

INSTITUTIONALIZING EUGENICS:  
CUSTODY, CLASS, GENDER AND EDUCATION IN NOVA SCOTIA'S RESPONSE TO  
THE "FEEBLE-MINDED", 1890-1931

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By  
Leslie Elaine Baker

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## Abstract

Between 1890 and 1927 hundreds of Nova Scotian children and adults were identified as either feeble-minded or mentally deficient through investigations conducted by physicians and philanthropists in the province. The earliest of these studies were not commissioned by the provincial government but instead reflected the middle-class internalization of the eugenic discourse. Reformers, drawn often from medical, religious, educational, and philanthropic vocations, sought with ever-increasing alacrity to respond to perceived social problems, such as poverty, prostitution, venereal disease, and alcoholism, with a scientific solution. The scientific solution that they embraced was eugenics.

Eugenic ideology and programs rose to popularity in Europe and North America at the end of the nineteenth and beginning of the twentieth century. Driven by social anxiety and the medicalization of reproduction, eugenic theory expressed the concerns of the middle classes that those they deemed less fit on the basis of socio-economic class, education or heredity, were reproducing at a higher rate than the ‘desirable’ segments of the population. The application of eugenic theory was shaped by cultural assumptions about gender, class and race which resulted in the same principles finding different expression in different areas across the globe.

This dissertation seeks to understand how local circumstances shaped the Nova Scotian understanding of eugenics and its application. It examines the manner in which Nova Scotian physicians and philanthropists, with strong ties to both New England and Britain, participated in the transnational eugenic discourse through both professional and popular publications and organizations. Overall it argues that the expression of eugenics in Nova Scotia culminated in legislation that enforced the inspection, segregation and institutionalization of individuals who were assessed as feeble-minded. In doing so it also calls attention to the need to recognize outcomes other than sexual sterilization as legitimate expressions of eugenic policy. Subsequently the influential role played by regional circumstances in shaping what was considered an acceptable eugenic outcome as well as how eugenic policy was sought and implemented is examined. In investigating what reformers understood to be eugenic, and conversely what they considered dysgenic, a complex discourse surrounding the health of populations and reliant on ideas of gender, race, and class is revealed.

## Acknowledgements

My amazing supervisor Erika Dyck deserves more thanks for seeing me to this point than I can ever express. Her willingness to take on a runaway grad student and her unending support and seemingly bottomless faith have combined to give me opportunities that I never dreamed of. Her guidance and inspiration have nourished my inner academic and played a vital role in shaping the person that I have become as a result of this process. My committee members, Lesley Biggs, Mark Meyers, and Linda McMullin, have been a great source of support and encouragement and I thank each of them for the time that they have invested as well as their contagious enthusiasm for my project and their sharp editorial eyes. Mark Meyers and Gordon DesBrisay oversaw my minor comprehensive fields and each helped to shape the way in which I approached my research and my topic. Many of the analytical tools that I have used to create this dissertation were honed in their offices. Thanks also goes to James Moran, my external examiner, who brought so much enthusiasm and many fantastic suggestions to the final stage of the project. I also owe a debt of gratitude to SSHRC as this project was generously funded through one of their doctoral fellowships.

When I made the decision to move to Saskatchewan to pursue my PhD I took one of the biggest risks of my life. That first year was full of challenges, both in terms of academics and of life itself. Dwayne Oxner, my partner, held it together for me when I thought my world was falling apart and suffered the isolation from his own life and the chaos of raising two small boys stoically. My parents, Joyda and Lloyd Digdon were supportive from the start as they pulled a Uhaul across the country accompanied by their dog Zorsha and our bunny Carlos. The mental, emotional (and too often financial) support continued for the two years that I lived in Saskatoon (and beyond). That this dissertation exists is evidence of how fortunate I am to have these people in my life who nurture and support my efforts and have always been willing to pick up the slack when I was busy trying to meet a deadline.

Other people belong on this list as well. My wonderful children, who are now young men, Josh and Sam Baker have never faltered in their encouragement and faith in me. They have perhaps invested more into this dissertation than anyone as they shared their mother with this third child that was petulant, exhausting, and all too often demanded unjust amounts of my time. Mona and

Sophie have provided unending support, unconditional love, comfort, and oxytocin. Dwayne's parents Dale and Darrell have been a fount of support for the last nine years that they have been in my life and it is impossibly heartbreaking that Dale did not live to see the final product.

During my time in Saskatoon I was fortunate to have met some of my favourite people, Amy Samson, Liz Scott, and Blaine Wickham especially. My life is richer for knowing them and I count them as happy side-effects of this adventure. Each has supported me, saved my sanity, shared so many laughs, and inspired me. Thank you, all.

Finally some thanks goes to the everyday heroes in my life, my dearest friends, Melissa Richards and Korey Craft who have helped me step away, laugh it off, and remember to live.

**Dedication**

*For*

*Lorraine June Digdon 1928-2008*

*&*

*Dale Ann Oxner 1959-2014*

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## Abbreviations

AAFSM	American Association for the Study of the Feeble- Minded
<i>CJMH</i>	<i>Canadian Journal of Mental Hygiene</i>
CNCMH	Canadian National Committee for Mental Hygiene
<i>CMAJ</i>	<i>Canadian Medical Association Journal</i>
HCW	Halifax Local Council of Women
<i>MMN</i>	<i>Maritime Medical News</i>



## Introduction: Expanding Eugenics

In 1917 the Nova Scotia government released a “Report Respecting Feeble Minded in Nova Scotia” that identified ninety-two “feeble-minded”<sup>1</sup> children in the care of provincial institutions; the report catalogued an additional 235 cases of feeble-mindedness in the public school system. Nine years earlier, in 1908, the Halifax Council of Women identified 358 feeble-minded individuals in the province (170 adult males, 148 adult females, and 97 children) through the dissemination of 1060 questionnaires to physicians and educators (of which only 232 were returned) throughout the province.<sup>2</sup> These efforts to identify feeble-minded people represent only a sample of the ongoing preoccupation of medical professionals, government officials, and reformers to catalogue feeble-mindedness in the province. Their efforts were directly linked with contemporary eugenic reforms that sought to eliminate feeble-mindedness altogether and the first step toward the implementation of exacting reforms in Nova Scotia.

The history of Nova Scotians’ involvement in the eugenic discourse at both the professional and popular levels is rich and complex, stretching from the nineteenth century until well into the twentieth.<sup>3</sup> I examine specifically the years between 1890 and 1931 as they

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<sup>1</sup> Throughout this dissertation I use the historical terms feeble-minded and feeble-mindedness, not to enable further stigmatization, but rather to draw attention to the historical elasticity of its meaning and definition. For more information on the history of this terminology and its interpretations see Gerald V. O’Brien, *Framing the Moron: the Social Construction of Feeble-Mindedness in the American Eugenic Era*, (Manchester: Manchester University Press, 2013).

<sup>2</sup> M. Ritchie, “The Class of Unfortunates Worth Looking At,” *The Echo*, February 29, 1908.

<sup>3</sup> In using the term “discourse” I recognize a debt to Michel Foucault; I employ the term as he did, to describe a set of assertions, which together comprise an accepted interpretation about a thing, whether theoretical or practical, at a given point in history. These discourses in turn serve to construct and define what it is they are addressing; in the case of eugenics the discourse that surrounded the topic defined what was eugenic and what was not, and the fluidity of the definition allowed the term to be widely appropriated by a variety of groups in Western society.

encapsulate a period of popular and professional agitation for eugenic reform that culminated in legislation that facilitated the indefinite institutionalization of individuals identified as feeble-minded. Through the examination of the popular, social, professional, and political efforts, responses and initiatives, I demonstrate that instituting eugenic policy required more than popular support, it also required an influx of funding, new forms of organization and an effective method of surveying the population and implementing the proposed programs. By focusing on a relatively neglected geo-political area in the history of eugenics, I consider how regional concerns shaped the medical, educational, and legislative initiatives regarding eugenic theory over the first three decades of the twentieth century. The inclusion of surveillance, sexual segregation and institutionalization within the framework of eugenics and the interrogation of public health initiatives, education, and reform, reveals the fluid nature of eugenic ideology and its practice.

Until recently, historians have focused nearly exclusively on sexual sterilization programs as the manifestation of eugenic policy. By closely analysing the regional discourse on feeble-mindedness and local attempts to prevent and arrest its spread, my work shows that Nova Scotians, in fact, actively contributed to the national and international discussions about

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At the same time I consciously also refer to the eugenic ideology throughout this dissertation, a term which Foucault largely disposed of when he adopted the term discourse. My reason for using both terms is to signify two separate apparatuses at work. When I write of the eugenic discourse I use the term as Foucault did and envision the discourse as growing, evolving, and adapting to the beliefs and concerns of those who sought to adopt it, further it, or use it. When I write of ideology I am referring to something far less organic, it represents the knowledge that was accepted as most basic to eugenic reformers – that the human race was in trouble, that it could be manipulated through heredity – this ideology remained relatively static and while the discourse that surrounded eugenics was based on this ideology it remained organic and therefore was constantly changing in response to external forces. See Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974-1975*, (New York: Picador, 2003) Kobo e-book edition.

eugenics, in spite of not having a formal eugenics program or practice of sexual sterilization.<sup>4</sup> Despite a paucity of focused research on Nova Scotia's history of eugenics, individual eugenicists from the region drew significant attention during the early decades of the twentieth century. Angus McLaren, in his ground-breaking work on Canadian eugenics, *Our Own Master Race*, acknowledged Nova Scotia as the home of Canada's earliest eugenic organization, having formed the League for the Protection of the Feeble-minded in 1908.<sup>5</sup> However, the League itself was a successor to an earlier Committee For the Feeble-minded of the Halifax Local Council of Women (HCW), which had agitated for the care and supervision of feeble-minded individuals in the province from at least 1897.<sup>6</sup> Despite evidence of this early activity in Nova Scotia,

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<sup>4</sup> In contrast to the outcome of eugenic policy in Nova Scotia other Canadian provinces, Alberta and British Columbia, chose to institute eugenic programs with the end goal of sexual sterilization of members of the population assessed as unfit. For more information see: Jana Grekul, Harvey Krahn, and David Odynak, "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* (2004) 17(4):358-384; Jana Grekiul, "The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972" (PhD dissertation, University of Alberta, 2002); Jana Grekul, "Sterilization in Alberta, 1928 to 1972: Gender Matters," *The Canadian Review of Sociology* (2008) 44(3):247-266; Jana Grekul, "The Right to Consent? Eugenics in Alberta, 1928-1972," in *A History of Human Rights: Essential Issues*, Janet Miron, ed. Toronto: Canadian Scholar's Press, 2009, 135-153; Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, Toronto: McLellan & Stuart, 1990; Erika Dyck, "Sterilization and Birth Control in the Shadow of Eugenics: Married, Middle-Class Women and Catholics on the Prairies," *Canadian Bulletin of Medical History* (2014) 31(1): 165-188; Erika Dyck, *Facing the History of Eugenics: Reproduction, Sterilization and the Politics of Choice in 20th century Alberta*. (Toronto, Ontario: University of Toronto Press, 2013).

<sup>5</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, (Toronto: McClelland and Stewart, 1990). 24; Local Council of Women fonds, NSA MG 20, vol.204; A note regarding spelling: in contemporary accounts the spelling of feeble-minded varied. I have chosen to use the hyphenated spelling "feeble-minded" throughout this dissertation except in instances where I am referring to either direct quotations or names of organizations (as in the name of the League for the Protection of the Feeble-minded).

<sup>6</sup> In both 1897 and 1899 there are mentions in the minutes of the HCW that the Committee for the Feeble-minded was to be "reactivated" which implies that it had existed in an earlier form. In 1897 the Committee set about enumerating feeble-minded women and girls in the province, in 1899 they HCW lists a number of committees that needed to be "reactivated" and the Committee

historians have overlooked the significant contributions that region made to the evolution of Canadian eugenics.

This dissertation addresses that historiographical gap; expanding the understanding of Canadian eugenics to include Nova Scotia and problematizing the historical conceptualization of eugenics as being specifically tied to surgical sterilization. I explore eugenics discourse in Nova Scotia by looking at popular sources that were “geared to action,” including the minutes of organizations, newspaper articles, letters, and editorials. In doing so I borrow an approach developed by Mariana Valverde, who argues that these sources can reveal as much about the class that produced them as they can about the class for which they were written.<sup>7</sup> Valverde asserts that social reform movements were often as much about establishing class hierarchies as they were responses to genuine social distress.<sup>8</sup> The internalization and normalization of class values through the efforts of moral reformers shaped both the middle and working classes. As the middle class sought to impose its values onto the working classes, those values were further

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for the Feeble-minded was among them. “Local Council of Women Minutes – 1894-1908”  
Halifax Local Council of Women Minutes, NSA MG 20 Vol. 1054 No.1

<sup>7</sup> I use the term class here to refer to socio-economic striations that influenced the economic means, material living conditions, values, and identities of various groups in society. Juha Mikkonen and Dennis Raphael have investigated and defined the social determinants of health in Canada and demonstrate that income and income distribution are among the most influential determinants of health in Canada influencing other determinants such as housing, food security, and education which all contribute to common understandings of socio-economic status (SES). I have used the term class rather than SES in this dissertation in an effort to remain truer to how the historical actors that I study would likely have understood their own SES. Class distinctions used in this dissertation between working, middle, and upper-class align with low, middle, and high SES. In using the term to address socio-economic distinctions and the material realities associated with disparate SES I use class as well to refer to the different lived experiences of individuals and families in Nova Scotia. Juha Mikkonen and Dennis Raphael, *Social Determinants of Health: The Canadian Facts*, (Toronto: York University School of Health Policy and Management, 2010), 12-15.

<sup>8</sup> See: Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925*, (Toronto: McClelland and Stewart, 1991).

identified, defined, and solidified. As a result the reforming middle class further internalized the ideals and values they attempted to impose on the lower classes. The eugenic discourse, therefore, shaped the behaviour of the individuals and populations who were attempting to influence the behaviour of others.

My study builds on these approaches by considering distinctly Nova Scotian groups, so as to examine a regionally-specific response to eugenics. Many of the Nova Scotians who were especially active in contributing to the national and international discourse were physicians and to this end, in chapter two, I examine their contributions to both regional and then national medical journals as well as their public involvement in philanthropic and political activities. Three of the Nova Scotian physicians who advocated eugenic reform also served as Superintendents of the Nova Scotia Hospital<sup>9</sup>, and two of those physicians later held government positions in the nascent field of public health. By examining sources produced by and for physicians I demonstrate the ways in which the eugenic discourse was entangled or imbricated in converging fields of medicine, psychiatry, and public health at a time that all three were gaining respectability and attempting to establish clear definitions of physical, mental, and public health. To better understand the effects of eugenic discourse at the level of the general or lay population, in chapter three I examine sources created by two philanthropic groups, the Halifax Local Council of Women and the League for the Protection of the Feeble-minded, as they endeavoured to shape the behaviour of the working-class population through surveillance, education, and

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<sup>9</sup> The Nova Scotia Hospital was originally opened in 1856 as Mount Hope Asylum and renamed in 1901, it was occasionally referred to as the Nova Scotia Insane Asylum or The Provincial Insane Asylum in records and correspondence. For the sake of continuity it will be referred to as the Nova Scotia Hospital throughout this dissertation. For a brief history of the institution see: Susan McNulty, *Nova Scotia Hospital 125 Anniversary: Special Edition, 1858-1983*. (Dartmouth, NS: Nova Scotia Hospital, 1983).

intervention. Within these groups upper-middle class white, and usually married, women made up a disproportionate number of the members. Subsequently, by examining their prescriptive advice, as well as their petitions to the government, it is possible to discern the particular social concerns to which they were reacting. In the final chapter and the conclusion I analyse sources that were created either on behalf of, or at the request of, the provincial government and in response to a regional disaster. These documents are especially important as they reveal the extent to which the medical and philanthropic groups influenced government policy and to what degree as well as the ways in which a crisis was able to expedite the institution of social policy.

Nova Scotia provides an interesting case study in the history of eugenics because of the manner in which the early and enthusiastic participation of medical and philanthropic communities appear anticlimactic in the absence of a program of sexual sterilization. This reflects the historiographical and popular trends that have tended to judge programs and policies as more or less eugenic based on the degree of physical violation suffered by the victims. I argue that the historiography of eugenics needs to be expanded to consider the intent and the goals of eugenic reformers rather than the specific methods through which the objectives were attained.

The history of Nova Scotian eugenics appears conservative in comparison with the history of eugenics and sexual sterilization in Alberta or British Columbia, where both provinces implemented sexual sterilization programs, and performed surgeries on 2,822 and over 200 individuals respectively.<sup>10</sup> Nova Scotia eugenicists, however, chose to institutionalize rather than sterilize individuals assessed as feeble-minded.<sup>11</sup> Rather than interpret this as a weaker or failed

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<sup>10</sup> Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*, (Toronto: University of Toronto Press, 2013), 3.

<sup>11</sup> While these two provinces were the first to attract the attention of historians the extent of their eugenic programs are still being mapped; recently Amy Samson, Erika Dyck, Sheila Gibbons, and Jana Grekul have all contributed new perspectives focusing on issues surrounding eugenics

version of eugenic reforms, I argue that segregation and institutionalization served the same function by restricting reproduction. Moreover it is a misunderstanding of the intentions of early reformers. Nova Scotian eugenicists, influenced by regional concerns and values, advocated for institutionalization over sterilization and, they interpreted their ultimate efforts as a success.<sup>12</sup>

### *Defining Eugenics*

Eugenic ideology gained popularity throughout Western Europe and North America during the final decades of the nineteenth century. Its expanding discourse resulted in the enthusiastic proposal and adoption of programs and policies designed to improve the human race through a variety of methods. A significant part of the appeal of eugenic theory was that it was highly adaptable to regional and national concerns; this meant that liberals and conservatives alike could adopt programs and policies that stemmed from the same ideology but that in

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and gender in the Western provinces. For more information see: Jana Grekul, Harvey Krahn, and David Odynak, "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* (2004) 17(4):358-384; Jana Grekul, "Sterilization in Alberta, 1929-1972: Gender Matters," *The Canadian Review of Sociology* (2008) 44(3): 247-266; Dyck, Erika, "Sterilization and Birth Control in the Shadow of Eugenics: Married, Middle-Class Women and Catholics on the Prairies," *Canadian Bulletin of Medical History*, (2014) 31(1):143-163; Erika Dyck, *Facing the History of Eugenics: Reproduction, Sterilization and the Politics of Choice in 20th century Alberta*. (Toronto, Ontario: University of Toronto Press, 2013); Sheila Gibbons, "'Our Power to Remodel Civilization': The Development of Eugenic Feminism in Alberta, 1909-1921," *Canadian Bulletin of Medical History*, (2014) 31(1):99-122; Amy Samson "Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972," *Canadian Bulletin of Medical History*, (2014) 31(1):123-142.

<sup>12</sup> Nova Scotian physician W.H. Hattie wrote that while he recognized that sterilization would be more cost effective than institutionalization he felt that to propose the former would offend the public. See: W.H. Hattie "Mental Hygiene in Nova Scotia" *The Bulletin: Official Organ of the Canadian National Committee for Mental Hygiene*, (1929) 4(5):3-4; *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* (Commission of Public Works and Mines: Halifax, 1918.); "Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient," *The Bulletin of The Canadian National Committee for Mental Hygiene*, (1927) 2(6) np.

practice were very different. Subsequently, the resulting programs and policies generally reflected the values and concerns of the societies in which they flourished.

The term eugenics was coined in 1883 by Francis Galton to mean “the study of agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally.”<sup>13</sup> Importantly, the key terms, such as race and improvement, and even what characteristics could be affected by social agency were deeply subjective. Although eugenic theory was initially consolidated in Victorian Britain, largely as a response to the visibility of the urban poor, as it was disseminated throughout the Western hemisphere it adjusted to the dominant social concerns of the groups who championed it.<sup>14</sup>

### ***Terminology and Legislation***

The language surrounding eugenics is contentious and often problematic; historical categories, diagnoses, and popular terms have changed repeatedly. At least part of the difficulty surrounding the terminology associated with eugenics arises from the exceptionally blurry lines between social and medical diagnoses that characterize early twentieth-century eugenic ideology. Often the labels of “feeble-minded” and “mentally deficient” could be as much a judgement of an individual’s or a family’s ability or willingness to conform to socio-cultural expectations, as it could be a diagnosis of a psychiatric or physical condition. Historians including Angus McLaren have argued that there was a very clear class bias present in the popular desire to identify and

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<sup>13</sup> Francis Galton, *Essays in Eugenics*, (London: The Eugenics Education Society, 1909), 81.

<sup>14</sup> For a more detailed description of the early relationship between eugenic theory and the visibility of the working poor in Victorian Britain see Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction & the New Woman*, (New York: Oxford University Press, 2003); Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, (Basingstoke: Palgrave Macmillan, 2004); Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine*, (London: Palgrave Macmillan, 1998).



label the “unfit” that often reflected a “fear of the lower classes.”<sup>15</sup> The medicalization of social conditions was central to the eugenic discourse; however, proponents of eugenics did not necessarily specifically seek out economically disadvantaged individuals or families. The inability of the working poor and unemployed to achieve what the middle class perceived as acceptable standards of living drew the attention of middle-class professionals and philanthropists. This medicalization of perceived social inadequacy occurred as poverty was increasingly visible, and then problematized, in society and medicalized in institutions, such as the poorhouse or almshouse. Nineteenth-century social reform embraced custodialism to both provide for and protect society from the indigent poor. The institutions that were created to address social problems resulted in the close association of economic failure with moral faults, disease, disability, social inadequacy, and social deviance.<sup>16</sup> The result of this conflation of economic, moral, and medical circumstances made the use of medical language to diagnose social problems (as well as those perceived to be causing them) both acceptable and normal.<sup>17</sup>

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<sup>15</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, (Toronto: McLellan & Stuart, 1990), 18.

<sup>16</sup> Philip M. Ferguson, “The Legacy of the Almshouse,” in Steven Noll and James W. Trent Jr., eds., *Mental Retardation in America: A Historical Reader*, (New York: New York University Press, 2004), 42; Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, (New York: Vintage Books, 1988), 54-55.

<sup>17</sup> For further information on the relationship between medical language and social reform see: Gerald V. O’Brien, *Framing the Moron: the Social Construction of Feeble-Mindedness in the American Eugenic Era*, (Manchester: Manchester University Press, 2013); Philip M. Ferguson, “The Legacy of the Almshouse,” in Steven Noll and James W. Trent Jr., eds., *Mental Retardation in America: A Historical Reader*, (New York: New York University Press, 2004), 40- 64; Steven Noll and James W. Trent Jr., “Introduction” in *Mental Retardation in America: A Historical Reader*, (New York: New York University Press, 2004) 1-22; James W. Trent Jr. *Inventing the Feeble Mind: A History of Mental Retardation in the United States*, (Berkeley: University of California Press, 1994); J. David Smith, *Minds Made Feeble: The Myth and Legacy of the Kallikaks*, (Maryland: Aspen Systems Corporation, 1985).

The terms “feeble-minded” and “mental deficiency” were often used by both medical professionals and lay persons as umbrella terms that encompassed a wide spectrum of individuals who might today be described with developmental or intellectual disabilities, mental illnesses and degenerative mental diseases as well as those who were historically believed to be mentally inferior but with no clear medical diagnosis, including criminals, prostitutes, and those unable to find or hold employment, all of whom reformers believed were more susceptible to making poor decisions whether by design or circumstance.<sup>18</sup> This conflation of medical and psychiatric diagnoses with criminality and poverty is demonstrative of the desire to address social problems in a medical, or scientific, way. The emphasis that was placed on social conformity and productivity in diagnosing feeble-mindedness is evident in the attempts by reformers to clearly define feeble-mindedness. In 1910 the American Association for the Study of the Feeble- Minded (AASFM) convened a Committee on [the] Classification of Feeble-Minded, which defined feeble-mindedness as a term that:

Is used to include all degrees of mental defect due to arrested or imperfect development as a result of which the person so affected is incapable of competing on equal terms with his normal fellows or managing himself or his affairs with ordinary prudence.<sup>19</sup>

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<sup>18</sup> Henry Goddard’s *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (1912) influenced the international eugenic discourse and inspired a multitude of family studies including one conducted in Nova Scotia in 1927 that followed a family named Smith. One of the criteria that Goddard taught his field workers so that they might assess whether deceased members of a family under investigation were “normal” or “feeble-minded” included “whether [they were] capable of making a living, how [they] brought up [their] children, [and] what [their]reputation was in the community...” quoted in J. David Smith, *Minds Made Feeble: The Myth and Legacy of the Kallikaks*, (Maryland: Aspen Systems Corporation, 1985), 5.

<sup>19</sup> “Report of Committee on Classification of Feeble-Minded,” *Journal of Psycho-Asthenics 15* (1910) reprinted in Steven Noll and James W. Trent Jr., eds., *Mental Retardation in America: A Historical Reader*, (New York: New York University Press, 2004), 87.

Subsequently, in addition to individuals with psychiatric or medical diagnoses, reformers also often concerned themselves with people who could not or would not follow social convention, and deemed them feeble-minded on this basis. The AASFM committee further defined feeble-mindedness by dividing those individuals diagnosed into three sub classes:

- A. Idiots: Those so deeply defective that their mental development does not exceed that of a normal child of about two years.
- B. Imbeciles: Those whose mental development is higher than that of an idiot but does not exceed that of a normal child of about seven years.
- C. Morons: Those whose mental development is above that of an imbecile but does not exceed that of a child of about twelve years.<sup>20</sup>

Reformers, whether progressive or conservative, generally agreed that individuals categorized as idiots or imbeciles posed little threat to society beyond the financial cost for their care. Medical experts warned that individuals belonging to these two groups could be easily led into criminal activities and could also become victims, whether sexually, physically, or financially, of others and therefore needed to be closely supervised. The burden of responsibility then fell to their caregivers, be they family, state or charity. However, under the proper care and supervision, idiots and imbeciles were assumed to pose minimal threats to society, as they were not believed to be naturally malicious or overtly sexual or violent. Conversely, those identified as morons were often characterized as clever, devious, sexual, and fecund. Consequently, social reforms often concentrated on eliminating this group using eugenic strategies.<sup>21</sup> For many eugenicists poverty, criminality, immorality, and illicit sexuality were co-mingling characteristics with the presence of one indicating the likelihood of others. Individuals who displayed these traits were

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<sup>20</sup> “Report of Committee on Classification of Feeble-Minded,” 87.

<sup>21</sup> See for example: Carolyn Strange and Jennifer A. Stephen, “Eugenics in Canada: A Checkered History, 1850s-1990s,” in Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of The History of Eugenics*, (Oxford: Oxford University Press, 2010), 523-538; Wendy Kline, *Building a Better Race, Gender, Sexuality, and Eugenics from the turn of the Century to the Baby Boom*, (Berkeley: University of California Press, 2005).

often described and/or diagnosed as feeble-minded, morons, or moral imbeciles. Leading Canadian eugenicist C.K. Clarke expressed alarm over what he perceived as the inappropriate sexual conduct of working class girls in Toronto suspecting that they were “high grade morons” with low “social and moral intelligence.”<sup>22</sup> This broad and informal diagnosis of a population that was defined by their socio-economic class, employment, and cultural values is an excellent example of the tendency of middle-class reformers to pathologize social behaviours that they found threatening. For Clarke, the apparent sexual autonomy of young, working women in Toronto was threatening to his personal value system. Instead of recognizing a difference in class behaviour and values, he assumed that the women must be fundamentally and hereditarily flawed.

In addition to concerns over class conflict, regional influences and culture also played key roles as Nova Scotian eugenicists reflected both American and British influences; one of the results of these dual influences was the conflation of the terms feeble-minded and moron. In 1913 the British government passed *The Mental Deficiency Act*, which amended the *Lunacy Acts* and broadened the definitions of *The Idiots Act* of 1886. The amended *Act* was the culmination of more than a decade of research including a Royal Commission in 1908, which estimated that just under one-half a percent of the British population was mentally defective.<sup>23</sup> In addition to the ramifications of the *Act* in Britain, it also had far reaching consequences throughout the British Empire including Canada. The *Act* expanded upon the definitions of the earlier *Idiots Act*, which

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<sup>22</sup> C.K. Clarke, quoted in Carolyn Strange and Jennifer A. Stephen, “Eugenics in Canada: A Checkered History, 1850s-1990s,” 527.

<sup>23</sup> *Report Of The Royal Commission On The Care And Control Of The Feeble-minded* (1908), xvi.

had only included legal definitions for idiots and imbeciles.<sup>24</sup> Under the 1913 Act new definitions for feeble-minded and moral imbeciles were added:

(a) Idiots; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;

(b) Imbeciles; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so;

(c) Feeble-minded persons; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others or in the case of children that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools;

(d) Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.<sup>25</sup>

Both feeble-mindedness and moral imbecility were largely identifiable through behaviour, and they represented the solidification of new categories that allowed middle-class reformers to address certain types of conduct that they found worrisome. The terms feeble-minded and moral imbecility had been in circulation for some time prior to the 1913 *Act* but the legislation formally codified their meaning and lent authority to the reformers who used that language in their pursuit of eugenic interventions.

The legal changes in Britain had an uneven influence on developments in North America. An editorial in the *Journal of Psycho-Asthenics*, which was published by the AASFM in 1910, acknowledged the British definitions and explained that it was necessary in America to coin a

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<sup>24</sup> *Report Of The Royal Commission On The Care And Control Of The Feeble-minded* (1908), xvi.

<sup>25</sup> *Mental Deficiency Act*, 1913, 5-6.

new term, moron, to encapsulate the same meaning that the term feeble-minded carried in Britain. The reason for this, the author stated, was because the term “feeble-minded” had been used so generically in the United States that it had been incorporated “into the names of practically all of the institutions for this class in America.”<sup>26</sup> Whereas in Britain feeble-minded referred specifically to the “highest grades,” in America it was understood as more of an umbrella term that covered all individuals assessed as mentally deficient.<sup>27</sup> In Nova Scotia the term feeble-minded was most often used to denote the higher functioning category of mentally deficient individuals in much the same manner as it was used in Britain. Nonetheless, local reformers and physicians also adopted the American usage, complicating the discourse. The inconsistent use of the terminology continued to reflect the dual influences of both Britain and the United States on Nova Scotians while emphasizing the need for a more universal definition.

Aware of the ambiguity of language, Nova Scotians had already been exploring the language of deficiency on their own before these transnational developments solidified. Two years before the AASFM established their definitions and formally adopted the term moron, the Halifax Local Council of Women (HCW) published their own description of the terms associated with mental deficiency. Their definitions were not for legal purposes but part of the group’s efforts to enact legislation related to a perceived need to identify and segregate people deemed mentally deficient. They insisted that the true feeble-minded people were especially threatening to society because they possessed a dangerous combination of limited intelligence, more so than the other categories of mentally deficient individuals, and a lack of moral judgement and self-

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<sup>26</sup> Anonymous, “The New Classification (Tentative) of the Feeble-Minded,” *Journal of Psycho-Asthenics* 15 (1910), reprinted in Steven Noll and James W. Trent Jr., eds., *Mental Retardation in America: A Historical Reader*, (New York: New York University Press, 2004), 89.

<sup>27</sup> Anonymous, “The New Classification (Tentative) of the Feeble-Minded,” 89.

control and were therefore more likely to become “criminals or fathers or mothers of illegitimate children.”<sup>28</sup> Historian Karen Keely has explored this historical tendency to cast individuals as feeble-minded and hyper-sexual, suggesting that these combined traits were reflected in American literature after the turn of the twentieth century. Keely argues that prior to what she calls the “age of sterilization,” which she dates from 1907 to 1940, literary characters, and similarly real individuals who were mentally deficient, were depicted as naïve and innocent. Over time this image changed, however, as the fear of morons took hold in the popular imagination and they were envisioned as overly-fertile, sexually insatiable, and morally deviant.<sup>29</sup>

During the first two decades of the twentieth century the threat of the feeble-minded, or the moron, was actively constructed through a discourse eagerly engaged in by medical professionals, philanthropists, and popular commentators. In both academic and popular publications the high-functioning moron was imagined as a menace to society through his or, more often, her lack of moral sense and poor work ethic.<sup>30</sup> Historian James W. Trent Jr. argues that this constructed threat was linked to a “cult of success” during the late nineteenth and early twentieth centuries that helped to establish a culture of productivity, linking normalcy to the

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<sup>28</sup> Mrs. Pennoyer, “Care of the Feeble-Minded,” *The Recorder*, 2 March 1908 copied in History of Halifax Council of Women, Halifax Local Council of Women Minutes, 23 April 1903, MG 20 Vol. 1054 No.1

<sup>29</sup> Karen Keely, “Sexuality and Storytelling: Literary Representations of the “Feeble-minded” in the Age of Sterilization,” in Steven Noll and James W. Trent Jr., eds., *Mental Retardation in America: A Historical Reader*, (New York: New York University Press, 2004), 207.

<sup>30</sup> For further reading on the popular construction of the menace of the feeble-minded see for example: Dana Seitler, “Unnatural Selection: Mothers, Eugenic Feminism, and Charlotte Perkins Gilman’s Regeneration Narratives,” *American Quarterly*, (2003) 55(1):61-88; Karen A. Keely, “Teaching Eugenics to Children: Heredity and Reform in Jean Webster’s *Daddy-Long-Legs* and *Dear Enemy*,” *The Lion and the Unicorn*, (2004) 28(3):363-389; Martin S. Pernick, *The Black Stork: Eugenics and the Death of “Defective” Babies in American Medicine and Motion Pictures since 1915*, (Oxford: Oxford University Press, 1996).

regulated work of the industrial world.<sup>31</sup> The cultural emphasis on success further supported the assertions of leading eugenicists such as Galton, Clarke, and Goddard who viewed social and economic failure as indicative of mental deficiency and abnormality.<sup>32</sup>

### *The Role of Region*

In April of 1921 the *Canadian Journal of Mental Hygiene (CJMH)* published the findings of the *Mental Hygiene Survey of the Province of Nova Scotia*, which had been conducted by the *Canadian National Committee for Mental Hygiene (CNCMH)* the previous year. Within the “Foreword” of the Report the Committee recognized that “in Nova Scotia it was clearly understood that the conditions to be studied were different from those encountered in other Provinces.”<sup>33</sup> The similarities and differences in expression and understanding of eugenic discourse are evidence of the imperative role of region. In Britain, eugenics, as pointed out by historian Angelique Richardson, was “primarily a discourse on class,”<sup>34</sup> where in other countries, such as the United States, Germany and, to an extent, France, the scientific justification of racial bias became one of the defining characteristics of eugenic programs.<sup>35</sup>

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<sup>31</sup> James W. Trent Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States*, (Berkeley: University of California Press, 1994), 131-134.

<sup>32</sup> See: C.K. Clarke, quoted in Carolyn Strange and Jennifer A. Stephen, “Eugenics in Canada: A Checkered History, 1850s-1990s,” 527; Henry Goddard, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (1912); Francis Galton, *Essays in Eugenics*, (London: The Eugenics Education Society, 1909).

<sup>33</sup> Mental Hygiene Society of the Province of Nova Scotia, *Mental Hygiene Survey of the Province of Nova Scotia: Conducted by the Canadian National Committee for Mental Hygiene in 1920: Canadian Journal of Mental Hygiene*(1921) 3(1):.1

<sup>34</sup> Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction & the New Woman*, (New York: Oxford University Press, 2003), i.

<sup>35</sup> For more on Canadian eugenics see: Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, (Toronto: McLellan & Stuart, 1990); Carolyn Strange and Jennifer A. Stephen, “Eugenics in Canada: A Checkered History, 1850s-1990s,” in Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of The History of Eugenics*, (Oxford: Oxford University Press, 2010); For more on American eugenics see: Edwin Black, *War Against the Weak: Eugenics and America’s Campaign to Create a Master Race*, (New York: Four Walls Eight Windows, 2003); Angela Franks, *Margaret Sanger’s Eugenic Legacy: The Control of*



Scholars over the last two decades have studied the appeal and implementation of eugenics as a trans-national phenomenon and it has become increasingly evident that regional circumstances often played a decisive role in the implementation of eugenic policy at both the national and subnational levels. Many recent studies examine the application of eugenics by national governments and highlight the ways in which those governments were influenced by variations of the eugenic discourse from other countries.<sup>36</sup> Angus McLaren's work remains the most comprehensive study of eugenics in Canada, though recent work by Carolyn Strange and Jennifer A. Stephen also expand on the national history.<sup>37</sup> McLaren's social history of eugenics

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*Female Fertility*, (London: McFarland & Company, 2005); Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement*, (Oxford: Oxford University Press, 2004); Ian Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Cornell: Cornell University Press, 1997); For further information on European eugenics see: Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of The History of Eugenics*, (Oxford: Oxford University Press, 2010).

<sup>36</sup> Marius Turda has addressed the growing awareness of geographical influences in the history of eugenics by addressing the fundamental relationship between the historical expression of eugenic ideology and the "nation in its historical context." Marius Turda, "Crafting a Healthy Nation: European Eugenics in Historical Context," in Marius Turda ed. *Crafting Humans: From Genesis to Eugenics and Beyond*, (Göttingen: National Taiwan University Press, 2013) 110; Loren Graham argues that German eugenic theory was shaped by early contact with British eugenicists but lost the optimism expressed by British reformers by the end of the nineteenth century. Loren R. Graham, "Science and Values: The Eugenics Movement in Germany and Russia in the 1920s," *The American Historical Review* (1977) 82(5): 1133-1164; Randall Hansen and Desmond King have argued that North American eugenicists after World War II deliberately distanced themselves from German eugenics, demonstrating the manner in which eugenicists in different regions were conscious of perceived successes and failures in other countries and adjusted their strategies accordingly. Randall Hansen and Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America*, (New York: Cambridge University Press, 2013); Geoff Read has also demonstrated the influence of the transnational discourse in shaping eugenics in France; he argues that France eugenicists were influenced by British, German, and American applications of eugenic ideology. Geoff Read, "'Citizens Useful to Their Country and to Humanity': The Convergence of Eugenics and Pro-Natalism in Interwar French Politics, 1918-1940," *Canadian Bulletin of Medical History*, (2013) 29(2):385, 373-398.

<sup>37</sup> Carolyn Strange and Jennifer A. Stephen, "Eugenics in Canada: A Checkered History, 1850s-1990s," in Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of The History of Eugenics*, (Oxford: Oxford University Press, 2010)

filled a gap in the Canadian historiography when it was published in 1990, and opened an historical conversation that created the groundwork for further studies. McLaren's study focused on eugenics in national discourse, while provincial or regional experiences only appear as outgrowths of a national network. Although McLaren briefly addresses the spread of eugenic ideas in the Maritimes, including recognizing Nova Scotia as having the earliest eugenics organization, much of his findings apply to central and western Canada, as he concentrates on high-level discourse in national organizations and provincial manifestations of sexual sterilization programs.<sup>38</sup> Within Canada, individual provinces chose to pursue eugenic their policies in a variety of ways and just as the transnational discourse influenced countries, the provinces were influenced by information from other provinces, states, and countries.<sup>39</sup> In Alberta, British Columbia, and Quebec eugenic ideology was influenced by both American and British eugenic discourse; and, while only the former two instituted sterilization legislation, all three provinces were influenced by the visibility of ethnic and immigrant populations in their midst.<sup>40</sup>

As scholars continue to map the eugenic programs of Alberta and British Columbia, historical interest has been slow to spread to other areas of the country. This dissertation marks

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<sup>38</sup> McLaren, *Our Own Master Race*, 24.

<sup>39</sup> Sheila Rae Gibbons, for instance, has demonstrated that the Alberta eugenics program was influenced by broader Canadian eugenic and international influences. Sheila Rae Gibbons, "The True [Political] Mothers of Today": Farm Women and the Organization of Eugenic Feminism in Alberta," (MA Thesis: University of Saskatchewan, 2012), 7.

<sup>40</sup> In Quebec McLaren finds the presence and supposed fecundity of French-Canadian Catholics provided a unique dimension to the nativist arguments surrounding Canadian eugenics as an "other" was already incorporated into the national body. Western Canada, by contrast, embraced eugenics in response to a surge of ethnically visible immigrants who fuelled nativist fears. See McLaren, *Our Own Master Race*, 43, 46-67, Ian Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940*, (London: Cornell University Press, 1997) 136-138.

the first in-depth attempt to examine the expression of Nova Scotian eugenic ideology.<sup>41</sup> Through an analysis of the adoption and understanding of Nova Scotian physicians and reformers and the surprising discovery of the important role played by a wartime disaster, I demonstrate the importance of regional cultural beliefs, political and economic circumstances, and avenues of discourse to eugenic expression. In Nova Scotia, British cultural and medical views dominated the local reform movements regarding who was categorized as unfit. As a result, greater numbers of the working poor came under intense scrutiny by middle-class reformers who believed that the poorer classes disproportionately contributed to social problems. Increasingly members of lower socio-economic classes were evaluated as unfit by those in positions of authority, whether they were physicians, reformers, educators or government employees. Legislatively, however, the province followed some of the institutional policies and programs embraced in the United States, in particular, those of the New England training schools, reflecting the close ties between the two regions and favouring eugenic segregation rather than sterilization.<sup>42</sup>

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<sup>41</sup> Preliminary research on the topic was published online in 2004 by Stephen Ellis. See: Stephen Ellis, “Modern Science has it well in hand’: Nova Scotia’s ‘experiment’ in eugenics.” *Shunpiking Online*, April 30, 2004, <http://www.shunpiking.org/010207/0207-SE-eug-NS.htm>.

<sup>42</sup> Two of the most famous New England Training Schools were The Fernald Center (originally named The Massachusetts School for Idiotic Children) and the Vineland Training School (originally The New Jersey Home for the Education and Care of Feebleminded Children) in Vineland, New Jersey. Both schools opened in the nineteenth century and continued operation into the twenty-first century in various capacities. The Vineland Training School was influential in the movement to institutionalize individuals evaluated as feeble-minded in that it was an early example of the “cottage plan,” and because it was the site of Henry H. Goddard’s application of the Binet test. His work there led to his publication of *The Kallikak Family* which became a staple among hereditarian eugenicists of the early twentieth century. The Fernald Centre was named in honour of its first resident superintendent Walter E. Fernald after his death in 1925. Fernald was an early and vocal advocate of eugenics and the school under his control was praised as an ideal training institution for the feeble-minded. Interestingly while the institutes operated under similar mandates and for similar purposes Fernald was a staunchly anti-hereditarian while Goddard spent his career establishing the ties between heredity and mental

## *Redefining Eugenics*

Despite burgeoning historical interest in the implementation of twentieth-century eugenics, most scholars studying it have focused on sexual sterilization as the defining feature of applied eugenics. In spite of its significance, surgical sterilization was not the only mechanism through which populations were controlled as a result of eugenic policy. The subjective nature of eugenic theory has allowed it to be defined by its ends rather than its means; as a result liberal, and conservative, social, medical, and political groups have historically appropriated and supported eugenics. It has been used to justify very different agendas by lending scientific authority to social fears, moral panics, racial doctrines, sterilization acts, coercive institutional sexual segregation, and immigration laws.

The historiographical understanding of eugenics has been recently broadened, however, with new work by scholars, including Wendy Kline and Rebecca Kluchin. Kluchin has demonstrated a shift in American eugenic ideology and policy after 1950 from an earlier biologically-determinist framework of ability to more of a socio-cultural construction of fitness model. Although Kluchin is still using sexual sterilization as her focal point, her work extends the historiography of eugenics by exploring the experiences of both unfit and fit women as they confronted paternalism and unethical treatment by the government and medical systems.<sup>43</sup>

Wendy Kline has similarly broadened the historiography by challenging the definition and reach of eugenics in America. Historically different approaches have been categorized as negative and positive eugenics, and Kline argues that forms of positive eugenics, the application of eugenic

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defect. For further reading see: Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940*, (New York: Cornell University Press, 1997); Paul Lombardo, *Three Generations No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*, (Baltimore: Johns Hopkins University Press, 2008).

<sup>43</sup> Rebecca Kluchin, *Fit to Be Tied, Sterilization and Reproductive Rights in America, 1950-1980*, (New Jersey: Rutgers University Press, 2009).

ideology to encourage the reproduction of the fit, may have outstripped the perceived success of negative eugenic practices, which were designed to prevent the reproduction of the unfit.<sup>44</sup>

Positive forms of eugenics include any measures instituted with the purpose of encouraging a segment of the population to engage in childbearing. These measures included both coercion and rewards for childbirth. An example of a coercive method of positive eugenics includes the appeal to women to do their duty to their country, religion, or race by bearing children and was disseminated through propaganda and public health education. Rewards, often in the form of money, for example, baby bonuses or tax incentives, and social status, including fitter family medals and motherhood medals, were popular rewards in the early twentieth century in both North America and Europe, and also constituted elements of positive eugenics.<sup>45</sup>

Historian Martin Pernick has pointed to the problems associated with the traditional labeling of pro-natalist theory and policy as positive eugenics and restrictive theory and policy as negative eugenics. He very aptly points out that these terms seem to imply qualitative as well as quantitative connotations, and in doing so disregard the more subtle nuances embedded in the often complex ideas that shaped this discourse.<sup>46</sup> Pernick suggests that although the distinction of positive versus negative eugenics is related predominantly to the linkage of one to the encouragement of reproduction of the fit and the other to the discouragement and restriction of reproduction of the unfit, the terms themselves run the risk of appearing evaluative in nature. While encouraging reproduction may seem less invasive, thus leading to further confusion

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<sup>44</sup> Wendy Kline, *Building a Better Race, Gender, Sexuality, and Eugenics from the turn of the Century to the Baby Boom*, (Berkeley: University of California Press, 2005).

<sup>45</sup> E.B. Boudreau, ““Yea, I have a goodly heritage”: health verses heredity in the Fitter Family contests, 1920-1928,” *Journal of Family History*,(2005) 30(4): 366-387.

<sup>46</sup> Martin Pernick, “Taking Better Baby Contests Seriously,” *American Journal of Public Health*, (2002) 92(5):

regarding the positive moniker, Pernick cautions that historians should remember that “techniques to encourage reproduction are not inherently morally superior to methods for reducing fertility.”<sup>47</sup> This thoughtful approach is indicative of the ambiguity that surrounded eugenic ideology and its terminology throughout the twentieth century. Historian Dianne Dodd further illustrates the problematic nature of the historiographical trend of separating positive eugenics from negative eugenics. She demonstrates that there was undue pressure placed on fit women, who might otherwise seem privileged within the history of eugenics. They were meant to confront the seemingly contradictory demands put upon the idealized mother to have both large families of healthy, well-raised children and, the reality that smaller families with spaced-out births were the key to addressing concerns regarding child and maternal welfare.<sup>48</sup> Similarly, historian Geoffrey Read has called attention to problematic understanding of positive eugenics. He argues that France’s history of eugenics has been largely neglected because that country, like Nova Scotia, did not institute a mass sterilization program. Read convincingly maintains that eugenic policy extended beyond sterilization programs, as he has illustrated with respect to the influence of eugenic ideology in the development of France’s welfare state.<sup>49</sup>

## **Structure**

What becomes evident in a study of the widely-varied application of eugenic theory is that the manner by which eugenic ideology is received, understood, adapted, and adopted is highly dependent upon region. Historian Saul Dubow has described eugenics “as a scavenger science, or perhaps even a virus, feeding on whatever was available, utilized by political hosts,

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<sup>47</sup> Martin Pernick, “Taking Better Baby Contests Seriously,” 707.

<sup>48</sup> Dianne Dodd, “Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34,” *Canadian Bulletin of Medical History*, (1991) 8(1):223.

<sup>49</sup> Geoff Read, ““Citizens Useful to Their Country and to Humanity”: The Convergence of Eugenics and Pro-Natalism in Interwar French Politics, 1918-1940,” *Canadian Bulletin of Medical History*, (2013) 29(2):385.

and adapting itself in the process.”<sup>50</sup> If eugenics is imagined as a scavenger virus feeding on social fear, then in Nova Scotia its diet consisted of the concerns raised by a long history of emigration, sporadic industrialization, and economic disparity, all of which were tied to the identity of its capital as a garrison town with the increased visibility of people with social vices who were often found in areas where military and civilian populations mixed.

Chapter one explores the population problems that plagued the province from the establishment of Halifax in 1749 onward. Drawing on sources such as George T. Bates’s 1973 census study that established the high rate of emigration among the capital city’s first settlers, I explore the long history of concern regarding both the quality and the quantity of the provincial population.<sup>51</sup> The work of Bates as well as that of historian Betsy Beattie demonstrates the long and close relationship between Nova Scotia and New England that was vital to the expression and adoption of eugenics in Nova Scotia.<sup>52</sup> The pattern of emigration during times of economic hardship from Nova Scotia to New England established familial and professional ties between these two areas. These ties later played an important role in both the dissemination and application of eugenics in Nova Scotia; however, the flow of people between the two regions also contributed to the concerns that reformers sought to fix with eugenic policy.

In addition to establishing a relationship between New England and Nova Scotia, chapter two examines the importance of the relationship between the province and Britain. This connection shaped eugenic ideology in the region directly through British legislation and

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<sup>50</sup> Saul Dubow, “South Africa: Paradoxes in the Place of Race,” in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 288.

<sup>51</sup> George T. Bates, “The Great Exodus of 1749,” 43.

<sup>52</sup> Betsy Beattie, *Obligation and Opportunity: Single Maritime Women in Boston, 1870-1930*, (Montreal: McGill-Queen’s University Press, 2000).

indirectly through the value placed on “Britishness” by the middle-class.<sup>53</sup> Halifax was founded with the intention of transforming Nova Scotia into a British colony, but emigration and industrialization hampered the efforts of those belonging to the reforming and professional classes who attempted to fulfil this mandate. While outsiders commented on the British nature of society in the province’s capital, the inhabitants of the city and the province, and especially the professionalizing body of physicians, worked diligently to trace connections between the province and the “old country” through family and professional pedigrees, secondary education and professional journals.<sup>54</sup> This emphasis on social status merged easily with eugenic ideas about one’s worth.

Concepts of race and regional identity are closely intertwined in the historiography of eugenics. Eugenics, whatever its goals and methods, was overwhelmingly tied to calls to “save the race,” or to “mother the race,” or conversely kindled through fears of “racial suicide” or “racial degeneration.” Yet race was also one of the most subjective terms associated with eugenics. Historian Edward J. Larson has suggested that regional beliefs played a significant role in the expression of eugenic thought in his study of eugenic policy in the southern United States. Larson cites the fact that there were no institutions erected in the states he has studied for the segregation of feeble-minded black individuals, despite large black populations, as evidence that eugenics was often concerned exclusively with the white population.<sup>55</sup> Although eugenicists

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<sup>53</sup> Ian McKay, “Tartanism Triumphant: The Construction of Scottishness in Nova Scotia, 1933-1954,” *Acadiensis*, (1992) 21(2): 8; Jeffrey L. McNairn, ““Everything was new, yet familiar”: British Travellers, Halifax and the Ambiguities of Empire,” *Acadiensis*, (2002) 36(2):33.

<sup>54</sup> D.A. Campbell, “Pioneers of medicine in Nova Scotia,” reprinted in the *Maritime Medical News* (Halifax: N.S.; 1905); McNairn, ““Everything was new, yet familiar”: British Travellers, Halifax and the Ambiguities of Empire,” 33.

<sup>55</sup> Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South*, (Baltimore: Johns Hopkins University Press, 1995), 2, 155-157



generally condemned racially mixed marriages or unions, they relied on miscegenation laws and their plan to segregate or sterilize feeble-minded white individuals to prevent racial mixing.<sup>56</sup> The reason the black population was largely ignored by eugenic program and policy, Larson states, was because eugenicists believed that the black population had nothing to contribute to the forward march of civilization. This conclusion reflects the belief that a certain amount of variability existed on the evolutionary scale between both individuals and racial groups. Larson concludes that white eugenicists did not find it necessary to spend the time or money attempting to improve the black population. A similar line of reasoning existed in Nova Scotia. Although the province had one of the largest black populations in Canada at the time of my study,<sup>57</sup> reformers focused almost exclusively on the white population. In the aftermath of the Halifax Explosion, which fostered modernization in the city, the black community of Africville, which had been refused even the most basic city services prior to the reconstruction, was ignored. The establishment of health centers, which I argue in Chapter Four were used to facilitate the inspection and improvement of the white population, completely neglected the black communities in and around Halifax. Reformers did not actively medically inspect the black population, but furthermore, they were reluctant to commit resources to the community even after the residents submitted a petition seeking the establishment of a health center. The compromise reached between the residents of Africville and the Health Commission resulted in the community relying on an available school house to serve as a part-time health clinic. They further made due with support from a nurse rather than physician being sent to the community every second Tuesday to provide health care for the residents.

