Defining Dependency, Constructing Curability: The Deportation of "Feebleminded" Patients from the Toronto Asylum, 1920-1925

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This paper contributes to Canadian eugenics studies through an exploration of medical deportations from the Toronto Asylum between 1920 and 1925. Through a close reading of the case files of foreign-born inmates, this study frames practices of labour, deportation, and psychiatric decision-making as social regulation and ties them to issues of citizenship, disability, and dependency. Above all, this study seeks to demonstrate how disability operated as a medicalized concept to structure oppression. Particular attention is paid to economic exploitation and the use of unpaid inmate labour, to the ways in which perceptions of productivity and curability were shaped by the needs of the internal economy of the institution, and to how these interests informed deportation decisions and shaped inmates' responses to incarceration. By exposing the Toronto Asylum's role as a designated immigration station and tracing the expulsion of inmates from this institution, this study links the asylum as site of power and discipline to bio-citizenship as it was practised outside its walls.

Le présent article contribue aux études sur l'eugénisme au Canada par l'intermédiaire d'un examen des expulsions de l'Asile de Toronto effectuées à la requête des médecins de 1920 à 1925. Au moyen d'une lecture attentive des dossiers des internés nés à l'étranger, cette étude présente les pratiques relatives à la prise de décision en matière de main-d'œuvre, d'expulsion et de psychiatrie comme de la régulation sociale et les lie aux questions de citoyenneté, d'invalidité et de dépendance. Elle cherche avant tout à montrer comment on a fait de l'invalidité un concept médicalisé pour structurer l'oppression. L'auteure accorde une attention particulière à l'exploitation économique et au recours à une main-d'œuvre internée non rémunérée, aux moyens par lesquels les perceptions de la productivité et de la curabilité ont été façonnées par les besoins de l'économie

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interne de l'établissement, et à la manière dont ces intérêts ont influé sur les décisions concernant l'expulsion ainsi que sur les réactions des internés à l'égard de l'incarcération. En exposant le rôle de l'Asile de Toronto comme station d'immigration désignée et en retraçant l'historique de l'expulsion des internés de l'établissement, cette étude lie l'asile comme lieu de pouvoir et de discipline à la biocitoyenneté telle qu'elle se pratiquait hors de ses murs.

DURING THE PERIOD known as deinstitutionalization that began in the 1960s, Canada's former asylums – widely acknowledged as sites of violence and abuse – were largely decommissioned or transformed into institutions that no longer serve a primarily custodial function. Despite these positive changes, the process of deinstitutionalization is far from over. Other sites of confinement, especially those targeting people with intellectual disabilities, continue to serve a custodial function; newer living arrangements, such as group homes, reflect custodial features, and an overall lack of adequate investment in disability supports has resulted in the re/institutionalization of many individuals with disabilities in hospitals, nursing homes, and other inappropriate locations. These practices indicate that the ideologies that support segregation have not been fully dismantled. The utilitarian paradigm that assesses individual worth based on narrow perceptions of productivity continues to enforce negative assumptions about the social worth of "the disabled"; such attitudes foster a systemic reluctance to include people with disabilities in society, reducing their access to the material resources that constitute the entitlements of social citizenship. As Erika Dyck observes, the closure of asylums and the release of many people with disabilities into the community during deinstitutionalization has not, unfortunately, resulted in any widespread improvement in the general perception of these individuals as citizens.[1]

The related though less-discussed area of Canadian immigration policy and deportation, which is similarly informed by conceptions of citizenship based on productivity, has been shaped by the same utilitarian standards that attempt to distinguish normalcy from disability and reduce the latter to a category of dependency. Canada's current Immigration Act epitomizes these inherited discourses of disability as public burden by denying citizenship to those who present what are deemed to be "excessive" or "abnormal" needs. Article 38 of the Act frames this rejection around "reasonable" perceptions of autonomy and dependency – though unstated – informed by subjective assessments of individual ability: "A foreign national is inadmissible on health grounds if their health condition might reasonably be expected to cause excessive demand on health or social services."[2] Commenting on the enduring ableist quality of this

1 Erika Dyck, *Facing Eugenics* (Toronto: Toronto University Press, 2013), p. 151. For an overview of the history of deinstitutionalization in Canada, see Simon Davis, "Deinstitutionalization and Regionalization" in *Community Mental Health in Canada: Theory, Policy and Practice* (Vancouver: University of British Columbia Press, 2006), pp. 103-114. In his discussion of deinstitutionalization as a "theoretical ideal," Davis refers to Foucault's suggestion "that systems of 'care' evolve but don't necessarily progress – that is, that coercion/control of clients continues to be practiced, although in new forms" (p. 114, n. 3).

2 Immigration and Refugee Protection Act, 2001, cited in Valentia Capurri, "Canadian Public Discourse

legislation, Roy Hanes remarks that people with disabilities have been left behind by progressive changes supporting the inclusion of other groups: "While discriminatory immigration policies and practices have been removed for most populations, the historical record indicates that discriminatory legislation still exists for disabled immigrants and their families." As Hanes observes, "as far as immigration legislation is concerned, 'ableism' does not have the same credibility as other forms of discrimination, including racism, sexism or homophobia."[3]

This article seeks to politicize and historically contextualize the ableist notion of dependency – especially in its medicalized articulations – as a form of inter-subjectivity that is commonly associated with disability. The following analysis characterizes the treatment of people with disabilities by asylum and immigration authorities as discriminatory, arguing that these inmates were exploited economically on the basis of their diagnoses as "feebleminded" – a flexible, expansive category tied to moral, racialized, gendered, and countless other forms of perception during the early twentieth century.[4] Specifically, this article explores the economic and ideological context in which eugenic reasoning operated to confine, exploit, and, in many cases, ultimately expel foreign-born inmates from the Toronto Asylum, located at 999 Queen Street West, between 1920 and 1925.[5] The individual experiences of a sample of former inmates are analysed within a broad framework that reveals how disability operated at a conceptual level to structure socio-economic processes of exclusion and exploitation, illustrating how feeblemindedness was inseparable from identity markers such as class, gender, race, sexuality, and age. While the early role of Western medical discourses in imagining the ideal, productive citizen and in determining standards of entry and national belonging has been well established, the asylum – particularly the Ontario asylum – is not often recognized as a crucial part of the dynamic linking medicine, disability, and citizenship that shaped labour practices and resulted in forced departures from the country.

Feeblemindedness and Forced Departures

The work of Barbara Roberts has made important inroads into our understanding of deportation as a mechanism for "culling" the growing Canadian population specifically for economic reasons by shipping out the unemployed.[6] Fiona

around Issues of Inadmissibility for Potential Immigrants with Diseases and/or Disabilities, 1902-2002" (PhD dissertation, York University, 2010), p. 35.

3 Roy Hanes, "None is Still Too Many: An Historical Exploration of Canadian Immigration Legislation as it Pertains to People with Disabilities," *Developmental Disabilities Bulletin*, vol. 37, no. 1-2 (2009), p. 94.

4 The clinical terminology used throughout this paper (such as feebleminded and moron) reflects historical usage, though efforts are made to link these experiences of disability-related oppression to present iterations of eugenic policy that affect people considered to be of lower or impaired intelligence.

5 Site is memorialized – patient-built walls and active public history efforts continue today. According to the Archives of Ontario [hereafter AO], Archives Descriptive Database entry for the Queen Street Mental Health Centre, this institution was known as the Toronto Asylum for the Insane between 1871 and 1907, the Hospital for the Insane between 1907 and 1919, and Ontario Hospital between 1919 and 1966. Throughout this paper I prefer to use the institution's more popular name, the Toronto Asylum, and occasionally refer to it simply by its address as 999 Queen Street West or 999.

6 Barbara Roberts, *Whence They Came: Deportations from Canada, 1900-1935* (Ottawa: University of Ottawa, 1988).

Miller, building on Roberts' approach, has demonstrated that deportation served a more complex regulatory function within Ontario.[7] Together, Roberts' and Miller's contributions suggest an important framework for understanding why the eugenic function of deportation was inseparable from its economic imperative. Ian Dowbiggin, who focuses on the medical context of deportation decisions, documents the role of the prominent Canadian psychiatrist and former superintendent of the Toronto Asylum, C. K. Clarke, in linking the institutional and professional concerns of asylum psychiatry to deportation policy. Attentive to the broader eugenic movement, Dowbiggin's study suggests the importance of returning to custodial sites of medical and moral control.[8] Taking up this thread in her study of Clarke's work at the Toronto Psychiatric Clinic (TPC), Jennifer Stephen considers how Clarke and his colleagues used the discourse of feeblemindedness to justify deportation and incarceration as a strategy for controlling young, working-class immigrant women.[9] Robert Menzies' research into custodial sites in British Columbia provides a more focused discussion of asylum deportations in that province, while Geoffrey Reaume has recently documented two cases of medical deportation at the Toronto Asylum in the year following the 1927 amendments to the Immigration Act.[10] Reaume pioneered a patient-centred perspective of 999,[11] but, aside from these two case studies on deportation, little is known about the asylum, its roles in deporting patients, and the experiences of its inmates during the heyday of medical eugenics in the 1920s.

By focusing on the years from 1920 to 1925, this study contributes to the historical record of the institution by connecting the experiences of its inmates to broader practices of deportation and anti-immigration in Canadian society at this time. In addition, the temporal context provides an ideal entry point into the rarely discussed Canadian eugenic practices of medical deportation.[12] It is no coincidence that the Toronto Asylum, a designated deportation station, was a site of interest

7 Fiona Miller, "Making Citizens, Banishing Immigrants: The Discipline of Deportation Investigations, 1908-1913," *Left History*, vol. 7, no. 1 (1997), pp. 62-88.

8 See Ian Dowbiggin, "Keeping this Young Country Sane: C. K. Clarke, Immigration Restriction and Canadian Psychiatry, 1890-1925," *Canadian Historical Review*, vol. 76, no. 4 (1995), pp. 598-627, and *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca and London: Cornell University, 1997).

9 Jennifer Stephen, "The 'Incorrigible,' the 'Bad,' and the 'Immoral': Toronto's 'Factory Girls' and the Work of the Toronto Psychiatric Clinic, 1918-1923" in Louis Knafla and Susan Binnie, eds., *Law, State and Society: Essays in Modern Legal History* (Toronto: University of Toronto Press, 1995), pp. 405-439.

