

SACRED DAEMONS:

Exploring British Columbian Society's Perceptions of "Mentally Deficient" Children, 1870-1930

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IN THE OCTOBER 1919 issue of the *Canadian Journal of Mental Hygiene*, Dr. Helen MacMurphy, a leading figure in Canada's child saving movement, published a short article entitled "The Parents' Plea."¹ In this article MacMurphy stated that it was sadder for parents to "bear, to rear and find that the son or daughter of many hopes and prayers will never grow up, but is, and always will be mentally deficient ... than to lose a child."² With these words MacMurphy identified how many Canadian (and, indeed, Western) medical and educational professionals differentiated between "mentally deficient" children and "normal" children.³ Rather than a bundle of joy offering proud

¹ On MacMurphy's involvement in the Canadian child saving movement, see Cynthia Comacchio, *Nations Are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal: McGill-Queen's University Press, 1993), 70-9, 95-6; and Neil Sutherland, *Children in English-Canadian Society: Framing the Twentieth-Century Consensus* (Waterloo: Wilfrid Laurier University Press, 2000), 62-3, 229-30.

² H. MacMurphy, "The Parents' Plea," *Canadian Journal of Mental Hygiene* 1, 3 (1919): 211.

³ Throughout this paper I use "normal" to designate an individual who is seen to rest within the constructed "norms" (physical, psychological, and sociological) of the society in which he or she lives. It is not intended as a value judgment. Equally, because disability is a social construct that varies widely depending on historical, cultural, and geographic context, I have chosen to use the nomenclature of the period under consideration ("mental defective," "mental deficient," "idiot," "imbecile," "feeble-minded," and "moron") to describe the subjects of this article. While many of these words are considered highly offensive in contemporary Western society and, in a number of cases, have become insults, they reveal the sensibilities of the people who used them, the meanings people attached to intellectual impairment, and the way in which mainstream society judged those it deemed intellectually impaired. In other words, terminology reflects the nature of the discourse surrounding intellectual impairment in the late nineteenth and early twentieth centuries. Indeed, to resort to the use of today's terminologies when discussing the historical experiences of children judged by their societies to be intellectually impaired would be to assert anachronistic understandings and constructions of intellectual impairment that simply did not exist at the time, and it would be to deny past societies their own dialogue on the subject. See James Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 5; T. Bedirhan Üstün, ed., *Disability and Culture: Universalism*

parents the promise of a bright and happy future, a mentally deficient child presented the prospect of suffering, pain, and angst on a level so immense that it exceeded the grief parents experienced with the death of a normal child. Indeed, in many cases the death of a mentally deficient child was seen by medical professionals as a loss that one should rejoice over rather than lament. As Dr. G.H. Manchester, the acting medical superintendent of British Columbia's Public Hospital for the Insane (PHI),⁴ stated in a letter to Albert Green⁵ on the death of Green's daughter, Marigold, in 1901:

[Marigold] passed away at 7pm ... and I made an examination of the brain. It showed that the left half of the brain was very deficient, in fact almost wanting entirely and its place taken by water which filled out the membranes like a sack. With such a brain as this it is not hard to understand the fact of her being as she was a cripple physically and mentally ... It is well that it is all over with her as she was a very great care and would never have had the slightest chance to be anything but an idiot.⁶

Dr. Manchester's letter of commiseration to Green is interesting, in particular, because it indicates why Marigold's death should be seen as a "blessed" event. It was "well that it [was] all over" not because Marigold was suffering but, rather, because she was "a very great care [who] would never have had the slightest chance to be anything but an idiot." Dr. Manchester did not see his patient's death as fortunate because she had escaped the (very real) torments of her mortal coil but,

and Diversity (Seattle: Hogrefe and Huber, 2001); Sandra Lane, Blanche I. Mikhail, Alice Reizian, Paul Courtright, Rani Marx, and Chandler R. Dawson, "Sociocultural Aspects of Blindness in an Egyptian Delta Hamlet: Visual Impairment vs. Visual Disability," *Medical Anthropology* 15, 3 (1993): 245-60; E. Peter Volpe, "Is Down Syndrome a Modern Disease?" *Perspectives in Biology and Medicine* 29, 3 (1986): 423-36. I am also grateful to Keith T. Carlson of the University of Saskatchewan for his enlightening comments regarding concepts of disability among the Coast Salish peoples of British Columbia.

⁴ Dr. G.H. Manchester was appointed assistant medical superintendent of PHI on 1 March 1899. He had previously worked with mentally ill patients at Verdun Protestant Hospital in Montreal and became medical superintendent in 1901 on the resignation of the then superintendent Dr. George Fowler Bodington. Dr. Bodington, who was seventy-three at the time of his resignation, had been medical superintendent since 1895. See Val Adolph, *In the Context of Its Time: A History of Woodlands* (Victoria: Ministry of Social Services, Government of British Columbia, 1996), 54-5, 57, 64-5.

⁵ In the following examples, all names of patients and their families have been changed in accordance with the privacy laws of Canada and New Zealand.

⁶ Letter from Dr. G.H. Manchester, Acting Medical Superintendent, to Mr. A. Green, 20 December 1901, British Columbia, Mental Health Services Patient Case Files 1872-1942, GR-2880, box 9, file 1174, British Columbia Archives and Records Services (hereafter cited as MHS).

rather, because it meant that both her father and PHI's staff would no longer bear the burden of caring for an individual who would never amount to anything or fulfil a "useful" position within society.⁷ In other words, Marigold's death was a blessing because she was no longer an emotional and economic encumbrance to her family and the province of British Columbia.

The fact that Dr. Manchester chose in his letter of "condolence" to regale Albert Green with the details of Marigold's autopsy results further supports this interpretation. By describing to Green the neuroanatomical deficiencies of his daughter's brain, Dr. Manchester underlined the fact that Marigold was a mental and physical "cripple" and, thereby, added weight to his assertion that it was "well" that she was dead. Indeed, it seems clear that, in the superintendent's mind, Marigold was little more than an animal incapable of any form of human emotion or understanding. For example, when discussing the death of Marigold's mother, Manchester coldly stated that Marigold would "never know the difference."⁸ Manchester's construction of Marigold as less than human is also evidenced by the lack of respect he showed her corpse, which he treated more like an interesting laboratory specimen than the mortal remains of a recently deceased child. The autopsy he conducted on Marigold's body immediately after her death, and which he described in detail to her father, was less focused on discovering the cause of her death than on allowing the medical superintendent to conduct a detailed examination of her "deficient" brain.

Dr. MacMurchy's comments about the pain that parents suffered with the birth of a mentally deficient child, along with Dr. Manchester's treatment of the severely disabled Marigold, demonstrate the dangers of historians omitting children labelled as mentally deficient from their explorations of Western societies' changing constructions of children and childhood in the late nineteenth and early twentieth centuries.⁹

⁷ As well as being intellectually disabled, Marigold was also severely physically disabled. Her admission file describes her as "physically helpless" (although it notes she was capable of feeding herself), and in at least one of his letters to Dr. Manchester, Marigold's father calls her a "cripple." Mr. A. Green, 14 November 1901, Dr. G.H. Manchester, 16 November 1901, 20 December 1901, MHS, box 9, file 1174.

⁸ Letter from Dr. G.H. Manchester to Mr. Green, 16 November 1901, MHS, box 9, file 1174.

⁹ Indeed, this omission is indicative of the problems caused when historians fail to include in their thinking and writing both the issue of disability and experiences of individuals labelled as disabled. See Catherine J. Kudlick, "Disability History: Why We Need Another 'Other,'" *American Historical Review* 108, 3 (2003): 763-93; Paul K. Longmore and Lauri Umansky, "Disability History: From the Margins to the Mainstream," in *The New Disability History: American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), 1-32.

Recent scholarship on the history of children and childhood has identified the period from 1870 to 1930 as a time when many Western societies dramatically changed their economic and sentimental valuations of children from “objects of utility” to “exclusively emotional and affective assets.”¹⁰ Children became economically “worthless” but emotionally “priceless” figures infused with strong “sentimental or religious meaning.”¹¹ However, while many children may have enjoyed “sacralization,”¹² the above stories indicate that, far from becoming “exclusively emotional and affective assets,” children like Marigold were viewed by many health professionals as burdens both to their families and to the societies in which they lived. In fact, it would seem that, in many circumstances, the identity of mentally deficient children as “children” was overshadowed by their classification as “defectives.” In other words, not only were mentally deficient children not considered “priceless” but the authorities did not see, or indeed regulate, them as children. This last statement requires some clarification because it is central to understanding the way in which mentally deficient children were perceived and treated in both late nineteenth- and early twentieth-century British Columbia.

In her 1992 study of the Dionne Quintuplets,¹³ Mariana Valverde argued that the girls were victims of what she calls “fractures in social regulation,” a phrase she uses to describe the processes by which social issues and problems are shifted from their expected regulatory category (such as race) to another (such as gender), depending on time, circumstance, and individual points of view.¹⁴ Rather than constructing and regulating the Quints as children, Valverde argued, the Ontario provincial government defined them as an economic entity and, more specifically, as a resource that was to be administered to ensure the best possible revenue returns for the province.¹⁵ While the Quintuplets

¹⁰ Viviana Zelizer, *Pricing the Priceless Child: The Changing Social Value of Children* (Princeton: Princeton University Press, 1994), 11. See also Roger Cooter, ed., *In the Name of the Child: Health and Welfare, 1880-1940* (London: Routledge, 1992); and Hugh Cunningham, *Children and Childhood in Western Society since 1500* (Harrow: Longman, 1995), 134-85. In relation to Canada see Comacchio, *Nations Are Built of Babies*; and Sutherland, *Children in English-Canadian Society*.