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<sup>56</sup> Larson, *Sex, Race, and Science: Eugenics in the Deep South*, 33, 98.

<sup>57</sup> Jennifer Nelson, *Razing Africville: A Geography of Racism*, (Toronto: University of Toronto Press, 2008), 7.

Philosopher Anna Stubblefield has argued that concepts of race that were incorporated into eugenic programs in the United States were intertwined with gender, class, and disability, resulting in a “tainted whiteness.”<sup>58</sup> Evaluations of tainted whiteness allowed for conditions including as poverty, disability, and deviant sexuality to be racialized. In Nova Scotian eugenics the same tendency was apparent. While reformers were not particularly concerned with the reproductive potential of the black community at Africville they were very concerned with an allegedly tainted white population who were racialized as “other” due to their circumstances or behaviour. Stubblefield argues that, “the concept of feeble-mindedness was based upon a racialized conception of intelligence, according to which white people supposedly had normal and above cognitive ability, while members of other races supposedly had subnormal cognitive ability.”<sup>59</sup> Tied to the concept of ability and “normal” intelligence and whiteness, was the expectation of what individuals could contribute to society. “Pure whites,” described by Stubblefield as the elite classes, feared the fecundity of the “off-white,” people who were believed to contribute less to civilization overall.<sup>60</sup> Stubblefield refers to sub-groups with ethnic backgrounds traced to Eastern Europe, the Mediterranean or Ireland in her study of the United States to show how these notions of tainted whiteness also assumed ethnic and regional characteristics.<sup>61</sup> A Canada-wide study of the early twentieth century would likely find similar ethnic groups under suspicion, as evidenced by James Woodsworth’s turn-of-the-century

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<sup>58</sup> Anna Stubblefield, ““Beyond the Pale”: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization,” *Hypatia*, (2007).22(2) 162.

<sup>59</sup> Stubblefield, ““Beyond the Pale”: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization,” 163.

<sup>60</sup> Stubblefield, ““Beyond the Pale”: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization,” 163.

<sup>61</sup> Stubblefield, ““Beyond the Pale”: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization,” 163.

hierarchy of desirable immigrants in *Strangers Within Our Gates* (1909), which is further considered in chapter one.<sup>62</sup>

The expectation that all members of a society should conform to specific values and behaviours contributed to the racialization of individuals whose whiteness was assumed to be affected by vice, immorality or criminality. Finally, women's sexual and reproductive capabilities cast them as the most likely to face scrutiny as whiteness and the characteristics associated with it was assumed to be heritable and women were the mothers of future generations. The influence of both regional concerns and the wider discourse on race and motherhood was evident in the presidential addresses by physicians O.J. McCully of St. John, New Brunswick in 1905 and J.B. Black of Windsor, Nova Scotia in 1907 and published in the *Maritime Medical News*. Both addresses cited studies conducted across Europe, North America and Russia that promised to improve and preserve the human race.<sup>63</sup> Black explicitly blamed "maternal ignorance" for a significant portion of "race suicide" in the region and McCully used foreign sources to establish correlations between the "constitutional" criminal and heritable traits of laziness and alcoholism, bringing the larger eugenic discourse to bear on Nova Scotian communities. These ideas gathered momentum in the province during the early decades of the twentieth century and contributed to a thriving network of support for eugenic ideas in the region.<sup>64</sup>

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<sup>62</sup> James S. Woodsworth, *Strangers Within Our Gates or Coming Canadians*, (Frederick Clarke Stephenson: Canada, The Missionary Society of the Methodist Church of Canada, 1909).

<sup>63</sup> O.J. McCully, "The Doctor and the Criminal," *Maritime Medical News*, (1905) 17(2): 41-53; J.B. Black, "Race Suicide with Suggestions of Some Remedies," *Maritime Medical News*, (1907) 19(7):247-254.

<sup>64</sup> Black, "Race Suicide," 248; McCully, "The Doctor and the Criminal," 48-50.

Chapter two explores how the global medical eugenic discourse both influenced and was influenced by Nova Scotian physicians. Professional, educational, and personal ties to both Britain and New England affected the professional identity and eugenic ideology of Nova Scotian physicians. British eugenic policy as it manifested in the 1913 Mental Deficiency Act idealized institutionalization as the optimal solution for social ills associated with feeble-mindedness and strongly influenced the goals of Nova Scotian physicians and reformers.<sup>65</sup>

A critical part of the history of eugenics is the complicity of the medical profession. Dr. William Harrop Hattie, a Nova Scotian physician, figures prominently in the province's eugenic history. He was the Medical Superintendent of the Nova Scotia Hospital for the Insane at Mount Hope in Dartmouth, NS from 1898 to 1914, and headed a special committee of the Nova Scotia Medical Society that lobbied the government to segregate all the people considered feeble-minded in the province in institutions.<sup>66</sup> Hattie and his fellow physicians played an important role in the dissemination and acceptance of eugenic ideas. By appearing to offer a scientific solution to social problems, eugenics almost immediately became inextricably entwined with discourses surrounding race, sex, population control, social hygiene, moral reform and mental health at a time when medicalization was becoming increasingly linked with modernization in

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<sup>65</sup> *Mental Deficiency Act*, 1913

<sup>66</sup> Ellis, "“Modern Science has it well in hand”: Nova Scotia's ‘experiment’ in eugenics.” n.p.; American historian David Rothman has suggested that institutionalization was a natural outcome of the progression of science, medicine and nation building. He argues that the historical motivations for institutionalization are critical for understanding how the public came to use institutions for managing people considered abnormal, diseased, disordered or criminal. Rothman further explains that throughout Western history institutions have been used to stabilize society by removing individuals who pose a threat to accepted social conventions. See: David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, (Boston: Little Brown, 1971).

the public consciousness.<sup>67</sup> Consequently, eugenics became a popular term, which allowed reformers to address social problems in what appeared to be a scientific and thereby ‘modern’ way. Eugenics was envisioned as a medical solution that could be broadly applied to perceived social ills and as such the cultural context of medicalization is crucial to understanding the phenomenon of eugenics.

The medical eugenic discourse was complex and often combined with discourses that surrounded physicians’ duties, abilities, and responsibilities. However, it was also influenced by the political and cultural atmosphere. Just as those in positions of political authority increasingly sought the expertise of specialists to solve perceived social problems those professionals and their responses were influenced by social and cultural factors. Industrialization, urbanization and the dissolution of traditional community and familial bonds, often due to increased migration or

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<sup>67</sup> Medical historian Jacalyn Duffin asserts that much of the authority that was enjoyed by early twentieth century physicians can be attributed to the rapidity with which scientific discoveries changed medicine after the mid-nineteenth century. From the use of general anesthetic to the discovery and development of x-rays in 1895, new scientific methods offered seemingly endless solutions for medical problems and also for the social issues that arose from them.<sup>67</sup> The advent and development of germ theory in the 1880s awakened the possibility that disease might be halted or prevented by medical intervention based on new scientific discoveries. The wave of vaccines and the acceptance of antisepsis that followed the adoption of germ theory fuelled popular and professional belief in the possibility that science could in fact fix society. Scientists and physicians asserted that disease was caused by the invasion of living germs and, moreover, that vaccines and heredity could alter outcomes. These conclusions bolstered social reform movements as proponents could then point to science as evidence to support their designs to clean up society. Duffin, *History of Medicine*, 81-3; Joel Howell has argued that the laboratory and the technology that it encased truly represented the shift to the modern hospital; the association of medicine and science lent the profession a new veneer and a new sense of authority. Joel Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century*, (Baltimore: Johns Hopkins, 1995); See also: David Paul Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public Hospital in Canada, 1890-1950*, (Montreal: McGill-Queens University Press, 2002).

social disruption, all contributed to institutionalization becoming the *modus operandi* when dealing with individuals who did not conform to the newly imagined society.<sup>68</sup>

The reliance on medical and scientific authority to support these theories, that in turn were used to uphold social divisions, resulted in the elevation of the authority of physicians and scientists socially and politically.<sup>69</sup> By the early twentieth century to be a physician was to be accorded respect and deference.<sup>70</sup> British eugenic ideology was strongly influenced by concerns over appropriate behaviour and morals according to class and gender, but its enforcement relied on the medico-scientific validation of physicians. Popular culture lauded the physician as a champion of humanity over disease and disorder, as he was imagined to be employing his scientifically-specialized training for the public good. Subsequently physician involvement in eugenics, a science that promised to improve society, served to bolster professional and social authority. As the medicalization of feeble-mindedness proceeded in Britain, it influenced the expression of eugenic ideology in Nova Scotia, especially for local physicians.

Chapter two explores the relationship between the professionalization of Nova Scotian physicians and the regional eugenic discourse. The early twentieth century was a period of negotiation between the provincial government and the collective body of physicians in Nova Scotia, as physicians were increasingly called upon as experts and as they consequently gained respect and authority within both the governmental and popular arenas. This trend helped to create a normative framework of human development and behaviour, which enabled increased clinical interventionism and inspection of the population. By analysing a series of contributions

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<sup>68</sup> Rosenberg, *The Care of Strangers*, 4-5; See also David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little Brown, 1971).

<sup>69</sup> Hans Pols, "Eugenics in the Netherlands and the Dutch East Indies," *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 347-362.

<sup>70</sup>Duffin, *History of Medicine*, 123.

from the *Canadian Medical Association Journal (CMAJ)* and the *Maritime Medical News (MMN)*, I demonstrate how this new form of authority reinforced and medicalized gender roles as well as how it shaped popular and political ideas regarding the rights and responsibilities of parents, children, and the state.

Chapter three considers how female reformers in Halifax understood and incorporated eugenic discourse into their charitable and philanthropic work. There are few sources left by individuals who were viewed as feeble-minded by the members of the Halifax Council of Women and their offshoot League for the Protection of the Feeble-minded. Subsequently, it is difficult to ascertain precisely how targeted individuals felt. Nonetheless the records of the HCW and the League are reflective of the concerns with which these white middle-class women viewed others, whom they worried were socially, biologically, or mentally inferior. My own argument is influenced by Mariana Valverde's suggestion that social reform movements were as much about establishing class structures as they were responses to social distress, and my research expands the analysis to incorporate distinctly Nova Scotian sources and social groups. In examining the records of the HCW and the League it is evident that the threat of the feeble-minded was present even before the beginning of the twentieth century. To this end, my research demonstrates the prominent role of the Halifax Local Council of Women in the agitation to identify and segregate the feeble-minded both regionally and nationally. Historian Elizabeth Scott has drawn attention to the important concept of the voyeuristic gaze of the middle class.<sup>71</sup> A key feature of both British and Nova Scotian eugenics was the ability to survey and assess the population. In Nova Scotia, middle-class reformers mirrored the industriousness of their British

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<sup>71</sup> Elizabeth Scott, "Building the 'Bridge of Hope': The Discourse and Practice of Assisted Emigration of the Labouring Poor from East London to Canada, 1857-1913," (Doctoral Dissertation: University of Saskatchewan, 2014), 12.

peers as they endeavoured to protect society from the threat of the feeble-minded. Throughout the nineteenth century middle-class philanthropists, buoyed by the authority of physicians, lobbied for increased governmental intervention in the lives of its citizens with their concern resting particularly on working-class families. Among their demands were mandatory elementary schooling, followed by the inspection of school children and the normalization of medical care in childhood.

The association of gender and class in the historiographical framing of mental disorder and defect has been explored in some depth in the collection *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* edited by Ann Digby and Jonathon Andrews. Historian Pamela Michael, in her contribution to the collection, identifies the three dominant “explanatory frameworks” that have been used historiographically to explore the relationship between class and the experience of insanity and institutionalization.<sup>72</sup> The first of these frameworks Michaels identifies as “social causation.”<sup>73</sup> Adherents of the social causation framework of mental illness argue that the physical, social, and economic adversities faced by the less fortunate classes created mental and physical strains that led to mental illness.<sup>74</sup> The second framework identified by Michael is “social drift,” which accounts for higher rates of mental illness among the lower classes due to the tendency for those afflicted with it to be unlikely to succeed both socially and economically.<sup>75</sup> The third and final framework is that of “social constructivism,” which endeavours to understand diagnoses of

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<sup>72</sup> Pamela Michael, “Class, Gender and Insanity in Nineteenth-Century Wales,” in Andrews, Jonathon and Anne Digby, eds., *Sex and Seclusion, Class and Custody*, (Amsterdam: Rodopi, 2004),103.

<sup>73</sup> Michael, “Class, Gender and Insanity in Nineteenth-Century Wales,” 103.

<sup>74</sup> Michael, “Class, Gender and Insanity in Nineteenth-Century Wales,” 104-109.

<sup>75</sup> Michael, “Class, Gender and Insanity in Nineteenth-Century Wales,” 109-111.



mental illness in light of societal expectations of behaviour. Supporters of social constructivist theory pay close attention to the behaviours that result in individuals being diagnosed as mentally ill and point to the correlation between behaviour that defies the expectations of society and results in the institutionalization of the individual who refuses to conform.<sup>76</sup> Michael makes the valuable observation that these frameworks need not operate exclusively; instead she asserts that the asylum can be viewed historically as both a therapeutic institution and as a site of discipline and patriarchy.<sup>77</sup>

Although Michael's work focuses on the sociology and history of asylums in Wales, the frameworks that she has identified can be applied more broadly. In examining the interplay of class, gender, and eugenics in Nova Scotia there is evidence of social causation, drift, and constructivism in the reality of the experience of individuals assessed as either mentally disordered or deficient as well as in the struggle of reformers to make sense of the class dimensions among the people who were institutionalized. The framework of social drift was often used in the context of British eugenics to negate class as a causal influence of feeble-mindedness.<sup>78</sup> The framework of social constructivism is often applied in relation to industrialization. During the last decades of the nineteenth and the early decades of the twentieth century in Nova Scotia, the transition to an industrialized economy was inconsistent and delayed compared with many of the other Canadian provinces.<sup>79</sup> In regions that industrialized rapidly, women of the lower classes generally moved from types of household production, such as spinning and piece work, into more regulated production in factories. As women workers moved

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<sup>76</sup> Michael, "Class, Gender and Insanity in Nineteenth-Century Wales," 111-115.

<sup>77</sup> Michael, "Class, Gender and Insanity in Nineteenth-Century Wales," 96.

<sup>78</sup> Jackson, "A Menace to the Good of Society," 284-287.

<sup>79</sup> Kris E. Inwood, "Maritime Industrialization from 1870 to 1910: A Review of the Evidence and Its Interpretation," *Acadiensis* (1991) 21(1), 132.

into this new environment they became increasingly more visible to the middle and upper classes that then began to focus their attention on the moral health of those they believed to be their social inferiors.<sup>80</sup> Although, as historians Joan W. Scott and Louise Tilly have demonstrated, women had traditionally contributed to the family economy, they had generally done so from the less visible domestic sphere.<sup>81</sup> As industrialization created a need for families to shift from household-based to family-based economies, women and children who had previously worked together in home-based production moved into the publicly visible work force.<sup>82</sup> For middle class onlookers the large numbers of women, both married and unmarried, who worked together in factories and at other forms of commercialized employment, represented a threat to the ordered and gendered social body. In areas that experienced industrialization as an inconstant and unstable force, middle-class onlookers became especially concerned about the moral well-being of women workers during times when demand for workers was low. Industrialization and the increasingly visible woman worker then fuelled social fears surrounding prostitution and the accompanying problems of illegitimacy and venereal disease.

Carolyn Strange has documented the concern raised by the woman worker in the early twentieth century and argued that while both young women and young men could be seen as threats to social order, the former were often held to represent the danger to morality that was posed by industrialization and urbanization.<sup>83</sup> Strange asserts that while young men posed the

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<sup>80</sup> For more on the transition from household to industrial production see: Jan DeVries, "The Industrial Revolution and the Industrious Revolution," *The Journal of Economic History* (1994) 54(2):249-270; Louise A. Tilly and Joan W. Scott, *Women. Work, and Family*, (New York: Holt, Rinehart and Winston, 1978)

<sup>81</sup> Tilly and Scott, *Women. Work, and Family*, 227-229.

<sup>82</sup> Tilly and Scott, *Women. Work, and Family*, 227-229.

<sup>83</sup> Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City 1890-1930*, (Toronto: Toronto University Press, 1995), 22.

risk of disorder and crime in times of economic downturn, young women on their own in the city were believed to be in danger of turning to prostitution and sexual vice.<sup>84</sup> Although young women had traditionally comprised a significant portion of the workers who migrated to urban centres in the seventeenth and eighteenth centuries, they had usually been drawn by domestic positions. Young women who took up domestic positions were still understood to be protected and restrained under a, predominantly, male authority figure, and were reconfigured into roles within the family that employed them. As young women turned to waged industrial labour they lived alone or with other women and had the anonymity and leisure time to do what they pleased.<sup>85</sup> However, rather than finding evidence of the moral irresponsibility and vulnerability that reformers envisioned surrounding young women when they were granted this freedom, Strange is careful to point out that the “girl problem” was “constructed by men and a growing number of professional women vested with the authority to define it.”<sup>86</sup> In urban centres such as Halifax, the visibility of women workers on their own enabled the constructivist approach to social danger and encouraged the eugenic belief of the threat to the future of the white race posed by industrial employment and unsupervised women.

In chapter three I examine the sources produced by women’s philanthropic groups that were intended both for public consumption, in the form of editorials and articles, and for the groups themselves, minute books and records. In doing so I reveal the relationship between gender and class-specific beliefs and the internalization of ideas about acceptable avenues of public involvement and the appropriate types of motherhood. Through the examination of the reports of the Superintendent of Neglected and Delinquent Children, I highlight the various

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<sup>84</sup> Strange, *Toronto’s Girl Problem*, 22-23.

<sup>85</sup> Strange, *Toronto’s Girl Problem*, 28.

<sup>86</sup> Strange, *Toronto’s Girl Problem*, 23.

“types” of women who came into contact with governmental policies and programs that were in turn supported and encouraged by female reformers. Mothers brought to the attention of the Superintendent included the poverty-stricken mother of two children who was characterized as animalistic and unfit, the wayward but promising teenager redeemed through her demonstration of motherly devotion, and the worthy widow who was assessed as deserving of assistance.

By 1917 at Dr. William Hattie's urging, the provincial government had commissioned the “Report Respecting Feeble Minded in Nova Scotia.” Hattie, A.H. MacKay and Judge E.H. Blois, who later served as the judge of the provincial juvenile court conducted the investigation into the province’s institutions. The three-man commission identified ninety two “feeble minded” children in the care of provincial institutions; additionally, 235 cases of mentally deficient children were reported within the public school system. At that time the Report recommended that “provision should be made for the continued custodial care of feeble-minded persons” and “legislation... enacted whereby feeble minded females of child-bearing age might be legally committed to a proper institution.”<sup>87</sup> The report was neither the first nor the last that was submitted to the provincial government; physicians including Hattie, Sinclair, and Reid had been agitating for reform collectively for nearly three decades. Similarly reform groups such as the HCW and the League had also conducted surveys and studies and brought their concerns to the Provincial Legislature numerous times. While there was no shortage of support for the implementation of eugenic policy in Nova Scotia, what was absent was the means to implement it. Traditionally a poor province, the financial means to do more than survey the problem, and the surveys themselves were often externally funded by organizations such as the Canadian

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<sup>87</sup> *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

Committee for Mental Hygiene, were not available. Subsequently, it is not unsurprising that there was little immediate official response to the 1917 Report. However, part of the delay in this instance was likely due to the disaster that struck Halifax in December of that year.

The lack of funding to fully implement the medical surveillance of Nova Scotia's population ended abruptly on 6 December 1917 with the wartime collision of the French cargo ship the SS *Mont-Blanc* and the Norwegian SS *Imo* in the Halifax Harbour. The collision sparked the largest pre-nuclear man-made explosion, killing two thousand, injuring nine thousand and leaving thousands more homeless. The devastation resulting from the explosion forced unprecedented restructuring of the province's economic, architectural, institutional and labour resources. In Chapter four I argue that The Halifax Explosion provided the opportunity for an experiment in public health that was meant to not only restore but also to improve the city and its population in the process. The restructuring that occurred was influenced by pre-existing ideals and prejudices, which were reflected in the goals of the newly-formed committees in charge of the rehabilitation of the area. The primary emphasis on improvement as well as control was the result of existing regional concerns regarding the emigration of the province's most desirable stock, in the form of healthy, educated young men and women, to central and western Canada and the eastern United States. Public health reformers expressed the eugenic goal of improving the overall quality of the population through education, surveillance, and inspection, resorting finally to institutionalizing people whom public health officials determined were genuinely deficient.

In this chapter the role of region culminates highlighting the longstanding ties between Nova Scotia and Massachusetts. Through massive fundraising, the people of Massachusetts contributed \$750 000 to the relief effort the remnants of which was later used to create programs

aimed at improving of the province’s population.<sup>88</sup> The organization that ultimately took control of implementing eugenic policy, both positive and negative, was the Massachusetts-Halifax Health Commission that was incorporated by the Nova Scotia Legislature on May 17, 1919.<sup>89</sup> The Health Commission was formed using the remaining \$250 000 of the relief funds donated by the state of Massachusetts after the reconstruction of the city was well established. The Commission itself was the result of a survey of the city conducted by Dr. Victor Heiser of the Rockefeller Foundation at the request of the Boston Committee in consultation with “their representatives in Halifax.”<sup>90</sup> In order to accomplish this feat, Heiser spent the summer of 1918 analyzing the city’s vital statistics for the seven years prior to the explosion.<sup>91</sup>

This review of the city’s statistics by an external expert reiterated the concerns that had been voiced by the medical and philanthropic communities for decades. The city and the province along with its resources did not stack up to expectations. Heiser reported that the best use of the funds over which the Commission had control was to “create public sentiment which would support an adequate modern health program. [As] There [was] little hope that this will be brought about unless outside influences can make themselves felt.”<sup>92</sup> In this way the Commission not only enabled increased professional contact between physicians in Nova Scotia and Massachusetts, but it also brought an influx of funding to the province’s medical programs while

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<sup>88</sup> G. Fred Pearson, Chairman, *Massachusetts-Halifax Health Commission Report, 1919 to 1924*, 7.

<sup>89</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925, 13.

<sup>90</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925. 7

<sup>91</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925.7

<sup>92</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925 8.

at the same time drawing attention to the inadequate facilities present to help those deemed mentally disabled by the province. The purpose of the Commission was to conduct “a Public Health Demonstration extending over a period of years”<sup>93</sup> which by method of “educational propaganda” such as newspaper articles, posters and pamphlets, as well as a comprehensive public health system, which would improve the region’s population which had long been depleted by emigration and hardship.

The Commission was active from October 1919 to September 1924, at which time the funds were depleted and the Commission was dissolved.<sup>94</sup> Having been charged with the “restoration and improvement of public health conditions,” the Commission’s activities included “the staffing of Health Centres, the provision of laboratory facilities, educational propaganda through newspaper articles, posters and pamphlets” as well as “municipal sanitary reforms,” and the teaching of “principles of positive health and preventive medicine.”<sup>95</sup> Three years after the Commission dissolved, Nova Scotia was lauded as being at the forefront of the mental hygiene movement and the CNCMH published the headline: “Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient.”<sup>96</sup>

In the case of Nova Scotia, as elsewhere, eugenics and eugenic policy were regionally shaped. In the course of my research it has become evident that both the definition of eugenics and its implementation varied across Canada. Part of this can be explained by Nova Scotia’s

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<sup>93</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925. 8

<sup>94</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925.1.

<sup>95</sup> *Report of the Massachusetts- Halifax Health Commission with Appendices, October 1919 to September 1924*, Halifax, Nova Scotia, April 30<sup>th</sup>, 1925.8.

<sup>96</sup> “Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient,” *The Bulletin of The Canadian National Committee for Mental Hygiene*, (1927) 2(6), np.

geographic proximity to New England, which encouraged a close exchange not only of ideas but also of population. While the international discourse surrounding eugenic theory was flowing through Nova Scotia in the years leading up to the explosions, it was only through the combination of restructuring and influx of funds that the so-called progressive policies implemented in 1927 were legislated.



## Chapter One: Explaining Eugenics in the Region

In 1890 Halifax physician Alexander Reid, then Superintendent of the Nova Scotia Hospital, published *Human Stirpiculture: Or the Ascent of Man*, in which he responded to Charles Darwin's *Descent of Man* and proposed, in a similar fashion to Francis Galton, that the direction of the human race needed to be guided in much the same manner as livestock. In other words, so that "inferior traits" might be "weeded out" and "favored [sic] trait[s]" perfected.<sup>1</sup> Historian Angus McLaren has suggested that this publication is evidence that eugenic "notions were abroad in Canada even before Galton's work was popularized."<sup>2</sup> However, Reid's paper uses the term "stirpiculture" which is an American word that dates to 1870, thirteen years before Galton coined the term eugenics. Stirpiculture was originated by American J.H. Noyes to describe the process by which a "distinct family" might be started and its "blood [kept] pure by separation from the mass of its race."<sup>3</sup> Reid's use of the word suggests that American, as well as British, ideas were already influencing the budding eugenic discourse in Nova Scotia. Although Reid was undoubtedly familiar with Noyes, who had achieved quite a level of infamy prior to his death in 1884, he may not have been aware of the exact origin of the word.<sup>4</sup> Geneticist Martin

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<sup>1</sup> A.P. Reid, *Human Stirpiculture or the Ascent of Man*, (T.C. Allen & Co., Stationers and Printers: Halifax, Nova Scotia, 1890), 2.

<sup>2</sup> McLaren, *Our Own Master Race*, 23.

<sup>3</sup> The Oxford English Dictionary dates the term to the work of John Humphrey Noyes in an 1870 contribution to *Scientific Propagation*; J.H. Noyes "Essay on Scientific Propagation," (Oneida Community: Oneida, N.Y., 1872)

<sup>4</sup> Noyes himself was somewhat of an infamous character; he had been the leader of a Christian communist sect and is most well-known for his founding of the Oneida community in New York State where complex marriage was practiced. Noyes's ideas are clearly related to Galton's eugenics (he himself alludes familiarity with Galton's work in an 1872 tract); however, while he believed that perfection (which he described as freedom from sin) could be achieved during his lifetime, his emphasis on religion sets his work apart from Galton's more secular approach. See: Benjamin B. Warfield, "John Humphrey Noyes and his "Bible Communists," *Bibliotheca Sacra*,

Richards has demonstrated that concern surrounding hereditary taint and the possibility of improving the human race through selective reproduction had been parried about by American individuals interested in science, medicine, and philanthropy since the early nineteenth century.<sup>5</sup> Martin suggests that the relative lack of lasting influence of Noyes and his experimental community at Oneida was due to both the notoriety that surrounded it and the relative impossibility of “generalizing from the special context in which the experiment took place.”<sup>6</sup> Nonetheless the confidence with which Reid used the word is suggestive of his cognizance and his active participation in a pre-existing eugenic discourse. McLaren attributes Reid’s early eugenicism to the influence of British hereditarian ideas that flowed through McGill,<sup>7</sup> and his continuing connections with the university may well have influenced Reid’s beliefs, while American ideas are clearly reflected in Reid’s earlier work as well.<sup>8</sup>

This anecdote demonstrates two fundamental issues in the history of eugenics. First, the possibility that what historians now identify as the eugenic discourse actually predates the origin of the word that we use to describe it. From the study of the work and lives of individuals like Noyes and Reid it is fairly evident that what we as modern scholars understand to be the origins surrounding eugenic debate and ideology predates the work of Francis Galton who is often

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LXXVIII( 309): 37-72; John Humphrey Noyes, “Essay on Scientific Propagation,” n.p. <http://library.syr.edu/digital/collections/e/EssayOnScientificPropagation/>

<sup>5</sup> Martin Richards, “A Nineteenth-Century Experiment in Human Selective Breeding,” *Nature Reviews Genetics* (2004) 5: 475-479.

<sup>6</sup> Richards, “A Nineteenth-Century Experiment in Human Selective Breeding,” 475.

<sup>7</sup> McLaren states that Reid’s eugenically minded suggestion is evidence of the influence of British eugenic thought at Reid’s alma mater, McGill University, which he describes as “an important conduit for British hereditarian ideas into Canada.” McLaren, *Our Own Master Race*, 24.

<sup>8</sup> See: A.P. Reid, *Human Stirpiculture or the Ascent of Man*, (T.C. Allen & Co., Stationers and Printers: Halifax, Nova Scotia, 1890).

acknowledged as the father of eugenics.<sup>9</sup> Accepting this premise, Galton's work is nonetheless useful in that it provides a certain amount of coherence to the existing discourse. Rather than being credited with creating something new, he might instead be acknowledged as assembling and naming one of the most influential discourses of his time.

Second, the anecdote points to the variability in the application of eugenic practices, which suggests that the historiography surrounding eugenics must continue to be expanded to account for the wide range of practices understood to be eugenic by historical contemporaries. The adaptability of eugenic theory accounts for much of its popularization in Western Europe and North America in the late nineteenth and early twentieth centuries. The resulting programs, organizations, publications, policies, and laws generally reflected racist and classist assumptions that were prevalent in the societies in which they flourished.<sup>10</sup> Historians have long recognized the subjectivity in the interpretation of eugenically good and bad qualities, however, they also point to underlying similarities. One of the consistent underlying currents in eugenic thought was a fear that individuals belonging to undesirable groups, whether they were judged on the basis of class, education, race, or heredity, were reproducing at a higher rate than the so-called desirable segments of the population. Consequently, eugenic theory was fuelled by social anxieties,

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<sup>9</sup> McLaren, *Our Own Master Race*, 15.

<sup>10</sup> There is ample evidence that even as Galton was naming this discourse he was aware of the variability of practice and the subjectivity of interpretation. In "Eugenics: Its Definition, Scope and Aims," Galton acknowledged the subjectivity of the terms associated with the values assigned individuals under eugenic theory. He wrote that "the goodness or badness of character is not absolute, but relative to the current form of civilisation." See: Francis Galton, "Eugenics: Its Definition, Scope and Aims," in *Essays in Eugenics*, (London: The Eugenics Society, 1909), 35.

supported by scientific and medical theories and advocated by groups of people often claiming to be enacting progressive and humanitarian reforms.<sup>11</sup>

Francis Galton and other eugenicists were deeply influenced by the work of Charles Darwin. Darwin's research appeared to provide support for the potential to direct evolution through the manipulation of environmental factors.<sup>12</sup> Subsequently, Galton suggested that "the influence of man upon the nature of his own race has already been very large," but he believed that it was not often beneficial.<sup>13</sup> He argued that through wars, migration, invasions, and social custom, humankind was already being artificially shaped, and if it could be guided towards intelligent reproduction, with only the best samples of the population producing the next generation, then society would flourish and all members would benefit.<sup>14</sup> Nonetheless, Galton's views on improving the race were undeniably racist and classist. The advanced society that he imagined was shaped by the values of the white Anglo-Saxon upper-middle class to which he belonged. Galton, as well as many of those who adopted his ideology, understood fitness as connected to social success. He asserted that to recognize those individuals worthy of reproductive merit both "personal" and "ancestral" traits had to be surveyed.<sup>15</sup> Personal traits were quite easily evaluated under Galton's methodology and included the social and intellectual

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<sup>11</sup> See: Alison Bashford and Philippa Levine, "Introduction," in Alison Bashford and Philippa Levine eds., *The Oxford Handbook of The History of Eugenics*, (Oxford: Oxford University Press, 2010.) 3-26.

<sup>12</sup> Darwin's theories of evolution are much more complex than the more Lamarckian view which held that changes to the environment of the parent could result in evolutionary changes to the offspring. However, his published work was widely read and interpreted in varying ways that were often used to support eugenics. For more information see: Richardson, *Love and Eugenics*, 1.

<sup>13</sup> Francis Galton, "Influence of Man Upon Race," in *Inquiries into Human Faculty*, (London: MacMillan, 1883), 200.

<sup>14</sup> Francis Galton, "Influence of Man Upon Race," 200-201.

<sup>15</sup> Francis Galton, "Marks for Family Merit" in *Inquiries into Human Faculty*, (London: MacMillan, 1883), 211.

abilities that allowed men to gain successful careers and fulfill civic responsibilities. The emphasis on success, social, economic, and political, as evidence of fitness is a characteristic marker of eugenic ideology.<sup>16</sup> In addition to individual success, familial health and status were also important indicators. A “thriving” family, Galton asserted, was indicated by the “successive occupations of its several male members of the previous generation,” and familial fitness was demonstrated through familial longevity and health.<sup>17</sup> In connecting personal and familial success as determinants of fitness, eugenicists following Galton’s evaluative method ensured that social mobility remained limited. A particularly precocious youth born to uneducated working-class parents might, through perseverance and hard work, acquire an education and seize upon opportunities for advancement thereby raising his social status. His industriousness that resulted in his social and economic advancement could reflect positively on his family, who might be viewed as poor but worthy, but if his family was markedly negative then that, in turn, might reflect negatively on the individual.<sup>18</sup> The justification behind the multi-generational approach to eugenics was bound to the understanding of heredity.

Heredity and its mechanisms were a matter of heated debate when eugenics most firmly took hold of the popular imagination. Although Galton had coined the word in 1883 the discourse that he named had gradually arisen over the course of the nineteenth century with influences evident even further back to the eighteenth century. Eugenics arose in Britain from the increased visibility of the urban poor that accompanied rapid industrialization and was later adapted to address racial and social tensions in other locales.<sup>19</sup> Consequently regional values

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<sup>16</sup> Francis Galton, “Marks for Family Merit,” 211.

<sup>17</sup> Francis Galton, “Marks for Family Merit,” 212.

<sup>18</sup> Francis Galton, “Marks for Family Merit,” 214.

<sup>19</sup> Richardson, *Love and Eugenics*, 26.

influenced understandings of key concepts of fitness, deficiency, heredity, and degeneration. These terms were unstable and often contested, as was the role of the environment and the potential value of intervention.<sup>20</sup> At the end of the nineteenth and beginning of the twentieth centuries a eugenic discourse existed at the global, national, and regional levels that was relatively malleable and at times fragmented; it was affected by its participants, audience, and the populations assessed as subjects to be controlled.<sup>21</sup>

Concern regarding heredity and heritable traits is evident throughout the history of Europe and North America and is reflected in sources contemporary to the period under study as well as those predating it.<sup>22</sup> Although the qualities that were believed to be heritable varied across culture and time, the understanding that children inherited qualities from their parents was well established in the Western understanding of human nature. By the time that Galton's cousin, Charles Darwin, published *The Descent of Man and Selection in Relation to Sex* in 1871 there were multiple opposing theories of heritability circulating amongst both scientific and lay

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<sup>20</sup> Alexandra Minna Stern, *Eugenic Nation: Faults & Frontiers of Better Breeding in Modern America*, (Berkeley: University of California Press, 2005), 10-12.

<sup>21</sup> Grekul, Krahn, and Odynak, for example, have demonstrated that certain sections of the population were over-represented amongst the more than 2,800 individuals sterilized by Alberta's eugenic sterilization program between 1928 and 1972. These groups included Aboriginals, women, teenagers and young adults with further evidence pointing to the disproportionate representation of individuals from poorer economic circumstances. Statistics such as these demonstrate which sections of the population were under particularly close scrutiny or of particular concern to those involved in eugenic reform efforts. See: Jana Grekul, Harvey Krahn, and David Odynak, "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* (2004) 17(4):358-384.

<sup>22</sup> Concerns about the "breeding" of potential spouses far outdated the eugenics movement, a letter from John Wynn, Welsh gentleman, in 1604 expressed his desire to know if the woman his son intended to marry was "bred cockney like or after the country manner," demonstrating the conflation of inherent and learned qualities that he associated with being born and raised in a specific area. See: John Wynn, "John Wynn at Gwydir to his servant William Lloyd in London, June 7, 1604," reprinted in Monica Chojnacka and Merry E. Wiesner-Hanks, eds., *Ages of Woman, Ages of Man: Sources in European Social History, 1400-1750*, (New York: Pearson Education, 2002), 81-2.

communities. *The Descent of Man* reflected Darwin's attempt to solidify his theories of inheritance that he had proposed in his earlier work *Origin of the Species* and apply them to humans and their society. Darwin and his contemporaries referred to different observable attributes that could be transmitted from parents to offspring as traits. Traits were ambiguous, they lacked a concrete physical form that could be quantified, and accordingly could only be detected by noting similarities in the behaviour or appearance of parent and offspring. Darwin believed that traits blended, resulting in the offspring striking a balance in the traits of their parents. As traits blended together to create the next generation, Darwin proposed that the species itself would gradually change, explaining why a child would be more like her parent than her grandparent. Darwin was not alone in his proposal that individual choices in regard to reproduction could, at the same time, influence the next generation and the development of an entire species. New theories in evolution combined with fears of degeneration, class conflict and social instability all contributed to the development of eugenic ideology.<sup>23</sup>

Competing with Darwinian views of heredity were the revived views of Jean-Baptiste Lamarck (1744-1829) who had developed a theory of inheritance that embraced environmental explanations of traits. He argued that an animal could pass acquired traits to its offspring in response to the environment, giving it the power to shape species. The most commonly cited example being the giraffe having acquired its long neck through generations of straining to reach the highest leaves.<sup>24</sup> Social reformers and eugenicists adapted this theory to propose that men and women could damage their "germ plasm" (a proposed vector of the trait) through over-

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<sup>23</sup> Stern, *Eugenic Nation*, 13.

<sup>24</sup> Stern, *Eugenic Nation*, 14-15; McLaren, *Our Own Master Race*, 17.

indulgence in alcohol or other forms of vice.<sup>25</sup> For those who embraced Neo-Lamarckism the environment played a vitally important role in their application of eugenic ideology because everything an individual was exposed to could potentially impact the fitness of their offspring and thereby cause detrimental change to the race in a generation's time.<sup>26</sup> After the rediscovery of the 1866 work of Gregor Mendel on hybridity in 1900, scientific and eugenic opinion began to lean in favour of theories of heritability proposed by both Galton and the German cytologist August Weismann. Galton and Weismann suggested that species were fairly stable but that when evolution occurred it was abrupt and due to sudden mutations. The Mendelian theory of heritability fit particularly well with eugenic theory because it meant that detrimental change could affect the human species within a matter of a generation and that it could also be reversed

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<sup>25</sup> For example, Canadian physician J.G. Adami who served as professor of pathology at McGill University as well as a delegate to both the 1912 and 1921 International Congress of Eugenics adamantly opposed the "new-fangled" theories of inheritance proposed by Weismann, Galton, and Mendel. In a 1912 article in the *Canadian Medical Association Journal* Adami argued that people were conflating "acquired deformities" with "acquired characteristics." He stated that opponents of the theories of acquired characteristics were over-simplifying the theories by broadly applying the knowledge that a man who has lost an arm does not produce armless children and rats whose tails had been cut off for twenty generations did not produce offspring without tails. Rather, he asserted that environmental factors could affect the offspring of parents who were exposed to harmful substances either before the conception of their children (both mothers and fathers) or during gestation (mothers only), so that lead workers, for instance, had a higher incident of feeble-minded and epileptic children and children of alcoholic mothers would often show signs of damage after birth. Adami's rejection of the Mendelian theories of inheritance is demonstrative of the struggle to reconcile the two schools of thought within the eugenics community prior to the discovery of the gene. See: J.G. Adami, "'Unto the Third and Fourth Generation:'[sic] A Study in Eugenics," *The Canadian Medical Association Journal*, (1912) 2(11): 963-983.

<sup>26</sup> Joseph Carroll, "The Lamarckian and Spencerian Alternative to Darwinism," in Joseph Carroll ed., *On the Origin of the Species*, (Ontario: Broadview Texts, 2003), 27-25; Jean-Baptiste Lamarck, from *Zoological Philosophy*, in Joseph Carroll ed., *On the Origin of the Species*, (Ontario: Broadview Texts, 2003), 573-579.



or the species even improved through the careful action of a few generations, most often through the prevention of reproduction by those carrying the mutated or undesirable characteristic.<sup>27</sup>

In addition to these competing views of evolution were inconsistent views of the origin of species. Polygenesis, or the view that each species was distinct and had a distinct origin, supported, and was in turn supported by, the Christian account of creation that explained the existence of all species of animals as having been created at the beginning of time, fully realized and unchanging, by the Christian god. One of the radical components of Darwin's theory of evolution was the inclusion of monogenesis, a belief that all life evolved from a single starting point. It was this belief that allowed Darwin to explain how humans and apes were related through common ancestors and how species had evolved over long periods of time. However, for eugenically-minded reformers monogenesis served to fuel already existing fears of degeneration. If mankind had evolved from a common ancestor with apes, monogenesists asked, was it not possible that through careless breeding mankind, and therefore society, could revert to a more primitive form?<sup>28</sup> This understanding of monogenesis was central to eugenics ideology because it bolstered the language of degeneration that was an important component within the discourse of eugenicists, public health reformers and moral reformers. Degeneration was conceptualized as

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<sup>27</sup> Mendel had published his work on hybridity in 1866, however, the ramifications of his findings on heredity remained largely unnoticed by the scientific community during his lifetime. Mendel's work showed that traits did not blend as Darwin had proposed but instead combined. Although Galton and Weismann had previously proposed similar systems and the three essentially merged together, this theory of inheritance is most often referred to as Mendelianism, though it is sometimes also referred to as Mutationism. Stern, *Eugenic Nation*, 13-18; Arlin Stoltzfus and Kele Cable, "Mendelian-Mutationism: The Forgotten Evolutionary Synthesis," *Journal of the History of Biology*, (2014) 47:501-546.

<sup>28</sup> Stern asserts that it was the combined influences of Darwinism and monogenesis that fuelled fears of degeneration which was "imbued with both scientific and moral meaning." Stern, *Eugenic Nation*, 13.

being possible at the societal, biological, and moral levels. Individuals who were unable or unwilling to become productive members of society were often described as degenerate.<sup>29</sup>

During the early decades of the twentieth century eugenicists engaged in the debate regarding the nature of human evolution. Neo-Lamarckist views appealed to many eugenically-minded social reformers who suspected that the environment could and did affect the traits passed between generations. This view was quite hopeful in that it provided a justification for intervention in the lives of the poor. The agenda of neo-Lamarckist eugenicists often overlapped with public health reformers and temperance crusaders. They invested time and money into educating the poor and working classes and improving their physical environments with the idea that society would benefit from the improvement of its citizens. Neo-Lamarckists accepted monogenesis and the theories surrounding degeneration and used the scientific evidence offered by physicians, scientists, and various other types of researchers to support their own efforts to improve the environments in which children lived and even to remove children from their parents' homes.<sup>30</sup>

Mendelians were much less confident in the ability of intervention to reverse potential degeneration. Those who accepted this theory of evolution believed that change was rapid, heritable, and permanent. A mutation was most likely responsible for feeble-mindedness, according to Mendelians, and that mutation was then passed to future generations. Subsequently, eugenicists who accepted this theory could only seek to prevent future generations from being

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<sup>29</sup> Ian Robert Dobiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940*, (Cornell: Cornell University Press, 1997), 72-73; Stern, *Eugenic Nation*, 13-16; S.E.D. Shortt, "The Sociological Genesis of Etiological Speculation," in *Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry*, (New York: Cambridge University Press, 1987).

<sup>30</sup> Stern, *Eugenic Nation*, 14.

born with the hereditary flaw rather than seeking to reverse or prevent the process through intervention in children's environments. Members of this group might still speak of degeneration, but more accurately what they envisioned was that a portion of the human species had taken a wrong turn and were, through rapid breeding, threatening to overwhelm the normal segment of the population. Mendelians were therefore more likely to propose eugenic methods to increase the reproduction of the fit as well as methods that prevented the reproduction of individuals belonging to the groups or classes that eugenicists viewed as problematic; these methods might include sexual sterilization, sexual segregation, or both.<sup>31</sup>

The debate between the neo-Lamarckian and Mendelian views did not always have a clear victor. Often in the pages of the *Canadian Medical Association Journal* contributors seem to be negotiating a middle ground between the two theories.<sup>32</sup> Yet, whether reformers accepted the heritability of acquired traits and importance of environment or whether they believed that "like bred like" they generally accepted monogenesis. The belief that multiple species could descend from one was also used to justify existing social beliefs that some groups of humans were more socially, biologically, and morally developed than other groups. Scientific racism based on monogenesis enabled the unequal treatment of individuals at the personal, legal, and

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<sup>31</sup> Dowbiggin, *Keeping America Sane*, 178-9; Stern, *Eugenic Nation*, 30; Kline, *Building a Better Race*, 32-40.

<sup>32</sup> J.G. Adami's 1912 publication "Unto the Third and Fourth Generation," mentioned above in n. 75 is an excellent example of the negotiation that was occurring between Mendelian and Neo-Lamarckian views in the pages of the *CMAJ*. Adami argued that both theories were being oversimplified and provided evidence that "toxins" which parents were exposed to (he uses alcohol, mercury nitrate, lead, and tuberculosis) did impact their offspring's health and survival rates. While he is clearly rejecting popular Neo-Lamarckian notions that were sometimes used to support the transmission of more radical characteristics, he was also unwilling to accept the Mendelian theory that the germ plasm (the then understood vector for heredity) was completely unalterable.

state level.<sup>33</sup> The eugenic discourse with which Nova Scotians engaged from the 1880s through to 1931 was heavily influenced by a mixture of monogenesis, Neo-Lamarckism, and Mendelianism.<sup>34</sup>

*The Role of Region in Eugenic Concerns, Expressions, and the Worth of Individuals*

Historian Elizabeth Scott has recently pointed to the eugenic and imperialist concerns surrounding the fitness of East End Londoners and the slum narratives that shaped, and were shaped by, the responses of politicians, philanthropists and clergy and the voyeuristic gaze of the middle class.<sup>35</sup> Scott's findings reflect the concern that Galton and his contemporaries expressed over the worth of individuals and groups. Although Galton often referred to class in his treatises, he used the term in a manner that is reflective of a taxonomic approach rather than a strictly socio-economic appraisal. Galton emphasized the potential of each individual by arguing that ability was innate but could grow and develop under the proper conditions or could remain latent if neglected.<sup>36</sup> Galton imagined a society in which wealthy benefactors could be charged with lifting intelligent and capable young men, or women, from the rungs of poverty and seeing to their education and training that they might join the better stock of the human race.<sup>37</sup> Scott's study of the assisted emigration programs that allowed for the relocation of poor English urban workers from London to Canada reveals the eugenic concerns that influenced Canada's

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<sup>33</sup> For more on scientific racism see: Steven Selden, *Inheriting Shame: The Story of Racism and Eugenics in America*, (New York: Columbia University Press, 1999).

<sup>34</sup> These terms are largely absent from the journal and newspaper contributions, correspondence, and records of the period. These labels are historical constructs used to try to clarify and differentiate the beliefs and motives of eugenic reformers; however, many non-specialist reformers were influenced by a mixture of these ideas.

<sup>35</sup> Elizabeth Scott, "Building the 'Bridge of Hope': The Discourse and Practice of Assisted Emigration of the Labouring Poor from East London to Canada, 1857-1913," University of Saskatchewan, Doctoral Dissertation, 2014, 25

<sup>36</sup> Galton, "The Possible Improvement of the Human Breed," 30-31.

<sup>37</sup> Galton, "The Possible Improvement of the Human Breed," 32.

immigration policies to 1910. She demonstrates that Canadian officials were not optimistic that these “failures of Britain’s capital city” would be able to attain self-sufficiency even in a new country with more opportunity.<sup>38</sup> These attitudes are evidence of the influence of Galtonian ideas of worth; individuals of good stock would distinguish themselves even in the face of adversity while individuals of lesser stock, including those who utilized the assisted emigration schemes, would always be a drain on society.<sup>39</sup>

The similarities and differences in expression and understanding of eugenic discourse further underscore the imperative role of region.<sup>40</sup> In Britain, historians Angelique Richardson,

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<sup>38</sup> Scott, “Building the ‘Bridge of Hope’,” 15.

<sup>39</sup> See: Francis Galton, “The Possible Improvement of the Human Breed: Under the Existing Conditions of the Law and Sentiment,” in *Essays in Eugenics*, (London: The Eugenics Education Society, 1909), 30-31.

<sup>40</sup> The history of eugenics has been gathering momentum for the last three decades with programs in British, American, and German eugenics initially garnering the most attention; however, other regions are now steadily attracting attention. In recent years studies have been published on the use of eugenics in most of the Western European countries as well as in Asia and Africa. Mattias Tydén has argued that, as in Britain, class tensions and urbanization played important roles in the eugenic ideologies of the Scandinavian countries of Denmark, Norway, and Sweden. Yet in contrast to areas such as India where overpopulation drove eugenic concerns, he demonstrates a link between declining population and especially high rates of emigration and the governmental adoption of eugenic policy which is similar to concerns addressed by Nova Scotian legislators and reformers. See: Mattias Tydén, “The Scandinavian States: Reformed Eugenics Applied,” *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 363-376; for more on eugenic in India see: Sarah Hodges, “South Asia’s Eugenic Past, in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 228-242. The history of German eugenics has been explored to a greater extent than many regions largely due to the accompanying historiography of Nazi Germany and WWII with which it is intertwined. As in other regions the eugenics movement in Germany was initially embraced as a response to the social and political problems that accompanied rapid industrialization, which only later emphasised the social cost of the unproductive members of society. Under the leadership of Adolf Hitler, German eugenicists envisioned a program of racial purity that stretched beyond the boundaries of countries and enacted some of the most brutal negative eugenic measures that the world has seen to date. However, many of the conditions that encouraged German eugenicists, including rapid industrialization and perceived degeneration of the population, were shared with other regions that implemented very different programs. Subsequently the important role of regional influences (whether they are cultural or political) is demonstrated. See: Paul Weindling, “German Eugenics and the Wider World: Beyond the Racial

Graham Baker, Lucy Bland, Mathew Thomson and Lesley A. Hall have each emphasised the importance of socioeconomic class in determining fitness and associated the fear that industrialization, urbanization, poor sanitation and overcrowding was proving detrimental to the race.<sup>41</sup> In British terms, the race with which middle-class reformers was concerned was white and divided between the desirable middle-class segment of the population that was increasingly limiting family size and the often undesirable lower-class industrial workers who seemed to be reproducing with increasing rapidity.<sup>42</sup> The history of American eugenics, the other dominant

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State,” in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 315-331; Sheila Faith Weiss, “The Race Hygiene Movement in Germany, 1904-1945,” in Mark B. Adams ed., *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, (New York: Oxford University Press, 1990), 8-68.

<sup>41</sup> Angelique Richardson’s work supports this view as she has argued that in Britain eugenic ideology focused almost exclusively on class. This interpretation is examined by pointing to the distress voiced by the middle and upper socioeconomic classes in the rapidly industrialized region at the ever-increasing visibility of the working poor. Richardson, *Love and Eugenics*, 15; Mathew Thomson, “Sterilization, Segregation and Community Care: Ideology and Solutions to the Problem of Mental Deficiency in Inter-War Britain,” in *History of Psychiatry*, (1992) 3(12):473; Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c. 1870-1959*,(Oxford: Oxford University Press, 1998); Lucy Bland And Lesley A. Hall, “Eugenics in Britain: The View from the Metropole,” in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 213-227. Regional expression did not always follow the most influential reformers. For instance Galton, himself British, recognized that the fit might be found among the lower classes and encouraged the wealthy to financially enable youths of precocious talent. He argued that the good stock of humanity must be identified wherever it was found, educated, established and encouraged to reproduce; Francis Galton, “The Possible Improvement of the Human Breed: Under the Existing Conditions of the Law and Sentiment,” in *Essays in Eugenics*, (London: The Eugenics Education Society, 1909), 30-31.