10 See Robert Menzies, "Governing Mentalities: The Deportation of 'Insane' and 'Feebleminded' Immigrants out of British Columbia from Confederation to World War II," *Canadian Journal of Law and Society*, vol. 13, no. 2 (1998), pp. 135-178, and "Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' aboard the Empress of Russia, 9 February 1935" in John McLaren, Robert Menzies, and Dorothy Chunn, eds., *Regulating Lives: Historical Essays on the State, Society, the Individual, and the Law* (Vancouver: University of British Columbia Press, 2002), pp. 196-230; Geoffrey Reaume, "Eugenics Incarceration and Expulsion: Daniel G. and Andrew T.'s Deportation from 1928 Toronto, Canada" in Liat Ben-Moshe, Chris Chapman, and Allison C. Carey, eds., *Disability Incarcerated: Imprisonment and Disability in the United States and Canada* (New York: Palgrave Macmillan, 2014), pp. 63-80.

11 See Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: Oxford University Press Canada, 2000).

12 In addition, the early 1920s is conducive to a political economic approach to medical decision-making due to the numerous renovations undertaken by the Toronto Asylum, which increased the needs of an internal economy that relied on unpaid patient labour.

to high-profile medical authorities such as former Superintendent C. K. Clarke, who chaired the Canadian National Committee for Mental Hygiene (CNCMH) and lobbied for the amendments to the 1919 Immigration Act.[13] As Stephen demonstrates, Clarke's attempt to regulate feeblemindedness from his position at the TPC between 1918 and 1923 relied on collaboration between TPC and other Toronto institutions.[14] The asylum at 999 Queen Street West was a likely partner to this process. While it served as a conduit for funnelling deported individuals out of the country during the 1920s, allowing hospital officials to confine deportees until their collection by transport companies could be arranged, the significance of this designation and method of expulsion has yet to be explored. The Ministry of Immigration formalized the link between medical diagnosis and citizenship by according officials at 999 the power to detain and process individuals who were known deportees. The asylum, then, doubled as a deportation detention centre. Today, immigration detention is a rising issue, cited as "one of the fastest growing forms of incarceration in Canada,"[15] lending urgency to the task of understanding its historical precedents.

In the early 1920s, the dual designation of certain inmates as patients and deportees reflected demands for increasing the role of medical assessment in the immigration process, a trend that contributed to the creation of the Department of Health in 1919.[16] Prominent medical doctors celebrated when the Department of Health was founded as a separate department in part to help police immigration.[17] In 1921, Clarence Hincks, then-chair of the CNCMH, praised the new department for supporting a eugenics strategy and improving citizenship standards. He claimed, "Since the creation of the Federal Department of Health, great improvement has been brought about, and we are rejecting a larger proportion of unfits per one hundred thousand than at any time in our history." Just as this link between immigration and medicine allowed medical practitioners to extend their

13 This designation was made explicit as early as 1922, though a survey of case studies from 1920 onwards indicates that it had held this function much earlier. See AO, RG 10-270, Queen Street Mental Health Centre, patient case files, Patricia B., Q 74, Immigration to Clare, January 12, 1922: "... your institution having been designated as an Immigrant Station under Section 2, Sub-Section (s) of the Immigration Act." Please note that all patient files for this study are part of AO, series RG 270, Queen Street Mental Health Centre, and will hereafter be referred to simply by the patient's name and the container number where the file can be found. Following the AO's terms of access (as per the Freedom of Information and the Protection of Privacy Act), all patient names have been replaced with pseudonyms to protect the privacy of individuals; the container numbers, however, are accurate. According to Roberts (*Whence They Came*, p. 88),the designation of a site as an Immigration Station permitted its use as a detention centre, suggesting that inmates became "mere detainees for deportation" rather than patients. See Dowbiggin, "Keeping this Young Country Sane," for a discussion of Dr. Harvey Clare and the CNCMH's role in amending the Act.

14 Stephen, "The 'Incorrigible'," p. 406.

15 "Welcome to Canada, Your Jail Cell Awaits," *The Monitor*, Canadian Centre for Policy Alternatives, vol. 22, no. 3 (September/October 2015), p. 23.

16 Adolf Meyer, "National Mental Hygiene: The Mental Hygiene Movement," *Canadian Medical Association Journal* (1919).

17 Library and Archives Canada [hereafter LAC], Administrative History for the Department of Immigration and Colonization, Immigration Program Sous-Fond. LAC's Administrative History for the Department of Pensions and National Health fonds explains: previously the federal Department of Agriculture was charged with immigration, quarantine, and public health. A Quarantine and Health Act was passed on May 22, 1868, and an Immigration Act in June 1869. Their provisions were enforced at quarantine stations at major ports of entry.

reach into immigration ports, it could also work in reverse by investing medical institutions such as the Toronto Asylum with the status of deportation station.[18] Hincks was quick to remind readers of the fiscal prudence of barring mentally deficient immigrants from citizenship, adding, "We know that an immigrant who is to be cared for over a long period of years in a mental hospital costs the country from four to seven thousand dollars."[19]

Of course, the Department of Health was not solely responsible for policing immigration. An independent Department of Immigration and Colonization was established in 1917, taking over from the Department of the Interior in a move that acknowledged the complexity and importance of immigration policy.[20] Leading up to the 1920s, the Department of the Interior and eventually the Department of Immigration and Colonization amended Canada's Immigration Act, establishing new criteria for admittance as well as deportation. The multiple amendments to the Act between 1902 and 1919 engaged discourses of national health and mental hygiene, increasingly blurring the line between health and immigration jurisdictions. Significant changes to the Act in 1919 contributed to this trend. First, the amendments extended the period of eligibility for deportation from three to five years; Comeau and Allahar describe this change as "the fruition of efforts on the part of the psychiatric profession to gain an increased and indispensable role in immigration regulation and deportation."[21] Second, the amended Act went further in denying entry, without exception, to immigrants who were labelled as belonging to certain medical categories. Hanes provides a nuanced reading of such legislative changes by emphasizing the difference between restriction and prohibition. Commenting on the 1906 and 1910 amendments, which still allowed entry for certain "mentally defective" classes, so long as financial support from their families could be assured, he argues that "to state, as some authors have, that Canada's immigration laws have always denied access to people with disabilities is incorrect."[22] The 1910 Act, as documented by Ena Chadha, represented an important change by prohibiting entry rather than simply restricting access to "mentally defective" categories, removing the family support clause.[23] The revised Act of 1919 extended this absolute prohibition by explicitly denying entry to a new category: people with "constitutional psychopathic inferiority," which, according to the April 30, 1919, House of Commons Debates, referred to "various unstable individuals on the border line between sanity and insanity, such as moral imbeciles, pathological liars, many of the vagrants and cranks, and persons of abnormal sexual instinct."[24] By signalling its various sub-categories, such as "moral imbeciles," and imposing stricter restrictions on all mentally

18 Clarence Hincks, "Recent Progress of the Mental Hygiene Movement in Canada," *Canadian Medical Association Journal* (1921).

19 *Ibid.*

20 Ninette Kelly and Michael Trebilcock, *The Making of the Mosaic: A History of Canadian Immigration Policy*, 2nd ed. (Toronto: University of Toronto Press, 2010), p.169.

21 Quoted in Ena Chadha, "'Mentally Defective' Not Welcome: Mental Disability in Canadian Immigration Law, 1859-1927," *Disability Studies Quarterly*, vol. 28, no. 1 (2008), http://dsq-sds.org/article/view/67/67.

22 Hanes, "None is Still Too Many," p. 103.

23 Chadha, "'Mentally Defective' Not Welcome."

24 Cited in Capurri, "Canadian Public Discourse," p. 98.

defective groups, these changes provided legislative empowerment to psychiatric professionals who were already interested in curbing the perceived threat of feeblemindedness.

Bodies marked as disabled and slated for expulsion were subjected to both the 1919 Act and the wide interpretive scope accorded to diagnostic categories denoting mental deficiency. Licia Carlson suggests that the category of moral imbecility be read through a gendered lens, as the term was generally used to denote women who broke sexual mores, equating improper sexual behaviour with mental deficiency to justify women's confinement.[25] Similarly, the Act's reference to "abnormal sexual instincts" reveals how medical authorities could label any behaviour conceived as socially deviant – such as unemployment and vagrancy – as feebleminded. Given the importance of "economic independence" to citizenship and assessments of individual health, the application of the 1919 Act to deport Toronto Asylum inmates must be considered within the context of the economic crisis of the 1920s. What James Struthers describes as the severe slump of 1920-1925 pushed unemployment into national debates and sharpened concerns about social responsibility.[26] It was all too convenient for medical practitioners to personalize the causes of unemployment as biological deficiency. The eugenic coding of perceived "social failure" as mental deficiency, strengthened by the 1919 amendments to the Immigration Act, made deportation a more viable option for medical authorities.

The period following 1919 saw the peak of the Canadian eugenic movement, alongside economic depression, a surge in immigration, and institutional overcrowding in places such as asylums. Angus McLaren argues that the desire to alleviate "social drain" and the cost of "dependency" to the public purse was especially pronounced during the period of mass institutionalization in the 1920s. The decade witnessed the rise of the mental hygiene movement in Canada and, along with it, increased fears of feeblemindedness.[27] While confinement was often the preferred strategy for dealing with Canadian-born individuals who fell under this unfortunate label, deportation – when possible – offered a "cheaper means of riddance"[28] that empowered medical authorities to determine who was fit or unfit to stay. Prominent, white, middle-class experts, men and women alike, argued that feeblemindedness –a broad term that could encompass multiple categories of medical diagnoses related to "deficient" intelligence – led to poor moral values, and they held the feebleminded responsible for an array of social problems ranging from prostitution and alcoholism to theft.[29]

25 Licia Carlson, *The Faces of Intellectual Disability: Philosophical Reflections* (Bloomington: Indiana University Press, 2010), pp. 59-60.

26 James Struthers, No Fault of Their Own: Unemployment and the Canadian Welfare State, *1914-1941* (Toronto: University of Toronto Press, 1983), p. 12.

27 In his definitive text on the subject, Angus McLaren characterizes the 1920s by the success of the CNCMH's public awareness campaign in *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: Oxford University Press, 1990), p. 109; see also Dowbiggin, "Keeping this Young Country Sane."

28 Referring to the title of an article by John Radford and Deborah C. Park, "'A Convenient Means of Riddance': Institutionalization of People Diagnosed as 'Mentally Deficient' in Ontario, 1876-1934," *Health and Canadian Society*, vol. 1, no. 2 (1993), pp. 369-392.

