DOCTORS, DEVIANTS, AND DEFECTIVES

STERILIZATION IN OREGON

1917-1940

by

JANICE A. BROCKLEY

A THESIS

Presented to the Department of History
and the Honors College of the University of Oregon
in partial fulfillment of the requirements
for the degree of
Bachelor of Arts

June 1991

APPROVED: [redacted]

Dr. Richard M. Brown

An Abstract of the Thesis of

Janice A. Brockley for the degree of Bachelor of Arts in the Department of History to be taken June 1991

Title: DOCTORS, DEVIANTS, AND DEFECTIVES: STERILIZATION IN OREGON 1917-1940

Approved: [redacted]
Dr. Richard M. Brown

The Oregon State Board of Eugenics was established in 1917 by the Oregon legislature to oversee the sterilization of people labeled as feeble-minded, insane, moral degenerates, sexual perverts, and habitual criminals. Between 1917 and 1940, the Board sterilized more than a thousand Oregonians, mostly within the various state institutions. The Board used sterilization to control the reproduction of "defectives" but also to accomplish other goals such as maintaining control of institutional inmates and reduction of institutional populations. The Board actively worked to maintain and expand the Oregon sterilization program through newspaper publicity and legislative manipulation even after eugenics had declined in the 1930s as a social movement.

The thesis mainly depends upon the minutes of the Board of Eugenics, published reports of the state institutions, and local newspaper articles. Supplementary primary and secondary sources were also used.

To Wendy.

TABLE OF CONTENTS

LIST OF ILLUSTRATIONS

LIST OF ABBREVIATIONS[1]

BB	Oregon Blue Book
BC	Biennial Report of the Board of Control
"BE"	Minutes of the Board of Eugenics
"BH"	Minutes of the Board of Health
BH	Biennial Report of the Board of Health
Journal	Journals of the Senate and House

[1]The addition of a number or a date after an abbreviation indicates the specific report or journal in question. For example, BC9 refers to the Ninth Biennial Report of the Board of Control.

THE RISE OF STERILIZATION

Eugenics in Oregon Before 1917

At the turn of the century, Oregonians were interested in a number of ideas that paved the way for the later sterilization laws. Some of these ideas dealt with heredity but others were unrelated concepts somehow forced under the eugenic banner. Francis Galton coined the term eugenics in 1883 to "denote the 'science' of improving human stock by giving 'the more suitable races or strains of blood a better chance of prevailing speedily over the less suitable.'"[1] Galton's definition, however, was far more pure than that of Oregonians who often included ideas in their definition that neither Galton nor we would consider eugenic.

Oregonians may have been attracted to eugenic ideas because of the strain of the times they lived in. The first Oregon sterilization law was passed shortly before the United States' entrance into World War I. The next piece of sterilization legislation was passed in the middle of an influenza epidemic that killed an estimated 1,300 people in Portland alone.[2] Throughout this period the Pacific Northwest was embroiled in labor unrest; the most bloody incident, the

---

[1]Daniel J. Kevles, In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley: University of California Press, 1985), ix.

[2]Alfred W. Crosby, America's Forgotten Pandemic: The Influenza of 1918 (New York: Cambridge University Press, 1989), 214.

Everett massacre, took place two months before the passage of the 1917 law.[3] Books like Henry Herbert Goddard's The Kallikak Family sponsored a general belief that a large population of feeble-minded[4] "were the root of much crime, intemperance, immorality, and poverty; ... and [that] they cost the states great sums for prisons, asylums, and almshouses."[5] In addition, there was a dramatic rise in the population of state mental hospitals nationwide.[6] Within this

---

[3]The Everett Massacre resulted in the deaths of ten International Workers of the World members and two deputies. Fifty men were wounded.

Carlos A. Schwantes, The Pacific Northwest: An Interpretive History (Lincoln: University of Nebraska Press, 1989), 264-265.

[4]"A 'feeble-minded' person is one who is capable of earning a living but from birth is unable to compete mentally with his normal fellows, and who has a diminished ability to care for himself or his affairs. An 'imbecile' is one who is defective from birth and is incapable of earning his own living but may guard against physical dangers. An 'idiot' is a person who is absolutely defective from birth and is not even able to guard himself from physical danger. The less defective feebleminded are termed 'morons.'"

"BE," 12 January 1932.

The term feeble-minded carries many negative connotations. However, it was the term in use at the time and cannot be adequately replaced by our modern terms of mentally handicapped, mentally retarded, or developmentally disabled. My use of the term feeble-minded, as well as other terms like moral degenerate, sexual pervert, and insane, is meant to convey the biases and knowledge of the period and should not be taken as an expression of my personal beliefs.

[5]Mark H. Haller, Eugenics: Hereditarian Attitudes in American Thought (Rutgers: Rutgers University Press, 1984), 109.

[6]The total number of inmates in state mental hospitals rose from 150,000 to 445,000 between 1903 and 1940.

Gerald N. Grob, Mental Illness and American Society, 1875-1940 (Princeton: Princeton University Press, 1983), 180.

context, a hereditarian ideology like eugenics that professed to be able to solve problems of degeneracy and disease could be very appealing.

One of the most noticeable eugenic activities in Oregon was the eugenic baby shows. These shows demonstrated not only eugenic concerns for proper breeding but also a strong interest in scientific child care. According to O. M. Plummer, president of the Oregon Eugenic Society, Oregon originated the idea of eugenic exhibits at state fairs.[7] The shows seem to have been very popular; in 1913 a total of 1,300 dollars was to be distributed in prizes.[8] The babies were given physical and psychological tests by "leading specialists."[9] However, the tests did not merely examine genetic potential. The parent education bureau of the Oregon Congress of Mothers, which through their testing supplied some of the competitors, offered a

> regular eugenics test that is made every Wednesday, when a score or more of babies are examined by the best specialists in the city and are scored. If there are some defects, the mothers are told how they may remedy these. Often a mother will bring her babe back after a few months or even weeks and after following instructions, will find that the little one has improved.[10]

---

[7]Oregonian (Portland), 21 September 1913. I am dubious of Plummer's claim.

[8]Oregon Daily Journal (Portland), 21 September 1913.

[9]Oregonian, 6 October 1913.

[10]Oregonian, 21 November 1915. According to Paul Starr, there were 538 similar clinics in the United States at the time "promoting changes in child

Clearly much of the "eugenic" concerns of these tests were based on the development of the child after birth. Another example of the blurring of the lines between nature and nurture was a Portland lecture series on eugenics and "kindred subjects", such as teething and maternal nursing.[11] In sum, many Oregonians saw eugenics as part of a new approach to child care, not just a genetic theory.

Two other social concerns that became linked to eugenics were temperance and syphilis. The Oregonian, which was strongly pro-eugenic, repeatedly linked eugenics to temperance. Alcohol, according to the Oregonian, was bad because it poisoned the unborn child.[12] Even worse, the Oregonian stated that

> [a]lcohol poisons the germ plasm in men and women both, and for that reason it tends steadily to create a new swarm of degenerates.[13]

Thus alcohol became a eugenic phenomenon. Syphilis could also be considered a eugenic issue, because people believed it to be "propagated by direct venereal contact or by

---

care, diet, and living patterns."
Paul Starr, The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry (New York: Basic Books Inc., 1982), 192.

[11]Oregonian, 4 January 1914.

[12]Oregonian, 28 December 1909.

[13]Oregonian, 21 November 1909.
Germ plasm is loosely the same thing as genes.

inheritance."[14] The connection was further demonstrated by the wide-spread assumption that the marriage license law requiring tests for venereal disease was eugenic legislation.[15]

Racism was also present in Oregonian's views on eugenics. For example, Dr. Bethenia Owens-Adair, a fervent supporter of the sterilization laws, declared that "the inferior races must not be allowed to reproduce themselves."[16] However, racism does not seem to have played a major role in eugenics in Oregon. This may have been because of a lack of targets rather than a lack of bigotry.

The final issue that became entwined with eugenics was that of sexual perversion. This linkage seems arbitrary, the strongest connection being the joint solution of sterilization. One area of concern was various sexual practices and desires that were considered to be possible causes of insanity. To illustrate this point, the following are selected examples of "alleged cause[s] of insanity of patients" in OSH[17] and EOSH, the state mental hospitals,

---

[14]W. A. Newman Doreland, The American Illustrated Medical Dictionary (Philadelphia: W. B. Saunders Company, 1920), 1013.

[15]Oregonian, 5 June 1914.

[16]B. A. Owens-Adair, Human Sterilization: It's Social and Legislative Aspects (1922), 194.

[17]For the sake of brevity, I will use the following abbreviations: Oregon State Hospital (OSH), Eastern Oregon State Hospital (EOSH), Institute for the Feeble-Minded (IFM), Oregon State Penitentiary (OSP), Oregon State Training School (OSTS), and Oregon State Industrial School for Girls (OSIG).

between 1915 and 1920: "Masturbation," "Sexual excitement," "Jealousy," and "Sexual paranoia."[18] Out of the 1,095 patients received at OSH between 1916 and 1918, 539 were insane for unknown causes. Of the remaining patients, approximately five percent[19] had sexual reasons for their illness. An additional eight percent suffered from syphilis and its complications, which could be considered a sex related cause. Also, of the women with stated causes for their insanity, two percent went insane from "childbirth," eight percent from menopause, and five percent from menstrual trouble.[20] Clearly, sexuality and the reproductive system were significant factors in Oregonians' concept of mental illness.

Another concern for Oregonians was criminal sexuality, both in the sense of sex among criminals and in the sense of sexual acts that were criminal. Sodomy was considered to be

---

Dammasch is not included in this study because it did not exist until 1961.

[18]BC2, 80, 117.
BC3, 64, 94.
BC4, 93, 59.

[19]These and the following percentages are rough approximations derived from the data in the institutional reports. They are not meant as a judgement of the actual causes of mental illness, only of the assumptions of the contemporary authorities.

[20]BC3, 64.

a major problem at OSP.[21] Also, sexual crimes often led to commitment to OSP. For example, in the 1916-1918 biennium, eight men were committed for "Assault to commit rape," one for "Attempt to commit sodomy," one for "Carnal knowledge of female between 16 and 18 years of age," one for "Fornication," thirty-two for "Rape," one for "Sexual perversity," two for "Sodomy," and two for "Soliciting child for sexual intercourse." Out of the total of 229 men received by OSP during the biennium, approximately twenty percent were convicted of sexual crimes.

Oregonians' view of the feeble-minded was probably the purest example of eugenic ideology in Oregon. Oregonians saw the sexuality of the feeble-minded as a threat. Feeble-minded women were at best the prey of evil men. At worst, they could be threat to normal men. A 1907 report on the need to build an institution for the feeble-minded told how

> a case was recently reported of a feeble-minded girl who was the complaining witness against a young man whom it was alleged had assaulted her. The case brought out that she was feeble-minded, that she had been the victim of a number of men and boys among whom was her own father. It was also shown that she was suffering from a loathsome disease that resulted from an immoral life. Such an irresponsible girl in a community is the cause of many boys being led into vicious habits that they would not otherwise have formed.[22]

---

[21]E.E. Brodie, F.W. Mulkey, and L.J. Wentworth, Report of the Commission to Investigate the Oregon State Penitentiary (Portland: 1917), 74.

[22]Report of the Board of Building Commissioners of the State of Oregon Relative to the Location and Establishment of an Institution for Feeble-Minded and Epileptic Persons to the Twenty-Fourth Legislative Assembly: Regular Session: 1907.

Feeble-minded men were an even greater danger. According to the Board of Control[23] "normal, pure-minded girls are insecure when feeble-minded boys are not under proper surveillance."[24]

In addition, there was a very eugenic fear of the growing number of feeble-minded in Oregon. Most feeble-mindedness was believed to be inherited. According to the Board of Control, seventy to eighty percent of feeble-mindedness was hereditary.[25] In the 1916-1918 biennium, a total of 123 individuals were received at IFM. The alleged cause of deficiency was unknown for forty individuals. Of the remaining eighty-three, sixty-nine percent were congenitally feeble-minded. An additional four percent suffered from "hereditary syphilis."[26] Oregonians, therefore, had ample evidence of the dysgenic threat of feeble-mindedness. In summation, Oregonians had a number of concerns, both eugenic and otherwise, that could easily lead to the passage of a

---

(Salem: J.R. Whitney State Printer, 1906), 24.

[23]The Board of Control supervised the operations of the various state institutions, including all of the institutions discussed in this paper. It consisted of the Governor, the Secretary of State, and the State Treasurer. A secretary was later added to the Board of Control.
BC3, 3.
BC6, 3.

[24]BC2, 27.
That quotation was probably from the superintendent of the IFM who often expressed similar views.

[25]BC2, 27.

[26]BC3, 138.

sterilization law.

The Battle to Pass a Sterilization Law

The initial impetus for a sterilization law in Oregon came from Dr Bethenia Owens-Adair who solidified many of the inchoate ideas Oregonians had about eugenics.[27] Owens-Adair had a long and often difficult life. She was born in 1840 and came to Oregon in the "Great Migration" of 1843. When she was fourteen, Owens-Adair married Legrand Hill, a twenty-five year old man, with whom she had a son. She divorced her husband in 1859 because of his general shiftlessness and abusive behavior. Almost illiterate at the time of her divorce, Owens-Adair supported and educated herself and her son while becoming involved in feminism and politics. She obtained two medical degrees, one from a Philadelphia school and the second from the University of Michigan. She had a successful practice in Portland and eventually sent both her son and a girl she informally adopted to medical school. Owens-Adair remarried in 1884 to Colonel John Adair. In 1891, her adopted daughter, Mattie Belle, who, though adult, still lived at home, had a son by Colonel Adair. Owens-Adair and Colonel Adair adopted the child as their own. Mattie Belle died two years later. Owens-Adair and the Colonel separated in 1907 probably for financial reasons and Owens-Adair began to campaign in Oregon and California for eugenics. She died in

---

[27] The Daily Capital Journal (Salem), 29 January 1913.

1926.[28]

Owens-Adair's interest in eugenics can be related to many of her life experiences. For thirty years she was the superintendent of health and heredity for the Oregon Woman's Christian Temperance Union, WCTU.[29] From the little evidence available, she seems to have been more concerned with general health education and pre-natal influences than strict eugenics at this time. However, these ideas, as earlier established, could easily provide a foundation for her later eugenic concerns.[30] Also, temperance ideas themselves, as the Oregonian pointed out, could lend themselves to eugenics.

Owens-Adair also had several experiences that could have lead to a distrust of sexuality. As a doctor she treated prostitutes and helped to set up the WCTU Refuge Home in Portland.[31] In her personal life, both of her husbands turned out to be mistakes. Legrand Hill was abusive and incapable of supporting himself or his wife.[32] Colonel Adair was also financially insecure. More importantly, though, he

---

[28]Carol Kirkby McFarland, "Bethenia Owens-Adair: Oregon Pioneer Physician, Feminist, and Reformer, 1840-1926" (M.A. Thesis, University of Oregon, 1984), 4-6, 42-43, 49, 61-84, 106-108, 111, 119-120, 126, 129, 147, 152, 153.

[29]Ibid., 81.

[30]Minutes of the Third Annual Meeting of the Woman's Christian Temperance Union of Oregon (Albany: Burkhart Brothers, Book and Job Printers, 1885), 46-50.

[31]McFarland, 112-113.

[32]Ibid., 53.

either raped or seduced Owens-Adair's adopted daughter.[33] Therefore Owens-Adair may have had personal and philosophical reasons to feel that

> [a]ll incorrigibles ... should be unsexed for their own benefit ... It would relieve them of their lustful desires and render them more docile and more easily managed.[34]

Owens-Adair also brought out an as yet unmentioned factor in the fight for sterilization laws, medical authority. Doctors before the twentieth century were unable to establish themselves as an "exclusive and privileged profession."[35] Only with the growth of licensing laws, the elevation of educational requirements, and the development of professional solidarity in the early twentieth century, did doctors gain their current high cultural status.[36] Owens-Adair took full advantage of that new status in her eugenic campaign.[37] She actually proposed, though there is no evidence that she ever did so, to introduce a bill to the legislature wherein

---

[33]Ibid., 126, 132.

[34]Owens-Adair, 127.

[35]Starr, 30.

[36]Ibid., 106, 111, 114, 117, 118, 143.

[37]A similar situation seems to have occurred in British Columbia where "[m]any doctors were naturally enough attracted to the notion of a biologically based program of reform [sterilization]. Such a program would inevitably have to draw on their expertise and highlight the social importance of the profession."
Angus McLaren, "The Creation of a Haven for 'Human Thoroughbreds': The Sterilization of the Feeble-Minded and the Mentally Ill in British Columbia," Canadian Historical Review 67 (June 1986): 129.

> each physician be designated a state health officer, whose business it will be to report the moral crimes coming under his observation.[38]

Though Oregonians did not go quite this far, through the sterilization laws they did give doctors power over the reproduction of certain segments of the population. The sterilization laws thus reflected not only an interest in eugenics but a new belief in medical authority.

The idea of a sterilization law floated in and out of the legislature for ten years before finally becoming law in 1917. The first sterilization bill was written by Owens-Adair and introduced to the legislature in 1907 by State Senator Robert Farrell.[39] The bill was met with "coarse laughter and coarser jests" and killed through postponement.[40] Even before this bill, in 1905 there was an attempt to pass a bill to "establish a laboratory for the study of the criminal, pauper and defective classes."[41] Thus there was a very early legislative interest in eugenic and related concerns.

In 1909, a bill "to prevent procreation in confirmed criminals, insane persons, imbeciles and rapists" was introduced into the State Senate. The bill, called the "Dr.

---

[38]Oregonian, 7 November 1913.

[39]The Daily Capital Journal, 9 February 1907.

[40]Owens-Adair, 55-56.

[41]The Daily Capital Journal, 31 January 1905.

Oewn-Adair [sic] bill," passed both the senate and the house.[42] However, Governor Chamberlain vetoed the bill.[43] State Representative Tom Brandon, in an unrelated move, tried to amend a bill that originally sentenced "hold up men" to spending a minimum of ten years to life in prison. Brandon wished the bill to require the "hold up artist" to have a choice of death or sterilization. He was cheered by his colleagues but the bill returned to obscurity in a committee.[44]

In 1911, State Senator H.R. Albee introduced another bill for Owens-Adair in the State Senate. The bill was to prevent "the procreation of confirmed criminals, insane persons, idiots, imbeciles and rapists." The bill was opposed as a "freak measure" and cruel and unusual punishment. In the end, it was defeated sixteen to fourteen.[45]

In 1913, finally both the legislature and the governor were in agreement. At the request of Governor Oswald West, State Representative L.G. Lewelling introduced a bill in the State House "for the sterilization of habitual criminals,

---

[42]The Daily Capital Journal, 2 February 1909.
The Daily Capital Journal, 17 February 1909.

[43]The Daily Capital Journal, 25 February 1909.

[44]The Daily Capital Journal, 21 January 1909.

[45]The Daily Capital Journal, 26 January 1913.
The headline read in part: "Dr. Owen Adair's Bill Got the Same Treatment it Proposes for the Criminals."

moral degenerates and sexual perverts in state institutions."[46] Another bill was introduced in the state senate by State Senator Farrell to "protect the public from criminals and perverts" by means of sterilization.[47] Owens-Adair herself was in Salem pushing for passage of the bills.[48] The Lewelling bill, which eventually passed the legislature, applied to habitual criminals, defined as someone who was convicted of a felony three times or more, moral perverts, and degenerates. The superintendents of institutions "where this class of person is kept" would report likely cases to the Board of Health who would perform the sterilizations.[49]

The bills generated strong feeling both for and against. Support in the actual debates seemed to focus on "perverts" who raped and seduced innocent women.[50] A large group of

---

[46]The Daily Capital Journal, 15 January 1913.
The headline of the article read, "Bills to Sterilize Habitual Criminals and Rancid Butter Introduced."

