

Eager Eugenicists

A Reappraisal of the Birth Control Society of Hamilton

CATHERINE ANNAU*

This article examines the formative years (1931–1940) of Canada's first birth control clinic, the Birth Control Society of Hamilton (BCSH), and challenges the perception of the BCSH as a low-key and non-ideological endeavour. New historical evidence indicates that the BCSH shared in the eugenic ideology of other contemporary Canadian birth control organizations and was an active participant in the debates surrounding contraception and eugenics.

Cet article examine les années formatives (1931–1940) de la Birth Control Society of Hamilton (BCSH), la première clinique de la planification familiale au Canada. Il remet en question la perception selon laquelle la BCSH était une entreprise non idéologique dont la présence était discrète. De nouvelles preuves historiques démontrent que la BCSH partageait l'idéologie eugénique d'autres organisations canadiennes semblables, et participait activement aux débats sur la contraception et l'eugénique.

THE PROMINENT AMERICAN birth control activist Margaret Sanger delivered the inaugural address to the first annual meeting of the Birth Control Society of Hamilton in April 1993. Having achieved something of the status of an international celebrity, Sanger championed a vision of birth control that was both sophisticated and scientific. Notwithstanding her American background, which was seen as a liability in some Canadian circles,¹ Sanger lent credibility to the activities of the Birth Control Society of Hamilton (BCSH). More than a celebration of a successful year of operation, the meeting marked the society's first public forum since its inception. The society had previously conducted its affairs behind the closed

* Catherine Annau holds a Master's degree in history from McGill University.

1 Angus McLaren and Arlene Tigar McLaren, *The Bedroom and The State: The Changing Practices and Politics of Contraception and Abortion in Canada 1880-1980* (Toronto: McClelland & Stewart, 1986), p. 168, n. 45

living room doors of Hamilton's wealthy matrons; now the doors were thrown open and the press and the public invited in.

The women had chosen well in inviting Sanger; enthusiastically, she called upon Hamilton's citizens to participate in a movement that was both intensely personal and global in scope. Birth control promised much for the individual by improving women's general health and reducing maternal and infant mortality. In addition to its role as a solution to contemporary health concerns, birth control had the potential to radically restructure humanity itself: in the eyes of its proponents, it would usher in a new race.² Sanger informed the audience that, through the use of birth control devices, only "the type of people whom you would desire as occupants of the Canada of the future" need be born.³ Sanger advised Hamiltonians:

We should demand that every feebleminded person be accounted for by the government. They should be prevented from multiplying. We are piling up a tremendous debt for future generations and still keeping up these people who take everything and have nothing to give.⁴

Laden with eugenic assumptions, Sanger's speech was by no means an aberration committed by a foreigner who had used the BCSH's platform to advance her own particular ideology. Rather, her address foreshadowed the very themes that the BCSH was to adopt and promote publicly: the need for birth control as a social welfare measure; the economic cost of the "feeble-minded"; and the Manichean vision of a society composed of those who "take" and those who "give". The BCSH allowed eugenic ideology full reign during its first public meeting because it was precisely this ideology that had prompted the society's founding.

Despite the profound influence of eugenic thought on the period, previous histories of the BCSH have either ignored or downplayed the society's preoccupation with eugenics. Thomas Melville Bailey's brief study *For the Public Good*, commissioned by the Planned Parenthood Society of Hamilton, tends to gloss over any controversial aspects of the BCSH's history. He maintains that "from time to time, the sterilization question came before the public but the clinic made no pronouncement on that subject".⁵ In *The Bedroom and the State*, Angus McLaren and Arlene Tigar McLaren claim that the BCSH's ideology embodied both humanitarian and eugenic arguments but that eugenics received predominance in the society's literature because it was considered effective, not necessarily because it was a more

2 "Crowd of 2000 to Hear Birth Control Crusader", *Hamilton Herald*, 6 April 1933, p. 2.

3 *Ibid.*

4 "Margaret Sanger Greeted by Hundreds", *Hamilton Spectator*, 6 April 1933, p. 2.

5 Thomas Melville Bailey, *For the Public Good: A History of the Birth Control Clinic and the Planned Parenthood Society of Hamilton, Ontario, Canada* (Hamilton: The Planned Parenthood Society of Hamilton, 1974), p. 21.

important rationale.⁶ In *Our Own Master Race*, Angus McLaren demonstrates that the Canadian eugenics and birth control movements were linked. However, he focuses on other birth control activists, leaving the eugenic aspect of the BCSH's ideology undeveloped and the society's interest in sterilization unexplored.⁷ Dianne Dodd remains the only scholar to have examined the ideology of the BCSH in any depth and, to a large extent, it is her interpretation of the society that has prevailed. In her articles, she argues that "women's organizations [i.e. the BCSH] did not stress eugenics", that "the eugenicists emphasized sterilization while the Hamilton women avoided it altogether", and elsewhere that the BCSH "did not share the ambitious plans of eugenicists who hoped to reconstruct society through the manipulation of reproductive technology".⁸

New evidence from previously unexamined sources and a fresh look at existing archives have cast Dodd's argument into doubt and have made a reinterpretation of the BCSH's ideology both possible and necessary. An analysis of the *Hamilton Spectator* and the *Hamilton Herald* between 1931 and 1939 has yielded an enormous amount of new material and has greatly enlarged our understanding of the nature of the BCSH. Additional evidence has been drawn from archives of other Hamilton social agencies such as the Local Council of Women, the University Women's Club, and the Samaritan Club, as well as from interviews conducted with women who used the clinic in the 1930s.⁹ These sources, when combined with previously examined letters from the BCSH's participants, which are housed in Margaret Sanger's manuscript collection at the Library of Congress and Smith College, and those from the Marie Stopes Papers at the British Museum reveal the extent to which the society's rhetoric was informed by the prevailing eugenic discourse. Thus it is no longer a question of whether the BCSH was eugenic

6 McLaren and McLaren, *The Bedroom and the State*, p. 102.

7 Angus McLaren, *Our Own Master Race: Eugenics in Canada 1885-1945* (Toronto: McClelland & Stewart, 1990).

8 Dodd's original article "The Hamilton Birth Control Clinic of the 1930s" was published in *Ontario History* in March 1983 and has been reprinted in several journals and anthologies under different titles. With the exception of some stylistic changes, the content of the articles is virtually the same. See "The Hamilton Birth Control Clinic of the 1930s", in Michiel Horn, ed., *The Depression in Canada* (Mississauga, Ontario: Copp Clark, 1988), pp. 131-144; "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic", in Katherine Arnup, Andrée Lévesque, and Ruth Roach Pierson, eds., *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries* (London and New York: Routledge, 1990), pp. 150-172. Dodd's notion of contrasting ideologies between the Birth Control Society of Hamilton and the Parents' Information Bureau is repeated in Beth Light and Ruth Roach Pierson, eds., *No Easy Road: Women in Canada 1920s to 1960s* (Toronto: New Hogtown Press, 1990), p. 85.

9 Realizing that it would be difficult to find women who had used the BCSH clinic in the 1930s and were willing to talk about it, I placed public service announcements in local electronic and print media. I received three responses. I met with these women in Hamilton and interviewed them, asking 20 questions concerning their background, how they heard of the clinic, their experiences and their feelings about using it, and finally sterilization and abortion.

in orientation, but to what degree. By portraying the poor as a group whose irresponsible breeding threatened the fabric of society and by promoting birth control and sterilization as remedies to this social problem,¹⁰ the BCSH shared the eugenic ideology of Alvin Kaufman, a contemporary birth control activist who founded and ran the Parent's Information Bureau (PIB) and whose pro-eugenic beliefs have been well documented by McLaren.¹¹ It is no longer possible to maintain, as Dodd has,¹² that the ideology of the BCSH was antithetical to that of the PIB: the difference between the two organizations was one of degree, not of spirit.