29 McLaren summarizes this prejudicial view: "In short a relatively small minority was the source of most

Presiding over the twelve custodial institutions for the insane and feebleminded, a former inspector of asylums for Ontario, A. L. MacPherson, evoked the immensity of the perceived threat when he wrote in 1923, "Insanity and its accompaniments, idiocy and epilepsy, may be likened to a river, not of life, but of destruction, rushing to its doom as it is swept over the brink."[30] The supposed hereditary nature of feeblemindedness, combined with the lack of moral and sexual restraint believed to characterize the condition, fuelled the belief that so-called defectives would overwhelm society. McPherson reflected this popular fear, claiming that "the insane population of Ontario is increasing about three times as rapidly as the normal population."[31] Authorities within the Ontario asylum system were sensitive to the cost of confinement, and many resented inmates for their financial vulnerability. Throughout their annual reports, Ontario inspectors and superintendents repeatedly posed the question, "Where do the insane come from?"[32] Canadian eugenicists commonly believed that foreigners were over-represented in asylums. Regardless of the validity of such claims, cultural differences were often pathologized as symptoms of feeblemindedness.[33]

Over-crowding, coupled with anti-immigration and eugenic discourses, would provide the moral and political justification required for deportation.[34] The eugenic practices of the early 1920s foreshadowed the era of legalized, forced sterilization, conceived as an alternative to segregation, during the late 1920s and onwards. While forced sterilization certainly took place before its legalization, government and medical officials depicted deportation of the foreign-born as the primary solution for overcrowding. The years 1920-1925 correspond directly to the tenure of Dr. Harvey Clare as superintendent of the Toronto Asylum, and his decision-making power formed a key part of what Miller refers to as the bureaucracy of the Ontario deportation system.[35] The examples addressed here also reveal the ability of inmates to influence their own fate, affecting perceptions of curability and productivity in order to remain in Canada, albeit within the oppressive confines of the asylum.

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of society's woes" (*Our Own Master Race*, p. 40). Similarly, in "Keeping this Young Country Sane," Dowbiggin illustrates how Clarke's experience at the Toronto Asylum and elsewhere shaped his perception of feeblemindedness as the source of many social ills.

30 A. L. McPherson, "Introduction," *57th Annual Report of the Inspector of Prisons and Public Charities Upon the Hospitals for the Insane Feeble-minded and Epileptic of the Province of Ontario* [hereafter *Annual Report*], 1924, Toronto, in *Ontario Sessional Papers*, vol. LVII, Part IV, Session 1925.

31 *Ibid.*

32 A. L. McPherson, "Introduction," *58th Annual Report*, *Ontario Sessional Papers*, vol. LVIII, Part IV, Session 1926.

33 Kelley and Trebilcock, *The Making of the Mosaic*, p. 216; see also Dowbiggin, "Keeping this Young Country Sane"; McLaren, *Our Own Master Race*; and Menzies, "Race, Reason, and Regulation."

34 Licia Carlson, following Ferguson, contests any straightforward dating of the "progressive reform era" by pointing out that a custodial approach was always taken towards those who were seen as severely disabled. Both authors make the point that various approaches towards people with intellectual disabilities have always co-existed. (*The Faces of Intellectual Disability*, p. 23).

35 Miller, "Making Citizens, Banishing Immigrants," pp. 63-64.

Medical Deportation, Unpaid Labour, and Institutional Belonging at the Toronto Asylum

While the deportation of eligible (and, as we will see, often ineligible) inmates offered a seemingly straightforward solution to the social and economic threat of the foreign-born "feebleminded," overlapping experiences of deportation and disability within the Toronto Asylum suggest complex and contradictory strategies of containing "social failure." Asylum inmates were subjected to nuanced and inconsistent standards, and multiple and changing meanings of belonging shaped the fate of these confined patients along different policy lines: some foreign-born individuals were deported following their confinement, thus enduring a double form of exclusion, while others were retained at the asylum as social exiles. Accounting for this differential treatment requires considering the complex play of identity constructions. The category of therapeutic failure, proposed by Philip M. Ferguson, helps frame the uneven rejection of inmates from asylum and national community, taking into account the mutually constituting identity categories of class, disability, gender, sexuality, race, and age.

Ferguson explains that "therapeutic failures," or inmates who "failed" to show signs of improvement, threatened the legitimacy of the medical professions involved in their care. Reflecting this anxiety, Dowbiggin found that psychiatrists in provincially-run institutions, such as Clarke, presented themselves as practitioners of a curative science to bolster their professional status.[36] The presence of inmates who did not show signs of improvement could undermine psychiatrists' curative claims along with their professional legitimacy. In addition, these "therapeutic failures" incurred higher custodial fees as they were unable to contribute economically to the institution. Their expulsions were likely financially as well professionally motivated.[37]

The annual reports of the Toronto Asylum while it served as a designated immigration station show that more patients were deported from this institution (often more than 50 per cent) than from any other Ontario asylum between 1920 and 1925, even though many other facilities had more inmates at the time (see Table 1). The records of the Toronto Asylum indicate the eugenics culture of the province and its preoccupation with foreign-born individuals. Inmates at the Toronto Asylum during this period were primarily Canadian-born, with the leading foreign-born category originating from England followed by other northern European countries.[38] These findings support Myra Rutherdale's claim that, "contrary to popular perception, most immigrants were not made public charges."[39]

36 Dowbiggin, "Keeping this Young Country Sane," pp. 613-614.

37 Philip M. Ferguson argues that "the continuing professional usefulness" of the related category of therapeutic failure dates back to the nineteenth-century reform movement and its attending debates. See Ferguson, "Creating the Back Ward" in Ben-Moshe, Chapman, and Carey, eds., *Disability Incarcerated*, pp. 48, 58-59. Dowbiggin makes a similar point throughout "Keeping this Young Country Sane."

38 See Ferguson, "Creating the Back Ward." Other leading countries of origin include Ireland, Scotland, the United States, and Russia.

39 Rutherdale found that Salvation Army emigration officers often claimed that only 1% of their cases resulted in deportation. See Myra Rutherdale, "'Canada is no dumping ground': Public Discourse and Salvation Army Immigrant Women and Children, 1900-1930," *Histoire sociale / Social History*, vol. 40, no. 79 (May

Table 1: Proportion of Deportations Originating from the Toronto Asylum

Year	Total Deportations from all Ontario Asylums	Total Deportations from the Toronto Asylum	Total Number of Asylums in Ontario	Percentage of Inmates Deported from the Toronto Asylum
1920-1921	26	10	12	38.5
1921-1922	39	20	12	51.25
1922-1923	45	31	12	69
1923-1924	62	40	12	64.5
1924-1925	83	45	12	54

Source: Annual Reports, 53-57 (for the years ending in 1921-1925), Ontario Sessional Papers LIV-LVIII (1922-1926).

Dr. Harvey Clare's term as superintendent of 999 Queen Street between 1920 and 1925[40] coincided with a peak wave of deportations.[41] Amendments to the Immigration Act made the "feebleminded" population of this "asylum for the insane" more susceptible to deportation. While it is true that feeblemindedness, a category that loosely denoted subnormal intelligence but was conflated with race, class, gender, age, and other markers of difference, could also overlap with insanity, Superintendent Clare conceptualized "the feebleminded" as a separate and problematic population, as did many of his peers at the time. In his written recommendations, Clare occasionally insisted that this group belonged in specialized facilities. Nonetheless, many "feebleminded" individuals resided alongside 999's "insane" population. Clare could have transferred individuals who were thought to be feebleminded to the Orillia asylum, a specialized institution dedicated to feeblemindedness, but documentary evidence shows he did not (see Table 2).[42]

2007), p. 24. Her study of female domestic workers and pauper children who came to Canada through the Salvation Army discredits claims that immigrants were prone to institutionalization. Nevertheless, the fact that the Salvation Army worked to prevent women under their care from being deported as public charges exposes the extent of the threat. The Salvation Army may have sought to remain relevant, as Rutherdale argues, by bringing in "good immigrants" and preventing their deportation, but the Asylum continued to diagnose and deport the foreign-born feebleminded.

40 According to the *Annual Report* for 1925, Clare resigned in February of that year.

41 Kelly and Trebilcock claim that more deportations occurred during the 1920s than during previous decades (*The Making of the Mosaic*, p. 210).

42 Known today as the former Huronia Asylum.

Table 2: Inmate Population and Movement at the Toronto Asylum

Year	Population (October 31 at Start of Year)	Deported	Eloped	Discharged	Transferred	Died	Daily Average Population
1920-1921	581	10	9	230	108	116	610
1921-1922	743	20	8	260	126	125	702
1922-1923	809	31	9	264	131	143	737
1923-1924	787	40	29	232	85	107	777
1924-1925	821	45	7	228	111	110	813

Source: Table No.1, Annual Reports, 53-57 (for the years ending in 1921-1925), Ontario Sessional Papers LIV-LVIII (1922-1926). Please note that this table only records the overall figures and does not account for the reason or destination of each transfer. Further research and a case-by-case analysis are required to understand the meaning of this movement of inmates.

A close examination of the process of deporting "feebleminded" inmates from the asylum shows nuanced discussions around who was eligible to remain confined and who was required to leave. On the surface, these discussions reveal important disagreements between officers from the Department of Immigration and Colonization (the federal authority that oversaw deportation, hereafter the Department of Immigration or simply, the Department) and Superintendent Clare that centred on the legality of deporting long-term residents, the permanency of patients' "defective" conditions, and the therapeutic value of keeping them at the asylum. The records also suggest that inmates could mitigate the diagnosis of feeblemindedness and the supposed permanency of this condition. Eligibility for deportation did not always result in expulsion and, as Miller reminds us, "the power of deportation ... was manifested in more than its execution."[43] Miller's study of deportations in Ontario between 1908 and 1913 demonstrates how the threat of deportation could be used to coerce eligible candidates into adopting certain normative behaviours. Miller writes,

> While the official records suggest that those administrators most intimately involved with the deportation system were determined to see as many "failed" immigrants as possible deported, the case files suggest they had additional objectives. These objectives concerned normative expectations about the behaviour of good Canadian citizens. Deportation investigations could result in expulsion, but that was not their sole goal.[44]

With the internal economy of their institution in mind, medical staff at 999 could retain "permanently defective" inmates as labourers despite their eligibility for deportation. The funding shortages of the 1920s exacerbated this reliance on unpaid inmate labour, but the pressure of over-crowding may have offered more incentive to expel certain inmates. The internal economy helped shape who was presented for deportation, but it did not always determine who was actually deported. Inmates could resist (whether consciously or not) the fate of

43 Miller, "Making Citizens, Banishing Immigrants," p. 64.
44 *Ibid.*, p. 83.

deportation through compliance and the performance of unpaid labour. Other factors, including perceptions of impairment, were connected to measures of an individual's productive value and must also be taken into account, as were the responses of the various authorities within the deportation bureaucracy.

