This article concerns the career of an early British Columbia teacher, Miss Josephine Dauphinee. She was the first teacher in the province to teach children labelled as feeble-minded in segregated special classes within the Vancouver school system. Dauphinee’s teaching career would be remarkable for that fact alone but the social and political motivation behind her special-class work was her life-long belief in eugenics. She saw herself as a progressive activist; by promoting the segregation of feeble-minded schoolchildren, she sought to advance the social logic of eugenics into the political realm. With the aid of local women’s groups, Dauphinee lobbied successfully for a sexual sterilization law and up until the last days of her teaching life followed an outmoded form of mental hygiene based on eugenic hereditarianism.

In the fall of 1917, Vancouver’s Supervisor of Subnormal Classes, Josephine Dauphinee, gave an extended speech before a combined meeting of the Vancouver Local Council of Women, the King’s Daughters, the Imperial Order of the Daughters of the Empire, and the Canadian Women’s Club. In “An Appeal for the Feeble Minded,” she addressed all those like-minded “western women” whom she said should adopt “a task worthy of the highest thought”:
how to tackle the growing problem of feeble-minded children. “Now is the time,” she urged, for them to “remove from our midst these unfortunates, who through no fault of their own form the largest proportion of our poverty-stricken, criminal and socially degenerate class...Look about you...whom would you characterize as ‘Feeble Minded’?” A “kitchen maid” or an “office boy” might appear normal but when asked “to exercise a little common sense is [found] wanting.”1 “Our city School Boards are doing their best by auxiliary classes in the public schools” to prevent feeble-minded youth becoming adult criminals. Dauphinee closed by encouraging public authorities to expand the auxiliary classes and fund institutional confinement so that the “mentality of our race may not degenerate.”2

In her concern for the social control of the feebleminded, Josephine Dauphinee represented not just the new field of special educators but a vanguard of progressive women across Canada after 1900.3 Children with mental disabilities were seen as a social threat that had to be isolated like a contagious disease. Dauphinee believed in preserving a strong Anglo-white majority in British Columbia and she actively campaigned for the sterilization of mental defectives as well as criminals, who were often non-Anglo/non-white. Furthermore, she was an important figure in the establishment of early special education in British Columbia, with a career that began in 1911 and continued for more than thirty years; yet her role has only been touched upon.4 When Dauphinee died on December 4, 1977, in a Vancouver nursing home at age 102, she was called “a pioneer teacher of Vancouver’s retarded children.”5 However, she was also an advocate for a eugenic strategy of educational segregation, institutionalization, and sterilization of those children deemed to be feeble-minded.

2 Ibid., 3.
5 “Pioneer Teacher Dies at 102,” Vancouver Sun, 8 Dec. 1977, B12.
Josephine Dauphinee and the “Subnormal” Pupils

Dauphinee was a progressive female educator who regarded her views on the management of feeble-minded children as being in their own best interests and for the good of society. She combined her professional backgrounds in nursing and teaching into a new career pursued by individuals who profoundly affected public education in Canada: special-class or subnormal-class teachers. In eugenics, Dauphinee found a judgemental and clinical viewpoint of a child’s social worth with which she agreed. Furthermore, she advocated a conception of children as the by-products of parental heredity which, if not of adequate quality, demanded an active response from educational and government authorities. Her career is of interest not just for the social causes she championed but also for the clinical approach of mental hygiene she helped to introduce into one of Canada’s major urban school districts. In Neil Sutherland’s view, mental hygienists by the early 1920s “had placed themselves and their ideas in a very central place in the whole child welfare movement,” with 161 special classes in operation across Canada.6 These educational structures and the individuals who operated them warrant closer examination.

I

Dauphinee’s career as a special-class teacher and her efforts to extend the eugenic viewpoint into the public sphere emerged in a North American environment of progressivism dedicated to societal reform through social control. North American social progressivism has been described by Donald K. Pickens as containing “sizable streaks of conservatism.” As a reform movement it ranged from utopian optimism through a liberal-reformist legislative agenda, to a deep sense of naturalistic despair. Pickens believes that eugenics, with its pessimistic biological view of human heredity in which the mentally fit could be overwhelmed by the growing ranks of the unfit, reflected the mood of despair among many reformist progressives.7 To maintain social stability some progressives believed harsh measures were needed to fend off race extinction. Pickens argues that

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6 Neil Sutherland, *Children in English-Canadian Society: Framing the Twentieth-Century Consensus* (Toronto: University of Toronto Press, 1976), 76.
for the diverse middle-class progressives of North America, “eugenics provided the solution as a program of practical social reform.”

