“We Cannot Make a Silk Purse out of a Sow’s Ear”:

_Eugenics in the Hoosier Heartland, 1900-1960_

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In the April 1929 *Monthly Bulletin of the Indiana State Board of Health* Dr. Thurman B. Rice pondered in the column “If I were Mussolini” how he would run Indiana if granted absolute control.¹ Equal parts folksy and frank, this contribution to the bulletin illustrated Rice’s celebrated “ability to write and converse in typical Hoosier jargon.”² Having reviewed what he favored but would not require, such as making folks go to church on Sunday and abstain from alcohol (“I am as dry as an Arabian camel”), Rice listed what he would enforce, all measures targeting those he deemed “unfit to procreate.”³ Specifically, Rice endorsed marital restrictions on and the sterilization of Hoosiers with bad heredity: the feebleminded, inveterate criminals, and parents whose firstborn was a confirmed defective.

On paper, Rice had Il Duce on his side, as Indiana was home to one of the first marriage laws in the country, passed in 1905 and prohibiting the “mentally deficient, persons with a ‘transmissible disease’ and habitual drunkards” from marital unions.⁴ More recently, in 1927, the state legislature had approved a statute authorizing the sterilization of the “insane, feeble-minded, or epileptic persons” in custodial care.⁵ Even so, Rice wanted to ensure the exacting implementation of these laws and extend sterilization outside of the walls of state institutions. A professor in the Department of Public Health at the Indiana University School of Medicine, the longstanding editor of the *Monthly Bulletin*, and the future State Health Commissioner, Rice was well positioned to communicate his ideas about the biological and social burden of defective heredity. In numerous entries in the bulletin, his book *Racial Hygiene*, and serialized articles on the history of medicine in Indiana, Rice expounded on the need to protect America’s good blood and superior stock from bad “germ plasm” through policies ranging from monetary bonuses to augment fit families to prenuptial health certificates, from mothers’ pensions to immigration
control. In 1928 the American Eugenics Society, the country’s foremost organization devoted to race hygiene, acknowledged Rice by appointing him chairman of the Indiana State Eugenics Committee. Rice was a high-flying Hoosier eugenicist, but he was not alone. Many distinguished leaders in Indiana public health, education, and welfare gravitated towards eugenics in the first half of the twentieth century.

Coined by the British statistician Sir Francis Galton in 1883 to describe a new scientific approach to the improvement of society through the study and control of human heredity, eugenics attracted a wide spectrum of adherents from the late nineteenth to the mid-twentieth century. Ranging from the far left and the far right to the mundane middle, eugenicists included biologists, physicians, industrialists, psychologists, socialists, feminists, and traditionalists, and eugenic societies appeared in nations as diverse as Japan, Italy, Brazil, and Romania. What this heterogeneous group shared was the conviction that social maladies could be addressed through scientific solutions and the application of biological models, especially those derived from the burgeoning field of genetics. By the early 1900s, a eugenics movement was cohering in the United States, propelled by organizations such as the American Breeders’ Association and prominent scientists such as Charles B. Davenport, who founded the Eugenics Record Office in Cold Spring Harbor, New York in 1910. Concomitantly, states started to pass marriage bans and laws for the segregation and sterilization of the “unfit,” and in the 1920s the U.S. Congress approved eugenically-inspired immigration quotas.

In the past few decades, scholars have published dozens of books and articles on eugenics, demonstrating its global reach, expansive appeal, and ideological flexibility. More recently, delving beyond national organizations and patterns, U.S. historians have applied a regional lens to probe eugenics in states such as Virginia, North Carolina, Minnesota, Oregon,
and California, just to name a few. This research has demonstrated that even as eugenicists participated actively in national organizations like the American Eugenics Society and the Human Betterment Foundation the hereditarian ideas they espoused and policies they helped to enact were profoundly shaped by the specific local contexts in which they operated. Rephrasing the oft-quoted maxim, this scholarship underlines that “all eugenics was local.”

