acting on behalf of the inmate, from selecting and employing at the expense of the inmate a duly qualified medical practitioner to attend in consultation at or to perform the operation directed by the order of the Board of Eugenics.

6. The operation directed by the order of the Board of Eugenics in any case shall not be performed unless the inmate has consented thereto in writing, if in the opinion of the Board the inmate is capable of giving consent, or, if in the opinion of the Board the inmate is not capable of giving consent, unless the husband or wife of the inmate or, in case the inmate is unmarried, the parent or guardian of the inmate has consented thereto in writing, or, in case the inmate has no husband, wife, parent, or guardian resident in the Province, the Provincial Secretary has consented thereto in writing.

7. A legally qualified medical practitioner appointed by the Board of Eugenics to perform any surgical operation on an inmate duly directed by order of the Board pursuant to this Act shall
not be liable to any civil action whatsoever by reason of the performance thereof, except in the case of negligence in the performance of the operation.

8. (1.) The members of the Board of Eugenics shall not receive any compensation for their services, but they shall be paid the amount of the travelling and other personal expenses necessarily incurred by them in the discharge of their official duties.

(2.) Every legally qualified medical practitioner appointed by the Board of Eugenics who performs an operation on any inmate as directed by the Board shall be paid for his proper fees therefor.

(3.) All expenses and fees payable under this section in respect of any inmate shall be paid out of the moneys appropriated for the purposes of the institution in which that inmate is a patient or is in custody or under detention.

9. This Act shall have effect only in so far as the legislative authority of the Province extends.

10. This Act shall come into operation on the first day of July, 1933."

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