Canadian progressives and Social Gospellers of varying political persuasions readily adopted the eugenic goal of social efficiency. For example, the founder of the socialist Cooperative Commonwealth Federation (CCF), Reverend James S. Woodsworth, after many years of work with non-Anglo immigrants in Winnipeg's north end, embraced eugenic concepts because of his frustration with their failure to assimilate, and in 1916 he called for the sterilization of feebleminded children. By 1922 the women's auxiliary of the United Farmers of Alberta had also adopted a eugenics platform to control the feebleminded. The advent of eugenics in western Canada, Terry L. Chapman argues, was caused by deep-seated Anglo-progressive fears of non-Anglo immigrant populations.

Progressive-minded, middle-class women were strongly drawn to eugenic ideas. Angus McLaren believes the attraction of Canadian women to eugenics was based in social nurturing; it was especially strong among professional women in such fields as education, nursing, and social service work. Eugenics promised a better world through a social agenda middle-class women could participate in as “mothers of the race.” According to McLaren, “eugenics had an over-representation of women amongst its early supporters,” with its stress on race betterment through better babies and the sterilization of the mentally unfit. Socially progressive women “were attracted to it, and upper-class women in particular.” Alison Prentice qualifies progressive female support for Canadian eugenics as applicable to “only a minority of reformers.” However, Prentice's comment fails to explain the careers of ordinary women like Dauphinee who were drawn into eugenics through their vocations.

Diane B. Paul notes that many female American progressive reformers, some from the settlement house movement, supported the state imposition of eugenic measures upon society as a means of

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8 Ibid., 160, 195.
efficient social engineering to solve the problems of the poor. As she remarks:

To many activist middle-class women, eugenics seemed a natural part of this wider movement to engage the state in new kinds of social reform. Eugenics’ focus on the family and its theme of sacrifice on behalf of large impersonal ends especially resonated with women.12

Kathleen McConnachie portrays Canadian male doctors as the chief advocates of progressive, scientific knowledge that advanced specific public health reforms. Professional women such as teachers and health nurses were assigned a prominent auxiliary role through “the task of defining, interpreting and prescribing appropriate societal action and individual behaviour.” Canada’s leading female physician, Dr. Helen MacMurchy, called upon reform-minded women to join in this progressive social crusade against the feebleminded.13

Formal educational provisions for subnormal children began in Europe with Edward Sequin’s pioneering therapy for idiot children in France, and by 1905 Germany had a system of special classes for slow children under 181 school authorities.14 However, North American school authorities were slow to adopt special classes. In Cleveland, for example, they began in 1878, in Chicago in 1896, and in New York in 1899.15 Progressive educator Elizabeth Farrell began a “misfit class” in 1894 on Lower Manhattan’s east side that she described as “the odds and ends” children. Farrell would become the powerful supervisor of the Department of Ungraded Classes in New York’s public school system.16

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In Canada, Toronto had begun classifying subnormal children by 1910. One of the city’s School Inspectors, Mr. Elliott, could supposedly classify them solely by their appearance through his “remarkably keen perception,” reported teacher Elizabeth Blackwell. The Special Class Act of 1911 and Auxiliary Class Act of 1914 were intended to create an ungraded class system in Toronto patterned after the one in New York city. The reform-minded Blackwell declared “the hope of the backward child lies in the teacher” in these smaller classes.  

Female special-class teachers were the solution for feebleminded schoolchildren who clogged the educational machinery to the detriment of normal children, and whose social vulnerability, it was believed, made them candidates for special institutional and school facilities. They needed “sympathy, pity, love and kindness,” qualities that could only be found in caring women teachers. Dr. MacMurchy called the special classes and their caring teachers an “essential part of this scheme.”