The founding members of the Birth Control Society of Hamilton were socially conservative women who, with the advent of the Depression, had become concerned with the burden that unwanted children placed upon the poor and upon the state. Preeminent among these Hamilton women were Mary Hawkins and Gertrude Bugar. A member of the Hamilton élite, Hawkins was a full-time volunteer community organizer who helped to establish the Family Services Bureau and the Community Chest.¹³ Bugar was a professional social worker who worked for the Samaritan Club and the Mountain Sanatorium. Both women were well acquainted with the American and British birth control movements and wished to found a birth control clinic in Hamilton.¹⁴ Hawkins had met Sanger while vacationing

10 It is important to distinguish between eugenic sterilization and either therapeutic or voluntary sterilization. Of the three, only therapeutic sterilization, an operation performed when future pregnancies would endanger the life of the mother, was considered legal in Ontario. The fight for sterilization in the inter-war period was evident in the efforts of eugenic reformers to persuade various governments to pass legislation legalizing sterilization when the intent was to prevent the transmission of genetic deficiencies. In Canada, this operation was legal only in Alberta and British Columbia. Sterilization as a means of contraception to be employed by healthy persons was virtually unheard of during the period. This is presumably because the debate about sterilization was framed in eugenic terms, and therefore "normal" or healthy people would not consider the operation appropriate for themselves. It may be that healthy women sought contraceptive sterilizations, but to date there is insufficient evidence to assert this with any certainty. It was not until the 1950s that reformers began to urge that voluntary sterilization be made legal and readily available to women as a contraceptive choice. See Gilbert Sharpe, *The Law and Medicine in Canada*, 2nd ed. (Toronto and Vancouver: Buttersworth, 1987), pp. 58, 64; Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: The Johns Hopkins University Press, 1991), p. 144; Dr. Kenneth Gray, *Law and the Practice of Medicine* (Toronto: Ryerson Press, 1955), p. 44; and *Survey of Laws on Fertility Control* (n.p.: United Nations Fund for Population Activities, 1979), pp. 5, 36, 38.

11 See McLaren, *Our Own Master Race*, chap. 6.

12 Dodd, "The Hamilton Birth Control Clinic" (1988), p. 132; "Women's Involvement in the Canadian Birth Control Movement", pp. 151–152.

13 McLaren and McLaren, *The Bedroom and the State*, p. 99.

14 Who first proposed the clinic is a matter of debate among historians. Bailey maintains that the clinic was Hawkins's idea and that Bugar merely supported her. McLaren and McLaren argue that Bugar won Hawkins to the cause, for she had contacted Stopes in 1928 while studying at the London School of Economics. Carlotta Hacker suggests that the clinic's doctor, Elizabeth Bagshaw, helped to organize the clinic before becoming its medical advisor, a claim that contradicts the BCSH's own

in Nantucket, while Burgar had learnt of Stopes's work while studying at the London School of Economics in 1928.¹⁵

By 1930, Hawkins and Burgar had met and decided to form a birth control society. They invited like-minded women to attend a charter meeting in Hawkins's home in December 1931.¹⁶ The founding members of the BCSH included some of the most influential women in Hamilton: Mrs. H. M. Bostwick, president of the Local Council of Women; Mrs. C. Gibson, president of the Samaritan Club; Mrs. J. Roberts, treasurer of the National Council of Women and the wife of Hamilton's Medical Officer of Health; Mrs. W. Hendrie, corresponding Secretary of the Canadian Club; Mrs. H. B. Greening, vice-president of the Infants' Home; Mrs. G. Hope, president of the Aged Women's Home; Miss Jane McKee, member of the Hamilton General Hospital Board; and Mrs. J. A. Newnham, wife of the retired Anglican Bishop of Moonsee.¹⁷ The 15 initial members successfully managed to recruit many other Hamiltonians to their cause; by the end of the clinic's first year of operation, the BCSH claimed a membership of 200.¹⁸ Following Sanger's inaugural address, the society actively sought the attention of the press. Hamilton's two daily newspapers reported the BCSH's monthly and annual meetings, thereby providing the society with tremendous publicity. Its chief fundraising event, the annual tea, quickly became a celebrated social occasion, with over 600 people attending in 1933.¹⁹ Participants had their names printed in the paper, and eminent members of the community, such as the president of the Women's Civic Club, would pour tea for guests.²⁰

The society's founders understood that, in order for their clinic to thrive, the general public had to be convinced not only of the individual's need for birth control but also of its vital social function. The need, they believed, would make itself known: women who desired birth control would come to the clinic. Demonstrating its social role, however, required a more careful approach. Birth control could not be seen as promoting socially disruptive forces such as "licentious" or "illicit" behaviour. Instead, its social function was defined in relation to the family and the state as "preventative medicine, a family welfare agent, a measure of child protection, and an economic

records. See Bailey, *For the Public Good*, p. 6; McLaren and McLaren, *The Bedroom and the State*, p. 99; Carlotta Hacker, *The Indomitable Lady Doctors* (Toronto: Clarke Irwin, 1974), p. 17.

15 McLaren and McLaren, *The Bedroom and the State*, p. 99.

16 Bailey, *For the Public Good*, p. 7.

17 Bailey, *For the Public Good*, p. 7; McLaren and McLaren, *The Bedroom and the State*, pp. 100–101.

18 Library of Congress, Sanger Papers, Mary Hawkins to Margaret Sanger, 21 November 1932.

19 This was probably the peak year. Bailey, *For the Public Good*, p. 21.

20 "Many Patients are Given Care", *Hamilton Spectator*, 28 September 1934, p. 2; "Membership Tea", *Hamilton Spectator*, 26 September 1936, p. 2; "Membership Tea", *Hamilton Spectator*, 29 September 1937, p. 2.

necessity”.²¹ Portrayed as a social welfare measure, birth control would promote greater social harmony. The BCSH itself would be the catalyst for birth control through two means: operation of the clinic and education of the public.

Over the course of the 1930s, the BCSH adopted a number of different arguments by which its members could convince the public of the social benefits of the widespread use of birth control. Catholics, opposed to the very notion of birth control, would be placated by the rather surprising premise that the concept as such did not interest the society: “Our idea is not birth control,” stated the BCSH, “our idea is to control the health and well being of women, children, and families in the community.”²² Birth control was offered to the public as a panacea for society’s most prominent ills. When public concern over Canada’s high maternal mortality rate reached its peak in the mid-1930s, the BCSH stressed the role of birth control in reducing maternal deaths.²³ “There is many a motherless home in Hamilton today because a mother was killed with too constant child bearing,” stated BCSH president Mary Hawkins at the 1934 annual membership tea. She then promised that she would “not rest content until Hamilton has the lowest maternal mortality rate in Canada”.²⁴ The BCSH took advantage of the record low infant death rate in 1936, linking it directly to the society’s own work.²⁵ As military events in Europe came to dominate the Canadian news, birth control was touted as both “patriotic” and “Christian”.²⁶

Notwithstanding the variety of guises through which the BCSH advanced its cause, one argument remained constant throughout the 1930s: the economic significance of birth control. Hawkins never missed an opportunity to remind her audience that, ultimately, they would have to pay for the children of the poor. In a typical speech, she calculated that, had the 700 patients of the clinic each had one child, the cost to the city would have been in excess of \$10,000, a figure that did not include relief payments

21 “Return Mrs. Hawkins as Head of Society”, *Hamilton Spectator*, 15 January 1936, p. 2; Hamilton Public Library, Planned Parenthood Society of Hamilton Archives, (hereafter PPSH Archives, HPL), “Presidential Address Annual Meeting”, 15 January 1936.

22 PPSH Archives, HPL, “Declares Aim is to Control Family”, *Hamilton Spectator*, 28 February 1939, news clipping; Bailey, *For the Public Good*, p. 20.

23 Unfortunately the limits of space preclude a discussion of this major health problem at the beginning of this century. See Catherine Lesley Biggs, “The Response to Maternal Mortality in Ontario, 1920–1940” (M.A. thesis, University of Toronto, 1983); Suzann Buckley, “The Search for the Decline of Maternal Mortality: The Place of Hospital Records”, in Wendy Mitchinson, ed., *Essays in the History of Canadian Medicine* (Toronto: McClelland & Stewart, 1988), pp. 51–54; and Veronica Strong-Boag and Kathryn McPherson, “The Confinement of Women: Childbirth and Hospitalization in Vancouver 1919–1939”, *BC Studies*, 69–70 (Spring-Summer 1986), pp. 142–174.