Culling the "Incurable": Close-Reading Incarceration under Dr. Harvey Clare

A close reading of asylum medical files and correspondence shows the complex ways in which the concepts of chronicity and curability were used to measure and justify which foreign-born inmates were productive and therefore eligible to remain confined. These examples help illustrate how the degree of permanency assigned to the supposed inheritable and chronic condition of feeblemindedness varied significantly among inmates, allowing immigration and citizenship policies to be applied inconsistently. The following case studies also reveal an important paradox: individuals who were deemed social "dependents" incapable of productive labour were retained and recognized for their productive, unpaid labour within the walls of 999.

The case studies also show that foreign-born individuals considered to be of sub-par intelligence or feebleminded could be expelled from the asylum despite having met the required years of residency, which, by 1919, had been extended from three to five years.[45] The deportation figures reported by the Asylum superintendent do not include individuals who escaped while awaiting deportation – a common strategy after plans for deportation were announced. Hence, this study includes individuals who had been "written-off" as escaped. These long-term Canadian residents labelled as "write-offs" and "deports" show the inconsistency with which the flexible category of feeblemindedness was shaped by public discourse about immigration, disability, and the needs and actions of medical authorities and inmates.

The sudden and often clandestine expulsions of foreign-born inmates labelled as feebleminded were bound up in discourses of productivity, dependency, curability, and, ultimately, suitability for national and institutional belonging. As scholars of Canadian eugenics have often noted, perception of a person's labour value served as a crucial, albeit highly problematic, indicator of autonomy – the central qualifying feature of citizenship.[46] Within the liberal humanist context of the first half of the twentieth century, negative perceptions of individuals' productive potential and their level of dependency were attributed to an inherent form of mental capacity and general social worth. As authorities presiding over a subaltern body within a country that was perpetually pursuing health-related progress, asylum doctors constructed and policed the boundaries of their communities, and they did so somewhat differently from the non-asylum community of paid workers by applying a different measure of "social failure." Ferguson's research into the Rome Custodial Asylum for Unteachable Idiots during the nineteenth

45 Capurri, "Canadian Public Discourse," p. 97.

46 For example, see McLaren, *Our Own Master Race*; Miller, "Making Citizens, Banishing Immigrants"; or Dowbiggin, "Keeping this Young Country Sane."

and twentieth centuries reveals how individuals labelled as "failures" by the general community could in fact find membership in asylums that excluded those who were deemed "incurable" or "therapeutic failures." Chronicity, he explains, supported an additional layer of social exclusion within the segregated asylum system. Ferguson's study is unique in its focus on patients who were rejected by asylum doctors because they were considered incorrigible and incapable of contributing to the "cure stats" of the institution and the individual professionals who were in charge.[47]

In the context of the Toronto Asylum under Clare's management, recurring references to incurability in the patient files indicate that this medical construct carried significant legal weight, as it could justify the deportation of foreign-born individuals. As a measure of permanency, incurability allowed medical authorities to mediate diagnostic and legal categories and then use them to advance specific goals. Foreign-born, feebleminded inmates with more than seven years of residency in Canada could be diagnosed as permanently and inherently defective in order to advance their deportation; the years of residency accumulated by the individual were easily negated by an appeal to Section 3 of the Immigration Act, whereby any resident who was a member of a prohibited class (including "the feebleminded") upon arrival could not acquire domicile.[48] Through its framing as a permanent condition, feeblemindedness bore all the trappings and predictive tendencies of biological determinism, and its appeal to natural or inherent defects, according to Stephen Jay Gould, worked "to enshrine existing hierarchies" and became "part of the catalogue of justifications based on nature."[49]

The flexible nature of diagnoses of mental deficiencies raises the question as to why all foreign-born "failures" were not shipped out by asylum authorities. Records indicate that "feebleminded" foreign-born patients described as incurable were sometimes retained by Superintendent Clare, who simultaneously employed the concept of permanency to expel other inmates under Section 3 of the Act. Such subjective application of the Act cannot be fully explained by any diagnostic naivety on Clare's part. Rather, it is likely that bureaucratic constraints, discussed in detail by Miller and Dowbiggin, and interventions by families, employers, or other community members also factored into Clare's decision-making.[50] Recalling Carlson's Foucauldian analysis of the diffuse nature of power and the need to look beyond individual motives,[51] we must situate Clare's actions within the discursive and material context of 1920s Ontario, where over-crowding and budgetary deficiencies reinforced xenophobic anxieties, all of which played out in a culture

47 Philip M. Ferguson, *Abandoned to Their Fate: Social Policy and Practice towards Severely Retarded People in America, 1820-1920* (Philadelphia: Temple University Press, 1994), pp. 7-9.

48 For a detailed discussion of the Act and its amendments, see Capurri, "Canadian Public Discourse"; as well as Chadha, "'Mentally Defective' Not Welcome."

49 Stephen Jay Gould, *The Mismeasure of Man* (New York: W. W. Norton and Company, 1996), p. 62.

50 Miller's description of the complex deportation bureaucracy reveals multiple and conflicting levels of authority, as well as interventions by families, employers, and the subjects themselves ("Making Citizens, Banishing Immigrants"). In his article "Keeping this Young Country Sane," Dowbiggin focuses on the tension Clarke's xenophobic requests generated at several levels of government and among some of his colleagues.

51 Carlson, *The Faces of Intellectual Disability*, p. 99.

that assigned personal pathology and blamed it for social problems. Clare was clearly active in attempting to improve living conditions at 999 in certain areas, as letters in which he emphasizes the over-extended sleeping arrangements and the need for additional beds attest.[52] As part of his efforts to alleviate overcrowding, he had the authority to apply flexible, subjectively verifiable measures. Such epistemic authority, however, was also embodied in broader systems and structures; Clare's medical conclusions parallelled medical literature at the time, and his actions closely resembled those practised by Clarke at the TPC, who referred young, single, working-class immigrant women for deportation. However, whereas Clarke recommended deportation only after other strategies, namely "community surveillance," had failed, Clare turned to expulsion as a primary response to inmates he decided were "incurable."[53]

Clare made the separation between curable and incurable explicit in his 1923 annual report to Inspector Dunlop, explaining, "When we deduct from our admissions those patients who are known to be incurable, such as seniles, paretics, imbeciles and idiots, the percentage of discharges to admissions is 66 per cent." In this report, he refers directly to his "cure stats," opining that feebleminded and other "permanently defective" groups detracted from positive testaments to his professional competency.[54] The incentive then to expel "incurables" would have been professional as well as financial; as Ferguson has argued, by neglecting incurable patients medical practitioners were able to focus on "curable" cases that allowed them to better demonstrate their expertise.[55] The decision to retain certain "deportable" inmates would have been driven by a similar set of considerations – though these were likely not in the best interest of the patients, who had no choice in the matter. While the motives for expelling or retaining foreign-born individuals varied case by case, the examples explored in the following sections demonstrate the general mutability and manipulability of feeblemindedness as a category as well as its characteristic aura of permanency.

Joan P. – "Not a Suitable Case for Confinement"

The notion of curability, according to Ferguson, supported a hierarchy of asylum inmates who were ranked according to the needs of medical authorities. When Clare desired the removal of a 21-year-old woman named Joan P., he was primarily interested in sparing his institution the cost of caring for an individual who apparently required additional resources. Joan was confined on September 30, 1921, and had spent at least ten years in Canada, having arrived in 1911 from

52 *Annual Report 56*, Clare to Dunlop, November 20, 1923. Under the section, "Wants for the Next Year," Clare requested that the vacant and dilapidated cottages be repaired: "They will then accommodate one hundred patients and this extra room will soon be needed." In this letter, Clare suggests that other renovations "will help rid us of rats." He also describes the need to improve the sleeping verandas: "The verandas ... used as dormitories for sick patients. They should have new floors of either tile or some form of cement that will make them waterproof and assist in making them fireproof."

53 See Stephen, "The 'Incorrigible'," pp. 426-429.

54 *Annual Report 56*, Clare to Dunlop, November 20, 1923.

55 Ferguson, *Abandoned to Their Fate*, pp. 121-123; Dyck makes a similar point, arguing that psychiatrists' concern for their medical reputation led to their reluctance to treat "incurable" patients (*Facing Eugenics*, pp. 112-123).

England.[56] The medical authors of her clinical files felt that Joan was feebleminded. They claimed that she was "a high grade imbecile," explaining that "[s]he acts and talks like a child of about eight years of age."[57] Joan's apparent mental deficiency would have been further indicated by the fact that she "was going out with men,"[58] which, by the sexual norms of the time, suggested promiscuity and immorality.[59] Clare requested her removal by appealing to the Department of Immigration and Colonization, suggesting Joan as a suitable subject for deportation by emphasizing the permanent quality of her condition. On October 4, 1921, he advised Immigration that Joan be deported as her condition was inherent and predated her arrival in Canada: "Her mental condition is congenital and is the same as when she came to this country, and I would recommend, if possible, steps be taken for her deportation." Joan preferred to remain at Queen Street: "She would like to stay here and work rather than go back."[60] Her opinion, however, did not prevent her expulsion. The apparent "chronicity" of Joan's condition outweighed the legal protection afforded to her by ten years of residency. Clare framed his initial request for Joan's deportation in eugenic terms that appealed to the collective interests of the nation and its quest to detect unfit citizens through retroactive assessments. According to Carlson, high-grade cases such as Joan, due to the supposed hereditary nature of their "deficiency" and their ability to engage in sexual activity, were held to be the greatest threat within the feebleminded category, and thus gendered discrimination was entwined with biological claims to mental impairment.[61]

Further correspondence between the Department and the superintendent suggests that Clare was also motivated by more personal interests to be rid of Joan. After receiving a response from Immigration that an inquiry was underway, Clare expressed his eagerness to learn the Department's decision, explaining, "as she is of the feeble minded type and is really not suited to our wards in this hospital, we are very anxious that her deportation be expedited if possible." In these exchanges Clare reveals his concerns for the internal standards of his institution by insisting on his mandate to care only for certain types of patients (not "the incurable feebleminded"). He appeals to the distinction between insanity and feeblemindedness, suggesting that the Toronto Asylum was not required to care for the latter. Presumably after the Department did not act, Clare wrote to Provincial Inspector W. W. Dunlop, insisting that his primary concern in expelling Joan was related to the quality of his institution and its professional mandate. He asked Dunlop that, should Joan's deportation prove impossible, could she be

56 AO, RG 10-270, Queen Street Mental Health Centre, patient case files, Joan P., Q72, Immigration (Copy of Letter), February 27, 1922.