By 1923 psychologist Dr. Eric Kent Clarke reported that the Toronto special classes had done much to lower truancy by providing valuable manual skills to low-functioning students; their expansion was a necessity. Special classes and their teachers had both an educational and social mission: to clear the schools of low-functioning children, socialize them if possible, and institutionalize them if necessary. The eugenic classification of children in segregated classes and the social reasoning behind their special-class training forcefully advanced the mental hygiene agenda in Canadian society. Special-class teachers cultivated a broader vision for society: a clinical, eugenic vision of social functionalism that defined their educational work with Canada’s mentally challenged schoolchildren.

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In June 1910, at the age of 35, Miss Josephine Dauphinee arrived in New Westminster, a suburb of Vancouver. She had come west with her sister to work as a nurse for her uncle, Dr. George E. Drew, who had a thriving practice in New Westminster as a physician and surgeon. Born to Captain Thomas and Ada Drew Dauphinee in Liverpool, Nova Scotia, on November 15, 1875, Josephine Dauphinee began her adult life training at the Provincial Normal School in Truro to be a teacher. After qualifying for a licence in 1894, she returned to Liverpool and taught elementary school for nine years. Disillusioned with teaching, however, she then trained as a nurse in Boston, Massachusetts, and after graduating returned to Nova Scotia to begin her new profession. In 1909, like many of the Maritimes’ young and educated professionals, she decided to come to western Canada.\footnote{Nova Scotia Archives and Record Management (NSARM), RG 14, Vol. 265, No. 22, “Teaching License of Josephine Dauphinee”; “George E. Drew, M.D.,” in F.W. Howay and E.O.S. Scholefield, \textit{British Columbia From the Earliest Times to the Present} 4 (1914): 567-68; “Pioneer Teacher Dies at 102,” \textit{Vancouver Sun}, 8 Dec. 1977, B12; Kay Alsop, “Memories made of this...but she looks ahead,” \textit{The Province}, 31 Dec. 1970, 24. For an example of two late-nineteenth-century Nova Scotian female schoolteachers who came west to British Columbia, see Jean Barman, \textit{Sojourning Sisters: The Lives and Letters of Jessie and Annie McQueen} (Toronto: University of Toronto Press, 2003).} Nursing in her uncle's medical practice only held her attention for a few months and in September 1910 she became a primary teacher in Vancouver. In April 1911, Mr. W.P. Argue, Supervisor of Schools, assigned Dauphinee to a new position as the first subnormal-class teacher at Central Elementary School, with twelve students. Dauphinee recalled it was her nursing experience “that caused the school board here [Vancouver] to put me in charge of the retarded children, some of them were epileptic.” The city’s school doctor described Dauphinee as “a nurse and a teacher of marked ability.”\footnote{People Department of the Vancouver School Board: Record card of Josephine Dauphinee; Winifred Lee, “90-year-old Clubwoman active since age 14,” \textit{The Province}, 28 Oct. 1956, 39; Dr. F.W. Brydone-Jack, “Medical Inspection,” \textit{Vancouver Board of School Trustees (BST) Annual Report for 1911}, 59.}
Miss A. Josephine Dauphinee upon the occasion of her appointment as president of the Vancouver Business and Professional Women’s Club; she became national president of the organization in the 1930s. *The BC Teacher* 7, 10 (June 1928): 46. Published with the permission of the BC Teachers’ Federation.
Josephine Dauphinee and the “Subnormal” Pupils

This compliment from Dr. F.W. Brydone-Jack was an indication that Dauphinee displayed the clinical viewpoint necessary to deal with subnormal children. Brydone-Jack began his medical career in the Vancouver school system in January, 1910, and assisted by his school nurse, Elizabeth G. Breeze, he had started to rid classes of children he regarded as intellectually inferior. By the end of 1910 he had classified 28 pupils as mentally deficient or defective and in 1911 put another 40 pupils in that category.23 It was because of Dr. F.W. Brydone-Jack’s pleas that in 1910 a “specially trained teacher” was selected to provide “special instruction” to these slow students.24 He saw in Dauphinee the attributes required to evaluate the physical and mental condition of schoolchildren as dispassionately as he did. Like his prominent physician father, who sat on the school board, Brydone-Jack believed mental subnormality or feeblemindedness had to be isolated like any other contagious disease under a program of progressive public health measures.25 By 1913 he was actively petitioning the school board about the “urgent need” for more classes for backward pupils.26 Paul Longmore and Lauri Umansky argue it was this medicalization of a broad array of human disabilities that promoted the organization of school programs and funding according to specific diagnostic categories.27 Subnormal or feeble-minded schoolchildren were a medical creation brought about by a campaign of pedagogical progressivism from within Vancouver’s schools.