¹¹ Zelizer, *Pricing the Priceless Child*, 11.

¹² *Ibid.*

¹³ Mariana Valverde, “Representing Childhood: The Multiple Fathers of the Dionne Quintuplets,” in *Regulating Womanhood: Historical Essays on Motherhood and Sexuality*, ed. Carol Smart (London: Routledge, 1992), 119-46.

¹⁴ Sonya Rose, Kathleen Canning, Anna Clark, Mariana Valverde, and Marcia Sawyer, “Gender History/Women’s History: Is Feminist Scholarship Losing Its Critical Edge?” *Journal of Women’s History* 5, 1 (1993): 123-4.

¹⁵ And, one might add, political returns for the then ruling Liberal government.

– Annette, Cecile, Yvonne, Emilie, and Marie – were portrayed for an adoring public as “models of childhood,” in the eyes of the authorities they were “no more ‘children’ ... than Mickey Mouse is a mouse.”¹⁶

Valverde’s observations apply equally well to the way many in the BC government saw mentally deficient children. For, as with the Quintuplets, within the bodies of mentally deficient children, the boundaries between economic policy and social policy were often blurred. However, rather than being viewed as positive economic resources, mentally deficient children were often seen as “monsters” who threatened the very survival of British Columbian society – biologically, morally, and economically. Rather than enjoying “sacralization,” the majority of mentally deficient children in BC society were subjected to “daemonization.”¹⁷

However, although the BC government increasingly “daemonized” mentally deficient children, it would be wrong to believe that they were totally dehumanized or that all members of BC society, professional or lay, agreed with and supported the authorities’ views and treatment of these children. Indeed, as is shown below, many mentally deficient children were dearly loved by their parents and protected by their communities. In a number of cases, individual parents and whole communities were willing to go to great lengths and expense to ensure the well-being and freedom of their mentally deficient members. Equally, some doctors and school board officials openly questioned both the growing public hysteria, fuelled by the rise of eugenics, relating to the supposed threat mentally defective children presented to society and the provincial government’s policies designed to combat this “peril.” In fact, some officials argued that these children did not present an imminent threat to society and that, wherever possible, they should enjoy the same rights as did normal children. In other words, while many individuals, especially in the BC government, attempted to daemonize children defined as mentally deficient, many others sacralized them.

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¹⁶ Valverde, “Representing Childhood,” 119.

¹⁷ My use of the term “daemonization” is meant to infer that mentally deficient children were constructed as figures that threatened and tormented the general populace. My use of this term is heavily influenced by Victor Frankenstein’s use of the word “daemon” to describe his creation in Mary Shelley’s *Frankenstein; Or The Modern Prometheus*, because, as with the Monster, mentally deficient children’s positive traits were often overshadowed by negative – socially constructed – first impressions. Mary Shelley, *Frankenstein: The Original 1818 Text*, ed. D.L. Macdonald and Kathleen Scherf (Peterborough: Broadview Press, 2001).

In Western societies of the late nineteenth and early twentieth centuries, the mentally deficient were, in the eyes of many, a menace. Seen as socially and economically incompetent deviants who, if not properly controlled, threatened the economic, social, physical, and moral well-being of their families and communities, the mentally deficient were linked by large tracts of Western society not only with chronic dependency, poverty, vagrancy, prostitution, crime, and a myriad of other forms of “immoral” and “antisocial” behaviours but also with the biological degeneration of the human race. Although treating economic and social incompetence as indicators of mental deficiency and linking mental deficiency with social deviancy was not new, the focus on mental deficiency as a “threat” to society that required a response increased substantially during the nineteenth and early twentieth centuries.¹⁸ This was largely due to the rise of eugenics. A wide variety of studies from this period argued that mental defectives were “throwbacks” to an older, or “lesser,” form of humanity and that these conditions were hereditary and could be directly linked with anti-social behaviour and racial degeneration.¹⁹ Not only did many of these studies stress the financial and social burden that mentally defective individuals and families had placed on their communities and states, but they also purported to demonstrate that the mental defectives, “the unfit,” breed at a much faster rate than the “fit.”²⁰ When coupled

¹⁸ Indeed, in England the legal definitions of madness and idiocy changed little between the reign of Edward II and the mid-nineteenth century. See R. Neugebauer, “Mental Handicap in Medieval and Early Modern England: Criteria, Measurement and Care,” in *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1997), 22–43.

¹⁹ Some of the “classics” in the field are John Langdon Heydon Down’s “Observations on an Ethnic Classification of Idiots,” *London Hospital Reports*, 3, (1866), 259–62; Sir Francis Galton’s *Hereditary Genius: An Inquiry Into Its Laws and Consequences* (London: Macmillan, 1869); Richard Dugdale’s *The Jukes: A Study in Crime, Pauperism, Disease and Heredity* (New York: Putnam, 1875); Gina Lombroso-Ferrero’s, *Criminal Man, According to the Classification of Cesare Lombroso*, (New York: Putnam, 1911); and Henry Goddard’s *The Kallikak Family: A Study in Heredity of Feeble-Mindedness* (New York: Macmillan, 1913). By the early twentieth century, Down’s ethnic degeneracy model for explaining mental defect was being questioned by a number of academics, including his son, Reginald Langdon Down. See Edgar Millar, “Idiocy in the Nineteenth Century,” in *History of Psychiatry*, ed. German E. Barrios and Roy Porter (London: Alpha Academic, 1996), 367–8. On Galton, see Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885–1945* (Toronto: McClelland and Stewart, 1990), 14. On Lombroso, see Stephen J. Gould, *The Mismeasure of Man*, rev. ed. (New York: W.W. Norton, 1996), 151–77. It should be noted that, while many of these academics stressed that the propensity towards antisocial behaviour was hereditary, most also recognized that sociological and environmental factors could also play their part. See, for example, Carolyn Steedman, “Bodies, Figures and Physiology: Margaret McMillan and the Late Nineteenth-Century Remaking of Working-Class Childhood,” in *In the Name of the Child: Health and Welfare, 1880–1940*, ed. Roger Cooter (London: Routledge, 1992), 24–6.

²⁰ Arthur Eastbrook, for example, in his follow-up study of the Jukes, calculated that, by 1915, the family had cost the state of New York \$2,093,685. See Arthur Eastbrook, *The Jukes in 1915*

with the fact that most Western countries were experiencing a steady but noticeable decline in the birth rates of their “best” classes, the “exponential” procreation of the unfit presented for many an obvious threat: the stagnation and collapse of civilized society. Thus, if “race suicide” was to be avoided, steps had to be taken to encourage the procreation of the fit (positive eugenics) while limiting that of the unfit (negative eugenics).²¹

In Canada, eugenics spread like wildfire.²² Numerous pressure groups, such as the National Council of Women of Canada, the United Farm Workers Association, and the Canadian National Committee for Mental Hygiene,²³ as well as individual medical and educational professionals and legislators, actively involved themselves in promoting the cause. This promotional campaign took a number of forms. One was the education of the public through the use of public lectures and the publication of pro-eugenics periodicals, such as the *Canadian Journal of Mental Hygiene*, which focused on the dangers that “mental defectives” posed to Canada.²⁴ Another was the lobbying of governments at the federal and provincial levels for passage of legislation designed to both control and limit, through segregation and/or sterilization, the propagation of the unfit. Many eugenicists also demanded tighter immigration policies to stem the “huge flood” of defectives they believed to be entering Canada every year

(Washington: Carnegie Institution, 1916), 78. In 1919 C.M. Hincks, the associate medical director and secretary of the Canadian National Committee for Mental Hygiene, stated that mental defectives cost Canada \$26 million per year. See C.M. Hincks, “The Scope and Aims of the Mental Hygiene Movement in Canada,” *Canadian Journal of Mental Hygiene* 1,1 (1919): 23.

²¹ McLaren, *Our Own Master Race*, 13–27.

²² For the best discussion of the eugenics movement in Canada, see McLaren, *Our Own Master Race*.

²³ The Canadian National Committee for Mental Hygiene had been founded in 1918 by Dr. C.K. Clarke, Dean of Medicine at the University of Toronto, and it included a number of famous Canadian medical pioneers and eugenicists (including Dr. Helen MacMurphy) in its membership. See Ian Dowbiggen, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880–1940* (Ithaca: Cornell University Press, 1997), 133–90.