[47]Ibid.

[48]The Daily Capital Journal, 29 January 1913.

[49]Oregon Daily Journal, 18 February 1913.

[50]The Daily Capital Journal, 12 February 1913.
Oregonian, 4 February 1913.
McLaren noted that in British Columbia "some confused sterilization with castration and wanted sex offenders and habitual criminals to be sterilized." Apparently, Oregonians were not alone in blurring the lines between castration and vasectomy.
McLaren, 139.

female supporters were in attendance.[51] Opposition was based on religion, civil liberties, or a distrust of eugenics. The religious view point was expressed by one State Representative, who felt that

> God made man in his own image...and now they want to have some of our doctors take sharp knives and trim the men down a little to fit modern conditions.[52]

Others feared for the rights of institutionalized individuals. As State Senator M.A. Miller of Baker County shouted,

> What chance would criminals confined in our penitentiary have in making an appeal to the courts .... No more, not as much as a yellow cur.[53]

Still others expressed concern about the limits of actual eugenic knowledge.[54]

The Lewelling bill eventually passed both house and senate and was signed by Governor West. In recognition of her hard work, Owens-Adair was also allowed to sign the bill.[55] Opponents of the sterilization law quickly formed a group to combat it.[56] The law was brought up for referendum and was

---

[51]Oregonian, 4 February 1913.
The women stayed discreetly in the lobby while the subject was discussed.

[52]Oregonian, 4 February 1913.

[53]The Daily Capital Journal, 3 February 1913.

[54]The Daily Capital Journal, 31 January 1913.
Ibid., 12 February 1913.

[55]The Daily Capital Journal, 4 February 1913.
Ibid., 12 February 1913.
Ibid., 18 February 1913.

[56]Oregon Daily Journal, 11 March 1913.

defeated by a small margin. Surprisingly, given the earlier support of women for sterilization legislation, the women's vote, according to the newspapers, was crucial in defeating the sterilization law.[57] The role of women in the passage of the sterilization laws is unclear. There seems to have been a strong feeling that the sterilization laws were a women's issue both among the newspapers and the bill's opponents. A Father Augustine, for example, in a letter to the Oregonian blamed sterilization legislation on women who, unlike men, were controlled by their emotions and could not understand real human needs.[58] Also, as earlier noted, a large group of women attended the legislative debate.[59] It is hard to understand why the women's vote would then swing against sterilization. Possibly women were swayed by the religious objections. Even more likely, the politically active supporters of sterilization may not have represented the views of the ordinary woman.

In the period between 1913 and the eventual passage of a sterilization law in 1917, some members of the government were

---

[57]The Daily Capital Journal, 5 November 1913.
Oregonian, 5 November 1913.

[58]Oregonian, 22 February 1913.

[59]Similarly in British Columbia, "the earliest and most vigorous proponents of sterilization were the members of the various women's movements." McLaren feels that they regarded sterilization as an outgrowth of their duty to protect home and children "from disruptive and potentially degrading associations with the abnormal."
McLaren, 133-135.

working to insure its passage. In 1916, the Board of Health discussed the possibility of eugenics law. They referred the matter to their committee on health legislation.[60] In 1917, a committee investigating OSP recommended a castration law

> in cases of congenital homo-sexuality ... and in cases of incest and in all cases where the sex abnormality has manifested itself in criminal tendency.[61]

These various elements came together in the 1917 legislative session. First, Governor James Withycombe, in his 1917 address to the legislature, argued

> that the reproduction of the mentally unfit is absolutely wrong. Through our shortsighted inaction we are populating our state with imbeciles and criminals, insuring ever-increasing public expense and opening the way for disease, sorrow and tragedy for generations yet unborn.[62]

A week later, Dr. R. E. Lee Steiner, superintendent of OSH, invited the members of the legislature to OSH for an address on "Sterilization and Social Diseases."[63] The next day, State Senator Farrell introduced a bill "providing for the sterilization of sexual perverts and feeble minded."[64] Two days later, State Representative Arthur Peck introduced a bill

---

[60]"BH," 38.

I have assumed that they were referring to an eugenic sterilization law, but they may have been referring to a eugenic marriage law instead.

[61]Brodie, Mulkey, and Wentworth, 75.

[62]The Daily Capital Journal, 9 January 1917.

[63]The Daily Capital Journal, 16 January 1917.

[64]The Daily Capital Journal, 17 January 1917.

"establishing a state board of eugenics."[65]

The two bills proceeded through the legislative process. Both bills received negative majority committee reports, but in both cases the body as a whole voted to replace the negative majority report with the positive minority report.[66] The Farrell bill came up first for debate.[67] The arguments in favor covered the familiar ground of the menace of the prolific feeble minded and unfit. State Senator Samuel Garland argued, in addition, that the operation, vasectomy, was painless and

> [b]esides it set them free from melancholia and gave them a bright and sunny disposition and was beneficial in every way.[68]

In fact, he continued, many who had received the operation urged it on others. State Senator W.T. Vinton, in opposition, argued that the energy put into sterilization legislation would be better used to "fill these poor unfortunates up with

---

[65]The Daily Capital Journal, 19 January 1917.

[66]The Daily Capital Journal, 24 January 1917, 25 January 1917.

[67]Unlike 1913, the women in the audience did not discreetly withdraw. This greatly distressed The Daily Capital Journal, who mourned that "[t]hings were called by their first names in a familiar sort of way, but the feminine portion of the audience chewed gum and took a deep interest, and never batted an eyelash."
The Daily Capital Journal, 30 January 1917.

[68]Garland never used the term vasectomy but he claimed to be speaking on the basis of the sterilizations in Indiana. Indiana was famous for the first administrations of vasectomies to an institutional population.

food and clothe them."[69] Vinton also put a slightly different twist on the theory of the over-sexed mentally deficient.

> Do you want to sterilize a feeble minded woman and then turn her loose where your young boys are also running loose?

he demanded. State Senator Julian Hurley questioned who was qualified to make the decision. "Is it your psychologist? Where is your psychologist and what is a psychologist?" he shouted. The final, and perhaps most convincing, argument was that the people had already rejected a sterilization law in 1917. Despite the strong and vocal opposition, the Farrell bill passed 18 to 10.[70] After its passage, however, the bill dropped from sight. Presumably, the pro-sterilization forces decided to concentrate on the Peck bill.

The State House debate on the Peck bill mirrored the earlier debate on the Farrell bill in the State Senate. An argument over whether criminality was due to birth or environment was the only new contribution. After Peck's final pronouncement that "when God commanded the people to go out and multiply he was not speaking of the feeble minded," the

---

[69]Vinton pointed to Germany as an example of a place where this program had been successfully followed. As Germany, between 1933 and 1945, sterilized an estimated two million people, Vinton's argument seems ironic at the least.
J. David Smith, Minds Made Feeble: The Myth and Legend of the Kallikaks (Rockville: Aspen Systems Corp, 1985), 156.

[70]The Daily Capital Journal, 30 January 1917.

bill passed 37 to 18.[71] The bill subsequently passed the State Senate in the last days of the session, over the shouts of State Senator Walter Dimick who demanded "[w]hen are we going to quit this damnable fool legislation."[72] After ten years of failed attempts, Oregon had a sterilization law.

In 1919, Dimick attempted to repeal the 1917 sterilization law.[73] He was unsuccessful. Not only did the legislature refuse to repeal the 1917 law, they passed a second sterilization law.[74] Thus Oregon, as of 1919, had two sterilization laws in effect.

---

[71]The Daily Capital Journal, 1 February 1917.

[72]The Daily Capital Journal, 17 February 1917.

[73]The Daily Capital Journal, 6 February 1919.

[74]General Laws of 1919, 437.

I was unable to find any coverage of the 1919 legislation in The Daily Capital Journal. This is not as strange as it may initially seem. At the time, the newspaper was fully occupied with the end of W.W.I., Wilson's fight for the League of Nations, and the fatal illness of the Governor of Oregon. State legislation in general seems to have received comparatively little attention.

Interpretation and Implementation of the Legislation

The 1917 law was designed

> [t]o prevent the procreation of feeble minded, insane, epileptic, habitual criminals, moral degenerates and sexual perverts, who may be inmates of institutions maintained by public expense, by authorizing and providing for the sterilization of persons with inferior hereditary potentialities.[75]

Sterilization could not be used as a punishment. However, sterilization was to be whatever type was

> deemed best by said board ... for the betterment of the physical, mental, neural, or psychic condition of the inmate or to protect society from the menace of procreation by said inmate.[76]

Therefore, despite the official eugenic purpose of the law, there was also a strong therapeutic component to the legislation.

Members of the newly established State Board of Eugenics, composed of the State Board of Health and the superintendents of OSH, EOSH, IFM, and OSP, were to examine into the "innate traits, the mental and physical conditions, the personal records and the family traits and histories" of inmates who might qualify under the law.[77] Notice of an order of

---

[75] General Laws of Oregon 1917, chapter 279.
Moral degenerates and sexual perverts are defined in section 10 of the law as "those who are addicted to the practice of sodomy or the crime against nature, or to other gross, bestial and perverted sexual habits and practices prohibited by statute." In the same section, habitual criminals are defined as those convicted three times of a felony in any state and committed to OSP.

[76] Ibid., section 3, 4.

[77] Ibid., section 1-3.

sterilization was to be served upon the inmate or his guardian. The inmate or guardian had fifteen days to file an informal notice of appeal. In case of appeal there was to be a trial at which the inmate would be given an attorney if he was unable to hire one for himself. If there was no appeal or if the appeal failed, the operation was to be performed at the institution where the inmate was confined.[78]

The 1919 law made two important changes. First, it expanded the purview of the sterilization law to individuals outside of the state institutions.[79] Second,

> [t]he fact that a person has been committed and is an inmate of any institution for the feeble minded, or hospital for the insane, maintained by the state of Oregon, or is a criminal who has been convicted three or more times of a felony in the courts of any state and sentenced to serve in the penitentiary therefor, or is a moral degenerate or sexual pervert ... shall be prima facie evidence that procreation by any such person would produce children with an inherited tendency to feeble mindedness, insanity, epilepsy, criminality or degeneracy.[80]

In effect, the law now said that all the Board had to show to justify a sterilization was that the individual was an inmate of IFM, OSH, or EOSH; that he had been three times convicted of a felony and sentenced to OSP; or that he had abnormal sexual habits. For example, the Board would not have to distinguish between the man who suffered brain damage from a blow to the head and the man who had hereditary syphilis.

---

[78]Ibid., section 6-9.

[79]General Laws of Oregon, 1919, chapter 264, section 87.

[80]Ibid., section 94.

Both could now be treated as heritable conditions. As a result, at least theoretically, any attempt at appeal for an institution inmate would be doomed to failure.

The superintendents of the state institutions welcomed the 1917 sterilization law. In fact, OSH had been using sterilizations as a form of therapy prior to the passage of the law. In the 1912-1914 biennium, a double oophorectomy was performed on a woman suffering from "nymphomania." Her condition was "relieved" as a result.[81] In the 1914-1916 biennium, four castrations and three ovariotomies were performed for unlisted reasons "curing" the seven individuals involved.[82] None of the other institutions published surgical reports for these years so there is no way to know whether the other institutions performed similar operations.

---

[81]BC1, 37-38.

For a discussion of sterilization terms, please read Appendix C.

There was a nineteenth century practice of removal of ovaries to cure women who were diagnosed as neurasthenic or insane because the reproductive organs were seen as determining a woman's total health. However, ovariotomies were generally performed by gynecologists. Psychiatrists seldom used them. The use of ovariotomies and other radical sexual surgeries in Oregon institutions is somewhat of an anomaly.

John D'Emilio and Estelle B. Freedman, Intimate Matters: A History of Sexuality in America (New York: Harper & Row, 1988), 146.

Grob, 122-123.

[82]BC2, 72.

Physicians at OSH did perform operations for normal health problems. However, the cause for the operation was always listed, except for in these cases and the later listings of sterilizations performed. Therefore, these operations were probably not performed for simple health problems.

At the initial meeting of the Board of Eugenics, all of the superintendents expressed support for the new law. Dr. Wilson McNary, superintendent of EOSH, felt that "many of his inmates would be physically more comfortable and greatly benefitted by emasculation." He estimated that about one hundred inmates at EOSH needed sterilization. Dr. Steiner, of OSH, estimated that he would need to perform around twelve vasectomies and a little more than twelve emasculations a year.[83] Mr. Charles Murphy, warden at OSP, "submitted eight cases which showed the absolute necessity for sterilization."[84] Dr. J.N. Smith, superintendent of IFM, was the least enthusiastic of the group. He had frequently argued that "it is to the interest of every normal person in the state ... to limit or prohibit the growing burden of mental defectiveness."[85] However, he did not expect to sterilize his inmates on a large scale. But he did feel that "[e]masculation is indicated when parents remove their children from the custody of the State."[86]

---

[83]BH2, 60.
OSH was much larger than EOSH and I feel that the names of the superintendents may have been switched in the minutes. However, there is no way to know for sure.

[84]BH2, 61.

[85]BC2, 172.

[86]BH2, 60.
Dr. Smith, like the other Board members, did not seem to be concerned with women. His advocacy of emasculation may be based on his earlier concerns about the threat that feeble-

In general, the Board's initial interpretation of the sterilization legislation had less to do with eugenics than it did with behavior control. The 1917 law, according to the law's sponsor, did not provide for "physical disfigurement."[87] However, the law left the choice of sterilization technique up to the Board. The Board interpreted this to mean either vasectomy or emasculation.[88] The use of emasculation implied a wish to alter behavior as well as reproduction. The initial statements of the Board members bore this out. They were concerned with sodomy, "vicarious [sic] habits," criminality, and certain types of insanity; reproduction was barely mentioned.[89]

The first sterilizations ordered by the Board were mostly directed towards deviant behavior.[90] The Board ordered four oophorectomies, three vasectomies, and fourteen castrations.[91] The three vasectomies seem to have been to prevent dysgenic reproduction. One was requested by the patient. The second patient was "Simple Minded." The third

---

minded boys presented to "normal, pure-minded girls."

[87]Oregon Daily Journal, 25 January 1917.

[88]BH2, 61.

[89]BH2, 60-61.

[90]The information provided in the minutes for this period is very erratic. For a longer discussion of the data available on the number of sterilizations ordered and performed, please see Appendix B.

[91]BH2, 68-69.

was a "habitual criminal."[92] Five of the castration decisions had no explanations. The others, which were explained, were all for reasons other than reproduction. One was to stop "habits", possibly masturbation, that were worsening the patient's condition. A second patient "was unable to explain why he had attempted rape upon children."[93] A third patient

> had been turned over to his daughter ... [who] could not keep him because of her small children upon whom rape had been attempted.[94]

In this case, the castration seems to have been meant to enable the patient to leave the institution. Two other patients were castrated at the request of relatives, in one case, the patient's mother, in the other, the patient's wife and daughter.[95] There was no explanation given of the oophorectomies. However, salpingectomies had been perfected in the 1890s so the choice was not prompted by lack of an alternative. Given the earlier use of an oophorectomy as a treatment for nymphomania, the operations may have been to deal with insanity or promiscuity.

In the few detailed examples we have, four out of ten of

---

[92]BH2, 68-69.

[93]One has to wonder what the Board would consider an acceptable explanation for attempting rape upon children. "BE," 31 December 1917.

[94]Presumably the Board means that the patient had attempted rape upon the children. Ibid.

[95]Ibid.

the sterilizations were voluntary or requested by relatives who were most likely guardians. The other operations may also have been requested or welcomed when suggested to the patient or family. However, there was apparently some opposition because at least one of the sterilizations was not carried out. The man in question was allowed liberty on the condition that he return to Italy and join the Italian army.[96]

Owens-Adair, in her book Human Sterilization, went over some of the sterilizations performed in this period and their results in greater detail. She provided no source citation so the data must be regarded with suspicion. However, the data did follow the trends outlined above. According to her, eight men were sterilized at OSP. Only one had not committed a sexual crime and he had murdered a woman. Two men, in addition, were simply identified as degenerate. Two others had committed sodomy. One had attempted rape. The final two had attempted sexual relations with children. Owens-Adair also listed reasons for four sterilizations performed in OSH, two men and two women. The men were sterilized for masturbation and a sexual interest in small boys. The women, on the other hand, were suffering from non-sexual mental

---

[96]BH2, 75.

The decision to return the individual to Italy is in line with the Oregon policy throughout this period of deporting institutionalized individuals to their home state or country whenever possible. The unusual aspect is the forced enlistment. Whether this decision was meant as an act of support or sabotage of the Italian army is impossible to tell.

disorders.[97]

Owens-Adair also listed the results of the operations. All except one, she claimed, were benefitted by the operation. That one was a dramatic failure. Though the man consented at the time, he seemed to hold a grudge against those that he blamed for the operation. He was pardoned after the operation on the understanding that he would return to Oklahoma. Instead, he "tried to kill the girl who had him sent up on the rape charge, he himself being shot and killed at the time."[98] Owens-Adair, or her anonymous source, dismissed the incident with the comment "undoubtedly insane."[99] The other cases were much less colorful but much more successful. As one comment put it, "[t]he operation apparently has had the desired effect, at least we have had no further trouble with the boy."[100] It seems not to have occurred to Owens-Adair, or her source, that major surgery could function as an effective punishment regardless of the other physical effects of the operation.

Sterilizations in the following years followed a similar pattern for men, but the pattern changed dramatically for women. Starting in 1918 or 1919, the Board began to recommend salpingectomies for females. Of the women ordered sterilized

---

[97]Owens-Adair, 144-147.

[98]Ibid., 144-145.

[99]Ibid.

[100]Ibid., 145.

from 1917 to 1923, seventy-four percent were to be given salpingectomies. After 1917, a few women were ordered to have oophorectomies at OSH and EOSH but none at IFM. Most likely, the oophorectomies, therefore, were being used to treat insanity rather than promiscuity. In general, however, reproduction was seemingly the main concern of the Board in their dealings with women. Men, on the other hand, continued to be overwhelmingly ordered castrated. Some men at IFM were ordered to have vasectomies, though the majority were ordered castrated, but no vasectomies were ordered at OSP, OSH, or EOSH during this period. Sexuality, not reproduction, continued to be the main concern of male sterilization.

The actual number of sterilizations ordered in the period between 1917 and 1923 was minimal compared to institution populations, only around 178 total.[101] The operations ordered were evenly divided between men and women.[102] According to the Board publications, a few more men were actually sterilized than women for a joint total of 148 sterilizations actually performed.[103]

A new phase began for the Board when Elmo Throckett[104],

---

[101]This number does not include any sterilizations from 1918. The minutes claim that dispositions of the cases were to be appended, but they were not.

[102]BH2, 68-149.
"BE," 28 January 1921 to 23 September 1921.

[103]BH19, 85.

