

THE SEXUAL STERILIZATION ACT OF ALBERTA: AN INTRODUCTION 1928-1972

“For the majority the problem is and will continue to be a community one, and the community will be judged by the way it grapples with such questions, as the mental, moral, physical, and environmental defects affecting a child’s life.” (McAlister, 1928)⁽¹⁾

Introduction

Sir Francis Galton was intrigued when the English Eugenics Education Society (EES) approached him in 1909, to discuss his concept that intelligence was inherited. He had described the inheritance of ability in the pedigrees of the Darwin, Galton and Wedgewood families in *Hereditary Genius* (1869).⁽²⁾

The first Binet tests in 1909 confirmed that IQs were distributed on a standard or bell shaped distribution curve. The EES were interested in the inheritance of low levels of intelligence. The fact that Galton’s observations were still worthy of discussion one hundred years later would have pleased him.⁽³⁾

In February 1927, a generation later, the Alberta Sexual Sterilization Act was tabled in the Alberta Legislature. The same month Dr. M.R. Bow was appointed the new Deputy Minister of Health. The Act was not passed. Rather, it was withdrawn and re-tabled for legislative approval in February 1928.

It was the first such Act passed in the British Empire. Passage of the Act occurred approximately one year after the well-known *Buck vs. Bell* case was adjudicated, and won, in front of Justice Holmes in the United States Supreme Court, with his famous quotation, “Three generations of imbeciles is enough.”⁽⁴⁾

The Act was another example of UFA government making a decision that did not include prior discus-

sion with Alberta’s medical profession. In 1928 Dr. W.A. Wilson sounded the alarm over the UFA government’s intrusion into healthcare, when he and Dr. Folinsbee met with the Calgary Medical Society on January 3 to discuss the rumoured spring State Medicine Act.⁽⁵⁾ Sexual sterilization would be a subsequent topic at the Calgary Medical Society meeting on March 12, 1928, one month after its enactment.

The 1928 Alberta Act and Societal Attitudes

Societal attitudes towards approving sexual sterilization procedures for the mentally handicapped have varied considerably – from the approach in Germany to surgically sterilize all such individuals by statutory decree (1933); to the removal of the right of access to surgical sterilization using administrative means, in Canada (1986). The pendulum will continue to swing back and forth, although not as widely as in the past. In the interim all approaches (biochemical, surgical) have become increasingly safer, more reliable and more reversible.

The Alberta Sexual Sterilization Act of 1928 was passed in the context of the ideology and surgical options of the 1920s. One of the proponents was the noted Canadian psychiatrist Dr. C.M. Hincks. In 1926 he performed IQ tests on students in three Nova Scotia schools. In one school he found the mentally handicapped rate to be ten percent. On further investigation he concluded the rate increased if

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1. McAlister, William J. Annual report of the Superintendent of the Provincial Training School, Red Deer, 1928. Quoted in Paul V. Collins’ MA thesis, “The Public Health Policies of the United Farmers of Alberta Government, 1921-1935,” page 86, UWO, 1969.
 2. Mazumdar, Pauline M. *Eugenics, Human Genetics and Human Failings*, pages ii, 9, 28, 39-43, 50, Routledge, 1992.
 3. Blacker, Charles P. *Eugenics*, Galton and After, pages 105-119, 122-4126, 318-328, Duckworth, 1952. For further reading on Galton see P. Mazumdar’s *Eugenics, Human Genetics and Human Failing*; Galton’s original work, *Hereditary Genius, an Inquiry Into Its Laws and Consequences*; Peter Smith’s *Hereditary Genius - Francis Galton*, World Publishing, 1972 and Francis Galton, Founder of the Faith, in Daniel Kevles benchmark book, *In the Name of Eugenics*, pages 3-19, UCP, 1985. Blacker described the stimulus that the Alberta Sexual Sterilization Act had on the English Eugenics Society and its proposals as the first such act in the British Empire, in the *Eugenics Review* 22 (1930): 239-247.
 4. Kevles, Daniel J. *In the Name of Eugenics*, pages 110-112, 346-347, University of California Press, 1985.
 5. (Park, A.W.) Calgary Medical Society Minutes, January 3, 1918. Deposited in the Glenbow Archives, Calgary.

the mother was mentally handicapped, but not if the father was handicapped.⁽⁶⁾ Thereafter he strongly supported access to sterilization procedures for the mentally handicapped.

The Alberta Act lasted as long as it did, not just because the policy was widely supported by organizations like the American Association of the Mentally Retarded (AAMR), but because of the stability of the Alberta Sexual Sterilization Board and the unaltered criteria the Board used to interpret and implement the Act over its lifetime (1928-1972).

Not all Sterilization Acts in North America were created equal. Of the thirty-five Acts passed in the USA and the two in Canada, only six (USA) and two (Canada) created third-party Sexual Sterilization Boards.⁽⁷⁾ Few maintained the level of documentation on each case as did the Alberta Board. Even fewer, likely only one (Alberta), consistently applied a pre-determined set of criteria to adjudicate cases.⁽⁸⁾ From that perspective alone, the Alberta Act and its implementation were unique.

All other states or provinces deferred passing any sexual sterilization rules or Acts. Instead they followed a leave it to the family and their doctor approach. Data from the silent states and provinces is unknown. Their sexual sterilization rates remain protected behind a curtain of anonymity in the sexual sterilization debate.

Birth Control Options and Alternatives

Since 1928 options and alternative measures to provide birth control have evolved, and will continue to do so. In 1928, few choices were available: isolation, segregation, sexual sterilization or abortion. The Depression of 1929 led to a dramatic shift in the desire of parents have smaller families and control of the size of their family. No new birth control alternatives became available to help them, until the birth

control pill was introduced circa 1960. Nor was there any social safety net in Canada until 1975. Until then, parents of mentally handicapped children were morally responsible for raising any grandchildren born to their handicapped children.