²⁴ The *Canadian Journal of Mental Hygiene*, first published in 1919, was the mouthpiece for the Canadian National Committee for Mental Hygiene. Intended for both a lay and professional readership, the journal published “non-technical” articles written by eugenicists from across Canada, the United States, and Europe. It also republished “noteworthy contributions which have added to our knowledge of mental disorders ... which would otherwise not be within the reach of the general public.” The journal’s aim was simple: “To interest the general public, as well as the medical profession, in all the mental problems confronting the community, in their bearing upon the welfare of the individual and of society, and in the work which is being done towards their clearer definition and more adequate solution.” See “Foreword,” *Canadian Journal of Mental Hygiene* 1, 1 (1919): 3; Dowbiggen, *Keeping America Sane*, 133–90; and Theresa H. Richardson, *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada* (Albany: State University of New York Press, 1989), 59–74.

from other countries.²⁵ The growing influence of the “mental hygiene” movement is perhaps best expressed in the fact that, by the 1920s, mental hygienists had placed themselves and their values at the centre of the child welfare movement. Indeed, in 1920 one of Canada’s strongest proponents of mental hygiene and eugenics, the aforementioned Dr. Helen MacMurchy,²⁶ was appointed the first chief of the Child Welfare Division of the federal Department of Health, an acknowledgment of her work in both mental hygiene and infant health.²⁷

Even before MacMurchy had taken this position, eugenics ideologies had found fertile soil in British Columbia – especially among provincial authorities. For example, Bertha Winn, head of Victoria’s special schools, stated the following in an address to the friends and members of the Women’s Canadian Club at Victoria’s Empress Hotel in 1917:

the histories of thousands of these cases [of mental deficiency] reveal the tragic and pitiable fact that unless special provision is made for their custodianship earlier in life they will find their respective ways into ... crime, pauperism, vagrancy, prostitution and general indecency ... All mentally defective persons are antisocial in the sense that their presence in the community means disruption, disorder and dependency. They are the running wounds of society, infecting it and weakening its vitality, placing a blight upon each succeeding generation. There is only one way to deal with this stupendous evil, and that is in checking it at its source – segregating all cases of mental defectiveness from the normal population.²⁸

Winn’s message was clear: through their economic, social, and biological deviancy, the mentally deficient presented a danger to British

²⁵ In relation to immigration, see the following primary and secondary sources: J. Halpenny, “One Phase of the Foreign Invasion of Canada,” *Canadian Journal of Mental Hygiene* 1, 3 (1919): 224–6; Government of the Province of British Columbia, Royal Commission on Mental Hygiene, *Immigration* (Report of the Royal Commission on Mental Hygiene) (Victoria: King’s Printer, 1927), cc29–cc31, cc43–cc46; McLaren, *Our Own Master Race*, 46–67; Barbara Roberts, *Whence They Came: Deportation from Canada, 1900–1935* (Ottawa: University of Ottawa Press, 1988); Patrick Dunae, “Waifs: The Fairbridge Society In British Columbia, 1931–1951,” *Historie Sociale/Social History* 42 (1988): 225–50.

²⁶ For discussions of MacMurchy’s work in eugenics, see Dowbiggen, *Keeping America Sane*, 162–7; and McLaren, *Our Own Master Race*, 30–45.

²⁷ Sutherland, *Children in English Canadian Society*, 76–7.

²⁸ “[Bertha Winn] Discusses Problem of Mental Defectives,” *Daily Colonist*, 21 March 1917, 7. Winn’s comments were echoed by the Royal Commission on Mental Hygiene: “We have no hesitation in reaching the conclusion that mental deficiency creates a great burden on the community, and that it contributes largely to dependency, delinquency, crime, prostitution, illegitimacy, vagrancy, and destitution.” See British Columbia, Royal Commission on Mental Hygiene, *Mental Deficiency: Care and Treatment of Subnormal Children* (Report of the Royal Commission on Mental Hygiene) (Victoria: Charles F. Banfield, 1927), cc21–23.

Columbia that could not and should not be ignored. And it was not. In 1919 the provincial secretary, Dr. J.D. Maclean, following the lead of Manitoba, requested that the Canadian National Committee for Mental Hygiene conduct a survey of the province's mental hygiene programs and offer advice for better combating mental deficiency in the province.²⁹ Moreover, in 1925 the Legislative Assembly appointed the Royal Commission on Mental Hygiene to examine ways to combat the perceived increase in the number of mentally deficient individuals in the province. The recommendations of this body were one of the major factors that ultimately led to the passing of British Columbia's Sexual Sterilization Act in 1933.

One of the first responsibilities the commissioners faced was defining what the term "mental deficiency" meant. While definitions of mental deficiency had existed in English law since the Middle Ages and had been further developed by the work of a number of eugenicists, this task was far from easy.³⁰ From the mid-nineteenth century, medical and educational professionals (not to mention laypeople and legislators) had "invoked a myriad of different terms to identify people as intellectually below average."³¹ Moreover, the way in which such terminologies were employed was anything but exact. The term "feeble-minded," for example, was at once used to refer to the entire class of people who would today be categorized as intellectually disabled as well as to "high grade mental deficient."³² In fact, authorities differed considerably in their understanding of what characteristics defined mental deficiency. Thus an individual defined by one professional as mentally deficient was often not mentally deficient according to another.³³ Indeed, even though differences between mental deficiency and mental illness had

²⁹ Canadian National Committee for Mental Hygiene, "Mental Hygiene Survey of the Province of British Columbia, *Canadian Journal of Mental Hygiene* 2, 1 (1920): 3-59.

³⁰ Neugebauer, "Mental Handicap in Medieval and Early Modern England," 22-4. See, for example, Anthony Highmore, *A treatise on the law of idiocy and lunacy: to which is subjoined an appendix, containing the practice of the Court of Chancery on this subject, and some useful practical forms*, (London: Butterworth, 1807); George Dale Collinson, *A Treatise on the Law Concerning Idiots, Lunatics and Other Persons Non Compos Mentis* (London: W. Read, 1812).

³¹ Steven Noll, *Feeble-minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: University of North Carolina Press, 1995), 1.

³² Noll, *Feeble-minded in Our Midst*, 1-2. See also British Columbia, Royal Commission on Mental Hygiene, *Final Report of the Royal Commission on Mental Hygiene* (Victoria: Charles F. Banfield, 1928), 64.

³³ Meghan Burn, for example, was classified alternately as an imbecile, an idiot, and as not suffering from mental deficiency at all. Abigail Hunt was classified as an idiot, the lowest category of mental deficiency, despite doctors describing her as "intelligent and well educated." Albert McGrew was described as insane by one of his admitting doctors and as an imbecile by the other (MHS, box 5, file 761; box 20, file 1975; box 23, file 2329).

been recognized since the medieval period,³⁴ the commissioners noted that it was “desirable *again* to stress the necessity of *making a clear distinction* between the two broad classes of mentally abnormal person,” (emphasis mine),³⁵ thereby indicating that there was still, in many peoples’ minds, considerable crossover between the two categories.³⁶ The commissioners differentiated between insanity and mental deficiency by stressing that insanity was a curable disease of a “normally developed mind,” while mental deficiency was an intractable condition of “arrested mental development” whose victims’ mental capacity never progressed beyond that of a child.³⁷ The commissioners then proceeded to describe the levels of graduation within mental deficiency, again stressing that mentally deficient individuals had the minds of children: “According to general practice, the term ‘idiot’ is used to denote mental deficients with a ‘mental age’ of 3 years or less; ‘imbecile’ is used to indicate individuals with a mental age of 3 to 7; while the terms ‘moron’ and ‘feeble-minded’ are applied to those whose mental ages are from 7 to 11 years.”³⁸ Echoing the words of Bertha Winn and a myriad of eugenicists, they also stated that: “Neglect of mental deficients leaves them free to cause grave social evils by their delinquencies and depredations ... Under proper treatment and by continuous care and training, it is possible to make them acceptable, happy, and to some extent useful members of society.”³⁹

These passages indicate not only the influence of eugenics ideologies among British Columbia’s authorities but also the factors that led mentally deficient children in British Columbia to become the victims of both daemonization and “fractures in social regulation.” Medical and educational professionals constructed the “affliction” of mental deficiency in such a way that individuals so labelled, no matter what their age, appeared as children in the eyes of the authorities. Like normal children, such individuals required care and protection both to

³⁴ Neugebauer, “Mental Handicap in Medieval and Early Modern England,” 34–5.

³⁵ British Columbia, *Final Report of the Royal Commission on Mental Hygiene*, G4.

³⁶ The admission records include numerous examples of individuals diagnosed as mentally deficient who seem to be suffering psychiatric problems rather than innate intellectual “defects.” Indeed, in some cases patients’ admittance files were altered at a later date from a term for mental deficiency (usually “idiot”) to a descriptor for a mental illness (such as “schizophrenia”). In another case, a man classified as insane by Vancouver’s Saint Paul’s Hospital was later diagnosed as being mentally deficient (MHS, box 9, file 1136; box 17, file 1975; box 17, file 1823; box 20, file 2066; and British Columbia, Essondale Provincial Mental Hospital Admission Registers, GR-1754, vol. 1, Registration Numbers 2494, 2535, British Columbia Archives and Record Services [hereafter cited as EPM]).

³⁷ British Columbia, *Final Report of the Royal Commission on Mental Hygiene*, G4. See also British Columbia, *Mental Deficiency*, CC21.

³⁸ British Columbia, *Final Report of the Royal Commission on Mental Hygiene*, G5.