[104]pseudonym

an inmate at OSP, was ordered castrated January 27, 1921.[105] Throckett appealed the decision, and his lawyer filed a demurrer with the Marion County Circuit Court. The demurrer claimed that the law was paternalism, class legislation, double jeopardy, and unnecessary rigor as punishment.[106] The Marion County Circuit Court decided that the 1917 law was class legislation as it only applied to inmates of state institutions. The 1919 law, they felt, was a removal of life without due process of law. The sterilization laws were thus declared unconstitutional. However, sterilization itself was decided to be a legal action and not cruel and unusual punishment.[107] In 1923, a new sterilization law was passed and the Board of Eugenics reconvened for the first time in more than a year. At this meeting, Elmo Throckett, or a man by the same name, was "referred to the State Board of Control for examination as to his sanity."[108]

Sterilization in Oregon came from a growing consensus on the value of eugenics and active lobbying by members of the medical profession. Even the decision of the Oregon Supreme

---

[105]"BE," 28 January 1921.
According to Owens-Adair, Throckett was 66 years old and convicted of "a crime against a small girl."
Owens-Adair, 79.

[106]Oregonian, 29 June 1921.

[107]"BE," 10 January 1922.

[108]"BE" 16 January 1924.
There was no further mention of him or the outcome of the examination in the minutes.

Court only questioned the administration of sterilization, not the justness of the use of the operation. Oregonians had been exposed to ideas that made them open to sterilization and the officials responsible for a sterilization policy were increasingly enthusiastic. As the 1920s began, sterilization in Oregon was clearly here to stay.

THE TRIUMPH OF COMMON SENSE

The Creation of New Sterilization Legislation

The 1920s were the decade of eugenics greatest success and popularity in the United States. In 1924, a national immigration act was passed to limit the immigration of eastern and southern Europeans to the United States.[1] In 1926, the Virginia sterilization law was upheld by the United States Supreme Court. Oliver Wendell Holmes wrote the opinion, stating "Three generations of imbeciles are enough."[2] In Oregon, the Ku Klux Klan had an estimated fourteen thousand members in 1922, the year before the new sterilization law was passed. In the very same legislative session that the new sterilization law was passed in, the Oregon legislature passed an alien land law that prohibited Japanese residents from owning or leasing land.[3] Eugenics in Oregon was thus supported both by a national interest and by other local related movements.

In 1919, State Senator Farrell, who had previously sponsored four sterilization bills, successfully introduced a

---

[1]Kevles, 97.

[2]Ibid., 111.

[3]Schwantes, 296-298.
In 1926, however, the constitutional provision that barred blacks from the state was removed. In 1927, Oregon voters removed restrictions on black and Chinese voters. Clearly, the 1920s were a complex and ambivalent decade in Oregon.

joint resolution into the state legislature that authorized the University of Oregon to make "a survey of dependency, defectiveness and delinquency" in Oregon. He argued that the bill was necessary because

> there is in Oregon ... a large number of dependent, defective and delinquent people ... and ... the experience of draft boards has shown the members of these groups to be not only a source of weakness but a positive liability to the state and nation on account of their incapacity to fight and limited ability for work; and ... these classes are a constantly increasing drain on the finances, health, morals and every other resource of the state; and ... contribute to social and political unrest; and ... it is the duty of the state to be just and merciful to its unfortunates and at the same time to promote the best interests of the state as a whole by preventing as far as possible the increase in numbers of [these classes].[4]

The survey was designed with the basic assumptions that social problems originated with certain types of people and that the elimination of those people would eliminate the social problems. Though neither eugenics nor sterilization was mentioned, clearly similar ideas were behind the Oregon survey.

The survey head, Dr. Chester L. Carlisle, began the survey with the belief that

> [h]igh standards in public health, public welfare, community efficiency, and individual citizen health and happiness are attainable by the simple method of determining fundamental factors causing sickness and subnormal conduct, and once so determined, adequately handling the proposition through a strictly modern, efficient and adequate state system of control of all

---

[4]Journals 1923, 36-37.

matters relating to public health and welfare.[5] In his view, all social problems could be solved by state intervention under the guidance of science. The survey was meant to provide the necessary guidance. The survey, therefore, was not a mere academic exercise but the beginning of a blue print for social policy.

The legislature had authorized the survey but had not authorized any funding. Thus the survey was run by the University of Oregon Extension Service and volunteers. Carlisle himself was provided by the United States Public Health Service.[6] Carlisle recruited "citizens of special training in the state" to be special voluntary assistants "from a sense of high citizenship and patriotism."[7] The assistants also received a very ornate certificate. About 10,000 of the certificates were given out during the course of the project. The special assistants, who received no training, were supplied with data cards on which to write "the facts of mental or physical defect, delinquency, dependency or retardation in school work, coming under their own observation." The data cards were then returned to the survey

---

[5]Chester L. Carlisle, "Preliminary Statistical Report of the Oregon State Survey of Mental Defect, Delinquency and Dependency, 1921" p. 8-9, Knight Library, University of Oregon.

[6]Ibid., 5.

[7]Ibid., 6.

for processing.[8]

By July 7, 1920, Carlisle and his staff had sent out around twenty-five thousand letters requesting help and information. The "citizens of special training" included doctors, lawyers, clergy, and about 1,600 University of Oregon students. Carlisle also sent 1,500 special letters to County School Superintendents, District Attorneys, Sheriffs, Red Cross officers, and others.[9] These special letters asked about institutional commitments, criminal trials, widow pensions, court costs, and other public justice and welfare issues.[10] Teachers were asked to supply information on students who were retarded in grade, feeble-minded, delinquent, chronically truant, cruel to animals, sexually perverse, and "unruly characters generally."[11]

Few of the people involved in the survey, with the exception of Carlisle and some of the University of Oregon staff, had any particular expertise in the subjects involved. Carlisle assumed that the volunteers could easily identify

> the town's bad boy, the alms-house habitue, and those others who we all know about who seem to be different

---

[8]Ibid., 5-6.

[9]Chester L. Carlisle to P.L. Campbell, 7 July 1920, University of Oregon Archives, University of Oregon, Eugene.

[10]Chester L. Carlisle, Form letters, August 1920, University of Oregon Archives, University of Oregon, Eugene.

[11]Chester L. Carlisle, Form letters, [ca. 1920], University of Oregon Archives, University of Oregon, Eugene.

from other folks.[12]

In an information sheet, mental defect was defined as "the cases whom everyone thinks of as being more or less 'queer,' childish and simple-minded."[13] The definition of delinquent included not only criminals but also "family deserters, disturbers of the neighborhood, the makers of assaults, and 'black sheep.'"[14] Carlisle was interested in deviants from the social norm who could be recognized at first sight by the ordinary observer. Carlisle's science was the average man's common sense.

The same attitude is shown in the intelligence tests of inmates at OSP, OSTS, and OSIG that Carlisle included in the survey. Ruth Montgomery, a fellow at University of Oregon, administered the US Army Alpha version of the Stanford-Binet tests to the inmates.[15] The army alpha was developed in World War I and used to test 1.75 million recruits.[16] The test required the test takers to be literate.[17] In OSP, of

---

[12]Oregon Daily Emerald, 6 March 1920.

[13]Information sheet, [ca. 1920], University of Oregon Archives, University of Oregon, Eugene.

[14]Ibid.

[15]Carlisle, 12-15.

[16]Stephen Jay Gould, The Mismeasure of Man (New York: W.W. Norton & Co., 1981), 194.

[17]A beta version was developed for illiterates. The report on OSIG and OSTS does not specify if the inmates were given the alpha or beta version, but the OSP inmates were definitely given the alpha.

the 324 inmates received during the 1918-1920 biennium, 32 were illiterate and 219 had only a common school education.[18] Thus it seems likely that at least some of the inmates had difficulty even reading the test. If the inmates could read the test, they were confronted with eight sections. Several of the sections contain familiar -- at least, to the modern student -- tasks such as following simple commands, doing word math problems, and unscrambling sentences. The third section, however, tested "Practical Judgement."[19] The test taker was confronted with questions such as

> If you were asked what you thought of a person whom you didn't know, what should you say?
> --I will go and get acquainted
> --I think he is all right
> --I don't know him and can't say...
> If a man made a million dollars, he ought to
> --pay off the national debt
> --contribute to various worthy charities
> --give it all to some poor man...[20]

Another section tested information. It contained questions like

> 'Hasn't scratched yet' is used in advertising a duster flour brush cleanser ...
> The scimitar is a kind of musket cannon pistol sword ...
> The Overland car is made in Buffalo Detroit Flint Toledo ...[21]

Thus the supposed intelligence tests openly tested both

---

[18]BC4, 118.

[19]Clarence S. Yoakum and Robert M. Yerkes, Army Mental Tests (New York: Henry Holt and Co., 1920), 63.

[20]Ibid., 208.

[21]Ibid., 218-219.

ethical beliefs and cultural information. An intelligent person, according to this test, was one adept in American middle class society and values. Not surprisingly, "[m]ental dulling or mental defect was found to be present in over half of the delinquents" tested at OSP. Twenty-four point three percent of the inmates tested at OSIG and 79.3 percent of those tested at OSTS were mentally defective.[22]

Another study asked teachers to explain why children were retarded in grade at school. The teachers diagnosed on the basis of instinct or experience, receiving no special training. They held that 23.15 percent of the children behind in grade were mentally dull or defective.[23]

In general, Carlisle found that 3.8 percent of the population

> caused practically all of your tax expenditures in maintaining police, ... courts of criminal jurisdiction, jails, ... and all ... institutions, homes, hospitals, ... clinics and other agencies engaged in caring for ... the mentally and physically handicapped, the delinquent and dependent.[24]

This result was very seductive. A small group of people who could be easily identified by the average, upstanding citizen

---

[22]Carlisle, 12-15.
Inmates who were on parole or working did not take the test. It seems likely that the inmates who made parole and got jobs were probably the better adapted individuals. Thus their exclusion from the tests may have biased the results.

[23]Ibid., 120-120b.
Interestingly, in twenty-three cases "Indian blood" was given as the explanation for school retardation.

[24]Ibid., 129-130.

were causing almost all of the social problems. Many of these people who were causing the problems were mentally defective and incapable of properly participating in society. The solution seemed clear: eliminate the problem group and crime, disability, and high taxes would simply disappear. Carlisle never mentioned sterilization. The 1917 and 1919 legislation was still in the effect at the time. He did, however, recommend "a system of permanent state supervision" for the higher mental defectives and "permanent segregation" for the lower grades.[25] From state supervision to state sterilization is not a great step. Through the survey Carlisle exposed more than 10,000 Oregonians to his doctrine of the dangerous and obvious few. Though the effect cannot be quantified, Carlisle's survey undoubtedly contributed to Oregonians' acceptance of state mandated sterilization.[26]

The 1923 sterilization law passed with very little opposition. The Board of Eugenics had begun work on a new sterilization law almost immediately after the 1917 and 1919 laws were declared unconstitutional in 1921. In the beginning of January of 1922, the Board asked the Oregon Attorney General for advice "whereby this law can be made operative for this truly humane service."[27] The individual Board members,

---

[25]Ibid., 124-125.

[26]Owens-Adair, in particular, extensively quoted from the survey to justify sterilization in Oregon.
Owens-Adair, 109-113, 228.

[27]"BE," 10 January 1922.

especially Smith of IFM and Steiner of OSH, also embarked on various publicity measures. Smith, Steiner, and possibly some others assisted Owens-Adair in writing her 1922 book Human Sterilization by supplying letters and materials on the subject. Smith wrote a foreword for the book and contributed other materials. Steiner wrote a letter for publication in the work. Some unknown individual who was probably connected with the Board gave Owens-Adair access to records of performed and proposed sterilizations at OSH and OSP.[28] Smith also appeared before the Salem Ministerial Association to argue for the sterilization bill the day before it was introduced into the legislature.[29] When the bill reached the committee stage both Smith and Steiner testified in its favor.[30] According to the Oregonian, the Board also requested the introduction of the sterilization bill to the legislature, but the Oregon Daily Journal credited Owens-Adair with the bill.[31]

> The 1923 bill, as originally introduced, was to provide for the sterilization of all feeble-minded,

---

[28]Owens-Adair, 7, 15-16, 83, 144-147, 228-229. Given Smith and Steiner's support of the book in other ways, it seems very likely that one of them would supply Owens-Adair with the records.

[29]The Oregon Statesman, Salem, 9 January 1923.

[30]Ibid., 25 January 1923.

[31]Oregonian, 20 December 1922. Oregon Daily Journal, 20 December 1922. Owens-Adair was also introducing a bill to "require a physical and mental test for both men and women" before issuing a marriage license. Women over 45 would be exempt. Ibid.

> insane, epileptics, habitual criminals, moral degenerates and sexual perverts who are a menace to society or whose physical, mental or neural condition would be benefitted by sterilization in any form.[32]

The bill, however, underwent some significant changes in the committee process. The senate committee removed several references to physical, mental or neural betterment and strengthened the individual's right to appeal. Notably, they mandated that if the person could not afford a lawyer, the state must provide the necessary funds.[33] Further changes came out of discussions with Christian Scientists. They insisted on a section guaranteeing the patient's right to select a competent physician of his choice and the patient's right to the practice of a "religion [that] treats .. the sick or suffering by purely spiritual means" when the religion does not interfere with the operation of the law.[34] The bill, with the aforementioned amendments, passed the senate twenty-nine to one and the house forty-eight to two.[35]

The 1923 sterilization law was very similar to its predecessors. The Board of Eugenics was still to be composed of the Board of Health and the superintendents of OSH, EOSH,

---

[32]Journal 1923, 9.

[33]Ibid., 120-121.

[34]General Laws 1923, chapter 194, section 12.
Journal 1923, 139.
The Oregon Statesman, 25 January 1923.
Interestingly, the Christian Scientists had no other objections to the bill.
Ibid.

[35]Journal 1923, 149, 396.

IFM, and OSP. The Board members were to quarterly report

> all persons ... who are feeble-minded, insane, epileptic, habitual criminals, moral degenerates and sexual perverts, who are, or ... are likely to become, a menace to society.[36]

If the majority of the Board members felt that

> procreation by such a person would produce children having an inherited tendency to feeble-mindedness, insanity, epilepsy, criminality or degeneracy, or who would probably become a social menace or ward of the state,

the Board was to order "such type of sterilization as may be deemed ... best suited to the condition of said person."[37] It is important to note that though the primary concern of this passage is reproduction, this section could cover non-heritable conditions. If the Board felt that a person, due to insanity or one of the other listed causes, would be unable to support or properly raise any future children thus resulting in the children becoming social menaces or wards of the state, the Board could order that person sterilized, even if their disability was clearly not inheritable. The law also goes on to state that sterilization could not be used for punishment but could be used to secure

> a betterment of the physical, mental, neural or psychic condition of the person, or to protect society from the acts of such person.[38]

Thus though castration could not be used to punish rapists, it

---

[36]General Laws 1923, chapter 194, section 3.

[37]Ibid., section 3.

[38]Ibid., section 5.

could be used to protect society from their future acts. In sum, the main focus of the law was reproduction but sufficient loopholes were left to allow other motives to slip through.

The process of decision, consent, and appeal was laid out in greater detail than previously, probably to avoid constitutional challenge. A written record was to be made of the Board's examination and decision.[39] If the Board decided a person should be sterilized, a written order was to be sent to the person or his legal guardian if he was feeble-minded or insane.[40] If the person and, if appropriate, his guardian consented in writing, the operation would be performed.[41] If consent was not given within twenty days, there would be a civil court trial which both sides could appeal.[42]

The Board, in the following years, frequently attempted to broaden its power through legislation with varying success. In 1924, the Board delegated the secretary to talk to the Attorney General about drafting an amendment to "the criminal code whereby persons committed to the State Penitentiary for sex crimes be sterilized."[43] In 1925, the resulting bill was

---

[39]Unfortunately, these records seem to have been destroyed.

[40]Ibid., section 6.
There is no discussion of minors, but presumably the right of consent would then rest with the guardian.

[41]Ibid., section 6.

[42]Ibid., sections 7-8.

[43]"BE," 14 November 1924.

introduced into the legislature and passed without opposition.[44] The new legislation merely amended the 1923 sterilization law so that "[w]henever any person is convicted of the crime of rape, sodomy or the crime against nature ... or of attempting to commit any of said crimes," the court clerk would inform the Board of Eugenics.[45] The amendment simply brought "sexual perverts" more closely under the purview of the sterilization law.

---

[44]Journal 1923, 242, 330, 369-370.

I assumed that the Board's request and the bill that appears two months later are related. Possibly, it could all be a coincidence.

[45]General Laws 1925, chapter 198, section 2.

This also includes the crimes in section 2099 of 1920 Oregon Laws which covers "any act or practice of sexual perversity, either with mankind or beast," or any oral-genital contact.

Conrad Patrick Olson, Oregon Laws Showing All the Laws of a General Nature in Force in the State of Oregon Including the Special Session of 1920 (San Francisco: Bancroft-Whitney Co., 1920), Title XIX, section 2099.

Board Procedure and Practice

In theory, the reconstituted Board met four times a year.[46] In practice, the meetings varied from two to eight per annum. As time went on, the Board met less often, meeting only twice in 1936 and 1938. The May 9, 1928 meeting was fairly typical. The Board convened at ten A.M. in IFM. "The innate traits, the mental and physical condition, the personal records and histories of" fifteen inmates were examined.[47] Superintendent Smith of IFM and five members of the Board of Health attended the meeting. At 1:30 P.M. the Board reconvened at OSH. Smith was no longer at the meeting but Superintendent Steiner of OSH had joined the proceedings. Eight cases were examined at OSH. Next the Board moved to OSP at 2:30 P.M., where they examined another eight inmates. Meyers, Warden of OSP, joined the Board members from OSH. Finally, the Board, with only four of the Board of Health members and none of the superintendents in attendance, convened at the Board of Health offices in Portland at 5:30 P.M. They then examined an additional seven cases from outside of the state institutions.

It is difficult to reconstruct how the Board members made their decisions. They were probably allowed to see most of the proposed patients. All of the subjects nominated for

---

[46]"BE," 9 May 1928.

[47]Ibid., 9 May 1928.

sterilization were supposed to appear before the Board in person.[48] Seemingly most of them did so. The Board continued to hold meetings at the actual institutions rather than at a convenient central location, which implies that they were actually viewing the inmates. There were, however, at least some exceptions. The Board felt it necessary to state in 1929 "that in future no cases be considered by the Board unless the case is presented in person."[49] Presumably there had been violations. Also, the Board would approve certain sterilizations after the operation had been performed.[50] Still, most of the prospective patients were probably seen by the Board.

In addition to whatever information the Board was able to gather from the inmate himself, they also had access to certain forms about the individual. At least in theory they did. The forms listed: name, sex, age, classification (feeble-minded, moral degenerate, sexual pervert, insane, epileptic, habitual criminal), nationality, citizenship, education, religion, former environment (rural or urban), economic status, home county, length of time within the state, family history and traits (seven lines worth), date of admission to the institution, degree of mental deficiency, psychosis, innate traits (six lines worth), and mental and

---

[48]Ibid., 6 May 1924.

[49]Ibid., 10 July 1929.

[50]This practice will be discussed in detail in Chapter 3.

physical condition. Many of the traits listed on the form, such as nationality, education, and economic status, seem irrelevant to the modern reader. David J. Rothman, in his book Conscience and Convenience: The Asylum in Progressive America, argues that progressives tended to create files "filled with biographical facts but with practically no interpretation."[51] The Board files seem to be a prime example of this dictum. They were filled with information, judging by the forms, but they offered no suggestions as to how to translate the facts into treatment. One additional source of information may have been the inmate's institutional file.