This essay provides a historical overview of eugenics in Indiana from 1900 to 1960 and situates the Indiana experience on the national horizon. In addition to highlighting the principal actors who pursued and the ordinary people who were affected by eugenics, this essay explores several tantalizing questions: Why did Indiana – of all the states in the union – pioneer the first eugenic sterilization law in the world? Who was sterilized in state institutions and how were sterilizations ordered and carried out? Why did eugenics prosper in a state characterized by a preponderance of native-born white residents and a paucity of immigrants and racial minorities? What ideological framework enabled Hoosier eugenicists to effortlessly link the cultivation of better babies to the sterilization of defectives? Finally, who was deemed unfit (and fit) according to the eugenic standards of the day and what might this reveal about the hopes and anxieties about Indiana’s future held by state’s leaders in the first half of the twentieth century?

It is an apt moment to look back at the history of eugenics in Indiana. April 2007 is the centenary of the landmark sterilization law. Eventually ruled unconstitutional and replaced by a revamped statute in 1927, this law set the stage for the sterilization of 2,500 Hoosiers committed to mental and penal facilities. With the hindsight of one century, it is instructive to evaluate the motivations behind this legislation. It is also elucidating to assess how other aspects of eugenics in Indiana – such as mental surveys and the dissemination of baby care advice – diverged from and converged with the state’s sterilization policy. Moreover, analyzing the history of eugenics
in Indiana can shed light on the complexity of eugenics in the United States and point to fruitful avenues of inquiry on the local and state level. Even if the history examined in this article can be consigned to an increasingly distant past, many of the ethical questions raised remain as compelling today. Certainly, one could argue that the dilemmas associated with reproduction, breeding, and decisions about which human traits are desirable or undesirable are even more pronounced in the twenty-first century as genetic and fertility technologies and discoveries expand at an unprecedented rate.

Proceeding chronologically, this article begins with a discussion of the passage of the 1907 sterilization law, which was ruled unconstitutional by the Indiana Supreme Court in 1921. I then move to an examination of the activities of the Committee on Mental Defectives formed by the Board of State Charities in 1915 to combat an apparent crisis of “mental defectiveness in Indiana.”12 Next I examine the Division of Infant and Child Hygiene, which directed immensely popular better babies contests at the Indiana State Fair from 1920 to 1932. In the last section I return to the topic of sterilization, discussing the 1927 statute and its implementation at the Fort Wayne State School where reproductive surgeries were performed on approximately 1,800 inmates from 1930 to 1960.

“The knife only can reach them”

In May 1909 Eddie Millard, an inmate at the Indiana State Prison, sent a statement of complaint to Governor Thomas R. Marshall describing his forced sterilization two years earlier at the hands of Dr. Harry C. Sharp, the medical superintendent of the Indiana Reformatory in Jeffersonville. According to Millard, after being sentenced to the Reformatory in 1907 he was sent to the prison hospital where he was interrogated by Sharp, who asked him a “great many
questions in regard to [his] past life.” Based on this evaluation, Sharp told Millard that “‘I think we will cut your cords’.” Millard bridled at this suggestion, informing Sharp that he “had not been convicted of any acts . . . that warranted such an operation necessary.” Despite physically resisting Sharp in the operating room, Millard was sterilized “against [his] will, the cords of both testicles being clipped” in March 1908. The following year Millard was transferred to the State Prison where he was granted writing privileges and penned his protestation to the Governor.

Millard’s dramatic description of his forced vasectomy offers one of the few glimpses into how the “Indiana Plan,” as Sharp dubbed the state’s sterilization policy, affected inmates. Yet Millard was just one of the 119 men who underwent sterilization at the Indiana Reformatory during the fiscal year 1907-1908. Moreover, Millard’s operation was carried under the umbrage of Indiana’s sterilization law, the first such piece of legislation in the world. Ardently endorsed by Sharp and the BSH Secretary Hurty, this bill passed by a moderate margin in the legislature and was signed into law on April 9, 1907 by the Republican governor James Frank Hanly, a purity crusader and hard-line prohibitionist. Intended to thwart the propagation of “confirmed criminals, idiots, imbeciles and rapists” this law obliged mental and penal institutions to appoint two surgeons (in addition to existing medical personnel), who, along with the superintendents, were empowered to sterilize inmates for whom “procreation is inadvisable and there is no probability of improvement of the mental condition.”