³⁹ *Ibid.*, G4.

ensure their safety and comfort in an often hostile world and to further their development into useful citizens. However, while normal children would grow out of this need for care and guidance as they reached adulthood and gained the skills necessary to become successful and constructive members of society, mentally deficient children, because of their arrested mental development, would never grow out of their need for supervision and assistance. The state would always have to watch over them. Moreover, as well as requiring government assistance throughout their lives so that they might become “acceptable, happy, and to some extent useful members of society,” the commissioners believed that, unless controlled, mentally deficient children’s “delinquencies and depredations” threatened the well-being of British Columbian society. Indeed, specialized schooling was required if they were to develop any measure of economic and social competency. This view was reinforced by the belief that placing mentally deficient children in regular schools only exacerbated their condition and, thereby, the threat they presented to society. As the Royal Commission on Mental Hygiene stated: “In school they [mentally deficient children] are from two to four years behind other children of the same age. Shamed by their failure to progress with their fellows, they eventually drop out of school and go into the world unequipped to meet the demands placed on them as citizens ... and it is, therefore, not strange that they often find themselves in the gaols, reformatories, and houses of refuge.”⁴⁰

Although the City of Vancouver had maintained two special classes for “low grade defectives” (idiots and imbeciles) between 1911 and 1917, it was not until the provincial government provided custodial care for these children in 1918 that civic authorities attempted to segregate the majority of mentally deficient pupils from the “normal” student body. In 1918-19 Vancouver’s school board began, through the use of psychological testing, actively to hunt out “high grade defectives” from among the student population. Once these children had been discovered, they were placed in special classes. By the end of 1920, the board had placed 205 “subnormal” pupils in fifteen special classes across the city. Similar classes were established in Victoria.⁴¹ Recognizing the “diminished” intellectual capabilities of their students, special classes placed an emphasis on teaching employment skills rather than the three “Rs”

⁴⁰ Ibid., 65.

⁴¹ Sutherland, *Children in English Canadian Society*, 76; Gerald E. Thomson, “Remove from Our Midst These Unfortunates: A Historical Inquiry into the Influence of Eugenics, Educational Efficiency as well as Mental Hygiene upon the Vancouver School System and Its Special Classes, 1910-1969” (Ph.D. diss., University of British Columbia, 1999), 158.

(reading, 'riting, and 'rithmetic).⁴² Although it is possible to see these classes as havens where "mentally deficient" children could learn skills that would allow them to take their place in society, and although the classes were certainly presented as such by some educationalists and reporters,⁴³ authorities were ultimately less concerned with developing these children's self-esteem and dignity than with making certain that they became less of a burden to society. Indeed, in advocating training schools for the mentally deficient, writers stressed the economic advantages that the province would receive rather than the benefits "defective" individuals would obtain. That these classes were seen as industrial training centres is demonstrated by the way they were visually promoted to the public. Promotional photographs depicted students from special classes employed gardening, sitting at workbenches, or learning a myriad of other "useful" skills.⁴⁴

In a similar vein, after the First World War it became a tradition for Vancouver's special classes to display student crafts to the public at the Vancouver Exhibition (now called the Pacific National Exhibition).⁴⁵ Equally, Josephine Dauphinee, director of Vancouver's special schools from 1911 to 1941,⁴⁶ defended their (considerable) cost: "We feel ... the cost of the work is small, when viewed in dollars and cents, [as it is] a preventative of pauperism, vagrancy and crime."⁴⁷ However, perhaps the most telling indicator that special classes were run for reasons of

⁴² MacMurphy advised teachers not to waste their time on attempting to teach their defective students difficult things such as reading, writing, and arithmetic but, rather, to focus on occupational training. Equally, in a report given to the Toronto Board of Education after inspecting a number of classes for the mentally deficient in the United States, W.E. Groves quoted one of the teachers she interviewed as saying that teachers often only gave defective children enough academic work as a "sop to [their] parents." These ideologies echoed the special needs education policies of New Zealand, Australia, and Great Britain during the same time period. See Thomson, "Remove from Our Midst These Unfortunates," 180-1; E.W. Fuller, "General Role of an Institution for Mental Deficients," in British Columbia, *Final Report of the Royal Commission on Mental Hygiene* (Victoria: Charles F. Banfield, 1928), 611; W.E. Groves, "Special Auxiliary Classes: Report Given to the Toronto Board of Education after Visiting a Number of Auxiliary Classes in the United States," *Canadian Journal of Mental Hygiene* 1, 2 (1919): 186; Charles Kinnaird Mackellar, *The Treatment of Neglected and Delinquent Children in Great Britain, Europe, and America, with recommendations as to amendment of administration and law in New South Wales*, (Sydney, W.A. Gulllick, 1913) 93, 96; MacMurphy, "Letter to Inspectors, Principals and Teachers," *Canadian Journal of Mental Hygiene* 1, 3 (1919): 269-77; and Trent, *Inventing the Feeble Mind*, 107.

⁴³ "Miss Winn and Her Pupils," *Daily Colonist*, 9 March 1919, 12.

⁴⁴ Thomson, "Remove from Our Midst These Unfortunates," 163a.

⁴⁵ Special classes work was also displayed in the offices of the Vancouver School Board. See Thomson, "Remove from Our Midst These Unfortunates," 174a, 177a.

⁴⁶ For an excellent short biography of Dauphinee, see Thomson, "Remove from Our Midst These Unfortunates," 150-1.

⁴⁷ Thomson, "Remove from Our Midst These Unfortunates," 181.

economic utility rather than concern for “bettering” the children is the fact that such classes were designed only for “high grade defectives.” “Imbeciles” and “idiots” were not included. While this ban can be viewed as recognition of the fact that some children were unable to participate actively in vocational training due to the severity of their intellectual impairment, it also demonstrates that authorities were unwilling to “waste” educational resources on children they considered “uneducable.”⁴⁸

Eugenicists believed that mentally deficient children not only injured themselves by attending normal schools but also impeded the education of their “normal” classmates by hindering classroom efficiency. As J.S. Gordon, inspector of Vancouver schools, noted in 1921: “It has been found that the removal of special class children from ordinary classes makes it possible to increase the size of the latter and to do better work than could be done in smaller classes handicapped by the presence of subnormal pupils.”⁴⁹ Moreover, many BC educationalists believed that, as well as detrimentally affecting classroom efficiency, mentally deficient children would also negatively affect any normal children with whom they came in contact.⁵⁰ Some even implied that mental defect was physically contagious.⁵¹ In other words, mentally deficient children were painted as a direct threat not only to the education of normal children but also to their mental health.⁵²

When examined in its entirety, the treatment of mentally deficient children by British Columbia’s educationalists indicates a number of

⁴⁸ Dauphinee argued that any attempt to teach idiots and imbeciles even the simplest forms of unskilled menial labour was a futile task and that these children would only be “safe and happy” under permanent custodial care. The Royal Commission of Mental Hygiene echoed her views. Evidence also shows that both Great Britain and New Zealand authorities banned “low grade defectives” from training institutions because they were deemed to be a waste of resources. Indeed, the unwillingness to waste resources on “uneducable idiots” can be seen as the major reason behind the resignation of George Benstead, the first principal of New Zealand’s Otekaike Special School for Boys, in 1917. Benstead was forced to resign after he was accused of allowing the school to become a dumping ground for “low grade custodial cases.” See “Urge Appointment of Psychiatrist,” *Daily Colonist*, 3 March 1922, 8; “State Should Guard Subnormal Child,” *Daily Colonist*, 12 October 1922, 6; Thomson, “Remove from Our Midst These Unfortunates,” 158; British Columbia, *Mental Deficiency*, cc21; David Gladstone, “The Changing Dynamic of Institutional Care: The Western Countries Idiots Asylum, 1864-1914,” in *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1997), 157; and Stephen Bardsley, “The Functions of an Institution: The Otekaike Special School for Boys,” (BA thesis, Otago University, 1991), 7.

⁴⁹ J.S. Gordon, quoted in Thomson, “Remove from Our Midst These Unfortunates,” 175. See also Thomson, “Remove from Our Midst These Unfortunates,” 85, 160, 172.

⁵⁰ “The Subnormal Child Is Considered,” *Daily Colonist*, 19 April 1922, 1; and Thomson, “Remove from Our Midst These Unfortunates,” 226.

⁵¹ Thomson, “Remove from Our Midst These Unfortunates,” 303.

⁵² *Ibid.*, 160.

ways in which eugenics ideologies informed the treatment and perception of mentally deficient children. First, while normal children were coming to be seen less as economic units, the defective child was still being judged in economic terms. While education for normal children aimed to provide the educational and social tools that they would need to operate successfully in society, education for the mentally deficient child was designed simply to stop him/her from becoming a burden to the state. Second, the segregation of mentally deficient children from normal children meant that the former were seldom offered opportunities for mixing with their peers and, thereby, making social contacts within the greater community. Equally, and more important, it also differentiated them from normal children geographically, visually, and educationally. Indeed, it pathologized them by presenting them as a “threat,” which, like cancer, needed to be removed in order to ensure the health of society as a whole.

* * *

With the above in mind it is not surprising that some BC schools refused to admit “defective” children into their classes. In 1920, after the administrations of schools at Grand Forks and Cascade had refused to enrol a thirteen-year-old girl named Ruth, who was described as having a “brain that has not properly developed,” her anxious mother wrote to the superintendent of neglected children to ask that he provide her with information as to where she could place her daughter so that she might receive an education.⁵³ Declaring that Ruth was “willing [and] bright but oh it is such a trouble to [watch] over her,” the woman further stated that, as both she and her husband were “only working people ... [we] could not afford to pay much [for any specialist education the superintendent might recommend].”⁵⁴ This concerned mother’s comments are indicative both of the trouble some parents faced in finding adequate schooling for their mentally deficient children and of the very real problems that many families faced when trying to raise mentally deficient children. Ruth’s parents were worried not only about finding their daughter some

⁵³ Letter from Mrs. Albert to Dr. E.S.H MacLean, Provincial Secretary, 4 August 1920, British Columbia, Provincial Secretary Correspondence 1918-26, re: New Building on Colony Farm for Defectives, GR-0344, box 1, file 5, British Columbia Archives and Records Service (hereafter cited as PS). A subsequent letter from the MPP for Grand Forks, Mr. E.C. Henniger, to the minister of education stated that Ruth was an incurable epileptic who was “deficient both mentally and physically [sic].” See letter from E.C. Henniger, MPP, to the Minister of Education, 22 August 1920, PS, box 1, file 5.