The 1979 Law Reform Commission of Canada addressed the topic and released Working Paper No. 24, entitled "Sterilization". The paper examined the question of sterilization and human rights. It began with a philosophical statement quoted from J. Robicher's book "Eugenic Sterilization" (1973):⁽⁹⁾

"Eugenic sterilization is a vile medical intervention that has given us 80 years of experience with the legal, moral and philosophical problems that arise when society decides to use medical means to impinge on the rights of some people in order for others to benefit."

Since the tabling of the 1979 Working Paper, surgical reversibility of tubal ligations and vasectomies has reached 70%. Two-thirds of females in their child-bearing years now choose birth control measures at one time or another. While the current preferred method of contraception is to use birth control pills, sterilization remains the option of second choice for one-quarter of all couples.⁽¹⁰⁾ Other alternatives have become available including the morning after pill and the implantation of surgical stents.

Following the 1986 Re Eve Case in the Supreme Court of Canada, the administrative process to approve a sexual sterilization procedure in a mentally handicapped person in Canada, became so elaborate and expensive, sterilization was effectively withdrawn as an option.⁽¹¹⁾ One sterilization operation that did not follow the 1986 protocol, was recently performed in BC. It led immediately to a legal suit against the surgeon by the Crown. The surgeon was found guilty, despite receiving the consent of the

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6. Hincks, Clarence M. "A Study of Mental Deficiency in a Canadian Province." *Journal of Psycho Asthenics*, pages 69-74, 1927-1928.
 7. Levinson, Abraham, Bigler, John A. *Mental Retardation in Infants and Children*, page 158. The Yearbook Publishers, 1960. The American rates in the 1930s increased from two to twenty per hundred thousand as referenced in Daniel Kevles, *In the Name of Eugenics*, page 116.
 8. MacLean, Randall R. Letter to Dr. Charles Roland dated December 23, 1964, with an unsigned position paper attached to it prepared for the Sexual Sterilization Board in 1928/29 likely by Chairman John M. MacEachern, Ph.D. copy attached.
 9. Law Reform Commission of Canada "Working Paper #24. Sterilization," 1979, page 3, Government of Canada, 1980.
 10. Wellings, Kaye "Sterilization Trends." *British Medical Journal* 292(#6527)1029-1030, 19 April 1986.
 11. Peppin, Patricia "Justice and Care: Mental Disability and Sterilization Decisions." *Canadian Human Rights Yearbook* (1989-1990) C.H.R.Y.B. pages 66-112. Ms. Peppin was a Professor of Law at Queens University. She concluded "Wrestling with the tensions between rights and care, the Supreme Court of Canada failed to find an effective reconciliation."

family (parents) prior to the surgery. It was settled out of court by the Canadian Medical Protective Association.

Rights

The Canadian Bill of Rights was introduced in 1981. Since then individual rights and their protection have gained increasing prominence in Canada. Following the 1986 Supreme Court decision, the number of sterilization procedures performed on females under the age of majority or eighteen became nil.

In Alberta, a Dependent Adults Act was passed in 1978.⁽¹²⁾ It permitted guardians to be appointed when the authority of the Child Welfare Act ended at age eighteen. The Act described the process to be followed to appoint a substitute decision maker (guardian and/or trustee) to act on behalf of a Dependent Adult. The guardian could be a member of the family, friend, or a government-provided Public Guardian.

Since 1986, Alberta Public Guardians have adhered to the Re Eve decision and have reduced the sterilization rate in the mentally retarded (MR) adults in Alberta, to zero. In effect, surgical sterilization, unless secondary to another necessary procedure like a hysterectomy, became unavailable, thus removing the right of access to the procedure for a mentally handicapped person in Alberta.

Individual Rights

There are two at play: the rights of the parent and the rights of the unborn, newborn, and youngster. Parental rights include the right to procreate, to become pregnant, to parent and to nurture. The rights of the newborn include the right to be well born, well developed and well educated. The right to parent has been held by the Supreme Court of Canada to supercede the right to procreate.

Different Perspectives

There are a myriad of different perspectives to be taken into account when addressing the subject of sexual sterilization. They include those of the politician, lawyer, ethicist, sociologist, economist, physician, surgeon, geneticist, administrator and gender

sensitive rights activist, to list the best known ones. Whatever the perspective, it must be compared with the point of view of society almost four score years ago. Otherwise it takes the issue out of context. In 1930 the legal world was much simpler. There was no Bill of Rights, no birth control pills, no comprehensive social and income security systems, and no Human Rights Act.

Numbers, Consents and the Alberta Act

Sterilization Acts in North America covered three groups of individuals: the mentally handicapped, the mentally ill, and those in jail. Virtually no jurisdictions changed their initial positions on coverage or consent requirements after their acts were passed, except for Germany, which moved from a consensual (voluntary) to a non-consensual (involuntary) position in 1933.

Two Canadian provinces passed Sexual Sterilization Acts: Alberta in 1928 and BC in 1930. The Alberta Act accepted applications from two groups of individuals: the mentally handicapped and the mentally ill.

Alberta recorded 2,832 sterilization procedures as being performed under the Act (Table 1). BC recorded about 230 procedures.⁽¹³⁾ In the United States, there were 26 states with Sterilization Acts circa 1928. In 1935, there were 35 and in 1952 there were 28. In a 1952 review there were six states that had a full eugenics board.⁽¹⁴⁾ Eight states accepted applicants for sterilization of persons living outside an institution, a process permitted in Alberta after 1951.