24 “Says Birth Control was Seen as Means of Social Welfare”, *Hamilton Herald*, 28 September 1934, p. 7.

25 “Return Mrs. Hawkins as Head of Society”, *Hamilton Spectator*, 15 January 1936, p. 2.

26 “All Women Entitled to Know”, *Hamilton Spectator*, 20 March 1937, p. 2.

currently made to the majority of these women.²⁷ According to Elizabeth Bagshaw, concern about the high birth rate of the poor and the resultant burden placed upon the state was both the reason she agreed to become the clinic's doctor and the principal reason for the opening of the clinic:

The Depression was coming on and I had so many patients who were having babies nearly every year or two years and their husbands were out of work, and they hadn't enough to eat. Why should they go on having more children? And the city – it was costing the city so much to keep them. ... I thought we should have it [the clinic].²⁸

Within the BCSH's discourse, the cool rationalism of economic arguments complemented and ultimately came to dominate the emotional resonance of humanitarian appeals. "Our clinic", Hawkins reported with pride, "has saved this city thousands in hospitalization and relief, not to mention human lives and much suffering."²⁹ Hawkins's emotional appeals on behalf of suffering mothers who were miserable for want of birth control often concluded with reminders to the audience that as taxpayers they would be the ones to pay for poor women's hospital stays and the extra allowance granted each new child.³⁰

The BCSH's argument for fiscal responsibility and the prevention of unwanted pregnancies was compelling in a city suffering from the ravages of the Depression. Unplanned children remained a visible reminder of grinding poverty, a condition that had escalated drastically since the beginning of the 1930s. As a result of their extensive charitable work in the community, BCSH members were well aware of the hardship and despair that the Depression had created. If the economic effects of the Great Depression hit Canada at least as hard as other industrial nations, Hamilton suffered more than many other Canadian cities. An industrial town, Hamilton had enjoyed prosperity during the 1920s, with its population increasing from 107,826 in 1918 to 154,701 in 1932.³¹ However, the well-being of its economy depended on two factors that disappeared at the beginning of the 1930s: sustained investment in capital goods and the healthy position of Canadian wheat in the world market. When both collapsed, many factories shut or were reduced to partial capacity. Whereas in August 1929 Hamilton's major firms had employed 40,632 workers, by May 1932, only 21,800

27 "Birth Control Society Holds Annual Meeting", *Hamilton Spectator*, 19 January 1934, p. 2.

28 Marjorie Wild, *Elizabeth Bagshaw* (Markham, Ontario: Fitzhenry and Whiteside, 1984), pp. 46–47; PPSH Archives, HPL, Elizabeth Bagshaw, Draft of a Speech, n.t., n.d.

29 "To Establish a Clinic in East End", *Hamilton Spectator*, 14 February 1935, p. 2; PPSH Archives, HPL, "Minute Book", 13 February 1935; PPSH Archives, HPL, Draft of Annual Report, n.t., n.d.

30 PPSH Archives, HPL, Draft of Annual Report, n.t., n.d.

31 Marjorie Freeman Campbell, *A Mountain and A City: The Story of Hamilton* (Toronto: McClelland & Stewart, 1966), pp. 213–214.

employees still had their jobs.³² The situation was to worsen. In 1931, between 2,500 and 3,000 families were on relief; by 1933, the number had climbed to 8,500, representing 25 per cent of the city's population.³³ Though the situation improved slightly after 1933, 4,000 families were still receiving relief as late as 1936. The city's economy did not recover until 1939, when military contracts boosted the demand for steel.³⁴

The increasing numbers of unemployed generated social tensions. The city's private charitable organizations were flooded with requests, while the granting of relief posed an enormous problem for the city. Crowds were so large at the relief office that the procedure was altered to allow welfare workers to visit people's homes.³⁵ The payment of relief alone did not guarantee that a family would be adequately maintained, however. Families on relief received an average of \$8.37 per person per month.³⁶ Out of this, \$4.66 was allocated by the Board for food, \$1.60 for fuel, \$0.26 for shoes, and \$2.21 for miscellaneous expenses such as rent, electricity, and medical costs.³⁷ In addition, many citizens found themselves ineligible for relief. Unmarried men, often the first to lose their jobs, could not draw assistance.³⁸ Neither could immigrants who had been in Canada fewer than five years; in fact, they faced deportation for collecting relief.³⁹

Moreover, salaries dropped as increasing numbers of people competed for fewer jobs. Women often had to support their entire families, as men could not find work. In contrast to married men, who were favoured, women would hide their wedding rings when looking for work.⁴⁰ One Hamilton woman employed in a cotton mill in 1936 received \$12 per week, a salary that she said was greater than most men could have earned.⁴¹ Another woman, the eldest of five children whose father was unemployed, found

32 Lois C. Evans, *Hamilton: The Story of a City* (Toronto: Ryerson Press, 1970), p. 190.

33 A. P. Kappel, "The Administrative Set-up for Local Welfare Services", in *Proceedings of the Sixth Canadian Conference on Social Work* (Vancouver: n.p., 1938), p. 192; John C. Weaver, *Hamilton: An Illustrated History* (Toronto: James Lorimer and National Museum of Man, National Museums of Canada, 1982), p. 135.

34 Weaver, *Hamilton*, p. 137; Diana Brandino, "The Italians of Hamilton 1921-1945" (M.A. thesis, University of Western Ontario, 1977), p. 13.

35 Bill Freeman and Marsha Hewitt, eds., *Their Town: The Mafia, the Media, and the Party Machine* (Toronto: James Lorimer, 1979), pp. 22-23.

36 Evans, *Hamilton*, p. 19.

37 Freeman and Hewitt, *Their Town*, p. 22. In despair, one mother wrote to the *Hamilton Herald* that her mother's allowance gave her only \$50 per month to support her family of six. After listing her expenses, she concluded that living on this sum was impossible: "No one can do this." *Hamilton Herald*, 31 October 1934, p. 9.

38 Evans, *Hamilton*, p. 191.

39 Alison Prentice et al., *Canadian Women: A History* (Toronto: Harcourt Brace Jovanovich, 1988), p. 236.

40 Patricia Bird, "Hamilton Working Women in the Period of the Great Depression", *Atlantis*, 8 (Spring 1983), p. 131; Weaver, *Hamilton*, p. 135.

41 Bird, "Hamilton Working Woman", pp. 130-131.

work at a bank where she received \$8 per week from which she had to support the family.⁴² Other women remained virtual prisoners in their homes, as they lacked suitable clothing to wear outside.⁴³

It was out of this brutal climate of despair, poverty, and uncertainty that the BCSH emerged. Many middle- and upper-class people believed that the poor were largely to blame for their poverty: they simply had too many children to support. Moreover, constant childbearing affected women's health, often forcing them to rely on charitable organizations and hospitals for recovery. The society's publicity portrayed the dreadful living conditions endured by many of Hamilton's citizens.⁴⁴ In light of these circumstances, the BCSH maintained, it was nothing short of inhumane to produce a child who would lack a "reasonable hope of a healthy body, sound mind, decent surroundings and a chance of success in life".⁴⁵ The BCSH further reinforced this argument by insisting that married couples did not have the "right" to bring forth children whom they were unable to support.⁴⁶ The poor had a duty to "make the [economic] burden as bearable as possible". The rich, it was implied, had upheld their duty toward their less fortunate neighbours by means of taxation and direct donations to social agencies.⁴⁷

Although the BCSH stressed birth control's importance as a necessary component of social welfare, the society's ideological aims went beyond its conservative vision of social obligation and fiscal prudence. Intrinsic to its eugenic ideology was the belief that the poor, as a group, constituted a socially disruptive force. The irresponsible breeding of the poor, according to this argument, actively threatened the social fabric of the community. The BCSH depicted a society in which the poor begat more children than the rich, and these children were less intelligent and even potentially dangerous citizens. Overcrowded and underprivileged homes produced children who would later fill the juvenile courts or, worse still, would languish in taxpayer-supported mental hospitals.⁴⁸ Employing a highly melodramatic style, Hawkins implored her audiences to "Picture the black dread that hangs over the head of a man and woman who (as in one case) had one feeble-minded child, one normal and then Mongolian idiot twins."⁴⁹ By creating

42 *Ibid.*, pp. 127-128.