In September 1911 Dauphinee was joined by a like-minded teacher, Miss Ruby Kerr, who began a second special class at Central School with twelve students.\(^\text{28}\) While on a research trip to the public schools of Seattle, Washington, Dauphinee had observed how a special-class system should be organized. She had met with Miss Nellie A. Goodhue, supervisor of Seattle's three special classes containing a total pupil population of forty-six. Seattle’s schools had acted aggressively to test, classify, and remove children judged feeble-minded through its Child Study Laboratory, under school psychologist Dr. Stevenson Smith of the University of Washington.\(^\text{29}\) Dauphinee embraced this vision of school mental hygiene but was unable to act on it immediately. Upon her return from Seattle, she urged the school board to establish a full special-class system with a school psychologist, laboratory-assessment clinic, head teacher, and multiple elementary special classes across the city. However, political conditions were simply not conducive to granting her request at the time. For the next six years, along with Kerr, she “laboured to instill the principles of the most menial tasks, only to find them forgotten or discarded” by their pupils. Their frustration was palpable and finally in 1918 these low-functioning students were transferred to the Public Hospital for the Insane (PHI) in New Westminster. Dauphinee could now move on to deal with “the moron problem” which she believed plagued the schools of Vancouver.\(^\text{30}\)


\(^{30}\) A. Josephine Dauphinee, “Vancouver’s Sub-Normal Problem,” *The Canadian Journal of Mental Hygiene* 3 (1921): 118-19. According to psychologists of the time a “moron” looks like a normal child but as an adult scores on the Binet Test at mental age 10-12 years; see Trent Jr., *Inventing the Feeble Mind*, 160.
In 1916 a progressive school board was elected in Vancouver and a female chair, Mrs. Irene Moody, selected.\textsuperscript{31} Moody went to Seattle in 1918 at Dauphinee’s urging and after returning recommended an American-style special-class system for Vancouver's schools.\textsuperscript{32} The direct influence of the Seattle School System upon Vancouver’s has already been documented in relation to the education of Canadian school principals at the University of Washington in the 1920s.\textsuperscript{33} In February 1918 the Vancouver school board authorized the creation of a Psychological Clinic with a staff psychologist to assess children as well as an Observation Class for short-term pupil treatment. The board also increased the number of elementary special classes from two to six.\textsuperscript{34} Established during the First World War, these services entailed considerable expense, which suggests the school board had become convinced of the necessity of mental hygiene measures in Vancouver’s schools.

The direct importation of American mental hygiene was confirmed by the appointment of Miss Martha Lindley from the Child Study Laboratory in Seattle as Vancouver’s first school psychologist. Trained in Henry Herbert Goddard’s Research Department at the Vineland Training School for Mental Defectives in New Jersey, Lindley had been a “field worker” researching the genetic transmission of feeblemindedness within families.\textsuperscript{35} Goddard, in his famous Kallikak study of 1912, traced inter-generational feeblemindedness, often found among the poorer classes and
immigrants. By late 1919 Lindley had examined over 700 schoolchildren with the Stanford revision of the Binet Test recently done by Lewis M. Terman. To accommodate the newly identified subnormal population, more special classes would have to be created; the present provisions were, she argued, “a mere drop in the bucket compared with the need.” Lindley was also testing children outside the school system in such institutions as the Provincial Industrial School for Girls, where she found 75 per cent of inmates were feeble-minded. Speaking to child-welfare advocates in 1918, Lindley described the situation as very disheartening: “Vancouver is doing something...[but] the rest of the province is doing nothing.” However, her career abruptly ended in early 1920 when she announced she was leaving to get married. School board chair Moody called it “a catastrophe” but hoped Ruby Kerr, who was training with Goddard, would return to fill the position of school psychologist.