The 1928 Alberta Act required a consent to be provided by the individual or from a member of the family before surgery. The mandatory consent requirement was dropped in 1938 because of difficulties in finding relatives. Consents were still sought and respected thereafter. The Act was modified again in 1942, to incorporate the recommendations of the American Neurological Society, which noted a number of diseases were inherited and had mental retardation as a consequence.⁽¹⁵⁾

12. Dependent Adults Act RSA Chapter 63, 1976. The Act was proclaimed December 1, 1978. For a discussion of the Act see *The Dependent Adults Act: A Review, by the Legal Education Society of Alberta*, 1981 (259 pages). A critique of the features and limitations of the Act was provided in Gerald Robertson's *Mental Disability and the Law in Canada* (2nd edition), pages 119-123, Carswell, 1994.

13. McLaren, Angus "The Creation of a Haven for "Human Thoroughbreds": the Sterilization of the Feeble-Minded and the Mentally Ill in British Columbia." *Canadian Historical Review* 67(4): 127-150, 1986.

14. Levinson, Abraham, Bigler, John A. *Mental Retardation in Infants and Children*, page 158.

15. Myerson, Abraham, et al *Eugenical Sterilization: a Reorientation of the Problem*, by the Committee of the American Neurological Association for the Investigation of Eugenical Sterilization. Pages 7-8, 20-21, 179-181, Macmillan, 1936.

The Alberta Board's Approval Criteria

In 1928 the government appointed the first Sexual Sterilization Board. The new Board accepted no applications during its first year. Instead it deliberated on the criteria it would use. The Board reduced the criteria for approving mentally handicapped applications to two:⁽¹⁶⁾

- Could the individual procreate? If he/she was over twelve, they were deemed capable of procreation.
- Could the individual parent? If their IQ was less than seventy or two standard deviations below the mean, the person was deemed to be an unsatisfactory parent. IQ tests were required for all of the mental retardation applicants. There were a few cases passed where the IQs exceeded seventy. Usually there was an associated mental illness.

From a legal perspective, the Sexual Sterilization Board did not rigorously adhere to the statutory requirements of the 1928 Act. It interpreted the reasons for approval in a social context. The Board did not alter the statutory reasons for approval or change the Act, even after inheritance as a predictor of a low IQ was disproven in the mid 1930s. Instead the Board followed a social justice interpretation of the Act throughout its 44 year life. That interpretation was based, not on the common law principle of decisions being made by the Board substituting its judgement for that of the individual, but rather on what decision was in the best interests of society. The Board's approach was within the broad policy framework of the AAMR (1934-1974), which recommended approving sterilization applications on a selective basis.

A copy of the Board's 1929 rationale has been attached (Appendix 1). The author of the 1929 rationale is likely the first and for the next thirty-seven years the only chairman of the Alberta Sexual Sterilization Board, UofA Professor J.M. MacEachern Ph.D. He had studied under Binet in Paris in 1908/09 the year before he became one of UofA's first four professors.

The Number of Sterilizations in Alberta

The number of sterilizations (mentally ill and mentally challenged) performed in Alberta, varied from fifty to one hundred per year over the forty-four year life

of the Act. They averaged about sixty-four per year. Initially there were about fifty surgical procedures performed per year. The number rose to one hundred per year in the late 30s, before dropping back to fifty per year through the war years, in part because of a lack of surgeons. It rose to one hundred per year after the war and dropped to about sixty per year after 1967.

The total number of cases presented and approved conditionally or unconditionally by the Board was 4,739. The total number of operations performed on the two classes of applicants to March 31, 1972, was 2,832 (Appendix II). About seventy-five percent of the operations were performed on mentally handicapped persons and about twenty-five percent on mentally ill persons, as determined by those who had IQ tests on their files.

Observations

- 1) The Alberta Sexual Sterilization Board only adjudicated those cases selected for presentation to it. The Board did not search the province to find individuals with an IQ less than seventy.
- 2) Only mentally handicapped persons who were thought to be capable of procreation were referred to it. The statutory requirement that the applicant be a candidate for discharge, was loosely followed at best.
- 3) The Board's practice for approving mentally handicapped (MR) applications was to ensure: a) The individual was over the age of twelve (usually fourteen), and b) had an IQ of less than seventy. Consent in writing was required or provided by parents in 100% of cases during the 1929-1938 and 1968-1972 periods. Documentation or discussions indicating written or verbal consent was given, appear in about 55% of all the case files, as determined by a review of the one in five files that were kept after 1980. The other 80% were destroyed, except for tombstone data.
- 4) Board members Dr. R.K.C. Thomson and M.A. Thompson, Ph.D., both confirmed the two criteria were being used to approve applications during their tenure on the Board in the 1950s (Thompson) and the 1960s and 1970s (Thomson).⁽¹⁸⁾
- 5) The number of procedures performed during the war dropped due to the lack of surgeons.

16. MacLean, Randall R. Attachment to a Letter to Dr. Charles Roland, December 23, 1964. See Appendix I.

17. Lampard, Robert Profile of "Dr. Randall R. Maclean" in Part 1.

18. Lampard, Robert Personal interviews with Dr. R. Kenneth Thomson (March 18, 1997) and Margaret Thompson Ph.D. (January, 1996).