The Board members were apparently dissatisfied with the quality of information they received. In 1929, they moved that an "examination must be made by someone competent to make a mental test and signed by two additional physicians."[52] One month later, they further elaborated their standards with demands for both I.Q. tests of the feeble-minded and diagnosis of exact psychosis of the mentally ill. Also, they insisted that applications for sterilization be filed ten days before the relevant meeting.[53] In 1932, similar issues were raised. The Board members made the requirements even stricter. In

---

[51]David J. Rothman, Conscience and Convenience: The Asylum and its Alternatives in Progressive America (Boston: Little, Brown and Co., 1980), 337.

[52]Ibid., 10 July 1929.

[53]Ibid., 10 August 1929.

addition to mental tests, they wanted information such as weight, height, cranial measure, and lung capacity. The mental tests were to be administered at least every six months for a two year period. And once again, the Board members demanded that the information be sent in at least ten days before the meeting.[54] Whether or not these standards were met is impossible to know. However, given the overcrowding and underfunding of Oregon's institutions, it seems unlikely. Suffice it to say that ten months later the Board members again found it necessary to ask the superintendent of IFM "to present resumes of the complete history and recent mental tests for all cases presented to the Board for sterilization."[55]

The most important factor in the Board's decisions was probably the superintendent's recommendation. First, no case came before the Board without a recommendation. In the instance of institutional inmates, the recommendation was always from the institution's superintendent. Occasionally, the recommendation was not carried out. At this particular meeting, for example, no action was taken on two cases recommended by superintendents. However, the overwhelming majority of operations recommended by the superintendents were

---

[54]Ibid., 12 January 1932.

[55]Ibid., 15 October 1932.

ordered by the Board.[56]

Further insight into the Board members decisions can be gained by determining how long they took to make them. At the May 9, 1928 meeting, the Board members met at ten A.M. at IFM. Three and one-half hours later, they were at OSH. Given that IFM, OSH, and OSP are all in Salem, I have estimated a minimum travel time of fifteen minutes between institutions.[57] Also, I have assumed that the Board members took an hour for lunch. With the above adjustments, the meeting at IFM lasted two hours and fifteen minutes. If the entire meeting time was spent examining and discussing the eighteen individuals proposed for sterilization at IFM, the Board members spent an average of seven and one-half minutes on each case. At OSH, the Board had 45 minutes to examine seven people for an average of a little more than six minutes each. The meeting at OSP, assuming an hour and twenty minute long subsequent drive to Portland, lasted for one hour and forty minutes.[58]

---

[56]"BE," 29 June 1917 to 10 December 1940.
Also, in some cases the Board did change the recommended operation. For example, at one meeting, the Board changed the Superintendent's recommendation of vasectomy for three cases to castration.
"BE," 9 December 1938.

[57] I have assumed that they were driving automobiles.

[58]There was a paved highway at the time from Portland to Salem which was 52 miles long. The maximum speed limit in 1935, the closest year I could find a maximum for, was 45 m.p.h. I have assumed that they would have to slow down for towns and other obstructions thus averaging 40 m.p.h.
State Highway Department's Map of the State of Oregon Showing Main Traveled Automobile Roads 1928.
Borden Dyer, compiler, and Kennion K. Kauffman,

Therefore the Board members spent an average of approximately thirteen minutes upon each of the eight cases. The Board members next met in Portland, where they examined seven more people. Unfortunately, there is no way to know how long the meeting lasted or how long the examinations took. All of these estimates are maximums because it seems unlikely that the Board members conducted no other business at their meetings.[59]

The amount of time spent on each individual seems even shorter because judging from the repeated demands for ten days prior application, the Board members quite likely did not see information on the cases ahead of time. In addition, as mentioned earlier, Board members seem to have found the information given insufficient. Thus for many of the people sterilized, the Board members were probably deciding on the basis of thirteen minutes or less worth of confrontation. Within this short time, the Board members supposedly examined

> [t]he innate traits, the mental and physical condition, the personal records and family traits and histories

of these people in order to determine their procreative and nurturing capabilities both at the time of the examination and for the rest of their lives.

The impossibility of the Board's task can be further illustrated by a comparison with the operation of parole

---

annotator, Supplement of 1935 to the Oregon Code 1930 Indianapolis: The Bobbs-Merrill Co., 1935.

[59]"BE," 9 May 1928.

boards in the same era, for which there is a great deal more information available. According to Rothman, parole boards were handicapped by their very nature. Like the Board of Eugenics, they received either inadequate or irrelevant information about the candidates for parole. Also like the Board, the hearings were simply too fast for in depth consideration.[60] The standard parole board practice

> was to hold a monthly hearing at an institution; at these hearings, members would simultaneously read the docket, interview the inmate, and reach their decision. With few exceptions they never saw the dossier until the prisoner appeared before them. And the time devoted to each case was very brief ... the typical interview and subsequent decision lasted only a few minutes.[61]

However, the basic defect, Rothman argued, was that the parole board

> members were to try to predict future conduct, to decide which offenders could safely be returned to society. Yet neither they, nor anyone else, had sound criteria upon which to base such a decision.[62]

The parole board decisions, therefore, were reduced to "a game of chance."[63]

At first glance, the Oregon Board of Eugenics may appear to have been very different. The Board, after all, was made up of doctors. However, of the seventeen members between 1923 and 1940 whose specialty I was able to identify, eight were

---

[60]Rothman, 162-164.

[61]Ibid., 164.

[62]Ibid., 174.

[63]Ibid., 176.

general practitioners, three were internists, two were pathologists, and one was a gynecologist. Only three were trained in psychiatry or neurology, and they were all superintendents who were necessarily more administrators than psychiatrists. For example, Dr. R.E.L. Steiner, Superintendent of OSH, in the 1928 to 1930 biennium oversaw around two thousand patients and two hundred employees. He had control of the expenditure of one million dollars in state funding. In addition, he was in charge of a 1,569 acre institution farm that produced, among other things, 62,587 pounds of beef; 99,176 gallons of milk; 14,960 pounds of cucumber pickles; and 83,461 dozens of eggs.[64] OSH was the largest institution but all the other superintendents had similar responsibilities. Despite their original training, none of them would have had much time to function as psychiatrists. Furthermore, none of the Board members had any specialized training in genetics. As a result, they had little more specialized knowledge than Rothman's parole board.[65] The Board members, in fact, would have to make

---

[64]The farm also produced 294 guinea pigs for unspecified purposes.
BC9, 79, 91, 95.

[65]The Oregon Medical Blue Book: The Official Blue Book of the Medical Profession of Oregon (Portland: The Oregon State Medical Society, 1928), 157, 161, 163-165, 167, 175, 188, 193-195, 198, 199, 200, 202.
Hereafter cited as Blue Book.
O. Larsell, The Doctor in Oregon: A Medical History (Portland: Binsfords & Mort, 21947), 202-205, 262, 270, 311, 315-316, 325-326, 561.

decisions based upon their own common sense and experience.[66] They had no other way to evaluate the recommendations given to them. Despite their medical degrees, the Board members were very similar both to the members of the parole boards and to Carlisle's volunteers in the survey. As a pro-sterilization newspaper editorial in 1923 explained,

> [e]ugenical diagnosis is not an exact science, but it is a biological science the success of which depends ... upon the application of scientific principles, wide experience and common sense.[67]

---

[66]McLaren found a similar situation in British Columbia. He states that "[g]iven the Board of Eugenics' ignorance of genetics, it is clear that it was the deviant behavior of the patient -- as defined by middle-class professionals -- and not any proof of genetic failure that led to sterilization. In place of medical diagnosis the board relied heavily on the social criteria of what represented 'normal' morality, sexuality, and work habits to classify its charges."
McLaren, 150.

[67]Oregon Daily Journal, 8 February 1923, reprinted from the Capitol Journal.

Sterilization in Action, 1923-1930

Sterilization varied dramatically in Oregon depending on where it was performed. In OSH, men and women had dramatically different experiences of sterilization.[68] Women were about forty percent of the institution population, but received sixty-five percent of the ordered sterilizations. Women generally were ordered salpingectomies, though twenty-two percent of the operations ordered were ovariotomies. Of the six women for whom reasons were given for their ovariotomies, four were labeled "insane," one a "moral degenerate," and one a "sexual pervert." Of the fifty-eight women receiving salpingectomies for a stated reason, eighty-nine percent were labeled "insane." The others were called "feeble-minded," "epileptic," or an "insane moral degenerate." In general, women were ordered sterilized more often and for less specific reasons. The fifty-four women ordered sterilized for their insanity were not the only insane women in OSH. In fact, only about two percent of the women cared for in OSH were ordered sterilized.[69] Why those specific

---

[68]The discussion of sterilization at OSH comes from the following sources.
"BE," 8 May 1923 to 10 April 1929.
BC6, 60.
BC7, 48.
BC8, 78.
BC9, 79.

[69]The percentage of institutional population ordered sterilized, both in this discussion and elsewhere, was calculated by dividing the number ordered sterilized by the total number cared for during the biennium. Due to overlap of

women were chosen is impossible to tell from the records. They might have been sexually active within the institution, mother of a large number of children, or a frequent institutional discipline problem, but this is only speculation. Steiner offered another possible reason. He claimed that

> [s]terilization of the insane of childbearing age is very important not only to prevent the development of insanity in the offspring, but young women recovered from one attack greatly increase the liability of another breakdown if subjected to the stress of childbearing.[70]

Judith Grether, in her study of sterilization in California, argues that there may have been "punitive or social control 'motivations' behind the actual implementation of sterilization programs."[71] She found that sterilized patients were more likely to have engaged in aggressive anti-social behavior before admission, more likely to have been homicidal, and more likely to have been considered to be dangerous and destructive to people and property than unsterilized patients.[72] Grether's argument is not perfect. One major flaw is her contention that patients were often not

---

population from one biennium to the next, the percentage is probably too low.

[70]BC8, 77.

[71]Judith Kay Grether, "Sterilization and Eugenics: An Examination of Early Twentieth Century Population Control in the United States" (Ph.D diss., University of Oregon, 1980), 172.

[72]Grether, 170.

informed of the nature of the operation.[73] If patients did not know what was being done to them, surely some of the disciplinary impact would be lost, though any form of surgery could be considered painful and thus punitive. Also, in California, sterilization was not tied to release, while in Oregon, at least in IFM, it was, as will be discussed later.[74] However, Grether's argument does provide a persuasive alternative way of explaining sterilizations especially in OSH, EOSH, and OSP where sterilization choices appear to have been random. In fact, given Oregon's use of castration, unlike California, and the fact that the majority of inmates were not sterilized, also unlike California, Grether's model seems to work better with Oregon than with the state for which it was designed.[75] Thus though Grether's ideas are not a definite answer to the puzzle of institutional application of sterilization, they are worth bearing in mind.

Men were less frequently sterilized in OSH. Most of the men who were sterilized seem to have been chosen for reasons of sexual misconduct. All fifty of the men ordered sterilized at OSH were ordered castrated. Almost eighty percent of the thirty-nine men with a stated reason were labeled some variant

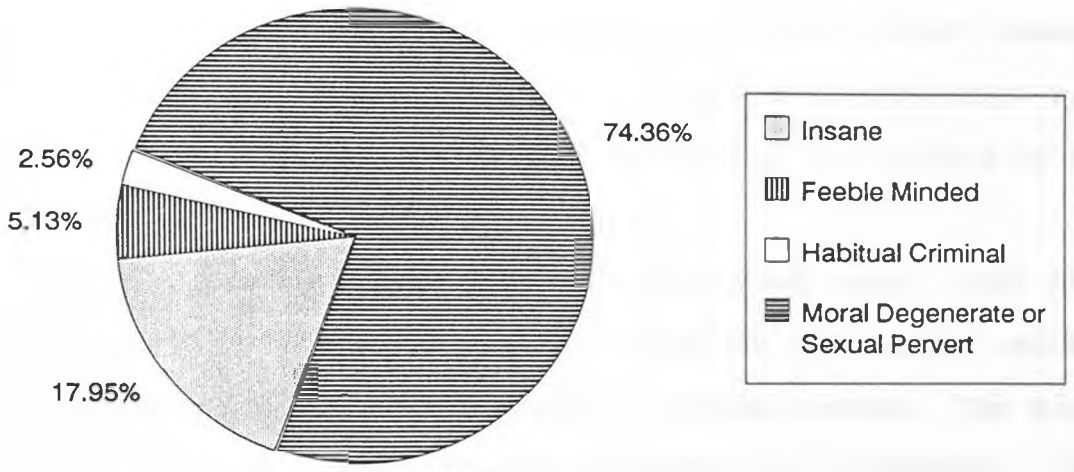
---

[73]Ibid., 110.

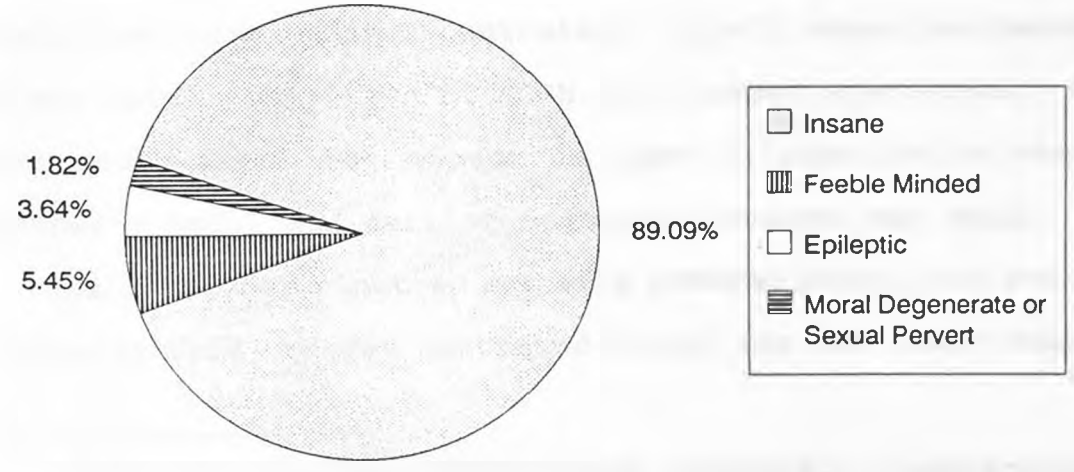
[74]Ibid., 171.

[75]In California, twelve percent of first admission to mental hospitals and 95 percent of first admissions to institutions for the mentally retarded were sterilized. Grether, 92.

Reasons Given For Sterilizations Of Men In OSH 1923-1930



Reasons Given For Sterilizations Of Women In OSH 1923-1930



of sexual pervert or moral degenerate.[76] Seven more were labeled insane. Two others were called feeble-minded and one man was diagnosed as a habitual criminal. Thus the key issue for men appears to have been sexuality, though other issues, such as behavior within the institution were probably also important. All in all, about one percent of all people at OSH were ordered sterilized.

At EOSH, the sterilization decisions were even more ambiguous than at OSH.[77] All but eight of the people ordered sterilized for a reason were simply labeled insane. The eight exceptions were either "feeble-minded" or epileptic. The sexual division was more even than at OSH. Women received forty-five percent of the operations and comprised forty percent of the population. Salpingectomies and ovariotomies were evenly divided. Forty of the forty-two men to be sterilized were ordered castrated. In all about one percent of the total population of EOSH was ordered sterilized. Why that one percent was chosen is open to speculation though Grether's model and earlier suggested reasons may apply.

In OSP, only nineteen men were ordered sterilized and all initially were ordered castrated though one was later changed

---

[76]Variants include insane moral degenerate, feeble-minded sexual pervert, and so on.

[77]"BE," 1 October 1923 to 28 August 1930.
BC6, 120.
BC7, 66.
BC8, 95.
BC9, 102.

to a vasectomy.[78] Of the eleven with reasons given, all were labeled some variant of "moral degenerate" or "sexual pervert." However, some other factors must have been operating. The number of men ordered sterilized only comes to about ten percent of the number of men sentenced to OSP for sexual crimes covered by the 1925 amendment. It seems possible that the men chosen may have been a threat to institutional discipline in some way. Given the continuing concern with sodomy at OSP, that may have been the crucial issue, which would explain the use of castration.

In IFM, unlike all of the other institutions, about ten percent of the population was ordered sterilized.[79] Also the average age of the inmates sterilized was the lowest of any, twenty years old for salpingectomies, sixteen for ovariotomies, twenty-one for castrations, and seventeen for vasectomies. The oldest person ordered sterilized was forty-three and the youngest was eleven.[80] Finally IFM also had the most disparate distribution of sterilizations by sex.

---

[78]"BE," 8 May 1923 to 10 April 1929.
BC6, 145, 149.
BC7, 80, 82.
BC8, 116, 118.
BC9, 124, 126.

[79]"BE," 8 May 1923 to 17 October 1930.
BC6, 181.
BC7, 91.
BC8, 127.
BC9, 136.

[80]Ages were only given for some of the people so all the averages are only estimates.

Women received sixty-eight percent of the ordered sterilizations but were a little less than fifty percent of the population. All but four of the 311 women ordered sterilized received salpingectomies. The overwhelming majority of those were labeled feeble-minded. The three exceptions were epileptic. Men in IFM who were ordered sterilized generally received vasectomies, only thirteen out of 144 were ordered castrated. All of the men were labeled feeble-minded except for one "feeble-minded" epileptic.

The most important factor in IFM's use of sterilization was prospective release from the institution. When the sterilization law was declared unconstitutional, IFM's biennial report claimed that some inmates that "might have been given their liberty, and under proper control, placed in good homes" had to be kept in IFM because they could not be sterilized.[81] The next report proudly stated that the "new sterilization law ... has been a great benefit to this institution in making possible the release of a few patients."[82] Four years later, the same policy was in effect and IFM was "releasing patients after the operation where suitable homes were found.[83]

---

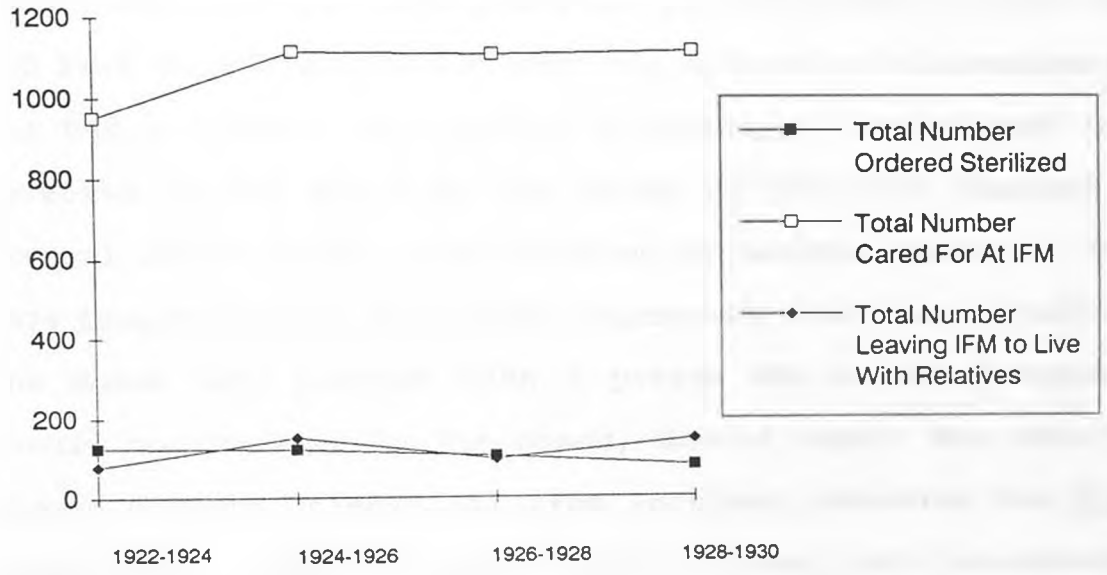
[81]BC3, 31.