Even though this law was a watershed for the history of eugenics in Indiana and the United States, it was not formulated de novo. Instead it represented the legalistic culmination of at least two decades of the steady development of ideas about criminality, degeneracy, hyper-sexuality, and the primacy of heredity in determining personality and familial traits. Starting in the late nineteenth century influential Indianans, such as Hurty and the Congregationalist
minister Oscar McCulloch, began to express alarm over what they perceived to be a rapidly growing class of degenerate and diseased paupers. To understand this phenomenon they turned to eugenics, which distilled complex social, economic, and environmental issues into simplistic explanations of genetic inheritance. As Hurty told the Indianapolis Literary Club “all social problems, which we have assiduously tried to solve by education, care, cure and relief, are fast becoming recognized to be biological problems.”

Through professional and civic networks, Hoosier eugenics began to coalesce in the early 1900s. Boosted by his reputation as a nationally respected health leader, Hurty stood at the forefront of this burgeoning movement, regularly giving talks with titles such as “Making a Better Race” and “Morons” to local physicians and reformers. His was a decidedly pessimistic perspective: since it was impossible to encourage the fit to reproduce at a rate fast enough to offset the unceasing propagation of the unfit, eugenicists needed to put a stop to “breeding from the worst.” Hurty was very proud of his state’s aggressive efforts against “race deterioration” and often expounded on the virtues of the sterilization law as well as the eugenic marriage ban. Hurty ordained sterilization a “higher hygiene, through which we can hope to better the race.” Voicing an attitude widespread among American eugenicists, Hurty contended that social amelioration and instruction could never cure degenerates for they had “no power, no force of mind, to withstand temptation,” declaring “the knife only can reach them.” One of the reasons eugenics gained an early foothold in Indiana was because Hurty saw little difference between public health and eugenics. From his perspective, both involved broad-based sanitary measures guided by the latest scientific discoveries and advances, were undertaken for humanitarian purposes, and strove to end the suffering of unfortunates and maximize the overall health of the body politic. For example, Hurty praised his signature quarantine (1903), school sanitation
(1911), and pure food and drug (1906) acts in the same breath as the marriage and sterilization laws.21

As Hurty was spreading the eugenic gospel throughout Indiana, his colleague Sharp was busy experimenting with sterilization as a therapy for troubled prisoners. At the outset Sharp was attracted to vasectomy – a procedure he helped to surgically refine – as an alternative to castration that could effectively treat onanism and sexual deviancy.22 With this premise in mind, Sharp began to vasectomize inmates at the Indiana Reformatory in 1899, performing around 235 such operations before the sterilization law was passed in 1907.23 Gradually Sharp moved away from seeing vasectomy primarily as a therapeutic measure and began to regard it as an eugenic intervention capable of improving the human race. Under the hereditarian spell and likely aware that observers might interpret the unwarranted vasectomy of inmates as unsavory at best, Sharp urged the legislature to pass a compulsory sterilization law. He believed this act simultaneously would save the state thousands of dollars by allowing for the release of treated inmates and halt the transmission of “mental as well as physical defects” to offspring.24 In the 1909 pamphlet Vasectomy, Sharp enthusiastically reported that he had sterilized a total of 456 men from 1899 to 1909 and advocated the “Indiana plan” in facilities beyond the Jeffersonville Reformatory.