<sup>42</sup> See: Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century*, (New York: Oxford University Press, 2003); Graham Baker, “Eugenics and Migration: A Case Study of Salvation Army Literature about Canada and Britain, c.1890-1921,” in *Canadian Bulletin of Medical History*, (2014) 31(1):77-98; Mathew Thomson, “Sterilization, Segregation and Community Care: Ideology and Solutions to the Problem of Mental Deficiency in Inter-War Britain,” in *History of Psychiatry*, (1992) 3(12):473; Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c. 1870-1959*,(Oxford: Oxford University Press, 1998); Lucy Bland And Lesley A. Hall, “Eugenics in Britain: The View from the Metropole,” in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 213-227.

influence in the shaping of the Nova Scotian expression of eugenic ideas, is more complicated. The complexity of this historiography results from the variation in application between states and regions in much the same way that provinces within Canada applied eugenics differently. American historians of eugenics have demonstrated the extent to which the demographics of a region affected the ways in which eugenic ideology was expressed.<sup>43</sup> Although eugenic ideology, regardless of locale, generally speaks of benefits and threats to the race, the concept of race and what is meant by it varies by region. While at least one recent study has argued that eugenics was embraced and utilized by some black leaders,<sup>44</sup> eugenics was nonetheless overwhelmingly concerned with, and utilized by, the white population in Britain, Canada and the United States. Subsequently, the majority of the references to race in the eugenic literature of these regions refer to the superiority, advancement of, and threat to, the cultures and values associated with individuals of white Anglo-Saxon descent. However, the goals and methods of eugenics often reflected regional concerns as to what was believed to be threatening. Scholars have shown, for instance, that in the American Southeast eugenic policy included anti-miscegenation legislation and social policies that not only restricted the rights of the black population but also served to

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<sup>43</sup> Paul Lombardo has demonstrated the variability of the understanding and application of eugenics in the United States. He asserts that “the term encompassed everything from proud pedigrees to healthy births” as well as coerced sexual sterilization and institutional segregation. Paul Lombardo, “From Better Babies to Bunglers: Eugenics on Tobacco Road,” in Paul Lombardo ed., *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, (Indiana: Indiana University Press, 2011), 45; Paul Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*, (Baltimore: Johns Hopkins University Press, 2008), xi.

<sup>44</sup> Gregory Michael Dorr and Angela Logan, ““Quality, Not Mere Quantity, Counts”: Black Eugenics and the NAACP Baby Contests,” in Paul Lombardo ed., *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, (Indiana: Indiana University Press, 2011), 68-94.

erase the racial identities of non-black minority populations such as the region's Native people.<sup>45</sup> In areas where there was not a large racial minority, other population groups were often constructed as threatening to society. Areas with large immigrant populations, such as the Canadian prairies, often experienced a form of eugenics mixed with xenophobia and nativism, as the white Anglo-Saxon population feared the influx of foreigners who brought with them new languages, culture, and values.<sup>46</sup> A common regional concern was that of socio-economic class as even white individuals of Anglo-Saxon heritage often fell victim to eugenic ideology when they belonged to the lower classes. Elizabeth Scott, Myra Rutherford, and Graham Baker have each documented the distrust and eugenic concern that was expressed by Canadian middle-class reformers in response to the British assisted immigration programs that transported less fortunate working class families and individuals from Britain to Canada in the early twentieth century.<sup>47</sup> While religion played a decisive role in the acceptance and even promotion of eugenic ideas, due in part to the demographic overlap between groups and individuals who identified as liberals, progressives, and adherents to the Social Gospel and who were active in Christian churches and organizations, it also influenced the conceptualization of fitness. In addition to being white and most often Anglo-Saxon, Americans and Canadians who identified as Protestants were more

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<sup>45</sup> Angela Gonzales, Judy Kertész and Gabrielle Tayac, "Eugenics as Indian Removal: Sociohistorical Processes and the De(con)struction of American Indians in the Southeast," *The Public Historian*, (2007) 29(3):53-67.

<sup>46</sup> McLaren, *Our Own Master Race*, 48.

<sup>47</sup> Baker, Graham, "Eugenics and Migration: A Case Study of Salvation Army Literature about Canada and Britain, c. 1890-1921," in *Canadian Bulletin of Medical History*, (2014) 31(1) 77-98; Scott, "Building 'The Bridge of Hope'"; Myra Rutherford "'Canada Is No Dumping Ground:' Salvation Army Immigrants, Public Discourse and the Lived Experiences of Women and Children Newcomers, 1900-1930," *Histoire Sociale/Social History* (2007)79: 75-115.



active than Catholics in the eugenics movement.<sup>48</sup> Religious majority then affected the regional expression as well. Despite early interest in eugenics by members of the Catholic Church, the Vatican's resistance to means of controlling reproduction resulted in a generally lower level of support and involvement in eugenics for Catholics as opposed to Protestants.<sup>49</sup> Finally, many of these factors combined in different ways, resulting in regionally unique expressions of eugenic concerns. In Quebec, for instance, where French and Catholic populations overlapped, white Anglo-Saxon eugenicists imagined that the French Catholic population was overly fecund, the same fear that is expressed in other regions about immigrants, the lower classes, and racial minorities. Proponents of eugenics embraced the common end goal, a healthy productive population free from undesirable bodies. However, the definitions of health, usefulness and undesirability remained subjective, as were the methods adopted to achieve those goals. This fluidity accounts for the broad geographic and ideological application of eugenic theory to government policy.<sup>50</sup> In Nova Scotia eugenic policy was shaped by a combination of population

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<sup>48</sup> Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement*, (New York: Oxford University Press, 2005) 15; McLaren, *Our Own Master Race*, 8, 25, 75, 104.

<sup>49</sup> Rosen, *Preaching Eugenics*, 15; Randall Hansen and Desmond King have argued that the potential for resistance from labour and Catholic groups led to the complete failure of eugenics in the United Kingdom. While they do demonstrate the influence that specific groups (in this case Catholics and organized labour) could have on policy outcome, their argument is ultimately flawed because of their narrow view of what constitutes successful eugenics. Hanson and King argue that British eugenics failed because there was no eugenic sterilization program instituted-; however, as Richardson has shown, eugenicists were still quite successful in influencing policy as well as socio-cultural practices. See: Randall Hansen and Desmond King, "Eugenic Ideas, Political Interests, and Policy Variance: Immigration and Sterilization Policy in Britain and the U.S.," in *World Politics*, (2001) 53(1):238, 243, Richardson, *Love and Eugenics*; Sharon M. Leon, *An Image of God: The Catholic Struggle with Eugenics* (Chicago: University of Chicago Press, 2013).

<sup>50</sup> Angélique Richardson, Colette Leung, Laura Shaw, Greta Jones, Salvador Cayuela Sánchez, Francesco Cassata, Mirela David, Hans Pols, Angela Wanhalla, Andrés Reggiani, Anadelia Romo, Jerimiah Garsha, Erika Dyck, Alexandra Minna Stern, Patience A. Schell, Sarah Walsh,

concerns, including emigration, economic disparity, class-related values, and access to the existing transnational eugenic discourse.

### *A Legacy of Emigration and Social Stress*

A resolution passed by the Halifax branch of the League for the Protection of the Feeble-minded (League) in 1915 was crafted in language common to eugenic reformers across North America and Britain, but captured regional sentiments. The resolution stated that:

Whereas, feeble-mindedness is now well recognized to be a common affliction, prejudicing the interests of every family in which a case develops, menacing the morality of communities in which unprotected feeble-minded children live, and tending to cause a gradual deterioration of the race and a corresponding increase in the unfit and dependant [sic] classes;

And whereas, it is generally conceded that the interests of the feeble-minded should be segregated, and trained and cared for in specially equipped institutions;

And whereas, no proper attempt is being made to segregate and protect those who are so afflicted in our province;

[Be it] Therefore resolved, that the attention of the Government and Legislature of Nova Scotia be directed to the present deplorable state of feeble-minded persons in this province, with the recommendation that active steps be at once taken to ameliorate their conditions. Further resolved, that a copy of this resolution be sent to each member of the Provincial Government.<sup>51</sup>

The authors of the resolution suggested that the individuals identified as feeble-minded represented a threat to society along multiple axes. Concern over the fecundity of the feeble-minded individual, an apparent biological characteristic that was assumed to often co-exist with sexual deviancy,<sup>52</sup> is evident in the first paragraph as the authors state that “unfit and dependant

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and Nicole Pacino. "The Eugenics Archive." The Eugenics Archive. Accessed November 18, 2014. <http://eugenicsarchive.ca/discover/world>.

<sup>51</sup> League for the Protection of the Feeble-Minded, *Petition of the League for the Protection of the Feeble-Minded*, February 21, 1915. Nova Scotia Archives and Records Management, , RG 5 series “P” vol. 88 #124,

<sup>52</sup> Kline, *Building a Better Race*, 3-11.

classes” were increasing and feeble-mindedness was becoming a “common affliction.”<sup>53</sup> At the familial level the resolution suggested that, although families might have good intentions, the ongoing care and supervision required by feeble-minded members resulted in the family being less able to contribute to society as their interests were drawn away from the needs of society to the needs of the problematic member within their midst. At the community level feeble-minded persons posed a threat as they, through their anticipated sexual deviancy and criminal tendencies, exposed children to immorality and depleted the community’s resources without contributing their labour. Finally, at the public level, they challenged the social order and at the racial level they threatened the biological degeneration of the race.<sup>54</sup> These assumptions regarding the presence and danger of feeble-minded individuals and the degeneration of the race reveal a learned discourse that was functioning at an international level, which grew out of ideas about urban decay and then transposed into the other categories of race, gender, ethnicity, and ability.<sup>55</sup>

Colonial relationships, aspirations and identities also influenced this expression. The increasing popularity of eugenic theory at the turn of the twentieth century coincided with a period of colonial uncertainty as many empires struggled to hold on to their remote possessions and to clarify the relationships and responsibilities of their subjects. In some colonized regions, such as the Dutch East Indies, the racial components of eugenic ideology helped to give voice to colonial fears regarding the mixing of races and were used to reinforce colonial authority.<sup>56</sup> The focus on race and its link to colonialism in the Dutch understanding of eugenics,

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<sup>53</sup> League for the Protection of the Feeble-Minded, “Petition of the League for the Protection of the Feeble-Minded, February 21, 1915.” Nova Scotia Archives and Records Management, , RG 5 series “P” vol. 88 #124,

<sup>54</sup> *Ibid.*

<sup>55</sup> Stern, *Eugenic Nation*, 13-17.

<sup>56</sup> Hans Pols, “Eugenics in the Netherlands and the Dutch East Indies,” *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 347-362.

rather than class, meant that there was more interest in eugenic ideology in the Dutch colonies, where there were large racially-visible populations, than in the Netherlands.<sup>57</sup> Conversely, although France too was a colonial power, the French interpretation of eugenics, rooted in the society's intellectual identity, was more closely tied to the Enlightenment ideal of perfectability. Subsequently, eugenicists in France were more concerned with the domestic population rather than with its colonies, as racist and nationalist views held the colonized people to be "less perfectable."<sup>58</sup> In South Africa, another country with a long colonial history, the racial segregation and codification of white superiority was already so complete that discussions of race and racial qualities omitted the black population entirely and concentrated on supposed racial distinctions between the Boer and British populations.<sup>59</sup>

Although Nova Scotia was no longer a British colony by the end of the nineteenth century, Nova Scotian eugenicists were heavily influenced by the culture, values, and beliefs associated with their British heritage. The League for the Protection of the Feebleminded, whose resolution is quoted above, was the first organization in Canada created specifically with the purpose of pursuing the institution of eugenic policy.<sup>60</sup> However, concern over the quality of the population in general as well as the treatment of individuals regarded as inferior, was not new to the region. At the time the resolution was written, in 1915, the capital city of Nova Scotia, Halifax, bore the markers of urban maturity and rapid expansion. The city was founded as an English colonial town in 1749 on orders from the British Crown. Its initial settlers were

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<sup>57</sup> *Ibid.*

<sup>58</sup> Richard S. Fogarty and Michael A. Osborne, "Eugenics in France and the Colonies," in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 332-346.

<sup>59</sup> Saul Dubow, "South Africa: Paradoxes in the Place of Race," in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 274-288.

<sup>60</sup> McLaren, *Our Own Master Race*, 24.

recruited to inhabit it and were also expected to build it – no previous settlement existed on the location that would later become the provincial capital. Almost straightaway the original 2576 settlers found more work awaited them than they had expected. The quality of the land available combined with the dangers of climate, geography and the indigenous population meant that the promises of free land used to lure the settlers were not immediately fulfilled. Added to these conditions was the unfortunate reality that there were few among the settlers who possessed the skills necessary to cultivate the wilderness that was to be their home, and it is unsurprising that there was discontent amongst both the settlers and those charged with the responsibility of planting them.

Historians Judith Fingard, Janet Guildford and John Rutherford have pointed to the break with tradition, which occurred with the founding of Halifax. Traditionally the new world had received its settlers from the “celtic fringe”[sic] and from among religious dissidents, but the population transported to Chebucto, the name of the region surrounding the Halifax harbour, in 1749 were by far and large “King’s subjects.”<sup>61</sup> Conventionally Britain had been loathe to part with subjects due to fears that loss of population could lead to a loss of military manpower and labour shortages.<sup>62</sup> The Treaty of Utrecht in 1713 had signalled an end to more than a century-long game of hot potato in which Nova Scotia, then called Acadia, had been passed back and forth from French to English control. Now with the region firmly and permanently under British control, it needed to be protected from the French who still maintained a presence at Fortress Louisbourg on the Northern tip of Cape Breton Island to the north of the mainland. The population of Acadia, by now both wary of and accustomed to the frequent changes in governing

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<sup>61</sup> Judith Fingard, Janet Guildford, and David Sutherland, *Halifax, The First 250 Years*, (Halifax: Formac Publishing Company, 1999), 10; See *Figure 1*.

<sup>62</sup> McLaren, *Our Own Master Race*, 24.

powers, could not be relied upon to safeguard the British interests at the nascent Chebucto settlement.<sup>63</sup> To this end the settlers that accompanied Cornwallis were meant to embody the beginning of a very British settlement.

The town of Halifax was conceived by, and later named for, George Montagu-Dunk, 2<sup>nd</sup> Earl of Halifax, shortly after he was made president of the English Board of Trade and Plantations in 1748.<sup>64</sup> Montagu-Dunk imagined a thriving, fortified English town strategically placed on the banks of Chebucto Bay to offset the French threat presented by the fortress town of Louisbourg. He was encouraged in his vision of the settlement by both the Duke of Bedford and the Governor of Massachusetts, William Shirley.<sup>65</sup> Bedford and Shirley supported and expanded Montagu-Dunk's vision of the settlement as a bastion of Britishness as they called for a settlement that would repel the French, assimilate the Acadians and Mi'kmaq and establish a resource-based colony that after initial investment would require little support from the Crown. The settlement, most importantly, would need to be populated by white Anglophone Protestants loyal to the British crown.<sup>66</sup> To accomplish this task, Colonel Edward Cornwallis was appointed Captain General and Governor of Nova Scotia and charged with the founding and settlement of the town.<sup>67</sup> The site chosen by Cornwallis was on the west side of the harbour, further inland than he had initially wanted but advantageously placed in that it provided an unobstructed view of the harbour and a "good anchorage within gunshot of the shore for the largest ships."<sup>68</sup>

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<sup>63</sup>See: Fingard et al. 10.

<sup>64</sup> Brian Cuthbertson, "History of the Grand Parade and Halifax City Hall," *Journal of the Royal Nova Scotia Historical Society*, (1998)2: 70.

<sup>65</sup> Fingard et al., *Halifax*, 11.

<sup>66</sup> Fingard et al., *Halifax*, 11.

<sup>67</sup> Cuthbertson, "History of the Grand Parade and Halifax City Hall," 70.

<sup>68</sup> Edward Cornwallis, quoted by Cuthbertson, "History of the Grand Parade and Halifax City Hall," 71.

Cornwallis wrote to the English Board of Trade just three weeks after landing and complained that “amongst [the settlers] the number of industrious active men proper to undertake and carry on a new settlement is very small. Of soldiers there are only 100, of tradesmen, sailors and others able to work, not above 200.”<sup>69</sup> The immediate implications of this imbalance of skilled and unskilled labourers weighed heavily on Cornwallis. The settlers he had been given to oversee were largely urban dwellers, many of whom had sought to escape the poverty and uncertainty of their previous lives and in Cornwallis’s view they threatened to become a burden to the able and industrious members of the company.<sup>70</sup>

Historian George T. Bates asserts that Cornwallis may have been somewhat fatalistic in his appraisal of the number of workers under his command.<sup>71</sup> Bates points out that among the initial settlers were 127 professions, not including servants of which there were 420.<sup>72</sup> He breaks those numbers down further to show that during the summer of 1749 there were 161 agricultural workers, 107 builders, 11 butchers, 13 bakers, 3 tallow chandlers, 19 shoemakers, 11 tailors, 10 coopers, 5 schoolmasters, 3 surveyors and 1 soapmaker. Other professions listed but not enumerated by Bates include “Bookbinders [sic], tobacconists, shoemakers, perukmakers, woolcombers and periwig makers, gunstock makers, needle makers and bucklemakers, chymists

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<sup>69</sup> Edward Cornwallis, quoted in Thomas H. Raddall *Halifax Warden of the North*, Halifax: Nimbus Publishing, 1948 – revised and updated 2010, 25.

<sup>70</sup> Myra Rutherford and Graham Baker have each addressed the difficulties (both real and imagined) that were often associated with urban British immigrants to Canada and the fears that they raised in the existing Canadian population that the new immigrants might represent the least industrious and poorest members of the British population. See: Myra Rutherford, ““Canada is no dumping ground”: Public Discourse and Salvation Army Immigrant Women and Children 1900-1930,” *Histoire Sociale/Social History* 79 (May 2007), 75-115; Graham Baker, “Eugenics and Migration: A Case Study of Salvation Army Literature about Canada and Britain, c. 1890-1921,” in *Canadian Bulletin of Medical History*, (2014) 31(1):77-98.

<sup>71</sup> George T. Bates, “The Great Exodus of 1749: or The Cornwallis Settlers Who Didn’t,” *Nova Scotia Historical Society* (1972) 38(1):33.

<sup>72</sup> Bates, “The Great Exodus of 1749: or The Cornwallis Settlers Who Didn’t,” 33.

druggists, a goldsmith and a silversmith, glasiars, gunsmiths, hat makers and rope makers, powderflask makers, pattern makers and pipemakers, watchglass makers, weavers, edgetool makers and others.”<sup>73</sup> The high concentration of artisans and builders is not coincidental but rather speaks to the type of settlement that Cornwallis’s superiors envisioned; the builders would construct the town, and the artisans would provide a ready-made population that would be able to see to the majority of its own needs.<sup>74</sup> The strategy behind the recruitment of a multitude of professions as well as the effort to transplant families rather than single men is demonstrative of both past lessons learned by the British Empire and the need to firmly establish a town that would be both loyal to the British empire and fairly self-sufficient.<sup>75</sup>

Concerns over loyalty in the colony to the British Empire as well as an excess of soldiers during peace time were likely responsible for the high numbers of military men who were recruited for the initial settlement.<sup>76</sup> Amongst the initial settlers 452 were recruited from the British Navy and 118 from the Army, as well as 51 former naval officers and 33 former army officers.<sup>77</sup> In addition to these men, who were intentionally recruited for the settlement, an

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<sup>73</sup> Bates, “The Great Exodus of 1749,” 33.

<sup>74</sup> Fingard et al., *Halifax*, 11-2.

<sup>75</sup> Past attempts by the British Empire to colonize Nova Scotia had failed repeatedly as a result of gender imbalance, lack of resources and lack of skilled labour. More than once since first England and then Britain had first laid claim to Nova Scotia the French had succeeded in cutting contact between the Empire and its colonies. By ensuring that the town of Halifax was strategically placed with a strong and self-sufficient British population the Empire was striving for a permanence similar to what it had achieved in the American colonies to the south. See: Maragaret R. Conrad and James K. Hiller, *Atlantic Canada: A History*, (Oxford: Oxford University Press, 2010), 52-66.

<sup>76</sup> The War of Austrian Succession, which had lasted for eight years, had concluded in 1748 meaning that Britain was at peace and therefore had a surplus of military men making them ideal settlers for the new colony. Conrad and Hiller, *Atlantic Canada*, 76-79.

<sup>77</sup> Bates, “The Great Exodus of 1749,” 32.



additional garrison of English troops was added to the settlement within days of their arrival.<sup>78</sup> From the beginning it became apparent that the mix of settlers, soldiers, and sailors was not a favourable one.

Historians Allyson N. May and Jim Phillips argue that Halifax, from its founding onward, was more violent than much of the rest of the colony. The first homicide trial in Halifax took place within weeks of the landing of Cornwallis's party and the first hanging shortly thereafter.<sup>79</sup> During the first sixty-six years of the town's existence there were eighty-three persons prosecuted for murder compared to only twenty-four in the rest of the colony.<sup>80</sup> May and Phillips have demonstrated that the violence spread beyond murder and the incidents of prosecuted rape in Halifax were 4.2 per 100,000 per annum as compared to .25 per 100,000 per annum in England.<sup>81</sup> The violence of the city was closely linked to its nature as a military staging point, and the increase in incidences of violence correlated with times when there was greater military presence.<sup>82</sup> Subsequently the atmosphere of the town from the very beginning was influenced by the culture of the military, which saw honour defended with violence, the encouragement of heavy drinking and an ample supply of brothels that benefitted financially from the large numbers of unattached men.<sup>83</sup> Nearly all of these markers, violence, alcohol consumption,

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<sup>78</sup> Almost immediately after Cornwallis and his settlers arrived in the harbour five of their ships, the *London*, *Brotherhood*, *Merry Jacks*, *Wincheslea* and the *Wilmington* were instructed to deposit their passengers on what is now called George's Island and sail for Louisbourg to retrieve the English garrison stationed there so that the French might assume ownership as per the Treaty of Aix la Chappelle signed the previous autumn. Bates, "The Great Exodus of 1749," 28.

<sup>79</sup> Allyson N. May and Jim Phillips, "Homicide in Nova Scotia, 1749-1815," *The Canadian Historical Review*, (2001) 82(4): 625-626.

<sup>80</sup> May and Phillips, "Homicide in Nova Scotia," 631.

<sup>81</sup> May and Phillips, "Homicide in Nova Scotia," 635.

<sup>82</sup> May and Phillips, "Homicide in Nova Scotia," 638.

<sup>83</sup> May and Phillips, "Homicide in Nova Scotia," 637-8; May and Edwards' findings contradict Judith Fingard's much earlier assertions that "Halifax was not a particularly violent city

prostitution and vice would (a century and a half later) fuel the fears of eugenic reformers in the province. While May and Phillips are careful to specify that only approximately sixty percent of the homicides were committed by military men, the nearly continuous presence of military institutions in the town clearly played a role. In one case they recount a murder committed by one of the first settlers, yet the man he shot in apparent self-defense was one of two soldiers who forced their way into his home looking for alcohol.<sup>84</sup> Evidently it was possible for the military presence to account for violence even when those in its employ were at the receiving end of the violent acts. Nonetheless, May and Phillips report that whereas thirty-six of the offenders in question were members of the military only eleven of the victims were thus employed and nearly all the crimes involved alcohol, consequently further reinforcing the correlation between young men, violence of military life and excessive indulgence in alcohol.<sup>85</sup>

In addition to the demographic problems presented by the abundance of military men Cornwallis also identified another problem. As indicated by the professions listed by Bates, the vast majority of the civilian settlers were urban dwellers with very specific skill sets, who were either recruited to provide services to the new settlement or who sought to escape the poverty and crowded living conditions of urban Britain. Additionally, of the seeming robust estimate of 2576 settlers only 1174 were identified as heads of household, 509 of these were married and there were 414 children under the age of 16.<sup>86</sup> If we assume that the 509 wives of the 509 married heads of house and the 414 children, as well perhaps as a significant proportion of the

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compared with many of its nineteenth-century counterparts,” however the quantitative evidence uncovered by May and Edwards does seem to indicate that Halifax did have a reputation for violence that was closely related to its identity as a garrison town. See: Judith Fingard, *The Dark Side of Life in Victorian Halifax*, (Porter’s Lake: Pottersfield Press, 1989), 16-17.

<sup>84</sup> May and Phillips, “Homicide in Nova Scotia,” 641.

<sup>85</sup> May and Phillips, “Homicide in Nova Scotia,” 642.

<sup>86</sup> Bates, “The Great Exodus of 1749,” 32.

420 domestic servants who were likely female, were not contributing to the labour needed to clear the initial town area and build structures, then it quickly becomes evident that Cornwallis's fears were well grounded. Although the roughly equal numbers of men and women would bode well for the settlement in terms of longevity and reproduction of the population during the initial organization and construction of the town, the women and children, as well as the specialized artisans, would have used more resources than they could provide. Subsequently, an urban population had essentially been transplanted, with no town yet available to accommodate them.

For some settlers the passage to Nova Scotia was only the beginning of their voyage and, foreshadowing problems that would plague the province for the next two centuries; they quickly left the fledgling colony and headed south to the more established towns in New England where friends and family often awaited.<sup>87</sup> Bates has determined that within two weeks of their arrival more than 1,000 settlers had already abandoned Cornwallis's settlement. Bates coined this astonishing migration as "The Great Exodus of 1749," and he shows that while we cannot know with certainty how many settlers intended to depart Nova Scotia soon after arrival, when presented with the opportunity almost half of the new arrivals left.<sup>88</sup> The vast majority of those who abandoned the settlement were those with the means to do so; soon after the settlers' arrival merchant ships from Boston began to arrive in the harbour and it is upon these ships that Bates asserts the deserters made their way south.<sup>89</sup>

Of those who remained after the initial haemorrhage of colonists, Cornwallis was suspicious and distrustful; in a letter dated the 24 July 1749 he describes his charges as "Poor, idle, worthless vagabonds that embrace[d] the opportunity to get provisions for one year without

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<sup>87</sup> Raddall, *Halifax Warden of the North*, 26.

<sup>88</sup> Bates, "The Great Exodus of 1749," 44.

<sup>89</sup> Bates, "The Great Exodus of 1749," 40-42.

labour [and] sailors that only wanted passage to get to New England – many have come as into a hospital, to be cured, some of venereal disorders, some even incurable.”<sup>90</sup> Subsequently, despite the Crown’s desires to create a town that was determinedly white, British, and Protestant, the necessity of recruiting able-bodied rural and artisan settlers led the British to recruit from other European countries, a trend that later both accounted for the insular ethnic communities within the city, as well as lessened the perceived threat of the other since distinct ethnic communities were visibly contained. The continuous exodus, the reputation of the region’s population as “rum-soaked” and the established melting pot of Western and Northern European ethnicities are key factors in the expression of the region’s later eugenic ideology.<sup>91</sup>

By the nineteenth century established middle-class Nova Scotians were acutely aware of the steady exodus of the younger members of the population as they left the region to pursue employment or better opportunities than they could find at home.<sup>92</sup> Between 1871 and 1901, while the rest of Canada faced an influx of more than 750,000 new immigrants (some of them from the Maritime Provinces) Nova Scotia, New Brunswick and Prince Edward Island lost forty-one percent of their population, roughly 308,000 residents.<sup>93</sup> Those residents who remained in Nova Scotia throughout the nineteenth century migrated at increasing rates to the urban and newly industrialized areas where the influx of working class families, often with limited means

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<sup>90</sup> Cornwallis, “July 24, 1749,” quoted in Bates, “The Great Exodus of 1749,” 43.

<sup>91</sup> Bates, “The Great Exodus of 1749,” 45.

<sup>92</sup> Betsy Beattie has examined the period between 1870 and 1930 and found that approximately 500,000 individuals left the Maritimes to find work during this period. Although her study is specifically concerned with the outmigration of single Maritime women to work in domestic service in Massachusetts, Beattie also establishes that the region suffered (and feared) a loss of young men as well. Beattie cites sources from newspaper articles to popular songs, all of which bemoaned the steady outmigration of youth. Betsy Beattie, *Obligation and Opportunity: Single Maritime Women in Boston, 1870-1930*, (Montreal: McGill-Queen’s University Press, 2000).

<sup>93</sup> Beattie, *Obligation and Opportunity*, 4.

and insufficient housing, further alarmed the middle-class reformers who drew correlations between the exodus of young able bodied, and often trained, workers and the arrival and increased visibility of the working poor. Compounding these concerns was the continuous presence of dens of inequity, which thrived by providing soldiers and sailors with alcohol, sexual services, and entertainment in the garrison town. However, there is little to support reformers' concerns that the nature of the province had changed in any substantial ways; prostitution and alcohol had been a problem in the province's capital since its inception and in times of economic decline the needy had often made their way to population centres in hopes of profiting from the presence of the military and navy.

During the century and a half after the first settlers landed in Halifax the population of both the city and the province ebbed and flowed in tandem with various military campaigns. It also experienced influxes of settlers in response to social and political conditions in North America and Europe. The British defeat in America in 1783 led to the arrival of both white and black Loyalists. Britain's imperial policy, which rewarded men for military service with free land in the colonies during the eighteenth and nineteenth centuries, ensured that the population of the region remained largely sympathetic to Britain.<sup>94</sup>

As Halifax outgrew its original walls the shape of the town and its districts proved to be quite fluid. Initially, the centre of the town was surrounded with a palisade enclosing two distinct suburbs meant to encourage farming to the immediate north and south of the town proper. These demarcations persisted, and as the city expanded past its original boundaries, the North and South Ends of the city became neighbourhoods in their own right. These areas were well defined

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<sup>94</sup> J.S. Martell, "Military Settlements in Nova Scotia after the War of 1812," in *Collections of the Nova Scotia Historical Society*, Halifax: Imperial Publishing Company, (1938) 24: 75; Fingard et al., *Halifax*, 23-42.

by 1900 along with the socio-economic and cultural distinctions that they embodied. The North End of the city, towards the Bedford Basin, became home to many of the foreign Protestants whose immigration was welcomed by the British in the wake of the Exodus of 1749. French, Swiss, Dutch and German immigrants bolstered the population and earned the North End the epithet of Dutch Town. Although many of these families later relocated to Lunenburg on the Southern shore of the province, street names including Gottingen and Brunswick remain today as part of their legacy.<sup>95</sup>

To the west of the North End working-class neighbourhood, and bordered on its west by the harbour, was the black community of Africville.<sup>96</sup> Jennifer J. Nelson has described Nova Scotia as the “hub of Canada’s black citizenry” in the nineteenth and early twentieth centuries, owing largely to the influx of black settlers that followed both the American Revolution and the War of 1812.<sup>97</sup> The population at Africville, as well as in other predominantly black communities including Birchtown, Black Settlement, Preston, Hammonds Plains Black Settlement, and Boydville, were often dismissed by the region’s white population as transient. These communities were viewed with suspicion and subject to racism. However Nelson has demonstrated the longevity of these communities, many of which outlasted white settlements, and she writes that most of the province’s black population in the twenty-first century is descended from these early colonists.<sup>98</sup> Historians Donald Clairmont and Dennis Magill have demonstrated that at the time of Africville’s destruction in the 1960s, many families had lived

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<sup>95</sup> Paul A. Erickson, *Historic North End Halifax*, (Halifax: Nimbus, 2004) ix.

<sup>96</sup> Peter McGuigan, *Historic South End Halifax*, (Halifax: Nimbus Publishing, 2007) 3.

<sup>97</sup> Jennifer J. Nelson, *Razing Africville: A Geography of Racism*, (Toronto: University of Toronto Press, 2008) 7.

<sup>98</sup> Nelson, *Razing Africville*, 7

there for upwards of a century and a half.<sup>99</sup> The reputation of the black communities as being temporary, transient and on the edge of society has much more to do with a racialized ideology that existed in the region's history and continues to exist today than it did or does with the realities of that community.

The discourse of racialized otherness, that race as a category can exist apart from skin colour and be used to define both people and places, is valuable when analysing the role of race in Nova Scotia's eugenic discourse. Black communities that were perceived as detached from predominantly white areas received very little attention from eugenic reformers. Until the latter half of the twentieth century there was very little interest in the inhabitants of Africville or the further removed communities; consequently, the studies by Nelson, Clairmont and Magill mark some of the first of their kind. Nova Scotia's black communities were undeniably poor during the period under consideration. In a region that was already economically depressed and plagued by economic disparity, the black community in Nova Scotia was often poorer than the poorest factions of the white community, and faced the double burden of poverty and discrimination.<sup>100</sup>

Although the black communities largely escaped the scrutiny of the eugenic reformers, the lack of attention paid them resulted in the continued existence of inferior housing and lack of public services past the mid-twentieth century.<sup>101</sup> The systemic racism that existed within the city and the province was at least partially the result of a slave society mentality. Although slavery never particularly flourished in Nova Scotia, mainly due to the lack of agricultural land suitable for plantation holding, it was in practice until the nineteenth century.<sup>102</sup> But, as Clairmont and

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<sup>99</sup> Donald H. Clairmont & Dennis William Magill, *Africville: The Life and Death of a Canadian Black Community*, (Toronto: Canadian Scholar's Press, 1999). 25

<sup>100</sup> Clairmont and Magill, *Africville*, 25.

<sup>101</sup> Clairmont and Magill, *Africville*, 25.

<sup>102</sup> Clairmont and Magill, *Africville*, 26.

Magill are quick to note, it was not public sentiment that led to the discontinuation of slavery in the province but rather the influx of poor whites and free black Loyalists whose services were more economical than the cost of housing and feeding slaves, which made the keeping of slaves economically impractical.<sup>103</sup> The majority of black Loyalists initially settled in Preston, on the outskirts of the town of Dartmouth, across the harbour from Halifax, but faced with shortages and poor living conditions, 1200 of them accepted an offer from the Sierra Leone Company and relocated to Africa in 1792.<sup>104</sup> Of those who remained many found themselves forced to accept employment in domestic and indentured positions. After the War of 1812 another 2000 black Loyalists arrived in Nova Scotia and were faced with the same problems as their predecessors concerning lack of employment and meagre living conditions.<sup>105</sup>

It was not until 1842 that many black settlers to Nova Scotia were given the permanent land grants that they had been promised by the British Crown for their support in the War of 1812. Although many of the grants were for the land they already occupied in Preston, essentially formalizing their ownership, the new grants were also allocated in the “Letter K” Division of the “original land-grant survey of the Halifax peninsula.”<sup>106</sup> This area was the future Africville, and beginning in 1835, a black community began to establish itself in this outlying area of Halifax.<sup>107</sup> Over the next few decades many black Nova Scotians migrated to the area from settlements in Preston and Hammonds Plains for a multitude of reasons, one reason being the proximity to Halifax, which made it especially convenient for wage labourers.<sup>108</sup> Those who

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<sup>103</sup> Clairmont and Magill, *Africville*, 26.

<sup>104</sup> Clairmont and Magill, *Africville*, 27.

<sup>105</sup> Conrad and Hiller, *Atlantic Canada*, 97-98.

<sup>106</sup> Clairmont and Magill, *Africville*, 28.

<sup>107</sup> Clairmont and Magill, *Africville*, 28. See *Figure 3* and *Figure 4*.

<sup>108</sup> Clairmont and Magill, *Africville*, 28.



either chose or were forced by economic constraints to remain in the communities further from the capital city found themselves restricted to some of the worst agricultural land in the colony. Poet, author and historian George Elliot Clarke has provided some of the most poignant descriptions of the struggles faced by black Nova Scotians as they endeavoured to wrest crops “from the boulder-barren, stone-strewn soil” of which they had been granted ownership.<sup>109</sup> In the further flung communities, including Liverpool and Sydney, many black families survived working for companies such as National Sea in Liverpool and Sydney Steel –eking out livings from hard work and lower wages than their white peers.<sup>110</sup> To this end the black community in and around Halifax was essentially contained through culturally enforced attitudes and racism regarding appropriate residential areas and employment. The communities’ own cohesiveness partially sheltered them from undesired attention as they turned inward and built their own church and school in the absence of government support, while also solidifying community bonds.

This view of the black community as contained and segregated likely influenced the views and actions of eugenic reformers.<sup>111</sup> In Nova Scotia in general, and Halifax in particular,

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<sup>109</sup> George Elliott Clarke, “Beech Hill African Baptist Church,” in *Saltwater Spirituals and Deeper Blues*, (Porter’s Lake: Pottersfield Press, 1983), 16.

<sup>110</sup> Clarke, “Liverpool United Baptist Church,” and “Sydney African Methodist Episcopal Church,” in *Saltwater Spirituals and Deeper Blues*, 20, 22.

<sup>111</sup>Recent research in the history of eugenics has found that the expression of racism and even the understanding of race within eugenic theory and programs varied across time and place. For example, while some of the American eugenic historiography to-date has assumed a focus on the often tense relationship between black and white Americans, in recent years the significance of race has been further problematized and deconstructed to demonstrate the importance of regional culture, politics, and concerns. Historians Paul Lombardo and Gregory Dorr have found extensive links between visible racial difference and eugenic goals in their study of the role of eugenic theory in the Tuskegee Syphilis Experiment while at the same time demonstrating the importance of the cultural and political atmosphere in which policies and programs perpetuated. Lombardo and Dorr offer a new perspective regarding the interaction of race and eugenic theory by arguing that the physicians and public health service workers who participated in the

eugenicists focussed on internal threats to the white race including ignorance, venereal disease, mental deficiency, malnutrition and lack of hygiene. Moreover, racist beliefs regarding inter-racial sexual relationships and the assumption that the white partner in such a sexual encounter was likely feeble-minded meant that so long as minority communities were visibly contained, as were feeble-minded members of the white community, there was no threat to the white race from the black population.<sup>112</sup> These racist assumptions kept the black communities under the radar of the public health and eugenic reformers even while they escaped direct eugenic policies. To this end, while many injustices were committed against the residents of Africville, they were largely absent from the designs of Nova Scotian eugenic reformers because they were removed, and to a large degree were socially invisible as a result of already being segregated. One of the key aspects of British eugenics, and one that was incorporated quite well into Nova Scotian eugenics, was visibility. In order for bodies to pose a problem or present a threat they had to fall within the line of sight of the reformers and appear to be problematic.<sup>113</sup> Racially segregated populations

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Tuskegee trials had been indoctrinated into a eugenic way of thinking so thoroughly through medical school, and then by the mentorship of senior co-workers that they understood race as a eugenic marker, which then influenced their expectations regarding experiment outcomes. Paul A. Lombardo and Gregory M. Dorr, "Eugenics, Medical Education, and the Public Health Service: Another Perspective on the Tuskegee Syphilis Experiment," *Bulletin of the History of Medicine*, (2006) 80 (2): 291-316; Scholars Hansen and King, similarly demonstrated the problems inherent in asserting that a region's eugenics was specifically class or race based, as they have found eugenic theory in the United States was both explicitly and implicitly concerned with race but the understanding of race was fluid, often being interchangeable with nationality. Randall Hansen and Desmond King, "Eugenic Ideas, Political Interests, and Policy Variance: Immigration and Sterilization Policy in Britain and the U.S." *World Politics* (2001) 53:237-63.

<sup>112</sup> For assumptions regarding racial mixing and feeble-mindedness see for example: Daniel J. Kevles, *In the Name of Eugenics, Genetics and the Uses of Human Heredity*, (USA: Harvard University Press, 1985); Emily F. Murphy as Janey Canuck, *The Black Candle*, (Thomas Allen: Toronto, 1922).

<sup>113</sup> See Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century*, (New York: Oxford University Press, 2003).

such as those located in Africville, Beechville, Hammonds Plains and other predominantly black areas were already controlled and contained and thus negligible to the reforming eye.

Halifax's South End was far more heterogeneous than the largely working-class North End. In the latter years of the twentieth century, the South End housed a disproportionate number of Halifax's wealthiest families, a trend that persisted throughout the twentieth century. However, the historic South End of Halifax was also home to poorer enclaves, including Irishtown, Schmidville (a German district), the harbour front homes of the stevedore and fishing families and the tarpaper village of Greenbank as illustrated in *Figure 1*.<sup>114</sup> Irishtown, established early on in the South end of the city, included both ends of the economic spectrum from the home of the Lieutenant Governor down to the slums near the wharves.<sup>115</sup> Along with a wild Irish dialect one could also expect to find many of the city's Catholics in this area. Although faced with a period of legislated anti-Catholicism in the eighteenth century that sought to deny legal and property rights to the minority group in Halifax, by the end of the century, most had been overturned as was evidenced by a small but growing Irish-Catholic middle class.<sup>116</sup>

Schmidville was another ethnically-defined area, which was near the city centre and given the moniker to reflect its original inhabitants. However, by 1900 the predominantly German area had given way to an ethnically mixed community of "semi-skilled and skilled workers,"<sup>117</sup> and unlike Irishtown, the community did not stand out linguistically or even so much culturally. Nonetheless, due to its proximity to the city centre and the visible presence of

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<sup>114</sup> McGuigan, *Historic South End Halifax*, 3.

<sup>115</sup> McGuigan, *Historic South End Halifax*, 5.

<sup>116</sup> Halifax historian Peter McGuigan has traced the last media reference to *Irishtown* in the media to 1958 by which time the area had to some degree begun to leave behind its Irish Catholic roots to be replaced by a new urbanite culture. McGuigan, *Historic South End Halifax*, 6.

<sup>117</sup> McGuigan, *Historic South End Halifax*, 27.

lower working-class families, this area attracted the attention of eugenic and public health reformers.

By the early twentieth century many of the grand houses closer to the waterfront were either converted to or replaced by boarding houses. Rooms with meals included were a sure sell among the male dock and railroad workers who earned their livelihood near the harbour.<sup>118</sup> More numerous than the small number of middle-class families were the poorer families, headed by the dock workers and stevedores that called Irishtown home.<sup>119</sup> These households were more likely to rely on a family income with wives and daughters taking in washing and working as domestics in the homes of the wealthier homeowners while all family members might help raise chickens and tend kitchen gardens to supplement the family's diet.<sup>120</sup> The level of subsistence living meant that the families of dock workers and stevedores generally lived in substandard housing with little security, and limited access to healthcare of any sort. Children from these families were often forced to eschew education so as to contribute to the household economy, and the male heads of households sometimes migrated to Quebec during times of unemployment in an effort to earn a wage.<sup>121</sup> This area with its large population of working poor living in close proximity to members of the middle and upper classes drew the attention of eugenic and public health reformers. The frequent occurrence of female-led households and the high visibility of school-aged children either working or appearing unsupervised in the streets at times they should

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<sup>118</sup> McGuigan, *Historic South End Halifax*, 20.

<sup>119</sup> McGuigan notes that the labour at the docks was strictly segregated by race with black employees loading coal and white freight. McGuigan, *Historic South End Halifax*, 91.

<sup>120</sup> McGuigan, *Historic South End Halifax*, 91.

<sup>121</sup> McGuigan, *Historic South End Halifax*, 91.

have been in school all contributed to fears of delinquency, deviancy, and degeneration that provided a foundation for eugenic beliefs.<sup>122</sup>

By the turn of the twentieth century, there was a growing industrial presence in the city, providing employment opportunities for women and children and allowing families to further supplement male income. For example, by 1891 the Dominion Cotton Mill on Robie Street employed 317 individuals including 131 women over the age of sixteen and fifteen girls under that age.<sup>123</sup> As the city industrialized, middle-class residents raised concerns about the moral welfare of the women and children recruited for factory labour, which resulted in more aggressive scrutiny of the working poor.<sup>124</sup> All of these factors contributed to the living circumstances and culture of poverty that later attracted the attention of eugenicists and public health reformers.

Moving further south from the city's centre towards the harbour entrance, Greenbank, described as a "tarpaper village" and sometimes referred to as "White Africville" was initially built by the Intercolonial Railway to house temporary employees working on the railway. Upon completion of the railway many of the shacks were taken over by the poorest of the dockers, as well as employees from the nearby Ben's Bakery, and domestic workers. The area was a collection of a few dozen temporary homes that had become permanent through necessity; most had tarpaper roofs and no running water or any other city services.<sup>125</sup> The community, while accorded a similar social status as Africville, had no school or church to build a sense of

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<sup>122</sup> Ernest H. Blois, "Report of the Superintendent of Neglected and Delinquent Children" 1919, 8, 13.

<sup>123</sup> Fingard et. al., *Halifax the First 250 Years*, 93.

<sup>124</sup> Fingard et. al., *Halifax the First 250 Years*, 93.

<sup>125</sup> McGuigan, *Historic South End Halifax*, 98-99.

cohesion like the black community did, and in actuality represented a far more destitute way of life.

Despite the impermanence and lack of communal organization or coherence Greenbank still received attention from public health and eugenic reformers even after they had been unwilling to establish a health clinic in Africville. The racialized attention and goals of eugenic reformers meant that despite being permanent, organized, and interested in health education the community of Africville and its inhabitants were essentially disregarded. The lack of interest or concern for the black population reflects the findings of historians Richard Fogarty and Michael Osborne who found that in French colonies visible minorities were viewed as outside of, and unable to contribute anything to, the civic body, and subsequently no efforts were made to improve them in the same manner that the improvement of the white population was undertaken.<sup>126</sup>

Outside of the city of Halifax the majority of the population made their livelihood through agriculture. Even agricultural communities in the province were hierarchical though. Land grants to new immigrants had ceased in 1827 and many of the new residents to the province after that time who lacked the resources to purchase land outright resorted to squatting on unoccupied land with no formal rights or protection.<sup>127</sup> 1879 marked the completion of the Intercolonial Railway and the introduction of the National Policy by the federal government of John A. Macdonald both of which had the potential to open new markets and industries for Nova Scotia. With the connection to the western provinces via the railroad and tariffs placed on manufactured goods from outside the new country there was added incentive for Nova Scotians

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<sup>126</sup> Fogarty and Osborne, “Eugenics in France and the Colonies,” in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 332-346.

<sup>127</sup> John Reid, *Nova Scotia: A Pocket History*, (Halifax: Fernwood, 2009) 96-7.

to expand agricultural production and to industrialize. New factories grew up in Halifax and Dartmouth fuelling further migration to the growing city but, as historian John Reid has demonstrated, the majority of the province's industrialization actually occurred outside of Halifax in existing towns and even encouraged the growth of new towns in formerly rural areas.<sup>128</sup> Areas rich in coal and iron industrialized rapidly with mining operations increasing in Sydney, Amherst, and Londonderry. Rail lines connected Halifax to new industrial hubs throughout the province and the rapid development led to migration within the province as would-be industrial workers relocated seeking employment. The socio-economic ramifications of industrialization meant that economic disparity became more evident as factory owners and managers were able to build larger houses and afford more luxuries while many industrial workers had to resort to living in humble or company housing and subsisting on low wages or credit at the company store.<sup>129</sup> As time wore on factories were increasingly consolidated under national companies, which often meant relocating workers even further from their employers. This brought about the increased availability of public transit, which permitted workers to live larger distances from their place of employment. This latter development fostered the growth of distinctly working-class communities, which in turn attracted the attention of reformers and missionary groups.<sup>130</sup>

One of the few constants through all the change that surrounded the end of the nineteenth and beginning of the twentieth centuries was the continued trickle of population from the province, a problem foreshadowed a century and a half earlier as Cornwallis surveyed his remaining settlers on the shores of Halifax harbour. The concern over the quality of Nova

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<sup>128</sup> Reid, *Nova Scotia: A Pocket History*, 112.

<sup>129</sup> Reid, *Nova Scotia: A Pocket History*, 114-115.

<sup>130</sup> Reid, *Nova Scotia: A Pocket History*, 95-124.

Scotia's white population was repeated by government officials, clergy, and concerned representatives of the middle and upper classes for the next two centuries. Halifax served as a notable point of arrival for European immigrants; nearly 5.5 million immigrants arrived at Pier 2 on the Halifax Harbour between 1880 and 1928, after which time it was replaced by the more modern facility at Pier 21.<sup>131</sup> Historians of eugenics have demonstrated the correlation between increased immigration and heightened public anxiety concerning the fitness of the national body that often accompanied influxes of foreigners; however in Nova Scotia the fear of emigration far outweighed any concern over immigrant populations.<sup>132</sup>

In the Western provinces of Saskatchewan, Manitoba and Alberta, immigration, especially in the post-WWI years, was increasingly being viewed as a threat to the coherent Canadian body. This sentiment, bordering on xenophobia and infused with racism, was expressed in western Canadian works such as *Strangers Within Our Gates*, or *Coming Canadians* by James S. Woodsworth, a Methodist minister in Winnipeg in 1909. *Strangers Within Our Gates* offers valuable insight into the classification of races that was heavily subscribed to by Galton and those who followed his system of eugenics. Foreigners, as Woodsworth classified them, did not include North American or British populations; rather, he

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<sup>131</sup> In using the designation "Pier 2" I acknowledge the various stages of development which began in 1880 as "Deep Water Terminus" through to its incarnation as "Pier 2" in 1911 until immigration services were officially transferred to Pier 21 in 1928. For the years that the port was strictly designated Pier 2 the number of immigrants (based on information from Statistics Canada) was approximately 2.7 million. For more information see: [http://www.pier21.ca/sites/default/files/uploads/files/First\\_75\\_Years/research\\_remembering\\_pier\\_2.pdf](http://www.pier21.ca/sites/default/files/uploads/files/First_75_Years/research_remembering_pier_2.pdf)

<sup>132</sup> Historians Angus McLaren and Wendy Kline have demonstrated the manner in which this anxiety has historically shaped immigration policy in Canada and the United States as well as eugenic ideology; McLaren, *Our Own Master Race*, 46-67; Kline, *Building a Better Race*, 13; James S. Woodsworth, *Strangers Within Our Gates or Coming Canadians*, (Frederick Clarke Stephenson: Canada, The Missionary Society of the Methodist Church of Canada, 1909).



envisioned them as coming “out of the remote and little known region of northern, eastern, and southern Europe.”<sup>133</sup> Woodsworth characterized these immigrants as a “vast and endless army” that was “invading the civilized world.”<sup>134</sup> In the face of this encroaching army, Nova Scotians were surprisingly indifferent. Historically the province had recruited white European Protestants regardless of their country of origin since shortly after Halifax was founded and of the tide of immigrants arriving at Pier 2 only a fraction were remaining in Nova Scotia. The steady exodus of the province’s youth, both male and female, and skilled workers served both to distract eugenic reformers from the threat of immigration as it was felt in the Canadian West and to ensure that there was always need of immigrants to meet labour demands in the province’s urban centres.<sup>135</sup>

In combination with the steady loss of population the increase in industrialization had concentrated populations of the working poor,<sup>136</sup> making them more visible to reformers such as the Halifax Council of Women. As the cost of living rose and industrial wages stayed low, more and more families relied on the labour of their children as well as that of the parents, resulting in the middle-class drive to legislate mandatory school attendance in an attempt to break this cycle.

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<sup>133</sup> Woodsworth, *Strangers Within Our Gates or Coming Canadians*, 10.

<sup>134</sup> Woodsworth, *Strangers Within Our Gates or Coming Canadians*, 11.

<sup>135</sup> Patricia Thornton, “The Problem of Out-migration from Atlantic Canada, 1871-1921: A New Look,” *Acadiensis* (1985) 15(1): 18; Fiona K. Bellerive, “Light upon the Shadows of Exodus: Maritime Women and the Boston YWCA,” (Master’s thesis, Dalhousie University, 1994); Beattie, *Obligation and Opportunity*, 3-8.

<sup>136</sup> Thornton has pointed to the propensity for unskilled workers to remain in the region unless “pushed” out by extreme poverty or unemployment while skilled workers were more likely to be “pulled” toward better opportunities resulting in the outmigration of more skilled and prosperous Nova Scotians, a result of which was that the less prosperous and less skilled segments of the population seemed to be growing disproportionately. Thornton, “The Problem of Out-migration from Atlantic Canada, 1871-1921,” 10.

All of these factors shaped the identities of reformers and those whom they would reform as well as it reinforced a regional interpretation of eugenic theory that became distinctly Nova Scotian.