43 Prentice *et al.*, *Canadian Women*, p. 237.

44 "Says Birth Control was Seen as Means of Social Welfare", *Hamilton Herald*, 28 September 1934, p. 7; PPSH Archives, HPL, Mary Hawkins, "Presidential Address", Speech to BCSH Annual Meeting, Hamilton, Ontario, 15 January 1936; and Wild, *Elizabeth Bagshaw*, p. 47.

45 "Birth Control Society Holds Annual Meeting", *Hamilton Spectator*, 19 January 1934, p. 2.

46 "Clinic Plans For Fall Work", *Hamilton Spectator*, 12 June 1934, p. 2.

47 PPSH Archives, HPL, Draft of Annual Report, n.t., n.d.

48 PPSH Archives, HPL, Mary Hawkins, "Presidential Address", Speech to BCSH Annual Meeting, Hamilton, Ontario, 15 January 1936; "Birth Control Society Holds Annual Meeting", *Hamilton Spectator*, 19 January 1934, p.2; and "Return Mrs.Hawkins as Head of Society", *Hamilton Spectator*, 15 January 1936, p.2.

49 "Birth Control Society Holds Annual Meeting", *Hamilton Spectator*, 19 January 1934, p. 2.

the impression that poverty and idiocy were interdependent conditions, the BCSH reinforced its own belief that the two were causally linked.

Hawkins's argument linking social welfare issues and social efficiency concerns was a common feature of eugenic discourse.⁵⁰ Reduced to a populist level, the essence of the larger political concerns became embodied in the social role of the dysgenic family.⁵¹ The American Kallikaks and the Jukes were the most famous examples, but they had Canadian equivalents.⁵² In her 1934 Book, *Sterilization? Birth Control?*, the prominent doctor and eugenicist Helen MacMurphy reported on one Canadian case:

Canadian records dated January 1934, show that in one family, eight children were born to a mentally defective father and mother from 1912–1930. The oldest girl, born in 1912, is mentally defective, four others are in an institution for the feeble-minded, one is on the waiting list and the two youngest children are probably also mentally defective. This family has been supported by ten social agencies. The father is “incapable of holding a job”. The same records show another family, related to the first, with a mentally defective father and mother. ... There were nine children, three of whom died of neglect. ... One child has been admitted to an institution for the feeble-minded and three others are on the waiting list. The two youngest children are probably mentally defective.⁵³

MacMurphy's case study contains many of the elements common to contemporary descriptions of dysgenic families. Saddled with numerous defective offspring, the parents continued to breed and the family was forced to rely upon state-supported institutions. The depiction of this type of family was pervasive in Canadian society at the time. Ontario's Lieutenant Governor Dr. H. A. Bruce, in a widely publicized address to the Hamilton branch of

50 Kathleen McConnachie, “Science and Ideology: The Mental Hygiene and Eugenics Movements in the Inter-War Years 1919–1939” (Ph.D. dissertation, University of Toronto, 1987), p. 217.

51 The term “dysgenic” refers to genetically transferred traits or characteristics that eugenicists believed to be socially undesirable and degenerate.

52 At the end of the nineteenth century, Richard Dugdale, who was studying the inmates of an American prison, found six prisoners who were related. He then traced the relatives of the six prisoners, over five generations. Nicknaming the family the “Jukes”, he concluded that they had a predisposition for almshouses, prisons, and brothels. The family became somewhat legendary and newspapers started writing about criminal families, furthering the belief that criminality was hereditary. The Kallikaks were another family of sociological legend. Henry Herbert Godard studied the genealogy of Martin Kallikak over six generations. Kallikak had sired an illegitimate son and then married another woman. Both “sides” of the family lived in the same region, yet Godard found that the “illegitimate” side had both a greater number of children and a high proportion of feeble-minded offspring. His work was used as evidence that feeble-mindedness was hereditary and that the feeble-minded had larger families. Reilly, *The Surgical Solution*, pp. 9–10, 20–22.

53 Helen MacMurphy, *Sterilization? Birth Control? A Book for Family Welfare and Safety* (Toronto: Macmillan, 1934), p. 79.

the Canadian Club in 1933, warned that, at the present rate of increase, within 75 years “half the population would be in insane asylums, while the other half laboured to support it”.⁵⁴ As fantastic as these stories may now seem, their strength lay in their ability to suggest a causal relationship between feeble-mindedness and poverty. The seeming inherent rationality of cause and effect made eugenics a difficult ideology to challenge. The middle-class also found some comfort in this simple hereditary explanation for the economic chaos of the period.

The BCSH committed itself to ensuring that thinking Hamiltonians would support its efforts to achieve eugenic goals and used the annual meeting to bring in well-known personalities who would speak to this end. During the 1930s, numerous guest speakers echoed the eugenic arguments put forward by Sanger at the BCSH’s first annual meeting. In 1935, Rev. Oliver M. Butterfield discussed the eugenic aspects of birth control as practised by the more “intelligent” classes.⁵⁵ In 1936, Rev. C. E. Silcox, the general secretary of the Social Service Council of Canada (SSCC), addressed the meeting. His speech concentrated on the importance of the recent Eastview trial for women’s reproductive rights, at which he had testified that “certain strains [of the population], economically, if not mentally and physically inferior, were breeding with utter irresponsibility”.⁵⁶ As editor of the SSCC’s magazine, *Social Welfare*, Silcox penned editorials promoting eugenic sterilization. Like MacMurchy and Bruce, he believed that the subnormal section of the population was rapidly increasing. Without recourse to sterilization, the practice of birth control tended, therefore, to be dysgenic and not eugenic.⁵⁷

The BCSH also publicly endorsed other individuals or groups whose work concerned eugenics. When Dr. Morris Siegel of Hamilton published *Eugenics and Sane Marriage* in 1934, not only did the BCSH include the book in its library, but it also reported in its newspaper column that the society was “in entire agreement with Dr. Siegel’s effort to create a higher standard of family life”.⁵⁸ Commenting on the study done by the Canadian Committee on Mental Hygiene on patients in Canadian mental institutions, the BCSH claimed that “until sterilization becomes a fact rather than a theory, birth

54 “Urges Control of Marriage of Unfit”, *Hamilton Herald*, 29 April 1933, p. 3.

55 “To Establish Clinic in East End”, *Hamilton Spectator*, 14 February 1935, p. 28.

56 C. E. Silcox, “Eastview and the Public Good”, *Canadian Forum* (May 1937), p. 50, quoted in McLaren, *Our Own Master Race*, p. 85.

57 “Sterilization”, *Social Welfare* (December 1936), pp. 154–155. The magazine also contained numerous articles by different authors who promoted eugenic principles.

58 “Clinic Plans For Fall Work”, *Hamilton Spectator*, 12 June 1934, p. 2; “Plan to Keep Clinic Open”, *Hamilton Spectator*, 12 June 1934, p. 7; and PPSH Archives, HPL, “Minute Book”, 11 June 1934. The *Hamilton Herald* considered Siegel’s work worthy of an editorial in the edition of 11 May 1934, p. 4.

control clinics offer the main protection available for the protection of Canadian race standards".⁵⁹

From what is known about the Eugenics Society of Canada (ESC), it is clear that the society influenced the thinking of the BCSH. In a column in the *Hamilton Spectator*, the BCSH urged its members to tune in to the series of radio lectures planned by the ESC.⁶⁰ A surviving draft of a speech indicates that Bagshaw was aware of some of the arguments employed by ESC President Dr. William Hutton. Hutton, the Medical Officer of Health in Brantford, published an article in a 1934 edition of the *Canadian Medical Association Journal* in which he asserted that Canada's fertility differential was frightening. Hutton argued that, while people listed in Canada's *Who's Who* had an average of 2.42 children, those found in institutions for the deaf, the blind, and the feeble-minded had 4.37, 5.1, and 8.7 children respectively.⁶¹ Bagshaw's notes employed the same argument, although neither Hutton nor the ESC is mentioned as a source. Stating "The Who is Who [sic] show that they have a birth rate of 2.4," she proceeded to list the birth rates at the schools for the deaf and the blind.⁶²

Like other members of the BCSH, Bagshaw was familiar with the activities and views of prominent eugenicists across the country. An active eugenicist herself, she dedicated enormous amounts of time working not only for the BCSH but for other similar groups as well. Her interest in birth control and eugenics and her involvement in both movements seem to have developed simultaneously.⁶³ From 1930 to 1940, she served as head of the Mental Hygiene Group of the University Women's Club.⁶⁴ Among other things the group may have studied, it examined mental health legislation in Canada, Germany, England, and the United States⁶⁵ and the psychology of birth control.⁶⁶ Speakers to the group included Dr. John Griffin and Dr. Madge Macklin. Griffin, an eminent child psychologist and doctor with the Toronto Hospital for Sick Children, delivered a lecture on mental health,

59 PPSH Archives, HPL, "Minute Book", 11 November 1935; *Hamilton Herald*, 14 December 1935, p. 4; "Birth Control Society", *Hamilton Spectator*, 14 December 1935, p. 11.