Despite strong support in high places, Governor Marshall, a Democrat who succeeded Governor Hanly in 1909, was apprehensive about the statute and Sharp’s vasectomies. Due in part to a handful of letters like Millard’s that condemned the forceful tactics employed at the Indiana Reformatory and partisan one-upmanship, in spring 1909 Marshall ordered a moratorium on sterilizations in state institutions.25 This turn of events frustrated but did not dissuade Sharp or Hurty, who told a colleague that Marshall was “a good man in every respect, but he has not yet been brought around to our advanced ideas.”26
Much to Hurty’s chagrin, neither Marshall nor his immediate successors were brought around. As more and more of the sterilization laws passed in American states came under legal scrutiny in the 1910s and rendered unconstitutional for various reasons, Indiana’s politicians became wary of countenancing an act that contained virtually no legal protections for patients or inmates. Given this nebulous state of affairs, in 1919 Governor James Goodrich decided to test the law’s constitutionality. He appointed the Jeffersonville City Attorney to defend Warren Wallace Smith, convicted of rape and incest, against a sterilization order approved by the Indiana Reformatory’s Board of Trustees. After a decision for Smith in the Clark Circuit Court, Dr. Charles F. Williams, chief physician of the Indiana Reformatory, appealed to the Indiana Supreme Court which in turn upheld the lower court’s decision in 1921. Additionally, the Indiana Supreme Court clarified that the sterilization law violated the state constitution and the U.S. constitution, specifically the Fourteenth amendment, by depriving Smith “of life, liberty and property without due process of law” as well as the “equal protection of the laws.” This decision also stated “while vasectomy is physically less severe than castration, in its results it is much the coarser and more vulgar, and is equally cruel and inhuman.”

Indiana’s 1907 sterilization law faltered because of its inchoate wording, Sharp’s impudence, and the reluctance of governors cognizant that analogous statutes were being struck down around the country. Court rulings demonstrated that sterilization acts that could be construed as punitive rather than eugenic or preventive in intent and outcome frequently did not pass muster against constitutional jurisprudence. To a great extent, Indiana’s statute was no more than a legislative postscript for an ambiguous sterilization campaign already well underway. Insofar as it provided no recourse for targeted inmates and was put into practice exclusively in one state prison, this law smacked too much of punishment and too little of health betterment, an
oversight apparently lost on Hurty. In an ironic twist, the state that passed the world’s first eugenic sterilization law scarcely implemented it for almost two decades. When a new cohort of legislators ratified a revamped act in 1927, they had learned what pitfalls and problematic terminology to avoid. In the meantime, Indiana’s sterilization hiatus served as a fertile period for the development of other, no less important, facets of Hoosier eugenics.

Beware the Kentucky Hill-Folk

Who were the ever-multiplying degenerates that so preoccupied Indiana eugenicists? As scholars of disability and education have shown, some were people that today would be considered mentally retarded or developmentally disabled. Others were mentally ill individuals diagnosed with conditions that psychiatrists considered organic or hereditary in origin. Many more, however, were poor and disenfranchised Hoosiers marginalized by the processes of industrialization, urbanization, and modernization that transformed the state from 1880 to 1940.

From the late nineteenth to the early twentieth century Indiana underwent far-reaching changes on many levels. First, the population rose dramatically, jumping approximately 50 percent from just under 2 million in 1880 to nearly 3 million in 1920. Second, there was a marked decline in rural territories, which began to lose population in 1910, a trend that continued until 1940. Whereas 65.7 percent of Hoosiers lived in rural areas in 1900, by 1930 this percent had fallen to 44.5. This shift was made evident in higher concentrations in the principal cities of Fort Wayne, Evansville, South Bend, and most importantly, the capital of Indianapolis, which claimed over 10 percent of the entire population by 1920. Third, Indiana’s economic mainstay of agriculture was undergoing major changes, as mechanized power, crop diversity, growing livestock production, and value-added commercialization gradually supplanted the frontier
farming associated with subsistence, horse, and manpower inputs. As in the domain of health, agriculture was altered by the rising authority of scientific methods and standards, which farmers often learned through extension programs and traveling agricultural agents.\textsuperscript{35} Fourth, an outspreading transportation network of railways, inter-urbans, and roads was reconfiguring the landscape as was the arrival of running water, sewage, electricity, and telephones. Finally, this was also the time of a “great awakening in education” when a modern public school system was established and attendance for all children aged eight to fourteen made mandatory. For example, from 1900 to 1920 the number of high school students climbed from 35,246 to 78,849, giving Indiana the fourth-highest proportion of enrollees in the nation.\textsuperscript{36}

