

# Governing Mentalities: The Deportation of 'Insane' and 'Feebleminded' Immigrants Out of British Columbia From Confederation To World War II

Robert Menzies\*

*School of Criminology  
Simon Fraser University*

**Abstract** — *This paper chronicles the role of British Columbian provincial authorities and medical practitioners in engineering the deportation of psychiatrically disordered and cognitively disabled immigrants out of the province between Confederation and 1939. Approximately 750 mental patients were removed from BC during the 1920s and 1930s alone, and more than 5000 had been deported from the country as a whole by the outbreak of World War II. With the use of provincial and federal government records and correspondence, institutional documents, print media clippings and patient files, I probe the professional practices and discourses that fuelled this movement to banish asylum inmates. Across these seven decades, medical authorities, in alliance with bureaucrats and various anti-immigration forces, succeeded in assembling a powerful and efficient system for screening out and expelling those new Canadians who ostensibly failed to meet the mental standards for Canadian citizenship. Bolstered by theories of eugenics and race betterment, and drawing on public fears about the unregulated influx of aliens and the associated scourge of madness, officials turned to deportation as an expedient means for ridding hospitals of their least desirable denizens. I argue more generally that the deportation of 'insane' and other 'unfit' immigrants was nourished by the flood of nativist, rac(ial)ist, exclusionist, eugenist, and mental hygienist thinking that*

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\* A version of this paper was originally presented at the 1998 Meetings of the Western Association of Sociology and Anthropology in Vancouver, BC. Funding support was furnished in part by the Social Sciences and Humanities Research Council of Canada. For their various and indispensable contributions my thanks go out to Robert Adamoski, Dorothy E. Chunn, John McLaren, Jeffie Roberts, Anna Tremere, Marie-Andrée Bertrand and the two anonymous reviewers of the Canadian Journal of Law and Society, and the professionals and staff of the British Columbia Archives and Records Service, the National Archives of Canada, the Archives on the History of Canadian Psychiatry and Mental Health Services, and Riverview Hospital. Inquiries should be addressed to the School of Criminology, Simon Fraser University, 8888 University Drive, Burnaby, BC V5A 1S6, Canada (email menzies@sfu.ca).

*dominated British Columbian and Canadian political and public culture throughout this 'golden age' of deportation.*

*Résumé: Cet article établit un lien entre des rôles de psychiâtres provinciaux et les handicaps cognitifs, entre la Confédération et l'année 1939. Environ 750 malades mentaux furent chassés de C.-B. pendant les seules années 1920 et 1930, et plus de 5000 furent déportés du pays tout entier à l'occasion du déclenchement du second conflit mondial. À l'aide des archives et de la correspondance des gouvernements provinciaux et fédéraux, de coupures de la presse écrite et de dossiers médicaux, l'auteur examine les pratiques et discours professionnels qui ont alimenté ce mouvement de bannissement des détenus des asiles d'aliénés. Tout au long de ces sept décennies, les autorités médicales, de concert avec les bureaucrates et diverses forces hostiles aux immigrants, ont réussi à mettre en place un système puissant et efficace de filtrage et d'expulsion des néo-Canadiens qui n'arrivaient pas à satisfaire aux normes de santé mentale exigées pour la citoyenneté canadienne. Soutenus par les théories de l'eugénisme et de l'amélioration de la race, et jouant sur les peurs du public à propos du flux incontrôlé d'aubains et du fléau des maladies mentales qu'on y associait, les fonctionnaires recoururent à la déportation comme moyen expéditif pour débarrasser les hôpitaux de leurs éléments les plus indésirables. L'auteur veut démontrer plus généralement que la déportation des immigrants «aliénés» ou autrement «inaptes» s'alimentait aux théories natalistes, raciales et racistes, exclusionnistes, eugénistes et d'hygiénisme mental qui dominaient la culture politique et publique de Colombie-Britannique et du Canada pendant tout cet «âge d'or» de la déportation.*

## Introduction

From Confederation through to 1939, more than 5000 people were deported from Canada as 'insane' or 'feeble-minded' under the provisions of the federal *Immigration Act*. In the province of British Columbia, 750 mental hospital patients were officially removed or informally repatriated to their countries of origin through the 1920s and 1930s alone.<sup>1</sup> In late 19th- and early 20th-century Canada, banishment was an increasingly popular strategy for the regulation of mentally disordered populations. Burdened by hospital overcrowding and underfunding, and seeking to expand their influence and exercise control over the quality of patients admitted to their institutions, medical superintendents

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1. On the sources and historical patterns of federal and provincial deportation statistics see Tables 1 and 2 below.

forged alliances with provincial bureaucrats, federal immigration authorities and a variety of nativist and restrictionist groups to assemble a powerful and efficient system for jettisoning those new Canadians who failed to meet the mental standards for Canadian citizenship. Bolstered by theories of eugenics and race betterment, and drawing on public fears about unregulated immigration and the spectre of insanity, psychiatric officials turned to deportation as an opportune and generally permanent device for ridding hospitals of their least wanted inmates. Like other dependent, delinquent, redundant and politically dangerous populations,<sup>2</sup> the mentally disordered and cognitively disabled represented a convenient target for the practitioners of deportation.<sup>3</sup> Despite resistances from foreign governments, transportation companies and pro-immigration groups, and in individual cases from deportees themselves and their allies, the practice of medical banishment proved to be an immensely successful enterprise. Over the first four decades of this century alone, during which more than 80,000 people were removed or rejected at our ocean ports,<sup>4</sup> about a tenth of all deportations

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2. On the general history of deportation in Canada, see D. Avery, *Dangerous Foreigners: European Immigrant Workers and Labour Radicalism in Canada, 1896-1932* (Toronto: McClelland & Stewart, 1979); H. F. Drystek, "'The Simplest and Cheapest Mode of Dealing With Them': Deportation From Canada Before World War II" (1982) 15:30 *Social History* 407; D. Galloway, *Immigration Law* (Toronto: Irwin, 1997), c. 1; S. Imai, "Deportation in The Depression" (1981) 7:1 *Queen's Law Journal* 66; V. Knowles, *Strangers At Our Gates: Canadian Immigration and Immigration Policy, 1540-1997*, 2d ed. (Toronto: Dundurn, 1997); B. Roberts, "Shovelling Out The 'Mutinous': Political Deportation From Canada Before 1936" (1986) 18 *Labour* 77 [hereinafter "Shovelling Out The 'Mutinous'"]; B. Roberts, *Whence They Came: Deportation From Canada 1900-1935* (Ottawa: University of Ottawa Press, 1988) [hereinafter *Whence They Came*].
  3. On Canadian physicians and the rejection and removal of unfit immigrants, see I. Dowbiggin, "'Keeping This Young Country Sane': C. K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925" (1995) 76:4 *Canadian Historical Review* 598 [hereinafter "'Keeping This Young Country Sane'"]; I. R. Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940* (Ithaca: Cornell University Press, 1997) c. 1,3 [hereinafter *Keeping America Sane*]; Z. Godler, "Doctors and the new immigrants" (1977) 9 *Canadian Ethnic Studies* 6; A. McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland & Stewart, 1990), c. 3 [hereinafter *Our Own Master Race*]; B. Roberts, "Doctors and Deportees: The Role of The Medical Profession in Canadian Deportation, 1900-20" (1987) 18:3 *Canadian Ethnic Studies* 17 [hereinafter "Doctors and Deportees"].
  4. Canada, House of Commons, "Annual Reports of the Immigration Branch". in *Sessional Papers* (Ottawa: Queen's Printer, 1902-1903 to 1938-1939). See Table 1 below.

and half of medical exiles were ordered out of Canada on the grounds of imputed insanity or feeble-mindedness.<sup>5</sup>

This paper chronicles the role of British Columbian provincial authorities and medical practitioners in securing the removal of those immigrants deemed unworthy of citizenship by virtue of their disordered and deficient mentalities. Enlisting provincial and federal government records and correspondence, hospital documents, media reports and clinical files, I explore the official and professional discourses and strategies that were invoked for the purpose of identifying and expelling such mentally inadequate aliens. I argue more generally that the deportation of 'insane' and other 'undesirable' immigrants was nourished by the flood of nativist, rac(ial)ist, exclusionist, eugenist, and mental hygienist thinking that dominated British Columbian and Canadian politics and public culture throughout this 'golden age' of deportation.

In the context of the time, it is scarcely surprising that deportation should have presented such an attractive safety valve for the guardians of British Columbia's segregative institutions, or that the mentally disordered were considered such prime candidates for expulsion. Through the turn of century and beyond, as progressivist ideas flourished and an incipient welfare state began to germinate, radically new ideas emerged about the quality and scope of citizenship and governmentality.<sup>6</sup> The province and country were experiencing convulsive transitions towards an industrialized economy, an urbanized workforce, a public system of regulation and care, innovative technologies of communication and transportation, and a rapidly diversifying population amid the mammoth immigration boom of the pre-World War I period. Tumultuous

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5. A federal government study conducted in the early 1950s reported that, between 1930-31 and 1944-45, there were 2,724 deportations for medical reasons, 1,596 of these (58%) being attributed to mental diseases. The study concluded that "from 50% to 60% of deportations for medical reasons are occasioned by mental disease. This means that from 1902 to 1944, there have been from 5,400 to 6,500 persons deported as a result of mental disease." Department of Citizenship and Immigration, "Immigration Studies With Special Reference to Mental Disease" National Archives of Canada [hereinafter NAC] RG 29, vol. 3091, file 854-4-300, pt.1-A.
  6. The literature on citizenship and governmentality has exploded in recent years. Illustrations include J. M. Barbalet, ed., *Citizenship: Rights, Struggle and Class Inequality* (Milton Keynes, UK: Open University Press, 1988); L. Becker & W. Kymlicka, eds., "Symposium On Citizenship, Democracy, and Education" (1995) 105 *Ethics* 465; C. Mouffe, ed., *Dimensions of Radical Democracy: Pluralism, Citizenship, Community* (London: Verso, 1992); M. Roche, *Rethinking Citizenship: Welfare, Ideology and Change in Modern Society* (Cambridge, UK: Polity, 1992); G. Shafir, ed., *The Citizenship Debates: A Reader* (Minneapolis, MN: University of Minnesota Press, 1998); B. van Steenberg, ed., *The Condition of Citizenship* (Thousand Oaks, CA: Sage, 1994); B. S. Turner, ed., *Citizenship and Social Theory* (London: Sage, 1993).

cycles of economic expansion and depression, intensifying labour-capital conflict, and the continuing contradictions of class, race and gender combined to destabilize the conventions of liberal laissez-faire politics and to explode the notions of autonomous free citizenship and non-interventionist state minimalism that they had embodied. They occasioned the apprehensions of the nation's elites who were desirous of preserving their affluence and influence, and of white male workers and agriculturalists who were struggling to retain what few advantages they had wrested from their 19th-century world.<sup>7</sup>

With these staggering social transformations came efforts from the country's political and organizational leadership, and from their allies in intellectual and cultural contexts, to fundamentally rethink the relationship between the individual and the state. The myriad benefits of citizenship in Laurier's new century of Canada—the promises of prosperity, sociality, security and freedom it embraced—were seen to demand reciprocal contributions from those who sought membership. As a *Toronto Globe* editorialist wrote in 1910,

[t]he problem of citizenship is quite the most serious on Canada's program to-day ... Immigrants of to-day will be the voters of tomorrow ... It is of the very essence of Canadian democracy that every citizen ... shall take his part in the country's government. If a people has no aptitude for self-government, that people has not the first qualification for citizenship in Canada.<sup>8</sup>