⁵⁴ Letter from Mrs. Albert, PS, box 1, file 5.

form of schooling but also about the cost of said schooling and the fact that she had to be watched constantly.⁵⁵

It was situations such as Ruth's that caused authorities to conclude that parents were ill equipped to provide the guidance that the mentally deficient required and that mentally deficient individuals threatened the mental and physical health of their parents and siblings. In fact, the commissioners stated in their report that "[The] care [of idiots and imbeciles] in the average home is too great a burden and too often results in break-down of other members of the family."⁵⁶ Either way, some authorities argued that it was better for the province to take control of these children, even against their parents' wishes.⁵⁷

The belief that mentally deficient individuals placed families under huge strain was not without factual basis. The economic realities of life in British Columbia during the period under consideration, especially in rural communities, often meant that parents were unable to provide the care and supervision that their "defective" children required without adversely affecting the family's economic productiveness. Indeed, the Provincial Asylum's admissions records for 1894 contain the pitiful account of a single mother who had been driven to destitution by her "defective" son's need for constant supervision, which had left her unable to work.⁵⁸ Another single parent, Robert Garfield, stated that work commitments meant that he was unable to provide his eleven-year-old son Michael – who would wander away if left unsupervised – with "the proper care and attention." As a result, he was forced to tie Michael up

⁵⁵ Ruth's parents' endeavours to have her placed in a school and her mother's request to the superintendent of neglected children for aid could be constructed as a limited form of what David Wright has called "strategic confinement." See David Wright, "Families' Strategies and the Institutional Confinement of 'Idiot' Children in Victorian England," *Journal of Family History* 23, 2 (1998): 190–208. See also M. Friedberger, "The Decision to Institutionalize: Families with Exceptional Children in 1900," *Journal of Family History* 6, 4 (1981): 396–406.

⁵⁶ British Columbia, *Mental Deficiency*, cc21. This statement echoed similar comments made in both the United Kingdom and the United States. For example, in 1909 Mrs. Hume Pinsent, the Chairperson of the Birmingham Special Schools Committee, noted that "the great majority [of mental defectives] are still without the care and control they so aptly need. This is not only deplorable for them, but means wearing out the overburdened mother, and often spoiling the lives and chances of normal brothers and sisters." While in 1931 the superintendent of South Carolina's State Training school, Benjamin O. Whitten, stated "[m]any families are completely disorganised because of their inability to properly care for their defective child." Mrs. Hume Pinsent, quoted by Dr. George Benstead, principal of New Zealand's Otekaikē Special School for Boys, in his annual report. See "Education: Special Schools and Infant Life Protection," *Appendix to Journal of the House of Representatives* (Wellington: Government Publisher, 1910), 13; Benjamin O. Whitten, quoted by Noll, *Feeble-minded in Our Midst*, 135. See also Noll, *Feeble-minded in Our Midst*, 134.

⁵⁷ "Legislature Deals with Various Bills," *Daily Colonist*, 27 February 1920, 12.

⁵⁸ MHS, box 3, file 555.

at home. Robert acknowledged that binding his son was “a cruelty” but defended his actions by stating that he had to do so or Michael “would ... get lost ... if he got away he would be liable to fall into the river or get killed in other ways by falling over precipices.” The doctors who admitted Michael into institutional care also noted that he would destroy property if he was left unsupervised for any length of time.⁵⁹

However, while there is no doubt that many mentally defective children did place a huge strain on family economies, the point should not be overstressed. An examination of asylum records also reveals that some mentally defective individuals were involved in productive labour before their institutionalization. A prime example of such an individual is Joseph McCray, an inhabitant of one of British Columbia’s smaller Gulf Islands. Although Joseph’s entry in the PHI’s admissions book states that he had no occupation, his brother-in-law noted on the form he filed with the local magistrate requesting Joseph’s committal that “he will work when he takes the notion.”⁶⁰ While Joseph’s work may not have generated income for his family, the fact that his brother-in-law – who had little else good to say about Joseph other than “he don’t drink” – chose to mention this would seem to indicate that Joseph did usefully contribute to his family’s economic survival.⁶¹ Nor is Joseph the only example of a mentally deficient individual to be found in PHI’s case files who provided economically productive labour for his/her family. Under the heading of occupation in Melody Smith’s record of admittance, one finds the word “housework” recorded. Angus Jonstone said his son Richard “sometimes worked like a Trojan,” while Alfie Rowan’s mother complained that it was “hard to teach [him] *new* chores or tasks around the house” (my emphasis).⁶² While this last statement might seem to indicate that Alfie did not help his mother with the successful running of their home, reconsideration of her statement hints otherwise. Rather than stating that Alfie did nothing around the home, she told doctors that it was hard to teach him *new chores*. This would seem to indicate that Alfie did know how to do *some* chores. Moreover, while his mother stated that it was *hard* to teach Alfie new chores, she did not say it was *impossible*. Taken together, it is highly likely that Alfie did usefully contribute, albeit in a limited way, to his family’s economic survival

⁵⁹ MHS, box 19, file 1925.

⁶⁰ MHS, box 8, file 1028.

⁶¹ It is evident from Joseph’s admittance records that his brother-in-law had very little time for him. It is also evident that the dislike was mutual; Joseph is recorded as having attempted to brain his brother-in-law with an axe in the month before his committal to PHI (MHS, box 8, file 1028).

⁶² EPM, vol. 1, registration nos. 2701; MHS, box 14, file 1527; MHS box 27, file 2762.

and that he could have, with some hardship, been taught new ways of contributing if the need had arisen.

Considerable evidence also exists to suggest that some mentally deficient British Columbians held wage-earning positions before their institutionalization.⁶³ Given these individuals' ages at the time of admittance, usually early-to-mid-twenties, this information is important for a number of reasons. First, it demonstrates that some mentally deficient individuals were capable of successfully navigating the cash-nexus of BC society. This fact in itself questions the claims of eugenicists that the mentally deficient needed special training in special schools/institutions since many had obviously gained needed skills already. Second, it demonstrates that many mentally defective individuals avoided institutionalization well past childhood. Joseph McCray, for example, was thirty-three years old at the time of his incarceration in 1900.⁶⁴ These observations present two possibilities: first, that these people's disabilities manifested themselves in later life due to illness or accident⁶⁵ or, second, that they had in fact been intellectually disabled from birth, or very early age, and had been employed and protected by their parents until the latter were no longer able to care for them. While both possibilities found expression in a number of instances, in others they did not. Some of the admittance records make no mention of family or friends at all.⁶⁶ In other words, it seems that these individuals had found employment and accommodation for themselves. Admittedly this is only speculation, as on occasion admitting doctors were less than clear in their comments when referring to a patient's employment history or the employment status of his/her father or guardian, but the number of individuals admitted to PHI who were described as being employed, and for whom no mention of guardians of any sort was given, should not be ignored. Moreover, the fact that, across the Western world, only relatively small numbers of mental deficient, compared to the estimated total population,⁶⁷ were incarcerated in institutions would further suggest that

⁶³ Included in these positions were charwoman, delivery boy, domestic, labourer, laundry worker, and fisherman (EPM, vols. 1 and 2, registration nos. 30, 646, 1339, 1572, 3351, 3433, 3943, 3962, 4173, 4257, 4535, 4788, 4833).

⁶⁴ MHS, box 8, file 1028.

⁶⁵ EPM, vol. 1, registration nos. 989, 3277.

⁶⁶ See, for example, MHS, box 1, file 30; MHS box 18, file 1793.

⁶⁷ The American special education theorist Philip Ferguson argues that, even at the height of the eugenics era in the United States, "less than 10 percent of the identified population of mentally retarded people was actually confined in large, public institutions." He acknowledges that his population calculations are open to criticism on a number of different levels but argues that his general point – that at the height of the asylum era, the large majority of intellectually disabled individuals did not reside in institutions – is a valid one. I am inclined to agree

at least some mentally deficient individuals were capable of successfully navigating their way through the reefs and shoals of society.

Colonial British Columbia's economic and geographic characteristics probably played more than just a supporting role in mentally deficient people's long-term institutional avoidance. It would be reasonable, for example, to expect that individuals with a slight intellectual impairment would have found work as labourers in British Columbia's many primary resource communities, where economic necessity and local conditions privileged physical strength over intellectual prowess. Furthermore, British Columbia's geography, consisting of many small, isolated communities severely restricted the government's attempts to identify the mentally defective within its population.⁶⁸

This problem was especially evident in relation to schools. Neil Sutherland has shown that Canadian schools – through standardized testing and health checks – played a major part in bringing to the attention of educational authorities those children considered to be mentally deficient.⁶⁹ Given that a number of British Columbia's smaller and more isolated communities had no schools, it is reasonable to believe

with Ferguson as there is considerable independent evidence to support his contention. See Philip Ferguson, *Abandoned to Their Fate: Social Policy and Practice toward Severely Retarded People in America, 1820-1920* (Philadelphia: Temple University Press, 1994), 167; and Ferguson, correspondence with the author. See also Peter Bartlett and David Wright, "Community Care and Its Antecedents," in *Outside the Walls of the Asylum: The History of Care in the Community, 1750-2000*, ed. Peter Bartlett and David Wright (London: Athlone Press, 1999), 1-18; Philip Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: Johns Hopkins University Press, 1991), 13; and Jessie Taft, "Supervision of the Feeble-minded in the Community," *Canadian Journal of Mental Hygiene* 1, 2 (1919): 164-71.