60 "Birth Control Society", *Hamilton Spectator*, 24 September 1938, p. 3. The ESC may have found the idea for these radio broadcasts in England where the BBC had aired a similar series. *Eugenics Review*, 25 (1933-1934), p. 221.

61 McLaren, *Our Own Master Race*, p. 115. Unfortunately it is impossible to tell whether Bagshaw was a member of the ESC, as complete membership lists no longer seem to exist.

62 PPSH Archives, HPL, Elizabeth Bagshaw, Draft of speech, n.t., n.d. Bagshaw was by no means alone in her reliance on Hutton's analysis; an editorial in the *Hamilton Spectator* also cites his work. "Blame Society", *Hamilton Spectator*, 27 April 1933, p. 6.

63 Wild, *Elizabeth Bagshaw*, p. 46.

64 Unfortunately none of Bagshaw's many yearly reports remain in the University Women's Club Archives. See Hamilton Public Library, University Women's Club Archives, "Minute Book".

65 "Mental Hygiene Group", *Hamilton Spectator*, 7 March 1934, p. 2.

66 Wild, *Elizabeth Bagshaw*, p. 58.

warning that the mentally ill currently outnumbered university students.⁶⁷ Introduced by Bagshaw, Macklin was an even more prestigious guest.⁶⁸ A professor of genetics at the University of Western Ontario, she was perhaps Canada's best known eugenicist.⁶⁹ Although Macklin supported birth control, she believed that sterilization was a more efficient eugenic measure.⁷⁰

Along with Macklin, Bagshaw supported eugenic sterilization. Though Bagshaw left virtually no records, the surviving drafts of two speeches indicate that she believed that both birth control and sterilization were crucial in order for eugenics to be successful in safeguarding "racial standards". Bagshaw promoted birth control among the poor because it was the poor who, in her view, needed it; the educated and the rich were already practising it.⁷¹ More important than the poor's self-improvement, however, was the interest of society as a whole. "The Countr[y]'s question", Bagshaw speculated, "is, shall we allow the very poor or mental[ly] ill to attempt to raise nine children but by so doing, lower their standard so that the state keeps them by relief or puts them in an institution if their mentality is so low that they are unfit to care for themselves."⁷²

In order to stem the tide of social decline, intervention was required by groups such as the BCSH. Medical advancement, according to Bagshaw, had resulted in the fall in the infant mortality rate and allowed the survival of "weaklings". Their survival had dysgenic effects: "Nature provided for population by death of these infants. We must see that only mental[ly] and physical[ly] fit are born."⁷³ Elsewhere she claimed, "We can surely see that the physical weaklings and mental unfits [sic] were not intended to populate the world."⁷⁴ According to Bagshaw, the solution lay in science correcting the situation it had created: "Science should provide a method so that this type would not be born. Mentally low grade should have few if any chil-

67 "University Club", *Hamilton Spectator*, 21 January 1938, p. 4. For Griffin's career, see Joe Blom Djuwe and Sam Sussman, *Pioneers of Mental Health and Social Change* (London, Ontario: Third Eye Publications, 1989).

68 "University Women's Club", *Hamilton Spectator*, 17 January 1935, p. 10; Hamilton Public Library, University Women's Club Archive, "Minute Book".

69 McLaren, *Our Own Master Race*, p. 113.

70 In an article on the increase of mental defectives in Ontario, Macklin argued, "The two greatest factors responsible for increasing the gravity of the situation are (1) the steadily falling birth-rate, noticeable chiefly among the more intelligent classes ... ; and (2) the greater fecundity of the classes producing the mental defectives, in which classes the birth-rate is 3x that found among the classes producing the normal citizens in Ontario." Macklin also represented Canada in the International Federation of Eugenic Organizations. Madge Thurlow Macklin, "Increase in Mental Defect in the Province of Ontario Since 1871", *Eugenical News*, XIX (July-August 1934), pp. 18, 99; McLaren, *Our Own Master Race*, p. 143.

71 PPSH Archives, HPL, Elizabeth Bagshaw, Draft of Speech, n.t., n.d.

72 *Ibid.*

73 *Ibid.*

74 *Ibid.*

dren.”⁷⁵ Foremost among the solutions offered by science was sterilization: “We have to wake up to [the] fact that our Mental Standard will not be kept up unless we do practice Birth Control and in some cases ... even ... sterilization.”⁷⁶ Although a necessary operation, it was not to be performed randomly. Sterilization “need[ed] very careful supervision”.⁷⁷

Bagshaw’s biographer, Marjorie Wild, provides further evidence of Bagshaw’s eugenic inclinations:

Mental health was a subject on which Dr. Bagshaw held strong opinions. She made a study of heredity in mental retardation and firmly believed no person who had been in a mental institution because of a condition she considered hereditary should be discharged without first being sterilized. To those who protested that she was interfering with people’s rights, she would reply that she had rights too, and she did not want to have to support the offspring of the mentally defective.⁷⁸

Like many reformers of the period, Bagshaw remained untroubled by the inherent difficulty in defining the nature of feeble-mindedness. Medical professionals and eugenic reformers could not agree as to which conditions, if any, were hereditary and therefore warranted sterilization. According to MacMurchy, causes of feeble-mindedness ranged from improper nutrition in early life, hereditary tendencies toward tuberculosis, descent from feeble-minded, criminal, or insane parents, or even the employment of married women in factories.⁷⁹ The actual diagnosis of feeble-mindedness was even more problematic. Although those with a very low mentality might be easily identified, the highest grade of feeble-minded individual was said to be barely distinguishable from the rest of the population.⁸⁰ In these cases, feeble-mindedness made itself evident by an absence of a moral sensibility or the possession of a perverted moral sense that dominated one’s mental powers. Feeble-minded individuals were reputed to often possess great physical beauty and demonstrate a lack of sexual restraint.⁸¹ Given that deviation from the sexual norm seems to have been an identifying feature, it should come as no surprise that single mothers were frequently assumed to be feeble-minded. Helen MacMurchy claimed that 66 per cent of known

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

⁷⁸ Wild, *Elizabeth Bagshaw*, p. 58. This contradicts Dodd’s claim that Bagshaw “does not appear to have developed any distinct political or social views on birth control”. Dodd, “The Hamilton Birth Control Clinic” (1983), p. 76.

⁷⁹ Harvey Simmons, *From Asylum to Welfare* (Downsview, Ontario: National Institute on Mental Retardation, 1982), p. 69.

⁸⁰ *Ibid.*, p. 85.