The recognition that emigration was amongst the greatest problems facing Nova Scotian eugenicists was made clear in 1920 by an investigation of the province conducted by the *Canadian National Committee for Mental Hygiene (CNCMH)*. The report succeeded in attracting national attention to the threat of the feeble-minded in the province. Drs. Clarence Hincks and C.K. Clarke who had together established the *CNCMH* in 1918 to combat the social problems of crime, prostitution and unemployment (all of which they associated with feeble-mindedness) served on the committee.<sup>137</sup> Clarke and Hincks had first conducted a survey of institutions in Manitoba during the autumn of 1918 that the provincial government had responded to positively, acting quickly to implement the Committee's recommendations. Reformers in other provinces, including Nova Scotia, on seeing the ability of the Committee to effect change, invited Clarke and Hincks to survey their provinces as well.<sup>138</sup>

The *Mental Hygiene Survey of Nova Scotia* drew attention to the perceived inadequacies of the control and supervision of the mentally deficient population in the province and the threat posed by emigration.<sup>139</sup> As in Manitoba, Committee members Clarke, Hincks, and Marjorie Keyes were reported to be appalled at the conditions within the provincially run institutions. That Hincks and Clarke were alarmed at the state of the province's custodial institutions should be taken with a grain of salt; McLaren has demonstrated that the two generally held institutionalization to be costly and ineffective and were proponents of preventative measures

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<sup>137</sup> McLaren, *Our Own Master Race*, 59.

<sup>138</sup> "History of CMHA," <http://www.cmha.ca/about-cmha/history-of-cmha/#.U6HkFkDyRD0>

<sup>139</sup> Boudreau, *City of Order*, 250.

that included mental testing and sexual sterilization.<sup>140</sup> By the time the committee had reached Nova Scotia they had already criticized the effectiveness of institutionalization in other provinces.<sup>141</sup> While the solutions that they proposed in their report on Nova Scotia were similar to those they proposed for other provinces they did uncover some differences, most significantly in what they believed to be the cause of the province's problems.

Throughout Nova Scotia Hincks and Clarke reported a dearth of intellect that they attributed to "persistent drains upon [the province's] population and resources."<sup>142</sup> They suggested that because the "Provincial income was restricted owing to a series of unavoidable hamperings which do not occur in more recently organized Provinces," the best and brightest members of the population were continuing to emigrate either to the Canadian West or to the neighbouring New England states.<sup>143</sup> Nova Scotia, lacking the infrastructure of more recently founded provinces, was failing its youth, who were forced to look to Massachusetts and western Canada for opportunities that would allow them to prosper and raise families. Subsequently the reproductive potential of the province, in terms of good heredity, was being allowed to slip past the province's borders with little to no incentive to remain in the region. The report emphasized the economic disparity and lack of institutional provisions in the province. The Committee also concluded that the province's lack of resources was enabling the reproduction of the unfit and thereby impairing the province further.<sup>144</sup> Historian Paul Brown has found evidence that lends support to the fears of the Committee members. Brown has shown that between 1900 and 1925 rural Nova Scotia, with which many Nova Scotians connected their provincial identity, was in

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<sup>140</sup> McLaren, *Our Own Master Race*, 59, 159.

<sup>141</sup> McLaren, *Our Own Master Race*,

<sup>142</sup> *Mental Hygiene Survey of the Province of Nova Scotia*, 3.

<sup>143</sup> *Mental Hygiene Survey of the Province of Nova Scotia*, 3.

<sup>144</sup> *Mental Hygiene Survey of the Province of Nova Scotia*,

steady decline. Brown documents the double threat of existing trends of emigration, especially to the New England colonies, and the western draw of the federal campaign to recruit farmers to the prairie provinces and to resource jobs in the northern territories.<sup>145</sup>

The concern expressed by Hincks, Clarke and the rest of the Committee regarding emigration is proof of an unusual expression of eugenic concern that characterizes the Nova Scotian approach to population improvement. While other regions, both Canadian and American, were focusing on the risk presented by deficient immigrants, particularly from Europe, Nova Scotian policy makers were much more concerned with emigration rather than immigration. The survey conducted by the Committee served to reinforce this belief. Eugenic reformers in central and western Canada, including the future magistrate Emily Murphy, the Canadian expert in feeble-mindedness Helen MacMurchy, and well-respected physicians such as J.G. Adami and Clarence Hinks all insisted that mental defectiveness was both heritable and rampant amongst new immigrants.<sup>146</sup> In Nova Scotia, however, immigrants were not staying in large numbers and more often than not the population was decreasing due to the outmigration of individuals born in the province. Subsequently, Nova Scotia faced an immigration problem of another sort.

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<sup>145</sup> Paul Brown, “ ‘Come East, Young Man!’: The Politics of Depopulation in Nova Scotia, 1900-1925,” *Royal Nova Scotia Historical Society Journal*, (1998) 1:47-78; Brown demonstrates that the efforts of Clifford Sifton at the federal level were steadily outpacing the meagre attempts at recruiting British immigrants that were being enacted at the provincial level. Even more troubling was the fact that many of the Nova Scotian farmers who were suffering economically were choosing to abandon their farms and move to the Western Provinces, thereby taking their established agricultural skills with them and leaving formerly established farmland in Nova Scotia to fall to ruin.

<sup>146</sup> McLaren, *Our Own Master Race*, 49-51: McLaren dedicates an entire chapter “Stemming the Flood of Defective Aliens,” in *Our Own Master Race*.

## Chapter Two: Embracing Eugenics: Physicians and the National Discourse

Nova Scotian physicians were important contributors to a network of medical knowledge, and their ideas about eugenics reflected their contributions to a burgeoning discourse on public health and population control. As a professional community, physicians shared knowledge through three primary avenues: published journals, professional associations and educational affiliations.<sup>1</sup> During the early twentieth century the Nova Scotian medical community, like much of the province's population, shared close personal, professional, cultural and political ties with Britain. The 1921 census shows that thirty-nine percent of the province's population was of British origin and another twenty-eight percent Scottish, and many of the institutions and customs in the urban centres were decidedly British.<sup>2</sup> British visitors to the province both before and after Confederation emphasized the "Englishness" of Nova Scotia's capital city Halifax, and more specifically that of the governing and professional classes. Legal, professional, and educational institutions in the province also tended to closely follow British styles of organization and precedent.<sup>3</sup> The close relationship between the two countries is not unexpected. From its settlement in 1749 until Confederation in 1867 Nova Scotia was the closest point of the North American mainland to Britain and in the early twentieth century both familial and professional ties between the two remained strong.<sup>4</sup> Physicians had been subject to regional

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<sup>1</sup> S.E.D. Shortt, "Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," in *Medical History* (1983) 25:53-54.

<sup>2</sup> Ian McKay, "Tartanism Triumphant: The Construction of Scottishness in Nova Scotia, 1933-1954," *Acadiensis*, (1992) 21(2): 8.

<sup>3</sup> Nova Scotian historians Judith Fingard and John Rutherford have demonstrated, for example, that the province imitated the British poor laws more closely than any other Canadian province well into the twentieth century. Judith Fingard and John Rutherford, "The Politics of Mental Health Care in Nova Scotia: The Case of the Halifax County Hospital, 1940-1976," *Acadiensis*, (2005) 35(1): 26.

<sup>4</sup> Jeffrey L. McNairn, "'Everything was new, yet familiar': British Travellers, Halifax and the Ambiguities of Empire," *Acadiensis*, (2007) 36(2):33.

licensing in Canada since the seventeenth century; however, many doctors trained at British medical schools until well into the twentieth century. British training was especially beneficial professionally prior to the founding of McGill University's medical programme in 1822, before which the possession of a degree from a well-known European medical school was enough to guarantee a medical license in Nova Scotia without additional examination.<sup>5</sup> The cultural proximity, the likelihood of British heritage amongst the upper class, and the prestige associated with British medical schools all encouraged ongoing professional exchanges, and many of the young men from Nova Scotia pursued their medical education at institutions in Britain while many young British physicians also spent some or all of their careers in eastern Canada. Subsequently, several of the physicians registered in the provincial medical registry bore degrees from British medical schools including Edinburgh, Trinity, and the University of London well into the twentieth century.<sup>6</sup>

The British influence and the significance placed on Britishness within the medical community in Nova Scotia are evident in the existence and activities of organizations such as the *Nova Scotia Branch of the British Medical Association*. An example of the significance of British descent is apparent in an address by Dr. D.A. Campbell from April 13, 1904. Campbell's "Pioneers of Medicine in Nova Scotia," was later reprinted in the *Maritime Medical News* in 1904 and consisted of forty-five pages of biographical paragraphs, interspersed with brief histories of the region, of every medical man the author was able to trace from Britain to Nova Scotia since the seventeenth century.<sup>7</sup> The importance of representing themselves as British

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<sup>5</sup>Duffin, *History of Medicine*, 120-121.

<sup>6</sup>*The Medical Register, Printed and Published under the Direction of the Provincial Medical Board of Nova Scotia 1900-1901*, (Halifax, Nova Scotia: Nova Scotia Printing Co., 1900).

<sup>7</sup>D.A. Campbell, "Pioneers of medicine in Nova Scotia," reprinted in the *Maritime Medical News* (Halifax: N.S.; 1905).

and/or descended from a line of great British men and the British medical tradition shaped Nova Scotian physicians' responses and contributions to the transnational medical discourse. Nova Scotian physicians identified themselves as belonging overwhelmingly to the British upper-middle class and endeavoured to reinforce the trans-Atlantic relationship through the adoption of the customs, manners, values, and affiliations of their British counterparts.<sup>8</sup> Subsequently, the active local medical community provided an ideal conduit for the British class-centric eugenic discourse to take root and flourish.

British eugenic ideology was strongly influenced by concerns over appropriate behaviour according to class and gender, but often its detection and enforcement relied on the medico-legal-scientific validation of physicians. As physicians' professional authority increased during the nineteenth century, scientific medicine became increasingly tied to popular conceptions of modernization and the improvement of society.<sup>9</sup> The technological developments and discoveries

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<sup>8</sup> D.A. Campbell, "Pioneers of medicine in Nova Scotia," reprinted in the *Maritime Medical News* (Halifax: N.S.; 1905); The work of historian Jeffery McNairn has also revealed more generally that the British characteristics that visitors to Nova Scotia wrote about had mostly to do with the manners and customs of the upper classes who worked diligently to represent themselves as British through their "social class and economic behaviour." McNairn, "“Everything was new, yet familiar,”” 32.

<sup>9</sup> Scholars have demonstrated the connection between eugenics, medicine, and modernization projects in Brazil, Japan, Russia, and China. All four countries were comparatively late to industrialize and the adoption of eugenic policy can be considered to be part of their modernizing projects. Confronted by the social problems, including poor sanitation, overcrowding, and lack of education, that accompanies rapid industrialization and urbanization, Brazilian eugenicists embraced science as a symbol of modernity. They focused their efforts on social and sanitary reform and eschewed negative forms of eugenics altogether. Gilberto Hochman, Nísia Trinade Lima, and Marcos Chor Maio, "The Path of Eugenics in Brazil: Dilemmas of Miscegenation, in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 493-410; Nancy Leys Stepan, "Eugenics in Brazil, 1917-1940," in Mark B. Adams ed., *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, (New York: Oxford University Press, 1990), 110-152; Russia was relatively late to the table in terms of embracing eugenic ideology; historian Nikolai Kremontsov asserts that this was due to the largely agrarian nature of Russian society at the turn of the twentieth century. He suggests that many of the socio-economic conditions that encouraged eugenic theory elsewhere (urbanization, declining fertility,

that had occurred throughout the nineteenth century are often considered by historians to be transformative of the role of the physician from an intellectual observer to a skilled professional.<sup>10</sup> However, Michel Foucault has argued instead that the authority of the physician

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immigration, and over population) were largely absent in Russia. Subsequently, lacking these “threats” when Russians did begin to think eugenically they generally focussed on positive measures, preventative medicine and social and sanitary reform. Nikolai Krementsov, “Eugenics in Russia and the Soviet Union,” *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 413-429; In both China and Japan the adoption of eugenics was based on the promise that populations could be improved beyond the existing norm. The Japanese eugenic program was inseparably tied to a modernizing movement that sought to improve the population following the Meiji Restoration; Japanese authorities instituted both positive and negative eugenic programs to produce “New Japanese,” who theoretically would be better able to compete internationally. Jennifer Robertson, “Eugenics in Japan: Sanguinous Repair,” *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 430-448; In China, historian Yuehtsen Juliette Chung has characterised the application of eugenics as a “mechanism of self-criticism.” She argues that the drive to modernize and westernize Chinese society resulted in the assessment of the Chinese population as lacking and describes discussions surrounding the potentially positive results of miscegenation. Yuehtsen Juliette Chung, “Eugenics in China and Hong Kong: Nationalism and Colonialism, 1890s-1940s,” in *The Oxford Handbook of the History of Eugenics*, (New York: Oxford University Press, 2010), 273.

<sup>10</sup> Jacalyn Duffin has illustrated the links between technological intervention and the evolution of medical practice in the nineteenth century. She writes that although the vaginal speculum was invented during the classical period and the thermometer and microscope in the seventeenth century, the specialized use of the first and the broad scientific applications of the latter did not solidify the connection between science and medicine in the same manner that nineteenth-century inventions such as the stethoscope and the x-ray did. The adoption of medical technologies, she states, permanently changed the professional identity of the physician as well as the popular understanding of the roles of patient, practitioner and medicine. While a physician could easily transport a stethoscope with him as he travelled between his patients’ homes, with the advent of bacteriology and the adoption of therapeutic interventions such as intubation, both of which required access to technology that was commonly housed in hospitals, even general practitioners became ever more reliant on maintaining the hospital or medical office as the fulcrum of their practice. Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction*, (Toronto: University of Toronto Press, 1999), 191, 206-207; For a focused study of the impact of technology on Western medical practice in the nineteenth century see Jacalyn Duffin, “Technology and Disease: The Stethoscope and Physical Diagnosis,” in Duffin, *History of Medicine: A Scandalously Short Introduction*, (Toronto: University of Toronto Press, 1999) 190-211. See also: W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge: Cambridge University Press, 1994); Joel Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century*, (Baltimore: Johns Hopkins



as an expert was constructed not through use of technology but through changes in the clinical or medical gaze.<sup>11</sup> Physicians, through the merit of their experience, trade, and training, he argued, gained authority over the individual, not only in relation to their medical complaints but also their inherent nature, and then could apply their knowledge to broader societal concerns as public authorities.<sup>12</sup> Despite the historiographical tension between these two accounts of the professionalization and authority of physicians, the similarities that exist at their cores are most important to the history of physicians' participation in early twentieth-century eugenics.

Essential to the acceptance and implementation of eugenics was the professional authority of physicians; and pivotal to that authority were the organizational technologies of institutions, which often existed due to the scientific and technological advances and language. The eugenic discourse relied upon the medico-legal-scientific terminology discussed earlier; in order to classify and evaluate people, clinical labels had to be standardized and imbued with medical meaning. Foucault argues that as the medical gaze became increasingly exhaustive and broad the communication of knowledge and experience led to the creation of a type of medical esotericism through which the possession of medical knowledge conveyed both authority and

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University Press, 1995); Roy Porter, *Blood and Guts A Short History of Medicine*, (London: Allen Lane, 2002) 42-3.

<sup>11</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, (New York: Pantheon Books, 1973).

<sup>12</sup> Foucault's "clinical gaze" represents a transformation in understanding the way in which medicine was practised and the patient viewed. He argues that by the nineteenth century a shift had occurred in how disease, patients, and bodies were viewed. Within a new and more expansive discourse, bodies were increasingly viewed as pathological sites for disease instead of the disease being something that was afflicting the body. The change in focus of the medical gaze from the individual afflicted by the disease to the phenomena of epidemics when new types of collectivism reinterpreted the threat posed by diseased bodies and new regulations and means of enforcing them became necessary. Amongst these new initiatives and technologies were increased surveillance of the population, authority of police forces, health regulations and the collection and interpretation of information. See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, (New York: Pantheon Books, 1973).

privilege.<sup>13</sup> A consequence of the broadening of the gaze and the fixing of authority was the establishment of the physician as a judicial expert.<sup>14</sup> As public anxiety surrounding social threats continued to grow, a popular discourse emerged that both reflected and contributed to that which was appearing in professional publications. Articles describing the dangers of mentally deficient individuals and the necessity for early childhood interventions were published in popular Canadian magazines such *Maclean's* and reprinted in regional newspapers.<sup>15</sup> The correlation between mental deficiency and social problems was part of a growing discourse that embraced the newly professionalized medical sciences of psychology, criminology, and sociology, all of which were often presented under the umbrella term of mental hygiene, as having the potential to identify and treat those individuals perceived as socially dangerous.<sup>16</sup> The members of these professions were accepted as constituting a new kind of expert who was capable of providing medico-legal advice on a broad range of topics including social policy, criminal and youth justice, and public health policy.<sup>17</sup> Part of this discourse was found in the increased attention paid to criminals and young offenders who were assessed as mentally defective; the majority of these experts often negated the responsibility of deviant or delinquent individuals and recommended permanent psychiatric institutionalization instead of jail time or other punishments. For instance, in 1914 Henry H. Goddard, a pioneer of eugenic family studies and the Director of Research at

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<sup>13</sup> Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974-1975*, (New York: Picador, 2003) Kobo e-book edition, Lecture One – 8 January 1975; Foucault, *The Birth of the Clinic*, 112-117.

<sup>14</sup> Foucault, *Abnormal*, Lecture One – 8 January 1975.

<sup>15</sup> Sheila Gibbons, ““Our Power to Remodel Civilization”: The Development of Eugenic Feminism in Alberta, 1909-1921, *Canadian Bulletin of Medical History*, (2014) 31(1):123.

<sup>16</sup> Theresa R. Richardson, *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada*, (New York: State University of New York Press, 1989) 10.

<sup>17</sup> Richardson, *Century of the Child*, 27; Foucault, *Abnormal*, Lecture One – 8 January 1975.

the Vineland School for Feeble-minded Boys and Girls in New Jersey, was among the first of these experts to testify in court. He was called to the trial of a 16-year-old boy in New York State who had stabbed his teacher to death. Goddard examined the boy and testified that despite the boy's successful academic record he was a high grade moron; a diagnosis that required the specialized training of an expert to detect.<sup>18</sup> The increased authority assumed by medical professionals can be ascertained by the frequency with which courts and legislators deferred to the medico-legal opinion of these experts. Historian Theresa R. Richardson has suggested that the popularization of the mental hygiene movement was the result of the application of the medical model to the human life cycle. By medicalizing what it meant to be human, experts created frameworks that identified normative and abnormal development and behaviour and created culturally-contingent categories such as well adapted and maladjusted.<sup>19</sup>

Once a normative framework of human development and behaviour was established within Western medicine, experts began examining the population so that they might preemptively identify deviant individuals. Early intervention was of critical importance; most of these newly-minted experts agreed that by the time an individual reached adulthood it was too late for successful intervention, and often the most that could be accomplished was the institutionalization of individuals so that they might not harm society. However, if abnormal children could be identified before they had the opportunity to do harm, or to be led morally astray, then medical reformers believed that those children might still be transformed into

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<sup>18</sup> Goddard was considered to be one of the top experts in the field, it was he who coined the term "moron"; Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing*, (Cambridge: Cambridge University Press, 1998)

<sup>19</sup> Richardson, *Century of the Child*, 27; Foucault similarly refers to phrases such as "psychological immaturity," "poorly structured personality," etc... as evidence of the efforts to enforce normalization of a population. Foucault, *Abnormal*, Lecture One- 8 January 1975.

productive citizens.<sup>20</sup> Experts appealed to parents through popular publications and thereby invited the layperson to at least marginally join in this discourse; in doing so they participated in normalizing the medicalization and inspection of children and families. The end result was what historian Theresa Richardson has called a “psychobiological phenomenon” and that Foucault refers to as a “technique of normalization.”<sup>21</sup> As life stages were formalized, the new class of mental hygiene professional was authorized “to intervene into previously private spheres of life,” including family health and child rearing, thereby enabling the creation and application of social policy.<sup>22</sup> Popular acceptance of state intervention in the private sphere through medical reformism relied on a broad cultural acceptance of the legitimacy of medical knowledge that was further reinforced as medical men, and occasionally medical women, were accepted as social leaders.<sup>23</sup> The supervision and intervention into the lives of citizens, and especially children, served as a potential “prophylaxis of criminality,” essentially improving society through the protection and education of future generations.<sup>24</sup> The acceptance of physicians and psychiatrists as experts, specifically within a medico-legal context, enabled the pathologization and criminalization of the abnormal.<sup>25</sup> As a result these individuals, once medically assessed and placed within a legal framework, *became* their crimes or social diagnoses. This transference also applied to individuals whose conduct defied social conventions or niceties and, as Foucault writes, the acts of these individuals were “proof of a form of conduct, a character, and an attitude that [were] moral defects while being neither, pathologically, illnesses nor, legally, offenses.”<sup>26</sup>

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<sup>20</sup> Richardson, *The Century of the Child*, 3.

<sup>21</sup> Richardson, *The Century of the Child*, 3; Foucault, *Abnormal*, Lecture One- 8 January 1975.

<sup>22</sup> Richardson, *The Century of the Child*, 3.

<sup>23</sup> Richardson, *The Century of the Child*, 18.

<sup>24</sup> Editorial, “Treatment of the Criminal,” *Maritime Medical News*, (1900) 12(9):320-321.

<sup>25</sup> Foucault, *Abnormal*, Lecture One- 8 January 1975.

<sup>26</sup> Foucault, *Abnormal*, Lecture One- 8 January 1975.

In eugenic terms, the prescriptive involvement of the physician recast people who lived in poverty, as inherently impoverished; the uneducated as uneducable; truants as delinquents; and unmarried mothers as promiscuous and fecund. Individuals no longer needed to commit a crime before they found themselves sanctioned by the government; rather, the involvement of physicians allowed for the identification of individuals who were likely to engage in socially deviant behaviour so that the behaviour could be prevented.<sup>27</sup>

Subsequently medical expertise combined with eugenic ideology, popular fears, and the legal system to shift the emphasis from what a person did to what a person was, and what they might do as a result, thus pathologizing the individual rather than the criminal act. The ability to scientifically diagnose difference and undesirability was dependent upon the existence of an expert who could recognize and label both the offender and the offence. Consequently, the elevation of physician authority and the pathologization of social deviance need to be understood in relation to each other; while each existed separately they also served to reinforce each other. The expectation that medical science could improve society was rooted in the development of germ theory, antiseptics, and vaccines, all of which encouraged social reformers to seek guidance from physicians when confronted with social problems. Increased emphasis on hereditarily transmitted diseases and dispositions encouraged reformers' beliefs that social problems such as prostitution and venereal disease, poverty, alcoholism, and crime were caused by both heredity and environmental considerations. Just as some individuals might be more susceptible to certain diseases due to their constitution, so too might some individuals be more susceptible to vice.<sup>28</sup>

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<sup>27</sup> See for example, David Garland's *Punishment and Welfare: A history of penal strategies*, (Hants: Gower Publications, 1988).

<sup>28</sup> Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, (Harvard: Harvard University Press, 1985) 71.

Nova Scotian physicians were not immune to the hope that scientific solutions could in fact be applied to human welfare.<sup>29</sup> The decades between 1880 and 1930 were a period of rapid professional change for the province's physicians, particularly as hospitals transformed from charitable institutions to sites of scientific medicine and physicians experienced a steady improvement in their social and economic circumstances.<sup>30</sup> The faith in medical men, and very occasionally women, extended beyond their areas of training and was reflected in the socio-cultural esteem in which they were held.<sup>31</sup> These assumed positions of moral and social responsibility often resulted in physicians' involvement in eugenic reform as their support was sought to provide both scientific and medical authority as well as moral and personal respectability to reformers' endeavours. At the same time the possibility of improving public health through science and the study of heredity was particularly appealing to physicians. The eugenic belief that social ills might be the result of biological causes promised to further advance physicians' professional authority as defenders of public health.<sup>32</sup>

This is not to suggest a nefarious scheme on the part of the medical profession, but rather to highlight a set of circumstances that encouraged a troubled but symbiotic relationship between physicians, governments and eugenicists. Toward the end of the nineteenth century, and spilling

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<sup>29</sup> Richardson, *Century of the Child*, 27.

<sup>30</sup> Nancy Tomes, "Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940," in *The Journal of American History*, (September 2001), 524.

<sup>31</sup> Physician and historian Matthew K. Wynia suggests that the reason for this increased esteem was in large part due to a "social contract" that physicians were obliged to uphold as a result of professional organization after the mid-nineteenth century. Wynia argues that this early code of ethics, which "demanded altruism, civic-mindedness, devotion to scientific ideals, and a promise of competence and quality assurance" raised physicians to a "special, privileged role in society." Matthew K. Wynia, "The Short History and Tenuous Future of Medical Professionalism: The Erosion of Medicine's Social Contract," in *Perspectives in Biology and Medicine*, (2008) 51(4):568.

<sup>32</sup> McLaren, *Our Own Master Race*, 28-29.

into the twentieth, both local and provincial governments were increasingly faced with perceived social threats that accompanied rapid urbanization and led government agents to seek scientific remedies to social ills. Governments increasingly relied on scientific medicine and its practitioners to detect, treat and prevent the social ills, which popular eugenic theory suggested were biological, dangerous, detectable, preventable and mounting. Together the government and physicians sought the support of each other in the quest for improvements in public health and the creation and maintenance of a productive public body. However, their relationship was often tense.<sup>33</sup>

The social roles and responsibilities of Maritime physicians were pressing topics in the inaugural edition of the *Maritime Medical News* in November 1888. The outrage that spilled onto the page regarding a recently passed *Public Health Act* in the neighbouring province of New Brunswick at first glance gives the impression that physicians believed their services belonged solely to the private, and paid, rather than the public sector. The 1888 *New Brunswick Public Health Act*, and in 1889 the Nova Scotia Public Health Act, required physicians within each province to report to newly formed Provincial Boards of Health (1887) every case that they attended on a list of contagious diseases, including small-pox, cholera, diphtheria, scarlet fever, typhus, typhoid fever, measles and whooping cough. The physician was also required to collect additional information for the state, including the patient's place of school or employment and the steps taken to prevent further infection. Physicians received no remuneration for these services and were faced with fines or imprisonment if they failed to cooperate.<sup>34</sup> The unacknowledged author of the aforementioned editorial stated that physicians begrudged

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<sup>33</sup> Anonymous, Untitled Editorial, *Maritime Medical News*, (1888) 1(1):18.

<sup>34</sup> Anonymous, Untitled Editorial, *Maritime Medical News*, (1888) 1(1):18.

becoming “the sanitary policemen of the Government.”<sup>35</sup> He felt the demands moved beyond the scope of the medical profession, and he resented the fact that the government refused to establish a pay scale for services to compensate the physicians for these additional duties.<sup>36</sup> Despite the professional resistance, in 1889 Nova Scotian legislators followed New Brunswick’s lead and created a Board of Health in Halifax, as well as in some of the smaller provincial locales. Amendments in 1890 and 1893 created a Provincial Health Board.<sup>37</sup> The “confiscating” of physicians’ services by the government and the backlash of non-compliance that accompanied it provides a starting point from which to examine the negotiations for authority, recognition and power between Maritime provincial governments and the increasingly unified body of working physicians.<sup>38</sup>

Maritime Historian Colin Howell has suggested that it was less the demand placed on the physicians by the Boards of Health that the group resented, than the lack of recognition that they received in return.<sup>39</sup> In addition to reporting illness, physicians were increasingly required to fill out certificates of birth, death and mental health all of which, the editorial author argued “[are] the giving of a professional opinion, the payment for which forms a part of the income of every practising physician.”<sup>40</sup> This editorial reflects an attitude amongst regional physicians that was in stark contrast to popularly and professionally held views of physicians’ duties to society less than

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<sup>35</sup> Anonymous, Untitled Editorial, *Maritime Medical News*, (1888) 1(1):18.

<sup>36</sup> Anonymous, Untitled Editorial, *Maritime Medical News*, (1888) 1(1):18.

<sup>37</sup> The Public Health Board consisted of the Provincial Secretary; the Attorney General; Commissioner of Public Works and Mines and the Superintendents of the Victoria General Hospital and the Nova Scotia Hospital for the Insane. A.P.Reid, “The Public Act of Nova Scotia” in *Maritime Medical News*, (1906) 18 (6): 216.

<sup>38</sup> Anonymous, Untitled Editorial, *Maritime Medical News*, (1888) 1(1):18.

<sup>39</sup> Colin D. Howell, “Reform and the Monopolistic Impulse: The Professionalization of Medicine in the Maritimes,” *Acadiensis* (1981) 11(1): 3-22.

<sup>40</sup> Anonymous, Untitled Editorial, *Maritime Medical News*, (1888) 1(1):18.



two decades later. In 1897 J.F. McDonald, president of the *Medical Society of Nova Scotia*, warned against the business model of medicine in his presidential address. Physicians, he felt, should guard the honour of their profession and be actively involved in the protection of the society to which they belonged.<sup>41</sup> Whereas a decade earlier physicians had decried the initiatives of the New Brunswick and Nova Scotia Boards of Health, now McDonald worried that the Provincial Boards of Health were “doing comparatively nothing.”<sup>42</sup> McDonald stated that Nova Scotian physicians now sought a “live, active, Provincial Board of Health,” which would consult with the medical community and use their expertise to put in place active sanitary reform and preventative measures.<sup>43</sup> McDonald encouraged the image of the heroic physician full of “courage and self-sacrifice” always willing to give his time and life, if necessary, so as to stem the “suffering [of] humanity.”<sup>44</sup> Beneath the nobility of McDonald’s words was the recurring theme of the need to continue to secure physician authority. In his conclusion he warned his audience of physicians to stand united and “look forward to the future with a more jealous regard for the honor [sic] and elevation of [their] profession.”<sup>45</sup> To maintain and encourage the prestige of the medical profession, he admonished his audience to “take a still greater interest in the prosperity of this society for the advancement of the scientific and other interests of our noble profession.”<sup>46</sup> McDonald’s warnings revealed the tension that existed between the government and the medical profession.

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<sup>41</sup> J.F. McDonald, M.D. “Presidential Address: Our Duty as Physicians and Citizens in the Work of Sanitation and Preventive Medicine,” in *Maritime Medical News*, (1897) 9(8): 261-269.

<sup>42</sup> McDonald, “Presidential Address,” 262.

<sup>43</sup> McDonald, “Presidential Address,” 262.

<sup>44</sup> McDonald, “Presidential Address,” 269.

<sup>45</sup> McDonald, “Presidential Address,” 261.

<sup>46</sup> McDonald, “Presidential Address,” 261.

Many physicians believed that the government was responsible for setbacks to the medical profession that had been caused by lack of regulation. The new era of scientific medicine relied increasingly on technical skill, understanding, and an affiliation with physical institutions.<sup>47</sup> That the physicians, upon realizing the necessity of their new relationship with the hospital, sometimes found themselves in conflict with the government-appointed administration is hardly surprising. The physicians who practised in the hospital and the administrators who ran it came largely from the same social class; however, they necessarily had different interests.<sup>48</sup> Physicians, as demonstrated by McDonald's address, understood that the hospital served three purposes – medical, educational, and scientific; the administrators, on the other hand, were tasked with the moral, legal, and financial care of the institution.<sup>49</sup> Characteristic of this tense relationship, and at least partially due to the increased sophistication of medical technologies, by the late nineteenth century physicians were gaining the upper hand over irregular practitioners but they were still seeing their services devalued by governments who were progressively assuming more responsibility for the health of the population.<sup>50</sup> As the Nova Scotian government

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<sup>47</sup> Gagan and Gagan, *For Patients of Moderate Means*, 31-33; The shift to scientific medicine was not always without resistance. In the pages of the *Canadian Medical Association Journal* for instance an editorial in 1911 lamented the new style of medicine being taught in Canadian medical schools. The author argued that most of the graduates would be practising medicine in rural or town situations where they would not have access to the technology they were being taught to be dependent on. Anonymous, "Editorial: Canadian Medicine," in *Canadian Medical Association Journal*, (1911 1(2):149-151.

<sup>48</sup> Rosenberg, *The Care of Strangers*, 338.

<sup>49</sup> McDonald, "Presidential Address," 261; Rosenberg, *The Care of Strangers*, 338.

<sup>50</sup> In 1906 Physician Willis B. Moore from Kentville, Nova Scotia, published a paper that he had read at the annual meeting of the Medical Society of Nova Scotia earlier that year in which he lamented the need for the medical community to constantly "combat the ignorance and greed...[of the] vampire-like rascals who manipulate the patent medicine interests, and fatten upon the mental, moral, and physical weaknesses of the race." Willis B. Moore, "The Possibilities of Improvement in the Human Race by Closer Association with the Medical Profession," *Maritime Medical News*, (1906) 18(9): 335-340; Daniel M. Fox, "Medical Institutions and the State," in W.F. Bynum and Roy Porter eds., *Companion Encyclopedia of the*

sought to exercise authority over the practices of physicians by demanding the reporting of patient information, the physicians worried that if they provided their specialized services to the government, by means of reporting their diagnoses, without receiving the official recognition which the *Public Health Act* implied, then an opportunity to reinforce their professionalization was lost.<sup>51</sup> Nonetheless, by the early twentieth century the construction of the physician as an expert in human nature extended their authority far beyond the range of their knowledge. The governmental move to public health, occurring at the same time that physicians were transitioning to institutional medicine and increasingly winning their battles for credibility and authority over irregular practitioners, promised the possibility of unwelcome state interference in medical practice but also presented an opening for physicians to secure and elevate their professional status.<sup>52</sup>

The endeavours of the physician population to solidify its professional legitimacy align with Michel Foucault's assertions regarding a new type of power involving populations which evolved steadily onward from the seventeenth century and focused almost exclusively on social production and social service.<sup>53</sup> This emphasis on social usefulness and social power was firmly entrenched by the turn of the twentieth century as social reformers and critics, as well as

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*History of Medicine*, (New York: Routledge, 2013), 1217-1219; Susan Lawrence argues that the domination of the medical field by regular practitioners occurred decades later in the Anglo-American world citing campaigns by physicians into the twentieth century to restrict the practice of irregular practitioners. See: Susan Lawrence, "Medical Education," in W.F. Bynum and Roy Porter eds., *Companion Encyclopedia of the History of Medicine*, (New York: Routledge, 2013), 1168; in Canada medical licensing remained in effect from the seventeenth century onward; however, Canadian physicians were aware of the trend toward deregulation in the United States, for more on Canadian medical licensing see: Duffin, *A History of Medicine*, 120-121.

<sup>51</sup> Moore, "The Possibilities of Improvement in the Human Race by Closer Association with the Medical Profession," 335-340.

<sup>52</sup> Howell, "Reform and the Monopolistic Impulse," 4.

<sup>53</sup> Michel Foucault, "Truth and Power," from *Power and Knowledge* reprinted in *The Foucault Reader*, (New York: Pantheon Books, 1984) 66.

governments themselves, emphasized the necessity of receiving productive and concrete services from the nation's citizens. This relatively new understanding of power in relation to the population created a desire for surveillance and regulation over the population. For nations to be at their strongest their populations needed to be fit, organized and reproducing while at the same time constructively contributing to the country's economy. Physicians possessed the training to assess and evaluate both overall fitness and desirability of reproduction at the population level. According to Foucault, "these new techniques needed to grapple with the phenomena of population, in short, to undertake the administration, control, and direction of the accumulation of men."<sup>54</sup> The problems that arose for a nation, or a province, preoccupied with the "accumulation of men" involved a series of matters such as fertility, child care, hygiene, criminality, and longevity – all of which fell under the umbrella of public health, and all of which Maritime physicians had been actively discussing in medical journals and organizations for the previous few decades.<sup>55</sup>

***William Harrop Hattie, Alexander Reid and the 1917 Report Respecting the Feeble-Minded in Nova Scotia***

In the *1917 Report Respecting the Feeble-Minded in Nova Scotia* Halifax physician William Harrop Hattie stated that to propose the implementation of sexual sterilization in Nova Scotia, no matter how well it had been perceived to have worked in other locales, would offend

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<sup>54</sup> Foucault, "Truth and Power," 67.

<sup>55</sup> See for example: W.H. Hattie, "Communication of disease from animals to man,," *Maritime Medical News* (1892) 4(5): 83-84; W.H. Hattie, "Physical education of children," *Maritime Medical News* (1892) 4(6): 106-107; J.F. McDonald, "Our duty as physicians and citizens in the work of sanitation and preventive medicine," *Maritime Medical News* (1897) 9(8): 261-269; W.H. Hattie, "The Role of education in the development of self-control," *Maritime Medical News* (1902) 4(8): 280-286; William Bayard, "Preventive Medicine," *Maritime Medical News* 12(1900) 12(8): 261-273; George E. DeWitt, "How the schools can be utilized in promoting public health," *Maritime Medical News* (1905) 17(12): 436-444.

the sentiments of the provincial population.<sup>56</sup> Throughout his career Hattie's positions had straddled the worlds of medical practice, education, provincial and municipal politics, public health, and government-run medical institutions. In these roles he enjoyed the perspective of both physician and politician and was particularly adept at recognizing what the region's population would and would not support. During his lifetime Hattie served as the Superintendent of the Nova Scotia Hospital for the Insane, the Provincial Bacteriologist, the Dean of Medicine at Dalhousie University, Chief Public Health Officer, and was an editor of both the *Maritime Medical News* and its successor the *Canadian Medical Association Journal*. Memorialized at the time of his death in the *Nova Scotia Medical Society Bulletin* Hattie appeared larger than life; "no medical man in Nova Scotia," the eulogist wrote, "has ever been as much in the eye of the public and as high in the estimation of his associates, as Doctor Hattie."<sup>57</sup> Hattie's influence extended beyond the provincial medical community; he was also active in the Council of Mental Hygiene, Royal Institute of Public Health, American and Canadian Public Health Associations and the American Psychiatric Association.<sup>58</sup> Dr. Grant Fleming, the director of the Department of Public Health and Preventative Medicine at McGill University, wrote to the *Nova Scotia Medical Bulletin* after hearing of Hattie's death, stating that "Doctor Hattie was an outstanding figure in Public Health, and the loss sustained by your University is also a national one."<sup>59</sup> The wide range of positions Hattie held and the causes he was involved with all reflected his belief that science could and should be used to prevent mental defect and improve society.<sup>60</sup> Hattie's

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<sup>56</sup> W.H. Hattie, *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

<sup>57</sup> "William Harop Hattie," in *The Nova Scotia Medical Bulletin*, (1932) 11(1): 3.

<sup>58</sup> "William Harop Hattie," 4.

<sup>59</sup> Grant Fleming, "Letter" in *The Nova Scotia Medical Bulletin*, (1932) 11(1): 3

<sup>60</sup> W.H. Hattie, "The Prevention of Insanity," in *The Canadian Medical Association Journal*, (1911) 11(1):1020.

definition of defect seems to have served as an umbrella term that encompassed both individuals whom we would understand today to be mentally ill as well as those who were born with or later developed cognitive or intellectual disabilities. Hattie asserted that all of these individuals posed a danger to society albeit to varying degrees, and all could be prevented if “common sense,” were applied to the “propagation of the human species.”<sup>61</sup> Hattie calculated that the custody and support of “useless members of society” was costing Canada three million dollars annually; however, despite his assertion that controlled reproduction could remove this financial burden he did not advocate the implementation of eugenic sterilization programs.<sup>62</sup> Instead he argued that the “gentle art of persuasion” might be used to convince individuals “predisposed to psychic disturbance” to avoid marriage and procreation.<sup>63</sup> However, he continued, “When there is evident defect, particularly if any tendency to eroticism is manifest, the safety of the community, as well as of the unfortunate individual, demands segregation in a suitable institution. This costs more than sterilization or the lethal chamber, but does less violence to sentiment.”<sup>64</sup>

Hattie’s cautious approach to the detection and care of people he termed both insane and feeble-minded was paired with his ability to act as a tenacious lobbyist while also being known as particularly “conversant with the most recent developments in medical science.”<sup>65</sup> In sum, he possessed the knowledge, the authority, the doggedness, and the concern for the welfare of both society and those he would see restricted that garnered the respect and attention of his middle-class peers. Additionally, Hattie’s legacy of articles, editorials and other written accounts demonstrated that in many ways he was representative of the apparent contradictions that

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<sup>61</sup> Hattie, “The Prevention of Insanity,” 1021.

<sup>62</sup> Hattie, “The Prevention of Insanity,” 1019, 1021.

<sup>63</sup> Hattie, “The Prevention of Insanity,” 1021-1022.

<sup>64</sup> Hattie, “The Prevention of Insanity,” 1022.

<sup>65</sup> “William Harrop Hattie,” 4.

characterized the medical expression of eugenic ideology in Nova Scotia. Hattie recognized the need for popular support in order to successfully implement a eugenic program. Nova Scotian eugenicists actively courted public opinion through programs of education aimed at both the physician and the patient. These early efforts led to Nova Scotia becoming one of the first Canadian provinces to legislate eugenic policy. The campaign success of these early reformers can at least partially be attributed to the authority of the physicians and psychiatrists who swelled their ranks and the often overlapping roles of politician, physician, and reformer that individuals such as Hattie and Reid exemplified.

Hattie began his tenure at the Nova Scotia Hospital in 1892 and served until 1895, later returning in 1898 to assume the position of superintendent.<sup>66</sup> Hattie held that position for sixteen years and during that time he adamantly opposed the removal of the “so-called harmless insane,” from the provincial hospital to county poor houses for both humane and eugenic reasons.<sup>67</sup> Hattie believed that the best defense against insanity and feeble-mindedness was a strong educational program aimed at teaching physicians how to identify signs of hereditary risks.<sup>68</sup> At the time of his death on 5 December 1931 William Hattie was involved “with nearly every welfare organization operating in Nova Scotia,” and oversaw all licensed physicians in the province as the Registrar of the Provincial Medical Board.<sup>69</sup> Hattie’s institutional and political careers

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<sup>66</sup> In the interim between 1895 and 1898 Hattie served as the provincial bacteriologist and headed a health laboratory at the Victoria General Hospital under Superintendent Alexander Reid the former Superintendent of the Nova Scotia Hospital. When Reid’s successor at the Nova Scotia Hospital, George Sinclair, left his post in 1898, Hattie was appointed as Superintendent of the Nova Scotia Hospital. *Mount Hope Then And Now*, 67; “W.H. Hattie Appointed to position of Superintendent, Nova Scotia Hospital for the Insane, *Maritime Medical News* 10(1898): 10: 346.

<sup>67</sup> “William Harrop Hattie,” 3.

<sup>68</sup> Hattie, “The Prevention of Insanity,” 1026.

<sup>69</sup> “William Harrop Hattie,” 3,4.

coincided with the popularization of eugenic theory and practice in Nova Scotia. Unlike many of his peers, he had graduated from a Canadian medical school, McGill, in 1891 and returned to his native province where he accepted a position at the Nova Scotia Hospital for the Insane, which ultimately influenced both his medical practice and political beliefs. Immersed in asylum medicine from the beginning of his career, Hattie was concerned with the care, and at times lack thereof, for individuals considered mentally defective in the province. Hattie's turn to eugenics followed his earlier efforts to implement a system that would better classify and treat forms of mental defect. From his positions within the Nova Scotia Hospital Hattie observed the flaws in the system then in place to care for people who were unable to care for themselves. As the population within the provincial asylum and the county homes continued to grow, Hattie became convinced that the cause was the relative disregard with which mentally deficient individuals, who were perceived as harmless, were treated. He argued that by leaving these individuals largely unsupervised the government was compounding the problem, as no measures were being taken to prevent individuals who were incapable of contributing to society from reproducing. As such, Hattie embraced eugenics in response to the suffering that he perceived to have been caused by hereditary defect as well as the financial and social costs to society more so than as a means to advance the race per se.<sup>70</sup> In 1911 Hattie called attention to the anguish of mental disease, writing that:

Most forms of mental disease cause the patient more or less acute mental suffering, and bring to all the patient's friends mixed feelings of anguish, humiliation, and fear, which rob life of much of its attractiveness for them.<sup>71</sup>

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<sup>70</sup>Hattie's influence in the province's eugenic ideals and his close ties with public health contributed to the form that the province's realization of eugenics took and will be discussed in the next chapter. See for example: W.H. Hattie, "The Physician's Part in Preventing Mental Disorder," *Canadian Journal of Mental Hygiene*, (1929) 4(5):118.

<sup>71</sup> Hattie referred to both acquired and congenital mental disease. W.H. Hattie, M.D., "The Prevention of Insanity," *The Canadian Medical Association Journal*, (1911) 1(11):1020.



The solution, he wrote, was to prevent all forms of insanity. The question was how? Hattie struggled to understand the etiology of the wide spectrum of diseases that he treated. After studying the annual reports of British asylums he surmised that between 20 and 25 percent of the patients admitted to the asylums in England and Wales in 1908 had a history of insanity in their families; he also asserted that “various neuroses and marked eccentricity,” as well as alcoholism appeared to be hereditary.<sup>72</sup> Yet even while proposing that there was an apparent hereditary factor contributing to mental disease, Hattie was not entirely convinced that what he was seeing was either fully hereditary or environmental. It was most likely, he supposed, that a combination of heredity and environment contributed to the occurrence of mental disease. Much the same way, he suggested that an individual might be predisposed toward tuberculosis but only develop the disease when resistance was lowered through adverse conditions.<sup>73</sup>

Hattie, like many other physicians, was attracted to the medical model of mental illness that was adopted by many public health reformers during the early decades of the twentieth century.<sup>74</sup> As he participated simultaneously in organizations dedicated to psychiatry, medicine and public health, he came to the conclusion that the prevention of mental disease could not be accomplished if only the problem of the insane was addressed.<sup>75</sup> Hattie believed that the “more reasonable sort” of mental patient might voluntarily refrain from having children, as might individuals who likely carried hereditary flaws should they be identified and educated early enough in their lives. Of greater concern for Hattie were the feeble-minded people whom he was

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<sup>72</sup>Hattie, “The Prevention of Insanity,” 1021.

<sup>73</sup>Hattie, “The Prevention of Insanity,” 1021.

<sup>74</sup>“William Harop Hattie,” 4.

<sup>75</sup> Hattie belonged simultaneously to the Council of Mental Hygiene, the Royal Institute of Public Health, the American and Canadian Public Health Associations and the American Psychiatric Association

certain existed in greater numbers outside of institutions. These individuals, Hattie asserted, were unlikely to cease having children of their own accord, due to their inability to either understand the threat they posed or the ability to control their own impulsiveness and sexuality.<sup>76</sup>

Hattie's view was not necessarily unique. Alexander Reid and George Sinclair who had served as Superintendents of the Nova Scotia Hospital before Hattie had both been active participants in the medicalization of mental disease and the early eugenic discourse.<sup>77</sup> In Reid's *Stirpiculture* he argued that there were "four classes" of humans: (1) the *Good*; (2) the *Bad*; (3) the *Irresponsibles*; and (4) the bulk of humanity.<sup>78</sup> Of these classes he stated that the first and the second should not concern the medical reformer; they would prosper in the first case and die out in the second. The third class, the *Irresponsibles*, included the "Insane and Idiotic" and was, Reid argued, "gradually increasing."<sup>79</sup> Reid contended that this irresponsible class was a result of the lack of education and care taken by the fourth class. Although Reid believed that the degeneracy that characterized the third class would never disappear completely, he asserted that with careful training and guidance, the third class could at the very least be "greatly reduced in numbers."<sup>80</sup> Reid connected idiocy and insanity with criminality and concluded that proper education of both physicians and the public would reduce the occurrence of degeneracy that resulted in criminality.<sup>81</sup> Of Reid's third class, *The Irresponsibles*, he, like many eugenically-minded reformers, believed the most dangerous individual to be the high functioning moron who was essentially a born criminal who lacked the moral understanding but possessed enough

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<sup>76</sup> Hattie, "The Prevention of Insanity," 1021.

<sup>77</sup> *Mount Hope Then And Now*, 70.

<sup>78</sup> Reid, *Stirpiculture*, 4.

<sup>79</sup> Reid, *Stirpiculture*, 5.

<sup>80</sup> Reid, *Stirpiculture* 5.

<sup>81</sup> Reid, *Stirpiculture*, 6-7.

intelligence and functionality to pass relatively unnoticed in society.<sup>82</sup> Of lesser concern in terms of criminality were those individuals in whom insanity lay dormant, passed hereditarily through their bloodlines and only emerged when triggered by environmental or physical events. These individuals were more likely to become immoral or violent and inflict physical, emotional, or even economic trauma upon their loved ones and society.<sup>83</sup>

These late onset disorders Hattie and Reid grouped under the umbrella term of insanity, accepting the possibility that some people might have a predisposition to mental disease however they also believed that the disease had to be activated by certain environmental and circumstantial triggers. In the instance of insanity Hattie listed “prolonged mental stress, alcoholism, puberty and adolescence, sudden mental stress, senility, epilepsy, syphilis, influenza, cardio-vascular degeneration [and] trauma,” as potential causes, all of which could be influenced by the subject’s sex and age.<sup>84</sup> Hattie’s emphasis on sex is noteworthy though not uncommon. He observed that women were generally more at risk for mental disorder than men and that risk intensified during puberty, pregnancy, lactation, and menopause as well as when confronted with “disorders of the reproductive system.”<sup>85</sup> It was during these experiences, he assured his reader, that the physician played an especially important role. When dealing with the patient he must be tolerant, tactful, and fair to avoid alarming the patient. The physician should, Hattie advised, ensure that the home life is as “happy and tranquil” as possible.<sup>86</sup> In 1902 Hattie published an article in *The Maritime Medical News* titled “Mental Disturbances During the Puerperium” that

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<sup>82</sup> Reid, *Stirpiculture*, 6-7.

<sup>83</sup> Hattie, “The Prevention of Insanity,” 1022.

<sup>84</sup> Hattie, “The Prevention of Insanity,” 1022.

<sup>85</sup> Hattie, “The Prevention of Insanity,” 1023. See also: Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, (Middlesex: Penguin, 1985).

<sup>86</sup> Hattie, “The Prevention of Insanity,” 1023.

detailed his experience with postpartum women at the Nova Scotia Hospital. Again he suspected that the predisposition to mental disease was hereditary but that it lay hidden until the woman experienced the mental and physical “shock caused by the act of delivery.”<sup>87</sup> In suggesting that even women who seemed normal might carry mental disorder hidden until it was uncovered through the strain of child bearing, Hattie forcefully asserted that physicians must be especially aware of this possibility in women who they suspected of having “a defective nervous organization.”<sup>88</sup> Hattie demonstrated the lingering influence of Classical thought as he asserted that the mother contributed matter to the child while the father contributed his energy, therefore seeing the act of pregnancy and birth as diminutive to the mother.

Hattie assumed that the relationship between the mother’s weaker physical form and her mind had become disordered by a combination of poor heredity and stress. To return a patient to health, Hattie recommended disciplining the body through a “careful regulation of diet and exercise” including forced feeding by esophageal tube as soon as food was refused, something which was likely, given the quantities of food which he prescribed, including a dozen eggs a day.<sup>89</sup> Hattie recommended that this regimen be carried out in the institution as he believed it was “rarely possibly to discipline a patient at her own home as the character of the case requires.”<sup>90</sup> Finally, Hattie advised that recurrences were “frequent” and the predisposition to

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<sup>87</sup> W.H. Hattie, “Mental Disturbances During the Puerperium,” in *The Maritime Medical News* (1902) 14(10): 362.

<sup>88</sup> Hattie, “Mental Disturbances During the Puerperium,” 364.

<sup>89</sup> Hattie, “Mental Disturbances During the Puerperium,” 367.

<sup>90</sup> Hattie, “Mental Disturbances During the Puerperium,” 369.

mental disease likely passed to offspring and as such the risk of future pregnancies “should always be impressed upon patient and husband.”<sup>91</sup>

In Nova Scotia, Reid also followed this constructivist view and placed the blame for mental deficiency, crime, adultery, and any other number of social and moral crimes on women entering the industrial economy. He argued that young women were refusing domestic work

From the false idea that it is more dignified and honourable [to work in] factories, stores, &c., [which are] preferred by females, though the labour is more severe and continuous and the pay less with poorer board and accommodation and temptations to immorality – not always resisted – while domestic service is poorly supplied in quantity as well as in quality. This good, practical school to fit a woman for household duties has a minimum of pupils.<sup>92</sup>

While placing blame for the ills of society on the pride of young women Reid also blamed their mothers, writing that they allowed “their daughters to grow up in ignorance.”<sup>93</sup> Reid asserted that selfish young women, unwilling to engage in domestic service in preparation for marriage were contributing to the rise in mental deficiency. He explained that because they chose to forego the training they would have received in household management and related duties that accompanied the tradition of domestic service they were incapable of fulfilling their duties once married and subsequently the home environment became unagreeable. Reid wrote that “the uncongenial atmosphere in too many homes, the divorces and suicides are, I believe, not so much the fault of the men as that their homes...are not made the most agreeable places to live in.”<sup>94</sup> As women eschewed domesticity, according to Reid, they also became cold and unwelcoming and as such their failings would force their husbands to “get warmth which may be of shady character, with,

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<sup>91</sup> Hattie, “Mental Disturbances During the Puerperium,” 369; This prescriptive advice aligns with contemporary observations regarding the female body in Victorian Canada that has been documented by Mitchinson. Mitchinson, *The Nature of Their Bodies*, 281.