⁶⁸ My own unpublished research on admissions into Seaview and Sunnyside asylums in New Zealand between 1854 and 1912 has unearthed similar examples of long-term institutional avoidance. The New Zealand government attempted to alleviate this problem with the passing of the *Education Amendment Act 1914*, which made it obligatory for parents, teachers, police constables, and other public servants to report mentally defective children to the Department of Education. The fact that this act was passed seven years after the *Education Amendment Act, 1907*, which had first made education compulsory for defective or epileptic children between the ages of six and twenty-one, and that it stipulated significant fines for those who failed in their duty to report mentally defective children, would seem to indicate that many of these children were eluding the institutional net. See New Zealand, Seaview Register of Patients 1869-1912, CH 22/73, patient nos. 222, 442, 453, 522, Archives New Zealand Te Whare Tohu Tuhiuhinga o Aotearoa (hereafter SRP); New Zealand, Sunnyside Lunatic Asylum Registers of Admission 1854-1890, CH 388 /1-4, patient nos. 14, 34, 45, 53, 96, 100, 297, 301, 356, 372, 392, 393, 570, 1289, 1321, Archives New Zealand Te Whare Tohu Tuhiuhinga o Aotearoa, (hereafter SLA); New Zealand Education Amendment Act, 1907, s. 15; and New Zealand Education Amendment Act, 1914, s. 129.

⁶⁹ Sutherland, *Children in English Canadian Society*, 71-81; and McLaren, *Our Own Master Race*, 38, 91-2. Ian Copeland, *The Making of the Backward Pupil in Education in England, 1870-1914* (London: Woburn Press, 1999), examines the role that schooling played in identifying mentally defective children in Great Britain.

that many children who would have been classified as “mentally defective” in Vancouver or Victoria would not have been designated as such in rural areas. Indeed, even if such a community did have a school, such children may have gone unnoticed, or at least unreported, because, as Mona Gleason has shown, a significant minority of these education facilities did not receive regular visits from health inspectors, and some may not have received any at all.⁷⁰

While this evidence suggests that some mentally deficient individuals could have functioned to some extent in BC society, it is also obvious that many parents worried about the dangers society presented to their mentally defective children. In the case of boys, parents generally worried that criminals would prey on their sons’ gullibility and draw them into illegal endeavours. Records indicate that these fears were well founded. A gang of thieves in Victoria recruited the eleven-year-old “idiot” Henry Blain to help them break into houses and commit other acts of theft.⁷¹ As well as worrying that their daughters would be unwittingly drawn into a life of crime, parents of mentally deficient girls also faced the very real fear that their daughters would be taken advantage of sexually, especially since mentally deficient women were considered to be hyper-sexual.⁷² These fears were expressed by A. Miller, inspector of schools for Revelstoke, in a letter to the Provincial Secretary’s Office asking for the institutionalization of a fourteen-year-old girl whose recently widowed mother could no longer control her:⁷³ “As the girl is now adolescent physically, but only a child mentally, the situation is rather disturbing, particularly as there is a logging camp [nearby] with all kinds of rough men [who] would have no scruples about taking advantage of such a girl ... [The girl should be placed] in a proper institution ... at the earliest possible moment as ... serious trouble may develop any day.”⁷⁴

⁷⁰ Mona Gleason, “Race, Class, and Health: School Medical Inspection and ‘Healthy’ Children in British Columbia, 1890–1930,” *Canadian Bulletin of Medical History* 19 (2002): 99, 102–3, 107.

⁷¹ MHS, box 1, file 140.

⁷² Noll, *Feeble-minded in Our Midst*, 40–1, 113–15; and Peter Taylor, “Denied the Power to Choose the Good: Sexuality and Mental Defect in American Medical Practice, 1850–1920,” *Journal of Social History* 10 (1977): 472–89. Some experts questioned the “over-development” of the sex element in the mental and physical make-up of mentally deficient girls. See, for example, Fuller, “General Role of an Institution for Mental Deficients,” 611.

⁷³ Since her father’s death, the girl was reported to have attacked her mother and to have become so unmanageable that she required physical restraint. See letter from the Office of the Inspector of Schools (Revelstoke) to Dr. E. S. H. MacLean, Provincial Secretary, 20 December 1920; and letter from C. F. Nelson, Druggist and Stationer, to Dr. E. S. MacLean, Provincial Secretary, 29 December 1920, Provincial Secretary Correspondence 1918–1926, PS, box 1, file 4.

⁷⁴ Letter from the Office of the Inspector of Schools (Revelstoke) to Dr. E. S. H. MacLean, Provincial Secretary, 20 December 1920, PS, box 1, file 4.

Government officials held the same fears, albeit for slightly different reasons. For while the authorities recognized that both the “leadability” of “subnormal” children and their inability to differentiate between “right” and “wrong” made them vulnerable, the authorities equally stressed the danger these children presented to society. Indeed, although many activists who argued for the segregation of the mentally deficient from mainstream society did so in order to fulfil the state’s “obligation” to guard the “subnormal child” from the very real perils of society, a close reading of these activists’ arguments indicates that they were more concerned with the dangers the mentally deficient presented to society than vice versa.⁷⁵

Despite the realization that society presented very real dangers to the mentally deficient, authorities sometimes ignored evidence of abuse when reported by the mentally deficient themselves. For example, a report to Vancouver’s Juvenile Court in 1923 by one of the court’s investigators stated that a thirteen-year-old “subnormal” girl had “made some unpleasant suggestions” with regard to her stepfather’s behaviour towards her but that the child was “really so mentally defective” it was “hard to understand her, let alone believe her.”⁷⁶ The court accepted the investigator’s analysis of the girl’s “unpleasant suggestions,” which implied she was being sexually abused by her stepfather, and made no attempt to investigate the veracity of the girl’s story. Given that authorities were quick to employ sexually suggestive language by “subnormal girls” as justification for incarcerating them,⁷⁷ the investigator’s lack of respect for this girl’s comments not only indicates that the authorities took little stock in the cognitive abilities of mentally defective children or of their ability to tell the “truth” but also that they were much more focused on finding fault in these children than in seeing them as victims. In fact, it is fair to say that mentally deficient children were treated in much the same way as were children labelled “delinquent.”⁷⁸

⁷⁵ “[Bertha Winn] Discusses Problem of Mental Defectives,” *Daily Colonist*, 21 March 1917, 7; and “State Should Guard Subnormal Child,” *Daily Colonist*, 12 October 1922, 6.

⁷⁶ Report of E.D. LeSuear to Vancouver Juvenile Court, 23 February 1923, PS, box 1, file 8.

⁷⁷ For example, one of the major factors leading to Sarah Thomas’s admittance to PHU in 1895 was her “insane sexual desire,” which – according to both Sarah’s mother and the admitting doctors – was evidenced by Sarah’s repeated use of lewd language and her saying that she wanted to become a prostitute in order to earn money to buy clothes (MHS, box 4, file 646). See also Noll, *Feeble-minded in Our Midst*, 113–14.

⁷⁸ For studies of the treatment of delinquent children in Canada, see Franca Iacovetta, “Gossip, Contest, and Power in the Making of Suburban Bad Girls: Toronto, 1945–60,” *Canadian Historical Review* 80, 4 (1999): 585–623; Tamara Myers, “The Voluntary Delinquent: Parents, Daughters, and the Montreal Delinquents’ Court in 1918,” *Canadian Historical Review* 80, 2

If some families worried that they could not adequately provide for the care of their mentally deficient members, others worried about the physical danger these individuals presented to themselves or other people. Charles Wick, for example, was committed to PHI in September 1906 at the age of fifteen because of the increasing danger he was seen to present to his family. In the few months before his incarceration, Charles had not only viciously attacked his mother but had also repeatedly threatened to kill his younger brother.⁷⁹

Some parents were equally concerned about the impact that their mentally deficient children would have on their social standing. A number of factors explain this anxiety. First, a mentally deficient child's lack of social competency could lead the child to perform acts – such as screaming, “gibbering,” or soiling themselves – that were outside social norms and that might embarrass their parents, especially if the behaviour occurred in a public place. If a child's acts were potentially dangerous, either physically or morally, then his or her parents could have faced ostracism in their communities and, perhaps, the unwelcome attention of the authorities.⁸⁰

Second, in the case of those mental conditions that were accompanied by noticeable physical “defects,” such as microcephaly or macrocephaly, parents faced the very real stigma of having children who not only acted “funny” but who also looked “unusual.” This embarrassment may have been reinforced by the increased “visibility” of mental deficiency during the period between 1870 and 1930 due to freak shows (which, at this time, reached the height of their popularity in North America) and the rise of photography. In many freak shows, individuals who suffered from intellectual and physical defects were paraded in front of crowds under the less than complimentary labels of “wild men,” “missing links,” and “pinheads.”⁸¹

At the same time as freak shows were reaching the zenith of their popularity, the use of photography to identify the mentally deficient was also becoming common. As Mark Jackson has noted, photographs allowed mental defectives to be seen, identified, and thereby tracked by society to an extent never before possible. They also allowed their classification into readily identifiable groups. Thus, whereas before the

(1999): 242–68; and Joan Sangster, “‘She is Hostile to Our Ways’: First Nations Girls Sentenced to the Ontario Training School for Girls, 1933–1960,” *Law and History Review*, 20, 1 (2002): 59–96.