⁸¹ *Ibid.*, p. 86.

mental defectives had children while unmarried.⁸² A 1938 Royal Commission on the Operation of the Mental Health Act found that a disproportionately high percentage of inmates in Ontario mental hospitals were single mothers.⁸³ The underlying cause of this situation remains obscure: it may be that a woman who had a child out of wedlock was considered mentally deficient or that mentally handicapped women were more likely to be sexually exploited.⁸⁴

Despite the problems inherent in eugenic sterilization, other members of the BCSH shared Bagshaw's belief in its benefits. Following the 1936 Ontario mayors' conference, which passed a resolution urging the sterilization of the unfit, the BCSH issued a public statement of support, claiming that "the society's experience has confirmed the necessity for more radical measures in contraception."⁸⁵

It appears that the BCSH had begun to arrange for sterilizations to be performed at the Hamilton General Hospital well before its statement in support of the mayors' position. The society's minutes for the meeting of 11 November 1935 report that the head of the hospital, Dr. Langrill, had given "full consent to the hospital cooperating with the clinic and instructed Miss Brewster – superintendent of nurses – Miss Insole – out-door department [–] and her assistant to that effect".⁸⁶ McLaren and McLaren have interpreted this to mean that BCSH representatives had been given permission to promote their clinic to patients in the hospital's maternity department.⁸⁷ However, if read along with the minutes for the following two meetings, this statement seems unlikely to typify the sole aim of the BCSH. The minutes for 9 December 1935 reveal:

82 MacMurchy, *Sterilization? Birth Control?*, pp. 81–82.

83 Simmons, *From Asylum to Welfare*, p. 132. An investigation into the activities of the Alberta Eugenics Board between 1927–1972 also found considerable bias as to who received sterilizations. Tim Christain, the study's author, stated "Persons presented to and approved for sterilization by the Board occupied socially vulnerable positions. They tended to be female rather than male, young and inexperienced rather than mature, not employed and dependent rather than self-supporting, employed in low status rather than prestigious jobs, residents of small towns rather than cities, members of ethnic minorities rather than the dominant ethnic group, single rather than married, and had been defined as sexual deviants." He also found that Native Canadians were vastly overrepresented compared to their proportion of the population. Law Reform Commission of Canada, *Sterilization: Working Paper No. 24* (Ottawa: Minister of Supply and Services Canada, 1979), p. 45.

84 Simmons, *From Asylum to Welfare*, p. 132; Andrée Lévesque, "Deviant Anonymous: Single Mothers at the Hospital de la Misericorde in Montreal 1929–1939", in Katherine Arnup, Andrée Lévesque, and Ruth Roach Pierson, eds., *Delivering Motherhood* (London and New York: Routledge, 1990), p. 113.

85 PPSH Archives, HPL, "Minute Book", 15 June 1936; "Women Approve Mayors' Stand", *Hamilton Spectator*, 17 June 1936, p. 3.

86 PPSH Archives, HPL, "Minute Book", 11 November 1935.

87 McLaren and McLaren, *The Bedroom and the State*, p. 101.

A discussion took place in reference to the sterilization of the feeble-minded. Mrs. Hawkins stated that Dr. Langrill had explained that there was no Canadian law on sterilization, but that there was a hospital law, which demanded the written consent of the man and wife. Dr. Langrill said he was willing to admit patients to hospital on presentation of written consent. Dr. Bethune is willing to operate. It was moved by Mrs. Bostwick and seconded by Mrs. Olmstead that the committee make every effort to have the hopeless cases sterilized. Mrs. Anderson stated that Mr. Kappele is willing to give Mrs. W— an order to go to the hospital for sterilization.⁸⁸

On 13 January 1936, the meeting continued to focus on sterilization:

A discussion regarding sterilization arose out of the minutes and the president told how one social worker had persuaded a woman, who was greatly in need of it, to have the operation performed.⁸⁹

While the minutes strongly suggest that the BCSH arranged for sterilizations, it seems to have done so surreptitiously. In 1938, when a BCSH member suggested that the clinic should perform sterilizations, as she had found a particularly worthy case, the BCSH board rejected this idea and directed her to the Hamilton General Hospital. The Board felt that “the subject of sterilization could not be introduced into our work at its present stage of development”.⁹⁰ This reversal seems to indicate a change of policy or a striking contradiction. Perhaps the events described in the minutes remained an isolated incident, or the BCSH may simply have been forwarding the names of those patients it felt required or wanted sterilizations to the Public Welfare Board, of which Kappele was the director, and the board would then deal with the hospital. Notwithstanding these possible interpretations, the arrangements with the hospital remained shrouded in secrecy: they were not reported at BCSH annual meetings, nor did they find their way into any of the newspaper reports of the monthly meetings. In addition, no surviving public hospital documents make any reference to the BCSH.⁹¹ All of the old BCSH patient records were either discarded or destroyed in a fire in the clinic in 1985, making it impossible to tell whether patients at the clinic received this treatment. In addition, all of the Public Welfare Board files have been similarly discarded. Three surviving BCSH patients who agreed to be interviewed stated that they had never considered sterilization as an option.⁹² Therefore, while it remains uncertain as to whether

88 PPSH Archives, HPL, “Minute Book”, 9 December 1935.

89 PPSH Archives, HPL, “Minute Book”, 13 January 1936.

90 PPSH Archives, HPL, “Minute Book”, 22 June 1938.

91 See Hamilton General Hospital records, Hamilton Public Library.

92 Interviews by author, tape recording, Hamilton, Ontario, 6 and 11 February 1992.

the BCSH was successful at arranging for sterilization operations, it is clear from the minutes that, for the BCSH, eugenic sterilization was more than an idle thought.

Secret agreements of this nature were not uncommon. In Canada, only Alberta and British Columbia permitted eugenic sterilization. Ontario law dictated that two doctors had to sign forms attesting that the sterilization being performed was for reasons of physical health only.⁹³ During the thirties, the provincial government came under considerable pressure to enact eugenic legislation although none was ever passed.⁹⁴ In the absence of legislation allowing for eugenic sterilization, many hospitals like the Hamilton General established their own policies.⁹⁵ As early as 1928, members of the medical profession acknowledge that the Ontario government unofficially sanctioned sterilization.⁹⁶ By 1934, Cora Hodson, secretary of the English Eugenics Society, reported that in economically devastated areas of Ontario “operations for poor persons are being procured under philanthropic auspices”.⁹⁷ In 1940 Griffin wrote, “It is probable ... that sexual sterilization is occasionally performed in many centres in cases where medical or social reasons warrant it.”⁹⁸ Hutton stated, “Despite legislative prohibitions, individual doctors were acting on their eugenic convictions. What lobbyists in Ontario were striving for in the 1930s was legislative legitimization for the practice already widespread in the province.”⁹⁹ Alvin Kaufman, the director of the Kitchener-based birth control organization, the Parents’ Information Bureau, boldly proclaimed to *Globe and Mail* readers that, during the 1930s, his organization had performed over 600 sterilizations.¹⁰⁰ Compared with those of their contemporaries, the activities of the BCSH were hardly outrageous; indeed, they were typical of the age.

93 Although the Criminal Code did not contain an express provision regarding sterilization, doctors were advised that, if they performed a sterilization operation for reasons other than to preserve the health or life of the patient, they could be charged with common assault and battery under the Criminal Code and that the Medical Act would not necessarily protect them. This applied even to cases of contraceptive sterilization where the patient had consented. See Gray, *Law and the Practice of Medicine*, pp. 40–49; “The Legal Aspects of Sterilization”, *Canadian Medical Association Journal*, 58 (May 1948), pp. 512–513; “The Legal Aspects of Sterilization Part II”, *Canadian Medical Association Journal*, 59 (July 1948), pp. 80–81; McConnachie, “Science and Ideology”, p. 213.

94 McConnachie, “Science and Ideology”, p. 239.

95 McLaren, *Our Own Master Race*, p. 163.

96 Hinks to Dr. George L. Wallage, private correspondence as cited in McConnachie, “Science and Ideology”, p. 226.

97 Cora B. Hodson, *Human Sterilization Today: A Survey of the Present Position* (London: C.A. Watts and Co. Ltd., 1934), p. 39.

98 J. D. M. Griffin, “Mental Hygiene in Canada”, *Canadian Public Health Journal*, 31 (April 1940), p. 171.

99 As cited by McConnachie, “Science and Ideology”, pp. 236–237.

100 PPSH Archives, HPL, Alvin Kaufman to editor, *The Globe and Mail*, 21 February 1939, news clipping.

As well as secretly planning sterilizations, the BCSH worked with other social service agencies in publicly promoting the cause of eugenic sterilization. Considerable overlap existed between the memberships of the BCSH and various other volunteer social welfare organizations. Both BCSH vice-president Mrs. Colin Gibson and founder and social worker Gertrude Bugar were members of the Samaritan Club, an avid pro-sterilization group; Mrs. H. M. Bostwick, vice-president of the BCSH, was the president of the Local Council of Women and an active member of its mental hygiene committee;¹⁰¹ and Mrs. Inch, a BCSH board member, was an active member of the Hamilton area Women's Group, which abandoned its pro-sterilization stance only when faced with the threat of a Catholic exodus from the organization.¹⁰² Along with Hawkins and Bagshaw, this tight circle of women comprised a formidable eugenics lobby. As a result, numerous social welfare organizations worked with the BCSH to bring eugenic sterilization legislation into existence.