<sup>92</sup> Reid, *Stirpiculture*, 8.

<sup>93</sup> Reid, *Stirpiculture*, 8.

<sup>94</sup> Reid, *Stirpiculture*, 9.

as a result, mutual recriminations.”<sup>95</sup> In sum, by moving out of the domestic sphere Nova Scotian women of relatively good stock were becoming poor wives and forcing their husbands into the arms of other women whom Reid surmised were likely of both poor moral character and mental ability which in turn led to further births of illegitimate and likely mentally deficient children. Additionally, the husbands could potentially infect their wives with venereal disease, contracted through their extra-marital liaisons, resulting in the birth of diseased and mentally deficient children within the marriage as well. The solution that Reid proposed was that the “strictest laws possible” should be applied to protecting the sanctified sphere of the marriage and female domesticity.<sup>96</sup>

For reformers and concerned onlookers who might not make the ideological leap from industrial employment creating bad wives, which then justified adultery and led to the birth of mentally deficient children, the factory and business still posed a danger to familial life and future generations. Wendy Kline has demonstrated the ways in which reformers feared that the attraction of work and, for the privileged minority, education, posed the danger of drawing women away from their traditional role of mother and homemaker, which in turn endangered the upbringing and character of the children they already had and the very existence of those who had not yet been conceived.<sup>97</sup> While concerns surfaced that fit women might become enamoured with work or education and eschew motherhood, at the opposite end of the spectrum was the dangerous fertility of the moron. Kline argues that these opposing images of motherhood, the mother of tomorrow who was squandering her reproductive potential and the dangerously fecund moron, contrasted the procreative potential of women of the right class and race, upper-middle

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<sup>95</sup> Reid, *Stirpiculture*, 9.

<sup>96</sup> Reid, *Stirpiculture*, 8.

<sup>97</sup> Kline, *Building a Better Race*, 10-13.

class and white, who were securely enmeshed within the patriarchal system and the dangerous fertility and sexuality of women of the wrong class and race, lower class and non-white or tarnished white, who were not securely under society's control.<sup>98</sup>

Reid's alarm reflects the social unease that the increased visibility of young urban working women caused as their presence threatened to blur the lines between the mother of tomorrow and the moron. Compounding this anxiety were broader concerns regarding the industrial workplace. Historian Dorothy Porter has stated that the period of "most intense activity" in public health reform spanned the nineteenth century and ended with the First World War.<sup>99</sup> She suggests that this explosion of concern over the health of the masses was a direct result of the rapid industrialization that occurred after the end of the eighteenth century.<sup>100</sup> Social reformers and commentators assumed that the high-grade female moron who was capable of completing simple and repetitive tasks would be able to enter the industrial workplace without detection. In doing so the moron might influence normal working women in such a way that they too might become immoral and/or criminal and might also gain access to feeble-minded men who could be lured into sexual relations resulting in the birth of more feeble-minded children. Women's public work escalated the anxieties that surrounded the social mixing of genders and classes by disrupting the delineated social boundaries of the nineteenth century.<sup>101</sup>

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<sup>98</sup> Kline, *Building a Better Race*, 3.

<sup>99</sup> Dorothy Porter, "Public Health," in W.F. Bynum and Roy Porter eds., *Companion Encyclopaedia of the History of Medicine*, (New York: Routledge, 2013):1231.

<sup>100</sup> Porter, "Public Health," 1238.

<sup>101</sup> For further discussion of the negotiation of public space see: Mary P. Ryan, *Women in Public: Between Banners and Ballots, 1825-1880*, (Baltimore: Johns Hopkins University Press, 1990), 64. Ryan associates the rise in women's freedom and visibility with a preoccupation with women's "regulation and protection" as manifested in public ordinances.

The sporadic nature of Nova Scotia's industrialization was even more socially troubling than in areas that experienced steady industrial boom. Industrialization in the province truly began around 1883 with the opening of a cotton factory in the north end of Halifax. The factory, owned by The Nova Scotia Cotton Manufacturing Company, was a venture in industrial speculative capitalism embarked on by a number of the city's wealthy businessmen. The company was never truly profitable and was sold to the Dominion Cotton Mills Company of Montreal in 1891. Nevertheless, at the time of the sale the factory was still the second largest industrial employer in Halifax. It was also a site of high female employment. In 1891, 146 of the 317 workers were female and 15 of those were under the age of sixteen. Fingard, Guildford, and Rutherford have demonstrated the mixed reactions surrounding the existence of the factory in the city; on the one hand it was held by the middle classes to be a symbol of industrialization and progress, while at the same time raising concerns for those same classes as the employment of large numbers of women was seen to upset the social order.<sup>102</sup> Middle-class women responded by successfully lobbying the government for a provincial factory act in 1901 and becoming involved with other reform movements that sprung from the new threats, whether real or imagined, that accompanied the changing dynamics of the city.<sup>103</sup> Halifax had also become home to sugar refineries and other large scale mechanized industries but most industry in the city sputtered and often failed. With industrialists across Canada focussing on consumer goods, resulting in the supply being larger than the market, and the completion of the Intercolonial Railway, which made cheaper consumer products available, Halifax experienced periods of booming employment followed by periods of deep unemployment, which caused reformers to

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<sup>102</sup> Judith Fingard, Janet Guildford, and David Sutherland, *Halifax: The First 250 Years*, (Halifax: Formac Publishing Company Limited, 1999), 93.

<sup>103</sup> Fingard, Guildford and Sutherland, *Halifax*, 93.



worry about how independent women workers might support themselves in times of economic downturn.<sup>104</sup>

Physicians, including psychiatrists, allegedly possessed a unique set of tools to respond to these apparent socio-economic threats. By the early twentieth century scientific medicine was firmly rooted; affiliation with institutions such as hospitals, asylums, and universities was a sign of prestige. By merit of his education the physician was awarded a paternalistic authority that both permitted and required him to take an active interest in civil matters. At the same time physicians had created professional organizations that both protected and forwarded their interests. And finally physicians like Hattie, Sinclair, and Reid, who demonstrated initiative, could also integrate themselves into the public health system that was consolidating under government control at the beginning of the century. These new methods of medico-governmental organization encouraged an unprecedented monitoring of the general population, which easily loaned itself to eugenic plans for improvement.

*The Maritime Medical News* during the two decades that spanned the turn of the century provides insight into the evolving relationship between Nova Scotian physicians and public health. The resistance to and resentment at being made the “sanitary policemen of the Government”<sup>105</sup> that appeared in the pages of the medical journals in 1888 was replaced over time by active and even eager physician involvement. Reid wrote in 1904 of the then recent transition from a Provincial Board of Health to a department and the creation of the role of the Provincial Health Officer (a position that Hattie later filled).<sup>106</sup> The Provincial Bacteriological

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<sup>104</sup> Fingard, Guildford and Sutherland, *Halifax*, 94.

<sup>105</sup> Editorial, “Public Health Act,” *The Maritime Medical News*, (1888) 1(1): 18.

<sup>106</sup> A.P. Reid, “The Public Health Act in Nova Scotia,” *The Maritime Medical News*, (1904) 18(5): 311; The Provincial Board of Health had been created in 1893 and consisted of the Provincial Secretary, the Attorney-General, Commissioner of Public Works and Mines,

Laboratory was another offshoot of the initially despised *Public Health Act* that Reid later praised as valuable to both the “province and the profession.”<sup>107</sup> In early 1917 an editorial in the *Canadian Medical Association Journal* (which replaced the *Maritime Medical News* in 1911) agitated for the control of the medical inspection of schoolchildren, which at the time resided with the school boards, to be turned over to provincial health authorities, in the case of Nova Scotia this being the Board of Health.<sup>108</sup> By spring of the same year the *CMAJ* reported that the Halifax City Council had granted the Board of Health the authority to draft bylaws intended to penalize landlords whose rental properties were deemed unsanitary by the Board.<sup>109</sup> The following month the journal reported that the need for a federal Department of Public Health had been “again introduced in the House of Commons.”<sup>110</sup> The topic had been put forward by a physician who served as Member of Parliament for South Perth, Ontario, and the editor of the *CMAJ* wrote that it had been suggested and defeated before despite strong support from the medical community. The institution of a federal Department of Health, the editor asserted, would encourage the improvement of the Canadian populace by bringing the supervision of the health of the population “under one efficient department.”<sup>111</sup> Involvement in public health created new roles for physicians in society; they became increasingly responsible for policing the physical,

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Superintendent of the Victoria General Hospital in Halifax, Superintendent of the Nova Scotia Hospital for the Insane and four physicians. The four physicians received an allowance of \$100 annually and the rest only travel expenses as their roles on the Board were considered to be a duty of their office. For more information see A.P. Reid, “The Public Health Act of Nova Scotia,” *The Maritime Medical News*, (1906) 18(6):216-220.

<sup>107</sup> Reid, “The Public Health Act in Nova Scotia,” 311.

<sup>108</sup> Editorial, “Medical Inspection of Schools,” *Canadian Medical Association Journal*, (1917) 7(1): 65-66.

<sup>109</sup> “News: Maritime Provinces,” *Canadian Medical Association Journal* (1917) 7(5): 463.

<sup>110</sup> “A Federal Department of Public Health,” *Canadian Medical Association Journal*, (1917) 7(6):545-546.

<sup>111</sup> “A Federal Department of Public Health,” *Canadian Medical Association Journal*, (1917) 7(6):545-546.

mental, moral, industrial, and residential health of citizens. Topics that received some of the most attention included the treatment and prevention of diseases, including tuberculosis, cancer, and poliomyelitis most commonly, the detection and isolation of threats to the social body, namely feeble-mindedness and insanity, the health of the working class, involving school, home, and workplace inspections, and the identification, prevention, and treatment of moral problems such as alcoholism, prostitution, and venereal disease.<sup>112</sup> As physicians, government departments, and officials became more comfortable working together for the public good the provincial government began to fund information collecting expeditions by sending committees consisting of physicians and civil servants to survey the population.

The *1917 Report Respecting the Feeble-minded in Nova Scotia* represents one such initiative.<sup>113</sup> That particular report resulted from a survey of the province conducted by Hattie, A.H. Mackay and Judge E.H. Blois, who later served as the judge of the provincial juvenile court. The three-man Commission toured the province inspecting schools and the limited institutions that existed. Within these facilities Hattie, MacKay and Blois identified the aforementioned 92 feeble minded children. That a significant portion of the children already under the care of provincial institutions were found to be mentally deficient was unsurprising considering that they had already been institutionalized. Of far greater concern were the 235 cases of mental deficiency that the men reported to have discovered in the public school system.<sup>114</sup> The Commission submitted their report to the provincial government in early 1918.

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<sup>112</sup> "The Venereal Disease Problem," *Canadian Medical Association Journal*, (1917) 7(8):740-745.

<sup>113</sup>W.H. Hattie, *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

<sup>114</sup>*Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

Among their recommendations was the suggestion that “provision...be made for the continued care of feeble-minded persons,” and that “legislation [be] enacted whereby feeble minded females of child-bearing age might be legally committed to a proper institution.”<sup>115</sup> Although the men remarked on the number of children found to be feeble minded in the public schools, their response was to encourage a means with which to confine feeble minded women; in doing so they equated the high number of feeble minded children with the reported fecundity of the female high grade moron. These early proposals, put forth by authoritative and influential men, demonstrate the extent to which the social construction of the feeble-minded mother and the threat she posed to society had been accepted and incorporated into the white, Anglo-Saxon, Protestant, upper-middle class world view.<sup>116</sup>

While Hattie and Reid became involved with eugenics during their tenures at the Nova Scotia Hospital and thereby approached the problem of mental deficiency in the province from a medical perspective, both men later held government positions tied to public health initiatives. Although very little work has been done specifically on the relationship between public health and eugenics in Canada, American historian Martin Pernick has explored the sometimes-troubled relationship between American public health and eugenic programs and initiatives extensively. Pernick concludes that while the goal of reducing morbidity and providing for the lower classes could conflict with certain Malthusian and Social Darwinian beliefs that were sometimes embraced by eugenicists, the disease model from which public health operated was also very

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<sup>115</sup>*Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

<sup>116</sup> Although the report had been finalized in the fall of 1917, before the government could act upon it, Halifax experienced a devastating explosion that significantly redirected any resources that may have been available to implement the recommendations.

appealing to eugenicists and physicians alike.<sup>117</sup> Links between eugenics and the principles of Malthusian thought revolved around the premise of survival of the fittest, at the personal, communal, business and national levels, with proponents often arguing that charity, and public health, only extended lives that were meant to be cut short for the benefit of the race.<sup>118</sup> Even so, the majority of support for eugenic research came from the medical community in Canada, precisely because eugenic theory possessed the potential to improve public health while at the same time involvement in public health could secure the authority and careers of physicians. Canadian historian Angus McLaren affirms that this link between eugenics and public health and explains the often-vocal roles of medical doctors in the Canadian pro-eugenics camp, while Americans Lombardo and Dorr have made similar correlations in their study of the Southern United States.<sup>119</sup>

Among the new technologies introduced at the end of the nineteenth century one of the most influential was the science of bacteriology. Inaugurated by Louis Pasteur's successful argument for germ theory and extended by Lister's development of antiseptics, bacteriology rose as a means through which to understand the relationship of disease to society, and resulted in the

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<sup>117</sup>Martin S. Pernick, "Eugenics and Public Health in American History," *American Journal of Public Health*, (1997) 87(11):1767.

<sup>118</sup>Social Darwinism applied the basic tenets of Charles Darwin's evolutionary theories and the need for competition to drive evolution forward to the social body. Prominent Social Darwinists such as Herbert Spencer and Andrew Carnegie believed that struggle, whether between nations, communities, classes or businesses would drive the race forward. To this end they decried individual charity (although Carnegie supported philanthropy towards institutions that would benefit the race) and advised that those who could not survive in society on their own should be left to succumb to their struggles. This would happen, the Social Darwinists believed, because they embraced the theory of population put forth by Thomas Malthus in his *Principles of Population* in 1798. Malthus believed that human population would always expand geometrically while food supply could only expand arithmetically so that when the population grew larger than the resources could sustain it would be checked by starvation and disease.

<sup>119</sup>Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, (Toronto: McLelland and Stewart, 1990) 28.

closer association of medicine and science, thereby further linking physicians to scientific institutions and technologies.<sup>120</sup> Understood in the late nineteenth- and early twentieth-century context bacteriology was the science surrounding the study of microscopic invaders that were increasingly accepted as the causes of disease and illness. The promise that this new scientific medicine seemed to offer for the preservation of the wellbeing of entire populations allowed health reformers reacting against the visible poverty and disease that accompanied industrialization to seize upon it as a panacea for all social ills.<sup>121</sup> The advent of epidemiology and bacteriology also added further credibility to the medical profession. The specialized ability to access information at the microscopic level that could prevent disease and preserve health at the macroscopic level further reinforced popular faith in the ability of the physician to detect, diagnose, and treat the unseen. This extension of authority contributed to the acceptance of other forms of medicine designed to treat the unseen, including the budding field of psychiatry.

Psychiatry, bacteriology, and epidemiology all shared the theatre of the unseen. Just as specialized training and equipment was needed to understand one, it was also needed for the other. Furthermore, bacteriology, epidemiology, and psychiatry all fell under the broad canopy of public health and hygiene; just as an invading germ could sicken the body and the body could spread the disease to the population, so too could a mentally ill person pollute the social body. The driving goal of hygiene was to prevent disease that could affect the broader social body, whether through physical sickness, such as tuberculosis and syphilis, or through social sicknesses such as alcoholism, prostitution, and crime.

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<sup>120</sup> Susan Lawrence, "Medical Education," in W.F. Bynum and Roy Porter eds., *Companion Encyclopedia of the History of Medicine*, (New York: Routledge, 2013), 1167

<sup>121</sup> Dorothy Porter, "Public Health," in W.F. Bynum and Roy Porter eds., *Companion Encyclopedia of the History of Medicine*, (New York: Routledge, 2013), 1231, 1255.

The relationship between scientific medicine and public welfare that the medical community was working to establish at the beginning of the twentieth century required active and organized participation of the region's physicians. Medical professionalization in the Maritime Provinces gathered momentum during the latter half of the nineteenth century with the formation of the Nova Scotia Medical Association and the establishment of the region's medical journal the *Maritime Medical News* in 1888. In January 1911 the regional medical journals *The Maritime Medical News (MMN)* and the *Montreal Medical Journal* suspended publication indefinitely to encourage subscriber support of the fledgling *Canadian Medical Association Journal (CMAJ)*. By passing the torch to the national journal the editors of the smaller publications were not withdrawing. The *CMAJ* for the most part was a consolidation of the two journals seeking to expand a medical discourse that had largely existed on a North/South geographic exchange to encompass the western provinces and territories, thereby unifying "the interests of [the medical] profession throughout the Dominion."<sup>122</sup> There had existed for some time a frequent exchange of ideas and the belief in medical reciprocity within the Maritime Provinces extending down the Eastern seaboard of the United States; the *CMAJ* promised to extend the exchange by providing a national forum that was accessible on a regular basis.<sup>123</sup>

With its long-established medical community Nova Scotia was home to some of the most active and notable contributors to the *MMN* as well as the early *CMAJ*. The popular and medical interest in the betterment of the race is demonstrable in submissions by physicians such as W.H. Hattie and A.P. Reid who had been actively contributing to the *MMN* for many years. Other physicians both in Nova Scotia and in other regions echoed the eugenic concerns expressed by

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<sup>122</sup> "The Maritime Medical News" *Canadian Medical Association Journal*, 1(1): 58-9.

<sup>123</sup> "The Maritime Medical News" *Canadian Medical Association Journal*, 1(1): 58-9.

the two psychiatrists as well. The premier article in the nascent journal was contributed by Toronto biochemist A.B. MaCallum [sic] and addressed the search for a medical explanation of perceived mental and moral difference, which he described as degeneracy, feeble-mindedness, backwardness, or delinquency. MaCallum summed up the fears of not only physicians but also their upper-middle-class compatriots when he voiced the concern that it was “the one quarter of this nation which produces one-half of the children [and] contains the vast majority of the degenerate class.”<sup>124</sup> MaCallum while positioning himself firmly within the hereditarian school of thought attempted to bridge the gap between the hereditarians and the environmentalists. He asserted that “there is no doubt that degeneracy is to a certain degree associated with alcoholism” and other environmental factors, but he also acknowledged that heredity was affected by a much slower process and changes could occur only after external forces had acted upon an organism for a substantial time.<sup>125</sup> Either way, he stated, degeneracy was increasing at an alarming rate and was no longer culled by the “law of the survival of the fittest.”<sup>126</sup> In so writing MaCallum set the tone for much of the eugenic discourse that followed in the next three decades, evaluating the state of medical eugenics in Canada and providing a starting point for ongoing discussions in future issues.<sup>127</sup>

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<sup>124</sup> A.B. MaCallum, “The Ancient Foundations of Heredity,” in *Canadian Medical Association Journal*, (1911) 1(1): 4.

<sup>125</sup> MaCallum, “The Ancient Foundations of Heredity” 3.

<sup>126</sup> MaCallum, “The Ancient Foundations of Heredity” 3.

<sup>127</sup> MaCallum’s article sparked a heated response from Montreal physician J.G. Adami which he delivered before the Canadian Medical Association on 13 August 1912. Adami argued against the immutability of the germ plasm, putting forward his own research involving the reproductive results of guinea pigs exposed to varying amounts of alcohol as evidence. J.G. Adami, “Unto the Third and Fourth Generation: A Study in Eugenics,” delivered before the *Canadian Medical Association*, Edmonton, August 13<sup>th</sup>, 1912 and published in *Canadian Medical Association Journal*, (1912) 2(2):975.



In these early contributions to the *CMAJ* the definition of race has a fluidity that is demonstrative of what was then a very theoretical approach. In the article MaCallum echoed McCully's earlier views on non-genuine degeneracy and argued passionately for the hereditarian viewpoint of the immutability of hereditary factors. Improvements in nutrition and medical care could, he argued, reverse "non-genuine degeneracy," that is, afflictions that could masquerade as degeneracy but in which hereditary factors were not involved. However, he remained confident that no manner of improvement to environment could alter true degeneracy.<sup>128</sup> The potential to reverse degeneracy with access to proper care was a hot topic amongst early reformers and is demonstrable of their struggle to merge the new sciences associated with public health and established eugenic theory. Eugenic theory was influenced by the increased visibility of the working poor that in turn solidified its classist foundation. If the social problems that were being associated with hereditary degeneracy were actually the product of a flawed social system that failed to meet the needs of a significant portion of the population, then the capitalist system which supported the upper and middle classes could be challenged. Whether consciously or unconsciously, reformers from the well-to-do classes were reluctant to accept that the responsibility for social problems might not rest on the flawed heredity of the degenerate, but rather on their own shoulders.<sup>129</sup>

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<sup>128</sup> MaCallum, "The Ancient Foundations of Heredity," 15-16.

<sup>129</sup> The ultimate expression of these beliefs can be found in Social Darwinism which was often closely (but not always) linked to eugenic theory which propounded the need for individuals (as well as races and nations) to flounder or flourish as nature dictated so that only the strongest would survive and continue to contribute progeny to the nation or the race. See: Robert Bannister, *Social Darwinism: Science and Myth in Anglo-American Social Thought*, (Philadelphia: Temple University Press: 1989, 2008).

Sufficient food and improved hygienic conditions, MaCallum wrote, “can no more counteract [degeneracy] than they can convert a member of the black race into a white man.”<sup>130</sup> MaCallum’s use of race as an example reaches further than a simple analogy. Much of the fear that surrounded this race of the feeble-minded persons and the threat that they posed to the white middle-class social body was that they, unlike a member of a visible racial minority, could pass among, and potentially reproduce with, the desirable segments of the population thereby polluting it with their perceived hereditary deficiencies. Physicians, with their access to family medical records and in a position to observe their patients throughout life, were potentially able to prevent this unwanted mixing of the fit with the non-fit. As such MaCallum, Hattie, Reid and others advocated the education of fellow physicians as well as government officials and the public. A crucial part of their focus consisted of the medical surveillance of the next generation and the education of their parents, for, MaCallum wrote, “it is of the greatest importance that right views should prevail amongst non-scientific thinkers and critics.”<sup>131</sup> MaCallum was not a Maritime physician; however, the establishment of the national journal created a new network for physicians and allowed for a more free-flowing set of ideas between Eastern and Central Canada. W.H. Hattie fully embraced the idea that physicians had a responsibility to the race through their treatment and counselling of both married and unmarried patients.<sup>132</sup>

Nearly a decade later in 1906, A.P. Reid, who had served as the Superintendent of the Nova Scotia Hospital for the Insane before Hattie, began to emphatically encourage the idea of a “systematic visitation of the schools by a medical man.”<sup>133</sup> In 1890 Reid had gone before the

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<sup>130</sup> MaCallum, “The Ancient Foundations of Heredity,” 15-16.

<sup>131</sup> MaCallum, “The Ancient Foundations of Heredity” 5.

<sup>132</sup> Hattie, “The Prevention of Insanity,” 45.

<sup>133</sup> A.P.Reid, “The Public Health Act of Nova Scotia” in *Maritime Medical News*, (1906) 18 (6):216

Institute of Natural Sciences to inform them that “action had to be taken to stave off national degeneration.”<sup>134</sup> Reid had received his M.D. from McGill and he, like Hattie, decided to settle permanently in Nova Scotia. Both men served as important links to the government and many local charitable and health institutions. Reid was the first dean of the Dalhousie University medical faculty and had begun to agitate as early as the 1870s for the implementation of socio-medical reform to address the issue of poverty and its effects on the health of society.<sup>135</sup> To this end Reid, often working with Hattie, became an important advocate for a style of eugenics that incorporated characteristics of both British and American eugenics in a province that was often pulled between the eugenic solutions of Britain and the much nearer New England.

Eugenic theory gained momentum in the New England states along the same timeline as in the Maritime Provinces despite the earlier and steadier experience of industrialization. Historian Daniel J. Kelves has compared British and American eugenic ideology and argues that many of the differences in expression resulted from the ways in which science combined with a region’s social, cultural and political values.<sup>136</sup> While both American and British eugenics embraced Galton as the founding father of the movement and in both countries the movement was spurred on by the increased visibility of the working poor, the British expression of eugenics was buoyed by a socialist undercurrent rather than the capitalistic impulse that influenced both the ideology and implementation of American eugenics.<sup>137</sup> A key feature of eugenic expression in the United States in general, and in New England in particular, was the preoccupation with family studies that were intended to demonstrate the heritable nature of social pathology. The

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<sup>134</sup> McLaren, *Our Own Master Race*, 23.

<sup>135</sup> David C. Naylor, *Canadian Health Care and the State: A Century of Evolution*, (Canada: McGill-Queen’s University Press, 1992), 5.

<sup>136</sup> Daniel J. Kelves, *In the Name of Eugenics*, (Cambridge: Harvard University Press, 1995) xiv.

<sup>137</sup> Kelves, *In the Name of Eugenics*, 21.

earliest of these studies was Richard Dugdale's study of the Juke family that was published in 1877 in which he traced a New York family through seven generations of socially deviant individuals.<sup>138</sup> The scenario, which the author presented, was that the matriarch, known in the book as "Margaret the Mother of Criminals," was responsible for the transmission of mental and moral deficiency to generations of her descendants.<sup>139</sup> Kelves has demonstrated the tendency of American eugenicists to identify "human worth with the qualities they presumed themselves to possess," reflecting the influence of a Protestant Puritan value system that understood success to be related to merit.<sup>140</sup> Dugdale's insistence that promiscuity and chastity were among the hereditary characteristics he had traced fed into the belief that like begets like and that criminality and deficiency were inborn and intertwined.<sup>141</sup> The threat of the high-functioning moron, who could pass among the population unnoticed, raised fears of race degeneration through the prolific reproduction of which they were believed to be capable.<sup>142</sup> To this end, North American eugenic reformers frequently appealed to the public's imagination with pseudo-scientific genealogical studies that were meant to expose the hereditarian view of the danger of allowing persons perceived as feeble-minded to continue to reproduce. Published studies, such as Dugdale's *The Jukes*, and Henry Goddard's *The Kallikak Family*, offer valuable insight into the

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<sup>138</sup> Kelves, *In the Name of Eugenics*, 71.

<sup>139</sup> Paul A. Lombardo, *Three Generations, No Imbeciles*, (Baltimore: Johns Hopkins University Press, 2008). 4.

<sup>140</sup> Kelves, *In the Name of Eugenics*, 76-77.

<sup>141</sup> Lombardo, *Three Generations, No Imbeciles*, 6.

<sup>142</sup> See for example: Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, Toronto: McLellan & Stuart, 1990; Edwin Black, *War Against the Weak: Eugenics and America's Campaign to Create a Master Race*, New York: Four Walls Eight Windows, 2003; Angela Franks, *Margaret Sanger's Eugenic Legacy: The Control of Female Fertility*, London: McFarland & Company, 2005; Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement*, Oxford: Oxford University Press, 2004; Ian Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940*, Cornell: Cornell University Press, 1997.

complex popular culture that was both heavily influenced by Christianity and intrigued by the new science of eugenics.

Evidence of the increased accessibility to medical theory that the *Maritime Medical News* provided as well as the possibility for eastern US ideology regarding the feeble-minded to influence the Maritimes is indicated through articles such as “The Study of Crime and Degeneracy from a Medical Standpoint” written by Willis S. Anderson a Detroit physician and published in the journal in 1897. Anderson’s article bears the first mention of Richard Dugdale’s 1877 study *The Jukes* in the *Maritime Medical News*, and the author goes to great lengths to stress the established links between mental impairment, violence and criminality.<sup>143</sup> The lasting influence of the Eastern American family studies was evidenced in 1927, when Nova Scotia’s own *Kallikak Family*, the “Smiths” was reported in *The Bulletin of the Canadian Committee for Mental Hygiene*.<sup>144</sup> It was recounted that a man named Smith had “married a feeble-minded girl in 1783,” and:

From that union 570 descendants [had] been traced. Members of this family [then] living in one section of Nova Scotia include[d] 25 feebleminded, 41 cases of illegitimacy, nine who [had] received penitentiary sentences, seven who [had] been sent to jail and three to reform schools; and 10 families who [had] received public relief over considerable periods of time, some of whom [were] living in wretched hovels.<sup>145</sup>

The long-lasting public interest in these accounts of degenerate families is twofold. On the one hand they allowed for the othering of the economically disadvantaged, which in turn removed

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<sup>143</sup> Willis S. Anderson, “The Study of Crime and Degeneration from a Medical Standpoint,” in *Maritime Medical News*, (1897) 9(10): 356-359.

<sup>144</sup>“Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient,” *The Bulletin of The Canadian National Committee for Mental Hygiene*, (1927) 2(6):cover.

<sup>145</sup>. “Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient,” cover.

any responsibility on the part of the upper classes who profited from their labour. On the other hand they provided a moralizing tale, which reinforced Protestant beliefs in the visibility of salvation.<sup>146</sup>

Much of the appeal of eugenics was rooted in the comforting assurance that there was a scientific explanation and solution for the increased visibility of the poverty-stricken lower classes that had coincided with rapid industrialization and urbanization. The process of othering allows one group in society, often the dominant group, to define themselves by what they are not; the others are those who do not share their beliefs, cultural concerns, and values, or observe their social rules. To this end, by defining a population as other the first group strengthens its identity and gains power over that which it has named. In the case of the Jukes, the Kalikaks, and the Nova Scotian Smiths, a family was held apart from society as possessing the traits understood by the author of each respective study as representing the very worst of humanity. In so doing the authors and their audiences were able to receive reassurance that they themselves could not possibly find themselves in the same socio-cultural-economic situation as their subjects. Intelligence (or lack of it) was understood to be hereditary; therefore social success as measured by academic and economic success was sure to run in the family. Conversely, immorality (or the failure to internalize the dominant culture's system of values) and lack of academic and economic success was taken to be evidence of deficiency and feeble-mindedness.

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<sup>146</sup> The concept of the "other" as popularized by Edward Said and Michel Foucault has been examined in various contexts; by Said in relation to Orientalism and imperialism, and Foucault in relation to gender and sexuality, but in general "othering" is fundamentally about knowledge and power. Using Foucault's notion of discourse, Said has asserted that through the process of naming the "Other" the dominant culture in effect produces "politically, sociologically... ideologically, scientifically, and imaginatively" that which they identify as the "Other." Edward Said, "Introduction to Orientalism," in *The Edward Said Reader*, (New York: Vintage Books, 2000) 97.

Feeble-mindedness was then in turn assumed to cause immorality and a system of cyclical logic followed.<sup>147</sup>

### ***Constitutional Criminals and the Mentally Deficient***

Not all eugenicists were comforted by the supposed hereditary divide between the fit and unfit. Dr. Anderson's 1897 reference to the Jukes in the *MMN* and his understanding of cognitive development and the "constitutional criminal" echoed the fear of reversion that remained popular with the adherents to monogenesis who feared that if humanity did not continue to evolve in a forward manner then it would inevitably revert. Anderson attempted to make this argument by pointing to what he believed were the similarities between human children and monkeys. To this end he imagined evolution to be on an individual as well as species-wide scale; the maturation process was to be imagined as individual evolution with the infant beginning near the monkey, possessing only animal instincts and then as he or she matured evolving first intellectual powers and later morals and ethics. If this personal evolution were halted in anyway, by bad bloodlines, illness or accident, the child would not fully evolve and the result would be idiocy, feeble-mindedness or moral imbecility. Anderson's allusion to the Juke family re-emphasized his most pressing message, that those deemed mentally deficient were inherently criminal, promiscuous, overly fecund, and a danger to society.<sup>148</sup>

The linkage between individual, racial and species evolution was further expressed by Dr. O.J. McCully in a Presidential Address read before the St. John Medical Society in 1905 and published in the *MMN*. In his address, titled "The Doctor and the Criminal," McCully urged physicians in particular and society in general to treat criminals "both biologically and

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<sup>147</sup> Kelves, *In the Name of Eugenics*, 107.

<sup>148</sup> Anderson, "The Study of Crime and Degeneration from a Medical Standpoint," 356-359.

socially.”<sup>149</sup> While suggesting that certain physical features were equally prominent in both criminals and the so-called lower races, the physician, following the work of Galton, went further to assert that specific characteristics could visibly identify criminals. High cheekbones, for instance, could indicate that he who possessed them also maintained a higher likelihood of being a sexual offender; protruding or heavy jawlines, large ears, a crooked nose, premature wrinkles and abundance of hair were all supposed markers of inherited criminal tendencies.<sup>150</sup> These physical features, as well as insensitivity to pain, were shared between the “instinctive criminal,” the “lower races” and the “idiot,” categories that McCully suggested merged together.<sup>151</sup>

However, McCully admitted, these physical characteristics could not be completely indicative; in essence they were only evidence of a predisposition to crime in the physician’s opinion. McCully felt that environment and parenting must also play a role in the creation of the criminal. To support this interpretation, the author stated, one only need to look to the Juke family’s “celebrated case of heredity.”<sup>152</sup> If the moral degeneration of the Juke family were not evidence enough of the combined roles of “inherited disposition and ...environment,” McCully suggested that recent research not only supported Dugdale’s accounts but suggested that “60 percent of criminals have either criminal, insane or epileptic or drunken parents” and that the Jukes represented only a fraction of those who polluted the population.<sup>153</sup>

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<sup>149</sup> O.J. McCully, “Presidential Address: The Doctor and the Criminal,” in *Maritime Medical News*, (1905) 17(2):44.

<sup>150</sup> McCully, “The Doctor and the Criminal,” 45.

<sup>151</sup> McCully, “The Doctor and the Criminal,” 46

<sup>152</sup> McCully, “The Doctor and the Criminal,” 48

<sup>153</sup> McCully, “The Doctor and the Criminal,” 48



McCully concluded his address by stating that crime was nothing less than “the exact product of heredity and environment” which could be ameliorated through proactive measures which would protect society from the criminal and either rehabilitate or eliminate the criminal and his or her potential offspring.<sup>154</sup> To accomplish these ends, he stated, a combination of compulsory education and systematic medical inspection in the schools would allow the abnormal and potentially criminal children to be identified and dealt with. Criminal children, he stated, were “strong in their resistance to educative influences,” and so could be more easily identified through school inspection.<sup>155</sup> For adult criminals the protection of society and the prevention of defective and criminal offspring were equally important; to this end McCully advocated capital punishment as more humane than lifelong institutionalization in that it both “protect[ed] society and prevent[ed] the propagation of the criminal’s kind.”<sup>156</sup>

McCully’s views regarding the association between evolution, race, intelligence and criminality are characteristic of the increased popular and scientific opinion regarding the danger of mental deficiency at the turn of the century. He bypassed the call for sterilization for those people he judged unfit and asserted that there was “no valid scientific objection” to executing the criminal race rather than opting for lifelong imprisonment.<sup>157</sup> An editorial that ran in the *MMN* only four issues later offered a sharp contrast to McCully’s views. While McCully asserted that the criminally predisposed and mentally deficient individuals were essentially one and the same, and fundamentally composed a subsection of the race, the editorial argued that while the defective classes should be removed from the breeding population of the province,

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<sup>154</sup> McCully, “The Doctor and the Criminal,” 50.

<sup>155</sup> McCully, “The Doctor and the Criminal,” 52.

<sup>156</sup> McCully, “The Doctor and the Criminal,” 51.

<sup>157</sup> McCully, “The Doctor and the Criminal,” 51.

institutionalization was the proper route to take. The editorial also suggested that the line between the truly defective, whether criminal or deficient, and those who were victims of their economic circumstances was not as sharply delineated as McCully would suggest; rather for the poorer classes the provision of improved hygiene would likely “tend to foster morality rather than immorality.”<sup>158</sup> The editor of the *MMN* once again reiterated the responsibility of physicians for encouraging and enabling this hygienic reform for the poorer classes as well as the medical identification of mentally deficient people. By reiterating the need for both institutions for “feeble-minded children” and reformatories for youthful offenders,<sup>159</sup> the editor of the *MMN* identified the trend toward the multi-pronged approach of identification, isolation and institutionalization ultimately adopted by Nova Scotian physicians, reformers and legislators for the next three decades. This approach focused attention on both those perceived as inherently flawed as well as the education and hygienic reformation of the economically and materially underprivileged. In this manner Nova Scotian eugenic ideology incorporated a blend of hereditarian and environmental concepts that were largely influenced by the literature being produced in the United States while adopting and implementing a response that was much more reflective of that inspired by British socialists than American capitalists.<sup>160</sup>

Regional journals such as the *MMN* and later the *CMAJ* and *CBJMH* made information more accessible to Nova Scotian physicians while also featuring an unprecedented level of discussion regarding the information that arrived from outside the region. The visit of Torontonians reformer J.J. Kelso, for example, to various Nova Scotian towns in the autumn of

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<sup>158</sup> “Editorial,” in *Maritime Medical News*, (1905) 17(6):210.

<sup>159</sup> “Editorial,” in *Maritime Medical News*, (1905) 17(6):211.

<sup>160</sup> The relationship between American capitalism, philanthropy, and eugenic reform has been explored extensively in Richardson, *Century of the Child* 43-36, 64-75.

1905 provided the opportunity for the editors of the *MMN* to once again examine the treatment and care of the “Defective and Delinquent Classes.”<sup>161</sup> Kelso’s opinion bore special consideration; in 1893 he had been appointed the first Superintendent of Neglected and Delinquent Children for Ontario.<sup>162</sup> The visiting reformer called attention to the inadvisability of “herding” children perceived as defective together in large reformatories and helped to draw attention to the newer cottage system recently instituted in the province of Ontario under the guidance of C.K. Clarke, as well, the author stated, as in Belgium, Scotland and neighbouring Massachusetts.<sup>163</sup>

The earliest attempt to address the problem of the feeble-minded at the provincial level mentioned in the *MMN* was reported early in 1903. An editorial titled “Care of the Feeble-minded” drew attention to the efforts of Dr. Sinclair, then the provincial inspector of humane institutions and Hattie’s predecessor as Superintendent for the Nova Scotia Hospital. Sinclair was alarmed by the lack of provision made for this often neglected segment of the population; too often, the author stated, these individuals would be sent to poor houses, or occasionally, kept at home by “affectionate but unscientific” parents or relatives.<sup>164</sup> In 1903, the journal reported, Sinclair was trying to gather the names of all the feeble-minded children known to provincial physicians so that the province might set about “providing a proper school or asylum” for their care.<sup>165</sup> Halifax physician John Stewart also later advocated the medical inspection of public

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<sup>161</sup> “Editorial: The Defective and Delinquent Classes,” *The Maritime Medical News*, Vol.17, No.12, (1905) 456-458.

<sup>162</sup> Richardson, *Century of the Child*, 13.

<sup>163</sup> Editorial, “The Defective and Delinquent Classes,” 457.

<sup>164</sup> Editorial, “Care of the Feeble-minded,” in *Maritime Medical News*, (1903) 15(2):63.

<sup>165</sup> Editorial, “Care of the Feeble-minded,” in *Maritime Medical News*, (1903) 15(2):63-65. Regarding Sinclair’s move from Superintendent of the Nova Scotia Hospital for the Insane to Provincial Inspector of Humane Institutions see “Our Provincial Charities,” *Maritime Medical News* (1899) 11(3): 94.

school students at the national level in the *CMAJ*. While serving as president of the Canadian Medical Association in 1905 Stewart emphasized the complex nature of public health and the physician's responsibility.<sup>166</sup> Public health and preventative medicine needed to be understood, he argued, as comprising physical, mental and moral aspects, all of which physicians were in a position to observe.<sup>167</sup>

Harkening back to Hattie's appeal regarding the "Physician's Part in Preventing Mental Disorder," the reformers insisted that it was necessary to educate the physicians so that they in turn might educate their patients.<sup>168</sup> Eight years later in the second issue of the *Canadian Journal of Mental Hygiene* Hattie once again advised that the "practitioner... may be able to render a definite service by discouraging a union" which might lead to undesirable births.<sup>169</sup> Unlike Tredgold's disavowal of sterilization and institutional release as dangerous to the public, Hattie argued that sterilization was more likely to offend the sentiments of the province's population, therefore, segregation was judged by Hattie to be "the only option."<sup>170</sup>

As the option of surgical sterilization became more feasible with reports of success in the United States,<sup>171</sup> the various methods for improving and protecting the Canadian population came under closer scrutiny. An anonymous editorial from the *CMAJ* in December 1927 titled "Eugenics and the Medical Profession" sought to define the distinct aspects of eugenics, the

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<sup>166</sup> John Stewart, "Presidential Address," reprinted in *The Maritime Medical News*, (1905) 17(6):343-356.

<sup>167</sup> Stewart, "Presidential Address," 348.

<sup>168</sup> Hattie, "The Physician's Part in Preventing Mental Disorder," *Public Health Journal*, (1920) 1(11): 315.

<sup>169</sup> W.H. Hattie, "The Prevention of Insanity" *Canadian Medical Association Journal* (1911) 1(11): 1019-1026.

<sup>170</sup> *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

<sup>171</sup> See for example Paul A. Lombardo, *Three Generations No Imbeciles" Eugenics, the Supreme Court, and Buck v. Bell*, (Baltimore: Johns Hopkins Press, 2008).

positive and the negative.<sup>172</sup> The author wrote that positive eugenics was the “production of a superior race by breeding only superior persons”<sup>173</sup> while negative eugenics consisted of discouraging the unfit from reproducing. One form of negative eugenics, the article stated, was “by educating [the public] not to reproduce their defects.”<sup>174</sup> The author argued that, because physicians were most “concerned with the physical and mental wellbeing of the race,” they should be most invested in the eugenics movement, thereby taking a greater interest in counselling and educating their patients on their social responsibilities.<sup>175</sup> The author of the editorial believed that with proper counselling, within a few generations the public would naturally internalize eugenics. The process could be expedited through education, but if that was insufficient then legislation “preventing the marriage of such defectives” should be enacted.<sup>176</sup> In this instance the right of the child not to be born with defect and the right of the race to move forward was to overshadow the right of the individual to marry and/or reproduce.<sup>177</sup> The editorial acknowledged that the medical profession had “a great task of education” to undertake and reminded the reader that it was not only the public who needed to be educated. In order for eugenics to be thoroughly internalized within the profession, “every generation of physicians [must] be taught over again the truths gathered in the past.”<sup>178</sup> In this way medical knowledge could itself evolve in a eugenic sense, as physicians built and shared knowledge to each generation, the editor concluded that:

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<sup>172</sup> “Editorial: Eugenics and the Medical Profession,” *The Canadian Medical Association Journal*, (1926) 17(12): 1526.

<sup>173</sup> “Editorial: Eugenics and the Medical Profession,” 1526.

<sup>174</sup> “Editorial: Eugenics and the Medical Profession,” 1526.

<sup>175</sup> “Editorial: Eugenics and the Medical Profession,” 1526

<sup>176</sup> “Editorial: Eugenics and the Medical Profession,” 1526.

<sup>177</sup> “Editorial: Eugenics and the Medical Profession,” 1527.

<sup>178</sup> “Editorial: Eugenics and the Medical Profession,” 1527.

The facts of inheritance are indisputable; why not let us endeavour to use that portion of our heritage which will promote the future of the race, and discard that which leaves behind those who have bitter reason to regret the day that they were born.<sup>179</sup>

### *The Public School as Clearing House*

When they insisted that extra attention be paid to the condition of public school children Reid, Stewart, and McCully were all echoing a concern that had been voiced by eugenicists with increasing alacrity. The late nineteenth and early twentieth century move toward compulsory schooling embodied the dual goals of education and surveillance in response to the perceived threat of the mental defective. In Nova Scotia, physicians such as Reid, Sinclair, Hattie, and Stewart were at the forefront of this movement, urging the government to take its place among “civilized countries,” which recognized the need for “medical inspection and supervision of schools.”<sup>180</sup>

The earliest mention of medical inspection of public school students with the specific goal of diagnosing mental defects in an editorial of *The Maritime Medical News* in 1906.<sup>181</sup> Five years later the earliest Nova Scotian contribution to the *CMAJ*, written by Dr. John Stewart of Halifax in May 1911, just five months into the journal’s existence, urged the adoption of provincial school inspection under the banner of eugenics.<sup>182</sup> Stewart argued that in addition to educating the public and “non-scientific” population of the danger to the race, the public school itself offered the medical community an opportunity to survey each generation of the population before they reached their reproductive potential. While school surveillance and medical inspection were already part of an international medical dialogue, the Nova Scotian physician’s

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<sup>179</sup> “Editorial: Eugenics and the Medical Profession,” 1527.

<sup>180</sup> John Stewart, “Medical Inspection of Schools: Report to the Canadian Medical Association” *Canadian Medical Association Journal*, (1911) 1(5):425.

<sup>181</sup> Editorial, *The Maritime Medical News*, (1905) 17(6):361.

<sup>182</sup> Stewart, “Medical Inspection of Schools: Report to the Canadian Medical Association” 425-440.

article was the first within the new national forum of the *CMAJ* to attempt to impress upon the broader audience of Canadian physicians the importance of the medical inspections of public school students. Canada, in Stewart's evaluation, was only just beginning to acknowledge the importance of medical school inspection. He lamented that although "Public interest is being gradually awakened and the medical profession generally advocates increased attention to the physical conditions of the pupils" in Canada, the provincial governments, with the exception of British Columbia, were less inclined toward action.<sup>183</sup> Nova Scotia, Stewart stated, was also in an advanced position. While at the time there was "no definite provision for medical inspection of the schools" in Nova Scotia, under the *Education Act* the superintendent of schools had the ability to withhold municipal school grants from institutions not making "reasonable provision for the health, comfort, and progress of the children attending the school."<sup>184</sup> Additionally, in Halifax, there were two newly appointed medical inspectors whose duty it was to examine every school age child in the city once a year, inspect new teachers and school buildings, and to be available to be "called in by a teacher in any case of suspected illness at school."<sup>185</sup>

Stewart also emphasized the responsibility of the parent, when informed of "ailment or defect in his child" to prevent the child from becoming a "menace to public health" and the responsibility of the community and the state to see that this was met.<sup>186</sup> In this light Stewart saw the medical "examiner" as the person who "eliminates the defectives, those whose sad case may

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<sup>183</sup> Stewart, "Medical Inspection of Schools: Report to the Canadian Medical Association" 430.

<sup>184</sup> Nova Scotia Education Act (Cap.52, R.S., Sect. 108) quoted in Stewart, "Medical Inspection of Schools" 432

<sup>185</sup> Stewart, "Medical Inspection of Schools" 432.

<sup>186</sup> Stewart, "Medical Inspection of Schools," 438.

be a blend of physical, mental and moral infirmity, the feeble-minded, the idiot, the epileptic, for whom provision should be made in special institutions.”<sup>187</sup> Stewart stated that it was

In the interests of the strong and healthy that this elimination [of the unfit from the classroom] should take place, for it is not fair that [students] should be delayed in their progress by the drag of their less intelligent classmates.<sup>188</sup>

Two years later the findings of a *Special Committee of the Canadian Medical Association* published in the *CMAJ* echoed Stewart’s call for the medical inspection of schools. The *Committee* report, compiled by leading Canadian reformer and eugenicist Helen MacMurchy, argued that school inspection was in the government’s best interest as it was a crucial “part of the programme of any civilized state that wished to preserve its power and government from century to century.”<sup>189</sup> In this report and others like it, there is a tangible element of fear as the apparently nationally unified body of physicians warned the government and public of Canada of the threat being posed to the country’s most fundamental asset – its children. MacMurchy had been appointed as Inspector of the Feeble-minded in the Department of the Provincial Secretary in Ontario in 1906 and by 1920 she was serving as the Director of the Division of Child Welfare within the federal department of Pensions and National Health.<sup>190</sup> MacMurchy extended Stewart’s argument in her report, lending it her considerable authority. She cited the detrimental effect on Canadian society if the unfit were not identified and removed from the public school system as early as possible. Later that same year another physician, Collin K. Russel, submitted a similar contribution to the journal that reiterated the necessity of mentally examining children as

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<sup>187</sup> Stewart, “Medical Inspection of Schools,” 438.

<sup>188</sup> Stewart, “Medical Inspection of Schools,” 432.

<sup>189</sup> Helen MacMurchy, “Medical Inspection of Schools: Report of the Special Committee of the Canadian Medical Association,” *Canadian Medical Association Journal*, (1912) 3(2): 112.

<sup>190</sup> Helen MacMurchy, “Pioneering Interest in Mental Hygiene and Child Welfare,” from *Canadian Public Health Journal*, (1937)28 accessed July 30, 2014, [www.resources.cpha.ca/CPHA/ThisIsPublicHealth/Profiles/items.php?!=E&i=1369](http://www.resources.cpha.ca/CPHA/ThisIsPublicHealth/Profiles/items.php?!=E&i=1369)



early as possible within the school system so that those students who were pronounced unfit might be “segregated, and thus procreation of their kind might be limited at least, if not prevented.”<sup>191</sup>

The proposed end goal of medical inspection of the schools was the segregation of those who were evaluated as unfit, and by 1913, MacMurchy and the committee, like Stewart, were pleased with the progress being made in Nova Scotia. Already by 1907 legislation encouraged the medical inspection of schools and in the Halifax school district medical inspectors had been appointed.<sup>192</sup> The problem, however, lay with the large provincial school-age population that was living in rural areas where both compulsory schooling and medical inspection was more difficult to enforce. To this end, the provincial superintendent of education, Dr. MacKay, had initiated the use of a school register, which required teachers to submit with their annual report a survey based on a set series of questions that would aid in the medical inspection of isolated student populations.<sup>193</sup> The questions posed on the survey were:

No. of pupils enrolled not belonging to this School Section.

No. of children in the Section from 5 to 15 years of age.

No. of those ... who did not attend school during year.

No. under 21 years in Section who are defective (a) in hearing, or (b) in seeing, who are not in attendance at the provincial Institutions provided for the Deaf and Dumb, and the Blind, in Halifax.

No. of defectives in Section requiring to be educated in a Special School.

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<sup>191</sup> Colin K. Russel, “Insanity and its Relation to the State,” in the *Canadian Medical Association Journal*, (1912) 3(8): 779.

<sup>192</sup> MacMurchy, “Medical Inspection of Schools,” 116.

<sup>193</sup> MacMurchy, “Medical Inspection of Schools,” 116.

No. of incorrigibles in Section requiring a Special School for Truants.

How often has the school been inspected medically or dentally during the year?

How many individual medical or dental inspections of pupils have been made during the year?

How many cases have been recommended for medical or dental treatment?<sup>194</sup>

This early attempt to medically survey the population was followed soon afterwards by specialized surveys conducted by committees of medical professionals and later by appointed local physicians. The 1911 *Education Act* solidified compulsory school attendance for all children housed in provincial institutions as well as those living in “cities and incorporated towns within the Province,” who were between the ages of six and sixteen.<sup>195</sup> The Act also made it mandatory for schools, although the responsibility rested on the teachers, to report to the school inspector “as promptly as possible the names of children in the section who [sic] from defective sight or hearing, or other physical or mental defect, [were] incapable of receiving effective instruction in public schools.”<sup>196</sup> In 1917 the Act was amended to allow magistrates to commit children found to be “habitual truant[s]” to “reformatory, industrial school, home for children or orphan asylum” for a period of up to three years but not “to extend beyond the time when the child shall attain the age of sixteen years.”<sup>197</sup> In 1920 the Act was further expanded and established fines for adults who employed children (or had a child accompanying them while they worked) between the hours of 9:00am and 3:30pm on school days.<sup>198</sup> In instituting these

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<sup>194</sup> MacMurchy, “Medical Inspection of Schools,” 116.

<sup>195</sup> “*The Education Act.*” 1911, C.2, S.1. 55.

<sup>196</sup> “*The Education Act.*” 1911, C.2, S.1. 48.

<sup>197</sup> “*The Education Act.*” 1911. 1917, C73, Sec.2. 62.