In 1920 the Canadian National Committee for Mental Hygiene (CNCMH) published their 1919 Mental Hygiene Survey of British Columbia. It spoke admiringly of the work of Dauphinee and Lindley, and commended the Vancouver school board and Mrs. Moody for establishing the special-class system. However, the present ten classes had to be increased in order “to keep pace with the problem.” All local schools would need special classes for subnormal children once they were detected by testing. There was a need for the involvement of the new Provincial Psychopathic Hospital in Coquitlam to deal with highly disturbed cases, and a social worker to manage problems

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outside the school with a view towards the “final disposal” of unresponsive pupils in an appropriate training institution.  

To the CNCMH what Vancouver had achieved was only a beginning; there was a need for rapid expansion of mental hygiene services within the public school system. However, without support from the provincial government in Victoria, and with the loss in the early 1920s of Moody as school board chair, the work to fulfill the CNCMH plan for mental hygiene expansion would fall to Dauphinee.

IV

The early 1920s was a period of expansion in Vancouver’s special-class system and elsewhere in the province. Dauphinee was now Special-Class Supervisor and as of June 1920 controlled 15 special classes, comprising 205 pupils, in Vancouver’s elementary schools. By 1923 there were 22 elementary special classes with 249 pupils containing 164 boys along with 85 girls. School authorities, such as Inspector J.S. Gordon, believed the removal of these subnormal pupils was an efficiency measure as they only handicapped normal students in regular classrooms. Gordon admired Dauphinee’s “unfailing devotion to duty” in “this important but trying work.” The curriculum of the special classes resembled that of First Nations Residential Schools or the half-time system. The morning was devoted to remedial lessons in reading, mathematics, writing, and spelling, while the afternoon was a combination of handicrafts and shop classes. In 1922 two manual-training instructors, Mr. A.P. Tingley and Mr. A.C. Cameron, were engaged to train the older male

elementary special-class students, who made such items as couches, Morris chairs, lamps, gramophone stands, and humidors. Manual training was sex-segregated, with the boys building furniture items and the girls doing basketry, rug-making, knitting, crocheting, and garment repair. Displays of their work were mounted by Dauphinee at the school board office and the Pacific National Exhibition.46 There were no cooking classes as none of the schools had such facilities.

Dauphinee’s goal for the special classes was to equip each graduate “with a ‘habit’ which would keep them supplied with a means of livelihood.” It was not special education in the contemporary sense, even though there was a surface resemblance, but rather a program of habituation to the norms of labour, leading to eventual employment. The special classes did not educate for personal independence or social integration but trained their pupils in order to exert social control. In economic terms Dauphinee believed such educational measures were needed as “a preventative of pauperism, vagrancy and crime.” There were too many subnormal immigrant children who “slip past our gates” and the fact that 6.2 per cent of the 205 subnormal pupils registered in 1920 were of Italian origin showed a disturbing trend.47 As an example of these Italian immigrant children in her classes, Dauphinee cited “two brothers from sunny Italy, lazy, degenerate, dissolute and mentally deficient.”48 It is not a sense of rehabilitation that Dauphinee communicates in her reports but rather the exercise of social control. It was Lewis Terman, the American educational psychologist, who identified subnormal children as a source of “moral contagion,” a threat of disease to the normal children around them. The CNCMH regarded control of the feebleminded to be a public health measure and Dauphinee, as a trained nurse and teacher, seemed to have adopted this logic of contagion for segregating feeble-minded children.49 In 1927 Dauphinee and Kerr organized a lecture and tour of the special classes for University of British Columbia (UBC) Public Health Nurses.50

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At the top, a child being assessed with psycho-educational testing instruments of the day. The bottom picture is a classroom scene of students engaged in handicraft projects.

Isolating these feeble-minded children early and training them for eventual release when social control was established followed the social agenda of mental hygiene.

The number of special-class students continually increased as compulsory education, with its demands for systematic intellectual functioning, quickly identified those not capable of meeting its standards. In June, 1925, psychometric testing showed that 296 of the 303 special-class students were “retarded from two to seven years.” A statistical analysis of the 1921/1922 reading levels of these special-class students revealed 37 pupils in the First Primer, 69 in the Second Grade Reader, and 98 in the Third Grade Reader. The lack of achievement in reading did not trouble Dauphinee as these children would only “follow the orders of their boss” as adults; they “will never be leaders.” In 1922 Dauphinee described her special-class work: “We get them early in their school life, train them in good habits, encourage them to use all the mentality they possess and start them in a vocation for which their mental equipment shows the greatest chance of success.” Kerr, the school psychologist, was busy not only testing schoolchildren but also finding the feebleminded among juvenile offenders. However, as early as 1922 the School Inspector, J.S. Gordon, demanded Dauphinee reorganize her classes as they were becoming too expensive. The ratio of one teacher to 20 or fewer students was in stark contrast to a regular class of 40 students to one teacher. Dauphinee’s mental hygiene agenda for continually expanding the special classes was on a collision course with budget-conscientious school authorities.