While these changes brought greater wealth and occupational opportunities to many Hoosiers, they also unleashed societal dislocations that exacerbated class divisions and the cultural gaps between the literate and illiterate, schooled and unschooled. Since its charter in 1816, Indiana had maintained liberal provisions for the protection of the vulnerable and disenfranchised. In fact, the founding constitution explicitly pledged a penal code based “on the principles of reformation and not of vindictive justice” and the creation of a system of care, education, and treatment for the poor, deaf, blind, insane, and criminal.\textsuperscript{37} This basic commitment to welfare and benevolence laid the parameters for the formation of the Board of State Charities (BSC) in 1889, which was charged with overseeing a growing constellation of facilities for the insane, orphans, convicts, feebleminded, and troubled children.\textsuperscript{38}

The BSC was the brainchild of the minister Oscar McCulloch, who encapsulated his fears of degenerates overrunning Indiana in \textit{The Tribe of Ishmael}, a family study that equated the proliferating depraved clan of the “Ishmaelites” with the Sacculina, a crab parasite.\textsuperscript{39} Such an ideological underpinning primed the BSC to rely chiefly on hereditarian principles to interpret
the heightened visibility of those Hoosiers left behind by modernization. In particular, Amos W. Butler, the BSC’s Secretary from 1898 to 1923, turned to eugenic theories to grasp and resolve the state’s accelerating rate of “pauperism, degeneracy and crime.” Butler was a Progressive reformer whose training as a zoologist prepared him to apply scientific research to social welfare. In 1915, with Governor Samuel Ralston’s blessing, he created the Committee on Mental Defectives (CMD), recruiting “eight prominent citizens” to establish the committee’s mission and goals. In consultation with national figures in mental hygiene, they settled on a rigorous and objective study of “mental defectives – including the epileptic, feeble-minded and insane” and an assessment of “what is being done for them here and elsewhere.” For eugenic expertise, Butler contacted the Eugenics Record Office which, after some negotiation, “loaned” him Arthur H. Estabrook (the author of an updated version of the classic The Jukes) and provided several graduates of its summer training school. Before long CMD researchers set off to locate mental defectives in institutions, schools, and the general population, many of whom had been identified by local physicians, wardens, lawyers, teachers, and civic leaders.

The CMD’s labors from 1916 to 1922 resulted in three reports and the calculation that 2.1 percent of Hoosiers were mental defectives. While the first two reports compared mental defectiveness in ten counties, the third devoted much of its space to mental surveys conducted in schools, orphanages, and the Marion County courts. Each report echoed a refrain common among American eugenicists, that of the three types of defectives – the epileptic, insane, and the feebleminded – without a doubt the latter posed the gravest threat. Unlike the more easily recognized and interned epileptics and insane, the feebleminded were scattered “everywhere, in town and city and country” and produced “more pauperism, degeneracy and crime that any other one force.” Of particular concern were morons, the highest grade of feebleminded. While their
lesser counterparts, idiots and imbeciles, were sufficiently retarded to warrant permanent institutionalization, morons, with a mental range of eight to twelve years, represented a trickier challenge because they could function in society; “the morons are more nearly like the rest of us – they may even appear normal.”48 According to the CMD, morons were an insidious menace because their ability to pass, coupled with an inborn lack of inhibition and self-control, enabled them to propagate their defective heredity at rates up to 2.4 times of those of normal people.

The CMD was one of many agencies around the country that fostered the detection of mentally disabled children in the school system and instituted special education programs. Nonetheless, in retrospect, the CMD’s survey corpus contains some of the most disturbing examples of Hoosier eugenics. To the eleven counties profiled in the official reports and at least a dozen more, the CMD dispatched field workers – many professional women who fancied themselves selfless scientific missionaries – who arrived at their destinations armed with the eugenic tools of the day: cameras, pedigree charts, hereditary nomenclature, and a reliable formula for chronicling family lineages in an abridged yet melodramatic form.49 The hundreds of family studies gathered by the CMD offer a window onto the devastating social affects and human costs of rural poverty, job scarcity, and haphazard educational access. Strung together, the studies can also be read as a meta-narrative of the anxieties about contamination, disorder, and bodies out of control that so engrossed eugenicists and that they sought to manage through technical classification, deductive method, and what amounted to derisive caricature.