The BCSH members used their influence in other women's organizations to take the BCSH's message to a larger audience. The Hamilton Local Council of Women, which the BCSH joined in 1934, became the centre of a campaign in favour of eugenic sterilization.¹⁰³ The Hamilton Local Council of Women was one chapter of the National Council of Women, a federation that claimed half a million members in the thirties and held the title as the largest women's organization in the country.¹⁰⁴ A non-partisan federation founded in 1893, it was primarily concerned with moral reform issues. Each local council consisted of a minimum of five women's societies. Individuals from these societies formed a sub-executive, which governed the chapter and reported to the national executive. Members of the sub-executive had no power: only member organizations could bring forward resolutions.¹⁰⁵

The Hamilton Local Council of Women had a history of interest in mental hygiene issues. In 1932, it sent a resolution to the Provincial Council of Women supporting the segregation of the "feeble-minded" women of

101 Due to ill health, she resigned from the presidency in September 1934 but continued to work for the mental hygiene committee. "National Treasurer Will Act As Local Council President", *Hamilton Herald*, 19 September 1934, p. 5.

102 "Institute Throws Out Sterilization of Unfit", *Hamilton Herald*, 8 November 1933, p. 5.

103 Hamilton Public Library, Local Council of Women Archives (hereafter LCW Archives, HPL), "Minute Book", 5 February 1934; PPSH Archives, HPL, "Minute Book", 16 October 1933; PPSH Archives, HPL, Margaret E. Roberts to F. G. Mallock, 5 October 1933; "Tribute Paid to a Dearly Departed Lady", *Hamilton Spectator*, 6 February 1934, p. 2.

104 Mary Patricia Powell, "A Response to the Depression: The Local Council of Women of Vancouver", in Horn, ed., *The Depression in Canada*, p. 12. For a history of the National Council of Women, see Veronica Strong-Boag, *Parliament of Women* (Ottawa: National Museums of Canada, 1976).

105 Powell, "A Response to the Great Depression", pp. 12-13.

childbearing age.¹⁰⁶ By 1934, the organization felt the need for stronger eugenic measures. The Samaritan Club of Hamilton initiated a sterilization resolution at the Hamilton Local Council of Women, which in turn was adopted as the council's policy and taken to the Provincial Council of Women annual meeting.¹⁰⁷ The Samaritan Club sent a representative to speak to the resolution at the provincial meeting: Mrs. Colin Gibson, who, in other capacities, functioned as BCSH vice-president.¹⁰⁸ Gibson delivered the resolution, which was thoroughly eugenic in tone:

Be it resolved that we, the members of the Samaritan Club of Hamilton, hereby place ourselves on record as being unanimously in favour of the principle of permissive sterilization of the feeble-minded and mentally unfit, believing it to be a necessary step for the welfare of the race and the protection of posterity ...¹⁰⁹

At this particular Provincial Council of Women meeting, the Hamilton Local Council of Women found itself in good company: both the Niagara and St. Thomas branches also put forward sterilization resolutions. The Niagara branch justified sterilization in a slightly different manner, claiming that illegitimate children resulted from low mental capacity.¹¹⁰

While the Provincial Council had previously advocated selective sterilization,¹¹¹ it now deferred the final decision to the National Council. Both groups feared that the debate over sterilization would split their membership.¹¹² The National Council decided that, because the issue of sterilization was contentious, it would decline to set official policy and instead would allow each local to establish its own policy. Furthermore, in order to prevent other controversial ideas from coming up at the national meeting, the National Council also ruled against establishing any policy on birth control.¹¹³

106 LCW Archives, HPL, "Minute Book", 4 April 1932.

107 "Club Backs Up Stand on Sterilization Laws", *Hamilton Herald*, 20 June 1934, p. 7. Dodd incorrectly speculated that the BCSH may have initiated this resolution. While the BCSH did not, there is no doubt that the society would have supported it. See Dodd, "Women's Involvement", p. 164, and "The Hamilton Birth Control Clinic" (1983), p. 78.

108 "Club Backs Up Stand on Sterilization Laws", *Hamilton Herald*, 20 June 1934, p. 7.

109 Archives of Ontario, Series B, Box 4, Ontario Provincial Council of Women, Records of Annual Meeting.

110 "To Urge Drastic Measure", *Hamilton Spectator*, 28 May 1934, p. 2.

111 The 1931 resolution to undertake selective sterilization of the mentally unfit was presented by the Hamilton Local Council of Women. "Take Stand on Sterilization", *Hamilton Spectator*, 4 December 1931, p. 22; "Council of Women to Urge Sterilization of Unfit", *Hamilton Herald*, 8 December 1933, p. 6.

112 Archives of Ontario, Series B, Box 4, Provincial Council of Women, Minutes of Annual Meeting, 21-22 June 1934.

113 "Birth Control, Sterilization to be Thrown Out", *Hamilton Herald*, 28 February 1934, p. 5.

The National Council's non-decision meant quite simply that the Hamilton Local Council of Women continued on its pro-sterilization course much as before. Along with the BCSH, the Hamilton Local Council also issued a note of support for the pro-sterilization resolution at the 1936 Ontario mayors' conference. In the Hamilton Local Council's estimation, clinical trials of birth control had failed for "a certain class of people", requiring more "radical measures than contraception".¹¹⁴ Echoing BCSH associates Hawkins and Bagshaw, Mrs. H. M. Bostwick reminded Hamiltonians that the "feeble-minded, mentally-ill and degenerate citizens" were an increasing percentage of the population. "If we would realize the terrific burden we are passing on to future generations, the tremendous cost to the country, and the load of misery and suffering caused by mental ill health, we would demand that some drastic steps be taken," she proclaimed.¹¹⁵ Drawing on her experience in the BCSH, she argued that birth control was an insufficient measure of eugenic control. "The Birth Control Society [is] doing a fine humane work for women who [are] victims of economic conditions and attendant ill health," Bostwick maintained. "But a large number of mentally defective women ... [are] willing to be sterilized."¹¹⁶ Speaking on behalf of the Local Council of Women, Bostwick argued that "sterilization [was] the only answer". Its only drawback lay in its illegality.¹¹⁷

The Hamilton Local Council of Women paid for its pro-sterilization position. Citing the 1934 Provincial Council annual meeting as a turning point, the Loretto Alumnae and the Hamilton Catholic Women's League withdrew from the federation.¹¹⁸ While the Catholic Women's League would most probably have withdrawn over the issue of the BCSH's membership alone, it objected to both the Local Council of Women's pro-sterilization position and its tacit endorsement of birth control as implied by BCSH participation in the organization.¹¹⁹ This rift between the member organizations warranted the attention of the Toronto Local Council of Women, which agreed that the Hamilton chapter had pushed the issue too far.¹²⁰ Hamilton city councillor and daily columnist Nora Henderson remarked that the situation was "a very serious moment in the history of organized womanhood of Canada" and urged that a compromise be reached.¹²¹ In turn, the Hamilton Local Council of Women tried to water down its original position through a resolution allowing each group autonomy on matters of

114 LCW Archives, HPL, newspaper clipping, June 1936.

115 "Deplores Menace of Feeble-Minded", *Hamilton Spectator*, 3 March 1936, p. 2.

116 *Ibid.*

117 "Council Blames Crime on Books, Asks Three Important Measures", *Hamilton Herald*, 3 March 1936, p. 4.

118 "Roman Catholics to Resign Membership", *Hamilton Spectator*, 5 March 1934, p. 2.

119 "Catholic Women Only Followed Conscience", *Hamilton Spectator*, 6 March 1934, p. 2.

120 "Nonplussed at Action of CWL, Loretto Abbey", *Hamilton Herald*, 8 March 1934, p. 5.