- 6) The primary difference in the number of cases adjudicated (4,739) and the number of sexual sterilizations performed (2,832) was because: consent was not provided, consent was refused by the individual or his/her family, or the individual was discharged, usually from the mental hospital.
- 7) About 75% of the 2,832 cases where operations were performed, were presented to the Board with an IQ test on their file. The remaining twenty-five percent were interpreted by the author to be applicants with a mental illness. Clinical data in the files supports this conclusion. Applying this conclusion means about 2,000 sexual sterilization operations were performed on mentally handicapped applicants over the 44 year life of the Act.
- 8) The number of sterilizations requested by parents and performed by the family's surgeon outside the Act, before 1972, is unknown. No cases have come to the attention of the author, although one or two were rumored by long term staff to have occurred during vacations.
- 9) The operations performed on applicants and passed by the Sterilization Board were paid for by the Province of Alberta.
- 10) The Alberta Act was repealed in 1972. A year later, the BC Act was repealed.
- 11) By comparison the number of sterilization procedures performed in Alberta and Ontario in 1979, on males and females under the age of eighteen were approximately 100 and 300 per year, respectively. This corresponded to the differences in their population. These numbers imply that after the Alberta Act was repealed, the frequency of sterilizations was the same in the two provinces. The 1979 figures represent the total number of sexual sterilization procedures performed in each province in the under eighteen age group, not just those who were mentally handicapped.
- 12) The number of sterilizations performed in North American jurisdictions with no Act during the 1930-1970 period is difficult to ascertain. The total number performed in Alberta was unlikely to be higher than in other jurisdictions, and may have been lower, because of the existence of the Sexual Sterilization Act and a Board that adhered to a set of criteria under its review system. There was no capricious decision-making and operations on the part of any surgeons reported in Alberta, as reported in other provinces.
- 13) One estimate of Alberta's mentally handicapped sterilization rate can be obtained by multiplying the candidate population (2.5 percent) times the average Alberta population (1928-1974) of 1,200,000. This gives a candidate population size of about 30,000. The sterilization percentage would then be 2,000 operations in a 30,000 population, or about seven percent. The annual rate over the forty-four years of the Act would be 44 divided by 30,000 or 1.5 per 1,000 per year. A Canadian study in 1989 determined the voluntary male plus female sterilization rates were 15 per 1,000 per year, or ten times higher.⁽¹⁹⁾



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*Alberta Sexual Sterilization Board, 1936
(L-R) Dr. George Mason, Mrs. Jean Field, John MacEachern, Ph.D., Dr. Egerton Pope*

19. Alderman, Philip M., "Sterilization: Canadian Choices," *CMAJ* 140:645-649, March 15, 1989.
Gee, Ellen M.

14) To portray the now versus then approach in a different light, the Government of Alberta paid legal and settlement fees to a small group of lawyers that represented Leilani Muir and 700 other Plaintiffs in 1995, an amount over 500 times the total surgeon's fees for performing all the 2,832 sexual sterilization procedures over forty-four years. That included an adjustment for one half of the surgical operations being done as intra-abdominal operations.

It would be presumptive to think this controversial topic could be summarized in a few pages. That is not the intent. What is anticipated is that future scholars will approach the Alberta Sexual Sterilization Act with a better understanding of the Act, how it arose, and the rationale under which it

conducted its reviews, whether they agree or disagree with it. Annotated milestones (Appendix 3) and a bibliography (Appendix 4) have been provided for that purpose.

Related Profiles: Bow, Hoadley, MacLean.

Key Words: Sexual Sterilization Act of Alberta, UFA Government, Sterilizations in Alberta.

Attachments: a) Letter from Dr. R.R. MacLean to Dr. C.G. Roland, December 23 (Appendix 1), b) Numbers of sterilizations approved and performed in Alberta (Appendix 2), c) Annotated milestones in the Alberta Sexual Sterilization Program (Appendix 3), d) Selected References on Sexual Sterilization in: Alberta, Canada and Internationally (Appendix 4).

1928

CHAPTER 37.

The Sexual Sterilization Act.

(Assented to March 21, 1928.)

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

1. This Act may be cited as "*The Sexual Sterilization Act*." Short title Act.
2. In this Act, unless the context otherwise requires—
 - (a) "Mental Hospital" shall mean a hospital within the meaning of *The Mental Diseases Act*; Interpretation Mental hospitals
 - (b) "Minister" shall mean the Minister of Health. Minister
- 3.—(1) For the purpose of this Act, a Board is hereby created, which shall consist of the following four persons: Appointment of Board
 - Dr. E. Pope, Edmonton.
 - Dr. E.G. Mason, Calgary.
 - Dr. J.M. McEachran (sic), Edmonton.
 - Mrs. Jean H. Field, Kinuso.

(2) The successors of the said members of the Board shall from time to time, be appointed by the Lieutenant Governor in Council, but two of the said Board shall be medical practitioners nominated by the Senate of the University of Alberta and the Council of the College of Physicians respectively, and two shall be persons other than medical practitioners, appointed by the Lieutenant Governor in Council.
4. When it is proposed to discharge any inmate of a mental hospital, the Medical Superintendent or other officer in charge thereof may cause such inmate to be examined by or in the presence of the board of examiners. Examination of inmate of mental hospital
5. If upon such examination, the board is unanimously of opinion that the patient might safely be discharged if the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny were eliminated, the board may direct in writing such surgical operation for sexual sterilization of the inmate as may be specified in the written direction and shall appoint some competent surgeon to perform the operation. Surgical operation

APPENDIX 1

December 23, 1964

Dr. Charles G. Roland,
Senior Editor
The Journal of the American
Medical Association,
535 - North Dearborn Street,
CHICAGO, Illinois 60610

Dear Dr. Roland:

Your letter of December the 7th, 1964, to Dr. J. M. MacEachran, Chairman of the Eugenics Board for Alberta, has been referred to this office for reply.

In compliance with your request I am enclosing herewith a copy of the original Sexual Sterilization Act, and copies of subsequent Amendments.

Also enclosed is a copy of an extract taken from a speech made by Dr. C. M. Hincks at the annual meeting of the Canadian Council on Child Welfare, held in Vancouver on May the 23rd, 1927. It would appear that the United Farm Women of Alberta, who worked to hard to have the Sexual Sterilization Act passed, had included this with other materials which was collected in the form of a brief by the late Mrs. Jean H. Field, Convener of Health of the Farm Women's organization. This is the only mention of Dr. Hincks in connection with this legislation which can be found in the old records dealing with the presenting of the Bill in question.