V

In 1924, Harold Putman, an Ottawa school inspector, and George M. Weir, the first head of the University of British Columbia’s

51 McLaren, *Our Own Master Race*, 92.
Department of Education, were commissioned to conduct an American-style school survey of the public schools of British Columbia. The aim of the survey was to point out inefficiencies and recommend progressive school reforms to promote educational efficiency. Putman and Weir’s 1925 survey was critical of many aspects of schooling in the province but singled out Dauphinee for particular criticism. The “pride in achievement” she expressed for the special-class system would be “justifiable if only we could shut our eyes to its costs.” In 1925 the special classes contained, on a city-wide average, 11 students per class. It cost $65 for a pupil to be educated in an ordinary class per year and $256 per pupil in a special class. The special classes had “unnecessarily low” attendance resulting in high expenditure but the “excessive cost” was also due to “the system of organization which adds a psychologist, a supervisor, a social service worker and an observation class teacher and two special manual-training instructors.” Putman and Weir disagreed that the detection and education of feeble-minded schoolchildren was “something mysterious.” Ordinary teachers could be trained to administer the Binet tests and find subnormal children. In addition, Putman and Weir described Dauphinee as a controlling administrator who “spoon-fed” her teachers and treated them as incompetents.

Although Putman and Weir were harsh in their criticisms of Dauphinee’s management they did recommend a rationalization of the special-class system through class reductions, centralization, and transportation of students by car. However, the Vancouver School Board declined to adopt their recommendations. In fact new special classes for subnormal pupils were established at Kitsilano Junior Secondary, Canada’s first junior high school for grades 8-10. In 1927 Dauphinee reported that despite the expansion of this new high school program into Templeton Junior High School, on Vancouver’s east

57 For Putman and Weir’s criticism of rural schools in the 1920s, see J. Donald Wilson and Paul Stortz, “May the Lord have Mercy on You: The Rural School Problem in British Columbia in the 1920s,” in *Children, Teachers and Schools*, ed. Barman, Sutherland, and Wilson, 209-33.
59 Ibid., 391-94.
60 Ibid., 394.
side, there were still “not enough classes to care for its [the city’s] subnormal pupils.” 61  It took the economic restraints of the Great Depression to shrink the special classes; in 1932 the existing twenty classes were reduced to fifteen and some teachers reassigned. Nevertheless, Dauphinee continued to plead that “we are caring for a bare 50 per cent of the subnormal pupils.” She firmly believed that the special classes had a social mission to curb delinquency and youth crime in order to produce good citizens. 62  Some classes were restored in 1935 and Dauphinee felt it was because of her citizenship work. 63  However, the school board was beginning to feel that the provincial Department of Education should assume the financial burden of the special classes. And by the late 1920s, Dauphinee's energies were increasingly devoted to a goal beyond her teaching, the passage of a sexual sterilization act for subnormals as had already been done in Alberta.

VI

Dauphinee combined her eugenic concerns for the biological control of the feebleminded and her educational agenda for their custodial training into a private campaign to have a sexual sterilization act passed in the province of British Columbia. Her dual backgrounds as a medical nurse and special-class teacher had convinced her that such a law was needed. Along with school psychologist Kerr and ex-school board chair Moody, Dauphinee formed a “Mental Hygiene Committee” in 1923 through the Vancouver Local Council of Women. The activities of “clubwomen” in the campaign to pass a sterilization bill has been largely ignored. 64  The committee at first called only for the removal of subnormal schoolchildren and their placement in an industrial training school. 65  The first evidence of a policy supporting

sexual sterilization for the subnormal is a letter dated January 1925 asking the South Vancouver Women’s Institute for feedback on a draft resolution calling for a provincial sterilization law. On April 6, 1925, Toronto psychiatrist Dr. C.M. Hincks of the CNCMH addressed a meeting of interested women at the Wesley United Church about the sterilization of the feebleminded.66 By June a full resolution on sterilization had been drafted by the New Westminster Local Council of Women and forwarded to Dauphinee’s committee. The resolution gathered support from the YWCA, Vancouver Nurses Association, and Canadian Daughters League.67