Each study revolved around a Patient Zero from whom the sprawling defective family tree was traced, frequently back four or more generations. Although these corrupted pedigrees were usually identified by surname, some researchers colorfully labeled them: “Lily Green Schew and her Five Husbands,” “The Dirty Dozen,” and “A Bed Accommodating Six.”
Employing the pedigree charting they had mastered at the Eugenics Record Office, most field workers complemented their narratives with a genetic family tree that featured squares for men, circles for women, and letters to designate undesirable traits or “unit characters” such as “E” for epileptic, “W” for wanderer, “A” for alcoholic, “I” for insane, and “F” for feebleminded (Figures 1 and 2).\textsuperscript{50} In addition to the psychological monikers of the era, the narratives were peppered with derogatory adjectives – ignorant, dirty, unkempt, coarse, dull, grotesque, morose, irresponsible, queer, unstable, lazy, awkward, and bewildered, and many more – that constructed the specter of a small but highly dangerous segment that lived on the periphery of society but imperiled the center through reckless breeding, physical and mental abnormalities, costly custodial care, and unhygienic customs.\textsuperscript{51}

Indeed, one of the studies’ most pervasive themes was that mental defectives inhabited a marginal topography of edges, riverbeds, and undomesticated wild lands either unsuitable for or unexploited by rational agricultural cultivation. Consider, for instance, the peregrinations of Hazel Hansford, who surveyed one of the counties discussed in the CMD’s second report. To find the “Lookout Ridge Population” she had to cross “the roughest of slippery, gullied mud roads”; to reach the “Ripple Creek Group” traverse an area with the “wild, unsettled appearance of a district 20 miles from civilization”; and to arrive at “The Three Moffit Invalids” bushwhack through “a tangle of brush, weeds, and forest” to ramshackle homes “well hidden from the road.”\textsuperscript{52} Edna Jatho, a prolific field worker who often accompanied Estabrook, described how she spent nearly one year wandering highways and towns scouting for mental defectives who inevitably resided “in the woods about the lakes and in the isolation of river bottoms.”\textsuperscript{53}

The CMD identified the vast majority of these borderline Hoosiers as native-born whites. This might be expected in a state with the highest percentage of native-born whites, 92.1 percent,
in the nation in 1920. Nevertheless, Indiana’s experience suggests that histories of American eugenics, which tend to equate the crusade against mental defectiveness with anti-immigrant sentiment and scientific racism, have underplayed the role of eugenics in policing class boundaries among whites. Given its demographic makeup this was particularly true in Indiana where eugenicists pinpointed destitute white southerners as the state’s most serious biological hazard. Hansford categorized the “Lookout Ridge Population” as “poor white trash of the South,” Estabrook noted that one of the most degraded districts was precisely where the “migration of Kentucky ‘poor whites’” had been heavy in recent years, and “Kentucky Hill-Folk in Indiana” documented the pitiful conditions of 12 siblings festering in “poverty and filthy confusion.” This enmity was sharply aimed at southerly tri-state Switzerland County where “old families ‘gone to seed’ were worsened by a “steady influx of ‘poor whites’ from Kentucky and Tennessee.” The CMD reported that the highest proportion of mental defectives in state institutions hailed from Switzerland County and bemoaned the biological and economic costs of its denizens. One researcher wrote that the breeding of Switzerland’s Beatty-Calvert Family “should have been cut off many years ago,” another that the “Shannon” clan “should be prevented from reproduction of their own low grade of mentality,” and another that Virgil Simpson had “cost the State of Indiana $4,075.00, in actual money, in costs of arrests, trials, and poor asylum, insane hospital and prison care.”