Please accept my best wishes for the coming Festive Season,

Yours sincerely,

Randall R. MacLean, M.D.,
Director, Division of Mental Health

RRMac/j

Enc:

ENCLOSURE 1

MEDICAL OPINION

Dr. C.M. Hincks, Medical Director of the Canadian National Committee on Mental Hygiene.

“Extracts taken from his speech at the Annual Meeting of the Canadian Council on Child Welfare,
held in Vancouver, May 23, 1927.

‘Is STERILIZATION of the worst cases of mental deficiency to be recommended? It must be admitted that there is no unanimity of scientific opinion in this regard. A certain group of scientists are opposed because they insist that our knowledge of heredity is all too scanty and that we cannot predict with precision the result of any given mating. Others say that mental deficiency will increase from year to year in the absence of sterilization and that it offers our best weapon for prevention.

‘I find myself favoring sterilization, not on eugenical grounds alone, but on euthenical as well, I have been struck by the fact that feebleminded mothers are notoriously incapable of bringing up their children, and I am convinced that they should not be given an opportunity to thwart and stifle healthy child development. Sterilization would prevent them from having the responsibility of child care.

‘Aim of mental hygiene is to be of assistance to human beings generally to help each individual member of society secure his rightful share of mental health, and mental health implies social independence and a feeling of well being.’

“Dr. Hinks says that it will all take time. So much criticism against some aims. One is that little can be done because physical diseases are tangible, while mental diseases are intangible, almost mysterious and too elusive for attack or prevention. It is a young movement. Sterilization of the feebleminded is one problem which is occupying the attention of the Mental Hygienists. Devoting attention to race improvement through the prevention of the mentally unfit from propagating their kind.”

Dr. MacLean's note: The above excerpt was taken from a collection of articles assembled by the late Mrs. Jean H. Field, Convener of Health, United Farm Women of Alberta, and published in their November Bulletin, 1927.

ENCLOSURE 2

REASON FOR SEXUAL STERILIZATION in ALBERTA

(This is an excerpt from material prepared in 1929)

There are several reasons that we consider that the Mentally deficient should not be allowed to procreate. Chief among these is the danger of transmitting the mental deficiency to the offspring. All writers are not agreed upon the results to be expected from mental defective stock, but nearly all are agreed that if the Mental Defect be a primary defect that there is a grave danger of transmitting this defect to the offspring. This danger becomes much greater, of course, if both parents arise from bad stock. Unfortunately, the fertility of these people is in no way decreased and you all no doubt can at once think of very large families that have been born to low grade parents. These families become an even greater burden in times of economic distress. In good times the defectives of fairly high grade can make a living for themselves and their families but when the competition becomes too great they are unable to continue and they should not be expected to compete with normal people with the handicap that they are given when they start life. There is a very grave danger of transmitting the defect and this is a point that I wish to emphasize.

Secondly, one asks what type of parent will the mental defective individual make. If he has difficulty in providing for himself is it all likely that his burden will be lessened by allowing him to have ten to fourteen children? Is it fair to the children that they should be brought up under the miserable conditions that most defectives live in? Is it reasonable to say that a child of 5-8 years should be given the responsibility of caring for babies and expecting them to make a success of it. Yet this is exactly what we do when we allow, as is being done at the present time, mental defectives to marry and raise children. We feel that the task of raising and training children is too great for individuals not reasonably well equipped with intellect (and I might add mental stability). The *second* reason for sterilizing the defective then is that we feel that the defective will not make a successful parent.

Again the incidence of mental disease is much higher in the mentally deficient than it is in the normal group. By allowing them to procreate, we are increasing the number of cases that will have to be cared for in mental hospitals as well as increasing the number that will have to be cared for in training schools for mentally defective.

Our second largest group of cases sterilized came from those mentally diseased persons whom we say develop mental diseases because of some psychological cause. In this group we include the people whom seem poorly adapted to meet their difficulties in life and because of financial worries, domestic difficulties, love affairs, a death in the family, religious or political excitement, develop a mental disorder that incapacitates them for months, years, or even life. Many of these people recover. It is almost certain that, if they have developed faulty habits of reacting to the difficulties of life, that they will also teach their children similar faulty habits for, after all, the child learns by watching and copying his elders and especially his parents.

Nearly 70% of those people who develop a Manic-Depressive Psychosis have a Family History that is positive for mental disease. About 60% of those who develop Dementia Praecox have a Family History for Mental disease and one need not bring up the question here as to whether this is due to heredity or environment. Enough it is to know that these diseases do occur in certain families and it actually boils itself down to considering whether the offspring of those people are of more use to society dead or alive. That will depend again upon the ratio of the amount of work they can accomplish in their well periods to what the state loses by their sickness.

These two groups account for most of those sterilized. Four developed mental disorders because of some Toxic cause. We consider that it is the unstable individual who is most likely to break down under the influence of a toxin. Further if these patients are unstable to this degree, pregnancy, the puerperium and lactation with their strain may be sufficient to cause them to break down.

In this organic group we feel that it is extremely doubtful if an individual who has syphilis of the central nervous system should be permitted to bring children into the world. The children may be congenital lunatics and the risk would appear to be altogether too great to take unnecessarily.