Coupled with such citizen duties were the economic obligations to the community and the nation that befell all individuals. In the words of Henry Esson Young, British Columbia's Provincial Health Officer and former Provincial Secretary, "[t]he human being is beginning to be looked on not as an individual altogether independent from other individuals and from the community, but as an economic unit of the community who has a very definite productive value."<sup>9</sup>

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7. Some classic works on the transition in Canada from the 19th-century liberal state to 20th-century progressivism are: A. Armitage, *Social Welfare in Canada: Ideals and Realities* (Toronto: McClelland & Stewart, 1975); D. Guest, *The Emergence of Social Security in Canada* (Vancouver: University of British Columbia Press, 1980); F. Iacovetta, P. Draper & R. Ventresca, eds., *A Nation of Immigrants: Women, Workers, and Communities in Canadian History, 1840s-1960s* (Toronto: University of Toronto Press, 1998); A. Moscovitch & J. Alberts, eds., *The Benevolent State: The Growth of Welfare in Canada* (Toronto: Garamond, 1987); J. Struthers, *No Fault of Their Own: Unemployment and the Canadian Welfare State 1914-1941* (Toronto: University of Toronto Press, 1983).
  8. "Canada's Most Serious Problem" *Toronto Globe* (2 July 1910) NAC. RG 76, vol. 474, file 729921.
  9. Henry Esson Young, "Presidential Lecture to Canadian Public Health Association, Vancouver" *Victoria Daily Colonist* (22 June 1920) 5; British

But not all prospective entrants to the British Columbian and Canadian way of life were deemed worthy. The racist debarment of Chinese, Japanese, Sikh, Doukhobor and First Nations peoples has been long documented.<sup>10</sup> For their part, the vast majority of women were consigned to a subordinated subjecthood forged from ideologies of domesticity, fertility and motherhood, and were sequestered far from the seductive realms of public life, congregate labour and the franchise.<sup>11</sup> The quintessential Canadian citizen was white, male, productive, responsible, and compliant. In "exercising its prerogative to select suitable future citizens,"<sup>12</sup> the state invoked powerful images of social order, and of well-regulated minds and bodies. These ideas, and the laws and practices they spawned, permitted authorities both to discipline those who had inherited or achieved citizenship and to disqualify others whose attributes or conduct fell short of apprehended standards.

One further criterion for citizenship eligibility was the candidate's ascribed aptitude for reasoned, rational, and intelligent participation in public and private affairs. The new citizen was conceived as an enlightened and stable being who

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- Columbia Archives and Records Service [hereinafter BCARS] GR 144, vol.3, book 1.
10. D. Cole & I. Chaikin, *An Iron Hand Upon the People: The Law Against the Potlatch on the Northwest Coast* (Vancouver: Douglas and McIntyre, 1990); R. Fisher, *Contact and Conflict: Indian-European Relations in British Columbia, 1774-1890* (Vancouver: University of British Columbia Press, 1979); H. Johnston, *The Voyage of the Komagata Maru: The Sikh Challenge to Canada's Colour Bar*, 2d ed. (Vancouver: University of British Columbia Press, 1995); P. E. Roy, *A White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858-1914* (Vancouver: University of British Columbia Press, 1989); P. Tennant, *Aboriginal Peoples and Politics: The Indian Land Question in British Columbia, 1849-1989* (Vancouver: University of British Columbia Press, 1990); W. P. Ward, *White Canada Forever: Popular Attitudes Toward Orientals in British Columbia* (Montréal: McGill-Queen's University Press, 1990); G. Woodcock & I. Avakumovic, *The Doukhobors* (Toronto: Oxford University Press, 1968).
  11. G. Creese & V. Strong-Boag, eds., *British Columbia Reconsidered: Essays on Women* (Vancouver: Press Gang, 1992); M. Jolly & M. MacIntyre, eds., *Family and Gender in the Pacific: Domestic Contradictions and the Colonial Impact* (Cambridge: Cambridge University Press, 1989); L. Kealey, ed., *A Not Unreasonable Claim: Women and Reform in Canada, 1880s-1920s* (Toronto: Women's Press, 1979); B. K. Latham & C. Kess, eds., *In Her Own Right: Selected Essays on Women's History in B.C.* (Victoria: Camosun College, 1980); B. K. Latham & R. Pazdro, eds., *Not Just Pin Money: Selected Essays on the History of Women's Work in British Columbia* (Victoria: Camosun College, 1984); A. Perry, "'Fair Ones of A Purer Caste': White Women and Colonialism in Nineteenth-century British Columbia" (1997) 23 *Feminist Studies* 501.
  12. Imai, *supra* note 2 at 93.

could absorb the lessons of this progressive social order and contribute both culturally and genetically to the nation's betterment. In contrast, those disordered and defective souls who carried the millstones of madness or imbecility were "indigestible lumps"<sup>13</sup> who gravitated to the lowest social echelons, bloated the rolls of asylums and penitentiaries, polluted the national gene pool, and were incapable of assimilation into the good life of rectitude, hygiene and (re)productive labour. British Columbia and Canada were already burdened with the care of disordered and deficient charges who had unavoidably been born into citizenship. But it was beyond tolerance that they should be expected further to assume responsibility for the human detritus of other countries. Deportation, along with medical examination and rejection prior to entry, were adopted as the preferred strategies for defending the mental frontiers of province and nation. Moreover, as the 20th century progressed, psychiatrists and immigration authorities assembled a litany of theories and methods for scientifically screening out insane and feeble-minded immigrants. The result was a convoluted legal and administrative apparatus that traversed provincial, federal and international spheres, and that in its operation revealed much about the values, preoccupations and fears of citizenry and state during this volatile period in British Columbian and Canadian history.

### **Historical Patterns of Rejection and Removal**

Prior to 1902, there were no systematic data published on the exclusion or expulsion of Canadian immigrants, insane, feeble-minded or otherwise. Thereafter, according to statistics compiled by the Immigration Branch of the federal government<sup>14</sup> (see Table 1), among the 59,734 official deportations effected from Canada between fiscal years 1902–1903 and 1938–1939, 10,840 were for medical causes. For the years in which medical cases were disaggregated by category in the official reports (29 of 37 years across the period in question),<sup>15</sup> 'insanity' and 'mental defect' accounted respectively for

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13. William Byron, "The Menace of The Alien" (1919) 32 Maclean's Magazine 19 at 19.
  14. The federal ministries responsible for immigration and deportation through the period of this study were: the Department of Agriculture at Confederation, the Department of the Interior commencing in 1892, the Immigration Branch of the DI as of 1893, the Department of Immigration and Colonization from 1917, and finally the Department of Mines and Resources starting in 1936. Immigration Branch, *Finding Aid*, NAC. RG 76.
  15. Separate statistics on deportations based on insanity and defect were published in Immigration Branch Annual Reports from 1902–1903 to 1915–1916, and again from 1933–1934 to 1938–1939 (excepting the 1936–1937 fiscal year). The numbers for ten additional years (1916–1917 through 1925–1926) were prepared

40 percent and nine percent of all such removals. Extrapolating these proportions through the eight missing years results in an estimated total of 4344 deportations for reasons of insanity, and another 947 based on 'deficiency' or 'feeble-mindedness.' Therefore nearly a tenth of all those deported from the country through to World War II were ousted on the basis of their purported psychiatric condition. Moreover, of 22,142 persons refused admission to Canada at the country's ocean ports of entry, 5961 were rejected for medical reasons. While separate statistics were assembled only through the 1918–1919 fiscal year, up to that point 153 aspiring immigrants had been rejected as insane, and another 280 as mentally defective.

In British Columbia, the statistical summaries of patient movements contained in the psychiatric hospital annual reports<sup>16</sup> throughout the inter-war period permit an aggregate look at deportation practices in the province's mental health system (see Table 2). Between fiscal years 1921–1922 and 1937–1938, 553 inpatients resident in British Columbia's three main psychiatric institutions<sup>17</sup> were officially deported, and from 1926–1927 to 1936–1937 (the only years for which such records were kept) another 197 were informally repatriated (ostensibly with their consent and/or the cooperation of family or friends). For the years reported, deportations represented 5.8 percent of all discharges from the province's hospitals, and informal returns contributed another 3.0 percent. The annual tally of deportations peaked in 1931–1932 at 60 (11.2 percent of all discharges for that year). Shortly thereafter, however, emulating the sharp decline by mid-Depression of overall immigration and

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separated by Dominion Statistician R. H. Coats for the BC Royal Commission on Mental Hygiene. Letter from J. Macdonald to R. H. Coats (28 June 1926) BCARS. GR 865, box 1, file 2.

16. *Annual Reports of the Medical Superintendent* [hereafter *ARMS*] Public Hospital for the Insane (to 1923–1924) and Provincial Mental Hospital, Essondale (from 1924–1925) BC Sessional Papers, 1921–1922 to 1937–1938.
17. Following the closure of the Victoria Lunatic Asylum in 1872, the Public Hospital For the Insane (PHI) in New Westminster was inaugurated in 1878. Subsequently, the Essondale Mental Hospital opened in 1913 on a 1000-acre tract of land in Port Coquitlam; and the Colquitz Mental Home, an institution for male 'criminally insane' inmates, operated between 1919 and 1964. See generally V. Adolph, *In the Context of its Time: A History of Woodlands* (Richmond, BC: Ministry of Social Services, Government of British Columbia, 1996); M. J. Davies, "The Patients' World: British Columbia's Mental Health Facilities, 1910–1935" (M.A. Thesis, Department of History, University of Waterloo, 1989); R. Foulkes, "British Columbia's Mental Health Services: Historical Perspectives to 1961" (1961) 20 *The Leader* 25; R. Menzies, "The Making of Criminal Insanity in British Columbia: Granby Farrant and The Provincial Mental Home, Colquitz, 1919–1933" in H. Foster & J. McLaren, eds., *Essays in the History of Canadian Law: Vol. VI: British Columbia and the Yukon* (Toronto: Osgoode Society and University of Toronto Press, 1995) 274.



deportation statistics across the country, the number of insanity deportations from British Columbia plummeted. By fiscal years 1936–1937 and 1937–1938, only two and eight patients respectively were subjected to deportation, and thereafter the psychiatric authorities ceased publishing deportation statistics altogether.

British Columbia's medical authorities also amassed systematic data on the origin, gender, and length of time hospitalized and in Canada for all persons deported over the 15-year period between 1921–1922 and 1935–1936. As depicted in Table 3, 5099 of 8201 psychiatric admissions for whom information was available (62.2 percent) were foreign-born, with England (36.1 percent), Scotland (12.5 percent) and the United States (11.5 percent) being the most frequent points of origin. While these three countries were again prominent in the enumeration of patients actually deported, overall there were striking variations in the proportionate representation of different nations in the admission and deportation statistics. For example, only 5.8 percent of Scots, 6.7 of English and 9.9 percent of US-American patients were returned to their homeland. In contrast, the 15 deportations of Czechoslovaks represented a full 65 percent of admissions from that country. Other groups with remarkably high deportation-to-admission ratios included Hungarians (40 percent) and those from Jugoslavia/Serbia/Montenegro (38 percent), Switzerland (36 percent) and Finland (35 percent). Just a single patient originating in the Soviet Union was deported in these years, owing largely to the prevailing Soviet practice of revoking the citizenship of its émigrés.<sup>18</sup>

When it came to gender (see Table 4), there were measurable differences in the susceptibility of men and women mental patients to deportation. Of 543 BC psychiatric patients jettisoned from the country, 453 (83.4 percent) were male. These represented 8.9 percent of all men certified to the province's psychiatric hospitals during the time period, while in comparison the 90 deported women comprised only three percent of female admissions. These gender differences were no doubt at least partially attributable to the higher proportions among the men of unmarried migratory workers with little social support in their adopted country and relatively few impediments to removal.