[82]BC6, 180.

[83]BC8, 126.

In California, Grether argued that admission to the homes for the feeble-minded was often used for women in cases of sexual misconduct. If such a situation existed in Oregon, that might partially explain the disparate sex ratio for

A Comparison Of Sterilization And Departure Rates At IFM, 1923-1930



sterilization.
Grether, 104.

Outside of the institutions, forty-two non-institutionalized people were ordered sterilized by the Board between 1923 and 1940. Almost all of these people were residents of Portland. The term non-institutionalized is not quite accurate because several local homes and authorities recommended people for sterilization. For example, a female inmate of the House of the Good Shepherd, a Portland catholic school and home "for delinquent and pre-delinquent girls," who had been committed to the home "on account of disobedience" and had a history of "illicit promiscuous intercourse" was referred to the Board by the House of the Good Shepherd.[84] Several other people were referred by helpful doctors. The 1928 Oregon Medical Blue Book recommended that "any physician who comes into contact with a person who in his judgement should be examined by the board, should report the case."[85] Eleven doctors, almost all from Portland, answered the Blue Book's call. Also the County Health Officer, both recommended people for sterilization and performed the actual operations. He was involved with about nine sterilizations.

The vast majority of the non-institutionalized people ordered sterilized were female, approximately ninety percent. When the type of operation was given, there were twenty-seven salpingectomies and one ovariotomy. The women averaged about

---

[84]Social Service Directory: Portland and Multnomah County (Portland: Social Service Exchange and Council of Social Agencies of Portland, 1939),

[85]Blue Book, 90.

twenty-five years old, but ranged from fourteen to forty. Out of the four men, there were two castrations, one vasectomy, and one unknown. The two men with ages given were seventeen and twenty-four.

In general, these sterilizations seem to have been strongly associated with female sexual misconduct. The Court of Domestic Relations (CDR), the Women's Protective Division, the Florence Crittendon Home, and the White Shield Home all recommended women for sterilization. The two homes both specifically dealt with unmarried mothers. The White Shield Home also took in deserted wives and delinquent girls.[86] Further, according to a 1929-1930 study,

> the complaints most frequently given [against girls brought to the Court of Domestic Relations and the Women's Protective Division] were incorrigibility and sex delinquency. In all but 7 of the 34 cases studied in detail ... evidence of sex delinquency was found.[87]

The other agencies and institutions recommending women for sterilization all had affiliates that dealt with sexual misconduct. The final indication of a possible link was the terms used to label the women. Two were called "moral degenerates" and one syphilitic. The presence of syphilis probably demonstrates at least some sexual activity.[88] The

---

[86]Social Services Directory, 66, 79.

[87]Clara Wilkins Chamberlin, Survey of Juvenile Delinquency in Portland from September I, 1929, to June 1, 1930 reprinted from Commonwealth Review July 1931, 13:164.

[88]The syphilis could have been congenital, in which case sexual contact would not have been involved and my argument would be invalid.

term moral degenerate could quite likely be referring to sexual misbehavior. Four women were simply epileptic. Fifteen, however, were labeled "feeble-minded." These fifteen were not sufficiently disabled to be institutionalized, just enough to be sterilized. As earlier discussed, feeble-minded women were expected to be sexually promiscuous and prolific. Therefore, it does not seem unreasonable that sexually promiscuous women would be expected to be feeble-minded. It seems quite possible that feeble-mindedness, under these circumstances, could have been used as a synonym for promiscuity.[89] In fact, the Board of Control in 1927 boasted that "the number of unmarried mothers in institutions in Portland has fallen by at least 50 percent, and that the decrease is largely the result of the sterilization law."[90]

The most notable aspect of sterilization in Oregon during the 1920s was its variety. Each institution or community seems to have adapted the Board to its own needs. The popularity of eugenics and related issues in the 1920s and before made the passage of sterilization legislation possible. Board members played an active role in the passage of

---

[89]Kevles states that "[i]mmoral behavior was taken ipso facto as evidence of feeble-mindedness, which in turn was claimed to produce immoral behavior."
Kevles, 107.

[90]BC7, 90.
It seems unlikely that the number of unmarried mothers in institutions in Portland could drop that dramatically but it is possible. However, given the number of sterilizations actually ordered in Portland, it seems more than unlikely that sterilization could have that great of an impact.

sterilization legislation in 1923 and 1925. Once the laws were passed, they used the laws to fulfil goals that were not necessarily eugenic. While in IFM sterilization does seem to have been used in a fairly eugenic fashion, it is much harder to put sterilization in either OSH or EOSH, for example, in an eugenic mold. There seems to have been, in general, less of a concern with a scientific ideology of eugenics, than with the pragmatic needs of each institution or community involved.

REFINING THE USE OF STERILIZATION

Criticism and Support of Sterilization in Oregon

In the 1930s, eugenics quickly declined in popularity. The leaders of the movement retired or died.[1] In a time of widespread unemployment and poverty, hereditarian explanations made less sense.[2] Also, increasing awareness of Nazi atrocities helped to bring eugenics into disrepute.[3] In general, in the social sciences, hereditarian explanations of human behavior rapidly declined in the early 1930s.[4] In Oregon, however, eugenic articles continued to appear in the newspapers even through the late 1930s and people continued to be sterilized. In Oregon, sterilization and eugenics seem to have been kept going to large extent by the active campaigning of the Board. Oregon's experience with sterilization demonstrates the ability of a bureaucratic body to sustain itself.

In December of 1931, Margaret Skavlan, an Oregonian staff

---

[1]Haller, 179-180.

[2]Donald K. Pickens, Eugenics and the Progressives (Nashville: Vanderbilt University Press, 205-206.

[3]Haller, 180.

[4]Carl N. Degler, In Search of Human Nature: The Decline and Revival of Darwinism in American Social Thought (New York: Oxford University Press, 1991), 192-193.

Though eugenics as a movement seems to have pretty much died in the 1930s, according to Kevles interest in sterilization actually increased, apparently as a way of reducing welfare recipients.

Kevles, 114-115.

member wrote a series of articles exposing IFM, the CDR, and their use of sterilization. "On the basis of a Procrustes-bed 'intelligence test,'" she alleged

> which 'standardizes' the metaphysical processes of the mind, reducing qualities to mathematical quantities, more than 523 children, some as young as 5 months, others as old as 17 or 18 years, have been committed to the state institution for the feebleminded since 1919 ... Of these, 175, or one-third, have been marked for sterilization.[5]

Skavlan felt that the commitment process was both unjust and unfairly applied. She argued that the CDR had too much power which it used without discretion. Any "reputable person" resident in the county could file a petition with CDR stating that a child was delinquent or dependent. The petition did not require evidence of the allegations, only belief. After the petition was filed, the child and the adult with custody or with whom the child was living had to appear before the CDR. The CDR could then dispose of the child in anyway it saw fit, including commitment to IFM. The only possible appeal was to the Oregon Supreme Court.[6] Commitment to IFM was based on the judge's interpretation of both the child's background and his performance on the Stanford-Binet intelligence test. Skavlan felt that the intelligence test was arbitrary and performance on it was strongly influenced by education and background. She protested that

---

[5]The Oregonian, 14 December 1931.
Skavlan wrote a series of fourteen articles on the subject. The first appeared on December 14, 1931 and the last on January 2, 1932.

[6]Ibid., 20 December 1931.

> [o]ut of 101 consecutive commitments by Judge Gilbert [current judge of the CDR], covering a period of about two and one-half years, The Oregonian found almost none which was not from the ranks of the underprivileged, either by reason of poverty, foreign environment, lack of protection by parents, or two or more of the factors. Yet all of these ... were given the intelligence test.[7]

She further pointed out that children defined as morons by the intelligence tests were often in their fifth, sixth, seventh, or eighth grade of school before commitment.[8] In addition, Skavlan alleged that "numbers of commitments are 'technical commitments' for the purposes of sterilization, and a summary way of handling delinquency."[9]

Once in IFM, Skavlan continued, the child was trapped. Conditions in IFM were spartan, "no toys, no efforts at spontaneous play, nor anything to encourage it."[10] A maximum of one and three-quarters hours of instruction was offered five days a week. The state could not or would not invest in

---

[7]Ibid., 14 December 1931.
Skavlan classified as foreign children who may have been born in the United States but who had one or two parents who were born abroad. Both Skavlan and writers responding to Skavlan regarded foreign birth as a disability.

[8]Ibid.

[9]Ibid., 19 December 1931.
If Skavlan was correct, this practice could partially explain Oregon's extremely high commitment rate for the feeble-minded. In 1929, Oregon had 86.6 institutionalized feeble-minded and epileptics per 100,000 of general population. The national average was 53.2 per 100,000.
U.S. Department of Commerce, Feeble-Minded and Epileptics in State Institutions, 1928 (Washington: Government Printing Office, 1932), 7.

[10]Ibid., 25 December 1931.

correcting inmates' physical defects so inmates were not given eye glasses, for example, unless they had relatives or friends to pay for them.[11] As Skavlan summarized,

> with physical defects uncorrected; with study facilities inadequate; with ... the 'intelligence test' ... weighted on the side of acquired knowledge which is thus so hard to acquire under the circumstances; with no physical exercise to develop self-confidence and initiative; with opportunities so meager that a normal child could not ordinarily keep up to standard and with a staff so small that there is little chance for individual observation and attention to the children, it would seem that, once committed, a child is fairly well buried and covered up.[12]

In these circumstances, Skavlan argued, sterilization could be the only way out of a living grave. In general, she noted, children at IFM consented to the operation. The little ones wanted attention and the older ones knew it was the only way out.[13] To make the situation worst, according to Skavlan, it was not

> the idiot or imbecile which usually falls under the knife. The prevailing practice is to deprive of parenthood the committed child who most nearly approximates normalcy ... It is he who is 'likely' to cause the 'trouble' at the institution by way of falling in love, or running away.[14]

Of the 101 recent commitments earlier discussed, twenty-five were already marked for sterilization. Eleven of the twenty-five were already sterilized. Consent had been obtained from

---

[11]Ibid., 21 December 1931.

[12]Ibid., 24 December 1931.

[13]Ibid., 19 December 1931.

[14]Ibid., 14 December 1931.

five others and eight more were detained at Salem, "pending possible consent."[15] The one left unaccounted for was too undeveloped to make the operation necessary.[16] Of the forty-three children of foreign parents, eleven were already marked for sterilization.[17]

Skavlan painted a picture of both commitment and sterilization arbitrarily imposed upon those least able to defend themselves. She used emotional language and touching stories like the one of

> the unfortunate little 14-year-old Austrian girl, of whom it was written in her commitment papers: 'She is becoming sex conscious.' The protection given this child was to commit her to the institution for the feebleminded, where she was sterilized and returned to the same environment from which she had come.[18]

Despite Skavlan's emotional tone, she was probably fairly accurate in her descriptions. Nothing she claimed was inconsistent with other contemporary evidence. Obviously, she did not end the use of sterilization in Oregon, but she may have made Oregonians begin to question the role of the Board. However, Skavlan only wanted to change the social welfare system's definition of normal. She did not wish to end all institutionalization or even all sterilization in

---

[15]Ibid.

[16]Ibid.

[17]Ibid., 26 December 1931.
One of the children in this group was black. Skavlan apparently felt that blacks counted as foreigners.

[18]Ibid., 27 December 1931.

Oregon. In fact, she claimed that Oregon needed an intermediate institution so that

> impressionable children ... may be taken away from the environment where they must daily view the antics and labored efforts of persons incapable of learning anything at all.[19]

Skavlan criticized the techniques of the system, such as intelligence testing and commitment hearings, but she did not question the system's ideals. She still felt that for the good of society, some people had to be segregated from the rest.

Skavlan's article elicited several attacks on both intelligence tests and commitment practices in the form of letters to the editor. Several people criticized the use of intelligence tests by CDR. A Mrs. A.R. Mattson argued that "[t]here is a difference in the way a foreigner's mind works, in his phraseology, and in his intellectual advantages" which made the use of american intelligence tests inappropriate with foreign children.[20] The Oregonian pointed out in an editorial "that psychology is a young and inexact science -- that there are many schools," and that an examiner may later prove to have belonged to the wrong one.[21] Others attacked the very idea of intelligence tests. One writer stated that

---

[19]Ibid., 25 December 1931.

[20]Oregonian, 21 December 1931.

[21]Oregonian, 20 December 1931.

Thomas Edison would have failed an intelligence test as a child.[22] Another recounted how his unit's "prize dumbbell ... outranked 248 men" in the army mental tests.[23] Most of the writers seemed to agree that intelligence tests were at best untrustworthy. However, none of the writers rejected the ideas of sterilization or institutionalization. As the Oregonian explained,

> [t]he children who have been classified as morons or borderzones by the not infallible intelligence tests need more, not less, schooling than normal children. They should have corrective medical and surgical attention, so that if feebleness of mind is traceable to physical defects or physical ailments the cause may be removed. They should have a chance to play and work, to encourage normal growth. Perhaps most important of all they should be removed from the sights and sounds of the sad and hopeless idiots.[24]

Children who might have been misclassified were to receive extra care and attention to help them become normal if it was possible. For "idiots and imbeciles," however, "[a]fter providing humane care, the public can do no more."[25] IFM would not be emptied, only sifted to find those worth saving. There would still be those who, unlike the misdiagnosed morons and borderzone cases, did not "have every right to a normal social life."

---

[22]Oregonian, 25 December 1931.
How the writer deduced this, he did not say.

[23]Oregonian, 20 December 1931.

[24]Oregonian, 26 December 1931.

[25]Ibid.

Newspaper coverage of sterilization and related issues in the years after Skavlan's articles tended to be positive towards sterilization. In 1934, Rufus C. Holman, the state treasurer, called for more sterilization laws because "[u]nder existing laws sterilization cannot be performed unless the relatives of the patient give consent."[26] A letter to the Oregonian editor took strong exception to the article on Holman. The letter's author, Robert G. Smith, argued that sterilization was based on outdated eugenic and psychological theories and a belief that anything could be cured by legislation. He also feared that sterilization could be used as punishment. In what now reads as grim irony, he wrote,

> If we are to be thoroughly utilitarian the next step after sterilization would be asphyxiation. Why not gas them to save expense, and send the bodies to the fertilizer factory?[27]

Smith, however, attracted refutation in turn. A Lee Stafford stated that sterilization was a proven technique approved by experts in the field. He further argued that sterilization was only used for the feeble-minded and not for the insane. Smith's fear that sterilization would be used as punishment Stafford derided as ridiculous, after all "eugenicists are not people with a radical turn of mind intending to cure the world

---

[26]Oregonian, 10 January 1934.
Holman seemed to feel that sterilization was economical compared to institutionalization.

[27]Oregonian, 11 January 1934.
Smith does mention the Nazi sterilization program but the comment I have quoted seems to have been meant to be humorous exaggeration rather than prediction.

of evil with one fell swoop of knife or ray."[28]

Several articles appeared in 1936. First, Governor Charles H. Martin announced a plan to "grant executive clemency" to sexual offenders in OSP who voluntarily submitted to sterilization.[29] In March, Dr. S.B Laughlin made the front page of the Oregonian by advocating "'mercy-killing' for the hopeless feeble-minded" to a conference of Oregon doctors specializing in mental cases. No one at the conference seems to have been offended by the proposal but the members of the Board in attendance felt that sterilization was a more practical measure.[30] Earlier in the month, Dr. John C. Evans, Superintendent of OSH, informed the Oregon Journal that more sterilization was needed in Oregon to counter the growing numbers of feeble-minded and insane coupled with expanding institutional populations.[31]

In 1937, the Oregonian published an article that argued that in Oregon there were several families similar to the Jukes. One family, the descendants of "Karl and Anna," was discussed in particular. The article was mainly based upon

---

[28]Oregonian, 15 January 1934.
Stafford's arguments are out of line with both eugenics in Oregon and eugenics nationally.

[29]Oregonian, 22 February 1936.
The article appeared on the front page.
Whether or not Martin's plan ever went into action is hard to tell. The Board minutes do not mention it but then Martin would probably not go through the Board.

[30]Oregonian, 29 March 1936.

[31]Oregon Journal, 22 March 1936.

the files of the earlier mentioned Laughlin and interviews with Board members. In a style strongly reminiscent of Dugdale, the article warned of families "invariably breeding down the scale of feeble-mindedness." The solution was more effective sterilization programs that did not need consent from the patient or his family.[32]

Dr. Floyd South, a member of the Board, addressed the Lions Club in Portland in 1938. His speech was reported on the front page of the Oregonian under the headline, "Fecund Mental Derelicts of Oregon Called Menace by State Health Official." South argued that the feeble-minded, insane, and other "mentally and physically incompetent" people reproduce twice as fast as normal people. As a result, a "selective method of sterilization is an essential thing to civilization."[33] South's speech, like most of the other news articles discussed, could easily be taken straight from the 1920s. Judging by the newspapers, eugenic ideas were still popularly accepted in Oregon in the 1930s.[34]

---

[32]Oregonian, 7 March 1937.

[33]Oregonian, 18 June 1938.

[34]Further evidence of popular acceptance is the lack of anything but a passing mention in Salem newspapers of the passage of the amendments to the sterilization laws in the 1930s. They seem to not even have been worth arguing about.

Consolidation and Expansion of Power by the Board of Eugenics

The Board had always faced some opposition to its decisions. In his 1920 biennial report, Steiner mourned that

> [i]t has been rather difficult for the public as well as the patients and relatives to get the right point of view and appreciate the immediate and remote benefits [of sterilization].[35]

Elmo Throckett, of course, successfully, at least in the short term, opposed a Board decision. In 1926, some inmates of OSP may have contemplated following in his footsteps. The Board moved that in all cases where refusal was probable the local District Attorney be asked to attend to make sure that the proper procedures were followed for court.[36] However, there were no later incidents where this procedure was followed and in 1937 the Oregonian reported that the Board never took a case to court.[37]

In at least one case, a relative was able to alter the Board's decision. On May 9, 1928, Timothy Altwinston [38], a

---

[35]BC4, 48.

[36]"BE," 5 November 1926.

The potentially greater legal sophistication of the inmates of OSP, who had already gone through a trial may be partly why comparatively few of them were ordered sterilized. They may have been seen by the Board as more likely to appeal than the inmates of the other institutions. Especially given that while the inmates in OSP had a maximum sentence to serve, the inmates of OSH, EOSH, and IFM were in for life or until the superintendent released them.

[37]Oregonian, 7 March 1937.

[38]pseudonym

forty-five year old "sexual pervert" at OSP was ordered castrated. At the next meeting, Engelbert Altwinston[39] requested reconsideration of Timothy's case. When the Board next met at OSP, the order for Timothy's castration was changed to a vasectomy.[40] In this one case, an interested outsider was able to successfully intervene. It did not always happen that way. Dr. George U. Snapp of Salem appeared before the Board in 1928. He declared that Herbert[41], a fourteen year old boy currently confined to IFM, was not feeble-minded. Snapp felt that Herbert's inability to add "two bits" to fifty cents was not a sign of mental disability because Herbert had never handled money.[42] The Board's main concern seems to have been whether Snapp had ever told the newspapers or anyone else that the Board sterilized normal children, which Snapp denied. The Board then decided that Snapp's charges "were not in the province of the Oregon State Board of Eugenics" and ended the discussion. They then

---

[39]pseudonym

[40]"BE," 9 May 1928, 5 September 1928, 8 January 1929. The relationship between Engelbert and Timothy was never stated. However, they shared the same last name and it seems likely that they were related.