Unsigned

APPENDIX 2

**Numbers of Sexual Sterilizations Performed in Alberta (1928-1972)
Cases Presented and Passed (To March 31, 1972)**

Yearly Totals				Cumulative Totals		
Years	Male	Female	Totals	Male	Female	Totals
1929-1933	87	201	288	87	201	288
1934-1938	557	438	995	644	639	1283
1939-1943	339	299	638	983	938	1921
1944-1948	237	311	548	1220	1249	2469
1949-1953	187	239	426	1407	1488	2895
1954-1958	302	275	577	1709	1763	3472
1959-1963	206	353	559	1915	2116	4031
1964	43	63	106	1958	2179	4137
1965	28	53	81	1986	2232	4218
1966	51	79	130	2037	2311	4348
1967	27	55	82	2064	2366	4430
1968	36	60	96	2100	2426	4526
1969	25	35	60	2125	2461	4586
1970	19	43	62	2144	2504	4648
1971	32	45	77	2176	2549	4725
1972	7	7	14	2183	2556	4739

Operations Only (To March 31, 1972)

Yearly Totals				Cumulative Totals		
Years	Male	Female	Totals	Male	Female	Totals
1929-1933	48	158	206	48	158	206
1934-1938	198	240	438	246	398	644
1939-1943	122	151	273	368	549	917
1944-1948	87	124	211	455	673	1128
1949-1953	84	162	246	539	835	1374
1954-1958	207	160	367	746	995	1741
1959-1963	178	276	454	924	1271	2195
1964	37	44	81	961	1315	2276
1965	45	47	92	1006	1362	2368
1966	42	65	107	1048	1427	2475
1967	34	63	97	1082	1490	2572
1968	29	40	69	1111	1530	2641
1969	25	38	63	1136	1568	2704
1970	22	41	63	1158	1609	2767
1971	22	33	55	1180	1642	2822
1972	1	9	10	1181	1651	2832

APPENDIX 3

ANNOTATED MILESTONES in the ALBERTA SEXUAL STERILIZATION PROGRAM

Year	Comment	Reference
1907	First Alberta Insanity Act	RSA of Alberta
1910	Mentally Ill (MI) and Mentally Defective persons (Mental Defectives) transferred from Brandon to Ponoka.	Clarke, p. 86
1916	The three prairie provinces commissioned the Bureau of Social Research (Chairman – J.S. Woodworth, later the CCF/NDP founder to study Mental Defective care. In his report he raised the idea of sterilization of Mental Defectives. Woodsworth recommended a single institution for the prairies. That didn't occur. In Alberta the facility was to be the Presbyterian Ladies College at Red Deer (later the PTS), which was purchased in late 1917. Instead, it became a disabled soldier's home in February 1918. A South Edmonton Group Home was established for the Mental Defectives, under the Department of Education, on October 18, 1918.	Chapman, p. 13-16, Clarke, p. 86, McNaught, p. 73-74, Clarke, p. 89, Clarke, p. 89-90
1916	Irene Parlby became the second President of the United Farm Women of Alberta (UFWA), later a Minister without Portfolio (1921-1935) and (1927-29) one of the "5 Persons".	U. MacLean 1959, p. 3-4
1917-1919	UFA/UFWA (still a movement and not a political party) passed policies to establish a Department of Health, form Municipal Hospital Districts, appoint District Nurses, start traveling clinics and segregate Mental Defectives. Dr. G.D. Stanley gave a presentation on the treatment of mental defectives at the 1917 meeting.	Collins, p. 81
1918	The Alberta Government established a separate Health Department.	J.M. MacEachran, PhD, December 1964
1919	First reference to a provincial Visitors Board.	Collins, p. 4-16, MacEachern letter
1919	The Alberta Government passed the Mental Defective Act. Similar to the British Act of 1914, it provided for voluntary admissions on medical approval, in addition to judicially ordered admissions. It removed the treatment of Mental Defectives out from under the Alberta Insanity Act.	Clarke, p. 85, 92
1919	The Spanish flu killed more people in Alberta than soldiers from Alberta died in World War I.	Collins, p. 5
1921	UFA were elected the government of Alberta. The UFA Government would pass 18 Acts that affected the Health and Welfare of Albertans, in its 14 years in office (1921-1935)	Collins, p. 23, Clarke, U. MacLean 1959, p. 5
1921	Irene Parlby (UFWA) was elected for Lacombe and appointed Minister without Portfolio. Parlby focused on Health and Welfare and female sensitive issues.	U. MacLean 1959, p. 3-4, Collins, p. 23
1921	The Canadian National Association for Mental Hygiene (CNAHM) visited all Mentally Ill centres in Alberta. Dr. Revell (U of A) prepared the report which recommended a Commission to oversee psychiatric care and facilities in the province. The CNAHM had made similar recommendations in Manitoba in 1919. It wasn't implemented until 1930.	Hincks 1921 report (also see CNAMH [or NCMH(C)] reports in 1928, 1947)