In the lower part of Table 4, the number of years spent by patients in Canada prior to hospitalization, and time in hospital before deportation, are enumerated. The average tenure in the country was 2.69 years, with a range from less than one through to 23 years. Worthy of note is the finding that 40 of the 541 individuals (7.4 percent) had been in the country for at least the minimum five years necessary to establish domicile under the federal *Immigration Act*—a status which under normal circumstances should have shielded them from the

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18. *Whence They Came*, *supra* note 2, c. 7.

Table 1  
Canadian Immigration, Deportation and Rejection Statistics, 1902-1903 to 1938-1939

Year	Total				Deportations				Rejections at Ocean Ports				
	Immigration	Total	Medical	Insanity	Defect	Total	Medical	Insanity	Defect	Total	Medical	Insanity	Defect
1902-1903	128,364	67	49	1	8	273	257	0	1				
1903-1904	130,331	85	61	5	9	274	225	5	0				
1904-1905	146,266	86	58	5	7	611	529	3	4				
1905-1906	189,064	137	110	12	18	524	404	11	11				
1906-1907	124,667	201	126	53	22	440	264	8	5				
1907-1908	262,469	825	392	110	45	1172	513	19	12				
1908-1909	146,908	1748	467	113	36	509	216	13	28				
1909-1910	208,794	734	212	95	12	1515	585	15	31				
1910-1911	311,084	784	222	121	17	2210	585	6	27				
1911-1912	354,237	959	229	133	9	972	256	17	27				
1912-1913	402,432	1281	370	221	10	756	328	24	25				
1913-1914	384,878	1834	570	210	15	1827	398	18	45				
1914-1915	144,789	1734	379	144	10	998	319	6	54				
1915-1916	48,537	1243	206	62	6	163	34	6	5				
1916-1917	75,374	605	98	49	12	174	30	0	4				
1917-1918	79,074	527	39	32	0	71	12	3	1				
1918-1919	57,702	454	70	49	3	70	19	0	0				
1919-1920	117,336	655	123	89	9	662	21						
1920-1921	148,477	1044	133	82	6	953	99						
1921-1922	89,999	2046	313	132	37	1083	60						
1922-1923	72,887	1632	282	154	49	632	37						

Table 1 (ct'd)  
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1921-1922	89,999	2046	313	132	37	1083	60			
1922-1923	72,887	1632	282	154	49	632	37			
1923-1924	148,560	2106	649	122	50	992	130			
1924-1925	111,362	1686	420	126	69	1031	83			
1925-1926	96,064	1716	410	160	61	266	40			
1926-1927	143,991	1585	470			689	95			
1927-1928	151,597	1866	519			319	104			
1928-1929	167,722	1964	650			360	94			
1929-1930	163,288	3963	600			321	78			
1930-1931	88,223	4376	789			483	39			
1931-1932	25,752	7025	697			324	26			
1932-1933	19,782	7131	476			229	16			
1933-1934	13,903	4474	301	166	14	194	17			
1934-1935	12,136	1128	144	98	4	215	9			
1935-1936	11,103	610	81	52	7	196	13			
1936-1937	12,023	576	47			247	11			
1937-1938	15,645	413	42	30	8	210	8			
1938-1939	17,128	434	36	19	12	177	7			
<b>TOTAL</b>	<b>4,821,948</b>	<b>59,734</b>	<b>10,840</b>			<b>22,142</b>	<b>5961</b>			

Table 2  
British Columbia Mental Hospitals: Admissions, Discharges and Deportations, 1921-1938

Year	1921- 1922	1922- 1923	1923- 1924	1924- 1925	1925- 1926	1926- 1927	1927- 1928	1928- 1929	1929- 1930	1930- 1931	1931- 1932	1932- 1933	1933- 1934	1934- 1935	1935- 1936	1936- 1937	1937- 1938	Total
Total Admissions	478	438	447	461	475	494	542	543	602	632	562	635	610	653	679	783	834	9868
Total Discharges	488	483	450	443	439	440	474	567	652	597	538	566	570	641	658	766	768	9540
Total Deportations	32	36	17	37	35	39	28	48	55	53	60	45	34	13	11	2	8	553
Informal Repatriations						11	14	11	12	13	24	26	20	28	17	21		197
Deportations as % of Discharges	6.6	7.5	3.8	8.4	8.0	8.9	5.9	8.5	8.4	8.9	11.2	8.0	6.0	2.0	1.7	0.3	1.0	5.8%
Informal Repatriations as % of Discharges*						2.5	3.0	1.9	1.8	2.2	4.5	4.6	3.5	4.4	2.6	2.7		3.0%

\* Statistics on informal repatriations reported for years 1926-27 through 1936-37 only

invocation of deportation proceedings.<sup>19</sup> Lastly, the majority of patients (456, or 84.0 percent) were deported within the first year of hospitalization (with an overall mean of 1.04 years), although in a few isolated cases long-term inmates were also subjected to expulsion. In most instances, the medical superintendents of British Columbia's hospitals, as subsequent sections will reveal, were determined to expel foreign patients at the earliest opportunity with a view to conserving resources and opening up beds.

### Desultory Beginnings

The formal legal machinery for the exclusion and deportation of insane persons and other 'prohibited classes' evolved in stages from the passage of the first federal *Immigration Act* in 1869.<sup>20</sup> This legislation provided, among other things, for the appointment of immigration officers at Canadian ports of entry, and with some exceptions barred entry into the country of "every lunatic, idiot, deaf, dumb, blind or infirm person."<sup>21</sup> With amendments to the *Act* in 1887<sup>22</sup> came the authority to repatriate ineligible migrants to "the port whence they came." Prior to the turn of century, however, there were no formally entrenched procedures for the deportation of those who had already entered the country.

During these first few post-Confederation decades, medical professionals in the province of British Columbia had already begun to focus their attention on the insane immigrant as a potent source of social perils. The burgeoning asylum system in BC, as elsewhere, provided a highly fertile context for the fostering of ideas about dangerously insane foreigners, and an ideal institutional site for the identification, containment and removal of these populations. From the very inauguration of the Victoria Lunatic Asylum in 1872, the state psychiatric apparatus in BC rapidly developed into the province's predominant site of segregative confinement.<sup>23</sup> In the process, a succession of medical superintendents, along with their political mentors in the Provincial Secretariat and Cabinet, soon joined and ultimately came to conduct the chorus of voices decrying the influx of undesirables and unfits into the newly confederated Western province.

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19. As noted below, the length of time in Canada required to establish domicile under the *Immigration Act* was set at two years in 1906, then raised to three years in 1910 and five years in 1919. See also *ibid.*, c. 2.

20. *Immigration Act*. 1869. 32, 33 Vic. c. 10.

21. Drystek, *supra* note 2 at 408.

22. *Immigration Act*. 1887. 50, 51 Vic. c. 34.

23. *Supra* note 17.

Table 3  
Country of Origin For British Columbia Mental Hospital Admissions and Deportations,  
1921-1922 to 1935-1936

Where Originated <sup>a</sup>	Admissions			Deportations		
	N	%	% Foreign Born	N	%	As % of Admissions
British Columbia	1143	13.9				
Canada-Other	1959	23.9				
England	1840		36.1	124	22.9	6.7
United States	586		11.5	58	10.7	9.9
Finland	145		2.8	50	9.2	34.5
Scotland	636		12.5	37	6.8	5.8
Sweden	198		3.9	34	6.3	17.2
Norway	157		3.1	31	5.7	19.7
Ireland	285		5.6	29	5.4	10.2
Germany	89		1.7	21	3.9	23.6
Jugoslavia/Serbia/Montenegro	53		1.0	20	3.7	37.7
China	177		3.5	15	2.8	8.5
Poland	65		1.3	15	2.8	23.1
Czechoslovakia	23		0.5	15	2.8	65.2
Switzerland	31		0.6	11	2.0	35.5
Denmark	35		0.7	9	1.7	25.7
Wales	71		1.4	8	1.5	11.3
Italy	92		1.8	7	1.3	7.6
Japan	83		1.6	7	1.3	8.4
Austria	71		1.4	6	1.1	8.5
Holland	25		0.5	6	1.1	24.0

a Countries are arranged in descending order by total number of deportations. All countries with 10 or more admissions are listed.

Table 3 (ct'd)  
Country of Origin For British Columbia Mental Hospital Admissions and Deportations,  
1921-1922 to 1935-1936

Where Originated <sup>a</sup>	Admissions			Deportations		
	N	%	% Foreign Born	N	%	As % of Admissions
Hungary	15		0.3	6	1.1	40.0
Newfoundland	38		0.7	5	0.9	13.2
France	44		0.9	4	0.7	9.1
Greece	20		0.4	4	0.7	20.0
Australia	29		0.6	3	0.6	10.3
Europe-Other <sup>b</sup>	27		0.5	3	0.6	11.1
South Africa	12		0.2	3	0.6	25.0
New Zealand	11		0.2	3	0.6	27.3
Belgium	16		0.3	2	0.4	12.5
Russia	103		2.0	1	0.2	1.0
India	45		0.9	1	0.2	2.2
Americas-Other <sup>c</sup>	13		0.3	1	0.2	7.1
Galiccia-Ukrainia	20		0.4	0	0.0	0.0
Roumania	17		0.3	0	0.0	0.0
Iceland	11		0.2	0	0.0	0.0
West Indies	11		0.2	0	0.0	0.0
Other <sup>d</sup>	3		0.1	0	0.0	0.0
Asia-Other <sup>e</sup>	2		0.0	0	0.0	0.0
Unknown	50			1		
<b>TOTAL</b>	<b>8251</b>			<b>543</b>		

b The Channel Islands (8), Gibraltar (4), Lithuania (4), Spain (3), Latvia (3), Bulgaria (2), Malta (1), Luxembourg (1) and Estonia (1).

c Alaska (3), Chile (3), Mexico (2), British Guiana (2), Brazil (1), Argentina (1) and Salvador (1).

d The Hawaiian Islands (1), the British East Indies (1) and Egypt (1).

e Korea (1) and Syria (1).