<sup>198</sup> “*The Education Act.*” 1911.1920, 138.1. 65.

policies the Nova Scotian government was following what Richardson has described as an extension of *parens patriae*, a policy that played a central role in the expansion of children's institutions in the nineteenth century.<sup>199</sup> The establishment of compulsory schooling and inspection accompanied the foundation of juvenile courts and improved institutions for abnormal youth including reformatories, industrial schools, orphanages, and homes for the feeble-minded, neglected, and delinquent children. Initially separate, the child saving and mental hygiene movements soon overlapped and by the second decade of the twentieth century the mental hygiene movement began to focus on children and childhood as central features.<sup>200</sup>

The reality of regular school inspections in Nova Scotia was significantly different from the level of intervention that was envisioned by the Act. Of the extant school inspector's records for the two decades following the *Act*, the information that had been entered by individual inspectors varied greatly. The report forms filled out by the school inspectors did not have a specific category for recording information regarding specific students despite it being the duty of the teacher to report defective children to the inspector. Some inspectors added categories of their own to the reports, one inspector for Guysborough County dutifully recorded the number of students who had been either vaccinated or inoculated, as well as those who had received neither. Nonetheless this care and attention to detail do not seem to be the norm.<sup>201</sup>

*The 1917 Report Respecting the Feeble Minded in Nova Scotia* was the result of the efforts of the provincial government and its medical allies to identify the mentally unfit children in the province, both those in institutions and those living with relatives. The following year another provincial survey of thirty-two public schools facilitated the examination of 7371 pupils.

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<sup>199</sup> Richardson, *Century of the Child*, 77.

<sup>200</sup> Richardson, *Century of the Child*, 77.

<sup>201</sup> "Reports of School Inspectors," Nova Scotia Archives, RG 14 21

The examining committee found 223 students, or 3 percent of the school population, to be mentally defective. In a province with a school population of 100 443, three percent, if applied broadly, equalled 3012 mentally defective children in public schools, an alarming number of individuals who, within a few years, would reach reproductive maturity and who, according to all contemporary accounts, were likely to be both promiscuous and overly fecund.<sup>202</sup>

According to the report this committee recognized certain variables in their investigation. They found that in a prosperous section of Annapolis valley the percentage of mentally defective students dropped to 1.32%, while in “poorer rural regions” it jumped to 9.41%.<sup>203</sup> To modern scholars this discrepancy might suggest a correlation between poverty, nutrition and performance as well as the likelihood of cultural bias incorporated into the tests. A similar series of tests were conducted in Edmonton elementary schools in 1929 with similar results. The results were explained by the principal of one of the schools in *The Bulletin* of the Canadian National Committee for Mental Hygiene. He stated that by correlating the intelligence tests of the students with the occupations of their fathers it was possible to see that society effectively arranges itself; individuals with lower Iqs would naturally find themselves employed in manual labour and those with higher Iqs would belong to the professional classes.<sup>204</sup> The author stated that an average IQ was 100; he then provided the median IQ for children according to the profession of their father.

Occupation of Father	Median IQ of children
Farmer	87

<sup>202</sup> *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918

<sup>203</sup> *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918

<sup>204</sup> Charles B. Willis, “The Practical Application of Mental Tests,” in *The Bulletin: Official Organ of the Canadian National Committee for Mental Hygiene*, (1929) 4(5):np.

Unskilled Labourer	92
Semi-skilled Labourer	96
Skilled Labourer	98
Clerical and Business	104
Professional and Upper Business	113

Table 2.1

In the interpretation of these results the assumption that heredity was a greater determinant than environment is evident. The author asserted that social and occupational groupings were not incidental – rather society naturally divided itself according to intellectual ability.<sup>205</sup> Academics including Steven Selden have demonstrated the widespread assumption among eugenicists that the upper classes were biologically superior resulting in better health and higher IQ. The problem with this assumption is that those who interpreted IQ scores to support this viewpoint neglected to consider the likelihood that children from upper-class families were more likely to be better nourished, live in homes and areas with better sanitation, have more time for academic and extracurricular activities, have more highly educated parents and live in an environment that emphasised the importance of literacy and academic learning.<sup>206</sup> In Nova Scotia, children from the poorer regions such as New Glasgow and Sydney, industrial towns where the majority of the workforce was employed in natural resources, scored lower on the tests administered to them. Just as in other areas, the Nova Scotian Committee attributed these scores to hereditary mental deficiency rather than considering the fact that many of the children came from homes that relied on the physical work of all family members or that might not be able to

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<sup>205</sup> Willis, “The Practical Application of Mental Tests,” np.

<sup>206</sup> Steven Selden, *Inheriting Shame: The Story of Eugenics and Racism in America*, (New York: Columbia University Press, 1999) 95.

afford the same nourishment and health care as wealthier areas. Yet at the time, these variations reinforced the eugenic assumption regarding the fertility of so-called subnormal individuals, as Hattie had stated in an early contribution to the *CMAJ*, the fear that “like begets like.”<sup>207</sup>

In Nova Scotia the ability to enforce mandatory school attendance and to medically inspect students provided access to children who might otherwise have avoided medical contact for much of their lives. The school inspections also allowed a glimpse into the homes of the students, years before a system of home visits by public health nurses was established in the province.

### ***Income Disparity and Parental Responsibility***

Scholars Johanna Schoen and Katherine Arnup have explored the cultural phenomenon of “mother blaming” and have demonstrated the ways in which responsibility was often assigned to mothers for the hereditary undesirability of their children.<sup>208</sup> Schoen has found that in these instances physical home conditions were often used to judge the fitness of the mother, as well as the desirability of the children.<sup>209</sup> Interestingly, Hattie initially took a different view of parental responsibility. Among his many contributions to the *MMN* was a series entitled “Epitome of Medical Progress” which included the article “The Physical Education of Children” published in the *MMN* in June 1892. In this contribution Hattie, then Assistant Physician at the Nova Scotia Hospital, espoused a neo-Lamarckist view, understanding acquired characteristics to be

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<sup>207</sup> W.H. Hattie, “The Prevention of Insanity” *Canadian Medical Association Journal* 1(11) November 1911, 1019-1026.

<sup>208</sup> See Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, (USA: The University of North Carolina Press, 2005); Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada*, (Toronto: University of Toronto Press, 1994); Molly Ladd-Taylor and Lauri Umansky eds., “Bad” *Mothers: The Politics of Blame in Twentieth-Century America*, New York: NYU Press, 1998).

<sup>209</sup> Schoen, *Choice & Coercion* 83-4.

hereditary. In particular, Hattie found fault with the “present generation of business men,” whom he saw as being characterized by “ceaseless activity of mind.”<sup>210</sup> Hattie expressed the concern that “nervous instability thus acquired is transmitted in an intensified degree to the offspring, perhaps amounting to actual deficiency” and possibly contributing to the rising number of feeble-minded individuals in institutions.<sup>211</sup> Confident that men of this sort were not likely to change even for the benefit of future generations, he asserted that the only hope for the children of these classes was for them to be raised under the “most favourable [sic] physical and hygienic conditions.”<sup>212</sup>

That Hattie propounded a neo-Lamarckian view of heredity is not particularly surprising given the early date that this piece was published. It is, however, important to note Hattie’s sympathies with this view because his understanding of heredity influenced much of the province’s later understanding of eugenics. Of further significance is the parent group that is assigned the blame in this early piece – rather than poor mothers, as would follow in the early twentieth century, business-class fathers were, in Hattie’s opinion, to blame for the deficiencies of their children. By 1918, however, Hattie had conformed to the dominant view that assigned a larger portion of responsibility for children’s health and wellbeing to their mother. Although he stated that family income could affect the health of the family, Hattie questioned whether in these circumstances “the housewife made the wisest use of the money at her disposal and procured the proper food with it.”<sup>213</sup> Statements such as this reflect the fine line that was

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<sup>210</sup>W.H. Hattie, “The Physical Education of Children,” in *Maritime Medical News*, (1892) 4(6):106.

<sup>211</sup>Hattie, “The Physical Education of Children,” 106-7.

<sup>212</sup> Hattie, “The Physical Education of Children,” 107.

<sup>213</sup> William Hattie, “Massachusetts-Halifax Health Commission: Report of Conference, House of Assembly, September 25, 1918, 8pm,” Nova Scotia Archives, MG 20 Vol.198, Minutes of the Massachusetts Halifax Health Commission. Np.

travelled between hereditarian and environmental explanations for mental deficiency. In the case of Nova Scotian families most often the environment was used as evidence of hereditary mental deficiency rather than as an explanation for it.

In the *Report of the Superintendent of Neglected and Delinquent Children* for the province of Nova Scotia in 1918, Judge Hunt of the Juvenile Court observed that families headed by poor single women were much more likely to fall under public, and thereby governmental, scrutiny.

He wrote that:

The public pay little heed to immoral conditions unless there be distressing physical conditions present: In other words, the public eye rests mainly upon the case of the extremely poor woman, whose wretched home and uncared for children were plainly seen and offended [the community's] sense of the properties of decent living.<sup>214</sup>

The Judge recognized that poverty increased the likelihood of the government being alerted to the possibility of an immoral environment for children, yet he also equated poverty and the single mother with *uncared for* children. Mandatory school attendance confronted poor single mothers and families with a catch-22. They could keep their children home and risk them being reported as truant, which held the potential of a fine as well as a home visit where the living conditions would be revealed. Alternatively they could send their children to school where they would be surveyed alongside their better-nourished, equipped and clothed peers, which once again could provide justification for a home visit and governmental involvement.<sup>215</sup> Provisions existed in the province that excused parents from sending their children to school if they could prove that they were too poor to properly clothe and equip their child[ren], yet the rigor of

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<sup>214</sup> Judge J. Hunt, "Report of the Superintendent of Neglected and Delinquent Children," 1919, 36.

<sup>215</sup> Parents found guilty of neglect before the Juvenile Court could be fined up to a maximum of \$500 and sentenced up to a year of prison time. "Report of the Superintendent of Neglected and Delinquent Children," 1919, 22.



proving that the family could not financially accommodate schooling was both trying and invasive, and once again called attention to undesirable living conditions that might threaten the removal of the child[ren].<sup>216</sup>

Reinforcing the observations of the provincial survey, that “poorer rural regions” showed markedly higher rates of mental deficiency, Ernest Blois in his capacity as the provincial Superintendent of Neglected and Delinquent Children reported in 1919 that the well-bred delinquent was a mysterious case and that more often neglect was both a symptom and cause of hereditary tendency toward delinquency.<sup>217</sup> One of the primary reasons that he listed for truancy was “rurality,” which sometimes made parents, themselves uneducated, unaware of laws requiring school attendance.<sup>218</sup> While the medical inspection of schools theoretically allowed for the detection of feeble-minded students, Blois in his term as superintendent found that “backward or dull children and the feebleminded” were more likely to be truant since he believed that “the ordinary schoolroom is no place for [them].”<sup>219</sup> That truancy was a recurring problem is evidenced in its inclusion in the *Education Act* and the provision of special custodial educational institutions for habitual truants.<sup>220</sup>

In some cases living in rural areas made it easier for parents who could not or would not send their children to school. In reports dating from the early twentieth century, the visibility of

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<sup>216</sup> As of 1918 there was no provision made by the school board to furnish poor children with clothes to attend school but there are reports that Children’s Aid Society and the Halifax Association for Improving the Condition of the Poor worked diligently to attempt to provide necessities for as many families as they could, see for example, “Report of the Superintendent of Neglected and Delinquent Children,” 1919, 14.

<sup>217</sup> Ernest H. Blois, “Report of the Superintendent of Neglected and Delinquent Children” 1919, 8, 13.

<sup>218</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 13.

<sup>219</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 13.

<sup>220</sup> “The Education Act.” 1911, 1917.

the truant child and his or her obvious poverty was more likely to spur the government to action. In 1919 the case of two siblings was brought before the Superintendent in which the boy and girl, aged eight and ten, had been a “familiar sight in certain quarters of the city for some years.”<sup>221</sup> These children, it was reported, were “veritable little street Arabs with ‘sub-normal’ written all over them.”<sup>222</sup> In this statement we see the conflation of poverty, class, race and abnormality, which was common in reports such as this one. The father in this instance was assigned responsibility for “every form of mental and physical defect” while the mother on the removal of her children was described as displaying “grief...like that of an animal being deprived of her young and her grasp of the situation equally intelligent.”<sup>223</sup> In this instance both the parents and the children were described and approached as being nearly feral; the mother’s grief at losing her children was portrayed as animal instinct and her concern dismissed as unintelligent and uneducated.

At the end of the encounter the superintendent was convinced that the young girl should be placed in a custodial institution; where she would be safe from men who would sexually prey on her and society would be safe from her reproductive potential. Her brother, two years younger and now without what little protection his older sister provided for him, was returned to his parents and continued to be spotted occasionally on the streets, “one day [being] dragged from under the wheels of an automobile, the next ... selling papers and bruised and buffeted by the ruffian who rob[bed] him.”<sup>224</sup> The contrasting treatment of the two children illustrates the priority placed on the removal and confinement of female children perceived as sub-normal

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<sup>221</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

<sup>222</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

<sup>223</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

<sup>224</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

before they reached their reproductive potential. With the limited funds available the choice had to be made as to which child was more likely to prove a threat. For the boy, the report concluded that “there is no place...but ultimately, the poor house or jail;<sup>225</sup> yet while the boy was envisioned as a future criminal his rehabilitation was less urgent than the segregation of his sister who embodied the potential to produce more criminals.

Apart from the emphasis on gender and custody illustrated by the previous story is the expectation that parents would generate useful children for the country. Juvenile Court Judge J. Johnstone Hunt in his judgements and reports emphasised the need for useful citizens and the right of the child to be made so, stating that the child belonged not “to the father but to the country.”<sup>226</sup> A highlight of the 1919 Report of the Superintendent was the number of boys under the government’s care who had recently “enlisted for over-seas service.”<sup>227</sup> While the report acknowledged that some would inevitably “sleep in Flanders Fields,” the overall tone was triumphant as, “some of these boys...made an enduring name for themselves [and] several have been made officers.”<sup>228</sup>

In early twentieth-century Nova Scotia mandatory school attendance combined with the medical inspection of schools reflected cultural assumptions regarding poverty, intelligence and gendered expectations of both future usefulness and potential threats. Children from poorer rural and industrial areas often scored lower on the culturally biased intelligence tests administered by urban, educated and upper-class physicians. These scores combined with the visibility of the children’s poverty in comparison to their more well-off classmates encouraged diagnoses of

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<sup>225</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

<sup>226</sup> W.B. Wallace “Report of the Superintendent of Neglected and Delinquent Children” 1919, 22-23.

<sup>227</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 11.

<sup>228</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 11.

mental deficiency and fuelled fears of racial degeneration and the proliferation of sub-normal individuals. Homes headed by poor single mothers were more likely to be monitored, while explanations of hereditary deficiency rather than economic reality were used as justification to remove children, especially daughters so that they might be rendered harmless to society.

Articles and contributions to the *Maritime Medical News* and the *Canadian Medical Association Journal* provide an insight into the world of medicine in Nova Scotia at the turn of the twentieth century. Career medical and political men, such as W.H. Hattie, were working within the system to establish authority for the profession within the government while other editors and contributors sometimes chafed against the expectations placed upon them as well as the lack of resources to implement desired programs. Articles and speakers from away kept the profession informed of the latest eugenic and public health theories and they in turn interpreted the theories in ways that made sense to their communities. Additionally, contributions by Nova Scotian physicians to the regional and later national journal demonstrate that Maritime physicians were not just receptive to the medical and social discourse surrounding eugenics but active contributors at the national and international levels. The eagerness with which the provincial medical and political communities embraced eugenic theory is mirrored in the rapid growth of representation of the province among the members of the *Canadian National Committee for Mental Hygiene Organization (CNCMH)*; at its inception Hattie was the lone Nova Scotia member, of the 25 new members selected the following year, 7 (28%) were Nova Scotians, including the Lieutenant Governor of the province.<sup>229</sup>

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<sup>229</sup> *Canadian National Committee for Mental Hygiene Bulletin*, February 20, #1, N.S.A.R.M., MG 20, micro. 14723.

Socially and economically, Nova Scotia provided a particular set of circumstances. The medical community was active and aware of recent trends in public health and eugenic theory. The population was relatively small, but it was also diverse and economic disparity abounded. Educational policy was in place, which made public school mandatory, and institutions (albeit primitive ones) already contained observable populations. The main obstacles to creating any sort of comprehensive eugenic plan or instituting public health policy lay in financial and organizational barriers.

### **Chapter 3: Envisioning Eugenics: The role of the Halifax Local Council of Women**

The menace posed by feeble-mindedness became a focal point for women's moral and social reform movements in Canada at the turn of the twentieth century. Women's activism was a powerful force for change at the turn of the twentieth century, which intertwined with the rise of Progressive Reform movements. At the end of the nineteenth century, middle and upper class women in industrialized societies were increasingly educated, interested in newly popularized scientific methods and engaged in the social discourses that combined elements of race, sex, class and morality. Print networks that made papers and journals widely available and social organizations that encouraged women to strive for social change while sharing a group identity both enabled access to and participation in these discourses.

In this chapter I examine the roles played by reformers, often women, generally white and middle to upper class, in their campaigns to limit reproduction among the lower classes and to promote an idealized view of maternalism. Frequently the women involved were the wives of physicians, politicians and businessmen. In Nova Scotia the supporters of eugenics formed a loosely cohesive group that occasionally saw new members join and older members leave, often through death or relocation, but the effect was a sense of continuity from the inaugural meeting of the Halifax Council of Women on 24 August 1894 through to 1927 and beyond.<sup>1</sup> Women's organizations such as the Halifax Local Council of Women, which was a regional chapter of the national organization, played a significant role in maintaining eugenics as a focal point for reformers. Although both men and women were involved in the reform movement, the HCW is

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<sup>1</sup> Halifax Local Council of Women, *Inaugural Meeting of the Local Council of Women of Halifax*, pamphlet, J.J.Stewart Collection, Nova Scotia Archives MG20 Vol. 1054 No.1

the one organization that never faltered or lapsed, and the other organizations, including The League for Protection of the Feeble-minded, were offshoots of this one, female-led group.<sup>2</sup> For that reason, they are an important organ in this study and demand sustained attention.

Interrogating the goals and efforts of a social group held together by a combination of class-specific beliefs and perceived responsibilities can help us to understand a variety of historical realities such as who had and exercised social power, the expression of dominant social concerns and how they were affected by forces from inside and outside the region. The HCW performed much like their feminist counterparts throughout Canada, in that they embraced eugenics as one tenet of a larger set of solutions to political and cultural grievances, ones infused with a sense of maternal feminism.<sup>3</sup>

British scholars have underscored the importance of class and gender in determining the course of eugenics and its applications in the United Kingdom.<sup>4</sup> Angelique Richardson, for example, has called attention to the concerns of middle-class reformers regarding the variance in birth rates between socio-economic classes that were being touted with increased urgency at the end of the nineteenth century. She points to the census of 1851 which showed that nearly half of the women in Britain were unmarried. This statistic, Richardson argues, was combined with the fear that while the national birthrate was in decline while births among the lower classes was increasing at a disproportionate rate. These worries produced competing narratives in which

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<sup>2</sup> Halifax Local Council of Women, *History of the Halifax Local Council of Women*, NSA MG 20 Vol. 1054 No.1

<sup>3</sup> Valverde, *The Age of Light, Soap, and Water*, 61-63.

<sup>4</sup> See: Mark Jackson, *Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England*, Manchester: Manchester University Press, 2000; Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction & the New Woman*, New York: Oxford University Press, 2003; Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c. 1870-1959*, (Oxford: Oxford University Press, 1998).

reformers, concerned for the future of the British race, debated over how to solve the problem. Some argued, for instance, that successful social organization was based upon the innate differences between men and women, features that were being neglected with the increasing social and sexual emancipation of women.<sup>5</sup> The curious outcome of this apparent incompatibility of women's advancement and the best interests of the race was reflected in maternal eugenic feminism.<sup>6</sup> This type of feminism accepted that there were innate differences between the sexes and insisted that women were needed to balance society and save the white race. The assumed differences between the sexes were both behavioural and biological and rooted in cultural ideas of femininity and masculinity. Maternal feminism co-opted the "separate spheres" ideology of the late-nineteenth century, which affirmed that men and women were inherently different, with the former being suited to politics and public life and the latter being suited to domesticity and private life, and sought to use it to women's advantage.<sup>7</sup> Maternal feminists argued that what was

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<sup>5</sup> Angeliqne Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction & the New Woman*, (Oxford: Oxford University Press, 2003), 34-35.

<sup>6</sup> There is some contention raised in labelling different strands of feminism as demonstrated by the initial backlash against Olive Banks's *Faces of Feminism* (1980) as many historians have expressed preference to see feminism as a movement defined by its goals rather than its methods. The central tenets of feminism include the recognition that an imbalance of power exists between the sexes and as a result the role of women as lesser than men has been socially constructed and is therefore changeable. The end goal of feminism remains the autonomy and equality of women. However, the rationale for, and means and methods of, challenging this construction have proven to be flexible in response to social conditions. These variations have led to a plethora of sub-categories of feminism which are useful in narrowing the academic and historical focus when studying the manner in which feminism and socio-cultural influences have interacted at a specific point in the historical record. See for instance: Olive Banks, *Faces of Feminism*, (Oxford: Martin Robertson, 1980).

<sup>7</sup> Although biological determinism and gendered cultural roles have existed in many cultures and time periods, the Progressive Era experienced the attempt by social and political commentators to firmly entrench the separate spheres ideology which envisioned Western men and women as being biologically predisposed to act in different arenas with women in the private world and men in the public. Popular works such as Coventry Patmore's *The Angel in the House* described women as ideal keepers of the home, nurturers of men and children and angels of domesticity. See: Coventry Patmore, *The Angel in the House*, (London: Cassell & Company Limited, 1891).



lacking in society was the inherently feminine traits of compassion and nurturing. These maternal eugenic feminists argued that if women were allowed to participate in the political realm then social policy would better reflect the needs of women, children and families by and large. Eugenic feminism often envisioned women as the caretakers and gatekeepers of society as a result of their reproductive potential, and therefore bestowed upon them a larger responsibility for mothering the nation. When combined with the maternalism of maternal feminism, a strain of feminism that was distinctly influenced by socio-economic class and dominant social values emerged.

Consequently, “fit” middle and upper class women were called upon to not only bear children but also to be mothers of the race by rescuing wayward children and fallen women, educating the less fortunate, and making decisions for those who were perceived as being unable to make them for themselves. In casting themselves as mothers of the race, middle and upper class white Christian women characterized lower and working class, as well as non-white or non-Christian women as children to be cared for and governed, because they were unable to make decisions in their own best interests.<sup>8</sup>

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Scholar Randi Warne has argued that the separate spheres ideology was a prescriptive ideology that was very class and race specific. Randi Warne, “Making the Gender-Critical Turn,” in Tim Jensen and Mikael Rothstein eds., *Secular Theories on Religion: Current Perspectives*, (Denmark: Museum Tusulanum Press, 2000), 255. To be an “Angel in the House” was not feasible for working class women and the HCW and similar organizations are evidence that women of means were not always content to do so, see: Cecelia Morgan, *Public Men and Virtuous Women: the Gendered Languages of Religion and Politics in Upper Canada 1791-1850* (University of Toronto Press, 1996).

<sup>8</sup> Mariana Valverde has demonstrated the ways in which gender was used during the Progressive Era in Canada as an element of class construction. She argues that the reiteration of values and expectations reinforced and internalized values for WASPs (White Anglo-Saxon Protestants) while at the same time the normalization of those values (they could be accepted by the lower classes without being achievable) helped to reinforce the authority of the female reformers. Valverde, *The Age of Light, Soap, and Water*, 29.

This chapter uses the lens of gender as one of the tools for understanding the actions and reactions of historical players.<sup>9</sup> Historian Marius Turda, founder of the *Working Group on the History of Eugenics and Race (HRE)*, has demonstrated in the European context that while eugenic programs often attempted to normalize proper femininity and maternity they also sought to establish idealized gender specific roles for men as protectors and fathers.<sup>10</sup> To this end, “hygienic discourses” affected all persons of both genders while seeking to establish the “good mother” as well as the “good father.” Eugenics was as much about the family, as a “biopolitical unit” within the state, as it was about the attempt to prevent the unfit from reproducing.<sup>11</sup> This view of eugenics focused on the health of a country’s dominant race and gained popularity in Britain and areas of Continental Europe; it focused on the family as a microcosm of the larger society while tending to be preoccupied with notions of class and social privilege. Nearly always the markers for degeneracy under this conception of eugenics were based on subjective class-oriented judgements.

Under the aegis of maternal feminism, middle-class women were not only permitted but also expected to involve themselves in volunteer reform work. Resultantly we see women, often identified as early feminists, engaged in reforms that sought to limit the reproductive and social autonomy of other women. Assigning responsibility for eugenic programs that often restricted

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<sup>9</sup> In addressing the gendered nature of reform as it applied to eugenics in early twentieth century Nova Scotia, it is important to acknowledge that “gender” and “women” are not interchangeable. Joan Wallach Scott, in her landmark *Gender and the Politics of History*, argued that the dichotomous view of gender, and its division into the binary groups of male and female is too reductionist to be serviceable. Instead, she argues the historian must also recognize the range of differences even within the categories of male and female which may be defined racially, culturally, ethnically or even in terms of lived experience. Joan Wallach Scott, *Gender and the Politics of History*, (New York: Columbia University Press, 1988):176.

<sup>10</sup> Marius Turda, *Modernism and Eugenics*, (England: Palgrave MacMillan, 2010) 59.

<sup>11</sup> Marius Turda, *Modernism and Eugenics*, (England: Palgrave MacMillan, 2010) 59.

women's freedom, sexuality, and reproductive rights to the same women who are often credited with fighting for women's emancipation has often been politically unpalatable for feminist scholars of the later twentieth century. In British scholarship, for example, Richardson argues that the eugenic message propounded by many female British writers who were embraced by later feminist scholars has been disregarded because eugenics does not fit comfortably with modern feminist ideals.<sup>12</sup> Expanding upon the work of Richardson medical historian Mark Jackson has demonstrated that the connections between British eugenic ideology and British maternal feminism extended into women's social causes and labour. He examines British social reformer Mary Dendy as representative of the British maternal eugenic feminists who were "pace-setters in the race to eradicate the problem of the feeble-minded."<sup>13</sup> In 1913, when Britain passed the *Mental Deficiency Act*, Dendy was the founder and secretary of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded as well as the founder of the Sandlebridge Boarding Schools and Colony for the Feeble-Minded.<sup>14</sup> The upper-middle class status that Dendy enjoyed allowed her the time and freedom to dedicate herself with great fervour to the eradication of the "Feeble-Minded problem" in Britain.<sup>15</sup>

Historian Sheila Gibbons has explored the connections between feminism and eugenics in a Canadian context. In her study of Alberta's agrarian maternal feminists and their role in introducing eugenic policies in that province, Gibbons demonstrated that the "promotion of women's rights and the eugenic suppression of women's control over their bodies" often worked

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<sup>12</sup> Richardson, *Love and Eugenics in the Late Nineteenth Century*, 215.

<sup>13</sup> Mark Jackson, "A Menace to the Good of Society": Class, Fertility, and the Feeble-Minded in Edwardian England," in Jonathon Andrews and Anne Digby eds. *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, (Amsterdam- New York: Editions Rodopi, 2004), 275.

<sup>14</sup> Jackson, "A Menace to the Good of Society," 275.

<sup>15</sup> Jackson, "A Menace to the Good of Society," 284.

comfortably together.<sup>16</sup> Both Gibbons and historian Angus McLaren point to the involvement of leading western feminists such as Nellie McClung and Emily Murphy as evidence that women could be, and were, divided by both class and regional interests.<sup>17</sup> Gibbons argues that, in Alberta, eugenic ideology was used in response to a combined threat that incorporated both British concerns over class and American and Canadian concerns about immigration.<sup>18</sup> In Alberta another strand shaped the fabric of feminism in the form of agrarianism. Agrarian feminists had long contributed to the family income through farm work, and were familiar with techniques of animal husbandry; these features blended comfortably in a political campaign that fused women's rights with reproductive limitations.<sup>19</sup>

The other dominant ideological bastion of eugenics was that of racial difference; it expressed concerns that the white Anglo-Saxon race was about to be overrun by so-called lesser races through both exceptional fecundity and interracial sexual relations. These two branches of eugenic concern were by no means disparate. White women who had sexual relations with non-white men were often believed to be part of the first problem that emphasized degeneracy within the white race, while the non-white male who engaged with this apparently feeble-minded white woman was evidence of the assumed overt sexuality and problematic fecundity associated with his own race. Both of these scenarios generated anxious reactions fearful of social and biological degeneration. One of the appeals of eugenics lay in the way that it allowed white women's social

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<sup>16</sup> Sheila Rae Gibbons, *"The True [Political] Mothers of Today": Farm Women and the Organization of Eugenic Feminism in Alberta*, (Master of Arts Thesis: University of Saskatchewan, 2012), 5.

<sup>17</sup> Gibbons, *"The True [Political] Mothers of Today,"* 7; McLaren, *Our Own Master Race*, 94.

<sup>18</sup> Gibbons, *"The True [Political] Mothers of Today,"* 7.

<sup>19</sup> Gibbons, *"The True [Political] Mothers of Today,"* 7

significance to be restructured, creating “a paradigm of white middle-class motherhood as a model of social progress.”<sup>20</sup>

The issue of social progress is closely tied to the eugenic narratives embraced by women’s groups in the early twentieth century. Both protective and proactive, eugenic ideology gave women, as potential mothers, an important role in the protection and propagation of the race. Early historical research regarding the implementation of eugenic ideology presented historians with a puzzling question: how could feminists support an ideology that sought to control the female body and its reproductive abilities?<sup>21</sup> Scholarship on leading eugenic feminists such as Margaret Sanger, Emily Murphy, Helen MacMurchy and Nellie McClung has tried to resolve this question by demonstrating the appeal of a new science that promised to cure many of the social ills that white middle-class women were expected to be concerned about, namely alcoholism, prostitution, sexually transmitted diseases, child welfare, poverty and hygiene.<sup>22</sup> The common denominator among these concerns was socio-economic class and that played a central

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<sup>20</sup> Dana Seitler has demonstrated through an analysis of the works of eugenic feminist Charlotte Perkins Gilmore that the combination of racism, classism and feminism that was used to propagate this formula of reactionary eugenics also helped to re-inscribe class and racial hierarchies. Dana Seitler, “Unnatural Selections: Mothers, Eugenic Feminism, and Charlotte Perkins Gilman’s Regeneration Narratives,” *American Quarterly*, (2003) 55(1):63-64, 66, 69; See also Mary A. Hill, *Charlotte Perkins Gilman: The Making of a Radical Feminist, 1860-1896*, (Philadelphia: Temple University Press, 1980) 259-282.

<sup>21</sup> Angela Franks, author of *Margaret Sanger’s Eugenic Legacy* calls attention to this apparently contradictory combination of eugenics and feminism and expresses concern over the “ideologically compromised feminism” that Sanger incorporated into the organizations to which she belonged. Angela Franks, *Margaret Sanger’s Eugenic Legacy: The Control of Female Fertility*, (North Carolina: Mcfarland & Company, Inc., Publishers, 2005), 17.

<sup>22</sup> See for example, Cecily Devereaux, *Growing a Race: Nellie L. McClung and the Fiction of Eugenic Feminism*, (Montreal: McGill-Queens University Press, 2005); Angus McLaren, *Our Own Master Race, Eugenics in Canada, 1885-1945*, (Toronto: McClelland & Stewart, 1990); Angela Franks, *Margaret Sanger’s Eugenic Legacy: The Control of Female Fertility*, (North Carolina: Mcfarland & Company, Inc., Publishers, 2005).

role in understanding how women became involved in eugenics when it posed restrictions on the freedom of other women.

The apparent contradictions in the work of female reformers can be reconciled through an examination of the roles of class and race. Just as the women who belonged to reform groups such as the HCW and the League were generally middle to upper-class they were also white. Mariana Valverde has demonstrated the ways in which the agenda of the early eugenic-maternal-feminists, in so far as they sought to improve society through positive intervention in the lives of women and children, actively excluded “native women, immigrant women, and women of colour from a movement which claimed to be based on gender.”<sup>23</sup> The civilization that female reformers envisioned themselves as improving was overwhelmingly Anglo-Saxon. Consequently, the potentiality of reproduction to improve and benefit society was restricted to white women. While class-related issues such as nutrition and education, which were often directly impacted by income, could be negated through public health reform, the reproduction of the perceived superiority of the English race was biologically dependent. Qualities that favoured the advancement of Canadian society, such as “reasonableness, self-control, morality, and diligence,” were believed by reformers to be rooted in both biological and social factors.<sup>24</sup> These ideals worked as a double-edged blade, proving injurious to all women in general, as through their ability to bear children they held the power to both advance and delay the development of civilization. Women who belonged to the working class were more likely to have their reproductive abilities judged as detrimental as compared to the qualities valued by reformers that were often related to upper and middle class values. Historian Angela Franks, for instance, has

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<sup>23</sup> Mariana Valverde, “‘When the Mother of the Race is Free’: Race, Reproduction, and Sexuality in First-Wave Feminism” *Gender Conflicts: New Essays in Women’s History*, 3.

<sup>24</sup> Valverde, “‘When the Mother of the Race is Free’,” 6.

illustrated the way in which Margaret Sanger's elitism influenced her feminism by writing that Sanger's "fertility-obsessed feminism perpetuate[d] unjust social structures by scapegoating the poor."<sup>25</sup> This "scapegoating" of the poor unfortunately became a characteristic trait of many women's philanthropic organizations, even while these groups perceived themselves as advocates for the poorer classes.

At the inaugural meeting of the Halifax Local Council of Women on 24 August 1894 an address was given by the Countess of Aberdeen who was then serving as the President of the National Council of Women. She stated that while not every woman might "be called upon to be mothers of little children ... every women [sic] who is born is called upon to mother in some way or another and woe be it to her, if she turns aside from her high privileges."<sup>26</sup> This call to duty reflects the belief that white, middle-class women had a responsibility to be mothers not only to their own children but to the race – the less privileged classes, under this philosophy, were viewed as incapable of making the right choices for themselves and therefore for society. Female reformers were called upon to mother the underclasses.<sup>27</sup> Class outweighed biology and

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<sup>25</sup> Franks, *Margaret Sanger's Eugenic Legacy*, 17; Although Franks points to Sanger's scapegoating of the poor, Sanger's views changed over time as she moved away from the political left and more towards the right after spending time in England. During her time in England she was further exposed to British eugenic ideology that focused on the visible urban poor whereas her initial motivation had been the aid of working class families whom she felt could ill afford more than two children. For more on this topic see Joan M. Jensen, "The Evolution of Margaret Sanger's *Family Limitation* Pamphlet, 1914-1921," *Signs: Journal of Women in Culture and Society*, (1981) 6(3):548-567.

<sup>26</sup> The Countess of Aberdeen, *The Inaugural Meeting of the Local Council of Women of Halifax*, J.J. Stewart Collection, Pamphlet 24 August 1894, Nova Scotia Archives (NSA) MG 20 Vol. 1054 No. 1

<sup>27</sup> Under the guise of what has traditionally been recognized as positive eugenics which was nurtured and enabled through the implementation of public health reform sprung what has been referred to by historians including Marius Turda and Dana Seitler, among others, as the "cult of motherhood." The cult of motherhood appeared to be superficially empowering to white women as it entrusted them with the power to shape the future of the nation; however, those who chose

the promise of social progress, though often illusive and imprecise, made feminism and eugenics bedfellows.<sup>28</sup> Mariana Valverde has pointed to the development of an urban industrial class at the turn of the century in Canada as one of the triggers for Progressive reform. Along with this newly visible working class were those responsible for providing the work, the “urban bourgeoisie.”<sup>29</sup> From this managerial and generally educated class sprung the reformers who, while contributing to the creation of the economic disparity in Canadian cities, found the presence of the urban poor uncomfortable and so formulated ways to remedy the suffering of the poor while denying responsibility for their condition.<sup>30</sup>

The Progressive reform ideals embraced by these middle-class groups included, among others, the temperance, purity and social gospel. Valverde argues that while the reform groups sought to reshape the lower classes, they themselves were being shaped as well by these ideals. American historian Wendy Kline similarly showed that the increased stigmatization of difference reinforced the conformity that was both embraced by the white middle-class reformists and, which they in turn used to measure the social “healthfulness” of other groups.<sup>31</sup> Public health proved to be an ideal vehicle for these concerns as it encompassed the varying methods through which the health and welfare of society could be improved through interventions that targeted

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not to reproduce or who were unable to could just as quickly find themselves condemned by it. Turda, 58; Seitler see entire article.

<sup>28</sup> In one of the most extreme examples of female complicity Gibbons has demonstrated the degree to which feminist reformers were responsible for the enactment of Canada’s first eugenic sexual sterilization act in Alberta in 1928 and the often coerced sterilization of people deemed mentally deficient during the Act’s 43-year legacy. Gibbons, “*The True [Political] Mothers of Today*,” 7

<sup>29</sup> Valverde, *The Age of Light, Soap, and Water*, 15

<sup>30</sup> Valverde, *The Age of Light, Soap, and Water*, 15.

<sup>31</sup> Wendy Kline, *Building a Better Race, Gender, sexuality, And Eugenics From the Turn of the Century to the Baby Boom*, (Berkeley: University of California Press, 2005) 90-91.



society at the individual and familial level. Eugenic ideology then provided the rationale upon which these interventions were based.

Like physicians, female reformers were drawn to public health measures, which promised a modern and scientific method to address social problems. The social problems addressed by reformers were impacted by regional circumstances and concerns. As demonstrated in chapter one, emigration, or the drainage of the “best blood and brains” was a pressing issue for social reformers in Nova Scotia in general and Halifax in particular.<sup>32</sup> Too often, reformers lamented, the best and brightest youth were leaving the region with many travelling to the eastern United States as well as western Canada.<sup>33</sup> In addition to the loss of the “best” of the population of the province, reformers were concerned with the population that was left, dividing it among those who were referred to alternatively as defective, deficient or feeble-minded and those who were still “good” but had fallen near to a level of deficiency through environmental conditions.

The solution that the majority of Nova Scotian reformers, and especially the Halifax Council of Women and its affiliates, adopted was an intermingled program of eugenics and public health. The implementation of public health measures was embraced as a means through which to simultaneously identify the ‘true’ feeble-minded individuals and to raise the standard of living, and therefore the reproductive quality and potential, of those who appeared deficient due to a lack of education and physical means. Through programs intended to assist the less-fortunate, the voyeuristic gaze of the middle class surveyed and evaluated the growing population of working poor in the province. The dual-pronged approach of identification and

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<sup>32</sup> *Mental Hygiene Survey of the Province of Nova Scotia: Conducted by the Canadian National Committee for Mental Hygiene in 1920: Canadian Journal of Mental Hygiene*(1921) 3(1):.1

<sup>33</sup> Brown, “‘Come East, Young Man!’: The Politics of Depopulation in Nova Scotia, 1900-1925,” 45-78.

education allowed reformers to isolate individuals and families whom they viewed as unfit and to further incite concern for the remainder of the population that those persons found to be mentally deficient or feeble-minded were dangerous to the community. Educational literature, newspaper editorials, instructional talks and free clinics all reminded Nova Scotians that feeble-minded individuals were careless, especially with fire and weapons, criminally inclined, sexually promiscuous and overly fecund.<sup>34</sup> Reformers in province, whether they identified with philanthropic, medical or government groups, participated in a discourse that described a threat and offered a solution. The public was informed of the threat through popular media, and authoritative propaganda resulting in eugenic practices being widely embraced as a progressive solution. The messages were far-reaching and emphasized the relationship between the feeble-minded, crime, prostitution, venereal disease, and vagrancy.<sup>35</sup>

The relationship between prostitution (white slavery), venereal disease, and feeble-mindedness rested with the assertion that it was the feeble-minded girls who were lured into prostitution and who, once trapped in the profession, continued to produce feeble-minded and illegitimate children who would prove a danger to and drain on society. The solution was to protect the “normal” middle-class girls from the dangers of “white slavers” by making their parents and brothers aware of the dangers and then to remove the availability of the feeble-

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<sup>34</sup> Kline, *Building a Better Race*, 3-11; Mrs. Agnes Dennis “The Care and Training of the Feeble-Minded in the Community, *The Mail*, Friday 17 November 1911; Stewart Johnson, “The Relation between Large Families, Poverty, Irregularity of Earnings and Crowding,” *Journal of the Royal Statistical Society*, (1912) 75(5): 539-555.

<sup>35</sup> Valverde documents the manner in which moral reformers targeted their messages to a wide swathe of the population, from church goers who would hear sermons on the dangers of white slavery, to the readers of periodicals who would be confronted with articles, ads, and letters to the editor that would impress upon them that girls and women were not safe, to boys’ clubs meetings where visiting speakers would teach the children that they must protect their sisters from the widespread danger of prostitution. Valverde, *Light, Soap, and Water*, 93-94.

minded girls by institutionalizing them. Once institutionalized, feeble-minded girls and women were restricted from reproducing and protected from those with unscrupulous designs on them. Furthermore, without a steady supply of girls, the prostitution trade would dry up, which would remove the danger of men bringing home venereal diseases to their wives and children.<sup>36</sup> That the solution to all of these social problems could be the eugenic evaluation and segregation of women perceived to be unfit is evidence of the newfound faith in medical interventionism in a world that had recently witnessed the advances of the scientific war on disease. The public could be protected from degeneracy through the medical methods of diagnoses, segregation and sterilization. Contemporary studies relying on intelligence quotient (IQ) tests backed by the scientific community confirmed that the majority of prostitutes were feeble-minded, though as historian Paul Lombardo has pointed out, the customers of prostitutes were not tested.<sup>37</sup> The National Council of Women in Canada at the same time estimated that the “feeble-minded of our land [were] supplying sixty percent of the illegitimate children.”<sup>38</sup>

The HCW worked diligently to meet the mandate set before them by the Countess of Aberdeen in the years that followed its formation. A central responsibility associated with the mothering of the race, Aberdeen had stated, was “the ‘reclamation of the erring ones or for the prevention of calamity to those who are in slippery places and it may involve those who are in sickness or being tempted.’”<sup>39</sup> Efforts to reclaim women in “slippery places” manifested in the

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<sup>36</sup> Valverde, *Light, Soap, and Water*, 93-94; A.P. Reid also made this point, asserting that the bad wife was responsible for her husband’s extramarital relationships which would result in the birth of feeble-minded illegitimate children as well as the likelihood that the wife herself would be infected with venereal disease from her husband and thus produce feeble-minded children herself. See n. 300, Reid, *Stirpiculture*, 8.

<sup>37</sup> Lombardo, *Three Generations, No Imbeciles*, 16.

<sup>38</sup> A. Coote, National Council of Women 1912, quoted in Valverde, 94.

<sup>39</sup> Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

group's successful campaign for the appointment of female police officers and a police matron, as well as the founding of a women's hostel in Halifax. Preventative measures undertaken by the group included the establishment of Supervised Playgrounds, the Halifax Anti-Tuberculosis League and a "Class in Domestic Science," all of which represented efforts to intervene in the lives of children and families in educational ways. The majority of the programs established by the HCW followed a pattern in which the group organized, engineered and funded a program for a period of time, often a year, after which having proven successful it was adopted by either the provincial or municipal government.<sup>40</sup> Additionally, the HCW also secured the recognition that the word "person" in the City Charter would allow for women as well as men to run for civic office.<sup>41</sup>

While all of the Council's actions were aimed at improving the local population, from providing safe areas for children, offering domestic instruction for girls, hiring female officers to interact with female detainees and the establishing of positions for women, often from within the HCW's ranks, to hold limited civic power, the Council also pursued a more overt agenda to address feeble-mindedness in the local population. From its initiation onward, the Council sought to call "attention to the need of special care for the feeble-minded, and worked for this end,"<sup>42</sup> while at the same time it sought to cure what they termed non-genuine deficiency through

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<sup>40</sup> "Some Achievements of the Halifax Council of Women" in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>41</sup> "Some Achievements of the Halifax Council of Women" in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1; These achievements follow a pattern that was not unique to the Halifax council. The advancement of reforms that benefitted women and children, including advocacy on police forces, school boards, and city councils and measures to improve the health of these populations, were common goals among early feminist movements.

<sup>42</sup> "Some Achievements of the Halifax Council of Women" in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

educational programs and social initiatives.<sup>43</sup> The Council's Health Committee, in an effort to improve the condition of families in the city, instituted the first "Mothers' Meetings" in the area that were held at the Council House and provided talks on health and motherhood by "Doctors, Nurses, Dieticians, and others" often accompanied by the screening of short educational "films."<sup>44</sup>

Within the minutes of the HCW the terms deficient and feeble-minded seem to be used interchangeably; the earliest mention was recorded on 13 December 1894 when the term "mentally deficient" described a subsection of the population for which the Council sought help.<sup>45</sup> The following spring one of the founding members, Mrs. Edith Archibald, suggested that the Council take up writing about "the Care of the Defective Dependent Children" in an effort to both call the public's attention to the problem and pressure the government to act.<sup>46</sup> After a gap of nearly a year in the Council minutes, the women of the Council appeared to have shifted their concern from the care of deficient children to their prevention. In November of 1897 they organized a committee to ascertain the number of "embicile" [sic] women living "outside the asylum [and] poor houses."<sup>47</sup> At the same meeting Mrs. William Dennis, who later orchestrated the establishment of *The League for the Protection of the Feeble-minded*, gave a presentation

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<sup>43</sup> Non-genuine deficiency was believed to be the result of environmental rather than hereditary factors; if a person who did not possess any hereditary tendency to feeble-mindedness was educated, and taught sanitation, hygiene and proper gender roles, s/he could become a positive force in the preservation of the race.

<sup>44</sup> "Some Achievements of the Halifax Council of Women" in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>45</sup> Minutes of the Halifax Local Council of Women, Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>46</sup> Halifax Council of Women Minutes, March 28, 1895 in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>47</sup> The study either yielded no results or none were retained by the archives. Halifax Council of Women Minutes, November 29, 1897 in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

titled, “The Care of the Conditions of the Feeble Minded persons between the age of 14 and 40 in Nova Scotia.”<sup>48</sup> The record of Dennis’s talk is one of the earliest references in the province’s history to the custodial care of feeble-minded women that explicitly focussed on their childbearing years.<sup>49</sup>

Over the next decade the HCW undertook a fact-finding mission in which they sought to learn all that they could about the care and treatment of individuals perceived to be feeble-minded. During this period, individual women presented information that they had gathered from both national and international contacts and sources.<sup>50</sup> By 1903 the HCW pointed to reports from an “Ontario group” who had toured the Orillia training school in Ontario and the New York State Training Schools—both institutions had been established to care for children with mental deficiency or intellectual disability. They relied on the reports from these tours as evidence that the segregation of mentally deficient children in appropriate institutions could produce useful citizens, while at the same time offer protections for the “normal” population. As a result, Nova Scotian women began campaigning for their own institution for mentally deficient children, as they too aimed to put Nova Scotia at the forefront of institutional care.

On December 8, 1903, Mrs. Archibald informed the HCW that she had met with the Superintendent of Education and the Attorney General in an attempt to persuade the government that they were in dire need of both an “institution for children of weak intellect” and some form of provincial supervision of municipal institutions.<sup>51</sup> The provincial government responded by

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<sup>48</sup> Halifax Council of Women Minutes, November 29, 1897 in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>49</sup> Local Council of Women Minutes 1894-1908 in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>50</sup> See for example Halifax Council of Women Minutes 22 October 1903, MG 20 Vol. 1054 No.1

<sup>51</sup> History of the Halifax Council of Women, MG 20, Vol. 1054 No.1; Halifax Council of Women Minutes 8 December 1903, MG 20 Vol. 1054 No.1

appointing the HCW's Committee for the Feeble-minded to further investigate the cases of girls and women in the province who might be considered mentally deficient.<sup>52</sup> The Committee ultimately presented a petition in March 1904 that sought both the creation of a training school in the province and insisted that Dr. Sinclair, who was then the inspector of humane institutions, be placed on the controlling board of any such institution.<sup>53</sup> The petition went unheeded but the women of the HCW continued to agitate. In 1905 they sponsored a series of talks by the prominent reformer J.J. Kelso, who in 1893 had served as the first Superintendent of Neglected and Delinquent Children in Ontario and who had influenced other provinces to create similar positions. Kelso spoke on the topic of "Modern Methods of Child Saving" and was influential in the formation of the Children's Aid Society in November the same year.<sup>54</sup>

However, by the end of 1906 the HCW still had not succeeded in making its training school a reality, and its members continued to lobby for this cause. In December 1906 Mrs. Dennis led the Council in a collaborative effort with a local school for the deaf in an effort to identify feeble-minded children in the province. The provincial government paid to distribute 1060 questionnaires to physicians, clergy, poor farms, and other children's institutions in the province. The HCW coordinated the mailing with a public relations blitz of sorts – they urged ministers to preach on the subject of feeble-mindedness and planned a series of articles that appeared in the local papers. In spite of these efforts, less than a fifth of the questionnaires were completed and only 232 replies were returned to the council. This small sample nonetheless yielded the names of 358 individuals identified as feeble-minded by their physicians, ministers,

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<sup>52</sup> History of the Halifax Council of Women, MG 20, Vol. 1054 No.1

<sup>53</sup> Minutes of the Halifax Council of Women, 11 March 1904 MG 20, Vol. 1054 No.1; History of the Halifax Council of Women, MG 20, Vol. 1054 No.1

<sup>54</sup> History of the Halifax Council of Women, MG 20, Vol. 1054 No.1

and caregivers.<sup>55</sup> These numbers were not enough to convince the provincial government to build a training school. The legislative assembly once again delayed dealing with the issue by telling the HCW “to continue agitation to encourage discussion in County Councils and get resolutions from them and [to] have petitions in shape for next autumn [1907].”<sup>56</sup>

In 1908 Mrs. Dennis, by then the president of the HCW, spearheaded the formation of the League for the Protection of the Feeble-minded as an offshoot of the Council. She immediately expanded the new organization’s membership by asking all the societies then affiliated with the HCW to submit names of both men and women for consideration so that a League of approximately thirty each of men and women could be formed.<sup>57</sup>

The National Council of Women and its affiliates have been recognized both historically and by contemporaries as the first group to mount an organized response to the perceived threat of feeble-mindedness. Its members worked at the national and provincial levels to effect social and legislative change. Dr. Helen MacMurchy, possibly the most prominent member, is often credited with spearheading the movement to address mental deficiency in Canada; however, Angus McLaren has demonstrated that the HCW’s League for Protection of the Feeble-minded was in fact the earliest “eugenical” organization in the country.<sup>58</sup> In shaping the League, Dennis collaborated with three local physicians, Dr. C.F. Fraser, Dr. W.H. Hattie and Dr. A.H. McKay as well as the Anglican Archbishop of Nova Scotia.<sup>59</sup> While this League was recognized by McLaren as the oldest in the country, the minutes of the HCW for 17 February 1899 and again in

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<sup>55</sup> History of the Halifax Council of Women, MG 20, Vol. 1054 No.1

<sup>56</sup> History of the Halifax Council of Women, MG 20, Vol. 1054 No.1

<sup>57</sup> Minutes of the Halifax Council of Women, 20 February 1908, MG 20, Vol 1054, No.1;  
History of the Halifax Council of Women, MG 20, Vol. 1054 No.1

<sup>58</sup> McLaren, *Our Own Master Race*, 24.

<sup>59</sup> Helen MacMurchy, *Feeble-Minded in Ontario, Eight Report, For the Year 1913* (Toronto: Legislative Assembly of Ontario, 1914), 24.