Year	Comment	Reference
1922	Dr. W.J. McAlister was appointed the Medical Director of the South Edmonton Mentally Defective Home. Hincks described the “uniquely Alberta” method of care in the South Edmonton home: “At night they tied the patients hands together, rolled them up in wide cotton bands and stacked them on the shelves.”	Roland, p. 55, Clarke, p. 92
1922	The Mental Health program was transferred from the Provincial Secretary to Public Health.	Clarke, p. 86
1922	UFA convention passed a motion that the mentally subnormal are a menace if they marry.	Collins, p. 81, Collins, p. 82-84
1922	The Mentally Defective program is to focus on those who could not profit from public education.	Clarke, p. 95
1922	In the Premier’s papers there was a note that sterilization of Mental Defectives could check the increase in the numbers.	Clarke, p. 101-103
1923	George Hoadley replaced R.G. Reid as Minister of Health.	Collins, p. 19
1923	PTS hired its first OT’s to facilitate discharges. The Edmonton Mental Hygiene Committee wanted to start an educational campaign (like the British Eugenics Educational Society).	Clarke, p. 96-98, 104, Chapman, p. 15
1924	UFWA received a lengthy presentation on Eugenics from Irene Parlby. She recognized the different British and American approaches. It was part of an educational campaign and was published for those purposes.	Parlby UFWA address 1924, p. 3-11, Collins, p. 87-93
1924	The Visitors Board was formally appointed by Health Minister Hoadley. It supported sexual sterilization and the Mental Hygiene movement.	Collins, p. 95, Alberta Board of Visitors Report 1925, p. 10
1924	Dr. McAlister toured Massachusetts and New York (1922, 1924) and Alberta (1923). He identified the number of Mental Defectives in the province as 120 already admitted to the PT and about another 300 not admitted.	Clarke, p. 94, Alberta Board of Visitors Report 1925, p. 2, 10, Alberta Board of Visitors Report 1926, p. 15
1924	The Mental Hygiene Act was changed. Asylums became hospitals. Voluntary as well as judicial admissions were continued.	Alberta Board of Visitors Report 1925, p. 8
1925	The Visitors Board lobbied for a Sexual Sterilization Act. Clarke described the Visitors Board as an indecisive concession to the Mental Hygiene movement.	Alberta Board of Visitors Report 1925, p. 10, Clarke, p. 74
1925	Dr. MacEachran outlined the admission process and criteria for Mentally Defective admissions (social, educational, family, medical, physical).	Board of Visitors reports
1925	Visitors Board inspections were extended to all provincial institutions following a Lethbridge jail death.	Collins, p. 95
1925	BC Royal Commission on Mental Hygiene was tabled. Hoadley was impressed.	Veit Judgment (1996) App. A p. 5
1925	Mentally Defective Marriage Limitation Act was passed in Alberta.	

Year	Comment	Reference
1926	McAlister said he was having “parole” problems. He noted that the myth of the menace of the Mentally Defective persisted through the 1920’s.	Clarke, p. 98-99
1926	UFWA (Ms. Field) introduced a broad sexual sterilization resolution based on the California Act. The resolution assumed that Mental Deficiency was inherited and transmitted like Mental Illness. Discussed at the UFA convention, it led to a formal public education campaign.	Clarke, p. 104-105
1926	Hincks completed his Nova Scotia study of 100 families which had a high (up to 10%) Mentally Defective rate. He concluded that paternal Mental Deficiency was not a factor, but maternal Mental Deficiency increased the Mentally Defective rate of the children. Hincks visited the leader in the field, Dr. Tredgold in Britain. He couldn’t convince Tredgold to support sexual sterilization until 1936.	Report of the Royal Commission Concerning Mental Deficient Persons in Nova Scotia. Summarized in Hincks’ “A Study: ...”, J. of Psycho Asthenics pages 69-74, 1927-28. Also see 1992 Milwaukee Study (USA) and British Penrose Study of 1938.
1927	Dr. M.R. Bow replaced Dr. W.A. Laidlaw as Deputy Minister of Health. The Buck versus Bell case was settled in US Supreme Court with Justice Holmes concluding “Three generations of Mental Defectives is enough...”	Collins, p. 19
1927	The Alberta Sexual Sterilization Act was introduced by Hoadley and tabled. Dr. M.R. Bow was appointed Deputy Minister of Health in February, 1927.	Collins, p. 87-93.
1927	The Five Persons met at the home of Judge Murphy to initiate the Five Persons case.	U. MacLean 1962, p. 1
1928	The Sexual Sterilization Act was passed in March. See the Robertson reference for revisions to the Act that year. The conflict between the two Acts was clarified in 1956.	Clarke, p. 107-111, Veit Judgment App B by Law Professor Gerald Robertson, January 1996.
1928	The new Sexual Sterilization Board included two members of the previous Visitors Board: MacEachran and Field. MacEachran remained Chairman of both. The Visitors and Sexual Sterilization Boards continued as one until the 1950s.	Bow 1974 Interview p. 32, Bow, MR in CPHJ 21: 598-9, 1930, MacEachran on Social Legislation in Alberta p. 10, 1932/34.
1928	MacEachran defined the first steps: Proceed carefully. Add a Social Worker for follow up. Start Mental Health clinics for care outside of institutions and for referrals. Begin Mental Hygiene education in the health faculties and normal schools. For J.M. MacEachran’s philosophy see his UAA deposited references	MacEachran’s Mental Health in AB p. 7. c 1932. MacEachran, 25 years at the U of A, p. 110-113, Alexander, 25 years at the U of A, p. 54-55, MacEachran, Crime & Punishment, U of A Press 17(6): 1-4, 1932; E.A. Corbett, in H.M. Tory, p. 212-216, MacEachran, Philosophy of Mental Health in Mental Hygiene 16: 101-119, January 1932, MacEachran, Facts & Figures c 1956, p. 10, C. Wilson, UofA (Phil. Chair), Letter to the author, 11, January 1996.
1928	Sexual Sterilization Act: required consent; applied to Mental Defectives and Mentally Ill. Five Persons case rejected by the Supreme Court (1928), then appealed to the Privy council, successfully (1929).	Legislative Assembly press clippings 1927-1928, 1937.