[41]pseudonym

[42]There was no discussion to indicate why Herbert had never been exposed to money. However, children could be confined to IFM as infants. If Herbert had been committed at a young age, and he was only fourteen at the time of the discussion, he could easily never have had contact with money.

immediately decided to order Herbert sterilized.[43]

In general, protest against the Board was probably not verbal. In 1937, for example, a man simply ran away before he could be presented to the Board.[44] Others may have done the same. The inmate could also refuse to consent. However, according to the Oregonian, 413 of 634 ordered sterilizations took place between 1930 and 1935.[45] Assuming these statistics are correct, over two-thirds of the people slated for sterilization consented.

In fact, there were many reasons why someone would consent to be sterilized by the Board. To begin with, most of the people involved were in institutions. The inmates of these institutions were recommended by their supervisor who had ultimate control over both their life in the institution and their release from the institution. This situation would create a great deal of pressure to submit to the superintendent's demands. Especially in IFM, where, as already discussed, sterilization was the main way out. Also, even if an inmate wished to appeal, the charges would be almost impossible to disprove. How could a convicted rapist prove that he was not a "sexual pervert" or a man who had been committed to IFM demonstrate that he was not "feeble-minded?"

---

[43]"BE," 10 January 1928.

[44]"BE," 23 June 1937.

[45]Oregonian, 7 March 1937.
The Oregonian seems to have gotten its information from the Board.

How could a woman in OSH possibly show that she was not "insane?" Almost any inmate in OSH, EOSH, and IFM by definition would meet the terms of the law for sterilization. Under these circumstances, it is not surprising that so many consented to the operation, but that so many refused.

The Board members, however, felt the need for greater power and control. Starting in the 1920s, they had three major goals. They wished to extend Board control outside of institutions, establish castration as punishment for sexual crimes, and eliminate the need for patient consent to Board decisions. The Board members worked in various ways to assert more than a theoretical control over the breeding habits of Oregon citizens. In 1926, for example, they wanted an attorney, a social worker, and an alienist to be added to the Board so that they could become involved in "mental and social hygiene."[46] Nothing ever developed from this idea. In 1939, the Board resolved

> that the State Welfare Commission be written in regard to the advisability of making a survey of the feeble-minded of the state with a view to sterilizing those who were found sufficiently defective.[47]

Like the earlier proposal, this idea never reached fruition. It did, however, demonstrate the Board's continuing commitment to the eradication of the feeble-minded of Oregon.

---

[46]"BE," 5 November 1926.
An alienist is basically a psychiatrist, especially one specializes in legal psychiatry.

[47]"BE," 11 October 1939.

A more serious attempt at Board control was their continuing efforts to pass a "common sense" eugenic marriage law that would prevent the marriage of "epileptics, feeble-minded, mentally sick, chronic criminals and degenerates of every sort" throughout the 1920s and 1930s.[48] They came close to success in 1939. A bill passed the state legislature that decreed that candidates for matrimony must be certified by a doctor to be

> free from contagious or infectious venereal diseases, epilepsy, feeble-mindedness, insanity, drug addiction or chronic alcoholism.

A committee appointed by the Board would make the final decision.[49] Governor Charles A. Sprague vetoed the bill on the grounds that the necessary laboratory work would "impose fresh burdens on the state to be met at the cost of the tax payers."[50] Significantly, ethical concerns were not raised in Sprague's veto message, only financial ones.

The Board had more success with their goal of castrating sexual criminals, at least in theory if not in practice. In 1925, they successfully pushed through the legislature the already discussed 1925 amendment. In 1927, the Board

---

[48]BC12, 45.
See also, BC5, 147.; BC9, 81.;"BE," 8 May 1925, 28 April 1927.

[49]Fortieth Legislative Assembly -- Regular Session: Senate Bill No. 30 [c. 1939].
This account is a grave oversimplification, there seems to also have been a ballot measure involved.
Oregon Statesman, 25-27 January 1939.

[50]Journal 1939, 246.

authorized the Board president "to take the necessary action whereby persons convicted of sex crimes shall be sterilized by castration."[51] A successful 1935 amendment to the sterilization law allowed

> the judge before whom such a person was convicted [of the crimes covered by the 1925 amendment] ... [to] order such person to be examined by said board [the Board of Eugenics], and may defer sentence until it be finally determined whether an operation will be performed upon such person.[52]

There is no evidence that this was actually ever done. As late as 1940, the Board was demanding "that the warden obtain a complete history of all cases committed for sex crimes in the institution, and [that] these cases be presented to" the Board.[53]

The most concerted and probably most important effort of the Board, however, was its battle against the requirement of consent. As Steiner complained,

> It seems to us inconsistent to require the consent of a person who has been legally declared insane before being permitted to proceed with the surgery.[54]

As early as 1928, the Board submitted to the Attorney General a draft of a "proposed change in the Eugenics law authorizing the Superintendent of institutions and staff to proceed with

---

[51]"BE," 11 January 1927.

[52]General Laws 1935 Special Session, section 68-1402.

[53]"BE," 23 April 1940.

[54]BC9, 81.

operations."[55] This proposal was not enacted but the idea continued. The already mentioned 1935 amendment made two significant changes to the sterilization law in the related areas of consent and appeal. The most important change was in the definition of consent itself. The person or his guardian had 30 days after receiving written notice of the Board's decision to file an appeal with the circuit court and notify the Board in writing of the appeal. If the person did not appeal within 30 days, however, "the failure to so take such appeal shall be conclusively deemed the equivalent of consent to the performing of the operation."[56] In other words, consent was assumed until proven otherwise.[57] In addition, the appeals process was made much more difficult for the unwilling patient. The appeal was to be tried "in the same manner as a civil action at law in which the state of Oregon shall be the defendant and the person so taking the appeal shall be the plaintiff."[58] In civil trials, the plaintiff,

---

[55]"BE," 19 September 1928.

[56]Oregon Law 1935 Special Session, chapter 39, section 2.

[57]This new standard of consent seems very similar to the process used in California. Judith Grether states that "the requirement for consent was met by sending a letter to a responsible relative or relatives ... informing them that the institution wanted to perform a sterilization operation which was described ... [In about three to sixteen percent of the cases] there was either no responsible relative or the relative did not respond to the letter. In these cases, consent was assumed."
Grether, 108.

[58]Ibid., section 3.

in this case, the prospective patient, generally has the burden of proving that the defendant's, the Board's, action was wrong. The general effect of the changes was to make appeal, at least in theory, almost impossible.[59]

The Board took other steps to make the administration of sterilization more efficient. In 1934, the Board asked the Attorney General to draft a new law that would, among other things, authorize the superintendents to sterilize their inmates before presenting them to the Board.[60] No legislation of this type was ever enacted so the board simply followed this policy without legal mandate. As early as 1927, cases were presented to the Board for retroactive approval of the superintendent's action.[61] In 1930, however, this practice became official policy. The Board declared that

> [w]hereas there are many cases occurring in inmates of state hospitals that require immediate action in regard to sterilization ... BE IT RESOLVED ... that the

---

[59]There was one legislative change that went against this trend. The House Committee on Medicine, Pharmacy, and Dentistry introduced a bill in 1937 that would repeal the section of the sterilization law that required anyone who lost an appeal from a Board decision to be held in jail, unless he put up sufficient bail, until the operation was performed. The bill passed with minimal opposition. There was no newspaper commentary so why the bill was proposed is almost impossible to reconstruct. The obvious assumption is that someone wished to limit the power of the Board, but I have a hard time making this fit with the legislation passed in 1935 and 1939.
Journal 1937, 48, 194, 318.
Oregon Laws 1937, chapter 125.
Oregon Code 1930, section 68-1409.

[60]"BE," 13 February 1934.

[61]"BE," 28 April 1927.

> Superintendents be authorized to proceed in these cases after securing the permission of the patient and guardian.[62]

The Board would approve of the decision at the next meeting.[63] OSH took the most advantage of this policy. By the 1938-1940 biennium, eighty-one percent of the ordered sterilizations of OSH inmates were actually retroactive approvals of the superintendent's actions.[64] About nineteen percent of IFM's and twelve percent of EOSH's ordered sterilizations in that biennium were retroactive approvals.[65] Only one girl in OSIG was treated this way, and no inmates from OSTS or OSP were.[66]

This policy could have had strong effects on the patients right to refuse consent. There are two fairly strong indications that at least some of the patients sterilized under this policy did not appear before the Board. First, there was little information given in the minutes about patients sterilized in this way compared to patients sterilized under the normal procedure, often just the name and the type of operation and sometimes not even that. Second,

---

[62]"BE," 28 August 1930.

[63]Ibid.
I am unable to suggest "immediate" needs for sterilization except for tying of the fallopian tubes immediately after birth. The definition of an emergency castration, however, I leave to the reader.

[64]"BE," 24 May 1938 to 22 April 1940.

[65]"BE," 17 October 1930 to 23 April 1940.

[66]"BE," 12 October 1934.

the Board on at least two occasion discussed these cases at a venue where the patient was very unlikely to be. Once the Board met at a hotel and dealt with a series of already performed sterilizations from OSH, no new cases were discussed.[67] Also, two IFM inmates' sterilizations were confirmed while the Board was meeting at EOSH in Pendleton.[68] Even if the patients did appear before the Board, the Board's decision would make no difference. The operation had already been performed. Though the Board members usually followed the superintendent's recommendation, they sometimes would not take action on a case.[69] Therefore, under this policy of retroactive approval, resisting patients lost even the faint chance of an ally.

The lack of a Board hearing left the institution inmate vulnerable in other ways as well. First, the inmate lost the time to think provided by the Board hearing. Normally, the superintendent would have to wait for the Board to meet. This new policy allowed him to act as soon as he could get consent. An inmate who might have refused given time to realize the enormity of the operation, could conceivably quickly consent without understanding the consequences. Second, after going

---

[67]"BE," 23 February 1939.

[68]"BE," 19 August 1932.

[69]Board intervention could go the other way, however. For example, a fifteen year old boy was ordered castrated by the Board "instead of vasectomy as recommended by the superintendent."
"BE," 9 December 1938.

through a confrontation with the Board, inmates were probably aware of the nature of the proposed operation.[70] That would not be necessarily true under this policy. An inmate, especially a young inmate, could easily be told that he was undergoing some other kind of surgery. Though there is no evidence that this ever occurred in Oregon, there is no evidence that it did not.[71] Finally, the denial of a Board appearance added to the isolation of institution inmates. Under this policy, the only people they would encounter in the sterilization process would be either institutional inmates who were under the control of institution staff or the staff who advocated their sterilization.[72] Though the Board probably could not be considered sympathetic, they did represent an outside authority that transcended institutional

---

[70]Given the extreme youth of some of the participants, this assumption may be overly optimistic. Some of the inmates ordered sterilized were nine or ten years old.

[71]In Virginia, at least, inmates were sterilized without being told of the nature of the operation. Carrie Buck's sister, for example, only learned that she had been sterilized when asked by a researcher about the operation 51 years later. She had been told that the doctors were removing her appendix.
K. Ray Nelson and J. David Smith, The Sterilization of Carrie Buck (Far Hills: New Horizon Press, 1989), 216.
As already mentioned, patients in California as well were sterilized without being informed of the nature of the operation.

[72]In California, at least, patients who were sterilized were more likely to be isolated from contacts outside of the institution then people who were not. Though in Oregon the same may not be true, it does seem likely that the patient who felt the most isolated would be the most likely to consent to the operation.
Grether, 104.

discipline. In all, according to the Board minutes, a total of 283 people were sterilized in this way, but there is no way to be sure that the superintendents reported all of their actions to the Board.[73]

---

[73]To be fair, the superintendents probably would not have bothered to report the cases that they did if they wanted to hide their actions.

Uses of Sterilization in the 1930s

Normal operations of the Board continued much as before. IFM was still the greatest user of sterilization. In the 1930-1932 biennium four percent of the men and nine percent of the women were ordered sterilized. The percentages steadily rose throughout the 1930s as did IFM's population. By the 1938-1940 biennium, eleven percent of the men and twelve percent of the women were ordered sterilized. It is interesting to note the declining difference in the application of sterilization to the sexes. Castration began to be used in significant amounts in the late 1930s in IFM. Significantly, thirty-nine percent of the castrations were retroactive approvals, double the percentage of vasectomies and salpingectomies. This sudden use of castration coincides with a population jump in IFM. From June 30, 1934 to 1938, the actual population of IFM rose by ninety-five inmates, the staff grew by only three.[74] In 1940, attendants in IFM were working sixty-nine hours a week.[75] Under these conditions, castration could have seemed an attractive form of social control to the Superintendent and staff. The large number of retroactive approvals would fit well with this theory as

---

[74]BC10, 47.
BC11, 101.
BC12, 123, 127.
BC13, 93, 95.
BC14, 99, 102.

[75]BC14, 101.

immediately applied punishment might seem more effective. The main reason for sterilization in IFM, however, probably continued to be to reduce institution population. According to the Superintendent, "[m]any of these patients ["high-grade morons"] are later sterilized and released."[76] This fits well with IFM's earlier policies associating release with sterilization and also with Skavlan's accusations that some inmates were admitted solely for sterilization.[77]

The other institutions either continued their former policies or began to stop using sterilization on their inmates. The only significant change in OSH's sterilization policy was the decreased sterilization of women. About one percent of each sex was ordered sterilized in the 1930s.[78] Sterilization in EOSH was dwindling in the 1930s. Three percent of the total population was sterilized in the 1930-1932 biennium. In the following years, however, only one percent of the population was ordered sterilized and in the 1938-1940 biennium not even that.[79] In OSP, sterilization remained random. One year a group of inmates would be sterilized, the next none. Interestingly, however, one woman

---

[76]Ibid.

[77]Apparently, in California, there is a strong possibility that some inmates were only admitted for the purpose of sterilization which makes the concept of a similar Oregon policy more likely.
Grether, 104.

[78]"BE," 17 October 1930 to 22 April 1940.

[79]Ibid., 29 August 1931 to 11 July 1939.

was ordered sterilized during this period, she was a twenty-five year old "moral degenerate" who was ordered to have a salpingectomy.[80] The random nature of sterilization at OSP may be partially the result of frequently changing administrations.[81]

The major change in sterilization practices was the inclusion of inmates from OSTS and OSIG under the sterilization law. OSTS and OSIG were included in the direct purview of the sterilization law by a 1929 amendment. On January 8, 1929, "Mrs. [Clara] Patterson requested that steps be taken to amend the [sterilization] law to include inmates of the Girls Training School and the Boys Training School."[82] One month later, a bill was introduced to the state legislature that would grant Patterson's request.[83] The bill passed without opposition.[84] The bill simply added the superintendents of OSTS and OSIG to the group of officials who could recommend people to the Board for sterilization.[85]

---

[80]Ibid., 14 April 1931 to 23 April 1940.
There were a small number of female prisoners at OSP.

[81]See Appendix D.

[82]"BE," 8 January 1929.

[83]Journal 1929, 136.

[84]Ibid., 220, 399, 430, 435.
It did, however, receive some minor amendments.

[85]General Laws of Oregon 1929, chapter 348.
In practice, doctors and other people referred people to the Board for sterilization. According to the letter of the law, however, only the superintendents of OSH, EOSH, IFM, OSP, OSTS, and OSIG, and court clerks were supposed to do so.

The new law was used extensively in OSIG but almost never in OSTS. The number ordered sterilized in OSIG was in flux from year to year. Only one girl had been ordered sterilized previous to this law.[86] Interestingly, the Superintendent of OSIG began to recommend girls for sterilization in large numbers just before the passage of the law. Apparently, she considered the legislative process a mere formality.[87] The percentage of the total population of OSIG ordered sterilized varied from five to twelve percent during most of the 1930s. In the 1938-1940 biennium, however, only three girls were ordered sterilized and the percentage dropped to two.[88] Perhaps not coincidentally, Patterson was replaced as Superintendent by Mrs. M. Wilson Savage during that biennium.[89] The drop probably reflected a change in institution policy.

In OSTS, the situation was very different. Before the law, one boy had been ordered castrated, one a vasectomy, and a third circumcised.[90] In 1930, under the new law, two boys were ordered castrated.[91] After that, there were no more

---

Oregon Code Annotated 1930, section 68-1402.

[86]"BE," 5 May 1924.

[87]"BE," 8 January 1929.

[88]"BE," 8 January 1929 to 23 April 1940.

[89]BC14, 199.

[90]"BE," 5 May 1924, 5 November 1926, and 31 August 1927.

[91]"BE," 14 January 1930.

sterilizations ordered. The different policies at OSTS and OSIG are hard to explain. OSTS had a much larger population than OSIG. For example, on June 30, 1940, OSIG had fifty-six inmates while OSTS had 101.[92] Boys were committed to OSTS for sexual crimes. In the 1934-1936 biennium, boys were committed for immorality, attempted rape, rape, sexual intercourse, and sodomy.[93] Yet none of them were ordered sterilized. Part of the reason may have been what D'Emilio and Freedman describe as "a double standard" in which "sexual availability carried the onus of 'bad girl' status."[94] Girls who engaged in sexual activities may have been regarded as a far more serious problem than their male counterparts. Of the girls committed to OSIG between 1913 and 1940, thirty-six percent were committed for sexual offenses. A number of girls who were committed for other reasons may also have been sexually active.[95] Further almost half of the girls ordered sterilized at OSIG were labeled some variant of "moral degenerate." The rest were called feeble-minded which, as earlier discussed, could also have sexual connotations.

---

[92]BC14, 113, 199.

[93]BC12, 141.

[94]D'Emilio and Freedman, 262.

[95]The earlier mentioned study by Chamberlin that found a high rate "of sex delinquency" among all girls coming in contact with the CDR and the Women's Protective Division does not directly apply, but does indicate that sexual misconduct was a large concern for at least the Portland social welfare system when dealing with "delinquent" girls.
Chamberlin, 164.

Inappropriate sexual behavior could not have been the only factor, however, because far more girls were institutionalized for sexual misconduct than were ever sterilized. It seems likely that the key difference between sterilization at OSIG and OSTS was the superintendent's attitude. Patterson clearly believed in sterilization, and used it. Her successor, however, did not share Patterson's enthusiasm for the practice. Obviously, for whatever reason, the Superintendent of OSTS did not feel that sterilization was appropriate for his charges.

In the 1930s, the use of sterilization was refined and modified. The procedure was simplified and the power of the Board was increased. There was criticism of specific uses of sterilization, especially on borderline feeble-minded children. All of these changes, however, only affected the procedures of sterilization, not the ideas behind it. The eugenic ideology that developed in Oregon after the turn of the century was still basically intact at the end of the 1930s. That ideology's survival can probably be at least partially attributed to the active and able defense by the Board.

CONCLUSION

Sterilization in Oregon originated at a time when interest in eugenics and related issues was common both in Oregon and in the United States. At the time, there was a growing belief that the normal majority was menaced by the abnormal minority. Simultaneously, Oregonians had increasing faith in the ability of science to solve social problems. Owens-Adair, with the help of Steiner and others, was able to shape this consensus into a policy of reproductive control. The result was the creation of the Board of Eugenics. By the 1930s, however, eugenics and other hereditarian doctrines fell into increasing disrepute. Haller states that the "most significant development in eugenics after 1930 was its rapid decline in popularity and prestige."[1] Sterilization, however, continued as a program in Oregon and elsewhere.[2] In Oregon, eugenics ideas themselves also continued as demonstrated by the publishing of newspaper articles on the subject through the late 1930s and the passage of a eugenic marriage law by Oregon voters. The continuing interest in sterilization and eugenics in Oregon was at least partially due to the commitment of the Board to keeping both going. Even though the ideology that spawned it was in decline, the Board continued to function and grow. The Board of Eugenic, in

---

[1]Haller, 179.