In December 1925 the British Columbia Legislature chartered a Royal Commission on Mental Hygiene to investigate mental hygiene provisions and recommend improvements. Dauphinee would have a great deal of input and found powerful allies beyond the Local Council of Women among medical doctors and government officials. In its preliminary report for 1926 evidence was gathered from the medical profession but several “lay witnesses” were called at the Vancouver meeting of April 13/14, 1926, including Dauphinee and Kerr.68 An Appendix was devoted to the care and treatment of subnormal children, with recommendations for a training school for mental defectives and expansion of the special classes for retarded children in Vancouver, Victoria, and New Westminster. Sexual sterilization was cited as a therapeutic mechanism to control the feebleminded.69

The final report of the commission in 1928 stressed the “urgent need” for the care and treatment of mentally deficient children. The public school system was the “key-note of a constructive programme” as nine-tenths of these children could be trained.

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66 University of British Columbia Library Special Collections (UBCLSC), Box 1, Vancouver Council of Women Records, 1901-1996, Letter, January 1925, J. Baker, South Vancouver Women's Institute to Mrs. Labsik, Secretary, Vancouver Local Council of Women, Re: Working Resolution on Sterilization and visit of Dr. C.M. Hincks on 6 April 1925.

67 UBCLSC, ibid., Memo of 25 April 1925 from Mrs. Labsik to all Presidents of Affiliated Women's Councils, Re: Sterilization Resolution of New Westminster Local Council of Women and support from other groups.

68 British Columbia Archives (BCA), GR-0865, Box 1, File 6, List of those present at meeting of Mental Hygiene Commission in Vancouver 13/14 April 1926. Along with Dauphinee and Kerr were Dr. H.C. Steeves and Dr. J.G. McKay from the Provincial Psychopathic Hospital (known as Essondale Hospital), J. Williams of the Vancouver Child Welfare Association, and Dr. C.B. Farrar of the Toronto Psychopathic Hospital.

characterized as “educational rather than medical.” For those who could not be handled in the special classes, an institution specifically dedicated to their care was needed. CNCMH scientists such as Dr. C.M. Hincks and mental-hygiene educator/birth-control expert Dr. D.M. Lebourdais were thanked for their advice. Dauphinee and Kerr were also recognized as they had brought Hincks and Lebourdais to speak to many local women’s groups. Outside experts such as Dr. Paul Popenoe provided information on the extensive eugenic sterilization program in California that had been conducted since 1911 to eliminate the threat of the feebleminded in one generation.70

Dauphinee and Kerr submitted an appendix on the subnormal children enrolled in the special classes for 1924-25, in which Dauphinee tried to show how the population needed to be retested and their treatment refined. Of the 289 subnormal children, 36 needed to be institutionalized in a training school. About 38 deserved a more enriched school program. The third list contained the names of a number of children supposedly belonging to families with hereditary feeble-mindedness. Dauphinee wrote:

> They have not the mentality...[to] shoulder the responsibilities of parenthood. Belonging as they do to defective families, the taint is almost certain to be passed on to their children. If the Province adopts the policy of sterilization these children should be sterilized. There are on the list, which is conservative, forty-seven children.71

Dauphinee wrote to the Provincial Printer, C. Banfield, and requested twenty-four copies of the Commission’s final report containing her special-class section. Banfield replied that he would try to supply the copies and he hoped “this report does come somewhere near filling the bill from your point of view.”72 The act of drawing up these lists, particularly the third sterilization list, revealed Dauphinee’s true motivations behind creating the special classes. They were not a

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72 BCA, GR-0865, Box 1, File 3, Letter, 16 March 1928, Josephine Dauphinee to Chas Banfield, King’s Printer; Reply letter 19 March 1928, Chas Banfield to Miss Dauphinee, Special Class Supervisor.
humanitarian measure so much as a mechanism for efficient social cleansing.