Notwithstanding these pronouncements in the field reports, in official documents Butler and the CMD recommended that feeblemindedness be combated with long-term segregation rather than sterilization, even though this stood at odds with the laments about the public expense of years if not decades of institutionalization. The CMD never had the chance to resolve this contradiction. Despite a spirited lobbying effort, the legislature and a new governor were not
persuaded to renew the CMD’s appropriation and the committee’s last meeting occurred in November 1924. Nevertheless, as the CMD’s work was coming to a close, a different permutation of Hoosier eugenics, involving not the mentally defective but the potentially perfectible, was gaining ground under the aegis of the Division of Infant and Child Hygiene.

Breeding Better Babies

Following the footsteps of her mentor Hurty, Dr. Ada E. Schweitzer, a loyal employee of the SBH, put the intertwined tenets of public health and human betterment into action at the Indiana State Fair. For 12 years she orchestrated one of the most popular attractions on the fairgrounds: the better babies contests. First hired by Hurty in 1906 to serve as assistant bacteriologist at the state laboratory, Schweitzer worked her way up the ranks at the SBH by carving out a niche in maternal and infant hygiene. Initially focused on pediatric infectious diseases, in the 1910s Schweitzer broadened her intellectual scope, becoming versed in the evolving specialty of children’s health. She collaborated on several projects with the United States Children’s Bureau, realized a survey of infant mortality in Gary, and chaired the Indiana branch of the American Association for the Study and Prevention of Infant Mortality. When Hurty received word in 1919 that the legislature at last had approved his request to launch the Division of Infant and Child Hygiene (DICH) and earmarked $10,000 in start-up funds, he immediately contacted Schweitzer, who gladly consented to head up the new division.

For 14 years, until she was ousted from the DICH in a political shake-up in 1933, Schweitzer diligently worked to lower infant and maternal death rates and convince Indianans of the importance of scientific motherhood and child rearing. She lectured to hundreds of neighborhood and civic groups, wrote voluminous articles and poems, and
assessed the physical condition of babies in every one of the state’s 92 counties. In addition, Schweitzer organized mothers’ classes in which she taught pregnant women the fundamentals of prenatal and baby care. In 1925, 16,649 women – more than 50 percent of all attendees nationwide – took these classes. The following year, the division’s operating funds reached $60,000, largely due to the federal Sheppard-Towner Act, passed in 1921, which provided states with matching funds for infant and mental welfare.

During its height the division counted 20 full-time and temporary employees. By 1929, it had examined 77,584 children, registered 55,171 mothers in instructional classes, shown health films to 606,364 viewers, and distributed 1,216,577 pamphlets.

Schweitzer delivered a two-pronged message of better babies through improved rearing and superior breeding. Like Hurty, Schweitzer viewed public health and human betterment as synonymous endeavors that strove to build up “a study and efficient race.” As such, Schweitzer strongly backed the right of the state to restrict procreation and marriage, an opinion she aired in person and in print. She implored Hoosiers to reproduce responsibly and with the ideals of fitness in mind, maintaining that the “gates of heredity” irrevocably closed after the baby left the womb. From that moment on the “training and perfection of Indiana’s greatest resource – the baby” rested in the hands of parents, who could greatly enhance their children’s health and constitution. Yet Schweitzer expected her constituents to be realistic about what they could accomplish with their kith and kin. Responding to a letter from a Muncie reformer who wanted to hold a “Better Babies” week in her town, Schweitzer soberly advised “it is certainly true we cannot make a silk purse out of a sow's ear, neither can we make a citizen out of an idiot or any person who is not well born.”
Schweitzer’s philosophy was well-suited to the Indiana State Fair. Her babies contests made sense to Hoosiers because they mobilized concepts of better stock that were familiar to farmers, many of whom belonged to a growing roster of breeders’ associations and raised purebred hogs, cattle, and sheep. As Schweitzer explained in a 1926 review of the contests’ many accomplishments, “the progressive farmer who had insisted on healthy well bred animals and who had carefully fed balanced rations, began to see that the integrity and health of the human family depended on the same general principles.” With its long tradition of championship ribbons, the State Fair was the ideal venue for the contests.