[2]Kevles, 114-115.

effect, became a self-perpetuating bureaucracy.

Board members had several reasons to feel that they were able to guide social policy and should do so. The members of the Board of Health who made up the majority of the Board of Eugenics had established public health in Oregon. They initiated the inspection of milk and water, established the registration of births and deaths, and led the fight against tuberculosis and venereal disease. In both their own eyes and probably the eyes of the public, they were crusaders for a better life in Oregon.[3] Naturally, they saw sterilization as an extension of their other battles. The superintendents of the institutions were already used to wielding huge amounts of power over their inmates' lives, especially the superintendents of OSH, EOSH, and IFM. These men probably had more unquestioned power over other human beings than any other person in the state. They remained in control until they chose to retire or died. Steiner was superintendent of OSH from 1908 to 1938.[4] Smith was given control of IFM at its creation in 1915 and remained in control until 1930.[5] McNary ran EOSH from its opening in 1912 to 1941.[6] Even when they gave up the superintendency they were replaced by men who had served under them for years. Thus all the members of the

---

[3]Larsell, 458-472.

[4]Larsell, 204-205.

[5]Larsell, 202.

[6]Larsell, 316.

Board of Eugenics were accustomed to power and confident of their ability to use it correctly.

In fact, Board members felt that their power should be even greater then it was. The continued attempts of the Board to eliminate the requirement of consent and extend their power over non-institutionalized populations shows a self-assurance that more than borders on arrogance. Board members felt that they knew best, regardless of the wishes of the individuals involved. This attitude could lead to petty vindictiveness on the Board's part. Elmo Throckett's temporary victory over the Board was met with a request to have him psychiatrically examined. The Board not only ignored George Snapp, they made their opinion extremely clear by immediately acting directly contrary to his request, possibly in his presence.[7] The Board members clearly could be angered by any questioning of their authority and judgement.

The continued growth of the program needs explanation despite the national interest in sterilization in the 1930s. Sterilization in Oregon did not just include vasectomies and salpingectomies as advocated by most other programs. Castration and ovariotomies were used throughout the period from 1917 to 1940. The use of ovariotomies in mental hospitals in the rest of the United States was extremely

---

[7]Elmo Throckett was discussed in Chapter I, George Snapp in Chapter III. There is no evidence that Snapp was asked to leave before the decision was made.

rare.[8] Castration as well was seldom used.[9] Sterilization then, as practiced by the Board, was fairly unique and not backed by a national consensus. The survival of the program is thus some what of an anomaly.

The answer seems to partially be due to the Board's ability to indoctrinate its new members as old members retired or died. James H. Jones describes in his book Bad Blood how the Tuskegee syphilis experiment "evolved into something of a 'sacred cow' within the PHS."[10] He argues that the "new generation of senior officials who took charge of the experiment ... had grown to maturity in the PHS [Public Health Service] with the Tuskegee Study ... the study had become routine and they had grown accustomed to it."[11] A similar process took place with the Board of Eugenics. Turn over on the Board did not take place all at once but over a period of years, giving the new members time to be indoctrinated. Further, many of the new Board members had already been exposed to the sterilization program. For example, five of the new Board members in the 1920s and 1930s had taught at the University of Oregon Medical School and thus probably worked

---

[8]Grob, 123.

[9]The Committee of the American Neurological Association for the Investigation of Eugenical Sterilization, Eugenical Sterilization: A Reorientation of the Problem (New York: Macmillian Co., 1936), 8.

[10]James H. Jones, Bad Blood: The Tuskegee Syphilis Experiment (New York: The Free Press, 1981), 180.

[11]Ibid.

at the clinic run by the medical school which recommended several people for sterilization.[12] In addition, doctors at large were aware of the program and some even participated by recommending non-inmates for sterilization. Also, the new superintendents of IFM and OSH had both served at the institutions for a number of years and were undoubtedly quite familiar with the program.[13] Thus it was easy for the sterilization program once begun to continue and even grow.

The continuing use of sterilization in Oregon seems to have been largely due to the continuing belief in eugenics and dependence on sterilization to accomplish institutional goals among Board members. Board members acted on their beliefs by manipulating both the legislature and the public to expand Oregon's sterilization program, as discussed in Chapter III.

In practice, sterilization in Oregon, like in other places, was used to satisfy a variety of goals that were not necessarily eugenic, such as institutional control, punishment of "sexual perverts," and reduction of institution populations. Many studies of sterilization seem to concentrate on how "eugenic" sterilization was used on "normal" people to accomplish disparate goals.[14] Similarly, histories of eugenics as a scientific discipline often

---

[12]Blue Book, 164, 167, 175, 193.

[13]Ibid., 200.
BC5, 145.
BC9, 16.

[14]See Grether, McLaren, and Smith.

concentrate on how it was scientifically incorrect.[15] This ignores a greater question, if the eugenicists had been correct about their scientific assumptions, would they have been right in their actions? If all of the "feeble-minded" sterilized at IFM had suffered from a genetic form of mental retardation, would the superintendent have had the moral right to sterilize them?

Carl Degler argues in his recent book In Search of Human Nature, that social scientists turned from biological explanations of human nature to cultural explanations because of "an ideological commitment to open opportunity for the socially disadvantaged."[16] If he is correct, social scientists, dismayed by the ethical implications of eugenics and similar theories, changed their science in order to change their ethics. This is an inadequate solution. If the socially disadvantaged have the right to open opportunity because their difficulties are cultural and thus solvable, the biologically disadvantaged, such as the mentally retarded, are left open to disenfranchisement and abuse, just as they were under the policies of eugenic sterilization. And the history of sterilization in Oregon demonstrates that if one group can be subjected to the arbitrary power of the state because of their nature, other groups can easily be abused as well. In Oregon, sterilization was to be applied to certain people who

---

[15]See Gould and less so Kevles.

[16]Degler, 192.

were abnormal because of innate biological differences such as the "feeble-minded." However, once the policy of sterilization was in place, it quickly spread to other groups such as the economically and socially disadvantaged. Quite literally, the abuse of one, became the potential abuse of all.

APPENDIX A

GLOSSARY[1]

Castration
"Removal of the testicles." (Doreland, 202.)

Crime against nature
"In most jurisdictions, the term is synonymous with sodomy and consists of unnatural sexual relations as between persons of the same sex, or with beasts, or between persons of different sex but in an unnatural manner." (Ballentine, 310.)
"The offense of buggery or sodomy." (Black, 479.)

Degenerate
"A person of a perverted mental or physical condition." (Doreland, 290.)

Dysgenics
"The intermarriage of persons of a defective heredity." (Doreland, 327.)

Emasculation
"Removal of the testicles, or of the testicles and penis." (Doreland, 342.)

Eugenics
"The study and cultivation of conditions that may improve the physical and moral qualities of future generations." (Doreland, 369.)

Oophorectomy
"The surgical removal of an ovary." (Doreland, 703.)

Salpingectomy
"Surgical removal of an oviduct." (Doreland, 892.)

Sexual perversion
"[A]ny abnormality of the sexual instinct. A person with abnormal sexual instincts is called a sexual pervert." (Doreland, 704.)

---

[1]James A. Ballentine, Law Dictionary (Rochester: The Lawyers Co-operative Publishing Co., 1930).
Henry Campbell Black, Black's Law Dictionary, 3d ed., (St. Paul: West Publishing Co., 1933)
W. A. Newman Doreland, The American Illustrated Medical Dictionary (Philadelphia: W. B. Saunders Co., 1920).

Sodomy

"A common law crime deriving its name from the Biblical city of Sodom, and broadly and comprehensively speaking, consisting of unnatural sexual relations as between persons of the same sex, or with beasts, or between persons of different sex, but in an unnatural manner. Originally, the crime could only be committed by two male human beings, the crime of sexual relations between man and beast being termed bestiality." (Ballentine, 1212.)

"Copulation between males by the anus." (Doreland, 935.)

Sterilization

"Making sterile or incapable of reproduction. This is accomplished in males by castration, removing the testicles, or by vasectomy, consisting of litigating and resecting a small portion of the vas deferens. In woman it may be done by removing the ovaries or by litigating the Fallopian tube.

The surgical operation of litigating and resecting a small portion of the vas deferens. The operation is performed under legislative authority in a number of states, upon idiots, insane persons, imbeciles and habitual criminals to prevent procreation and upon the theory that the afflictions of such persons are congenital and heredity." (Ballentine, 1234.)

Syphilis

"A contagious venereal disease ... It is generally propagated by direct venereal disease or inheritance." (Doreland, 1013.)

Vasectomy

"Surgical removal of the vas deferens, or of a portion of it." (Doreland, 1127.)

"--sometimes performed on rapists and other criminals (especially sexual offenders), and on persons who are mentally defective." (Black, 1801.)

APPENDIX B

STATISTICAL DIFFICULTIES

Any statistical discussion of state ordered sterilizations faces certain difficulties. The information is sensitive and sources are likely to be restricted. Reports that are published may be censored because of public distaste or uneasiness. Finally, operations may not go through official channels or be recorded if they do. In Oregon, there are two main sources for the number of sterilizations that took place. The Board of Health, like other state agencies of the period, published biennial reports. These reports include a listing by the Board of Eugenics of all sterilizations performed under its direction. The other main source is the minutes of the Board of Eugenics which includes an account of all sterilization decisions. Besides the two sources already mentioned, there are three minor sources that can be used to help verify the first two sources.

The Board of Eugenics' minutes have several advantages. First, because the minutes contain confidential information, they are unpublished and inaccessible without permission from the Health Division. As a result, the Board members had little reason to censor their notes for fear of public opinion. Second, the minutes contain more detailed information then the published reports. From the beginning, they list the type of operation performed. As the Board

performed several different types of operations, knowing when what type was performed and to whom can be crucial. Beginning in 1919, the minutes give the home institution of the individuals concerned. Starting in 1925, the minutes also provide the age and condition of the individuals involved. Finally, some operations are mentioned in the minutes that are not listed in the reports.

However, there are some disadvantages to the minutes. Most importantly, the minutes only list sterilizations ordered, there is no way to be sure they were actually performed.[1] One would expect that there would be some discussion in the minutes if there was a significant rate of non-compliance, but there is no guarantee. There is evidence that at least some operations did take place. The Board sometimes simply approves a prior action of a superintendent or other physician.[2] In these cases, unfortunately, the minutes contain no information other then type of operation and institution, if the individual was institutionalized. Another problem is the disorder of the minutes in the first two year period. In 1917, there is little indication of the

---

[1]The exception to this, of course, is the cases where the Board merely approves prior actions.

[2]The first clear incident in the minutes was in 1927. In 1930, the Board declared that superintendents could act without Board approval in cases that "require immediate action" if they could get permission of the patient and guardian. The Board would give final approval at the next meeting.
"BE," 28 April 1927, 28 August 1930.

institutions involved. In 1918, the list of operations was to be appended to the record, it was not. Also, not until 1925 do the minutes list the sex of the patient. Usually, this is not a problem. There are, generally, sufficient textual clues as to the individual's sex. For example, women are not castrated and men are seldom named Annabelle.[3] However, there are some ambiguous cases. Also, even after 1925 information is occasionally left out. As a result of the above problems, the minutes may not be totally accurate.

The reports, on the other hand, supposedly list every sterilization performed in Oregon by the Board of Eugenics. As I have already mentioned, there is reason to believe that a few operations may not be listed in the reports, notably operations outside of institutions or at OSTS.[4] However, the reports do provide a rough list of operations performed in every other institution with a breakdown by sex. They provide no supplementary information, but the lists give at least some

---

[3]In fact, one woman was ordered castrated. This could be a misprint, an euphemism for an oophorectomy, or an euphemism for clitoridectomy. Both operations were performed in OSH during this period.
"BE," 7 July 1931.

[4]Starting in 1925, sterilizations are ordered of non-institutionalized individuals. In 1924, a boy at OSTS was ordered castrated. There were other operations ordered both outside institutions and within OSTS during the following years. At least some of the sterilizations of non-institutionalized individuals were carried out. In a number of cases, doctors applied for retroactive approval of an operation they had already performed.
"BE," 5 May 1924, 14 December 1925, 13 January, 7 July 1931, 15 October 1932.

indication of the sheer number of sterilizations in Oregon.

There are three minor sources. The most valuable is the surgical report of OSH in the biennial reports of the Board of Control. The surgical report, in the years that it was published, lists every operation performed in OSH, including the sterilizations ordered by the Board of Eugenics. Unfortunately, though some of the other institutions published surgical reports once or twice, none did so on a regular basis. As a result, this resource is limited but it provides a valuable means of judging the validity of at least some of the data. A second source is Dr. Owens-Adair, who, in her book Human Sterilization: It's Social and Legislative Aspects, lists some of the sterilizations performed before the passage of the 1923 law. The information is highly detailed, including patient initials. Owens-Adair, however, is highly biased and gives no explanation as to how she obtained the information.[5] In addition, Owens-Adair researches like a pack rat collects. The reader can place no dependence on her assessment of the validity of a source. The third supplementary source, Oregon newspapers, occasionally give statistics about sterilizations performed, but this source is sporadic and not all that useful.

In this paper, I mainly depend on the Board of Eugenics'

---

[5]She may have gotten the information from the institution officials. Owens-Adair was well-connected in the contemporary Oregon social and political elite and also includes in her book strongly pro-sterilization statements from institution heads.

minutes. However, the reader will be well advised to remember the weaknesses of the sources and realize that all statistics are for this reason approximate. The minutes record that 2,073 sterilizations were ordered by the Board between 1917 and 1940.[6] The published statistics from the Board of Health claim that 1,485 actually took place.[7] That is probably an underestimate because 162 sterilizations were recorded in surgical reports at OSH during the five bienniums surgical reports were provided, while only 130 sterilizations are listed for OSH during the same period in the Board of Health publication.[8] So it seems likely that some sterilizations within the institutions were not included in the published reports by the Board of Health. In addition, non-institutionalized people are not counted in the reports either, as earlier mentioned. Thus a safe estimate of the total number of sterilizations is probably more than 1,500 but less than 2,000.

---

[6]"BE," 29 June 1917 to 10 December 1940.

[7]BH20, 97.

[8]BC3, 54.
BC4, 49.
BC5, 62.
BC6, 62.
BC8, 74.
BH20, 97.
Part of the difference may be that the Board of Control bienniums end at the beginning of October so that even though both sets of figures include two years in a sample, one runs from January to January while the other runs from October to October so that the bienniums are not covering exactly the same period of time.

APPENDIX C

STERILIZATION TERMINOLOGY AND TECHNIQUES

The first difficulty in discussing sterilizations in Oregon is defining sterilization. The American Neurological Association declared in 1936 that

> [t]he term sterilization as used in all modern discussions should apply only to the cutting of the vas deferens in the male and the tying off or cutting of the fallopian tubes in the female ... these operations do not lower or materially injure sexual power or sexual gratification, nor do they seem to involve a change of personality or a psychic mutilation in most cases.[1]

Most historians seem to take a similar view of the issue, concentrating on vasectomy and salpingectomy. In Oregon, however, castration, the removal of the testes, and oophorectomy, the removal of the ovaries, were significant alternative methods of sterilization.[2] Therefore, any analysis of Oregon sterilizations has to define sterilization as not only encompassing the less intrusive methods of tubal litigation but also the actual removal of sexual organs.

The Board of Eugenics uses at least ten different sterilization terms in their minutes. I have chosen to use in this paper the terms that the Board established as standard in

---

[1]The Committee of the American Neurological Association for the Investigation of Eugenical Sterilization, 4.

[2]Dorland, 202, 703.
As late as 1952, a prisoner at OSP was recommended for castration. There may have been later incidents but the minutes I am using only continue through the early 1950s.
"BE." 11 July 1952.

1926: vasectomy, salpingectomy, oophorectomy, and castration.[3] The Board members never did exactly follow this usage and they decided to use the term re-section of fallopian tubes instead of salpingectomy in 1930.[4] I prefer the term salpingectomy simply for the sake of brevity.

The terms that I have chosen not to use, generally are simply synonyms of the terms I do use.[5] However, some terms do present problems. Emasculation, for example, may either involve the simple removal of the testes, as does castration, or it may involve the removal of the testes and the penis.[6] The Board in the earlier minutes uses both terms without indicating if they meant to distinguish between the two. Lacking any indication to the contrary, I have assumed that the two terms are being used as synonyms.

Another problem is the usage of the terms ovariotomy and double ovariotomy in the early minutes. Ovariotomy means the removal of an ovary so it is possible that there could be a distinction between the removal of one ovary or the removal of two ovaries. However, I have been unable to produce any

---

[3]"BE," 12 January 1926.

[4]"BE," 17 October 1930.

[5]There are some exceptions. For example, the Board ordered a 17 year old from OSTS circumcised.
"BE," 5 November 1926.

[6]Dorland, 202, 342.

satisfactory reason for the removal of a single ovary.[7] This problem occurs with many of the other alternative terms which can be used to refer to the removal of one testicle or ovary. In all cases, I have chosen to assume that a double operation is intended.

Vasectomy and salpingectomy were known at this time to have no effect on sexual desire or performance.[8] These operations were also safer and easier to perform. The use of castration and oophorectomy therefore implied goals that could not be met by mere tubal litigation. Oophorectomy "did not destroy either the sexual ability or desire."[9] However, women in the late nineteenth century did have oophorectomies for "menstrual problems, epilepsy, masturbatory habits, hysteria, or routine nervous disorders."[10] The use of oophorectomies

---

[7]It is possible, I suppose, that the Board was attempting to manipulate the female's behavior or mental condition by reducing rather than eliminating her sexual hormones. However, that is pure speculation without any contemporary or scholarly support. On the whole, I think that it is more likely that the Board members were imprecise in their speech and the secretary was slavish in recording their terms.

[8]However, it was not unusual for physicians to speak of "patients' lowered sexual desires..., of becoming more content, having fewer erections, and less desire for masturbation."
John S. Haller Jr., "The Role of Physicians in America's Sterilization Movement, 1894-1925," New York State Journal of Medicine (March 1989): 174.

[9]Ibid., 173.

[10]John S. Haller Jr., "Trends in American Gynecology, 1800-1910: A Short History," New York State Journal of Medicine (May 1989), 280.

by the Board fits very well in this nineteenth century pattern.[11] Castrations, on the other hand, seem to have been more concerned with sexual behavior.

The final problem presented by the sterilization terms, is the word sterilization itself. The term seems to be used in two senses. The first sense, as defined by the American Neurological Association, is exclusive, including only tubal litigation. The second sense, as defined by myself, is inclusive, including all possible means of controlling reproduction. The minutes and other source materials occasionally use the term sterilization without further elaboration. In these instances, I have interpreted sterilization as meaning vasectomy or salpingectomy. However, whenever I use the term sterilization in this paper, I use it in its inclusive sense.

---

[11]Gerald Grob, however, states that "[a]lthough the belief persisted among some that insanity in women was attributable to their physiology, surgical intervention in mental hospitals was extremely rare."
Grob, 123.