57 AO, Joan P., Q72, Clinical Record, October 3, 1921.

58 AO, Joan P., Q72, Medical Certificate (B. Vrooman), October 4, 1921.

59 Molly Ladd-Taylor argues in "Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States," *Social Politics*, vol. 4, no. 1 (Spring1997), p. 14, that "the diagnosis of feeblemindedness – the main indication for compulsory sterilization for women – was based on behavior and economic status as well as the results of an IQ test."

60 AO, Joan P., Q72, Clinical Record, October 3, 1921.

61 Carlson, *The Faces of Intellectual Disability*, p. 60.

transferred to another custodial institution within the city, as she is "not a suitable case for this hospital."[62]

As it turned out, there was no need for Clare's appeal to Dunlop; his second request to Immigration was successful, and Joan was deported on March 7, 1922, eleven years after her arrival in Canada. Joan's experience emphasizes the rhetorical strength afforded by the category of congenital feeblemindedness, which had allowed Clare to eschew the lawful period of seven years during which her deportation was permitted. The fact that Joan's supposed mental deficiency was not detected at her port of entry in 1911 did not detract from the impression of permanency that Clare constructed in his letters. On the contrary, her labelling as "chronic defective" by asylum doctors would have lent strength to the argument that only specialized psychiatric practitioners were qualified to identify feeblemindedness, thus increasing the prestige of this professional class.[63] Clare's response to Joan's supposed condition, however, suggests a more consistent screening process than was actually practised at 999. While the label applied to Joan may have consistently characterized her throughout her confinement, other patients' records reveal that it was possible for inconsistent or contradictory diagnoses to be made.

A "Willing Worker"? The Re-diagnosis and Deportation of Allen D.

The following case, involving two separate diagnoses of an inmate named Allen D., underscores the instability and mutability of medical concepts such as curability and inherent defect, which were intended to denote permanency and could facilitate the deportation of long-term Canadian residents. Two separate and contradictory diagnoses of Allen, occurring twelve years apart, point to the importance of context in shaping inter-related perceptions of feeblemindedness, productive potential, and individual worth. Allen was a Scottish-born man who was first admitted to Queen Street in 1909, shortly after his arrival to Canada; he was 26 at the time of his initial confinement. Rather than being deported from Queen Street, Allen was retained for three years, during which time he worked at the asylum until his release in 1912. His clinical record states that he was "a willing worker."[64] In 1909 Allen's deportation would have been possible if he had been diagnosed with a prohibited condition, such as feeblemindedness, that was framed as incurable or congenital. Although his small file does not mention a diagnosis from 1909, a note stating that he was discharged after appearing to "have cleared up mentally" indicates that his condition was not considered permanent.[65] His second admission in 1921, however, resulted in a very different assessment and the swift determination that he "is feebleminded and was feebleminded when he landed in this country."[66] Along with the derisive statement that Allen was "simple

62 AO, Joan P., Q72, Clare to Dunlop, December 15, 1921.

63 According to Dyck (*Facing Eugenics*, p. 45), the Minister of the Department of Public Health complained in 1924 that medical screening at ports of entry was insufficient; such views would have enhanced the position of asylum authorities in detecting deportable individuals.

64 AO, Allen D., Q73, Clinical Record, March 13, 1911.

65 *Ibid.*, May 8, 1912.

66 AO, Allen D., Q73, Clare to Immigration, April 6, 1922.

and childish,"[67] his characterization as feebleminded reflects the perception that he was dependent, a point emphasized in other parts of his file stating that he was not self-supporting.[68] This later moral judgment, based on what was essentially a diagnosis of economic dependency, reflects a link between the concept of dependency and "therapeutic failure": the implicit assumption is that the congenital nature of Allen's "defect" accounted for his unemployment. As noted in Struthers' discussion of the early 1920s, this practice of assigning individual pathology as a cause for unemployment was resisted by workers' movements and labour representatives who supported the introduction of unemployment insurance.[69]

Following his second admission, the Department of Immigration agreed that Allen was "a clear case for deportation," and proceedings occurred in 1922, despite Allen's thirteen years of residency in Canada.[70] That Allen's supposedly congenital feeblemindedness was not "detected" during his initial and lengthier three-year stay reveals a diagnostic discrepancy due to the social and political climate changing as the mental hygiene movement gained momentum during the 1920s, the perception that Allen's dependence had worsened with his "repeat offence," his supposed lack of employment appearing more chronic during his second admission, and the growing asylum population generating the need for more expulsions. The perception that Allen could never be productive stands in clear contradiction to his earlier record as a "willing worker." While Allen's relationship to labour during his second admission is not clear, it is possible that the work he had performed during his first admission, in a different context, lent the impression that he was suitable for membership in the Canadian community. Cases such as Allen's show that the mutability of disability facilitated the needs of administrators.[71] In the context of the Toronto Asylum, these needs were often determined by the internal economy of the institution.

The paradox, as Carlson points out, of exploiting the labour of inmates who are confined as patients for their supposed failure to behave productively[72] is never acknowledged by the medical authors of the Toronto Asylum records. The records are similarly silent on the context that led to the contradictory treatment of labouring inmates like Allen. After three years of unpaid work, Allen was released, despite the economic gains that would have resulted from his indefinite retention as a worker. While it is equally as important to ask whether Allen's stay was extended to three years due to his labour value, the point is not to correlate inmate retention to unpaid labour – a task that would be nearly impossible given the myriad of factors affecting "suitability" for confinement – but rather to show that retention strategies were influenced by these factors in complex and often unpredictable ways. While Toronto asylum doctors regularly screened

67 AO, Allen D., Q73, Copy of Medical Certificate (W. T. Parry), November 12, 1921.
68 AO, Allen D., Q73, Clinical Record, November 24, 1921, and Immigration (Copy of Letter), April 10, 1922, in which the thought is expressed that John was "not self-supporting."
69 Struthers, *No Fault of Their Own*, p. 22.
70 AO, Allen D., Q73, Immigration (Copy of Letter), April 10, 1922.
71 A. J. Withers, *Disability Politics and Theory* (Winnipeg: Fernwood Publishing, 2012), p. 6.
72 Carlson, *The Faces of Intellectual Disability*, p. 65.

their inmates for deportability based on published lists of prohibited classes,[73] Allen's experience demonstrates that deportability, just like productivity and feeblemindedness, was a determination related to class-based and other forms of exploitation. It must therefore be situated in its specific material context.

Retaining the Deportable: Unpaid Patient Labour

Medical authorities were eager to alleviate the cost to public spending as well as free up space in their institutions for the more "worthy poor" (presumably Canadian-born and "curable") by expelling foreign-born, incurable inmates.[74] While these motives were certainly important in shaping the asylum population, individual patient files and annual reports suggest a more complicated consideration of the political economy of confinement and "work therapy"[75] – or, more accurately, forced labour – of foreign-born inmates. Rather than ridding their institution of all inmates who were not born in Canada, doctors at 999 sometimes retained individuals as unpaid workers, despite their eligibility for deportation. Commenting on the practice of unpaid patient labour, Reaume describes what was effectively a two-tier system wherein non-labouring inmates were devalued and "patients who contributed to the internal economy of the asylum by working on a regular basis" were thought to be "more worthy."[76] Hence the perception of feeblemindedness as a social drain could be mediated through the practice of unpaid labour.

The flexibility and extralegal nature of deportation during this period, described in detail by Roberts,[77] allowed asylum authorities a considerable degree of unregulated control over foreign-born admitted inmates. Not only could superintendents postpone deportation by withholding information and delaying contact with the Department, but they could also ignore the mandate. Superintendents were thus empowered to act according to the needs of the internal economy of their institutions, which, as Reaume points out, undoubtedly benefited from the practice of free labour.[78] The reasons for which Clare and his colleagues retained "eligible" foreign-born patients were complex and varied, and many examples support the central idea that deportation was subjective and unevenly applied. A closer look at unpaid labour in the context of deportation clarifies the extent to which medical autonomy complicated the relationship between productivity and citizenship by creating a space for "productive work" that fell outside the imagined boundaries of society. The use of unpaid inmate labour reflects David Harvey's claim that groups who are not part of the market

73 These practitioners behaved like the many municipal authorities who were required to report potential "deports" to Immigration.

74 Kelley and Trebilcock cite Henry Drystek: "municipalities and public institutions felt compelled to request deportations to reduce the costs of outside relief, overcrowded asylums and overburdened hospital wards" (*The Making of the Mosaic*, p. 211).

75 AO, Allen D. Q73, Immigration (Copy of Letter), April 10, 1922.

76 Reaume, *Remembrance of Patients Past*, p. 143.

77 See, for example, Roberts, *Whence They Came*, p. 27.

78 See Geoffrey Reaume, "Insane Asylum Inmate Labour in Ontario, 1841-1900" in James Moran and David Wright, eds., *Mental Health and Canadian Society: Historical Perspectives* (Montreal and Kingston: McGill-Queen's University Press, 2006), pp. 69-96.

economy are regularly forced into informal or illegal "occupations" where their productivity could be harnessed.[79] Existence inside an insane asylum usually meant denial of citizenship rights; while confinement in a Canadian institution could not be compared to life outside, it did provide a limited degree of acceptance by the nation.

The division of labour along gendered and other lines also meant that inmates hoping to avoid deportation by providing unpaid work were limited in their ability to demonstrate productivity based on preconceptions about who was suitable for different forms of labour. Clare's reports to the inspectors confirm an especially high need for workers at the asylum from 1920 to 1925. In his annual reports Clare listed the renovations that he initiated, many of which would have required an excessive amount of repetitive work, such as tiling and retiling the many floors of the multi-storied building.[80] These renovations influenced Clare's deportation decisions. The desire of asylum authorities for their institutions to be self-sufficient – a theme explored by Reaume and Ferguson, among others – offers an important motive for the use of unpaid patient labour during a period of intense material growth and restricted funding.