1903 address the “re-activation” of a committee on the care of the feeble-minded suggesting that, although the HCW was certainly first, its beginnings may have stretched back even further.<sup>60</sup>

In tandem with the creation of the League, members of the HCW began a campaign targeted at public education through the editorials of local newspapers. The earliest of these letters was written by Miss. M. Ritchie and published in the newspaper, *The Echo* on February 29, 1908, coinciding with the call for members of the new League. Ritchie’s editorial, “The Class of Unfortunates Worth Looking At,” enumerated the recent findings of the 1907 HCW study. Ritchie wrote that within the province the HCW’s respondents had identified 170 males, 148 females and 97 children as feeble-minded. She further qualified the number of females to emphasise that of the 148 females, 97 of them were of child-bearing age, between 14 and 45 years old.<sup>61</sup> Ritchie also pointed to alarming evidence of the fecundity of feeble minded “girls,” stating that in recent years “10 feeble minded girls became mothers, one having twins, had three children in two years.”<sup>62</sup> The attention paid to the supposed fecundity of feeble-minded residents was characteristic of the approach of the HCW specifically and eugenic organizations in general. Three years later Dennis was still president of the HCW when she offered a similar anecdote stating that 20 children had been born to 9 feeble-minded mothers within 5 years at the Halifax Poor House.<sup>63</sup>

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<sup>60</sup> Halifax Local Council of Women Minutes, 17 February 1899, MG 20 Vol. 1054 No.1; Halifax Local Council of Women Minutes, 23 April 1903, MG 20 Vol. 1054 No.1

<sup>61</sup> M. Ritchie, “The Class of Unfortunates Worth Looking At” *The Echo*, 29 February 1908, copy of clipping in Halifax Local Council of Women Minutes, 23 April 1903, MG 20 Vol. 1054 No.1

<sup>62</sup> M. Ritchie, “The Class of Unfortunates Worth Looking At” *The Echo*, 29 February 1908, copy of clipping in Halifax Local Council of Women Minutes, 23 April 1903, MG 20 Vol. 1054 No.1

<sup>63</sup> Mrs. Agnes Dennis “The Care and Training of the Feeble-Minded in the Community, *The Mail*, Friday 17 November 1911.

On 2 March 1908, Mrs. Pennoyer, a member of the HCW press committee, submitted an editorial to *The Recorder*, called “Care of the Feeble-Minded” in which she set about clarifying the classification system of those people diagnosed as feeble-minded.<sup>64</sup> According to Pennoyer, who was speaking on behalf of the HCW, feeble-minded people could be categorized into three subgroups:

1. The first were “idiots” who were “born with defective minds. Their condition is congenital, certain parts of the brain are lacking.”
2. The second group was described as “embiciles” [sic] being those “whose defective mind [had] been brought about by disease of the brain after birth.” This group was believed to “be able to do things when guided” and to learn “in an automatic way how to take care of themselves.”
3. The third group was the “true” feebleminded and they were to be considered “the most dangerous to the community.” Pennoyer wrote that “because they are more intelligent than the other two classes mentioned they are more of a menace to the welfare of society, especially since they are [presently] left at large.” Pennoyer emphasized that, although this class could do the labour that may be required on the farm or in the home, they “lack[ed] moral judgement,” “prudence,” “self-control,” “proper will,” “judgement” and “the power of restraint.” It is this class of the feeble-minded that alarmed Pennoyer and the HCW, as they believed they were certain to become “criminals or fathers or mothers of illegitimate children”, or “paupers.” The true feebleminded individual, Pennoyer argued, belonged in life-long custodial institutions where he or she could benefit society

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<sup>64</sup> This is relatively significant as it demonstrates a small civilian-controlled group seeking to scientifically define a subset of the population seven years before Britain legally defined the terminology which Nova Scotia and Canada later adopted.

through their labour without endangering it through their criminality and reproductive capabilities.<sup>65</sup>

After distinguishing the “types” of feeble-mindedness, Pennoyer enumerated the dangers of their freedom by emphasizing the tendency of feeble-minded individuals toward fecundity and immoral sexuality, which in turn she argued, was certain to produce more feeble-minded persons exponentially. The way to stem the tide of deficiency, she suggested, was to investigate and institutionalize all the adults who currently fell into this most dangerous category. Feeble-minded children, the author argued, should also be separated from normal children until they were old enough to be institutionalized. As somewhat of an afterthought, Pennoyer added that feeble minded people should not be allowed to marry.<sup>66</sup>

Five days after Pennoyer’s editorial appeared, Miss Wallace of the HCW published an essay in the newspaper *The Mail* and Mrs. Stead, who like Pennoyer was a member of the HCW press committee, published a similar piece in *The Echo*. Wallace wrote about the “degraded and dangerous fecund[ity]” of the feeble-minded individuals at large while Stead linked all manners of vice to the progeny of feeble-minded mothers.<sup>67</sup> On March 9, 1908 an author identified only as M.T. of the HCW contributed “The Feeble-Minded,” to *The Recorder* in which the author recounted the moral lessons behind McCulloch’s *The Tribe of Ishmael* and Dugdale’s *the Jukes*.<sup>68</sup> Not only did this article mark the end of the publishing blitz for the HCW in the spring

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<sup>65</sup> Mrs. Pennoyer, “Care of the Feeble-Minded,” *The Recorder*, 2 March 1908 copied in History of Halifax Council of Women, Halifax Local Council of Women Minutes, 23 April 1903, MG 20 Vol. 1054 No.1

<sup>66</sup> Mrs. Pennoyer, “Care of the Feeble-Minded,” *The Recorder*, 2 March 1908 copied in History of Halifax Council of Women, Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>67</sup> Miss Wallace, “Care of the Feeble-Minded: A Present Day Problem,” in *The Mail*, 7 March 1908; Mrs. Stead, “Care of the Feeble-Minded” in *The Echo*, 7 March 1908

<sup>68</sup> M.T. “The Feeble-Minded,” in *The Recorder*, 9 March 1908.

of 1908, but it demonstrated the network of relationships that the group had with pro-eugenic communities outside of Nova Scotia and their familiarity with the eugenic family pedigrees that were gaining in popularity.

Throughout this early period of activity the HCW, later under the guise of The League, gained access to speakers, reports and information to advance their local campaign. Undoubtedly some of the information was gained through their regular contact with the National Council of Women, headed by eugenicist and physician Helen MacMurchy. But the relationship ran both ways. In Helen MacMurchy's 1912 report, *Feeble-Minded in Ontario*, she wrote that "a good deal of time at the annual meeting" of the National Council of Women, was spent on "the question of the feeble-minded"<sup>69</sup> with the HCW's Mrs. Stead convening a "Special National Committee" on feeble-mindedness and presenting "an able report."<sup>70</sup> Stead continued to be active, and in 1915 MacMurchy reported that Stead had contributed an article to a special edition of the *Public Health Journal*, titled "The Nova Scotia League for the Care and Protection of the Feeble-Minded."<sup>71</sup>

While the women of the HCW were writing and publishing these articles that were intended to educate and persuade the general public, they were also engaging in the eugenic discourse at both the national and regional levels. They had educated themselves thoroughly on the importance of protecting feeble-minded individuals and promoted eugenic ideals by reformers who visited the region such as J.J. Kelso and Helen MacMurchy, alongside those who published in national forums, like Emily Murphy. Beyond the national discourse, they drew from other

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<sup>69</sup> Helen MacMurchy, *Feeble-Minded in Ontario: Seventh Report, For the Year 1912* (Toronto: L.K. Cameron, 1913) 24.

<sup>70</sup> MacMurchy, *Feeble-Minded in Ontario: Seventh Report, For the Year 1912* 24.

<sup>71</sup> MacMurchy, *Feeble-Minded in Ontario: Seventh Report, For the Year 1912* 24.

women's reform groups such as the one that visited and reported on the training schools in New England and Ontario. The women of the HCW in turn internalized, interpreted and adapted the existing discourse before engaging the public and the government through their articles, letters, and petitions. Their activities suggest that they were strategic and organized in their position on social reforms, rather than simply following the leads taken elsewhere.

### *Turning Plans into Programs*

The HCW had the relatively unique experience of being impacted by two disasters within six years. The latter, the Halifax Explosion, is explored in further detail in the next chapter; however, the first was the sinking of the RMS Titanic on April 15, 1912 after it struck an iceberg on route from England. Aboard the ill-fated ship was a Halifax lawyer, George Wright, ESQ who willed his residence at the corner of Young Avenue and Inglis Street in Halifax to the HCW so that it might be used as “an institution for the carrying on of their work and assist [sic] in supressing [sic] other evils.”<sup>72</sup> Wright's legacy is indicative of the importance of the group's public reputation. In bequeathing the property to the women's group, Wright demonstrated his confidence in the women to handle their own affairs. His action was significant at a time when most of the women in the group were still signing their publications under their husbands' names.<sup>73</sup> The women of the HCW were trusted to be acting in the interests of white womanhood, as prescribed mothers of society; they were the intermediaries between the dichotomous models of womanhood described by Kline, the mother of tomorrow and the moron. The respectable, middle-class, white and generally married female reformer represented a third model of

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<sup>72</sup> *Extract from the will of the Late George Wright, ESQ. Recorded in the Minutes of the Halifax Council of Women January 13/13, in Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1*

<sup>73</sup> Agnes Dennis and Edith Archibald, two prominent members of the HCW, are listed under their husbands' names for the first decade of the HCW minutes.

motherhood, a matronly caretaker of society, who strove to encourage the “mother of tomorrow” to take up her role and responsibilities while simultaneously working to limit the reproductive and sexual freedom of the “moron.”<sup>74</sup>

The women of the HCW gratefully accepted Wright’s gift and immediately sought to make the best possible use of the property. After settling into their new headquarters in the summer of 1912, they were able to bring Dr. Fernald of the Waverly, Massachusetts training school to the province to speak on behalf of their relatively nascent League for Protection of the Feeble-minded. Fernald was at the time hailed as “one of the greatest authorities in the world on the study and care and control of the mentally defective,” and Helen MacMurchy, reporting upon his visit, believed it boded well for the ability of the League to persuade the Nova Scotian Legislature to enact a custodial law concerning the feeble-minded.<sup>75</sup> MacMurchy was impressed by the zeal with which the League had grown and by 1913 she reported that there were 50 local branches of the League in the province of Nova Scotia.<sup>76</sup> Fifty branches might seem an extraordinary number for a province with a population of less than half a million people;<sup>77</sup> nevertheless, it is reflective of the urgency with which the problem of the feeble-minded was both perceived and addressed in the small province.

The work of the HCW and the League depended upon cooperation and communication between the two groups themselves as well as between those groups and the local churches, physicians, and government officials. By 1908 the HCW had already been pressuring the

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<sup>74</sup> For more on Kline’s dichotomy of womanhood see: *Building a Better Race*, 25.

<sup>75</sup> Helen MacMurchy, *Feeble-Minded in Ontario, Eight Report, For the Year 1913* (Toronto: Legislative Assembly of Ontario, 1914), 24.

<sup>76</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, (Toronto: McLelland and Stewart, 1990) 24; Helen MacMurchy, *Feeble-Minded in Ontario, Eight Report, For the Year 1913* (Toronto: Legislative Assembly of Ontario, 1914) 24.

<sup>77</sup> 1911 Census recorded the population of the province as 492,338

government to assume responsibility for feeble-mindedness for at least thirteen years with very modest results.<sup>78</sup> Although the sister organizations had not achieved their goal of full government cooperation to that date, there is ample evidence that they did, to a degree, have the ear of some members of the government. Edith Archibald, for instance, reported to the council on multiple occasions that she had spoken to the Superintendent of Education, and Drs. Sinclair and Hattie, who both then held various positions in the provincial government, appeared to have been in regular communication with the organizations.<sup>79</sup> Dr. Sinclair was also appointed to the HCW's earlier Committee for the Feeble-minded (a precursor to the League) in 1904 while he served as inspector of humane institutions in the province.<sup>80</sup> Even after the formation of the League, the HCW was still called upon to exert their influence on behalf of the feeble-minded and the League acknowledged the HCW as its "prime mover."<sup>81</sup> Six years after the League was created as a separate entity, one of its members, Frank Woodbury, addressed the HCW in the hopes that the women's organization would "advocate a chair of eugenics at the university."<sup>82</sup>

A central goal of the work undertaken by the League and the HCW was the identification, education, and segregation of feeble-minded children. This aspect of the eugenic discourse that surrounded schooling arose naturally out of the child-saving movements of the nineteenth century that had often been a focus of women's groups. When Mrs. Dennis wrote an editorial for

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<sup>78</sup> Halifax Council of Women fonds, NSA MG 20 Vol. 1054, No.1

<sup>79</sup> Halifax Council of Women fonds, NSA MG 20 Vol. 1054, No.1

<sup>80</sup> "HCW Minutes of Meeting, March 11, 1904," Halifax Local Council of Women Minutes, NSA MG 20 Vol. 1054 No.1

<sup>81</sup> Halifax Local Council of Women "Members of Women's Council Proud of Organization and Work Already Accomplished," *The Daily Echo*, Saturday, 18 February, 1911, np. NSA Halifax Council of Women Fonds MG 20 Vol. 1015 #37-#37i.

<sup>82</sup> Frank Woodbury, "It pays to take care of our feeble-minded," read before the HCW 13 March 1914 "HCW Minutes 13 March 1914," Halifax Local Council of Women Minutes, NSA MG 20 Vol. 1054 No.1

*The Mail* in April 1911 that called attention to the detrimental results of allowing feeble-minded children to share classrooms with “normal” children, she advanced the same discourse regarding school inspection that John Stewart had engaged with in 1906. But, whereas Stewart had directed his contribution to other physicians through the *CMAJ*, Dennis addressed the general public and widened the influence of eugenic ideology. The disadvantage of schooling children assessed as feeble-minded in regular classrooms, Dennis argued, was twofold. Not only would the feeble-minded child struggle socially and academically with unrealistic expectations, the education of the other children in the classroom would be negatively impacted. She wrote, “All teachers agree that to attempt to teach mentally deficient [sic] in a class of children of normal development is a hopeless task, a cruelty to the defective child and a strenuous task upon the teacher.”<sup>83</sup> Reformers such as Dennis understood their duty to be not only to the feeble-minded child whom they sought to protect through institutionalization, but to the protection of those children’s “normal” peers. Beyond the individual, institutionalization functioned to guard society from the incumbent moral and social decay wrought by the apparent increase in feeble-mindedness in the region. To this end, just as they undertook the construction and supervision of playgrounds to provide children with fresh air and exercise and school milk programs to counter poor children’s susceptibility to tuberculosis, the HCW and the League understood their work to be prophylactic as they safeguarded society from calamity by housing and training children whom the reformers believed were mentally and morally weak.

The League and the HCW saw the realization of one of their goals with the opening of a school for “backward children” in 1916. They congratulated Superintendent of Education A.H.

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<sup>83</sup> Agnes Dennis, “Editorial,” *The Mail*, 1 April, 1911, np.



MacKay for its creation when they were invited to visit the newly formed classes in 1916.<sup>84</sup> Nonetheless, within a year, the members of the two groups were still advocating for reform in both educational and custodial institutions. In February 1917 Mrs. Murray wrote to *The Echo* condemning the practice of housing the mentally ill and the feeble-minded together and in poor conditions.<sup>85</sup> In October *The Mail* published an editorial by Mrs. Stead, a member of the HCW, agitating for separate schooling to be made more widely available for feeble-minded children as she argued that their presence in the regular classroom could not “fail to deteriorate the general morale of the school.”<sup>86</sup> Less than two months later *The Mail* published another editorial by Stead, estimating that the number of feeble-minded children in the province sat at over a thousand individuals.<sup>87</sup> By repeatedly calling the public’s attention to the projected numbers of the feeble-minded individuals in the province, and especially in the school system, the HCW and the League were proposing a solution that they believed would benefit both the general population and the alleged menace posed by feeble-minded individuals. If the public could be persuaded to place additional pressure on the government, the result might be the implementation of much desired school and institutional reformations.

The surveillance, identification, segregation, and appropriate education of so-called feeble-minded people desired by the reform groups stretched beyond the classroom. Although the public school was an ideal clearing house, in that all children in the province could

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<sup>84</sup> *History of Halifax Council of Women*, Halifax Local Council of Women Minutes, MG 20 Vol. 1054 No.1

<sup>85</sup> Mrs. Murray, Untitled letter, *The Echo*, 26 February 1916, Halifax Local Council of Women Fonds, NSA MG 20 Vol. 1054 No.1

<sup>86</sup> Mrs. Stead, Untitled editorial, *The Mail*, 31 October 1916, Halifax Local Council of Women Fonds, NSA MG 20 Vol. 1054 No.1

<sup>87</sup> Mrs. Stead, Untitled editorial, *The Mail*, 1 December 1916, Halifax Local Council of Women Fonds, NSA MG 20 Vol. 1054 No.1

theoretically be inspected as they passed through the educational system, a broader net needed to be cast to systematically identify problem families throughout the province. To this end the HCW's multi-pronged approach to welfare included public health reform that offered the potential to shape the province's population. At the same time that the HCW and the League were seeking the implementation of eugenic policy, they also continued to actively support programs intended for the protection and improvement of the desirable segments of the population.<sup>88</sup> Consequently, the simultaneous pursuit of public health and eugenic reform by the HCW and the League were intimately related. As the organizations sought to improve the health of some groups of women and children while also seeking to restrict the reproductive abilities of other groups, their motives and methods often overlapped.

### ***Eugenic Marriages and Eugenic Mothers***

The time and effort invested in these organizations restricted active membership to women who could afford to spare both. The main body of women's and reform groups was drawn from upper-middle-class wives of professional men who could afford to hire domestic help to fulfil their own responsibilities toward domesticity and childrearing. Additionally, many of the women who directed their energy toward mothering society either did not have children or their children were grown.<sup>89</sup> These women juggled seemingly contradictory agendas as they tried to accommodate the goals of the male-dominated government, medical and eugenic communities while also promoting the health and welfare of women and children.<sup>90</sup> The HCW and the

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<sup>88</sup> Halifax Local Council of Women Fonds, NSA MG 20 Vol. 1054 No.1

<sup>89</sup> MacMurchy, for instance, was a high profile and respected female physician who served as a public face of female support for the eugenic and public health movements. She was unmarried, financially independent, and a professional woman who vocally opposed birth control. Dodd, "Advice to Parents," 222.

<sup>90</sup> Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 203.

League, like MacMurchy and many other female-reform groups, were faced with the need to negotiate male-dominated arenas while still forwarding their own goals. To this end the involvement of the Haligonian women was undoubtedly related to their existing reform work that sought to improve the conditions of children and the poor. However, the white middle-class women who comprised the Halifax group also benefited socially and personally from the social acceptance of eugenic principles.<sup>91</sup> In a letter to Francis Galton, early British women's rights advocate Emily Shirreff wrote of the possibilities that she saw in eugenic marriages.<sup>92</sup> She stated that while feeble-minded women were content to marry for subsistence or position, intelligent and energetic women, who were in fact the "most fit to be mothers," were eschewing marriage when they could, rather than suffer the insecurity, danger or restrictions a necessary but unappealing marriage might place on them.<sup>93</sup> Subsequently, if marriage was to become more secure and less restrictive, and women were then granted more freedom within marriage, Shirreff felt that the nation would benefit from their willingness to marry and reproduce.<sup>94</sup>

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<sup>91</sup> Researcher Harry Bruinius has pointed to a potentially attractive side effect of the adoption of eugenic thinking on the part of middle-class female reformers. He argues that the adoption of eugenic marriages and the move to more rational procreation promised to dismantle the cultural restrictions that middle-class women often found themselves subjected to. Harry Bruinius, *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity*, (New York: Alfred A. Knopf, 2006), 141-142.

<sup>92</sup> Eugenic marriage was conceptually embraced as an idealized union where both partners would be certified as free of disease and vice, and women would enter into marriage with a clear understanding of their responsibilities and only when they were mature enough to fulfill them. Women's responsibilities were to be the bearing and nurturing of healthy children in a financially secure environment provided by the husband. See: W. Grant Hague, *The Eugenic Marriage: A Personal Guide to the New Science of Better Living and Better Babies*, (New York: The Review of Reviews Company, 1916).

<sup>93</sup> Emily Shirreff, "Letter to Francis Galton," quoted in Bruinius, *Better for All the World*, 141-142.

<sup>94</sup> Shirreff, "Letter to Francis Galton," 141-142.

The HCW combined political and social goals in its vision for reform. It had been active in instituting services that contributed to women's independence since its formation, including services for single and married women as well as mothers.<sup>95</sup> In addition to the advantages offered by eugenic ideology in terms of both independence and choice of marriage partners, middle-class women who were already married, potentially benefitted from the acceptance of eugenic ideology. While in the most general of terms eugenic ideology promoted the reproduction of the fit and encouraged the unfit to refrain from parenthood, the implications of this philosophy were much more nuanced. Eugenic ideology not only encouraged the restriction of undesirable births, it was also used to reinforce the spacing of desirable births.

At the end of the nineteenth century the average Canadian household had five members; by 1925 that number had dropped to 3.7.<sup>96</sup> Ellen Thomas Gee, in her study of Canadian fertility decline between 1851 and 1921, found that the decline in fertility could be attributed to a decline in female nuptuality and the limitation of fertility within marriage. This interpretation supports the reluctance of intelligent women to enter marriage that Shirreff had written to Galton about. However, Gee concludes that the limitation of marital fertility "far outweighed" the impact of the variation in female nuptuality, which she found fluctuated throughout the period under consideration.<sup>97</sup> Gee dates the general adoption of methods to limit marital fertility in Canada to approximately 1871.<sup>98</sup> The ability to justify the spacing of births, alongside the use of

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<sup>95</sup> *History of the Halifax Local Council of Women*, NSA MG 20 Vol. 1054 No. 1

<sup>96</sup> <http://www.chrc-ccdp.ca/en/getBriefed/1925/population.asp>

<sup>97</sup> Ellen M. Thomas Gee, "Early Canadian Fertility Transition: A Components Analysis of Census Data," *Canadian Studies in Population*, (1979) 6:27. Gee argues that the decline in fertility rates of 10% between 1851 and 1861 as compared to the decline of approximately 31% between 1851 and 1891 suggests that deliberate control of fertility began in earnest after 1861; Gee, "Early Canadian Fertility Transition: A Components Analysis of Census Data," 28.

<sup>98</sup> Gee acknowledges the apparent plateauing of the Canadian National birth-rate between 1871 and 1921 but argues that the native-born Canadians were limiting births during this period and

rudimentary birth control, was sometimes based on the eugenic idea that to optimise health outcomes for both child and mother, ample recovery time was required between pregnancies. This line of reasoning could be liberating to women whose mothers had often experienced almost continuous pregnancy from marriage until menopause. The combination of women's groups, the purity and eugenic movements, held numerous benefits for middle-class female reformers. As fit-motherhood was elevated, women were potentially given more control over sex within marriage and the spacing of pregnancies.<sup>99</sup> However, while the application of eugenic ideology could potentially allow women a justification to space births, it could just as easily pressure them to bear more children.

Women's groups were not alone in their concern for mothers and children, this concern for and about mothers and children was a central feature of both philanthropic and government programs that aimed to improve the population. One way in which children and youths came into contact with the emerging system was through the Provincial Department of Neglected and Delinquent Children. In the 1919 report by the Superintendent of Neglected and Delinquent Children, Ernest H. Blois, claimed that there were 2343 children under either the care or the supervision of his department.<sup>100</sup> Of these children 293 were in reformatories, 408 in orphanages and infants' homes, and 82 in county homes. The remainder had either been returned to their parents under probation or were in foster homes throughout the province.<sup>101</sup>

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only the influx of immigrants during this period who embraced different reproductive values served to balance the national birth-rate, causing it to appear to plateau when marital fertility was actually in decline. Gee, "Early Canadian Fertility Transition: A Components Analysis of Census Data," 30-31.

<sup>99</sup> Kelves, *In the Name of Eugenics*, 65.

<sup>100</sup> Ernest H. Blois, "Report of the Superintendent of Neglected and Delinquent Children," (King's Printer: Halifax, NS, 1919), 6.

<sup>101</sup> Blois, "Report of the Superintendent of Neglected and Delinquent Children," 6.

In addition to the quantitative evidence regarding the number of children who were in the care of the province, the reports provided a wealth of information on the social expectations and roles of mothers. Individual cases revealed judgements made, often by female agents, about the ability and worthiness of mothers who for a variety of reasons needed assistance. Whether consciously or unconsciously, the report offered a commentary on good mothers and bad mothers. One of the first cases described in the report related to the discovery of a five-year old boy, hidden away in an attic while his mother worked in a “questionable boarding house” to support herself and her child. The child, who was in need of medical attention for a growth on his neck and malnourishment, was described as having a “sad pathetic face,” and his mother “a very weak face.”<sup>102</sup> Blois disclosed that the mother was only fourteen at the time that she had the child and had “tried to go straight” but he implied that she was drawn into a less reputable lifestyle through her own weakness and a bad start. The report on the child and mother was compiled by Hazel Bell, a member of Blois’s staff, who stated that the case had been particularly difficult as the mother was not cooperative and the workers “felt the odds were against” them. Nonetheless, Bell reported that it was the “spark of mother love” that made the department persist in its efforts to the point that the mother had accepted the position that they found for her and that she was “developing into a clean and wholesome girl and a devoted little mother,” while “under the supervision of splendid Christian women.”<sup>103</sup>

This anecdote reinforces the influence of the popular discourses surrounding eugenics and motherhood. Both the child and the mother are described as diminished. The boy was “pathetic,” the mother had a “weak face,” both of which are descriptors that were often used to

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<sup>102</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

<sup>103</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

characterize feeble-minded people. Yet in this case the value of the woman's maternity, along with the promise of close supervision so she would not reproduce poorly again, generated a much better outcome than many children and parents who were assessed and found wanting could expect. The story of the street children taken from their parents recounted in the previous chapter reveals that mothers who were not considered to possess the highly subjective "spark of mother love" were viewed as a burden on, and danger to, society and often characterized as less than human.

Another type of woman who appeared in the Superintendent's report was the worthy widow. Bell recounted the case of a woman, widowed two years, with three children; a girl aged fifteen a boy of eleven years and a four-year old of undisclosed sex. The woman had been known to keep a good and comfortable home while her husband was alive but his sudden death had cast the family into poverty. The mother was unable to find a family to employ her as a housekeeper and board her three children as well, and to board them individually cost more than she was able to make. Finally the mother had moved the family into a rented room and left the children home alone while she worked during the days – Bell reports that while the mother worked to support her family the daughter "fell in love with the street," and the son "fell into bad company and bad ways."<sup>104</sup> These children, Blois reported, had come to the attention of the department when the mother contacted him to see if he might place the son in a home. Blois stated that the boy did not need to be placed; rather he needed his mother's care, as did the daughter and the youngest child. Further, Blois stated, "why should this woman, against whom there is not the slightest shadow cast, be made to suffer and worry and her children become

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<sup>104</sup> Bell, "Report of the Superintendent of Neglected and Delinquent Children," 9.

public charges?”<sup>105</sup> The difference in treatment and prescription for these three families, all who faced poverty, hinged on the character of the mother. The first appears to be described as feeble-minded but was willing to work and showed potential to be a good mother; and even though she was treated paternalistically, she was allowed to keep her child and was ultimately given aid. The second mother, who appeared in the previous chapter, was assessed as feeble-minded and characterized as animalistic, and the regard given her was as that towards a wild animal. Though she expressed grief when the officers took her children, it was not in an acceptable form and she was essentially dismissed as unworthy. The final example shows the fear that poor circumstances might turn children into delinquents although they came from a formerly respectable family. This story emphasizes the importance of the government in providing financial assistance so that the woman, who has proven herself a good mother, could continue to raise her children to be good citizens.

Nova Scotian women at the turn of the twentieth century were both the leaders and subjects of social engineering. Working within the framework of maternal feminism, women held aloft Christian morality, maternity, and domesticity, that were applied both in the private and public spheres and presented as idealized outcomes for all women.<sup>106</sup> Nonetheless these goals were not attainable by all women, nor were they meant to be. The maternal feminism that was expressed through the eugenic reform movements of the HCW and the League both shaped their own world and reinforced their authority, thereby both encouraging and enabling intervention into the lives of other women.<sup>107</sup> The HCW and the League played a vital role in

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<sup>105</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 9.

<sup>106</sup> Michael J. Smith, “Female Reformers in Victorian Nova Scotia: Architects of a New Womanhood,” (MA: Dalhousie University, 1986), 1.

<sup>107</sup> Smith, “Female Reformers in Victorian Nova Scotia: Architects of a New Womanhood,” 4; Valverde, *The Age of Light, Soap, and Water*, 29.



instituting eugenically-oriented programs such as those that targeted the health of babies, children, and mothers, as well as those which sought to identify and segregate those women who were assessed as unfit to be mothers. Central to this process was the maternalistic responsibility that white, middle-class, female reformers assumed as they impressed their values onto mothers of very different means.

## **Chapter 4: Enabling Eugenics: Public Health and Eugenic Reform in the Wake of the Halifax Explosion**

On Sunday 15 December 1917, nine days after the Halifax Explosion, Ottawa resident J.G. McQuire placed an advertisement in the *Halifax Herald* seeking to adopt an “orphan of the explosion.” McQuire, the ad stated, sought to do his part by taking in a child left homeless by the disaster; the only conditions were that the child be under the age of three and white.<sup>1</sup> Whether McQuire’s intentions were noble or not is open to debate. One thing, however, was clear – while help was being offered it was contingent upon certain qualifications. In this case it was offered to one young enough to be unmarred by either class or environment and who would also be racially invisible within the McQuire family. This ad is one of many published in the aftermath of the explosion and is illustrative of the focus of nurture over nature that guided Nova Scotia’s public health reforms in the wake of the historic explosion.

### ***The Halifax Explosion***

On 6 December 1917, Halifax Harbour became the site of the largest pre-nuclear man-made explosion when the French munitions ship the *SS Mont Blanc* collided with the Belgian relief ship the *SS Imo* in the busy war-time harbour.<sup>2</sup> Nearly 2,000 people were killed, an estimated 9,000 more were injured and thousands were left homeless; 325 acres of the city were destroyed by the force of the explosion with the effects felt as far away as the town of Sydney,

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<sup>1</sup> *Halifax Herald*, Sunday 15 December 1917, PANS Newspaper Collection Halifax Explosion mfm.reel#6628

<sup>2</sup> J. Castell Hopkins, “Halifax Relief Commission,” *Canadian Review of Public Affairs 1917* (Toronto: The Canadian Annual Review, Limited, 1918) 467

270 miles away at the northern tip of the province.<sup>3</sup> Survivors were evacuated to open spaces away from the harbour for fear of a second explosion. Another explosion never hit; yet they were assailed by a snowstorm. Exposure was then added to the growing list of medical concerns facing families and relief workers in the weeks that followed.<sup>4</sup>

The city that was destroyed had been a city in flux. In the three decades before the explosion, Nova Scotia in general and Halifax in particular had suffered a relentless exodus of the young skilled portion of its population.<sup>5</sup> David Sutherland has explained the stagnation of pre-WWI Halifax, pointing out that the city's population had grown no more than 14 percent during the first decade of the twentieth century while Montreal had grown by 75 percent and Toronto by 81 percent during the same period.<sup>6</sup> He suggests that the lack of significant growth resulted from a failure to industrialize, thereby limiting employment prospects and fueling both an exodus of the native born and a tendency for immigrants to avoid the port city.<sup>7</sup> However, prosperity arrived in the three years both preceding the explosion and following the outbreak of WWI which attracted workers of all sorts to the wartime economy. Along with the growing population, however, came a rise in illegitimate births, prostitution, venereal disease and illicit drinking that raised the ire of public health reformers.<sup>8</sup>

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<sup>3</sup> Janet F. Kitz, *Shattered City: The Halifax Explosion & The Road to Recovery*, (Halifax: Nimbus Publishing, 1989, 2008) 25-6.

<sup>4</sup> J. Castell Hopkins, "Halifax Relief Commission," *Canadian Review of Public Affairs 1917* (Toronto: The Canadian Annual Review, Limited, 1918) 467

<sup>5</sup> David Sutherland, "Halifax Harbour, December 6, 1917: Setting the Scene," in *Ground Zero: A Reassessment of the 1917 Explosion in Halifax Harbour*, eds. Alan Ruffman & Colin d. Howell, (Halifax: Nimbus Publishing, 1994) 5.

<sup>6</sup> David Sutherland, "Halifax Harbour, December 6, 1917: Setting the Scene," 4.

<sup>7</sup> David Sutherland, "Halifax Harbour, December 6, 1917: Setting the Scene," 4.

<sup>8</sup> For a popular account of the Halifax Explosion and its aftermath see: Kitz, *Shattered City*, 10.

These perceived social ills challenged the state of public health at the time.<sup>9</sup> However, the devastation of the explosion forced an unprecedented restructuring of the capital city's conomic, architectural, institutional and labour resources and drew external attention to existing problems. Reformers of all backgrounds, riding the coat tails of relief workers, were quick to identify the poor state of pre-explosion Halifax as evidence that the population needed outside assistance. The subsequent rebuilding of the city and the spirit of progressive reform that sought to improve it, provided an opportunity to undertake 'an experiment' in public health education and reform. This experiment was financed by relief funds, a commission headed by an American administrator and watched by an international community of public health experts.<sup>10</sup> In his study, historian Michael Boudreau explains that progressivism, whilst beginning to falter in most of Canada due to the impending economic depression of the 1920s, found a stronghold in post-explosion Halifax.<sup>11</sup> A city in turmoil was more likely to embrace a spirit of progressivism that was both paternalistic and authoritarian.<sup>12</sup> Jacob Remes has demonstrated the potential for organization at all levels of society during a crises.<sup>13</sup> As has been demonstrated by both Boudreau and Remes, crises create fertile grounds for interventionist and progressive programs. The collapse of the physical order and the symbolic physical boundaries that accompanied it made many residents aware of a possible similar breakdown in social order. Classes mingled in ways that were largely unprecedented; cultural structures faltered and traditional social standards

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<sup>9</sup> Kitz, *Shattered City*, 10.

<sup>10</sup>The Massachusetts-Halifax Health Commission received final responsibility for the improvement of public health in Halifax; it was headed by an American Franklin B. Royer until his abrupt resignation in 1923.

<sup>11</sup> Michael Boudreau, *City of Order: Crime and Society in Halifax, 1918-35*, (Toronto: Vancouver: UBC Press, 2012) 18.

<sup>12</sup> Boudreau, *City of Order*, 18.

<sup>13</sup> Jacob Aaron Carliner Remes, "Cities of Comrades: Urban Disasters and the Formation of the North American Progressive State," (Doctoral Dissertation: Duke University, 2010), 23.

and expectations in place before the explosion became increasingly vulnerable to disruption. Extra police presence offered reassurances to residents about protecting the vestiges of civilization.<sup>14</sup>

Some survivors resisted the social levelling caused by the blast after the first days of relief; some began to resist only in the weeks that followed. Some families began to refuse donations of second-hand clothing, viewing it as being below their station, and widows were outraged at the inability of the relief workers to provide them with black mourning clothes.<sup>15</sup> Boudreau suggests that the social insecurity resulted from both the physical displacement of the population and the influx of relief workers into the city who, as strangers, were perceived as a threat to public safety.<sup>16</sup> Resistance to “outsiders” proved to be a defining characteristic of efforts to rehabilitate and improve the city. Yet, while survivors struggled to regain their familiar social stations, they were also urged to accept the sacrifices necessary for both reconstruction and continued investment in the war.<sup>17</sup>

### ***The Massachusetts-Halifax Health Commission (M-HHC)***

At 10pm on December 6, 1917, within hours of reports of the explosion, the cause and extent not yet clear, a train was dispatched by Massachusetts’s Governor McCall under the charge of A.C. Ratchesky, the Vice-President of the Massachusetts Public Safety Committee, and equipped with 500 beds, 13 surgeons and physicians, auxiliary medical staff, supplies and representatives of the press. Ratchesky’s instructions were to provide help if it was needed and

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<sup>14</sup> For concerns about looting see both Kitz and Boudreau – Kitz writes that there was no evidence of looting or even the desire to do so, while Boudreau cites witness reports that it was a problem.

<sup>15</sup> Kitz, *Shattered City*, 120.

<sup>16</sup> Boudreau, *City of Order*, 19.

<sup>17</sup> Ian MacKay, “The 1910s: The Stillborn Triumph of Progressive Reform,” in *The Atlantic Provinces in Confederation*, eds. E.R. Forbes and D.A. Muise (Toronto: University of Toronto Press and Fredericton: Acadiensis Press, 1997) 216.

return if it was not. The departure of this train marked the beginning of an interventionist program that continued until 1929.<sup>18</sup>

Relief in the form of first aid, medical supplies and monetary contributions poured into the devastated city in the immediate aftermath of the explosion. The Dominion government contributed \$4,000,000 and the British government £1,000,000 to the relief effort.<sup>19</sup> Relief also flooded in from locales not directly affected by the disaster; Jamaica pledged \$5,000 and New York sent \$200,000 in supplies and 600 men as well as tools, lumber, portable houses and motor trucks.<sup>20</sup> In terms of far reaching and long lasting aid, the state and people of Massachusetts surpassed expectations both in the immediate aftermath as well as in the years that followed by establishing a long-term relief plan that involved human and financial resources.

The Massachusetts-Halifax Health Commission (M-HHC) that oversaw the reconstruction of Halifax was an offshoot of the Massachusetts-Halifax Relief Committee (M-HRC), which initially held the reins of the rescue efforts in the city.<sup>21</sup> The members of the M-HRC were recruited from the members of the Boston Committee for Public Safety and many of

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<sup>18</sup> George Hinckley Lyman, *Story of the Massachusetts Committee on Public Safety – February 10, 1917 – November 21, 1918*, (Boston: Wright and Potter Publishing, 1919), 190; Kitz, *Shattered City*, 84.

<sup>19</sup> Both the Dominion and British governments had relied upon Halifax extensively during the war. With its deep natural harbour Halifax had played an important role in the war efforts; it was the port from which Canadian troops departed and an integral part of Britain's naval activities. At the time of the explosion Halifax's pre-war population of 47,000 had been augmented as soldiers and civilians were drawn in by the prosperity of the war time economy. For further reading see: Janet Kitz, *Shattered City: The Halifax Explosion & The Road to Recovery*, (Halifax: Nimbus Publishing, 1989, 2008) 7; J. Castell Hopkins, "Halifax Relief Commission," *Canadian Annual review of Public Affairs 1917* Canadian Annual Review, Limited, 1918) 467-468.

<sup>20</sup> Hopkins, "Halifax Relief Commission," 468-9: For a comprehensive description of the events leading up to and surrounding the explosion see Kitz, *Shattered City*.

<sup>21</sup> Remes, "Cities of Comrades: Urban Disasters and the Formation of the North American Progressive State," 28.

its members arrived on the first trains into the devastated city.<sup>22</sup> Many of the organizational strategies and programs established in post-explosion Halifax and the surrounding area were modelled on existing disaster response programs.

Organizational strategies employed by all three of these groups unified seemingly diverse objectives to provide and renew social structure. The system of surveillance and inspection of families that was established in the aftermath of the explosion meshed with the goals of eugenic reformers. In the weeks and years that followed the explosion, individuals assessed as degenerate were considered candidates for segregation, and those families, whose reproduction was believed to be beneficial for the race, and the province, were provided additional aid in the form of financial support and education.

The M-HHC resulted from fundraising by the population of Massachusetts who ultimately contributed \$750,000 for disaster relief. Two-thirds of the donations were spent in the months following the disaster for general relief and to re-establish 1,800 homes in the city; the remaining \$250,000 was used to found and maintain the M-HHC. Dr. Victor Heiser, of the Rockefeller Foundation, at the behest of the Boston-based relief Committee conducted a survey in order to determine how the money might be spent “for the greatest benefit of Halifax and its people.”<sup>23</sup> Subsequently Heiser spent the summer of 1918 analysing Halifax’s vital statistics for several years prior to the explosion and decided that the best use of the funds over which the Committee had control was to “create public sentiment which would support an adequate

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<sup>22</sup> Remes, “Cities of Comrades: Urban Disasters and the Formation of the North American Progressive State,” 28

<sup>23</sup> The Boston-based Relief Committee acted as a companion committee to the Relief Committee located in Halifax; the purpose was to provide a system of checks and balances against any misappropriation of the donated funds; *Report of the Massachusetts-Halifax Health Commission with Appendices, October 1919 to September 1924*, 7.

modern health program.”<sup>24</sup> Heiser suggested that if the people of Halifax were left to their own devices they would quickly return to the pre-existing conditions and, as such, “outside influences” must “make themselves felt.”<sup>25</sup> Tasked with the “improvement of public health conditions” in Halifax and the surrounding area, the Boston Committee, the controlling body, decided that an “experiment” in public health education would be most beneficial. The Commission was to disperse the remaining funds through a program of public education designed to inform and monitor the population. Over the next decade the Commission worked to improve the population that had long been depleted by emigration and hardship through a carefully managed/designed program of public health and an aggressive campaign of “educational propaganda” both of which embraced eugenic principles.<sup>26</sup>

The M-HHC aimed to improve the region’s population by supervising particular families in reproduction and discouraging reproduction among those families deemed undesirable. In Nova Scotia, reformers acknowledged that some families were ‘biologically’ degenerate; but due to rampant poverty and a lack of suitable education, other families fell into this category due to environmental circumstances. A concerted focus on changing those conditions through public health and education could then alleviate the burden of deficiency and improve the overall quality of the population.<sup>27</sup> Immigration, which had played a significant role in other locales,

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<sup>24</sup> *Report of the Massachusetts-Halifax Health Commission with Appendices, October 1919 to September 1924*, 8.

<sup>25</sup> *Report of the Massachusetts-Halifax Health Commission with Appendices, October 1919 to September 1924*, 8

<sup>26</sup> *Report of the Massachusetts-Halifax Health Commission with Appendices, October 1919 to September 1924*, 8

<sup>27</sup> The latter ideology conflicts with the belief expressed by many eugenicists that the ability for the undesirable elements of society to reproduce at an elevated rate was enabled by the humanitarian efforts of middle and upper class reformers. This “Social Darwinism,” as expressed by the British eugenicist Karl Pearson, hinged on the idea that because acquired traits could not be inherited, improving the conditions of the “feckless working classes” would not ultimately



especially in stimulating eugenics movements in other regions, particularly in Toronto, Montreal and on the prairies, was viewed as a comparatively minor influence in the health of Halifax's population. Despite city blocks dubbed Irishtown and Schmidville, denoting ethnic enclaves, as of 1911 only 15 percent of the city's residents had been born outside the country.<sup>28</sup> Therefore, even though Nova Scotia continued to be a point of immigration, Haligonian eugenicists were more concerned with the out-migration of potentially good stock than the arrival of undesirables.<sup>29</sup> Individuals stepped up with plans to improve the local environmental factors leading to degeneracy and feeble-mindedness, and the explosion created an ideal opportunity to bring these individuals and efforts together.<sup>30</sup>

The M-HHC inaugurated its help with an informal meeting on September 25, 1919 to assess the needs of the city.<sup>31</sup> Attendance at the meeting included a school nurse, local reformers, and representatives of local charitable institutions, members of the Victorian Order of Nurses and International Daughters of Empire and a psychiatrist who specialized in treating feeble-

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improve the race but rather would create a system of dependence where the better stock would be forced to provide for the more undesirable and more fecund inferior stock which in turn would overwhelm the superior stock by way of procreation. For further information, see: Hall, "The Eugenics Society Archives in the Contemporary Medical Archives Centre," 329.

<sup>28</sup> Sutherland, "Halifax Harbour, December 6, 1917: Setting the Scene," 4.

<sup>29</sup> *The Mental Hygiene Survey of the Province of Nova Scotia*, 1921.

<sup>30</sup> Contrary to the reductionist approach of sterilization advocates, Nova Scotia eugenicists such as A.P. Reid and W.H. Hattie and welfare workers including Miss Luxon of the Victorian Order of Nurses and Miss. Barrington, the Superintendent of the local Infants Home, suggested that they could control and improve the population by making adjustments to the environment. The explosion emerged as an ideal opportunity to put that theory to test: Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>31</sup> The Commission had 11 members: 4 appointed by the Massachusetts-Halifax Relief Committee, 3 who held public office (the Provincial Health Officer, the Chairman of the Board of Health for Halifax and the Medical Officer of Dartmouth), 2 appointed by the Halifax Relief Commission, and 2 who were elected (the Chairman and Vice-Chairman). *Massachusetts-Halifax Health Commission Report 1919-1924*, 13-14.

mindedness.<sup>32</sup> Child and baby welfare and the problem of the feeble-minded dominated discussions at the meeting. Psychiatrist Dr. Eliza Bryson spoke at length on the problem of mental deficiency in the region and urged the Commission to investigate the problem in the city more thoroughly. Bryson argued that the number of persons who were both mentally deficient and, even more dangerously, unsupervised must “certainly run into the hundreds” in the city alone.<sup>33</sup> Among the problems of dealing with this subset of the population, Bryson stated, was the reluctance of mothers to admit defect in their children – a problem that could be remedied by closer inspection and surveillance of the provinces’ school-age population.<sup>34</sup> Not only did Bryson identify feeble-mindedness as an endemic problem in an underdeveloped area, but the explosion created fertile ground for new cases, thus reinforcing the urgent need to dispatch relief efforts into cleaning up the area, socially and structurally.

Mothers bore the brunt of the blame for these problems but hiding defects in their children was not the only complaint against them. Provincial Public Health Officer William H. Hattie suggested that among poorer families the “housewife” might not be making “the wisest use of the money at her disposal” failing to procure “the proper food” and endangering her family’s health.<sup>35</sup> The representative from the Victorian Order of Nurses (VON), Miss Luxon, informed the Commission that the organization had already begun keeping records of housing and family conditions and the school nurse, Miss W. Reid, remarked on the dirtiness and prevalence of skin disease among “children from the poor homes.”<sup>36</sup> Miss Barrington, who oversaw a local charitable infants’ home, insisted that a law should be put in place making

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<sup>32</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>33</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>34</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>35</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>36</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

breastfeeding compulsory; she remarked with some disdain that “Nine times out of ten the babies were put on bottles because for some reason the mother did not want to be bothered.”<sup>37</sup> Miss Luxon supported this assertion, stating that the VON found that one third of the babies they supervised were put “on the bottle inside of a month.”<sup>38</sup> Miss Barrington added that in addition to being legally required to breastfeed, mothers of the poorer classes also needed instruction about proper food and fresh air; additionally, she argued, children “without proper paternity” should be removed from their homes and sent to “a good home and mother.”<sup>39</sup> Presumably a ‘good mother’ would also provide an acceptable father figure, or perhaps a pre-existing quality of good motherhood implied that a woman was married.<sup>40</sup> If these measures were put in place, Barrington concluded, children that “seemed to be imbecile” would become healthy.<sup>41</sup> While the numbers that Barrington and Luxon gave were not supported by documentation – or even by each other – the sentiments were indicative of the ways in which middle-class reformers viewed poor mothers and their children. .

Rather than look to social factors such as education or employability the diagnosis of feeble-mindedness was often used to explain generational poverty and the synonymous relationship between pauperism and mental deficiency, which was often symbolized by a

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<sup>37</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>38</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>39</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>40</sup> Miss Barrington does not elaborate on what qualities or documentation she would accept as “proper paternity;” however Molly Ladd-Taylor and Lauri Umansky have demonstrated that for much of the twentieth century “bad” mothers have often been those who fell outside the middle-class idealization of a traditional family. That is, one in which the mother is a homemaker and the father the breadwinner. For further reading see Molly Ladd-Taylor & Lauri Umansky eds. *“Bad” Mothers: The Politics of Blame in Twentieth-Century America*, (New York: New York University Press, 1998).

<sup>41</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

family's willingness to rely on charity.<sup>42</sup> Stewart Johnson, in 1912, affirmed the relationship between feeble-mindedness, poverty and apparent fecundity.<sup>43</sup> Through a study of the families of children admitted to the Hospital for Sick Children, Great Ormond Street, Johnson determined that while "a large family is itself a cause of poverty," the poorest segments of society often had the largest families resulting in the fewest resources being allocated to each member.<sup>44</sup> The children of these families, he stated, often lost their mother's attention when they were young due to her need to work, and their education when older due to their own need to work. As these same children grew up, the pattern continued as they discontinued education due to their own need to work. The result, Johnson argued, was that the "nation...is reproducing itself more largely from the less efficient layers of society."<sup>45</sup> That the less fit were reproducing at the highest rate was evident, he asserted, as "the poorer mothers are certainly slower of comprehension...[and] even if they are not feeble-minded, they are relatively feebler in purpose or in body than others, as their place in the social scale denotes. The fact that they have married when they had no prospect of maintaining a family is a sign that they are lacking foresight and self-control."<sup>46</sup> In this statement Johnson echoes the sentiment of many reformers and welfare workers who equated intellect with social status and usefulness with prosperity. As demonstrated

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<sup>42</sup> Anna Stubblefield has analyzed the ways in which gender, race, and class often intertwined in eugenic ideology and has demonstrated that poverty frequently played a significant role in the findings that a family, or some of its members, were "feeble-minded." See: Anna Stubblefield, "Beyond the Pale": Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization," *Hypatia*, Vol.22, no.2 (Spring 2007)

<sup>43</sup> Stewart Johnson, "The Relation between Large Families, Poverty, Irregularity of Earnings and Crowding," *Journal of the Royal Statistical Society*, Vol.75, No.5 (April 1912) 539-555.

<sup>44</sup> Johnson, "The Relation between Large Families, Poverty, Irregularity of Earnings and Crowding," 543, 548.

<sup>45</sup> Johnson, "The Relation between Large Families, Poverty, Irregularity of Earnings and Crowding," 548.

<sup>46</sup> Johnson, "The Relation between Large Families, Poverty, Irregularity of Earnings and Crowding," 549.

in previous chapters, the belief that large poor families represented lack of control, foresight, and intelligence fused easily with the belief that feeble-mindedness was hereditary. Families who sought financial assistance, who could not afford what were considered by the reformers to be basic necessities, and who could not or did not ensure their children's attendance in school all became suspect. The relationship between poverty, mental deficiency, baby welfare and ignorant mothers remained an area of concern for the Commission for years to come. Additionally, while some members considered education interventions for poor mothers might help to reverse "non-genuine" deficiency, the problem of the "truly" feeble-minded mother remained. Feeble-minded women, the Commissioners concluded, were certain to give birth to feeble-minded children as it was "one of the conditions that bred fairly true."<sup>47</sup> The problem remained both biological and environmental, and consequently, provincial eugenic reformers moved forward with plans as to how best to discourage the procreation of families deemed feeble-minded.

The relief efforts paved the way for the implementation of public health reforms, which in turn, facilitated a new level of surveillance over the population, which then laid the context for realizing the ambitions of eugenic-minded reformers who had been active in the province for two or more decades. Both the Halifax Local Council of Women (HCW) and the VON had undertaken work in child and baby welfare in the recent past, yet the M-HHC reported that a lack of funding, resources and organization had plagued these groups' efforts.<sup>48</sup>

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<sup>47</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>48</sup> *Final Report of the Massachusetts-Halifax Health Commission*, 1 April 1932, 13; Suzanne Morton has recently provided evidence to contest this assertion, demonstrating that the VON was actually blossoming in the wake of the explosion until being undercut by the M-HHC on the grounds that no organization could reasonably provide both public health instruction and practical nursing; Suzanne Morton, "'Never Handmaidens': The Victorian Order of Nurses and the Massachusetts-Halifax Health Commission," in Ruffman and Howell, *Ground Zero: A Reassessment of the 1917 Explosion in Halifax Harbour, Canada's most Tragic Disaster*, (Nimbus Publishing and Gorsebrook Research Institute for Atlantic Canada Studies, 1994).

To improve public health in the cities of Halifax and Dartmouth the Commission employed a number of tactics.<sup>49</sup> First it established three “permanent” Health Centres; the first in Admiralty House near the waterfront and site of the explosion, the second was located across the harbour in Dartmouth in the Post Office Building, and the third was later established in a new building funded by the Rockefeller Foundation in the South end of the Halifax, near the Dalhousie medical school. The M-HHC also developed two permanent substations, one in Green Bank, an impoverished white neighbourhood, and the other on Lower Water Street near the working-class German and Irish communities. They then opened a seasonal Baby Clinic in the Royal Bank building on the corner of Quinpool and Oxford streets in the city’s West end.<sup>50</sup> Other substations were opened throughout the city on a temporary and as needed basis, including one at Tuft’s Cove and another in the black community of Africville.<sup>51</sup> The locations of the various health centres and substations reflected the Commission’s identification of the most pressing public health concerns in the region.