In June 1929, a petition signed by Kerr, Dauphinee, Moody, and Mrs. I.H. Kirk of the Vancouver Local Council of Women was forwarded to S.L. Howe, the Provincial Secretary, asking for provincial funding for special classes and a training school for defectives, as well as a sterilization law. An impressive list of community groups, religious organizations, and societies was attached in support. The petition was ignored, but in May 1930, Howe wrote back to the Women’s Committee pledging to work towards a common end. However, pressure was building on Premier Simon Fraser Tolmie when Alberta passed a Sexual Sterilization Act in 1928 and Emily Murphy wrote a series of “Janey Canuck” articles in the *Vancouver Sun* calling for sterilization of the unfit as a measure akin to pruning a fruit tree for a better harvest. In July 1933 a Sexual Sterilization Act was passed and a British Columbia Eugenics Board created. The press reported that “a number of...women’s groups in the province have been urging legislation of this nature for some years past.” Dauphinee had achieved a notable success in her quest to have her eugenic views enshrined in law and thus validate her biological politics.

VII

In the spring of 1940 Dauphinee mounted her last special-class display for Education Week in the window of the B.C. Electric Building, a local private utility, at Granville and Dunsmuir Streets in downtown Vancouver. It was a period of validation for her work just as her teaching career was ending. School authorities from Victoria,
Nanaimo, and Chilliwack with an “interest in our work with subnormal pupils” had visited in 1939-1940. Dauphinee also hosted several visitors from “the east” in Canada and “American teachers from Seattle, Everett, Bremerton”. Nursing and social work students from “our own university” [UBC] observed Dauphinee’s classes as well. In June 1941 she retired at the age of 66 and was lauded for her many years of outstanding educational service. In a three-part article, “Glands and Our Pupils,” for The B.C. Teacher, Dauphinee left a last pronouncement on her eugenic convictions concerning the biological destiny of subnormal children. Low I.Q. scores in children, she wrote, had a glandular basis; the treatment involved gland extraction “when the need arises.”

To the end of her special-class career Dauphinee reflected her two professional backgrounds as both a medical nurse and a special-class teacher; she was able to draw easily upon these two fields in order to further the mental-hygiene agenda for subnormal children. Dauphinee was also a product of the progressive, reformist elements within the medical and education professions at the beginning of the twentieth century that utilized eugenics. She believed in the medical confinement of subnormal children and their sterilization in an asylum setting as well as the power of educational psychology to classify children according to a fixed level of mental ability. Dauphinee’s promotion of eugenic social measures, her development of a special-class system, and her work towards a sterilization law were outgrowths of her support for the kind of middle-class, progressive, social reform ideas that dominated North America in the early twentieth century. Her embrace of eugenic ideas was far from untypical; a young Tommy Douglas, for example, while a university student in 1933 and active member in the socialist CCF, praised the use of eugenic measures to deal with social poverty. Eugenics was taken up by progressive reformers from all ideological spectrums as

81 McLaren, Our Own Master Race, 7-9.
a rational, scientific mechanism to better human circumstances.\textsuperscript{82} However, by the end of the Second World War it was discredited and described as an “orphaned science.”\textsuperscript{83} Dauphinee remained by the 1940s an ardent adherent to the progressive eugenic social principles she took up in her youth.

This study has dealt with the schools of Vancouver from 1911 to 1941 and focused on the career of the special-class supervisor. It is clear Dauphinee subscribed to specific eugenic ideas concerning pupil management within the mental-hygiene agenda which drove her professional career and shaped her personal politics. The presence by 1923 of like-minded teachers across Canada in 161 special classes indicates a truly national mental-hygiene agenda at work in both the public schools and the larger society. Dauphinee was a respected progressive educator in Vancouver’s schools for over 30 years; her eugenic convictions about subnormal children were widely accepted and her special-class system segregating subnormal children was always regarded as a benign measure to further social efficiency. It was through no fault of their own that these children came to school with specific mental challenges; the fault lay in Dauphinee’s eugenic ideas, which cast a dark shadow over their lives.

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\textsuperscript{82} See Mark B. Adams, ed., \textit{The Wellborn Science: Eugenics in Germany, France, Brazil and Russia} (New York: Oxford University Press, 1990).