Social historians of medicine have often noted that belief in the therapeutic value of work could easily be used to justify the exploitative practice of unpaid labour.[81] However, the concept of incurable and congenital mental-defectiveness would have posed a significant source of tension between the expediency of having unpaid labourers and the therapeutic claims for this form of work. A foreign-born man named Richard L. was retained by Clare as a toiler despite being labelled as incurable and mentally deficient. Because this individual, like so many at Queen Street West and all the cases considered in this study, was a "free" patient, unable to afford his room and board and not likely to possess the means of organizing any legal resistance to deportation, it is worth asking whether his labour value provided an alternative means of resisting expulsion. While the forced nature of patient labour cautions us against overstating any sense of empowerment inmates derived from it, the awareness of inmates such as Richard of their own labour value certainly complicates any straightforward exploitative power dynamic.[82] In the context of the Toronto Asylum, Goffman's notion of compliance as "an opportunity to live up to a model of conduct" by following certain prescribed behaviours would have required participation in work therapy.[83] The links among compliance, confinement, surveillance, and approval is evidenced by the doling out of "privileges" – to use the words of the medical authors – or temporary

79 David Harvey, *A Brief History of Neoliberalism* (New York: Oxford University Press, 2005), p. 185.

80 *Annual Reports*, 1920-1825.

81 James Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal and Kingston: McGill-Queen's University Press, 2001); Ferguson, *Abandoned to Their Fate*; Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge: Cambridge University Press, 1985); David Wright, "Learning Disability and the New Poor Law in England, 1834-1867," *Disability and Society*, vol. 15, no. 5 (2000), pp. 731-745.

82 See Reaume's discussion of self-esteem in relation to patient labour in *Remembrance of Patients Past*, pp. 166-171.

83 Erving Goffman, *Asylums* (New York: Anchor Books, 1961), p. 64.

freedom from surveillance to inmates who performed their roles without any apparent resistance, as Richard L. had done for years until his successful escape.[84]

Contradictory Decisions: Richard L. and David C.

Richard L., a 40-year-old man who had immigrated from England in 1909,[85] was admitted to the asylum on July 13, 1921, and was considered to be a "privileged patient" by the medical authorities who enforced his confinement. He contributed to the institution through his unpaid labour from 1921 until his escape in 1934, and, while there are no records indicating that his deportation was ever proposed, Dr. Clare made strong attempts to retain him. Richard's patient file provides an illustrative account of the potential for foreign-born individuals to be retained as workers despite matching the Department of Immigration's criteria for "deportability." Richard was diagnosed as congenitally mentally defective, which would have meant his expulsion, his twelve years of residency notwithstanding. His medical certificates, which record one of the earliest impressions of his mental capacity, employ all the tropes of feeblemindedness in describing him as "childish" and "foolish."[86] An early entry in his clinical record reinforces the view that he was feebleminded, stating that "he has a rather defective appearance, but his conversation would lead one to believe that heh [*sic*] is sufficient Mentality [*sic*] to carry on."[87] His ability to "pass" as "normal" meant that Richard was likely considered a moron, a category considered all the more threatening because it was difficult to detect.[88] As Carlson explains, Goddard's 1910 taxonomy signals the "moron" as the most dangerous mental deficient.[89]

While it may be tempting to attribute Richard's retention by asylum authorities to his lengthy residency in Canada, overwhelming evidence shows that time spent in Canada did not discourage medical officials from proposing and effecting deportations to shape the asylum population to suit their own needs. The congenital nature of his supposed condition would have made Richard an eligible "deport." An especially egregious example of an inmate whose expulsion pushed and arguably crossed the legal limits of the Immigration Act is the case of David C., who was 75 years of age when he was admitted to Queen Street on June 12, 1922. David was deported from the asylum to England less than a month after his admission with some apparent haste, after having spent 20 years living in Canada. David was given a diagnosis of "senility," a category inseparable from age-based perceptions of mental deficiency and characterized as incurable by Clare.[90]

84 Reaume, *Remembrance of Patients Past*, p. 132.
85 AO, Richard L., Q70, Clinical Record, July 14, 1921.
86 AO, Richard L., Q70, Medical Certificates (Clare and W. T. Perry), June 28 and 30, 1921.
87 AO, Richard L., Q70, Clinical Record, July 15, 1921.
88 Dyck, *Facing Eugenics*, p. 3.
89 Carlson, *The Faces of Intellectual Disability*, p. 60.
90 AO, David C., Q77, Clinical Record, June 13, 1922. Despite Clare's view that senility was incurable, David's condition had improved by the time of his deportation in late July 1922. Reaume has found a similar contradiction in the clinical reporting of Daniel G., mentioned in "Eugenics Incarceration and Expulsion," pp. 68-69. While curability and incurability were certainly mutable categories, by the early twentieth century, according to Ferguson, the optimist view that certain forms of feeblemindedness could be cured had given way to a general acceptance of its untreatable nature and a more pessimistic outlook that

His expulsion after so many decades of residency serves as a strong reminder that acquired years could be rendered irrelevant through a compelling medical diagnosis. These findings help distinguish deportation as it was practised at the Toronto Asylum from the TPC, where residency could in fact thwart Clarke's recommendation for deportation.[91] In David's case, no evidence of "chronicity" or "incurability" was presented, and it is not clear how he fit within the legal category of prohibited classes. Clare's eagerness to rid his institution of "difficult" cases fuelled David's deportation; David had threatened to expose the asylum staff's abuse, and Clare made an example of him.[92]

In contrast to David, Richard's relative youth, his compliance, and his apparent willingness to perform unpaid work likely contributed to the perception that he was valuable and may help account for his lengthy and exploitative career at the asylum. Richard's case file shows that Clare had to struggle to retain him as an inmate. Visitors, inmates, and even other staff members wondered why this man was held in confinement as he appeared "normal"; Clare was sensitive to this criticism and even complained that "everyone around this place asks why we are keeping him."[93] Despite the fact that Richard was deportable and that the supposedly incurable nature of his condition conflicted with the mandate of the institution as described elsewhere by Clare, in 1921 the superintendent insisted that it was his duty to retain Richard, as he was apparently incapable of living in the community. Clare argued, "If it is impossible for him to live anywhere else but in this Hospital then I believe it is our duty to keep him."[94] He assured his critics that he would only keep this controversial inmate on a voluntary basis ("We are quite willing that [he] stays here as long as he stays voluntarily"[95]), but records indicate that he undermined this claim by refusing to release Richard when the man complained or attempted to escape. Clare's insistence that Richard remain at his asylum is suspicious in light of Richard's expressed desire to leave, and even more so given that Richard was aware that his labour value influenced his confinement. For instance, in 1933 Richard pleaded that all the work he did for the asylum had earned his release; as his case file explains, "[he] stated that he has worked a long time and felt that he should have his freedom." In response to his request for remuneration in the form of his liberty, Richard was placed under even closer surveillance and "orders were given to watch him more closely."[96] Richard's claim that he worked regularly is supported by occasional references in his clinical records indicating that he suffered muscle strain and injury.[97] Evidence that his labour was unpaid comes from his sister, who wrote the asylum in 1931, expressing suspicion about her brother's lengthy retention, stating that "[h]e

emphasized the confinement of individuals who "refused" to improve. See Ferguson, "The Development of Systems of Support, 1880 CE to 1899 CE" in Michael L. Wehmeyer, ed., *The Story of Intellectual Disability* (London: Paul H. Brookes Publishing, 2013), p. 103.

91 Stephen, "The 'Incorrigible'," p. 428.

92 AO, David C., Q77, Clinical Record, June 12 and 13, 1922.

93 AO, Richard L., Q70, Clare to Mr. Green, December 15, 1921.

94 *Ibid.*

95 *Ibid.*

96 AO, Richard L., Q70, Clinical Record, September 27, 1933.

97 *Ibid.*, August 27, 1921; June 2, 1933; November 28, 1927.

must have been in your institution a very long time now" and suggesting that he would improve "[i]f you could put him to a paying job."[98] The superintendent of 1931 replied to Richard's sister, insisting on the incurable nature of her brother's condition: "we are of the opinion that he will have to stay permanently in the Institution."[99]

Clare's justification of Richard's confinement exposes the superintendent's readiness to ignore prescribed standards for deportability.[100] Indeed, Richard's diagnosis included all the regular themes used to characterize – and deport – other foreign-born, feebleminded inmates. Richard had been in Canada for twelve years when he was admitted in 1921, but, as we have seen, this was not outside the "acceptable" period of deportability for individuals considered to be permanently and congenitally defective. Two asylum doctors initially described Richard as feebleminded and financially incompetent, showing an awareness of his foreign-born status when they claimed that "he has not saved any money while in Canada."[101] At this mention of two key and mutually dependent themes – low productivity and mental deficiency – deportation could have been ordered, as in numerous other cases. Further, Richard's file is unambiguous about his poor work ethic in relation to his supposed inability to contribute to the external economy ("He is a type, who will always be out of work when work is at all scarce"[102]), and so hesitancy to expel this patient cannot be explained by oversight of this characteristic sign of dependency.

Despite their motives for assigning work to Richard, the authors of his clinical records indicate his compliant work ethic within the asylum, often praising his behaviour: "This patient has remained quietly about the place and is a willing worker. He has never given any trouble."[103] Even though Richard attempted to escape in 1926,[104] five years after his confinement, by 1927 Clare reported progress, writing that "he seems to be settling into a chronic patient" and "has been out working quite a while"; it was also noted that Richard "never asks about leaving anymore."[105] These statements reinforce the perception that Richard's condition was permanent while invoking the quality of docility and suggesting its valorization by asylum authorities. However, Richard's career as a "compliant" inmate was abruptly disrupted by his second (and unsuccessful) escape on September 26, 1933.[106] Upon being returned to the asylum, he verbally contested his confinement. Clare's response to Richard's demand for freedom was to increase surveillance and remove his privileges. This form of discipline was thought to be successful, as a year later his successful escape was noted with

98 AO, Richard L., Q70, Mrs. Geo. Perry to Superintendent, August 11, 1931.
99 AO, Richard L., Q70, W. K. Ross, MD, Medical Superintendent to Immigration, August 30, 1931.
100 While it is true that Richard's lengthy stay overlapped the tenure of multiple superintendents, his file mainly records the details of Clare's battle to retain him as his patient.
101 AO, Richard L., Q70, Clinical Record, July 14, 1921.
102 *Ibid.*, November 18, 1921.
103 *Ibid.*, January 21, 1924; see also August 16, 1927.
104 *Ibid.*, March 30, 1926.
105 *Ibid.*, March 5, 1927.
106 *Ibid.*, September 26, 1933.

surprise and framed against his previously compliant behaviour: "This patient has been quite quiet and agreeable and has been in the habit of going out early every morning to work in the kitchen. This morning he eloped."[107] While there is no evidence that Clare threatened Richard with expulsion to shape his behaviour, the conspicuous reference to his good behaviour and labour value can be contrasted with less favourable descriptions of inmates who were slated for deportation.