**Table 4**  
**Attributes of Deported British Columbian Mental Patients,**  
**1921-1922 to 1935-1936**

	Women		Men	
	N	%	N	%
Total Admissions	2962	35.9	5289	64.1
Total Discharges	2898	36.2	5108	63.8
Total Deportations	90	16.6	453	83.4
Deportations as % of Discharges		3.1		8.9

	Time in Canada Prior to Hospitalization		Time in Hospital Prior to Deportation	
	N	%	N	%
LT 1 Year	137	25.3	456	84.0
1-2 Years	116	21.4	47	8.7
2-3 Years	89	16.5	11	2.0
3-4 Years	77	14.2	10	1.8
4-5 Years	82	15.2	1	0.2
5-6 Years	8	1.5	1	0.2
6-7 Years	10	1.8	0	0.0
7-8 Years	5	0.9	3	0.6
8-9 Years	1	0.2	3	0.6
9-10 Years	4	0.7	1	0.2
10-11 Years	5	0.9	3	0.6
11-12 Years	2	0.4	3	0.6
12-13 Years	1	0.2	0	0.0
13-14 Years	1	0.2	1	0.2
14-15 Years	0	0.0	0	0.0
15-16 Years	1	0.2	0	0.0
16-17 Years	0	0.0	1	0.2
17-18 Years	0	0.0	1	0.2
18-19 Years	0	0.0	0	0.0
19-20 Years	0	0.0	0	0.0
20-21 Years	0	0.0	0	0.0
21-22 Years	1	0.2	1	0.2
22-23 Years	1	0.2	0	0.0
Total	541		543	
Mean	2.69 Years		1.04 Years	



During the earliest years of the British Columbian asylum establishment, the trepidations of medical authorities were couched in the discourse of moral economy, and were targetted mainly on the parasitic waifs and strays of the British homeland who were allegedly being foisted on the province and country through the invigilant policies and practices of immigration authorities. While scattered informal removals of “lunatics” had occurred as early as the 1850s, the first officially recorded repatriations of mental patients from BC were recounted in 1896 by Medical Superintendent G. F. Bodington (1894-1900). Bodington, a recent immigrant himself, had presided over an asylum in the English Midland counties for 17 years before relocating to Western Canada. Bodington noted in his Annual Report for 1896 that one woman and four men had been shipped back to friends in Liverpool, “two of them at their own cost, and three ... partly at the cost of the Provincial Government.” He stressed that these patients were all linked by the obvious constitutional underpinnings of their disorders: “... in one the patient was of feeble intellect, and the insanity strongly hereditary, in another the patient was obviously weak-minded originally, and a third was a pronounced epileptic with consequent mania, while the brother and sister suffered from strong family taint.” In his case summary, Bodington was moved to wax indignant about “the practice too much in vogue in Great Britain, of shipping off to the colonies weak-minded young persons who are unmanageable at home, and unable to make a career for themselves, or earn a livelihood here.” According to the good doctor, “the struggles and difficulties of Colonial life” were too great a burden for such an “undesirable class of immigrants” who, once “sent out to get rid of, ... naturally gravitate to the Asylum and swell the ranks of the already too numerous lunatics [thereby] adding to the pecuniary burden of the province.”<sup>24</sup>

Throughout his tenure as medical superintendent and as the asylum rolls inflated, Bodington continued to agitate for the removal of defective interlopers. The moral pragmatism of his rhetoric, and his social darwinistic explanations for the crisis of insanity that was breaking out around him, contained the seeds from which the more overtly nativist and racialist thinking among his successors would germinate for a generation to come. As he wrote in 1897, addressing the remarks to both provincial authorities and his “brethren” in Britain:

I cannot too strongly urge the inexpediency [sic] of shipping off either from the East or from Europe the wastrels of society. Useless and unmanageable as they may be at home, they become still more useless and unmanageable in the remote West, where the difficulties of life to be encountered are greater and the resources at command for their relief are less than those to be met within old and more settled communities. It seems to be forgotten that life in the colonies is not easier than it is at home. It requires for success men not only stalwart in body, but healthy in

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24. G. F. Bodington, *ARMS*. Provincial Asylum For the Insane. 1896. 60 Vic at 845.

mind ... [P]atients who are the subjects of incipient or borderland insanity, or of inveterate moral depravity, or any form of mental deviation or twist ... arrive at the west coast, and being confronted by the Pacific Ocean, can wander no further. [T]heir condition becomes aggravated many-fold. They throw discredit upon the old countries whence they sprang ... [T]hey gravitate to our Asylum and tend to swell unfairly the percentages of lunatics to population. They are not wanted in the Province, where they are looked down upon as undesirable vagrants ... Any medical practitioner having to deal with a case of this kind should remember before "shipping the patient off to the colonies," that he is not likely by so doing to drive the unclean spirit out of the man. He may truly be sending him where he will walk through dry places seeking rest but finding none, but in the end, too frequently "the last state of that man is worse than the first."<sup>25</sup>

True to his hyperbole, and despite the fact that formal legal authority via the *Immigration Act* was still several years away, Bodington managed to jettison numerous patients to their homeland during the years of his superintendency. Most of these were conveyed individually in the company of family or friends, although on occasion group returns were also engineered. One such example was chronicled by Bodington in 1899, when, spurred by "an accumulation of similar cases in the Asylum over-crowding the building and creating a serious drain upon the resources of the Institution and the revenues of the Province," the Provincial Secretariat arranged for the mass expulsion of 22 patients, "of whom 13 went to the United Kingdom, 7 to Eastern Canada, and 2 to the United States." The costs were borne by the Province.<sup>26</sup>

Subsequent ranks of psychiatric and state authorities in British Columbia continued to pursue the extraction of unfit outsiders as the new century unfolded. New Westminster Medical Superintendent G. H. Manchester (1900-1905) had prior experience with foreign patients during his three years as a physician at the Verdun Protestant Hospital in Montréal. Like his forerunner, Manchester endeavoured to usher immigrant patients out of the province whenever the opportunity arose. Manchester expressed special alarm about what he considered the laxity of assessment procedures for screening out mentally unsound candidates for citizenship. Advocating heightened vigilance, Manchester protested the state's enlistment of the asylum as a dumping ground for cases gone awry while, at the same time, authorities were failing to address the more pernicious folly of a promiscuous federal immigration program. Some officials, he allowed, "do not seem to understand that it is not the wish of the Government to permanently support all the foreign insane, who may be either accidentally or intentionally brought to our provincial doors, and they may gather them in with never a thought as to where they came from, so long as they

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25. *Ibid.* 1897. 61 Vic. at 830.

26. *Ibid.* 1899. 63 Vic. at 896.

know an easy way of getting rid of them for the time being.” The inundation of such defective souls from afar was not merely a mental health problem, but presented an inherent social risk that demanded more forceful measures. The province’s police, for example, “ought to be instructed that it is their business to help protect the country from this kind of imposition and to make inquiry into the origin of every wandering lunatic, with a view to repatriating him if possible.”<sup>27</sup>

Authorities viewed the 1901 case of ‘The Honourable’ F.J.L.<sup>28</sup> to be emblematic of this alleged inundation of ‘weak-minded’ British and Continental immigrants into the Canadian hinterland. The son of an English Earl and described as “a wealthy and highly respected rancher of the Columbia valley,”<sup>29</sup> F.J.L. had migrated to British Columbia in the 1890s and purchased land near Canal Flats. In May of 1901, with little warning, F.J.L., then 29 years of age, shot and killed his Chinese cook with a 45-90 Winchester rifle. While violence against Chinese immigrants was scarcely an exceptional occurrence in frontier BC, the abrupt and purportedly motiveless nature of this particular incident implied a pathological origin. At his subsequent arraignment, F.J.L. was bundled off to the Public Hospital for the Insane under Manchester’s care. The latter diagnosed him to be suffering from “acute hallucinatory paranoia”<sup>30</sup> and detained him in hospital custody until the Fall Assizes in Golden, where a jury found him not guilty by reason of insanity. Following his return to the PHI in October 1901 under a Lieutenant-Governor’s Warrant,<sup>31</sup> F.J.L.’s family hired a local firm of attorneys who lobbied provincial officials for his release and transportation back to England. However attractive such a prominent and prosperous inmate might have appeared to asylum officials, the overriding impulse to evict apparently eclipsed any such parochial motives of organizational or economic bearing. With the full compliance of doctors, the Executive Council produced an Order-in-Council on 29 November authorizing his removal “into the care of his relatives” in England, to be accompanied *en route* by a member of his lawyers’ firm and by hospital attendant Granby Farrant. As a condition of his release, F.J.L. was barred from returning to Canada. He left on 6 December 1901. A mere six months had elapsed between

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27. G. H. Manchester, *ARMS*. Provincial Asylum For the Insane. 1902. 3 Ed. VII at E7.

28. Case files for British Columbia mental hospital patients discharged prior to 1942 are contained in the GR 2880 records collection of the BCARS. Patient names are initialized in this paper to safeguard confidentiality.

29. The newspaper source is withheld to protect the individual’s identity.

30. BCARS. GR 419, box 89, file 1900/80; GR 1754, box 6, vol. 10.

31. These warrants, abolished by Parliament in 1992, mandated the indeterminate confinement “at the pleasure of the Lieutenant-Governor” of persons found not guilty by reason of insanity or unfit to stand trial.

the shooting and the young blueblood's unceremonious dispatch whence he came.

### An Expanding Exile Apparatus

Such cases as that of F.J.L. undoubtedly stoked the apprehensions of asylum keepers as they watched the populations of their asylums spectacularly soar, and as Canadian immigration statistics began to escalate in a wave that swelled upwards from turn-of-century through to the outbreak of World War I.<sup>32</sup> It was at this juncture that federal lawmakers began to respond. In 1902, revisions to the *Immigration Act* signalled the official foray of medical authorities into the realm of Canadian immigration. Procedures were established for the screening of prospective entrants at the nation's admission centres. And for the first time, on the basis of medical assessments, some classes of already-landed immigrants became subject to return.<sup>33</sup> The 1906 version of the *Act*, ushered in under the new Liberal Minister of the Interior Frank Oliver (who described the legislation as "a brake upon the wheel"<sup>34</sup>), was the first to spell out general provisions for the deportation of unfit landed aliens. Inspired by the 1903 exclusionary legislation passed by the United States Congress, this law formalized the 1902 regulations prohibiting anyone deemed "feeble-minded, idiotic, epileptic [or] insane." Municipal officials were charged with the duty of reporting suspected ineligible, and municipalities were to bear the costs of deportation where immigrants were judged to be indigent.<sup>35</sup> Moreover, this legislation, in concert with further revisions enacted the following year, stipulated that an immigrant was eligible for deportation where, within two years of landing in Canada, (s)he

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32. Through the period 1903-1913, in only two years (1907 and 1909) did the annual federal immigration numbers decrease from the prior 12-month figures. See Table 1 below, and *Whence They Came*, *supra* note 2 at 38.

33. *Immigration Act*, 1902, 2 Ed. VII, c.14. As Drystek reports (*supra* note 2 at 410), "regulations were made for the proper inspection of all immigrants by medical officers. Immigrants who were criminals, insane, epileptics, idiots, blind, deaf and dumb, 'defectives,' advanced consumptives, or suffering from chronic venereal disease were to be refused admission. Those who were deformed, crippled, suffered dangerous, contagious or loathsome diseases not dangerous to life were to be prohibited 'if they are likely to become a public charge.'" See also E. Cashmore, "The Social Organization of Canadian Immigration Law" (1978) 3:4 *Canadian Journal of Sociology* 409 at 417.

34. House of Commons Debates (1906) at 5249.

35. *Immigration Act*, 1906. 6 Ed. VII, c.19. See Drystek, *supra* note 2 at 414; Imai, *supra* note 2 at 91.