⁷⁹ MHS, box 17, file 1818.

⁸⁰ See, for example, the case of Henry and Oscar Fraser below.

⁸¹ R. Adams, *Sideshow USA: Freaks and the American Cultural Imagination* (Chicago: Chicago University Press: 2001).

rise of photography a child with a physically identifiable intellectual condition, such as Down's Syndrome, might simply have been seen as "different" or "strange," now that child could be readily labelled as "defective."⁸² Indeed, a perusal of PHI's records reveals a number of occasions where doctors based or supported their diagnosis of mental deficiency by referring to an individual's "defective" physical characteristics. The aforementioned Michael Garfield, for example, was described as "small for his age, except [for his] head which is oversized." Another patient's appearance was characterised in the following manner: "microcephalic head, very flat and slanting occipital, low unintelligent forehead, illshapen [sic] ears ... teeth very irregular particularly those of the lower jaw ... infantile genitalia."⁸³

Third, a number of parents may have been embarrassed by their mentally defective children because of what the latter's condition implied about the former. Many professionals in education and medicine, not to mention laypeople, believed that mental deficiency could be directly linked either to bad parenting⁸⁴ or as discussed above, to hereditary defect.

In light of both the embarrassment and social stigma that a mentally deficient child could cause his or her parents, it is not surprising that some parents chose to hide these children from prying eyes. Peter Cox's mother, for example, placed him in PHI in 1903 when he was approximately six years of age⁸⁵ and paid for his upkeep through an intermediary – G.J. Smith, superintendent of the Children's Aid Society – until her death in 1919. On reporting her death to the medical authorities, Smith stated that he had "kept her secret religiously all these years."⁸⁶

It is highly likely that other children were hidden from view by their parents in less than favourable circumstances (e.g., being imprisoned within the family home). Admittedly, finding these children is an almost impossible task for the historian. Unless they were discovered by the authorities, or mentioned in family or community memoirs, one

⁸² M. Jackson, "Images of Deviance: Visual Representations of Mental Defectives in Twentieth Century Medical Texts," *British Journal for the History of Science* 28 (1995): 319–37. See also Martin S. Pernick, *The Black Stork: Eugenics and the Death of "Defective" Babies in American Medicine and Motion Pictures Since 1915* (New York: Oxford University Press, 1996); and Volpe, "Is Down Syndrome a Modern Disease?"

⁸³ MHS, box 19, file 1925; and MHS, box 30, file 3027.

⁸⁴ "Some Children are Reared in Chaos Here," *Daily Colonist*, 21 February 1920, 9.

⁸⁵ Peter's records do not provide exact age. At the time of his death in 1924 he was stated to be "about thirty" (MHS, box 13, file 1459).

⁸⁶ Given that there is no mention of Peter's having a father in any of his records, Superintendent Smith might also have been keeping the identity of Peter's mother a secret because the boy was "illegitimate."

is unlikely to find any evidence that they existed at all. This is especially the case for children who lived in isolated rural areas where there was little state supervision. That said, evidence from other countries with political and social characteristics similar to those of British Columbia strongly argues for the existence of these “ghost children” and offers some insight into the experiences they may have faced. One such example comes from the Patient Casebook of the Sunnyside Asylum, in Christchurch, New Zealand. In 1890 police officers acting on a tip discovered a twenty-five-year-old mentally deficient man locked in a room in his father’s house. The police estimated that, at the time of his discovery, the man – who was naked, covered in his own faeces, and unable to communicate in any fashion – had been imprisoned by his father for at least six years. They could find no information of his life before this time.⁸⁷

Although this is an extreme case, discoveries of children in more recent times,⁸⁸ and the common literary convention of the “crazy sibling” locked away out of sight, perhaps indicate that this practice, although uncommon, was not unknown. Therefore, historians should be prepared to entertain the possibility that some BC families imprisoned their mentally defective members in order to keep them out of sight. This argument is given further weight by the fact that there is considerable evidence, alluded to above, of parents restraining their mentally deficient children. One such child was reported to have been kept “secluded by his friends for fifteen years.”⁸⁹

However, while many families obviously suffered hardships caused by their mentally deficient members, eugenicists often faced considerable difficulty in persuading the parents of mentally deficient children and the public at large of the worthiness of their policies. The author of one article in the *Canadian Journal of Mental Hygiene* even went so far as to reject calls by eugenicists for sterilization as a method for combating feeble-mindedness because they had not taken into account “the long period of preparation and education the public will need to support it.”⁹⁰ The author further noted that, while the segregation and incarceration

⁸⁷ SLA, CH 388/18, patient no. 29.

⁸⁸ The most famous recent case is that of Genie, who was discovered in Los Angeles in 1970. See Linda Garmon, *The Secret of the Wild Child* (Boston, MA: WGBH, 1994), video; and Russ Rymer, *Genie: An Abused Child's Flight from Silence* (New York: HarperCollins, 1993).

⁸⁹ Admittedly, in all these cases the community was aware of the existence of these individuals. See MHS, box 12, file 1294; and MHS box 19, file 1925. See also letter from C.F. Nelson, Druggist and Stationer, to Dr. E. S. MacLean, Provincial Secretary, 29 December 1920, PS, box 1, file 4.

⁹⁰ Taft, “Supervision of the Feeble-minded,” 166.

of the “feeble-minded” was far more practical than sterilization, it also suffered from a number of “public relations”-based problems.⁹¹

Indeed, in many cases eugenicists and provincial legislators pursuing eugenics agendas faced significant opposition from powerful institutions. The Roman Catholic Church, for example, actively campaigned against the passing of British Columbia’s 1933 Sexual Sterilization Bill, and, when it failed to prevent the bill’s passing, strongly condemned the act.⁹² Even within governmental and educational circles, eugenics did not hold complete sway. For example, while the Royal Commission on Mental Hygiene stressed the danger that mental deficient presented to British Columbia, the commissioners also noted that, “in the field of mental deficiency[,] ... in recent years there has been, among experts in all parts of the world, a definite trend away from the alarmist attitude common around the opening of the present century. The percentage of the general population afflicted by mental deficiency is not increasing.”⁹³

These views echoed a report presented to the Victoria School Board in 1923 by its medical officer, Dr. David Donald. In his report Donald asserted that the idea that Victoria schools were being overrun by mentally defective pupils was absurd; in a school population of 6,000, he had been able to find only eleven children suffering from mental defect.⁹⁴ The point made by Donald and the mental hygiene commissioners was clear: Canada, and, more specifically, British Columbia, was not in danger of being swamped by mental deficient.

As well as questioning the supposed size of British Columbia’s mentally deficient population, some members of British Columbia’s governing elite even questioned the need for special classes for “high grade defectives” at all. When Bertha Winn delivered a report to the Victoria School Board in 1921 arguing for the expansion of the special schools program and the removal of all “retarded” children from normal classes, her ideas were strongly attacked by provincial school inspector W.H. May, who believed that these children should not be segregated:

⁹¹ Ibid. See also “Subnormal Cases Require Provision,” *Victoria Daily Times*, 27 February 1920, 15.

⁹² Indeed, Angus McLaren has argued that the only reason that the Alberta and BC governments were able to pass their respective sterilization acts in 1928 and 1933 was because the Roman Catholic minority in each of these provinces was too small to offer effective opposition. In Ontario and Manitoba, on the other hand, Roman Catholics, while still in the minority, made up a large enough percentage of the population to successfully defeat attempts to pass similar acts. With this in mind, it should come as no surprise that eugenics ideologies were at their weakest in Quebec. See McLaren, *Our Own Master Race*, 104, 122-3, 125-6, 149-54.

⁹³ Royal Commission on Mental Hygiene, “Report of the Commission on Mental Hygiene,” 64.

⁹⁴ “Mental Cases in Schools Are Few,” *Daily Colonist*, 24 August 1923, 12.

“If there is any spark of intelligence in the children they ... [should] stay with their classmates. If ... [they are placed in special schools] the stigma will remain for life.”⁹⁵ The fact that a school inspector would so publicly challenge the segregation of mentally deficient children demonstrates that it would be incorrect to believe that British Columbia’s education system was a bastion of support for eugenics, as often, at first, appears to have been the case.

* * *

While some authorities and powerful institutions such as the Roman Catholic Church questioned the eugenicist treatment and depictions of the mentally deficient, it is clear that resistance to the “daemonization” of mentally deficient children came primarily from their families. Indeed, despite Dr. MacMurchy’s claims that it was sadder for parents to rear a mentally deficient child than to experience the death of a normal child, many parents dearly loved their mentally deficient children and were devastated by their deaths. What is more, many were also prepared to fight to keep their children out of institutions.