Year	Comment	Reference
1928	Dr. Arthur Hobbs (a veterinarian) was beaten to death at the Ponoka Mental Hospital. Judge Murphy presided over the investigation. Visitors Board recommended that Hincks revisit the province. Hincks and Dr. Farrar did in October. During their visit they commended the PTS. Their report made many recommendations. Most were implemented in 1930.	Hincks 1928 report
1929	The Sexual Sterilization Board defined its reasons for approving sexual sterilization cases.	R. MacLean letter to C. Roland, December 1964, Baragar letter, November 27, 1930
1929	UFWA philosophy, "menace to be feared should become an illness to be cured". McAlister's insightful quotation on the need to continue to involve the community in the care of Mental Defectives.	Clarke, pgs. 84, 86.
1929	The PTS future is still uncertain but the addition of the 1928 wing suggested it would remain in Red Deer.	Hincks 1928 report
1930	The Alberta Act stimulated the British Eugenics Society to present a proposal on Sterilization of Mental Defectives to the British Parliament. After study, it was in 1934.	Clarke, p. 84, Mazumdar, p. 204-235
1930's	Cost of Public Health in Alberta remains constant throughout the Depression, at 1.6-1.9M per year. Overcrowding occurred throughout the mental health system.	
1935	Dr. Bow and Mr. Hoadley highlight the UFA's Public Health agenda and accomplishments.	Hoadley AMB 1:3-4, 1935
1934	Premier Brownlee scandal. UFA defeated and Social Credit elected (1935).	
1934	General Hospital beds approximate to Mental Health beds. 4% of all residents will eventually be admitted to a mental facility.	Chapman, p. 15, Parlby UFWA address 1934, p. 13, Bow AMB 1(2): 11, 1935
1934	President R.C. Wallace of the UofA supported the Mental Hygiene movement, as did President H.M. Tory.	CMAJ Vol. 427-430, October 1934.
1935	Irene Parlby was granted an honorary Doctorate by U of A	Cormack, p. 136
1935	Dr. Baragar et al. summarized the first 4 years experience with the Alberta Sexual Sterilization Act.	American Journal of Psychology 91 p. 52: 897-923, January 1935
1935	Twenty-eight states had Sexual Sterilization Acts. 24 had them in 1929.	Kevles, pgs. 100, 111, 116, Levinson/Bigler, p. 158
1937	Alberta Sexual Sterilization Act: The requirement for consent was deleted. Health Minister (W.W. Cross) indicated that 80% of the current mentally retarded which now total 3,000 came from 300 original mentally retarded persons. Sterilization approvals increase by about 33% for one year (1937/38).	Alberta Legislative Assembly press clippings.
1937	MacLean and Kibblewhite summarized the first seven years experience with the Sexual Sterilization Act.	R. MacLean CPHJ, p. 587-590, 1937
1938	Prime Minister W.L.M. King eulogized the Five Persons and noted their contribution to the improvement of wives and women in Canada.	U. MacLean AHR 10: 3, Spring 1962.

Year	Comment	Reference
1940	In the USA 36,000 sterilizations were performed by 1940 and 58,000 by 1956. These are institutional totals only and do not include non-institutional sterilizations.	Kevles, p. 116, Reilly, p. 97, Duster, p. 31
1942	MacEachran had an MA student write a thesis on positive and negative Eugenics and the operation of the Act.	Frost, UofA thesis, 1942.
1940's	Earl Fuder (Senior PTS/Deerhome Officer) indicated that Dr. McCullough met with patients and families before any sterilizations were performed.	Personal communication.
1950	The Visitors Board site report on the PTS, declared it to be the best institution in Alberta and the second best in Canada.	Board of Visitors Report 1950.
1951	MacEachran formed the Alberta branch of the Canadian Mental Health Association in a meeting in his home.	MacEachran, Minutes, May 8, 1952.
1950s	Ms. G. MacRae (PTS Matron) indicated that the process outlined by Earl Fuder in the 1940's continued through the 50's. She interviewed the residents before their surgery, to discuss why they are having it and what affect it would have.	Personal communication
1955	MacEachran asked Dr. LeVann: 1) Should Mental Defectives pre-schoolers be admitted to PTS? 2) Should psychopaths be admitted? 3) Should infirmary and low grade cases be admitted to PTS or treated elsewhere?	LeVann replied, September 15, 1955
1956	Dr. J.R. Grant outlined 30 years of experience with the Act, by following up all of the cases previously sterilized. About half of them were reached and interviewed.	J.R. Grant CMAJ 75: 918-921, December 1, 1956.
1962	American Journal of Mental Deficiency published a supplement on the research on Mental Deficiency in North America to that date.	AJMD 1962 Supplement reference only; Canadian research in Manitoba and Alberta (leVann) was referenced.
1965	Dr. R.K.C. Thomson replaced MacEachran as the (second) Sexual Sterilization Board Chairman.	
1967	The Deputy Minister of Mental Health canvassed each institution for their consent practices. All indicated they obtained consents in all cases. LeVann (1972) indicated he has always done so for the previous fifteen years.	See Sexual Sterilization Board correspondence and 1951/53 Eugenics Board minutes; RD Advocate press clipping
1968	Blair Report supported the Act with minor changes.	Mental Health in Alberta 1968
1969	First criticism of the Alberta Sexual Sterilization Act.	McWhirter & Weijer, p. 424-431, 1969
1972	Alberta repealed its Act because consents were not mandatory for all cases, and because surgeons appear to be held harmless for any surgery performed under the Act.	Tim Christian, Hon. D. King
1979	Conference in Ontario focused on sexual sterilization of the Mentally Retarded. Research indicated that the number of procedures in Ontario and Alberta are proportionately (300 and 100/year respectively) the same.	Proceedings published by the NIMR, 1980.-, Information based on 1979 statistics from Alberta Health
1980	Sterilization Law Reform Commission Working Paper #24 on Sterilization released. Review chaired by Supreme Court Justice Gerald LeForest.	Government of Canada, 157 pages. 1980

Year	Comment	Reference
1986	After hearing the re: Eve Case (1986), the Supreme Court of Canada unanimously held that the right to procreate superseded the right to protect from pregnancy. It declined to impart its judgment, thus upholding the lower court decision to only permit sterilization if a many-staged process was followed. No mentally handicapped surgical decisions have been made since, or if so, have been successfully litigated.	
1995	Leilani Muir trial.	

APPENDIX 4

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