"Oversight, not Treatment": The Deportation of Gordon N. and Anne R.

As we have seen, medical descriptions of poor work ethic could directly support a diagnosis of feeblemindedness and moral depravity. Such judgments were ubiquitous across a large sample of non-paying, often "vagrant," or unemployed patients. Molly Ladd-Taylor's study of early welfare measures in the United States supports the argument that eugenicists disproportionately targeted the poor, as this discourse was applied to control welfare costs.[108] As Richard's case demonstrates, however, neither a diagnosis of permanent mental deficiency nor the perceived inability to work outside the asylum necessarily amounted to expulsion from the Toronto Asylum. While such negative perceptions were not always the defining cause of deportation, they often lent weight to and functioned alongside other constructions of ill-worth and dependency used to demonstrate ineligibility for both Canadian citizenship and residency at 999. The authors of the medical records considered in this study often emphasized what they felt was disruptive inmate behaviour, connecting their moral judgments to inter-related and highly gendered and class-based perceptions of productivity, compliance, and ultimately the politically, culturally, and socially loaded category of intelligence. In this respect, feeblemindedness could be indicated by such characteristics as a poor work ethic, as suggested by the patient file of Gordon N.

Gordon was described as a typical "moron" who could apparently "pass" for "normal." His file states that he "[c]onverses, intelligently, but is evidently somewhat reduced mentally."[109] Despite, or perhaps due to, his "normal" appearance, it was felt that Gordon was "not fit to be at large."[110] As we have seen in other characterizations of a "high grade" state of defect, this category posed the highest level of threat within a eugenic frame. Gordon's diagnosis was bluntly connected to his work ethic, as summarized in the following passage:

> Volition: Shows impairment as he has no desire to work and his whole ambition seems to be a desire to be able to play football....
> Diagnosis: From the fact that this patient has not been able to make very good progress while at school, that he has never been able to make a comfortable living, that he is amused by the simplest pastimes, and that he has never taken much interest in his surroundings, and although he has not the appearance of a degenerate yet I would conclude that he is an Imbecile with gradual mental Deterioration.[111]

107 *Ibid.*, August 31, 1934.
108 Ladd-Taylor, "Saving Babies and Sterilizing Mothers," p. 142.
109 AO, Gordon N., Q70, Medical Certificate (B. Vrooman), June 8, 1921.
110 AO, Gordon N., Q70, Medical Certificate (W. T. Parry), June 8, 1921.
111 AO, Gordon N., Q70, Clinical Record, June 21, 1921.

Gordon's alternating diagnosis as "moron" and "imbecile" – the latter indicating an even lower designation of mental capacity – reflects a recurring theme throughout the case studies, wherein asylum staff came to view individuals as being fully defined by their undesirable and inherent "condition." Staff resented Gordon as a waste of the institution's limited resources. Incurability, along with the permanency of the perceived condition, could be emphasized when constructing the identities of these undesirable or "wasteful" patients to facilitate their deportation. The above examples are connected by what Carlson describes as "the instability of the classification of feeblemindedness."[112]

The experience of Anne R., a 15-year-old girl admitted on April 7, 1922, and deported on May 1, 1922, suggests a further link between compliance and perceptions of curability. Anne's deportation was informed by medical staff's belief that she was "a badly behaved girl of the feeble minded type."[113] One medical author felt Anne's behaviour was intentional: she was said to be "noisy and mischievous and has made all trouble she could for the nurses."[114] Anne's supposed non-compliance supported the belief that she was feebleminded. Upon admission she was visually diagnosed as subnormal, with "unrefined features. Rather stupid expression"; it was also noted that her "conversation reveals superficiality of thought and intellectual inferiority."[115] By applying many of the favourite tropes used by eugenicists, doctors subjectively determined that Anne was incurable as well as dangerous, dependent, and deviant.[116] As we have seen with previous cases, the perception that an inmate was incurable could support the argument that he or she was not suitable for confinement and membership at Queen Street West. Once again invoking his self-imposed mandate to care only for "curable" individuals, Clare wrote Immigration that resources were being wasted on Anne. He proposed her deportation by arguing, "What she needs is oversight rather than treatment."[117] Given the superintendent's interest in retaining "incurables" such as Richard, who laboured for over ten years until his escape, it is dubious whether his regulation of the asylum population through the concept of "curability" reflected a sincere desire to provide therapeutic treatment, as Clare often claimed. Rather, Clare positioned the logic of curability as central to institutional efficiency and resource allocation.

Secretive and Irreversible Decisions: Ellen W.'s "Accidental" Deportation

Anne's case is emblematic of the disruptive impact and the secretive nature of medical deportations. Segregated asylum inmates suffered from clandestine processes because official medical decisions could not be contested through the appeal process available to non-medical deports.[118] In this context of irreversible

112 Carlson, *The Faces of Intellectual Disability*, p. 68.
113 AO, Anne R., Q76, Clinical Record, May 2, 1922.
114 *Ibid.* (Vrooman), April 12, 1922.
115 AO, Anne R., Q76, Physician's Certificate (Hincks), April 7, 1922.
116 *Ibid.*
117 AO, Anne R., Q76, Clare to Immigration, May 1, 1922.
118 Roberts, *Whence They Came*, p. 36. Other "deports" could only appeal the Minister of Immigration. This appeal process, however, was largely inadequate and ineffective.

medical decisions, even children such as Anne could be separated from their immediate families without prior notice. When Anne was told that she would be deported to England, she expressed concern about being separated from her mother and siblings who resided in Ontario; no evidence exists that these concerns were addressed prior to her expulsion.[119] A similar case involving a female inmate named Ellen W., who was in her late twenties when she was expelled after thirteen years of residency, reveals that her deportation occurred without notice and despite that fact that her immediate family, based in Toronto, visited regularly.

Clare described Ellen as possessing "all the ear-marks of feeble mindedness," by which he meant "the peculiar expression" and other visually identifiable signs. Throughout her two years of confinement, which began August 3, 1922, Ellen's doctors suggested the chronic nature of her condition, noting for example that she "is just the same as when the last note was made."[120] Convinced that her condition pre-dated her arrival to Canada in 1911, Clare began arranging for Ellen's deportation in 1922;[121] he was engaged in the case until December 1924, though without any discussion with Ellen's family. Several days after her expulsion to Scotland, Ellen's mother visited the asylum and was shocked to learn that her daughter had been deported and that her ship had sailed; in Clare's only note about the situation, he states that he referred the mother to Immigration so that she could obtain the name of the ship. According to Clare, he explained to the family that this particular case of deportation was due to a mix-up and that he was unable to reverse the process himself.[122] Whether or not we are to believe Clare's claim that this was an accident, Ellen's experience reveals that, despite the finality of the decision, close family and regular visitors could be excluded from discussions of deportation and not given notice of the decision. That Ellen had apparently "grown quite stout and buxom"[123] suggests why her expulsion was carried out with such secrecy. When examined through the lens of sexuality, Ellen's record reinforces the idea that feebleminded women who were seen as posing a sexual threat were favourite targets of eugenic actions.

Feeblemindedness and Sexuality: Moral Lapses, Venereal Disease, and Sterilization

Understandings of feeblemindedness and eligibility for medical deportation must also be considered in relation to sexuality and adherence to gendered social roles. Studies of the eugenics movement (especially of reproductive labour) have demonstrated that the threat posed by mentally defective young women was commonly emphasized, though, as Dyck has found in her recent study of Alberta's former eugenics board, eugenic views of male sexuality also deserve attention.[124] During Clare's tenure as superintendent, both male and female inmates – especially those who challenged conventional gender roles and authority – were targeted

119 AO, Anne R., Q76, Clinical Record (Vrooman), April 8, 1922.
120 AO, Ellen W., Q79, Clinical Record, January 29, 1924.
121 AO, Ellen W., Q79, Clare to Immigration, December 6, 1922.
122 AO, Ellen W., Q79, Immigration, August 14, 1924.
123 AO, Ellen W., Q79, Clinical Record, October 30, 1923.
124 Dyck, *Facing Eugenics*, pp. 113-114.

for deportation. The threat of hereditary degeneracy was entrenched in eugenic discourses during this period; as we will see, inmates of the Toronto Asylum were often sexualized by medical authorities, and their capacity for sexual expression was closely regulated and discouraged through forcible intervention.

The experience of Andrew E.[125] suggests the impossibility of untangling perceptions of sexuality and intellectual impairment. Andrew, a 17-year-old who had suffered a head injury when he was young, was thought to be a "sexual pervert," as he had been accused by the neighbours of exposing himself to young girls.[126] Despite evidence that Andrew had been "runover [*sic*] by a horse and wagon," Clare argued that his condition was undoubtedly "congenital."[127] In a succinct statement summarizing the links between dependency, intelligence, and fitness for citizenship, Clare described Andrew's feeblemindedness and absent work record and proposed his expulsion: "He is an imbecile in appearance. He says he has never worked. He should be deported."[128] Clare's medical staff expressed contempt for Andrew, deriding him for lying in bed "with a dull and stupid expression" and claiming that "he would not mind living here all his life."[129] Andrew was eventually deported March 21, 1922, with the justifying label reading "congenital defective."[130] The disgust expressed by medical authors for Andrew's "condition" partially explains their eagerness to attribute his perceived sexual deviancy to an innate moral failure rather than an acquired injury. The latter explanation may have inspired greater sympathy during a postwar period that exposed practitioners to what were thought to be heroically acquired wartime injuries, while the congenital labelling of Andrew's "imbecility" would have expedited his deportation.