“committed a crime involving moral turpitude, or bec[a]me an inmate of a jail or hospital or other charitable institution.”<sup>36</sup>

Not all were impressed with the new law. During the first decade of the new century, public health reformers and physician activists in central Canada like Helen MacMurchy,<sup>37</sup> Peter H. Bryce<sup>38</sup> and C. K. Clarke,<sup>39</sup> along with organizations like the National Council of Women,<sup>40</sup> were pressuring the government to further expand its powers to debar and segregate ‘feeble-minded,’ insane and other medically and morally undesirable populations. Clarke in particular was a formidable and pugnacious proponent of radical restrictionism. He alienated federal immigration authorities with his contentions that the laws and practices did not go far enough,<sup>41</sup> and he tirelessly proselytized and wrote

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36. *Immigration Act, ibid.* See also R. Cameron, “The Wheat From The Chaff: Canadian Restrictive Immigration Policy, 1905-1911” (M.A. Thesis, Department of History, Concordia University, 1976) at 78 [unpublished].
  37. See C. R. Comacchio, “*Nations are Made of Babies*”: *Saving Ontario’s Mothers and Children, 1900-1940* (Montreal: McGill-Queen’s University Press, 1993); *Keeping America Sane, supra* note 3 at 162; H. MacMurchy, *Sterilization? Birth Control? A Book For Family Welfare and Safety* (Toronto: Macmillan, 1934); K. J. McConnachie, “Methodology in The Study of Women in History: A Case Study of Helen MacMurchy” (1983) 75 *Ontario History* 61; *Our Own Master Race, supra* note 3 at 28.
  38. Bryce began his career as secretary of the Ontario Board of Health before serving as chief medical officer of the federal Immigration Branch from 1904 to 1921. On the details of his career, see especially *Keeping American Sane, ibid.* at 144; “Doctors and Depots,” *supra* note 3.
  39. The quintessential works on Clarke’s career are: “Keeping The Young Country Sane,” *supra* note 3; *Keeping America Sane, supra* note 3; C. Greenland, *Charles Kirk Clarke: A Pioneer of Canadian Psychiatry* (Toronto: Clarke Institute of Psychiatry, 1966); K. J. McConnachie, “Science and Ideology: The Mental Hygiene and Eugenics Movements in The Inter-War Years, 1919-1939” (Ph.D. Dissertation, Department of History, University of Toronto, 1987) [unpublished].
  40. On the work of the National Council of Women, see generally C. Bacchi, “Race Regeneration and Social Purity: A Study of The Social Attitudes of Canada’s English-Speaking Suffragettes” (1978) 11 *Social History* 460; N. Griffiths, *The Splendid Vision: Centennial History of the National Council of Women* (Ottawa: Carleton University Press, 1993); *Our Own Master Race, supra* note 3; C. Strange, *Toronto’s Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995); V. Strong-Boag, *The Parliament of Women: The National Council of Women of Canada, 1893-1929* (Ottawa: National Museum of Man, 1976); M. Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada, 1885-1925* (Toronto: McClelland & Stewart, 1991).
  41. *Keeping America Sane, supra* note 3 at 152.

innumerable articles condemning the escalating influx of damaged foreigners.<sup>42</sup> Farther afield, powerful currents of eugenicist thinking and anti-immigration protest were sweeping the medical establishment south of the 49th parallel,<sup>43</sup> leading to the formation of the Immigration Exclusion League in 1894 and to the rise of influential restrictionists like G. Adler Blumer, Thomas Salmon and William A. White.<sup>44</sup> The widely disseminated views of Canadian and US-American eugenicists, nativists, social darwinists and mental hygienists on such topics as immigration, racial purity, sterilization, insanity, feeble-mindedness, sexual immorality, venereal disease and white slavery, among others, flooded across borders and merged to comprise a powerful force in the campaign for more prohibitive legislation.

British Columbia, with its well-earned reputation for incendiary politics and xenophobic public values,<sup>45</sup> provided fertile soil for these spreading ideas. As the preeminent British Columbian psychiatric authority of his generation, Charles E. Doherty (1905-1920) in many respects personified medical attitudes regarding the mental health implications of the 'immigration question' during this era. Doherty's views also represented the transition toward a more hardened exclusionary impulse, as medical, legal and public discourses became increasingly saturated with the vocabularies and values of hereditarianism, public health and social hygiene. As he wrote with typical alarmist flourish in 1908, the problem of defective aliens represented

one of the most vital questions of the day. Canada posing as a refuge for people of other lands, dissatisfied with their own country, is all very well, but when an attempt is made to make it also a refuge for those with whom their native countries are dissatisfied, it is time that the closest inspection be given each landing immigrant. For the past four or five years the degenerate "Flotsam and Jetsam" of other countries have been entering Canada in a continuous stream. Paupers, inebriates, insane and even known criminals have been deposited on our shores, and already have

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42. Examples of his prodigious writings on immigration include: "The Defective and Insane Immigrant" *Bulletin of the Ontario Hospitals for the Insane* (1908) 2 3; "Canada and Defective Immigration" (1908) 65 *American Journal of Insanity* 186; "Why Is The Immigration Act Not Enforced?" (1909) 25 *Canadian Journal of Medicine and Surgery* 251; and "The Defective Immigrant" (1916) 7 *Public Health Journal* 462.

43. D. J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Knopf, 1985); E. J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins, 1995); K. M. Ludmerer, *Genetics and American Society: A Historical Appraisal* (Baltimore: Johns Hopkins, 1972); S. B. Thielman, "Psychiatry and Social Values: The American Psychiatric Association and Immigration Restriction, 1880-1930" (1985) 48 *Psychiatry* 299.

44. See generally *Keeping America Sane*, *supra* note 3, c. 1,2,4.

45. *Supra* note 10.

begun to fill our public institutions at an alarming rate ... [N]o expense should be spared in the matter of sieving at the ports of entry, if our institutions are to be prevented from becoming filled with the sweepings of other countries.<sup>46</sup>

The representations of medical superintendents from across the country were at least partially responsible for expediting the next incarnation of the federal *Immigration Act*, authored by Ontario-born lawyer T. R. E. MacInnes.<sup>47</sup> In the wake of the devastating 1908–1909 Depression, which had further incited antipathy to immigration, the 1910 *Act* added “prostitutes, pimps, professional beggars or vagrants, and charity-aided immigrants” to the ranks of the deportable. Further, according to section 3(1) of the *Act*, “idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane at any time previously” were the first-listed among 20 classes of barred people.<sup>48</sup> All persons so designated were subject to refusal on entry. Those who had not established domicile (the term of which was raised from two to three years and further extended to five in 1919) faced deportation following an

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46. C. E. Doherty, *ARMS*, Public Hospital For the Insane. New Westminster (1908) D5.
  47. Cameron, *supra* note 36 at 89. In later years MacInnes relocated to British Columbia and became a journalist, author and notorious campaigner against Asian immigration. See Tom MacInnes, *Oriental Occupation of British Columbia* (Vancouver: Sun, 1927).
  48. *Immigration Act*. S.C. 1910, 9-10 Ed. VII, c.27, s 3(a). Purloined from the U.S. legislation, s.3(k) added to the list “persons of constitutional psychopathic inferiority” (a term concocted by US-American physician William Healy: see N. H. Rafter, *Creating Born Criminals* (Urbana: University of Illinois Press, 1997) at 177). There is little evidence that this concept was much invoked in Canada. Indeed, the law’s draftsman, Tom MacInnes, was later to describe this amendment, along with another excluding “persons with chronic alcoholism,” as “sheer quack-psychology verbiage, by virtue of which any immigration officer with a grouch can put anyone except a Canadian citizen out of Canada.” MacInnes, *ibid* at 120. In retrospect, however, it is difficult to discern how categories such as constitutional psychopathic inferiority and chronic alcoholism were any less nebulous than many of the other reigning psychiatric concepts of the day such as ‘feeble-mindedness’ and ‘imbecility’. See, for example, J. Stephen, “The ‘Incorrigible,’ The ‘Bad,’ and The ‘Immoral’: Toronto’s ‘Factory Girls’ and The Work of the Toronto Psychiatric Clinic” in L. A. Knafla & S. W. S. Binnie, eds., *Law, Society and the State: Essays in Modern Legal History* (Toronto: University of Toronto Press, 1995) 405. For example one is led to speculate, as did one of the reviewers of this article, whether the consuming practices of politicians and medical practitioners might have lain behind this tendency to affirm the pathologies of mental disorder while so readily dismissing the disease model of alcoholism.

administrative hearing.<sup>49</sup> Everyone entering Canada was to be inspected by a designated medical officer.<sup>50</sup> Once inside the country, an immigrant was to be reported by municipal officials under section 40 should (s)he, *inter alia*, “become an inmate of a penitentiary, gaol, reformatory, prison, asylum or hospital for the insane or the mentally deficient.” Lastly, section 42 granted the Governor in Council the license to order the deportation of anyone found by an examining officer or Board of Inquiry to be a member of any prohibited group enumerated in section 3—the insane, feebleminded and mental hospital inmates being among their number.

These were formidable powers. They would be further bolstered at the height of the post-War Red Scare in 1919 when, in addition to mandating a new literacy test for newcomers,<sup>51</sup> protracting the domicile term from three to five years and expanding the inventory of prohibited classes, a revised *Immigration Act* inaugurated the infamous section 41 which was targeted specifically at political dissidents.<sup>52</sup>

As legislative authority was being consolidated, provincial mental health and federal immigration authorities collaborated to forge a routine system for the ejection of patients from abroad who had yet to establish domicile, or whose insanity or imbecility was seen to predate their entry to Canada. It appeared that British Columbia’s psychiatric institutions received steadfast cooperation from the Immigration Branch, and the medical superintendents corresponded regularly and harmoniously with the local Vancouver Immigration Branch office (which from the first to fourth decades of this century was presided over in turn by A. L. Jolliffe, A. E. Skinner and F. W. Taylor). As early as 1907, Superintendent of Immigration William Duncan (Big Bill) Scott was providing reassurances to British Columbia’s Provincial Secretary Henry Esson Young that “...when cases are brought to my attention I will have them investigated immediately and if they are found to come within the provisions of the *Immigration Act* there will be no undue delay in having matters attended to and thus relieve the Province of any unnecessary expense in maintaining aliens for any length of time.”<sup>53</sup>

Procedures for undertaking these removals were relatively straightforward in theory. If physicians suspected newly admitted patients of being potential

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49. Section 23 of the *Act*, which empowered immigration officers to order the deportation of any prohibited person without recourse to judicial review, was generally known as the “skidoo section.” MacInnes retrospectively referred to this section as “about the worst thing in which I ever took a hand.” *Ibid* at 122.

50. *Immigration Act*, *supra* note 48, s. 25-30.

51. *Ibid* at s. 40. See *Keeping America Sane*, *supra* note 3 at 174.

52. *An Act to Amend the Immigration Act*, S.C. 1919, c. 25. See Avery, *supra* note 2; “Shovelling Out The Mutinous,” *supra* note 2.

53. Letter from W. D. Scott to H. E. Young (9 July 1907) BCARS. GR 542, box 12, file 4.



deports,<sup>54</sup> they notified the local Branch authorities who conducted an investigation to determine the individual's country of origin, date and point of entry, her or his financial and social circumstances, the shipping company involved,<sup>55</sup> whether family or friends were available to defray the transportation costs and receive the patient at the far side, and other particulars. If the person's prohibited status was confirmed, authorities convened a (typically perfunctory<sup>56</sup>) hearing under the terms of the *Immigration Act*. For those ordered out of the country, the formal deportation order was completed and signed, officials informed the transportation company and consul for the country of origin, and travel arrangements were finalized. The Winnipeg offices of the Immigration Branch coordinated deportations from Vancouver to Europe. Deports generally travelled under escort<sup>57</sup> via Canadian Pacific Railway trains to Montréal,<sup>58</sup> after

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54. According to BC Provincial Secretary J. D. MacLean, in an address to the Kiwanis Club of Victoria, the identification of deportable patients had become a top priority by the 1920s: "The Hospital staff are constantly alert for the citizen of another country who has not been in Canada the five years required by the Dominion Immigration law, and application is made at once for the return of all such cases to the care of his (or her) own country." "Insane Mostly Foreign Born" *Victoria Colonist* (2 August 1922) BCARS. GR 645, file 4.
  55. *Immigration Act* provisions held the shipping companies responsible for returning those prohibited individuals whom they had transported to Canada. In 1914 the Department of the Interior (then responsible for the Immigration Branch) contributed \$50 to the transportation companies if the three-year domicile limit had expired or if the deport was being conveyed by a different shipping line from the original. The Department paid \$15 if the deportation was ordered after one year, and made no defrayment at all if repatriation occurred within the first year. Letter from W. D. Scott to P. V. G. Mitchell, White Star-Dominion Line, (14 July 1914) NAC. RG 76, vol. 530, file 803572, pt. 2.
  56. From September 1926 onward, the Immigration Branch began to retain a record of every deportation effected from mental hospitals across the country, by obtaining a copy of the medical reports addressed to Assistant Deputy Health Minister Dr. D. A. Clark. These reports occasionally contained verbatims from the inquiry board hearings, which typically covered at most two or three pages of text. Letter from A. L. Jolliffe to Mr. J. S. Fraser (26 September 1926) NAC. RG 76, vol. 530, file 803572, pt.2.
  57. Escorts comprised one or more immigration officers or designated police officers. Letter from F. C. Blair, Secretary, Immigration Branch to F. E. Lawler, Medical Superintendent, Nova Scotia Hospital, Dartmouth (26 November 1920) NAC. RG 76, vol. 530, file 803572, pt.1.
  58. Immigration Branch files contain an ongoing correspondence between federal officials and CPR management and agents, in which the latter recurrently expressed their discontent with their compulsory role in transporting insane persons across the country. They were especially frustrated with lack of communication and the occasional failure to provide advanced notice of pending deportations; with the requirement that some aggressive or floridly ill patients be

which they were handed over to the designated shipping company for the final stage of their repatriation.