121 "In Feminine Focus", *Hamilton Herald*, 6 March 1934, p. 5.

birth control and sterilization. Nonetheless, the Catholics remained adamantly opposed to the council's policies.¹²² In a letter indicating its departure, the Hamilton Catholic Women's League explained that, given its opposition to birth control and sterilization, it felt that "it is not consistent with the principles of our society to retain affiliation with the Local Council, which has accepted the Birth Control Society in affiliation, and at whose meetings the cause of this movement and that of sterilization may be discussed and furthered".¹²³ The Hamilton Local Council of Women responded that it would not ask the BCSH to withdraw.¹²⁴ National inaction necessitated local action.¹²⁵

Inasmuch as the National Council of Women refused to enter the sterilization fray, the actions of its Hamilton branch were unusual. However, many other community groups and individuals across the province were urging similar measures throughout the decade. In 1932, the Ontario bodies of the Rotary, Lions, and Kiwanis clubs supported the legalization of sterilization.¹²⁶ The following year, the Canadian Manufacturers' Ontario division voted unanimously in favour of sterilizing mental defectives, and the Ontario Medical Association endorsed the principle of the voluntary sterilization of mental patients.¹²⁷ A front-page article in *Saturday Night* magazine noted that, among non-Catholics, there was "undoubtedly a steady intensification of feeling" in favour of sterilization of mental defectives.¹²⁸ In 1935, the reeve of Newmarket advocated the sterilization of mentally deficient children as a means of addressing "an urgent social problem".¹²⁹ Member of Parliament Agnes Macphail urged that the principles that applied to the breeding of cattle should apply to humans.¹³⁰ Newspaper headlines appearing in 1936 reflected Ontario's continued preoccupation with eugenics: "Ask Sterilization of Mentally Deficient"; "Sterilization Subnormal Urged by County Council"; "Supports Plan to Sterilize Sick Minded". Moreover, municipality after municipality advocated sterilization.¹³¹ The

122 "Strive to Keep Catholic Members", *Hamilton Spectator*, 19 April 1934, p. 2; "Ask Catholic Groups to Re-Enter Council", *Hamilton Herald*, 20 April 1934, p. 7.

123 "Catholic Women Decline to Enter Council Again", *Hamilton Herald*, 30 April 1934, p. 5.

124 *Ibid.*

125 "Must Solve Problem of Subnormal Child", *Hamilton Herald*, 6 March 1934, p. 5.

126 McLaren, *Our Own Master Race*, p. 117.

127 "Job Insurance Discussed at CMA", *Hamilton Spectator*, 4 May 1933, p. 17; McConnachie, "Science and Ideology", p. 228; *Eugenics Review*, 32 (July 1940).

128 "Sterilization and Birth Control", *Saturday Night*, 13 May 1933, p. 1.

129 Archives of Ontario, Hutton Scrapbook, vol. 1, 17, "Would Sterilize Child Defectives in York County", *Toronto Star*, 14 November 1935.

130 Archives of Ontario, Hutton Scrapbook, vol. 1, 18, "Sterilization Urged of Subnormals", 4 December 1935, newspaper clipping. Bagshaw also employed this argument, stating "Sex appeal is ok, but should not be everything. If you were a farmer you would know that to have good stock you should have good breeding." PPSH Archives, HPL, Draft of speech, n.t., n.d.

131 Though they are too numerous to list here, see Hutton Scrapbooks, vol. 1, Archives of Ontario.

climax came in mid-year with the passing of the sterilization resolution at the Ontario mayors' conference. More extreme still, Fort Erie's mayor suggested that in addition to mental patients, all male applicants for relief should be sterilized.¹³² Even the King's personal doctor got caught up in the sterilization fever, announcing on a visit to Toronto that he, too, favoured sterilization.¹³³ By 1938, the Ontario government's Royal Commission on the Operation of the Mental Health Act called for the sterilization of women in the province's psychiatric hospitals.¹³⁴

Yet, despite this enormous body of support, the eugenic movement came to naught. Events in Germany caught up with Canada and discredited the rhetoric of eugenics.¹³⁵ Following the war, some Ontario towns again took up the cause of eugenic sterilization, but public faith in the power of science to safeguard society had waned.¹³⁶

Opened at the height of the Depression in Canada, the Hamilton birth control clinic was promoted by its founders both as a necessary response to Hamilton's economic crisis and as a solution to women's health problems. Members of the BCSH linked the science of birth control and the "science" of eugenics in their discourse. While eugenic ideology dominated the thinking of the BCSH, it by no means contradicted the humanitarian motivation of the birth control clinic. On a humanitarian and individual level, Hawkins, Burgar, and Bagshaw believed that women's suffering could be greatly alleviated through the knowledge and practice of modern birth control. On a political level, the women believed that the poor, if allowed to breed unchecked, would create misery not only for themselves, but for society as a whole. Members of the BCSH believed that some sort of social manipulation was required to maintain the existing social order and to protect Canadian society from the degeneration of the "race". Simply put, these women believed that the poor spawned "defective", "feeble-minded", and "criminal" children and that they were breeding at a much faster rate than the middle and upper classes. The ultimate goal of the society, then,

Canada's only woman mayor, Barbara Hanley, provides a notable exception to this eugenic crusade: the mayor of Webbwood, Ontario, she opposed sterilization. See "Woman Mayor is Attacking Sterilization", *Hamilton Spectator*, 14 October 1936, p. 17.

132 Pierre Berton, *The Great Depression 1929-1939* (Toronto: McClelland & Stewart, 1990), p. 349. A British biologist writing to the science magazine *Nature* also argued that parents who could not economically support their children should be sterilized. See Daniel J. Kevles, *In the Name of Eugenics: Genetics and Uses of Human Heredity* (New York: Alfred A. Knopf, 1985), p. 114.

133 PPSH Archives, HPL, "Sterilization Approved by King's Doctor", *The Globe and Mail*, 16 October 1936, newspaper clipping.

134 *Eugenics Review*, 32 (July 1940), p. 56.

135 McLaren, *Our Own Master Race*, chap. 6.

136 For the resolutions of Ontario mayors from 1939 to 1946, see Archives of Ontario, RG10-107-0-1022 S4, Box 164.

lay in reducing the social costs associated with the poor breeding at will; birth control was an effective means to achieve this end.

As part of the community of birth control reformers, members of the BCSH were by no means alone in their eugenic beliefs. The society's eugenic ideology was largely the same as that expounded by its most famous counterpart, the Parents' Information Bureau. Unlike Dodd's previous history of the BCSH, which has argued that there was a vast ideological difference between the BCSH and the Parents' Information Bureau, new historical evidence demonstrates that there was little difference in the aims and objectives of the male and female birth control advocates in Canada: the question was really one of degree rather than substance. While Alvin Kaufman demonstrated a greater interest in eugenics and sterilization, the Hamilton women were also interested in these matters. Kaufman, Hawkins, Bagshaw, and Bostwick all believed that active intervention was required on the part of the middle classes in order to exert social control over the poor.

Certain of the efficacy of eugenic measures, both the BCSH and its individual members promoted eugenic sterilization in addition to contraception. In so doing the society allied itself with a network of organizations, local and national, all of which hoped that eugenic concerns would eventually inform health policy. These organizations ranged from volunteer societies to professional associations, and their membership came from most walks of upper- and middle-class life: medical professionals, intellectuals, politicians, businessmen, and philanthropists.

Although much work remains to be undertaken on other Canadian birth control societies in order to understand better the position of the BCSH in Canadian society, the organization offers historians a glimpse at the ideological manner in which early birth control reformers framed their struggle. The BCSH affords us an example of how a small group of women, in identifying a need within their community, came together to establish a clinic at a time when no other group would undertake this responsibility. However, as the surviving documents of the BCSH are either written by its members or are newspaper accounts of members' speeches, it must be recognized that the historical record of the BCSH is largely self-constructed. While the society's eugenic ideology can be clearly shown, it is exceedingly difficult to measure its impact. It is one thing to construct an ideology, quite another to be constructed by it. Given the absence of written accounts by the patients of the clinic, it is hard to evaluate how the eugenic orientation of the BCSH affected its treatment of these women. Did they resent or even notice the eugenic agenda, or were they merely consumers of a much-needed service? Because so many valuable historical records have been lost or destroyed and because many of the participants are now dead, the answer to this question remains elusive.