Although these efforts were initially welcomed, the Commission and its Chairman, Franklin B. Royer, soon drew the ire of many local physicians as well as the local VON as it increasingly sought to take over public health administration in the city.<sup>52</sup> The VON, operating on a much smaller budget but having invested years in establishing contact with families felt that

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<sup>49</sup> For the purposes of this study I have included the work of the Commission in Dartmouth as well as Halifax – the two cities have a long and inter-related history, and although they experienced the explosion differently, they shared many of the organizations, programs and workers that sought to improve and restore the population in the aftermath.

<sup>50</sup> Massachusetts-Halifax Health Commission 12 December 1921, Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>51</sup> Massachusetts-Halifax Health Commission 18 June 1922, Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>52</sup> Morton, ““Never Handmaidens,”” 197.

their work was being duplicated and undermined by the Commission.<sup>53</sup> Local physicians who were not involved with the Commission resented the free health clinics as potential competition for their livelihood.<sup>54</sup>

Amidst this professional conflict the M-HHC decided to train and employ a public health nursing staff.<sup>55</sup> With the cooperation of Dalhousie University, the first public health nursing course was offered in the province; in 1920 Dalhousie graduated one of the first classes of women from such a program in Canada.<sup>56</sup> The specially trained nurses were responsible for the increased medical surveillance of the local population through home and school visits as well as special clubs and presentations. The increased contact with local families allowed for close observation and enabled the Commission to implement positive health interventions to cure “non-genuine” degeneracy as well as to more quickly identify and institutionalize the “true” or genuine ‘mental deficient.’ The public health objectives of the Commission meshed closely with

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<sup>53</sup> Morton, “‘Never Handmaidens,’” 199.

<sup>54</sup> Morton, “‘Never Handmaidens,’” 197.

<sup>55</sup> Victorian Order of Nurses were reluctant to take on what they perceived as extra duties by providing public health education during their home visits in addition to medical care, while they simultaneously wanted sole responsibility for public health nursing. The Commission stated that the VON had not lived up to “the letter and spirit” of previous agreements which led to “cases of over-lapping;”-, a contentious relationship resulted between the organization and the Massachusetts-Halifax Health Commission, for more information see: Minutes of the Massachusetts-Halifax Health Commission, Nova Scotia Archives, MG 20 Vol. 198

<sup>56</sup> The Commission claimed that it had graduated the first class of public health nurses, but it is possible that Alberta might actually deserve this credit. The movement toward the professionalization of both nursing and public health nursing is not exceptional to the M-HCC but rather part of a broader national movement which forged relationships between educational institutions, charitable institutions such as the Red Cross, and nursing associations: For further reading see Peter Twohig, *Labour in the Laboratory, Medical Laboratory Workers in the Maritimes, 1900-1959*, (Montreal: McGill-Queen’s University Press, 2005); Kathryn McPherson, *Bedside Manners: The Transformation of Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 1996, 2003).

those of eugenic reformers who had been agitating for closer medical surveillance and supervision of the population since the turn of the century.

Within a decade after the explosion, 43 trained nurses served on the Commission's staff. These women, a local paper reported, had "each attained a high standard of proficiency in their profession" and were actively engaged in the improvement of public health not only in Halifax but throughout the province.<sup>57</sup> The province supported this activity by spending more than \$18,000 in travelling costs for home visits throughout the province between 1919 and 1928.<sup>58</sup>

With its staff trained, one of the first acts of the young Commission was to establish long-term health centres in the city. The Centres housed both general medical clinics, as well as special clinics for issues ranging from baby welfare and prenatal care to the treatment and detection of venereal disease.<sup>59</sup> By 1923 the health centres and their substations were well enough established for the Commission to contract the services of Dr. Eliza Bryson, then the Superintendent of the Home for Mental Defectives who had been working with both the

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<sup>57</sup> *Report of the Massachusetts-Halifax Health Commission*, 17.

<sup>58</sup> *Report of the Massachusetts-Halifax Health Commission*. 17.

<sup>59</sup> The Commission's Health Centres offered specialized clinics (often weekly or monthly) for a number of particular ailments or areas of concern including Child Welfare, Pre-natal, Pre-school dental, Nutrition, Posture, Skin, and Baby Welfare (the Baby Welfare was a subdivision of the Child Welfare clinic). Clinics for the detection and treatment of venereal disease were held twice weekly with a special nurse being employed. *Massachusetts-Halifax Health Commission Report 1919 to 1924*, (Halifax: King's Press, 1925) 24; Historian Martin Pernick has demonstrated the "complex connections between eugenics and public health" by countering the view that eugenic reformers holding to social Darwinian and Malthusian beliefs could not find common grounds with public health that idealistically prolonged the life (and reproductive capacity) of the "unfit." Martin S. Pernick, "Taking Better Baby Contests Seriously," *American Journal of Public Health*, May 2002, 9(5), 707-708; Historian Alexandra Minna Stern has argued in the American context that public health and race betterment (or positive eugenics) often went hand in hand by asserting that infant and child hygiene and welfare programs and clinics together with pre-natal and maternal health clinics were public health measures with eugenic ends. Alexandra Stern, "Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935," *American Journal of Public Health*, (2002) 92(5): 742-752.



Commission and the Local Council of Women since 1919. She oversaw the coordination of these institutions to ultimately host clinics, to identify, classify and treat “mentally defective children.”<sup>60</sup>

Health Centre No.1 was the first of the centres established and was located closest to the area demolished by the explosion. It was also strategically situated in the area of the city that boasted both the highest rates of births and venereal diseases in the province. The centre and its substation on Lower Water Street served the naval population, the dock workers and their families as well as working-class German and Irish neighbourhoods. Hattie, by then elevated to Provincial Public Health Officer, emphasized from the first meeting of the Commission onward the need to diagnose and treat venereal disease in the city. Hattie referred to an alarming number of new recruits to the military who had already been exposed to venereal disease, suggesting that the problem was endemic to the civilian population. The presence of the military and the port only served to aggravate a pre-existing condition.<sup>61</sup>

That venereal disease was highest in the area where the majority of the province’s babies were born further concerned the members of the Commission; Hattie argued that the rising number of feeble-minded children in the province, as well as the number of stillbirths could be attributed to undiagnosed venereal disease, especially syphilis.<sup>62</sup> The link between feeble-mindedness and venereal disease was understood to be cyclical; syphilitic parents were

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<sup>60</sup> *Report of the Massachusetts-Halifax Health Commission*, 17.

<sup>61</sup> Recognizing the prevalence of venereal disease among existing and new members of the Navy, one of the conditions of the free use of Admiralty House was that the Health Centre treat at no cost “men enrolled in the naval Services of Canada” who presented with venereal disease. *Massachusetts-Halifax Health Commission Minutes* 26 January 1920, *Minutes of the Massachusetts-Halifax Health Commission*, NSA MG 20 Vol. 198

<sup>62</sup> “Massachusetts-Halifax Health Commission: Report of Conference House of Assembly, September 25 1919, 8pm,” *Nova Scotia Archives* MG 20 Vol.198

considered more likely to produce feeble-minded children, and feeble-minded daughters were more likely to become involved in prostitution thereby spreading syphilis and producing yet more feeble-minded children. The solution to endemic venereal disease and its consequences, Hattie argued, were two-fold; the public must be educated on the spread of venereal disease, and secondly adequate examination and care must be provided at no cost for those who were afflicted.<sup>63</sup> To control damages already done, Hattie supported the use of the *Contagious Disease Act*, which stipulated mandatory treatment and the institutionalization of women of child-bearing age who were assessed as feeble-minded.<sup>64</sup> Aggressively treating venereal disease was in the interest of the Commission on multiple levels. By limiting the number of new cases in the city and the number of children born to infected mothers, the Commission also hoped to lower the number of feeble-minded families and sickly children and thereby avoid the more expensive solutions of long-term custodial and out-patient care.

Health Centre No. 2's location in Dartmouth had fewer obvious medical concerns in the aftermath of the explosion. While the area sustained significant damage, there were relatively fewer casualties overall due to a smaller population and a less developed waterfront. This did not mean that the citizens of Dartmouth were untouched by the Commission's "aggressive health education campaigns."<sup>65</sup> With less reparative work to be done, the Dartmouth Centre focused more heavily on positive initiatives, one of which was an annual "Baby Show" held first in July 1924. With the Supervisor from the Centre acting as a judge, 40 babies were weighed, measured

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<sup>63</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>64</sup> In the circumstance where an individual refused treatment or to continue treatment a "morality squad" consisting of one male and two female police officers could be requested to "follow up" with those persons. Massachusetts-Halifax Health Commission Minutes 15 June 1927, Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>65</sup> Massachusetts-Halifax Health Commission Minutes 8 November 1919, Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

and evaluated at the first show. The Commission saw this as an excellent opportunity for “talking with the mothers on Baby Welfare, and for telling them just what constituted a perfect baby.”<sup>66</sup> Stern’s work demonstrates the ways in which public health and eugenics, which have often been viewed as opposing, can work in tandem when they share the goal of bettering the “race;”<sup>67</sup> such was the case not only at the annual Dartmouth Baby Show but also through the preventative and educational clinics offered by all three Health Centres. Pernick has described Better Baby Contests as definitively eugenic “government-supported propaganda, intended to manipulate people’s reproductive and child-rearing decisions.”<sup>68</sup> These contests, he states, “combined heredity, infection control, nutrition, and sanitation,” all the while making judgements on which parents were fittest and therefore should continue to reproduce.<sup>69</sup>

Health Centre No.3 was the last one to be constructed and the most permanent of the three. It is also the most demonstrative of the positive eugenic initiatives enacted by the Commission. The building itself was funded by a donation from the Rockefeller foundation and the Commission intended it as a lasting legacy of their work. Located in the South end of Halifax it was easily accessible by medical students studying at Dalhousie University, and the Commission envisioned an exercise in public health that would be beneficial to both the medical school and the patients. The Centre allowed medical students and physicians to observe patients both at the clinic and at follow-ups in the patients’ homes, while the services provided the Centre

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<sup>66</sup> Summary of the activities for July 1924, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

<sup>67</sup> Alexandra Stern, “Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935,” *American Journal of Public Health*, 2002 May, 92(5): 742-752.

<sup>68</sup> Pernick, “Taking Better Baby Contests Seriously,” 707-708.

<sup>69</sup> Pernick, “Taking Better Baby Contests Seriously,” 707-708.

functioned both as a teaching environment to train more physicians and nurses in public health as well as a hub of welfare programs in the city.<sup>70</sup>

### *Home Visits and Surveillance*

One of the most important aspects of the Health Centres and free clinics was the ability to establish contacts with families, thereby enabling home visits and maintaining long-term surveillance of the population. During the first summer of the clinics' operations, the Commission undertook 3634 home visits for the purpose of public health instruction; the total number of homes visited in this period was 2588, suggesting that nurses repeated visits to some homes that were accessed as in need of instruction more frequently.<sup>71</sup> By August 1925 the Commission was recording "families under supervision" and "babies under supervision;" those families that attended the clinics and were visited were categorized as "clinic families" and those who had to be sought out by the nurses or referred were designated "non-clinic."<sup>72</sup> While the number of homes visited fluctuated seasonally, the number of visits reported per month stayed relatively consistent, suggesting that during the winter months the nurses were more likely to be restricted in their travel and focussed more heavily on families living in closer vicinity to the Health Centres.<sup>73</sup> In 1926, for example, the average number of visits made per month was 2549, with no great deviations, while the number of families visited fluctuated between 898 and 1304.<sup>74</sup>

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<sup>70</sup> Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>71</sup> Summary for Activities August 1923, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

<sup>72</sup> Summary of Activities for January-December 1926, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

<sup>73</sup> Summary of Activities for January-December 1926, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

<sup>74</sup> Summary of Activities for January-December 1926, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

In addition to the home visits by public health nurses, the Commission also sponsored a program of “visiting housekeepers.” The first appointee to this position was Miss Ellis in 1921 and her duties were described as “teach[ing] intensive work in the homes of the poor.”<sup>75</sup> In September 1926 the first of the Commission’s Mothers’ Clubs were held in Halifax; mothers were invited to attend with their young children and infants and were provided with an opportunity to socialize, enjoy a small tea and free childcare for the meeting. During the meetings the mothers were exposed to educational talks regarding child, baby and family health and the public health nurses were able to make contact with more young families. The number of mothers attending the club grew steeply in the first month, from 23 in September to 44 in October “despite inclement weather on several days;” consequently the Commission decided to move the clubs to Dalhousie Health Centre and to host them weekly.<sup>76</sup> The appeal of the Mothers’ Clubs continued to grow and over the winter of 1926/1927 the club split into two locations and reached a membership of 65, by the following spring membership had grown to 91.<sup>77</sup>

The winter also brought additional opportunities to bring families under surveillance. The local Goodfellow’s Club, which had traditionally aided several families through the winter months, now captured the interest of the Commission. It in turn welcomed the head nurse into its membership and she quickly became “responsible for financial expenditure, and general

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<sup>75</sup> Massachusetts-Halifax Health Commission Minutes 26 September 1921 Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>76</sup> Summary of Activities for January-December 1926 and January-May 1927, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

<sup>77</sup> Summary of Activities for January-December 1926 and January-May 1927, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

supervision” of the families.<sup>78</sup> Between 1919 and 1923 there were 75,000 home instruction visits made between the efforts of the Public Health nurses and the visiting housekeepers and 4,248 families were registered with the Commission and continued to be supervised past that point.<sup>79</sup>

In addition to running the Health Centres and substations, the Commission was responsible for urging the City Council of Halifax to appoint a full time City Health Officer and for bringing speakers to the region, including Helen MacMurchy, to address the public.<sup>80</sup> The Commission tasked itself with “promoting the health of the back country” through a series of travelling clinics.<sup>81</sup> For twelve weeks during the summer of 1920 “Health Caravans” travelled the rural sections of Nova Scotia carrying both lecturers and “diagnosticians” and balancing practical and remedial health care with “moving picture and lantern slide” shows aimed at “arous[ing] interest in public health.”<sup>82</sup> Locally the Commission published pamphlets on health and “mothercraft” and offered lessons in cooking and domesticity to girls at younger ages that, the Commission members believed, were less likely to stay in school long enough to receive instruction and most likely to benefit from it.<sup>83</sup>

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<sup>78</sup> Massachusetts-Halifax Health Commission, Summary of Activities for February 1927, Massachusetts-Halifax Health Commission Monthly Reports, Nova Scotia Archives MG 20 Vol. 198-201

<sup>79</sup> B. Franklin Royer, “Summary Report” Massachusetts-Halifax health Commission Minutes NSA MG 20 Vol. 198

<sup>80</sup> Massachusetts-Halifax health Commission Minutes 18 June 1920, 3 August 1920, Minutes of the Massachusetts-Halifax Health Commission, NSA MG 20 Vol. 198

<sup>81</sup> B. Franklin Royer, “Report from B. Franklin Royer former CEO of the Massachusetts-Halifax Health Commission to Massachusetts-Halifax Health Commission Boston and Halifax, Summary from October 1 1919 to July 19 1923.” Nova Scotia Archives, MG20 Vol.198

<sup>82</sup> B. Franklin Royer, “Report from B. Franklin Royer former CEO of the Massachusetts-Halifax Health Commission to Massachusetts-Halifax Health Commission Boston and Halifax, Summary from October 1 1919 to July 19 1923.” Nova Scotia Archives, MG20 Vol.198

<sup>83</sup> B. Franklin Royer, “Report from B. Franklin Royer former CEO of the Massachusetts-Halifax Health Commission to Massachusetts-Halifax Health Commission Boston and Halifax, Summary from October 1 1919 to July 19 1923.” Nova Scotia Archives, MG20 Vol.198

The goals of the Health Centres and Public Health programming that resulted from the initiatives of the Commission involved improving the population of the city and the province through active surveillance and education of at risk populations. The goal of the Commission was not to return Halifax and its people to a former glory, but to be the outside force that was credited with improving the city and by extension the entire province. The active pursuit of the province's perceived social ills through surveillance, education and improvement reminds us to consider public health education within the context of eugenic debates historically.

Apart from the positive health education offered at the health centres in the decade after the explosion, home visits by public health nurses and the medical inspection of schools were firmly entrenched through the efforts and funding of the Health Commission. During its lifespan, the Commission oversaw 153,584 home instruction visits by its public health nurses and established long-term contact with 6,644 families, actively reshaping the way that the province's population thought about hygiene, child care and reproduction.<sup>84</sup>

In terms of improving the general health and quality of the population, R.E. Wodehouse, secretary of the Canadian Tuberculosis Association, remarked in 1925 that, despite the initial loss of life, the explosion had in fact been "a visitation in Providence in so far as the Health work of Halifax is concerned."<sup>85</sup> There is no question that Wodehouse was struggling to find a silver lining in the disaster, in much the same way the acting-director, Fred G. Pearson, also sought to find success behind the efforts of the MHHC. During their correspondence Wodehouse wrote that the vital statistics for the preceding decade indicated a general death rate of approximately 20 per 1,000 with an infant mortality rate of 198 per 1,000; whereas, by 1924 the general death

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<sup>84</sup> Report of the Massachusetts-Halifax Health Commission 1919-1924, 26.

<sup>85</sup> R.E. Wodehouse, "Letter to G. Fred Pearson, August 25, 1925" Nova Scotia Archives (NSA) Massachusetts-Halifax Health Commission Papers, MG Vol. 199

rate had declined to 11.7 per 1,000 and infant mortality had dropped by nearly half to 97.4 per 1,000 after the explosion. He claimed that these trends reflected the success of public health and baby saving campaigns.<sup>86</sup> In 1925 Wodehouse concluded that there could be “no further argument necessary as to whether the result of the explosion was the principal [sic] factor” in the implementation of the city’s successful public health reform.<sup>87</sup>

Nova Scotian physicians and reformers had actively sought eugenic reform prior to 1917, but, without the influx of finances and systematic restructuring of the city’s public health system, there may not have been the impetus or infrastructure required to introduce the systematic evaluation and improvement of the population. Perhaps the greatest factor in the region’s pursuit of eugenic improvement came out of its geographical characteristics; having one of the deepest natural harbours in the world meant a steady stream of wartime vessels and increased the likelihood of a disaster such as the one which devastated Halifax on 6 December 1917. Similarly, the steady exodus of “the best blood and brains” to, among other locales, Massachusetts helped to rally the support and interest of an external population in the recovery and improvement of Nova Scotia’s population.

The manner in which eugenic ideology found expression in Nova Scotia was distinctly influenced by region, timing and the existing relationships between classes and professions. The

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<sup>86</sup> R.E. Wodehouse, “Letter to G. Fred Pearson, August 25, 1925” Nova Scotia Archives (NSA) Massachusetts-Halifax Health Commission Papers, MG Vol. 199

<sup>87</sup> R.E. Wodehouse, “Letter to G. Fred Pearson, August 25, 1925” Nova Scotia Archives (NSA) Massachusetts-Halifax Health Commission Papers, MG Vol. 199; Historian Suzanne Morton has pointed out that a similar decline in the death rates for Saint John, New Brunswick for the same period calls into question the true efficacy of the MHHC, Suzanne Morton, ““Never Handmaidens’: The Victorian Order of Nurses and the Massachusetts-Halifax Health Commission,” in Ruffman and Howell, *Ground Zero: A Reassessment of the 1917 Explosion in Halifax Harbour, Canada’s most Tragic Disaster*, (Nimbus Publishing and Gorsebrook Research Institute for Atlantic Canada Studies, 1994).



existing involvement in the eugenic discourse at both the medical and popular levels, combined with the alarming rates of emigration, regional economic disparity and public health problems exasperated by the influx of the wartime population and the social ills that accompanied it created a fertile ground for a eugenically minded “experiment in public health” to flourish. Despite Halifax’s rejection of a sterilization program, the dominant public welfare organizations nonetheless adhered to eugenic beliefs that underpinned reproductive rights and fuelled fear of degeneration linked to feeble-mindedness, which in turn, guided reform and reconstruction efforts in the wake of the explosion. The explosion, therefore, provided a fortuitous opportunity for social reformers to implement surveillance measures and to institutionalize policies of segregation and home inspection and instruction on a previously unprecedented level.

## Conclusion: Enacting Eugenics

The history of eugenics in Nova Scotia reminds us of how deeply engrained its discourse was embedded in reformist culture. The lack of a formal eugenic program has meant that scholars have looked past the region when casting judgment about locales that aggressively engaged in population control. A more careful look at the activities of local players, however, clearly illustrates that this omission is not warranted.

W.H. Hattie, writing in 1929, retrospectively applied the term eugenics when he traced the province's eugenic programs back as far as 1844.<sup>1</sup> Hattie recognized that the sentiment and purpose of population control and improvement that characterized eugenics predated the coining of the term eugenics by Francis Galton in 1883. The League for the Protection of the Feeble-minded had begun agitating for the establishment of a training school for mentally deficient and feeble-minded youths as early as 1909, just two years after the Americans passed their first eugenics law in Indiana. Since 1895 the HCW had conducted numerous population surveys and generated propaganda campaigns with the intent of directing public and legislative attention toward the kinds of eugenic reforms that they believed were necessary.

The provincial government commissioned reports in 1917 and 1920 to investigate the state of custodial care and feeble-mindedness throughout the region, with an eye to identifying these facilities as critical institutions to be used in the struggle against degeneration. In 1917 the resulting “Report Respecting Feeble Minded in Nova Scotia” recommended that “provision should be made for the continued custodial care of feeble-minded persons” and

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<sup>1</sup> W.H. Hattie “Mental Hygiene in Nova Scotia” in *The Bulletin: Official Organ of the Canadian National Committee for Mental Hygiene*, Vol. 4(5) September 1929, 3-4.

“legislation...enacted whereby feeble minded females of child-bearing age might be legally committed to a proper institution,” thereby removing their dangerous reproductive abilities.<sup>2</sup>

The type of institution that was sought by the eugenic reformers was envisioned as a place that united custodial, medical, and educational aspects into a system of care for the feeble-minded people of the province. Such an institution protected Nova Scotians from the people housed inside the walls, and ensured that those inmates were under careful surveillance that, in turn, protected them from themselves. This paternalism included segregating people to restrict their fertility.

During the first two decades of the twentieth century various institutions were used to enforce eugenic segregation. In Halifax, the *Home for Mental Defectives* run by Dr. Eliza Brison, who also ran the mental hygiene clinics at the Health Centres, was directly related to the reformation triggered by the Halifax Explosion. The Home was established using funds sent by the International Order of Daughters of Empire Canada (IODE) to the municipal chapter to be used to create a home for “unclaimed children” in the aftermath of the explosion. When “time proved there was no necessity for this type of home,” the funds were reappointed by the IODE “acting upon the advice and with the help of the Halifax Relief Commission and the Department of Neglected and Delinquent Children” in order to provide a home for the “subnormal or feeble-minded [who] were most in need of care.”<sup>3</sup> This small home was opened on July 24, 1918 and accommodated up to ten girls with mental ages ranging from five to seven years. The goal of the home was to make the inmates useful and self-reliant, as well as to serve as an “experiment in training subnormal children” with the ambition of one day serving as the “nucleus of a large,

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<sup>2</sup> *Report Respecting Feeble-Minded In Nova Scotia, Journals and Proceedings of the House of Assembly, 1917, Part 2* Commission of Public Works and Mines: Halifax, 1918.

<sup>3</sup> *Report of the Superintendent of Neglected and Delinquent Children* (1919), 79

well equipped Provincial institution.”<sup>4</sup> That the institution housed only girls and there was no established graduation or probation from the home is demonstrative of the emphasis that was placed on girls’ dangerous sexuality and fecundity and the importance placed on institutionalizing feeble-minded females throughout their childbearing years.

In contrast to the *IODE Home for Mental Defectives*, many custodial children’s institutions struggled with feeble-minded children after the Halifax Explosion. A special *Children’s Committee*, which was in place from the time of the explosion until May 1<sup>st</sup> of the following year, had among its mandates the problems of dealing with “colored orphans” and the feeble-minded, as well as the supervision of “normal” displaced children in homes other than their parents.<sup>5</sup> The report of the Superintendent for Neglected and Delinquent Children for the year following the explosion recorded numerous cases of feeble-minded children in “improper” institutions around the city and the province. The Girls’ Home in Halifax, for instance, reported that, while many of their present and former inmates were “equipped mentally and morally at a discount,” “there [were] two or three feeble minded inmates, one of whom [was] incorrigible. No institution in the City would take her.”<sup>6</sup> The institutional report concluded that “Halifax sorely needs a home for such.”<sup>7</sup>

At the opposite end of the province, in Sydney, a report from the Superintendent of *The Social Service Home* stated that “in our work we meet the feeble minded girl and she is a problem that should be faced. The children of such mothers cannot be expected to be very intelligent and while these girls, in most cases are excellent workers, good natured and happy,

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<sup>4</sup> *Report of the Superintendent of Neglected and Delinquent Children* (1919), 79-81

<sup>5</sup> *Report of the Superintendent of Neglected and Delinquent Children* (1919), 110

<sup>6</sup> *Report of the Superintendent of Neglected and Delinquent Children* (1919), 93-94

<sup>7</sup> *Report of the Superintendent of Neglected and Delinquent Children* (1919), 93-94

they are quite unable to care for themselves and are a menace to society.”<sup>8</sup> The purveyors of the home reinforced the idea that these women were both protected from themselves and others by being placed in institutional care. They were evidently incapable of making good decisions, which also belies a tacit belief that these traits are related to intelligence and heredity. Regardless of the balance of nature and nurture, the institution functioned as a safeguard against their continued presence in society, and, relatedly, their progeny.

The Monastery of the Good Shepherd, a pre-existing home for fallen women, prisoners, neglected and delinquent children, reported in 1919 that sixty of its one hundred ninety-three inmates were feeble-minded. At the Maritime Home for Girls seven of the forty-seven residents the superintendent considered mentally deficient and looked to relocate. The reports from these facilities emphasised usefulness, gender, and custody. Nearly all those people classified as feeble-minded were female. As women capable of bearing children, but considered ill-equipped to either make good decisions about reproducing or to properly raise good citizens, these women were instead considered a “menace” to society.<sup>9</sup>

Usefulness is another significant term used to describe or denigrate these girls. If they could be contained within a custodial institution and taught useful skills that might keep them busy and contribute to society while under minimal supervision, then the feeble-minded girl was often regarded by the officials as a good worker and generally happy. If, as in the case of the Girls’ Home and the Social Service Home, they were considered incorrigible and unable to contribute anything but defective offspring to society, then they were cast as dangerous and a

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<sup>8</sup> *Report of the Superintendent of Neglected and Delinquent Children* (1919), 82

<sup>9</sup> Halifax physician John Stewart emphasized the possibility for the feeble-minded to become a “menace” to the health of society through both the transmission of hereditary defect and the carelessness and criminality that he believed to accompany it. Stewart, “Medical Inspection of Schools,” 438.

threat to the population. The cyclical logic of this paternalism created a treacherous scenario for women unlucky enough to fall into this category. They were often characterized as too feeble-minded to properly care for themselves, leaving them vulnerable to being taken advantage of sexually. This representation of the feeble-minded woman as careless and dull-witted raised speculation as to whether she was able to properly care for any children that she might have, or whether they too might further menace society through a combination of hereditary defect and poor parenting. However, if they were too clever, they were apt to be characterized as manipulative and even devious, thus reinforcing a more menacing or dangerous image of a malicious woman who succumbs to poor judgement. Neither scenario allowed the woman any autonomy, even within her circumscribed gender role.

Despite the long history of agitation for more concrete laws to control the feeble-minded population, the Nova Scotian government did not address the alleged problem legally until 1927 when it enacted Bill 174, which instituted the *Nova Scotia Training School Act* and amended the *Children's Protection, Education and Poor Relief Acts*. These pieces of legislation established a board, acting under the authority of the provincial government, which assumed the power to detain for an indeterminate amount of time any child who was assessed as "defective."<sup>10</sup>

On November 6, 1929 the efforts of Nova Scotian eugenic reformers culminated as Dr. Samuel Prince ceremoniously turned the sod and laid the cornerstone for what was to become the Nova Scotia Training School.<sup>11</sup> Prince was a well-respected theologian and social reformer who had advocated for education and social reform in Nova Scotia for the previous decade, working

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<sup>10</sup> Section 8, *Act to Establish a Nova Scotia Training School for the Treatment, Care and Education of Mentally Defective Children*, S.N.S. 1927, c.5.

<sup>11</sup> Fingard and Rutherford, *Protect, Befriend, Respect*, 29.

with the HCW, the League, and acting as a leading member of the Diocesan Council for Social Services.<sup>12</sup>

Given the importance of the Halifax explosion to the fulfillment of eugenic policies and programs, it seems fitting that Prince's own history was intimately connected to that disaster. He had been breakfasting in downtown Halifax at the time of the explosion and the rescue efforts that followed inspired his PhD thesis and later book, *Catastrophe and Social Change*, which was published in 1920.<sup>13</sup> Prince's work is recognized as "the first study of human behavior in disaster," and he traced the manner in which disaster caused social change. He ultimately argued that in Halifax the change that had followed had been an improvement.<sup>14</sup> Prince was enthusiastic about the manner in which reform took hold of the city and the province after the disaster and often stated that "the Halifax Explosion blew Halifax into the twentieth century."<sup>15</sup>

As Prince addressed the crowd that had gathered to watch him place the cornerstone, he eloquently described the "social progress" that he envisioned as resulting from the new institution. He stated that:

We are here to found a kingdom- a kingdom dedicated to eternal childhood, to the men and women – children, who never grow up, who never come of age, the most misunderstood, the most neglected, the most helpless of mankind. And though as small to-day as the neighbouring stream which gives the school its name, this institution will broaden by and by into a wide and beneficent river and Brookside will stand a

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<sup>12</sup> Leonard F. Hatfield, *Sammy the Prince: The Story of Samuel Henry Prince, One of Canada's Pioneering Sociologists*, (Hantsport, NS: Lancelot Press, 1990), 127.

<sup>13</sup> Hatfield, *Sammy the Prince*, 15, 109.

<sup>14</sup> Joseph Scanlan, quoted in Leonard F. Hatfield, *Sammy the Prince: The Story of Samuel Henry Prince, One of Canada's Pioneering Sociologists*, (Hantsport, NS: Lancelot Press, 1990), 110.

<sup>15</sup> Samuel Prince, quoted in Leonard F. Hatfield, *Sammy the Prince: The Story of Samuel Henry Prince, One of Canada's Pioneering Sociologists*, (Hantsport, NS: Lancelot Press, 1990), 111; After the publication of *Catastrophe and Social Change* Prince busied himself in the mental hygiene movement in Halifax and by the late 1920s was teaching evening courses on mental hygiene and social welfare. From 1927 to 1952 Prince served as the president of the provincial Society for Mental Hygiene, a successor of the League for the Protection of the Feebleminded and a precursor to the Canadian Mental Health Association. Hatfield, *Sammy the Prince*, 155.

memorial and testimony to all posterity that a Maritime people whose glory it was to found institutions of higher learning, did not forget to provide as well for their sons and daughters of low degree; like the true mother, the wise state will not fail in the nurture of any of her children, least of all of those which most need her care.<sup>16</sup>

Prince's address reveals many of the characteristics that had produced a culture of eugenic thought, as he unconsciously infantilized the subjects of reform. By reminding his audience that the inmates of the school would "never come of age," Prince reinforced the right and responsibility of the so-called normal population to parent and essentially remove agency from a segment of the population that was to be institutionalized indefinitely. He also imagined the institution as a testament to the progressiveness of his time and invoked the imagery of maternalism comparing the state to the "true mother."<sup>17</sup> Through this mixture of state paternalism and institutional maternalism he effectively infantilized the people considered feeble-minded and de-sexualized them as eternal children, thereby removing the danger that they were believed to pose through their sexuality.

The Nova Scotia, or Brookside, Training School was opened and accepted its first pupils in 1930, thereby marking the apex of the eugenics movement in Nova Scotia. The School was modeled on the New England Wrentham and Fernald Training Schools, reflecting once again the long-standing ties between the two regions.<sup>18</sup> During the planning stages of the Training School,

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<sup>16</sup> Samuel Prince, "Mental Hygiene -- part 2", Nova Scotia Medical Bulletin, v.9, no.2, February, 1930, 126.

<sup>17</sup> Prince, "Mental Hygiene -- part 2", 126

<sup>18</sup> During his address at the laying of the corner stone Prince reminded those present that "the head of the Wrentham State School of Massachusetts is a Nova Scotian" and that "of the 350 members of the staff of the Fernald State School, no less than 250 are Nova Scotians, and of the matrons or "Mothers" of the seventeen houses which make up the institution, everyone is a Nova Scotian, so that the significance of this engraven stone, now well and truly laid seems really to be that what we have already long been doing for others we have at last begun to do for ourselves." Samuel Prince, "Mental Hygiene -- part 2", Nova Scotia Medical Bulletin, v.9, no.2, February, 1930, p.126.



Nova Scotia Attorney General W.L. Hall had spent “several weeks” observing the running of these two New England training schools. These schools, *The Bulletin of The Canadian National Committee for Mental Hygiene* reported, were the “standing authorities in the world in the care of mental defectives,”<sup>19</sup> and would serve as models for the new Nova Scotian institution. Within three years there were 120 children of both sexes housed at the institution, and M.R. Elliott, a physician, eugenicist, and the vice-president of the Nova Scotia Society for Mental Hygiene, was installed as the director of the training school.<sup>20</sup>

While the training school was the most visible symbol of the success of eugenic reformers in the province, there were many smaller victories as well. The Health Centres and public health programming, which had resulted from the initiatives of the *Massachusetts-Halifax Health Commission*, approached the improvement of the provincial population in two ways. The first manifested in the Training School Act of 1927, which enabled the custodial management of individuals diagnosed as feeble-minded. This outcome was the most obviously eugenic, as through sexual segregation, members of the province’s population, diagnosed as unfit, were prevented from reproducing. The second eugenic principle embraced by the Commission reflected positive eugenics and was dedicated to improving public health.

Both institutionalization and public health required active surveillance and education of at risk populations, the organizational structures for which were established through the clinics, home visits, school inspections, and educational programs instituted in the wake of the Halifax explosion. By 1927 a provincial psychiatrist, Dr. Clyde S. Marshall, had been appointed and

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<sup>19</sup> “Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient,” *The Bulletin of The Canadian National Committee for Mental Hygiene*, (1927) 2(6):

<sup>20</sup> Fingard and Rutherford, *Protect, Befriend, Respect*, 29-39.

tasked with the supervision of all feeble-minded persons in the province. Additionally, all provincial schools in which there were “enrolled fifteen or more mentally defective children” were required to provide “compulsory special classes,” and the province was well on the way to establishing “a mental hygiene policy that [had] as its aim the supervision of all mental defectives,” accommodated through mandatory school reporting of subnormal pupils.<sup>21</sup>

Despite the challenges that the reformers had faced, Prince was clearly satisfied with the legislation and the efforts of its proponents. In a contribution to *The Bulletin* entitled “Mental Hygiene Society Pleased with Progress in N [ova] S[cotia],” he credited the ongoing co-operation of organizations such as the Imperial Order of Daughters of Empire, the Halifax Women's Council, Children's Aid, and the members of the provincial mental hygiene society themselves. The article concluded with the news that Prince had been re-elected as president of the Nova Scotia Mental Hygiene society, with Hattie re-elected as vice-president.<sup>22</sup> Their continued leadership ensured that eugenic ideas about population control became firmly ensconced in the evolving school system, and that practices of segregation took priority in their tactics.

For the next four decades the Brookside Training School continued to serve as the main receptacle for children and adolescents who were classified as feeble-minded. Fred MacKinnon, who began his civil career in 1939 and later served in the provincial government as Deputy Head and then Deputy Minister of Public Welfare was interviewed in 2004 by journalist Bruce Wark. In describing the atmosphere at Brookside, MacKinnon recounted the strict discipline and lack of

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<sup>21</sup> “Nova Scotia Takes the Lead, Atlantic Province Institutes Progressive Policy for Dealing with Problems of the Mentally Deficient,” *The Bulletin of The Canadian National Committee for Mental Hygiene*, (1927) 2(6):

<sup>22</sup> S.H. Prince, “Mental Hygiene Society Pleased with Progress in N.S.,” *The Bulletin of The Canadian National Committee for Mental Hygiene*, (1927) 2(6): np.

“tender loving care” at the school.<sup>23</sup> In 2004 MacKinnon published his memoirs, among his many achievements was the replacement of Nova Scotia’s *Poor Law* with the *Social Assistance Act* in 1958. He also was partially responsible for the establishment of the province’s Human Rights Commission and the Maritime School of Social Work.<sup>24</sup> Painfully aware of the criminalization of poverty and its relationship to a lack of education, MacKinnon worked to implement changes in the Training School system, something he acknowledged took nearly four decades to achieve.<sup>25</sup>

Subjective definitions of desirability and civic worth played an important role in the application of eugenic ideology, but so did possibility. In the wake of the Halifax explosion the possibility for improving the population of the city, and the province, finally created an opportunity for expressing and institutionalizing the ideals that had been championed by physicians, politicians, and philanthropists over the previous two decades. While some individuals and groups rose to prominence within the movement, the push toward institutionalization reflected the more general concerns of the urban middle-class.

During the early decades of the twentieth century, middle-class philanthropists had only to look outside their doors to see the small dirty children they referred to as “street Arabs” darting through traffic and working to earn a living (whether legally or illegally) rather than attending school.<sup>26</sup> The eugenics discourse with which Nova Scotian physicians and reformers engaged existed on a trans-national scale and became a mirror that reflected back regional

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<sup>23</sup> Fred MacKinnon, quoted in Bruce Wark “Poorer for the loss,” *The Coast*, August 17, 2006, np.

<sup>24</sup> Bruce Wark “Poorer for the loss,” *The Coast*, August 17, 2006, np; See also: Fred R. MacKinnon, *Reflections: 55 Years in Public Service in Nova Scotia*, (Halifax: Fernwood Publishing, 2004).

<sup>25</sup> Wark “Poorer for the loss,” np

<sup>26</sup> Blois, “Report of the Superintendent of Neglected and Delinquent Children,” 7.

concerns. Unable to stem the tide of out-migration from the province, reformers embraced public health initiatives that were targeted at improving the existing population and implemented new technologies of surveillance that allowed them to identify undesirable members of the population before they reached sexual maturity. Eugenic ideals had clearly been embraced by both the medical and philanthropic community prior to 1917; however, the final conditions, an influx of funding and the civil cooperation and willingness to accept change, were supplied through the response to the Halifax explosion. The goal of the M-HHC was not to return Halifax and its people to a former glory, but to be the outside influence that improved the city, the province, and its people.

The Brookside Training School, renamed the Nova Scotia Youth Training Centre in the mid-1970s, was gradually downsized during the final two decades of the twentieth century and closed in 1997. By the 1980s the facility was home to “on average 36 to 38 mild to moderately challenged children between the ages of 10 and 19.”<sup>27</sup> The school might have represented a bastion of progress when Samuel Prince placed the corner stone in 1929, but looking back on the institution 75 years later Fred MacKinnon believed that:

The School was founded because social workers and church people were faced with problems they didn't know answers to... The community – the very best people, intelligent and concerned people – didn't know what to do and would grab onto any notion that appeared to have some value. This was a ready-made answer. Put them away.<sup>28</sup>

MacKinnon's words are a reminder that even after 75 years the subjective concepts of worth and fitness remain. MacKinnon criticized the manner in which eugenics was institutionalized in the

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<sup>27</sup> Fred Kaufman, *Searching for Justice: An Independent Review of Nova Scotia's Response to Reports of Institutional Abuse*, (Province of Nova Scotia, 2002), 21.

<sup>28</sup> Fred MacKinnon quoted in Wark, “Poorer for the Loss,” np.

province, and later in an interview stated that he thought eugenics was born of ignorance; nonetheless, he validated the contributions of the historical actors involved in the province's eugenic history. He saw the reformers as "the very best people," while the children who lived the eugenic legacy of institutionalization continued to appear only as "problems."<sup>29</sup>

The history of eugenics in Nova Scotia is a history of institutionalization, shaped by a specific set of local circumstances, and inspired by reform-minded nation building that saw in eugenics a path forward. Though both males and females were susceptible to institutionalization, as a result of the 1927 legislation the emphasis of reformers on the need to specifically contain women during their child-bearing years reveals a distinctly gendered interpretation of eugenics. The institutionalization of women who posed an alleged threat to the future of the region, and the inspection and segregation of children under the guise of paternalism, is a poignant indicator of how far and wide eugenics discourse affected communities, and Nova Scotia was not immune to this phenomenon.

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<sup>29</sup> Fred MacKinnon quoted in Wark, "Poorer for the Loss," np.

Appendix

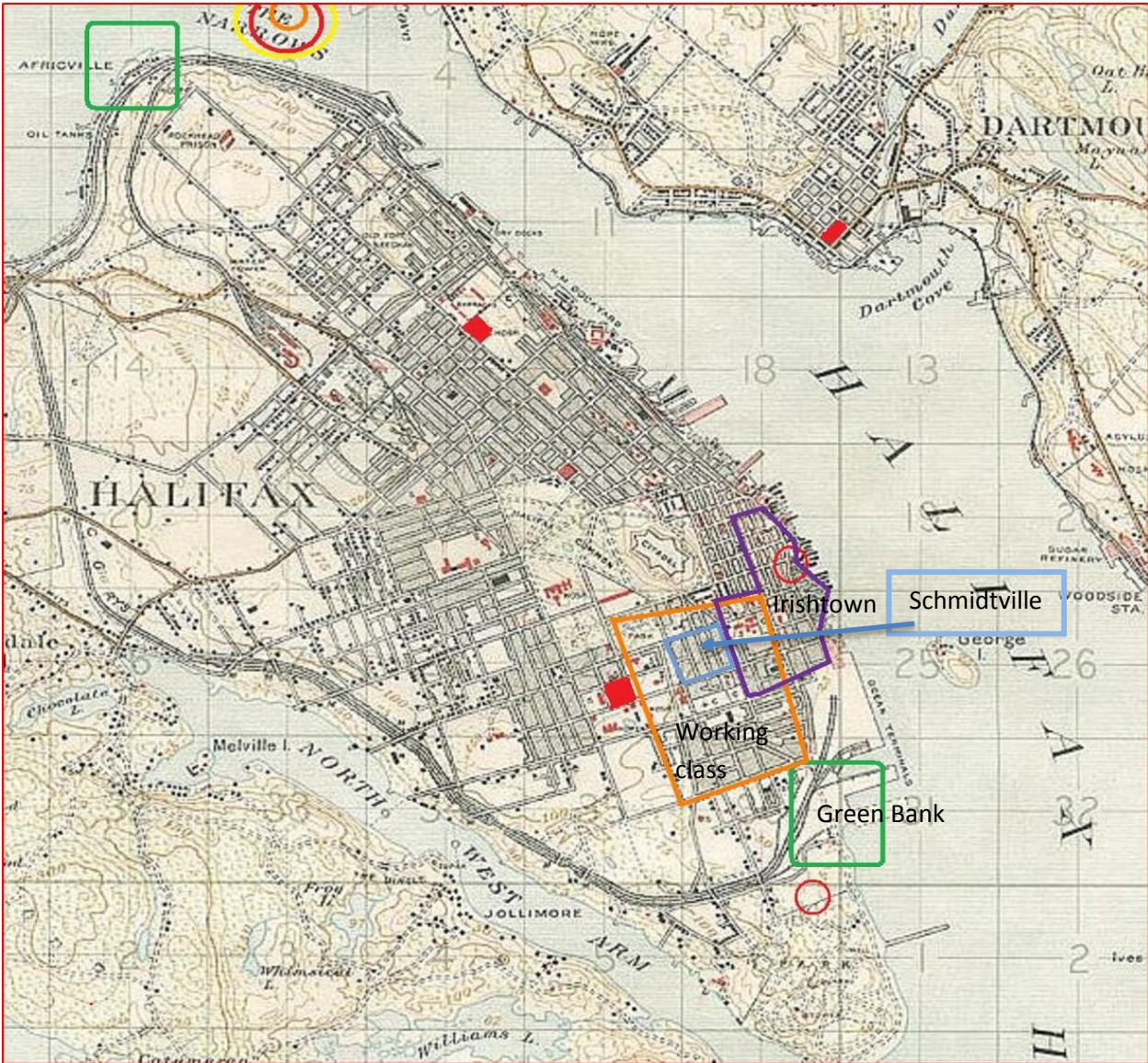


Figure 1. The Halifax Peninsula with communities outlined.



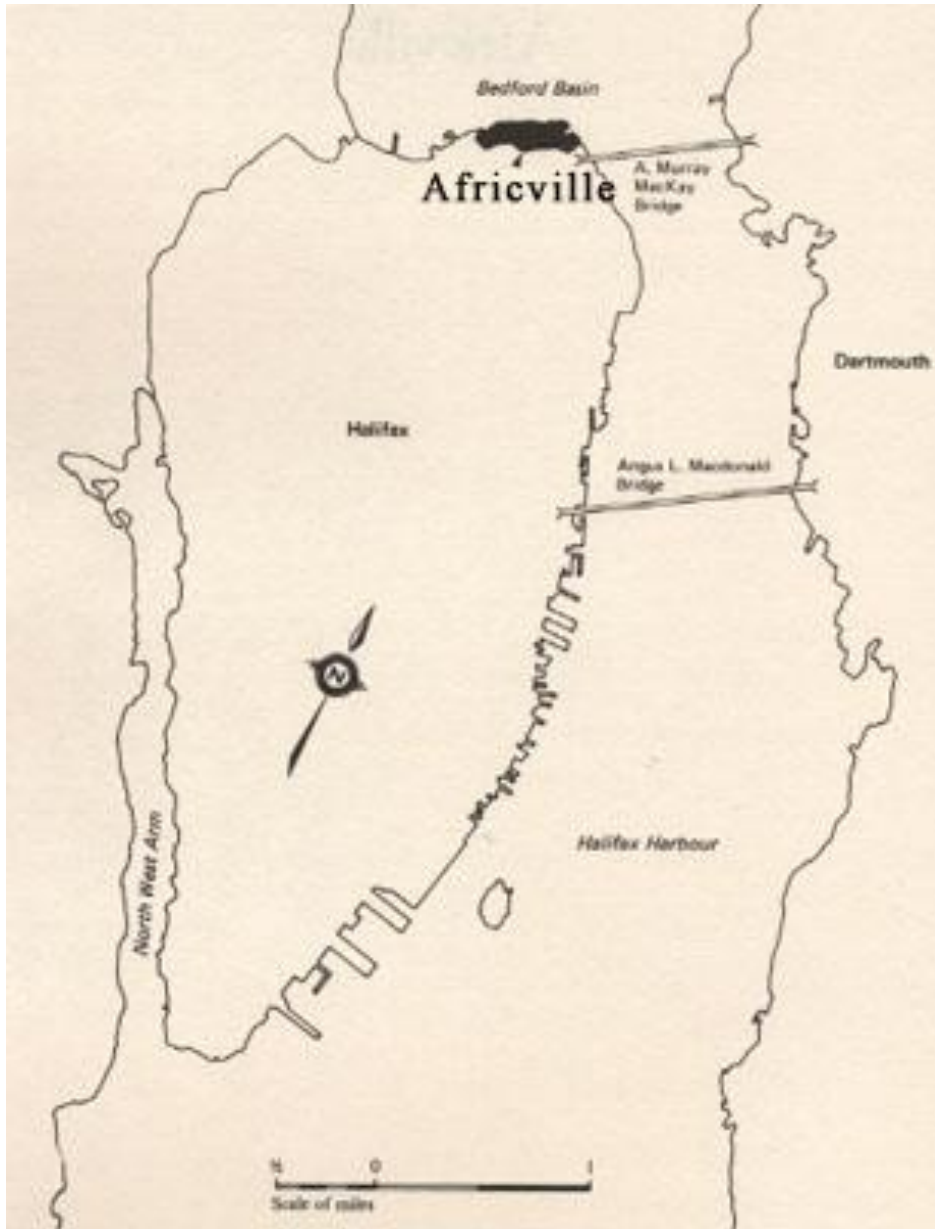


Figure 3. Africville<sup>30</sup>

<sup>30</sup> Africville Relocation Report,  
<http://www.library.dal.ca/ebooks/africville/Maps%20and%20Charts.htm>

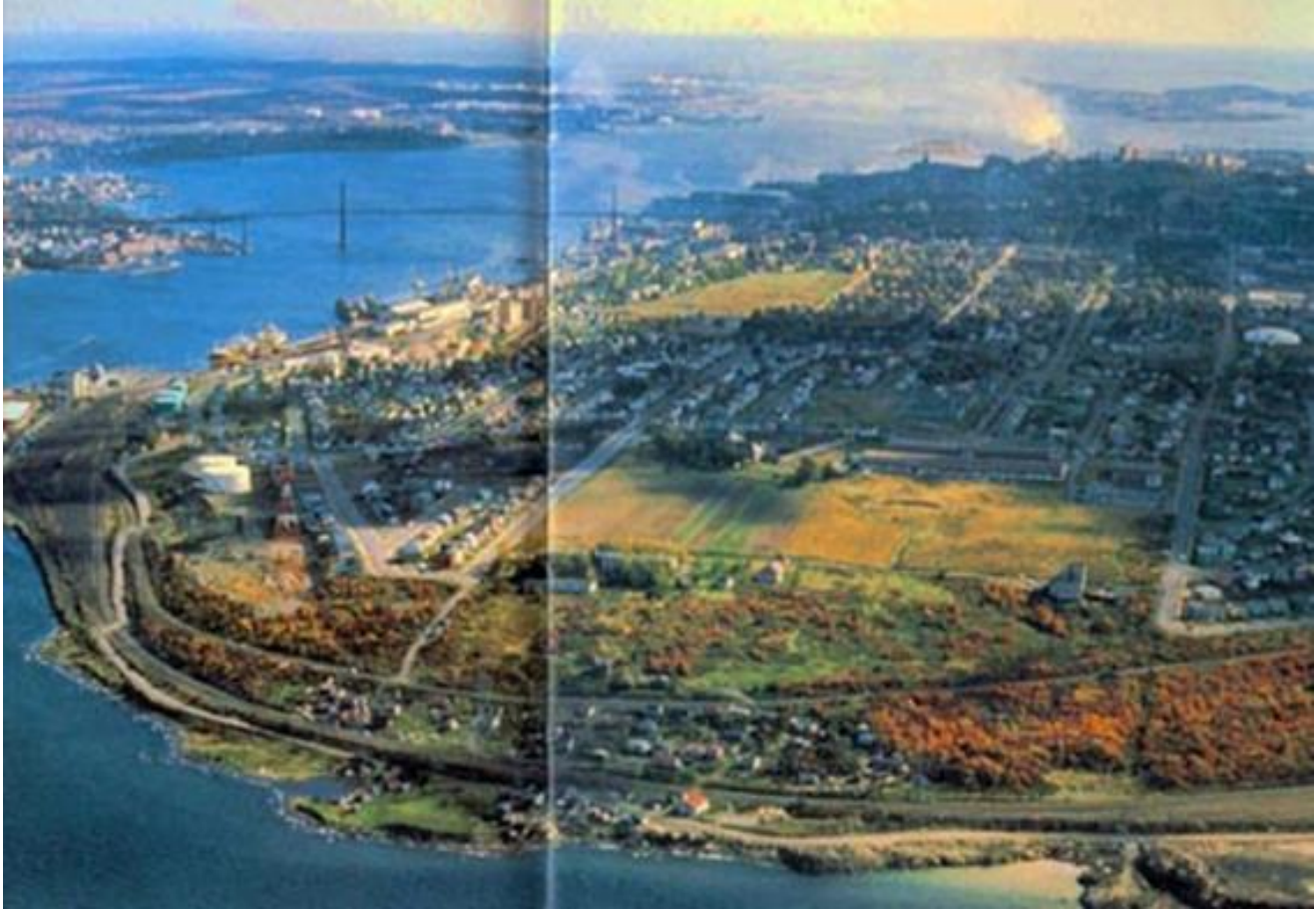


Figure 4. “Barrington Street Map” Africville is at the forefront of the picture.<sup>31</sup>

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<sup>31</sup> Courtesy of “Positive Presence of Absence: A History of the African Canadian Community through Works in the Permanent Collection of the National Gallery” [http://http-server.carleton.ca/~mflynnbu/PositivePresenceAbsence/africville\\_black\\_court.htm](http://http-server.carleton.ca/~mflynnbu/PositivePresenceAbsence/africville_black_court.htm)



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