In practice, however, various predicaments plagued the operations of this human assembly line. Itineraries were often poorly coordinated, with the result that severely disordered and sometimes violent patients were stranded for days and weeks in Montreal under the care of disgruntled ship medical officers. And when deports disembarked at the other end, often no arrangements had been worked out for their shelter and care.<sup>59</sup> The personal and psychiatric information accompanying banished patients across the continent and ocean was often threadbare, and sometimes non-existent. Transportation companies were constantly carping for more extensive and precise details about the medical condition of their charges.

The implications of these assorted shortcomings were painfully driven home as early as August of 1908 with the suicide of a homeward-bound deport aboard the H. & A. Allan Lines steamship *SS Hesperian*. T.M., a 22-year-old Scot, had arrived in Canada only three months earlier. Landing at the port of Québec in May, he soon made his way to British Columbia. There, destitute and alone, he attempted to throw himself in front of the Great Northern Seattle Express train in Cloverdale. Onlookers pulled him away and engineered his commitment to the Public Hospital for the Insane. A deportation order soon followed and T.M. was summarily dispatched east for return to the custody of his father in Scotland.

But he was never to arrive. PHI Medical Superintendent Doherty's medical propensity slip, marking T.M. as suicidal, failed to reach the hands of the Allan Lines physicians. On the evening of 29 August T.M. broke away from his "keeper" while being escorted to the toilet, and proceeded to jump overboard and disappear "in the most dangerous part of the channel below Quebec." The suicide precipitated a three-year-long correspondence in which, through an agent, T.M.'s father demanded an accounting for his son's death, and federal authorities scrambled to absolve themselves of responsibility. Although there is no record that any formal legal action ensued, Allan Lines officials demanded that the Immigration Branch reform its methods for conveying psychiatric and

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given special treatment or assigned to private compartments; and with the potential for disruption to paying passengers. See generally NAC. RG 76, vol. 530, file 803572.

59. Patients deported to Newfoundland, for example, were routinely dumped without escort at the Port-aux-Basques steamship terminus, some 500 miles from the mental hospital in St. John's. Letter from A. Reid, Deputy Colonial Secretary, Newfoundland to F. C. Blair (31 March 1922); Letter from R. Thews to A. L. Jolliffe (25 April 1925); Letter from A. L. Jolliffe to R. Thews (18 May 1925) NAC. RG 76, vol. 530, file 803572, pt.1.

other medical information to company doctors.<sup>60</sup> In turn, Superintendent W. D. Scott distributed a general memorandum in January 1911 to the medical superintendents of mental institutions from coast to coast, requesting that they henceforth provide “a more exact history of the mental condition of such persons, ... more especially bearing upon their liability to become violent.”<sup>61</sup>

Meanwhile, at the receiving end of the system—where the federal Branch was busy assembling a burgeoning apparatus for the screening out of unfit immigrants before they could infiltrate the country—a similar litany of conflicts and contradictions surfaced. When it came to the evaluation of new arrivals, in the wake of the 1902 legislation, medical officers were first hired at the ports of Halifax, Québec and Montreal in 1903. By the following year, detention facilities were opening at these sites, and the officers and their staff soon found themselves overwhelmed by an indiscriminate avalanche of medical and other rejection and deportation cases. These hybrid hospital-reception-detention centres were under siege almost from the outset.<sup>62</sup> In W. D. Scott, they were overseen by a Superintendent of Immigration who was steadfastly opposed to expending public funds on the medical or psychiatric treatment of unwanted foreigners. The guardians of provincial institutions from coast to coast, along with organizational and public opponents of ‘promiscuous’ immigration (and in some cases other federally-appointed physicians such as the disputatious J. D. Pagé of Québec City<sup>63</sup>), were quick to vilify the detention hospitals for their alleged lax procedures and inability to measurably stem the tide of degenerate aliens. Doctors and other officials worked under appalling conditions, particularly at the Montreal centre which assumed an increasing proportion of the workload. By the end of World War I, the mandate of Immigration Branch authorities at ports of entry had shifted dramatically away from medical care to assessment and pre-deportation confinement, and medical officers had been rendered subservient to lay bureaucrats who were more willing to fulfil such a

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60. George Hannah of the Allan Lines addressed the following to W. D. Scott in August 1909: “This letter is to ask that in future ... [a letter] should be sent to Mr. [John] Hoolahan [Dominion Immigration Agent in Montreal] to be delivered with the passenger on board the steamer. ... we fear we will be found at fault because we were not aware that M. had been deported until after he had sailed, and hence the doctor was not advised that the passenger had suicidal inclinations and to guard him accordingly.” *Letter from Hannah to Scott* (14 August 1909) NAC. RG 76, vol. 530, file 803572, pt. 1.

61. W. D. Scott Memorandum (27 January 1911) NAC. RG 76, vol. 530, file 803572, pt. 1.

62. “Doctors and Deports,” *supra* note 3.

63. J. D. Pagé. “Inspection Too Fast, Feeble-Minded Enter; Steamship Arrivals Examined at Four-a-Minute; Not One Specialist Employed” (Speech to Provincial Association for the Care of the Feeble-minded) *Toronto Star* (1 July 1917) NACRG 76, vol. 530, file. 803572, pt. 1.

purely prophylactic and custodial role. As Roberts writes, physicians ultimately became “merely quality-control technicians on an assembly line, examining the products passing in front of them for a specific set of defects.”<sup>64</sup> The transfer of physicians to the newly-formed federal Department of Health under the 1919 *Immigration Act*, while perhaps welcomed by beleaguered immigration doctors hungry for some measure of autonomy, virtually completed the demedicalization of the Immigration Branch admission process.

### Deportation’s Golden Age

As the inter-war period began to unfold, the attention of deportation advocates shifted away from the law itself toward procedural resolutions, and especially toward the tightening of inspection standards at the ports of entry. Authorities were divided, both along provincial-federal lines and between immigration managers and line staff, regarding the apprehended quality of inspections and the factors underlying any perceived failings. From the standpoint of provincial hospital administrators and physicians—who viewed their institutions as the embattled receptacles for an ever-growing human tide of defective and incurable outsiders—the blame lay squarely at the feet of politicians and civil servants who were in conspiratorial league with transportation companies, corporate interests and the immigration lobby to expand the nation’s labouring population at any price. While central Canadian psychiatrists like C. K. Clarke and his Quebec counterpart Thomas Burgess might have attained the highest profile amongst the medical lobby, in many respects the mental hospital officials of Western Canadian provinces like British Columbia were even more grievously weighed down by the influx of disordered and otherwise afflicted patients. Far removed from the federal corridors of influence over immigration policy,<sup>65</sup> British Columbia’s psychiatrists nevertheless became effective crusaders in their own right. They allied themselves with provincial politicians and anti-immigration organizations, and established connections with forces in other parts of the country, in a decades-long campaign aimed at reforming the medical assessment of immigrants and closing the gates to potential asylum inmates. For the province’s institutional psychiatrists, as for their colleagues elsewhere, this issue was an integral component of their struggle to uplift the conditions of their professional existence and to augment their influence beyond the hospital walls.

Upon his return from wartime service and until his death in 1920, Charles Doherty once again turned his attention to the disproportionate representation of foreign-born patients in the province’s mental hospitals. Amid the post-war

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64. *Ibid.* at 31.

65. Vancouver was assigned a single local Commissioner of Immigration (A. L. Jolliffe, who was succeeded in turn by A. E. Skinner and F. W. Taylor).

immigration boom, Doherty gave voice to the widely circulating apprehension that the powers conferred by immigration legislation were not being adequately harnessed. "In our British Columbian institutions," he intoned in 1919, "not quite 8 per cent. are British Columbia born, and not over 20 per cent. Canadian born ... I go into this matter ... in order to show you just how very important the matter of promiscuous immigration is to one Province, in only one branch of incapables, and to give you some idea of what a tremendous burden it will eventually become if allowed to go on." Aiming his remarks at his provincial superiors, and decrying the marginalization of physicians from the immigration selection process, Doherty stressed "the necessity for some method of more adequate supervision and intelligent inspection, not by laymen, but by medical men with the proper experience as psychiatrists."<sup>66</sup>

Doherty's successor as British Columbia's chief medical superintendent, Harold Chapman Steeves (1920-1926), soon found himself presiding over an explosion in the province's mental patient population. But it was as much the content as the quantity of his clientele that evoked apprehensions. As he observed with alarm in 1925, "only one-third of our admissions were Canadians by birth. These figures indicate to me the necessity of a more searching examination of immigrants coming into the country before citizenship is allowed them." Interestingly, Steeves cited with approbation the cooperative efforts of Immigration Branch officials in engineering the removal of prohibited persons who had already landed in hospital. The problem resided rather at the point of ingress, where better facilities were needed "to more effectively cull out the unfitted before they are admitted to the country."<sup>67</sup>

Like many of his peers, Steeves decried the purging of medical inspectors from the Immigration Branch. His rhetoric was also representative of general medical discourse about immigration during the inter-war period, in its unresolved tension between a growing fiscal pragmatism and an enduring residue of eugenical extremism. In his hospital annual report of 1923, addressed to the provincial secretary and cabinet, he stressed the economics of investigative efficiency: "In the great majority of cases careful psychiatric examination would have detected these cases and they would have been returned to their own countries before becoming a financial burden to the taxpayer. .... These facts should appeal to the business-man and enlist his active support for the expenditure necessary to provide the proper examinations and inquiries at the ports of entry and thus prevent the subsequent much longer outlay."<sup>68</sup> Writing in a local medical journal, on the other hand, Steeves' more nativist tendencies were plainly in view: "I feel that every effort should be made to add to the population, but, at the same time, the people so added must be

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66. C. E. Doherty, *ARMS*, Public Hospital For the Insane (1918) at V7,8.

67. *ARMS*, Provincial Mental Hospital (1924-1925) at R9.