Angus Johnstone’s short letters to asylum staff about his son Richard, who had been institutionalized in November 1904 at fourteen years of age, are a prime example of the devastation that the loss of a mentally deficient child could wreak on a loving parent.⁹⁶ An itinerant miner, Johnstone repeatedly sent letters – often little more than “scraps” of paper – to medical authorities requesting that they send him “[A] few lines about my son” and notifying them of his change of address.⁹⁷ This correspondence not only reflects Johnstone’s love for his “idiot” child but also demonstrates that he thought about Richard frequently and cared about his continued well-being. However, perhaps the strongest expression of Johnstone’s attachment and concern for his son can be seen in the letters he wrote in November 1918 about Richard’s serious, and ultimately unsuccessful, battle with influenza. Severely ill with influenza

⁹⁵ “School Board Hears Opposing Views,” *Daily Colonist*, 31 May 1921, 13.

⁹⁶ MHS, box 14, file 1527.

⁹⁷ Johnstone was not the only parent who corresponded with asylum staff requesting updates about their children. That these progress reports were important to some inmates’ parents is not only evidenced by those, such as Johnstone, who religiously reported their change of address but also by those who wrote letters criticizing asylum staff for not keeping them informed on a regular basis. Marge Flanders, in a letter requesting information about her son, Ned, pointedly noted that “I have not heard concerning him for a long time.” See MHS, box 17, file 1818. See also MHS, box 17, file 1772; MHS box 18, file 1879; MHS box 23, file 2329; and MHS, box 30, file 3027.

himself, Johnstone was under no illusion as to the probable outcome of Richard's illness. In a letter dated 7 November 1918, he explained that he was unable to travel to be with his son because of his own ill health, and he then went on to request that, if Richard were to die, he be given "the best possible last service under existing circumstances."⁹⁸ Hearing of Richard's death from pneumonia eleven days later, Angus Johnstone wrote to A.G. Greaves, acting medical superintendent, lamenting the fact that his own illness had rendered him "unable to take a last look at him [Richard] before he passed away."⁹⁹

Nor is Angus Johnstone the only example of a loving parent to be found in PHI's records. On 24 June 1912, four days after the death of his twelve-year-old daughter Hannah, François Ben wrote the following note to the medical superintendent and staff of the hospital, thanking them for the care that his "little girl" had received: "Now the remains of our little girl ... have been laid to rest I am penning these few words ... to express ... gratitude for the kind treatment our little girl received ... the little girl's well kept body spoke volumes for the care bestowed upon her."¹⁰⁰

While the fathers of both Richard Johnstone and Hannah Ben demonstrated love for their children through their letters, the parents of Henry and Oscar Fraser expressed their love for their sons by going to great financial lengths to resist the attempts by authorities to institutionalize their "defective" children. Described as "idiots," Henry and Oscar were admitted to PHI on 20 December 1904 after repeated run-ins with the Vancouver police for throwing stones at streetcars and people.¹⁰¹ Their stay was to be very short. Five days later the medical superintendent, Dr. Manchester, released the boys on probation into their parents' care after their father had made a formal promise, in writing, to the medical authorities that he would remodel the family home on Vancouver's Howe Street in order "to prevent them from running at large to the annoyance of others and to the public danger."¹⁰² The boys' loving relationship with their parents is further underlined by the letter Manchester wrote to Vancouver's chief of police explaining his decision to release them. In it he stated, with more than a hint of mystified exasperation, "The

⁹⁸ A. Johnstone, Letter, 7 November 1918, MHS, box 14, file 1527.

⁹⁹ A. Johnstone, Letter, 19 November 1918, MHS, box 14, file 1527.

¹⁰⁰ F. Ben, Letter, 24 June 1912, MHS, box 20, file 2069.

¹⁰¹ MHS, box 14, file 1580; MHS, box 14, file 1581.

¹⁰² MHS, box 14, file 1580.

¹⁰³ Letter from Dr. G.H. Manchester to the Chief of Police, Vancouver, 25 December 1904, MHS, box 14, file 1580.

sending in of the two [Fraser] boys seems to have been a severe blow to the mother who is apparently greatly attached to them.”¹⁰³ Manchester further went on to stress that he would be inspecting the renovations made to the Fraser home and that, if he found them to be less than adequate or if the boys got into further trouble, he would readmit them. Both the renovations to the Fraser house and the subsequent behaviour of Henry and Oscar obviously passed muster, for on 25 July 1905 both boys were given a full discharge from PHI. Henry was never to be readmitted, while Oscar was well into his fifties the next time he became an inmate.¹⁰⁴

The case of Henry and Oscar Fraser was not the only one where a medical superintendent wrote to the police to notify them that parents had removed a patient from custodial care. In 1906 PHI's new medical superintendent, Dr. Charles Doherty, wrote to Nanaimo's chief of police, James Crossan, informing him that the family of the “imbecile” Paul Manning had removed him from PHI against all medical advice. Doherty explained that he feared that, without hospital discipline, Paul would “develop vicious habits and even might become a criminal.” In light of this possibility, Doherty requested that Crossan and his men “keep an eye on him, as there is a strong possibility of him becoming a nuisance.”¹⁰⁵ It seems Dr. Doherty's fears were unfounded as, like Henry Fraser, Paul Manning never returned to PHI.

These stories are compelling because they graphically indicate the dual world that mentally deficient children and youths inhabited in late nineteenth- and early twentieth-century British Columbia. Paul, Henry, and Oscar were at once dearly loved by their parents and demonized by the authorities who constructed them – and thereby attempted to regulate them – as threats to society rather than as children.

* * *

In examining the way in which mentally deficient children were perceived and treated in late nineteenth- and early twentieth-century British Columbia, it becomes clear that the belief that, between 1870 and 1930, children enjoyed a “dramatic change in economic and sentimental value” requires some careful qualification. For, while many child savers were trying to better the lives of normal children, they were also demanding the incarceration and sterilization of mentally

¹⁰⁴ Oscar was readmitted in 1943. See MHS, box 14, file 1581.

¹⁰⁵ Letter from Dr. C. Doherty to James Crossan, Esq., 22 September 1906, MHS, box 17, file 1776.

deficient children. In fact, if the results of their actions had not often led to negative consequences for children designated as mentally deficient and for their families, then one might be forced to smile at the irony that, in trying to “rescue” one group of children, British Columbia’s child savers actually injured another.

This study also reveals the “special” position that mentally deficient children held within the classification systems of many people and, in doing so, shows how these children, like the Dionne Quintuplets, were victims of a “fracture in social regulation.” All mentally deficient individuals, as a result of their arrested mental development, were constructed by medical and educational professionals as children, no matter what their age, thereby justifying the authorities’ claims that mentally deficient individuals would require the government’s supervision and control throughout their lives. Yet, equally, the fact that mental deficients were seen to threaten BC society morally, biologically, and economically meant that mentally deficient children were often denied their “rights” as children. Indeed, rather than being regulated as children, more often than not mentally deficient children were regulated on the basis of the threats they were believed to present to society. This fact is highlighted in the sphere of education in three ways. First, attempts were made to segregate mentally deficient children from their “normal” peers in order to prevent them from “infecting” the “fit” with their “defective” characteristics. Second, education programs for the “defective” were designed to ensure that they were not burdens to society rather than to make them “well-rounded” adults. Third, the segregation of mentally deficient children into separate classes allowed for their control and supervision.

However, while many, especially in the medical and educational professions, both daemonized mentally deficient children as threats to society and continued to see them in utilitarian terms, many mentally deficient children were loved and supported by their families. The comments of Dr. Manchester to Vancouver’s chief of police after the discharge of Henry and Oscar Fraser from PHI, and the heartbroken letters of Angus Johnstone and François Ben, are indicative of the fact that many parents invested their mentally deficient children with the same sentimental value that, according to many historians of childhood, parents increasingly projected onto their normal children in the period between 1870 and 1930. Moreover, the resistance of many parents to attempts by government officials and medical and educational professionals to enact eugenics policies further indicates the emotional attachment between parents and their mentally deficient children.

Finally, the eugenicists' depictions of the role that mentally deficient individuals (both as children and adults) played in society, including their relationships with their families and communities, were not always correct. Despite the very real struggles mentally deficient individuals faced in what was often a hostile world, and the very negative portrait that eugenicists painted of them, they often exercised considerable agency in shaping their own lives. This is not to romanticize the lives of individuals outside of institutions but, rather, to point to the dangers of focusing solely on institutions and authorities when examining the history of disability in British Columbia. Indeed, the history of people with disabilities has long been trapped within the walls of institutions built in the late nineteenth and early twentieth centuries – institutions built to segregate these individuals from, and make them invisible to, “normal” society. Although the closure of Woodlands (1996 - 97)¹⁰⁶ and other facilities in British Columbia may promise an end to the practice of segregating the disabled from the greater community, by concentrating on institutions and medical and educational ideologies, scholars have continued to relegate the disabled to non-speaking, supporting roles that tell us little about either their lives or the lives of their families. This has left the disabled without a voice and, more important, without a recognized place in the history of British Columbia. These individuals can only be given a place if historians are willing to step beyond the bounds of the institution, as I have attempted (in a limited way) to do in this study, and engage with the lives of the disabled and their families.

¹⁰⁶ Woodlands School, New Westminster, was the site of British Columbia's first permanent asylum for the mentally afflicted. Simply called the Provincial Asylum at the time of its opening in 1878, its name was officially changed to the Public Hospital for the Insane (PHI) in 1897. With the reorganization of the Mental Hospitals of British Columbia into Provincial Mental Health Services in 1950, PHI - which had become the chief educational and training facility in the British Columbian Mental Health system - was renamed Woodlands School. By the 1960s, Woodlands had become designated as British Columbia's training school for intellectually disabled children. For an excellent overview of the history of this institution see Adolph, *In the Context of its Time*.