The sexualization of inmates such as Andrew E. could support a diagnosis of chronicity and enhance the perception of the threat they posed, enabling medical authorities to deport long-term residents. According to McLaren, it was also common for venereal disease to be attributed to feeblemindedness, and vice versa, as the sexual immorality of "feebleminded" people was a rampant fear.[131] In the case of Susan M., a 30-year-old woman born in England and admitted on January 25, 1922, the medical diagnosis that she "[l]ooks as if she has always been subnormal mentally" was contested by her own understanding of her recent "lapse" into sexual immorality.[132] Susan, a domestic worker, contracted gonorrhoea after sleeping with her employer.[133] Her file records that she linked her sexual and moral "lapse" to this man and the resulting infection to her "fall from grace." Susan stated that she "came to Canada with a good character" and described her transformation through a typical narrative arc of fall and potential redemption.[134]

125 AO, Andrew E., Q73, Information to be Elicited Upon Enquiry, December 15, 1921.
126 *Ibid.*
127 AO, Andrew E., Q73, Clare to Immigration, February 18, 1922.
128 AO, Andrew E., Q73, Copy of Medical Certificate (Clare), December 9, 1921.
129 AO, Andrew E., Q73, Clinical Record, December 23, 1921.
130 *Ibid.*, December 21, 1921, unsigned and unaddressed statement.
131 McLaren, *Our Own Master Race*, p. 40.
132 AO, Susan M., Q74, Province of Ontario Statement, January 25, 1922.
133 AO, Susan M., Q74, Clinical Record, January 27, 1922.
134 *Ibid.*, January 1922.

The chronology that Susan provided anticipated attempts by medical authorities to place her in a prohibited category by diagnosing her condition as static rather than as a lapse. Susan's own characterization of her sexual behaviour as a fall and temporary break with morality challenged these claims to permanent mental deficiency. Had it been believed, her statement would have made her deportation difficult. Unfortunately doctors attributed Susan's apparent immorality to a chronic state of mental deficiency and were thereby able to recommend her expulsion.

Susan was deported June 8, 1922, and sent to a workhouse in England. No consideration was given to her male employer's role in provoking this supposed moral fall, let alone in exploiting her potential vulnerability as a foreign domestic worker. Instead, Susan was stigmatized by asylum staff and other inmates who teased her about her condition.[135] The belief that Susan was solely responsible for her condition encouraged her repeated sexualization by medical authors. Throughout her file, references to Susan as "a buxom young woman,"[136] "a good looking Scotch girl,"[137] and other similar descriptions create the impression that her physical appeal was to blame for her "degraded" moral and medical condition. The decision to blame and deport Susan, rather than question her employer's potentially abusive actions, reflects the logic of more contemporary migrant worker systems: Susan's residence in Canada was dependent on her relationship to her employer. Her status as a working-class, young, foreign-born woman, diagnosed with venereal disease, supported the perception of her mental defectiveness, which allowed for her expulsion.

Just as Susan's identity was sexualized and pathologized through a largely classist, gendered, and ableist construction of her transmitted infection and physical appeal, other women were framed as deviant and mentally deficient through their employment history. Martha T.'s experience shows how the concept of mental deficiency shaped embodied experience by altering the very functions of the body. Martha, who was admitted February 28, 1922, and deported April 4 of that same year after having spent six years in Canada, had been sterilized at St. Luke's hospital in Ottawa four years prior to her admission at Queen Street.[138] While it is unclear whether the invasive procedure – thought to be more common in Western Canada – was forced or voluntary, the surgery nevertheless had disruptive effects, and Martha was admitted to the General Hospital "on account of soreness and pains across her abdomen."[139] In addition to the physical pain caused by her sterilization, the fact that "menstruation has ceased since operation from years ago" confirms the "success" of the procedure in removing her reproductive potential.[140]

135 *Ibid.*, February 4, 1922.
136 AO, Susan M., Q74, Clinical Record (F. J. O'Leary), January 28, 1922.
137 AO, Susan M., Q74, Clinical Record (Vrooman), January 27, 1922.
138 AO, Martha T., Q75, Clinical Record, March 1, 1922.
139 *Ibid.* Dyck reminds us that sterilization could be requested for contraceptive or other purposes by patients and complicates the idea that sterilization was negative by pointing to mixed post-sterilization attitudes among patients she surveyed (*Facing Eugenics*, p. 74).
140 AO, Martha T., Q75, Clinical Record, March 27, 1922.

In many ways, Martha was a typical candidate for forced sterilization. Her Queen Street record casts her as morally deviant and "a pathological liar."[141] Her work history was described as unstable, including some experience as a prostitute in England – an important detail that would have strengthened her eligibility for deportation. The threat posed by Martha's perceived "immorality" was explicitly used to support a diagnosis of feeblemindedness; the authors of her clinical record felt that any person of sound mentality would not have behaved as Martha did, and her life choices were deemed "not natural."[142] As with many of these sample cases, Martha's deportation occurred at the intersection of class-based, gendered, and sexualized oppression, and the conceptual framing of her as disabled was inseparable from these other axes of social differentiation.

While Martha's expulsion after six years of residency may seem less remarkable given the previous examples, her confinement and deportation remain surprising given that a "preventative" surgical measure had been taken to control the reproductive threat that she was thought to have posed. Sterilization, which often presented a cheaper alternative to confinement, dramatized how mutilation became the price of liberation for many inmates.[143] Clare confirmed that Martha's sterilization would suffice to safeguard the public against her supposed sexual threat, and he did not recommend institutionalization upon her return to England.[144] It is likely then that her deportation was not directly related to the cost of her confinement, since this was not considered necessary after sterilization. In this example, intersecting prejudices motivated a consideration for more than just cost-effectiveness. Perhaps more clearly than any previous example, Martha's expulsion reflects the culture of citizenship with its concern for national fitness and the asylum's role as retroactive gatekeeper.

Historical Approaches to Disability and Dis-Citizenship

Medical deportation not only exposes the flexible nature of disability in shaping social bodies; it also questions changing understandings of productivity and dependency in the context of national belonging. These histories hold implications for current determinations of "dependency" and citizenship, as well as the treatment of individuals excluded from secure forms of paid labour. While the historically contingent nature of diagnostic categories like feeblemindedness belies any direct mapping of these experiences onto present labels or embodied experiences of disability, the elastic application of feeblemindedness allows for comparisons to people with developmental disabilities. Carlson's notion of "conceptual oppression" helps explain the link between these case studies and present policies that contribute to the economic oppression of individuals who have, or who are perceived to have, intellectual disabilities.[145]

141 *Ibid.* (F. J. O'Leary), March 7, 1922.
142 *Ibid.*
143 Dyck (*Facing Eugenics*, p. 68), quoting Albertan politician Lionel Joly.
144 AO, Martha T., Q75, Letter to Immigration, April 4, 1922.
145 Carlson, *The Faces of Intellectual Disability*, pp. 119-120.

While much room remains for further analysis of the cases that have been surveyed – and the many other cases of deportation from the Toronto Asylum that took place between1920 and 1925 – this discussion of patient files, attending to the themes of curability and permanency, seeks to illustrate how feeblemindedness could be applied to justify expulsion. These case studies demonstrate that disability oppression is central to tracking how notions of productivity and dependency change over time. They also provide examples of how class, sexuality, gender, age, and other axes of social differentiation are bound up with disability. The category of feeblemindedness and related perceptions of intelligence involve layered, reciprocal interactions among markers of difference that require close reading to determine how notions of belonging are formed. These intersectional readings highlight the variety of strategies used to construct "social failure" and help expose the elements of the custodial model manifest today outside the walls of segregated institutions.[146]

The discourses around subnormal intelligence and inherent defect explored here emphasize the importance of both material and ideological contexts – and the dynamic interplay between the two – in shaping perceptions of social and therapeutic uselessness. Descriptions and evaluations of inmates by medical authorities are invariably shrouded in the certainty of positivist eugenic ideas about human nature, but these assertions are formed through a combination of prejudices as well as economic and personal needs. These heterogeneous experiences of disability reveal the central role of labour to disability oppression. Historical readings of citizenship and dis-citizenship suggest that discursive and structural systems have traditionally operated within a liberal humanist framework to punish any perceived failure to achieve "autonomous" subjecthood.[147] Similarly, the broad process of institutionalization, according to Carlson, was aimed at releasing care-giving parents, spouses, and other relatives so that they could join the labour market.[148] This motivating factor speaks to the need to look beyond the asylum and care-giving to broader economic considerations.

The study of disability history, in the words of Richard Devlin and Dianne Pothier, becomes a question not simply of medicine or health, but also of politics and power, and encourages the uncovering of the core assumptions of liberalism and the way in which these function to privilege normalcy and autonomy over what has been designated as "abnormal" and dependent.[149] Nevertheless, disability history has remained marginal even when connections to politics and power are

146 The question as to which elements of this model are present today is raised by Deborah Carter Park in her unpublished PhD dissertation, "An Imprisoned Text: Reading the Canadian Mental Handicap Asylum" (PhD dissertation, York University, 1995).

147 Margrit Shildrick links individuality and rationality to what she considers to be the mistaken faith in an "unchanging biology as the base for a sovereign self" in "Beyond the Body of Bioethics: Challenging the Conventions" in Margrit Shildrick and Roxanne Mykitiuk, eds., *Ethics of the Body* (Cambridge, MA: MIT Press, 2005), pp. 9-10. For a discussion of disability and dis-citizenship, see Richard Devlin and Dianne Pothier, "Introduction: Toward a Critical Theory of Dis-Citizenship" in Devline and Pothier, eds., *Critical Disability Theory: Essays in Philosophy, Politics, Policy, and Law* (Vancouver: University of British Columbia Press, 2006), pp. 1-22.

148 Carlson, following Foucault (*The Faces of Intellectual Disability*, p. 41).

149 Devlin and Pothier, "Introduction: Towards a Critical Theory of Dis-Citizenship," p. 2.

explicit. The exclusion of these stories holds repercussions for both Canadian-born and foreign-born people with disabilities fighting for citizenship rights. As Paul Longmore states, "Until we can document the past with the evidence and rigor that solid historical research necessitates, the absence of disability from our written history, its suppression in our formal collective memory, jeopardizes the current quest ... for full citizenship."[150] To identify resurgences of eugenics and to better understand disability as discrimination, it is necessary to recognize eugenics as a philosophical as well as historical movement and to centre disability in historical readings of citizenship.

150 Paul Longmore and Lauri Umansky, "Disability History: From the Margins to the Mainstream" in Longmore and Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001) p. 14.