68. *ARMS*, Provincial Mental Hospital (1922-1923) at V9.

strong and healthy in mind as well as body, in order that a virile, intelligent race of Canadians may result.”<sup>69</sup>

The importunings of Doherty, Steeves and their confederates were partially responsible for the 30 December 1925 appointment of the BC Royal Commission on Mental Hygiene. This Commission was a watershed event in the provincial campaign for racial and mental purity. Chaired by provincial M.L.A. Edwin James Rothwell and comprising a membership of four other legislative representatives (V. W. Odlum, W. A. McKenzie, R. Hayward and P. P. Harrison), the Commission was charged with inquiring into, *inter alia*, the reasons for the increase in mental hospital populations, the causes and prevention of lunacy, and the entry into the province of “insane, mentally deficient and subnormal persons.”<sup>70</sup>

Largely through the efforts of journalist J. A. Macdonald,<sup>71</sup> who was hired as Assistant Secretary, the Commission undertook correspondences with politicians, physicians and other interest groups throughout Canada, the United States and Britain. Macdonald assembled a formidable body of statistics, reports and scholarly literature on insanity, eugenics, immigration, venereal disease, sterilization and other pressing social issues. The Commissioners convened consultations and public hearings on both the mainland and Vancouver Island. Helen Davidson of Stanford University was recruited to conduct a survey of immigrant representation in the province’s mental hospitals.<sup>72</sup> Based on his accumulated research, Macdonald became fervently convinced that Canada had become a “dumping ground” for unscrupulous European governments. Writing to Harrison, the Commissioner responsible for immigration, Macdonald reported in September 1926: “For everything I have been able to learn, you would be perfectly justified in reaching the conclusion that Canada has admitted an even

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69. H. C. Steeves, “Community Mental Health Problems” (March 1926) Vancouver Medical Association Bulletin 12 BCARS. GR 865, Box 2, File 15.

70. Order-in-Council: For Edwin James Rothwell (New Westminster), Brigadier-General Victor Wentworth Odlum (Vancouver), William Alexander McKenzie (Penticton), Reginald Hayward (Victoria), Paul Phillips Harrison (Cumberland). Signed by William Sloan, Provincial Secretary (30 December 1925) BCARS. GR 865, box 1, file 4. See also “Mental Commission Will Sit Here” *Vancouver Sun* (31 March 1926) at 11.

71. Macdonald had been a reporter for the *Vancouver Sun*, as well as Publicity Commissioner for Parliament in Ottawa. Letter from J. A. Macdonald to J. S. Woodsworth (17 June 1926) BCARS. GR 865, box 1, file 2.

72. H. P. Davidson, “A Report on the Heredity and Place of Origin of The Patients Admitted to The Provincial Mental Hospitals of British Columbia” (November 1926). BCARS. GR 865, box 2, file 6.

greater proportion of unfit aliens than the U.S. and that the danger to be avoided in the immediate future is very great indeed."<sup>73</sup>

In his report on immigration released on 8 January 1927, Harrison took pains to reinforce these assertions. "I have no hesitation in coming to the conclusion that the proportion of Foreign-born far exceeds that of the Canadian-born, and that immigrants have contributed far too greatly to the increase of the insane in Canada."<sup>74</sup> He recommended a tri-level system of medical inspection of immigrants (before embarkation, on board steamer, and upon landing in Canada). In its final report, the Commission laid the blame squarely at the feet of federal officials who were insufficiently vigilant in enforcing the restrictionist legislation:

The conclusion that too many mentally unfit immigrants have been allowed to enter Canada is an almost superfluous statement of fact if viewed from the incontestible assumption that we have the moral and legal right to refuse them entrance. If the intent of our immigration laws and regulations could be carried out entirely, then none of this class could enter the country ... [W]e are convinced that increased population by immigration is bought at too great a price if it entails the admission of any considerable number of individuals who will add to the burden of the nation caused by mental abnormality.<sup>75</sup>

The Royal Commission was already close to completing its mandate when Arthur L. Crease ascended to the Medical Superintendency of British Columbia's mental hospitals in 1926. Crease, like his predecessors, was a staunch restrictionist and deportationist who endeavoured to keep the issue alive through to the outbreak of World War II. Both Crease's exclusionist objectives and the recommendations of the Commission appeared to receive further ammunition with the descent of the Depression and its mounting pressures on British Columbia's care and control institutions commencing in 1929. During the fiscal crisis of the 1930s, Crease periodically raised the question of insane and feeble-minded immigrants in communications with Deputy Provincial Secretary P. D. Walker, suggesting for example that hospitalization should be reserved for only those newcomers who had already established domicile,<sup>76</sup> and

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73. Letter from J. A. Macdonald to P. P. Harrison (28 September 1926) BCARS. GR 865, box 1, file 2.

74. P. P. Harrison, "Immigration and Its Effects on The Increase of Insanity" (8 January 1927) Report to the B.C. Legislature. Royal Commission on Mental Hygiene GR 865, box 1, file 2.

75. British Columbia, Legislative Assembly, "Royal Commission on Mental Hygiene Report", *Sessional Papers* (1927) at CC30.

76. Letter from A. L. Crease to P. D. Walker (15 February 1932). In response, Deputy Attorney-General O. C. Bass ruled that no such residential prerequisite existed in law. Letter from Bass to Walker (2 April 1932) BCARS. GR 542, box 16, file 7.

that relief agencies should be more exacting when inquiring into the mental and citizenship backgrounds of their charges.<sup>77</sup> But significantly, there was little evidence that such overtures had much impact.

For on the national stage, other events were beginning to dampen the anti-immigration momentum. By the late 1920s, the eugenics movement in Canada had already crested. With the 1924 death of C. K. Clarke, and his succession as Medical Director of the Canadian National Committee For Mental Hygiene (CNCMH) by the pragmatic C. M. Hincks,<sup>78</sup> immigration came to be supplanted by education and sterilization as the CNCMH's preferred strategies for regulating the public's mental health. At a theoretical level, the influence of Freud, Watson and their contemporaries was being reflected in trends away from somatic psychiatry and toward psychodynamism and behaviourism.<sup>79</sup> Moreover, as noted below, with the resulting demise of Canadian immigration's second great wave, the Depression ultimately tolled the politico-economic knell for psychiatric campaigns against unfit aliens, as it did for the mainstream eugenics movement more generally.

The rejectionist enthusiasm was further blunted by reforms in the medical and psychiatric evaluation of prospective immigrants. Over the span of a quarter-century, among various interested authorities, the only consistent apologists for prevailing screening practices at the nation's ports of entry were federal bureaucrats like Immigration Branch Chief Medical Officer Peter H. Bryce,<sup>80</sup> Superintendent Scott<sup>81</sup> and Commissioner A. L. Jolliffe,<sup>82</sup> and Deputy

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77. BCARS. GR 542, box 17, file 1.

78. On the history of the CNCMH and the career of Hincks, see, e.g., *Keeping America Sane*, *supra* note 3; J. D. Griffin, *In Search of Sanity: A Chronicle of the Canadian Mental Health Association* (London: Third Eye, 1989); McConnachie, *supra* note 39; D. MacLennan, "Beyond The Asylum: Professionalism and The Mental Hygiene Movement in Canada, 1914-1928" (1987) 4 *Canadian Bulletin of Medical History* 7; T. R. Richardson, *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada* (Albany: State University of New York Press, 1989); C. G. Roland, *Clarence Hincks: Mental Health Crusader* (Toronto: Dundurn, 1990).

79. Environmental theories, however, could also be mobilized to support arguments in favour of deportation. Witness, for example, Crease's efforts to persuade federal Immigration and Colonization Minister W. A. Gordon that banishment could operate in the best medical interests of his patients: "It is especially noted with mental patients that a change of environment, in other words, their returning home, is a great aid in their compensation. Even though they may have to go to a Mental Hospital for a time, they are so improved by the change that often their stay is only for a short time, and so what appears to be a hardship is in reality a very definite compensation." Letter from A. L. Crease to W. A. Gordon (20 May 1931) BCARS. GR 542, box 16, file 4.

80. *Supra* note 38.



Minister of Health John A. Amyot.<sup>83</sup> But even those responsible for these operations were alert to their limitations. Despite efforts to validate inspections with standardized forms<sup>84</sup> and to train Immigration officers through the good offices of the CNCMH,<sup>85</sup> pessimism generally reigned. Amyot's presentation to the 1925 meeting of the Dominion Council of Health illustrated some of the more dire obstacles:

[O]ur doctors' opportunity for picking out these individuals is a limited one. The train is going to leave in an hour, and another one is going to leave in two hours, and the railroad company is in a hurry and everybody is in a hurry. We have arranged that our medical officers will stand at the head of the lines. We make the individuals walk a 'maze' and during that time one of our medical officers picks them out. That is the one opportunity they have ....The great bulk of immigrants ... come over here and take their chances at the ship's side, and if their defect is not very obvious, they very frequently get through.<sup>86</sup>

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81. Writing to Parliamentary Under-Secretary for External Affairs Hugh Clark, Scott averred: "I have no doubt that a number of feeble-minded or insane people have got into Canada without detection, or, at least, a number have been found in Canada within 3 years of arrival ... [but] ... [i]n every case where these have been reported to me we have endeavoured to bring about their deportation ... ." Letter from W. D. Scott to Hugh Clark (11 November 1916) NAC. RG 76, vol. 530, file 803572, pt.1.
  82. According to Jolliffe, while "the department does not, of course, claim that the medical inspection is 100 per cent perfect and results in every physical or mental case being discovered at the port of entry, but it is claimed that every reasonable precaution is taken to prevent the admission of persons prohibited on account of physical and mental condition." *Vancouver Sun* (1 June 1926) BCARS. GR 865, box 2, file 14.
  83. In his report to the Dominion Council of Health in December 1925, Amyot asserted: "[W]e have a staff developed for the examination of immigrants that we think is a very efficient one ... They are skilled and we have been looking for nothing else but defects for the last three or four years, particularly defects coming under the medical sections of the *Immigration Act*." BCARS. GR 865, box 1, file 2.
  84. Form 30A was the assessment instrument employed by immigration officers. Letter from J. D. Pagé to A. L. Jolliffe (13 November 1926) NAC. RG 76, vol. 530, file 803572, pt.2.
  85. "Training of Immigration Inspectors in Psychiatry" (October 1920) *Mental Hygiene Bulletin* at 14. See Godler, *supra* note 3 at 14.
  86. J. A. Amyot, *Presentation to the 13th Meeting of the Dominion Council of Health* (Ottawa: 8-10 December 1925). BCARS. GR 865, box 1, file 2.

Others such as C. K. Clarke and J. D. Pagé were even more blunt in their condemnation of these practices.<sup>87</sup> A litany of impediments was recurrently cited by these and other commentators, including the clandestine tactics of disreputable transportation companies, the sheer numbers of inspections involved, the craftiness of immigrant subjects contriving to escape detection, and the impenetrable character of some forms of mental defect.<sup>88</sup>

Whatever their estimation of disembarkation inspection procedures, everyone seemed to agree that evaluations needed to be instituted at the point of departure for all prospective citizens. Indeed, arguments for medical appraisals had been advanced since the turn of century, and advocates had included even social gospel reformer J.S. Woodsworth.<sup>89</sup> Following World War I, Professor W.G. Smith of the University Toronto published his influential book *A Study in Canadian Immigration*, which was commissioned by the CNCMH and excerpted in the Committee's *Mental Hygiene Bulletin*. In it, Smith recommended a centralized system of inspection fashioned after the US-American Ellis Island model, to be supplemented by medical evaluations conducted prior to embarkation: "There must be two examinations at least, and that means double staffs of examiners, and consequent expense. But it is manifestly better to spend money that way than to allow persons suffering from a contagious disease, insanity, mental deficiency, to add to their misery by the trying experiences of a long voyage and then to be rejected, or deported."<sup>90</sup> A multitude of proponents, like the British Columbia Royal Commission as noted above, echoed Smith's

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87. *Keeping America Sane*, *supra* note 3 at 156.