APPENDIX D

MEMBERS OF THE OREGON STATE BOARD OF EUGENICS 1917-1940[1]

Alexander, George (Superintendent of OSP 1938-1940?)[2]

Bacon, C.T., M.D. (Member of the Board of Health 1917-1921)

Barbee, C.M., M.D. (Member of the Board of Health 1923-1927)

---

[1]The listed terms of office for the members of the Board of Health are approximations and maybe inaccurate in some cases. In cases where I was unable to find a beginning or an ending date to a term of office, I have placed a question mark after the minimum date.

BB1917-1918, 90.
BB1919-1920, 90.
BB1921-1922, 100.
BB1923-1924, 98-99.
BB1925-1926, 103.
BB1927-1928, 54.
BB1929-1930, 11.
BB1931-1932, 18.
BB1935-1936, 23.
BB1939-1940, 22.
BB1941-1942, 27.
BB1943-1944, 29.
BB1945-1946, 34.
BB1951-1952, 38.
BB1961-1962, 69.
BC3, 4.
BC4, 53, 108.
BC5, 116.
BC6, 138.
BC7, 76.
BC8, 106.
BC9, 134.
BC10, 38.
BC13, 31.
BC14, 42, 84, 100.
Larsell, 202, 204-205, 316, 460-461.

[2]The head of OSP is referred to in some sources as warden and in others as superintendent. The actual title may have varied over time. To prevent confusion, I have throughout this paper referred to the head as superintendent.

Bean, Harold C., M.D. (Member of the Board of Health 1927-1931)

Benson, Robert L., M.D. (Member of the Board of Health 1933-1941)

Berman, A.K., M.D. (Member of the Board of Health 1939-1951)

Brennan, J.P., M.D. (Member of the Board of Health 1931-1935)

Brooks, F.M., M.D. (Member of the Board of Health 1919-1923)

Byrd, Roy D., M.D. (Superintendent of IFM 1930-1939)

Chance, Arthur W., M.D. (Member of the Board of Health 1935-1943)

Clay, H.E., M.D. (Member of the Board of Health 1917-1919)

Compton, L.H. (Superintendent of OSP 1920-1922)

Dale, W.H., M.D. (Member of the Board of Health 1919-1921)

Dalrymple, A.M. (Superintendent of OSP 1923-1926)

Evans, J.C., M.D. (Superintendent of OSH 1937-1940?)

Foskett, H.H., M.D. (Member of the Board of Health 1931-1939)

Griffith, L.F. (Superintendent of OSH 1919-1920)

Houk, George, M.D. (Member of the Board of Health 1921-1925)

Hutchens, Wendell H., M.D. (Member of the Board of Health 1939-1943)

Irvine, N.E., M.D. (Member of the Board of Health 1931-1959)

Lewis, James W. (Superintendent of OSP 1922-1923, 1931-1938)

Lillie, J.W. (Superintendent of OSP 1926-1927)

Marcellus, M.B., M.D. (Member of the Board of Health 1915-1919)

Marsh, R.J., M.D. (Member of the Board of Health 1917-1921)

McNary, W.D., M.D. (Superintendent of EOSH 1912-1941)

Miller, Horace G., M.D. (Superintendent of IFM 1939-1940?)

Morse, W.B., M.D. (Member of the Board of Health 1919-1931)

Mount, Albert, M.D. (Member of the Board of Health 1931-1935)

Mount, Frank R., M.D. (Member of the Board of Health 1937-1941)

Murphy, Charles A. (Superintendent of OSP 1916?-1918)

Myers, H.W. (Superintendent of OSP 1927-1931)

Phy, W.T., M.D. (Member of the Board of Health 1923-1931)

Pickel, E.B., M.D. (Member of the Board of Health 1925-1929)

Roberg, David N., M.D. (Member of the Board of Health 1917-1921)

Rosenberg, J.H., M.D. (Member of the Board of Health 1921-1939)

Seely, A.C., M.D. (Member of the Board of Health 1915-1919)

Smith, Andrew C., M.D. (Member of the Board of Health 1903-1923)

Smith, C.J., M.D. (Member of the Board of Health 1921-1931)

Smith, J.N., M.D. (Superintendent of IFM 1915-1930)

Smith, Johnson S. (Superintendent of OSP 1923-1923)

South, F. Floyd, M.D. (Member of the Board of Health 1935-1939)

Steiner, R.E. Lee, M.D. (Superintendent of OSH 1908-1919, 1920-1937) (Superintendent of OSP 1919-1920)

Stevens, R.L. (Superintendent of OSP 1918-1919)

Stricker, Fredrick D., M.D. (Member of the Board of Health 1921-1945)

Van Cleve, Archie C., M.D. (Member of the Board of Health 1935-1939)

Weese, W.J., M.D. (Member of the Board of Health 1937-1941)

Woods, Harvey A., M.D. (Member of the Board of Health 1939-1943)

BIBLIOGRAPHY

Primary Sources

State Publications
(Not Including Laws and Legislative Materials)

Appling, Howell, Jr., comp. Oregon Blue Book, 1961-1962. n.p., n.d.

Eighteenth Biennial Report of the State Board of Health to the Governor of Oregon and the Fortieth Legislative Assembly for the Period July 1, 1936 to June 30, 1938. Salem: State Printing Dept., ca. 1938.

Eighth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1928 to the Thirty-fifth Legislative Assembly 1929. Salem: State Printing Dept., 1929.

Eighth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirtieth Legislative Assembly Regular Session 1919 for the Period October 1, 1916 to September 30, 1918. Salem: State Printing Dept., 1918.

Eleventh Biennial Report of the Oregon State Board of Control for the Biennial Period Ending June 30, 1934 to the Thirty-Eighth Legislative Assembly 1935. Salem: State Printing Dept., 1934.

Eleventh Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Third Legislative Assembly 1925 for the Period July 1, 1922 to June 30, 1924. Salem: State Printing Dept., 1925.

Farrell, Robert S., comp. Oregon Blue Book, 1943-1944. Salem: State Printing Dept., 1943.

Farrell, Robert S., comp. Oregon Blue Book, 1945-1946. Salem: State Printing Dept., 1945.

Fifteenth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Seventh Legislative Assembly 1933 for the Period July 1, 1930 to June 30, 1932. Salem: State Printing Dept., ca. 1932.

Fifth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1922 to the Thirty-Second Legislative Assembly Regular Session 1923. Salem: State Printing Dept., 1923.

First Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1914 to the Twenty-Eight Legislative Assembly Regular Session of 1915. Salem: State Printing Dept., 1914.

Fourteenth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending June 30, 1940 to the Forty-First Legislative Assembly 1941. [Salem]: State Printing Dept., ca. 1940.

Fourth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1920 to the Thirty-first Legislative Assembly 1921. Salem: State Printing Dept., 1920.

Fourteenth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Sixth Legislative Assembly 1931 for the Period July 1, 1928 to June 30, 1930. Salem: State Printing Dept., 1930.

Hoss, Hal E., comp. Blue Book and Official Directory, 1929-1930. Salem: State Printing Dept., 1929.

Hoss, Hal E., comp. Blue Book and Official Directory,1931-1932. Salem: State Printing Dept., 1931.

Kozer, Sam A., comp. Blue Book and Official Directory,1921-1922. Salem: State Printing Dept., 1921.

Kozer, Sam A., comp. Blue Book and Official Directory,1923-1924. Salem: State Printing Dept., 1923.

Kozer, Sam A., comp. Blue Book and Official Directory, 1925-1926. Salem: State Printing Dept., 1925.

Kozer, Sam A., comp. Blue Book and Official Directory,1927-1928. Salem: State Printing Dept., 1927.

"Minutes of the Oregon State Board of Eugenics, 1917-1940." Oregon Health Division, Portland. Microfilm.

"Minutes of the Oregon State Board of Health, 1914-1922." Oregon Health Division, Portland.

Newbry, Earl T., comp. Oregon Blue Book, 1951-1952. Salem: State Printing Dept., 1951.

Nineteenth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Fifth Legislative Assembly for the Period July 1, 1938 to June 30, 1940. Salem: State Printing Dept., ca. 1940.

Ninth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1930 to the Thirty-Sixth Legislative Assembly 1931. Salem: State Printing Dept., 1931.

Ninth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-First Legislative Assembly Regular Session 1921 for the Period October 1, 1918 to September 30, 1920. Salem: State Printing Dept., 1921.

Official Directory of State Officers, State Boards, Commissions, Schools and Colleges, State Institutions, Circut Judges, District Attorneys, and County Officers. Salem: J.R. Whitney State Printer, 1904.

Olcott, Ben W., comp. Blue Book and Official Directory, 1917-1918. Salem: State Printing Dept., 1917.

Olcott, Ben W., comp. Blue Book and Official Directory,1919-1920. Salem: State Printing Dept., 1919.

Report of the Board of Building Commissioners of the State of Oregon Relative to the Location and Establishment of an Institution for Feeble-Minded and Epileptic Persons to the Twenty-Fourth Legislative Assembly: Regular Session: 1907. Salem: J.R. Whitney State Printer, 1906.

Report of the Commission to Investigate the Oregon State Penitentiary. By E.E Brodie, F.W. Mulkey, and L.J. Wentworth. n.p. 1917.

Roberts, Barbara, comp. Oregon Blue Book, 1989-1990. n.p., 1989.

Second Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1916 to the Twenty-Ninth Legislative Assembly Regular Session of 1917. Salem: State Printing Dept., 1916.

Seventeenth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Ninth Legislative Assembly for the Period July 1, 1934 to June 30, 1936. Salem: State Printing Dept., ca. 1936.

Seventh Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1926 to the Thirty-fourth Legislative Assembly 1927. Salem: State Printing Dept., 1926.

Sixteenth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Eighth Legislative Assembly for the Period July 1, 1932 to June 30, 1934. Salem: State Printing Dept., ca. 1934.

Sixth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1924 to the Thirty-third Legislative Assembly 1925. Salem: State Printing Dept., 1924.

Snell, Earl, comp. The Oregon Blue Book, 1935-1936. Salem: State Printing Dept., 1935.

Snell, Earl, comp. The Oregon Blue Book, 1939-1940. Salem: State Printing Dept., 1939.

Snell, Earl, comp. Oregon Blue Book, 1941-1942. Salem: State Printing Dept., 1941.

State Highway Department's Map of the State of Oregon Showing Main Travelled Automobile Roads 1928.

Tenth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1932 to the Thirty-Seventh Legislative Assembly 1933. Salem: State Printing Dept., 1933.

Tenth Biennial Report of the State Board of Health July 1, 1920 to June 30, 1922. Salem: State Printing Dept., ca. 1923.

Third Biennial Report of the Oregon State Board of Control for the Biennial Period Ending September 30, 1918 to the Thirtieth Legislative Assembly Regular Session of 1919. Salem: State Printing Dept., 1918.

Thirteenth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending June 30, 1938 to the Fortieth Legislative Assembly 1931. [Salem]: State Printing Dept., ca. 1938.

Thirteenth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Fifth Legislative Assembly 1929 for the Period July 1, 1926 to June 30, 1928. Salem: State Printing Dept., 1928.

Twelfth Biennial Report of the Oregon State Board of Control for the Biennial Period Ending June 30, 1936 to the Thirty-Nineth Legislative Assembly 1937. Salem: State Printing Dept., ca. 1936.

Twelfth Biennial Report of the State Board of Health to the Governor of Oregon and the Thirty-Fourth Legislative Assembly 1927 for the Period July 1, 1924 to June 30, 1926. Salem: State Printing Dept., 1927.

Twentieth Biennial Report of the State Board of Health and the State Sanitary Authority to the Governor of Oregon and the Forty-Second Legislative Assembly for the Period July 1, 1940 to June 30, 1942. Salem: State Printing Dept., ca. 1942.

Laws and Legislative Materials

Dyer, Borden M., compiler, and Kennion K. Kauffman, annotater. Supplement of 1935 of the Oregon Code 1930. Indianapolis: The Bobbs Merrill Co., 1935.

"Fortieth Legislative Assembly -- Regular Session: Senate Bill No. 30, 1939 (?)." Knight Library, University of Oregon, Eugene.

General Laws of Oregon 1917. Salem: State Printing Dept., 1917.

General Laws of Oregon 1919. Salem: State Printing Dept., 1919.

General Laws of Oregon 1923. Salem: State Printing Dept., 1923.

General Laws of Oregon 1925. Salem: State Printing Dept., 1925.

General Laws of Oregon 1929. Salem: State Printing Dept., 1929.

Journal of the Senate of the Twenty-Seventh Legislative Assembly of the State of Oregon: Regular Session: 1913. Salem: State Printing Dept., 1913.

Journals of the Senate and House of the Thirtieth Legislative Assembly: Regular Session: Beginning January 13 and Ending February 27, 1919. Salem: State Printing Dept., 1919.

Journals of the Senate and House of the Thirty-Second Legislative Assembly: Regular Session: Beginning January 8 and Ending February 22, 1923. Salem: State Printing Dept., 1923.

Journals of the Senate and House of the Thirty-Third Legislative Assembly: Regular Session: Beginning January 12 and Ending February 26, 1925. Salem: State Printing Dept., 1925.

Journals of the Senate and House of the Thirty-Fifth Legislative Assembly: Regular Session: Beginning January 14 and Ending March 4, 1929. Salem: State Printing Dept., 1929.

Journals of the Senate and House of the Thirty-Eighth Legislative Assembly: Special Session: Beginning October 21 and Ending November 9, 1935. Salem: State Printing Dept., ca. 1935.

Journals of the Senate and House of the Thirty-Ninth Legislative Assembly: Regular Session: Beginning January 11 and Ending March 8, 1937. Salem: State Printing Dept., ca. 1937.

Journals of the Senate and House of the Fortieth Legislative Assembly: Regular Session: Beginning January 9 and Ending March 15, 1939. Salem: State Printing Dept., ca. 1939.

Olson, Conrad Patrick, compiler. Oregon Laws. San Francisco: The Bancroft-Whitney Co., 1920.

Oregon Laws 1937. Salem: State Printing Dept., ca. 1937.

Oregon Laws 1939. Salem: State Printing Dept., ca. 1939.

Oregon Laws Special Session 1935. Salem: State Printing Dept., ca. 1935.

Oregon Supreme Court, comp. Oregon Code 1930. Indianapolis: The Bobbs-Merrill Co., 1930.

Newspapers

The Daily Capitol Journal (Salem) 9 February 1907 to 6 February 1919.

The Oregon Daily Journal (Portland) 21 September 1913 to 8 February 1923.

The Oregon Emerald (Eugene) 6 March 1920.

The Oregon Statesman (Salem) 9 January 1923 to 27 January 1939.

The Oregonian (Portland) 21 November 1909 to 18 June 1938.

Additional Primary Sources Used

Ballentine, James A. Law Dictionary. Rochester: The Lawyers Co-operative Publishing Co., 1930.

Black, Harry Campbell. Black's Law Dictionary. 3rd ed. St. Paul: West Publishing Co., 1933.

Carlisle, Chester L. "Preliminary Statistical Report of the Oregon State Survey of Mental Defect, Delinquency and Dependency Conducted by the University of Oregon Under the Direction of the United States Public Health Service at the Request of the Legislature of the State of Oregon, 1920." Knight Library, University of Oregon, Eugene.

Chamberlain, Clara Wilkins. "Survey of Juvenile Delinquency in Portland From September 1, 1929, to June 1, 1930." reprinted from Commonwealth Review 13 (July 1931).

The Committee of the American Neurological Association for the Investigation of Eugenical Sterilization. Eugenical Sterilization: A Reorientation of the Problem. New York: The MacMillian Co., 1936.

Dugdale, Robert L. The Jukes: A Study in Crime, Pauperism, Disease, and Heredity. 4th ed., New York: G.P. Putnam's Sons, 1910.

Goddard, Henry Herbert. The Kallikak Family: A Study in the Heredity of Feeble-Mindedness. New York: The MacMillian Co., 1935.

Larsell, O. The Doctor in Oregon: A Medical History. Portland: Binsford & Mort for the Oregon Historical Society, 1947.

Minutes of the Third Annual Meeting of the Woman's Christian Temperance Union of Oregon. Albany: Burkhart Brothers, Book and Job Printers, 1885.

The Oregon Medical Blue Book: The Official Blue Book of the Medical Profession of Oregon. Portland: The Oregon State Medical Society, 1928.

Owens-Adair, B.A. Human Sterilization: It's Social and Legislative Aspects. n.p. 1922.

Social Service Directory: Portland and Multnomah County. Portland: Social Service Exchange and Council of Social Agencies of Portland, 1939.

U.S. Department of Commerce, Bureau of the Census. Feebleminded and Epileptics in Institutions 1923. [Washington D.C.]: Goverment Printing Office, 1926.

U.S. Department of Commerce, Bureau of the Census. Feeble-Minded and Epileptics in State Institutions 1926 and 1927. [Washington D.C.]: Goverment Printing Office, 1931.

Secondary Sources

Bell, Leland V., and Peter L. Tyor. Caring for the Retarded in America. Westport: Greenwood Press, 1984.

Crosby, Alfred W. America's Forgotten Pandemic: The Influenza of 1918. New York: Cambridge University Press, 1989.

Degler, Carl N. In Search of Human Nature: The Decline and Revival of Darwinism in American Social Thought. New York: Oxford University Press, 1991.

D'Emilio, John, and Estelle B. Freedman. Intimate Matters: A History of Sexuality in America. San Francisco: Harper & Row, 1988.

Grether, Judith Kay. "Sterilization and Eugenics: An Examination of Earlyy Twentieth Century Population Control in the United States." Ph.D. diss., University of Oregon, 1980.

Grob, Gerald N. Mental Illness and American Society, 1875-1940. Princeton: Princeton University Press, 1983.

Gould, Stephen Jay. The Mismeasure of Man. New York: W.W. Norton & Co., 1981.

Haller, John S. "The Role of Physicians in America's Sterilization Movement, 1845-1925." New York State Journal of Medicine (March 1989): 169-179.

-----. "Trends in American Gynecology, 1800-1910: A Short History." New York State Journal of Medicine (May 1989): 278-282.

Haller, Mark H. Eugenics: Hereditarian Attitudes in American Thought. Rutgers: Rutgers University Press, 1963; reprint, 1984.

Jones, James H. Bad Blood: The Tuskegee Syphilis Experiment. New York: The Free Press, 1982.

Kevles, Daniel J. In the Name of Eugenics: Genetics and the Uses of Human Heredity. Berkeley: University of California Press, 1986.

McFarland, Carol Kirkby. "Bethenia Owens-Adair: Oregon Pioneer Physician, Feminist, and Reformer, 1840-1926." Masters thesis, University of Oregon, 1984.

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

Nelson, K. Ray, and J. David Smith. The Sterilization of Carrie Buck Far Hills: New Horizon Press, 1989.

Pickens, Donald K. Eugenics and the Progressives. Nashville: Vanderbilt University Press, 1968.

Reilly, Philip R. "Involuntary Sterilization in the United States: A Surgical Solution." The Quarterly Review of Biology 62 (June 1987): 153-170.

Rothman, David J. Conscience and Convenience: The Asylum and its Alternatives in Progressive America Boston: Little, Brown, & Co., 1980.

Schwantes, Carlos A. The Pacific Northwest: An Interpretive History. Lincoln: University of Nebraska Press, 1989.

Smith, J. David. Minds Made Feeble: The Myth and Legend of the Kallikaks Rockville: Aspen Systems Corp., 1985.

Starr, Paul. The Social Transformation of American Medicine: The Rise of a Sovreign Profession and the Making of a Vast Industry New York: Basic Books, Inc., 1982.