88. Pagé, who was by this time Chief of the Division of Quarantine and Immigration Medical Inspection for the Department of Health, offered the following logic to the 21st Meeting of the DCH in 1930: "You will, I think at once agree that if there is one class of immigrant against which this country must be guarded it is the mentally defective, not only for its own sake but because of its effect on future generations, through propagation. On the other hand, it must be realized that no class presents so much difficulty in the application of medical knowledge ... . You have, for instance, dementia praecox cases which during their lucid intervals often appear mentally brighter than the average normal individual. In the majority of cases this type would in fact escape the attention of the experienced psychiatrist under similar conditions as our medical officers have to work." J. D. Pagé, *Memorandum to Dominion Council of Health* (10-12 December 1930) BCARS. GR 2826, box 1, file 4.

89. J. S. Woodsworth, *Strangers Within Our Gates* (Toronto: University of Toronto Press, 1972 [1909]) at 229. See T. Chapman, "Early Eugenics Movement in Western Canada" (1977) 25 *Alberta History* 200 at 203.

90. W. G. Smith, *A Study in Canadian Immigration* (Toronto: Ryerson, 1919) at 323. See also (October 1920) 1:2 *Mental Hygiene Bulletin* BCARS. GR 865, box 2, file 1.

claim that such measures would simultaneously serve the national interest and spare unnecessary hardship for defective foreigners.<sup>91</sup>

By the mid-1920s, federal authorities had issued concrete proposals that Canada emulate the United States in establishing a roster of physicians overseas to assess people on the far shores of the Atlantic. In 1927, the plans were finally implemented, with the result that every aspiring entrant was henceforth, at least in theory, subjected to three echelons of medical and mental filtering: first on application, second on board ship by company physicians, and finally at the port of entry.<sup>92</sup> While the effect was not immediately discernible in the Immigration subsided. As Godler notes, “This change, long demanded by the Canadian medical profession, promised to eliminate the need for most deportations from Canadian ports on medical grounds. By the same stroke it saved Canadian taxpayers the cost of ministering to the sick as they awaited their deportation.”<sup>94</sup> By adding another prophylactic layer to the nation’s shield against unsound strangers, federal officials had effectively taken the wind from the sails of their most bellicose critics.

But before British Columbia’s campaign to eject mental misfits collapsed totally in the wake of these reforms, and under the cumulative weight of the Depression and World War II, there was one final coup. On 9 February 1935, the province effected the mass deportation of 65 Chinese male patients who were rounded up from the province’s three mental hospitals and repatriated to the Honam Mental Asylum in Canton aboard the Canadian Pacific liner *Empress of Russia*.<sup>95</sup> This collective banishment capped more than two decades of manoeuvring among mental health and immigration authorities, along with

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91. In the intemperate flourish of Dr. John A. MacGregor, in his outgoing presidential address to the Ontario Medical Association in London on 26 May 1925: “Immigration is a crying need in this country. Our expansive fertile fields invite the coming of hundreds of men and women into this land of promise, but we must be very particular regarding the types that we admit. Unfortunately no small percentage of those finding their way here at the present time, and for some time past, have been of a definitely inferior type ... The medical profession can perform a lasting public service by bringing the matter to the attention of the Immigration Department, and impressing on them the necessity of more carefully investigating particularly the assisted immigrant, as to his mental status before he leaves his native country.” BCARS. GR 865, box 1, file 2.

92. Godler, *supra* note 3 at 14.

93. See Table 1 above.

94. Godler, *supra* note 3 at 15.

95. See R. Menzies, “Race, Reason and Regulation: British Columbia’s Mass Exile of Chinese ‘Lunatics’ Aboard the CPSS *Empress of Russia*, 9 February 1935” [unpublished manuscript in submission].

protracted negotiations with a succession of less-than-receptive Chinese consular officials. When at last the 65 men were dispatched, with the provision that they be permitted never to return, Provincial Secretary G. M. Weir trumpeted their departure to the local press. “[T]he full saving,” he claimed, “would run about \$20,000 to \$25,000 a year ... Furthermore, the removal of these patients will allow room for other cases with which the institutions are overcrowded.”<sup>96</sup> While Weir, his Deputy P. D. Walker and Provincial Psychiatrist A. L. Crease were careful to couch their claims in the discourse of institutional economy and fiscal restraint, the racialist undercurrents were at times scarcely submerged. Further, reports circulated regarding the prospects for similar purges of Japanese, ‘Hindoo,’ Italian and Jewish patients.<sup>97</sup> These latter projects, however, never came to fruition. The entire sorry episode was, in effect, the last hurrah for those who sought to transport away the province’s mental health problem.

### Aftermath

From the mid-1930s onward, the campaign to rid the country of unfit immigrants waned appreciably among government and professional elites, and in public culture more generally. With the rise of Nazism in Europe, the eugenics movement came to be associated with the most virulent streams of racist ideology, hastening its decline in popularity throughout North America.<sup>98</sup> State officials and medical professionals concentrated decreasingly on the polluting effects of degenerated populations, and more on the administrative prophylactics needed to ensure that neither province nor country should bear more than its fair share of the responsibility for managing the mentally unwell.<sup>99</sup> The main problem of the immigrant insane became less their liabilities for the nation’s genetic pool, and more the simple fact that they “are taking up the beds which should be for our own citizens.”<sup>100</sup>

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96. *Victoria Daily Times* (11 February 1935) BCARS. GR 144, book 4.

97. BCARS. GR 542, Box 21, File 5 and GR 1665, Box 8, File 3; NAC. RG 625, vol. 1803, file 1936-729.

98. *Our Own Master Race*, *supra* note 3 at 66, 165.

99. Typical of this preoccupation was a flurry of activity in 1935 that involved W. A. Gordon and the provincial premiers and ministers responsible for health. Following years of ambiguity and bickering among the provinces, the Canadian Department of Immigration and Colonization reached an agreement with the United States Immigration Service to the effect that mental cases apprehended in the US would be returned to their province of birth rather than last residence whenever the two differed. Letter from T. Magladery, Deputy Minister of Immigration and Colonization to Premier T. D. Pattullo (23 January 1935) BCARS. GR 542, box 17, file 5.

100. Letter from Walker to Crease (5 February 1934) BCARS. GR 542, box 17, file 3.

Moreover, global tensions in the pre-war era impeded international population movements. Rates of immigration to Canada plummeted in the decade leading to World War II, with a consequent shrinkage in the pool of potential deportees. In Britain and on the continent, fiscally burdened and strife-ridden governments were decreasingly disposed to cooperate in the repatriation of Canada's rejects. On the domestic front, as the Depression tightened its grip on Canadians, the material preoccupations of individual and collective survival took precedence over the longer-term and more arcane aspirations of race betterment. With a diminishing target population, mounting administrative encumbrances and an exploded scientific foundation, deportation's 'golden age' had come to a decisive, if impermanent, close. From 1935 through to war's end, expulsion rates declined both in general terms and for insanity and deficiency cases specifically. As noted in Table 2 above, British Columbia's mental hospitals reported only ten deportations in fiscal years 1936–1937 and 1937–1938, and thereafter its Annual Reports ceased publishing deportation statistics altogether.

World War II, however, by no means spelt the end of psychiatric deportations from British Columbia and Canada. The rejection and removal of mentally disordered and cognitively disabled immigrants continued as immigration rates once again achieved pre-Depression levels through the late 1940s and into the 1950s. But with the decline of hereditarian thinking in public and official arenas, and with shifts toward cultural and psychogenetic understandings about the causes and consequences of mental disorder, the 'insane' and 'retarded' came to be seen less as dangerous carriers of dysgenic materials and more prosaically as economic inconveniences and potential burdens on the social welfare system. Commencing in the 1950s, the Department of Citizenship and Immigration began to consider abolishing *Immigration Act* provisions which mandated the automatic prohibition of immigrants with histories of mental disorder.<sup>101</sup> In 1964, the Immigration Medical Service instructed its physicians to adopt a discretionary approach to findings of prior insanity where the illness was unlikely to relapse or "interfere significantly with the person's occupation or activities or require prolonged institutional care."<sup>102</sup> Finally, in the wake of sweeping amendments to the *Immigration Act* in 1976,<sup>103</sup> statutory reference to psychiatric or cognitive disability as a discrete grounds for rejection or deportation disappeared altogether.

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101. NAC. RG 29, vol. 3091, file 854-4-300.

102. Department of Citizenship and Immigration, *Operations Memorandum*. (28 July 1964); *ibid.*

103. *Immigration Act*, SC 1976, c.52.

Still, to the present day, the *Immigration Act* provides that everyone seeking admission to Canada must undergo a medical assessment<sup>104</sup> including a mental examination.<sup>105</sup> More than two million of these occur annually.<sup>106</sup> Moreover, persons desiring to enter the country may be detained under s.91(1) for compulsory treatment or observation “where a medical officer is of the opinion that ... [they are] ... suffering from sickness or mental or physical disability.”<sup>107</sup> Among the 12 categories of prohibited persons enumerated in Part 3 of the present version of the *Act* are those who are “likely to be a danger to public health or to public safety,” or “whose admission would cause or might reasonably be expected to cause excessive demands ... on health or prescribed social services.”<sup>108</sup>

While the mentally and cognitively afflicted are no longer explicitly singled out for prohibition in Canadian law, the codewords of dependency and risk have become convenient discursive substitutes for lunacy and feeble-mindedness. And whereas the Department has ceased publishing deportation statistics disaggregated by individual category of exclusion, the staggering volume of ejections from this country<sup>109</sup> is almost certain to include an abundance of persons deemed psychiatrically ill. The controversial 1997 case of Michael Holmes—a diagnosed schizophrenic from Scotland whom immigration officials had ordered deported from Edmonton as a ‘public danger’ until the Federal Court of Canada later quashed the order—offers graphic evidence that the Canadian state’s preoccupation with mentally disordered foreigners has not entirely abated.<sup>110</sup> For Michael Holmes and others like him, the prejudicial policies of a restrictionist immigration bureaucracy, and the pseudo-scientific theories of therapeutic professionals, are not merely a regrettable historical remnant. To the contrary, despite the contemporary flow of

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104. On medical provisions contained in the *Immigration Act*, see generally D. Galloway, *Immigration Law* (Toronto: Irwin, 1997) at 129; F. N. Marrocco & H. M. Goslett, *The Annotated Immigration Act of Canada* (Toronto: Carswell, 1994) at 86, 97, 380.

105. *Supra* note 103, s.11(1)(3).

106. In one sample year (1987–1988), there were 2,270,648 examinations of persons seeking entry to Canada, and 41,498 reports on those suspected of being inadmissible. *Annual Report: Canadian Department of Employment and Immigration, 1987-88* (Ottawa: Queen’s Printer, 1989) [hereinafter ARCDEI].

107. *Supra* note 103, s. 91(1).

108. *Immigration Act*, 1992, c.49, s. 19.

109. In the nine-year period from 1980–1981 through 1988–1989, for example, 36,794 individuals were the subjects of deportation orders, departure notices or exclusion orders. *Supra* ARCDEI, 1980–1981 to 1988–1989, *supra* note 106.

110. “Outlook Called Grim for Schizophrenic Man Deported to Scotland” *Vancouver Sun* (31 May 1997) A7; Ed Struzik, “Schizophrenic Man Faces Battle to Stay in Canada” *Vancouver Sun* (16 February 1998) A7.

rhetoric about mental patient rights, and about open international borders in the new age of global citizenship, there is much to suggest that the national frontiers remain firmly closed to those prospective Canadians who carry the stigma of psychiatric illness.