Schweitzer ran the crowded and popular contests with a fastidious, assembly-line style. Before the event, infants were separated into groups based on age (12-24 months or 24-36 months), sex, and place of residence. Those categorized as city babies lived in places with 10,000 inhabitants or more and those remaining were rural entrants. Once their children were registered, parents – usually mothers – came to the contest building at a designated time. As the mothers entered the building they handed their enrollment form to an attendant, who recorded their names. Then the baby was whisked to the next booth where its overall health history was taken by a nurse. Mental tests designed for each age group followed as psychologists observed if infants could stand, walk, speak, how they manipulated blocks and balls, and responded to questions such as “How does the doggie do?” and “Who is the baby in the mirror?” Mental tests completed, the babies were then undressed and their clothes placed in a paper bag and tagged. Identically robed in a shaker flannel toga, each toddler was now weighed and measured. From here the baby was examined by an optometrist, a pediatrician, and an otolaryngologist, then weighed and measured a second time, and lastly, bestowed a bronze medal on a blue ribbon, courtesy of the Indianapolis News. Scores were calculated along the way. Starting with 1000,
points were subtracted for an array of physical defects including unevenness of the head, scaly skin, ill deportment, delayed teething, abnormal ear size or shape, or enlarged glands. Slow reactions to the mental tests or perceived lack of muscular coordination lowered a child’s score as did deviations from the national standards for height and weight (based on age) and weight-to-height ratio. Tabulated results from the contests indicate that Schweitzer instructed her team to deduct mere fractions for each defect, most likely to maintain results near 1000 for every baby and thereby dilute any competitive antagonism among the parents. The best baby generally scored over 990, such as Alma Louise Strohmeyer, the one-year old Indianapolis girl who triumphed with 999.92813 points in 1923 (Figures 3 and 4).  

Although held for a relatively short span of time, the better babies contests, and more broadly, the work of the DICH, seem to have made some positive contributions to health indicators. For example, Indiana’s infant mortality dropped by one third during the contest decade, from 8.2 percent in 1920 to 5.7 percent in 1930. Furthermore, Schweitzer credited the DICH with helping to decrease the percentage of underweight babies entered into the contests a noteworthy 8 percent from 1920 to 1929. Yet many of the Hoosiers who profited from the DICH’s campaigns already occupied a fairly privileged place, far removed from the impecunious and disheveled universe of the “mental defectives.” The contests rewarded those with the time and resources to take part in this alluring annual event. Furthermore, they prized soap-scrubbed cleanliness, unblemished skin, and well-proportioned physiognomy. Inevitably, the infants that most closely conformed to the norms embedded in the scorecards – derived from white middle-class newborns and toddlers – triumphed. Finally, despite an attempt to imbue the contests with a spirit of egalitarian fair play, they excluded African American children, thus reinforcing
Indiana’s deep racial segregation and accentuating the disquieting fact that only white babies could achieve perfection and symbolize the Hoosier state.

*For the Welfare of the Individual and Society*

**Q:** Do you want that operation performed?
**A:** No.

**Q:** Do you want to go home?
**A:** Yes.

**Q:** Would you like to have this operation so you can go home?
**A:** Yes, I’ll take anything to get home.

This exchange transpired between a 28 year old female inmate and the superintendent of the Fort Wayne State School at the Board of Trustees’ monthly meeting in May 1943. Almost certainly, this woman’s conditional consent resulted in her sterilization within 30 days, followed by her placement on furlough with a relative or in a menial domestic job. Given the spottiness of case files housed in the Indiana State Archives and the strict confidentiality guidelines for patient records mandated by the federal Health Insurance Portability and Accountability Act (HIPAA), it is unlikely that we will ever learn more about this young woman – what led to her commitment, how long she spent in Fort Wayne before her sterilization hearing, and how she fared upon release. Nevertheless, extant sources including meeting minutes, annual reports, clinical studies, and a smattering of patient files can illuminate the experiences of Hoosiers interned at the two state institutions for the feebleminded – the Fort Wayne State School.
founded 1879) and the Muscatatuck Colony (founded 1920) – during the middle range of the twentieth century.

Between 1927 and 1974 approximately 2,000 inmates in Indiana’s state institutions for the feebleminded, insane, epileptic, and delinquent were sterilized. The vast majority of these operations, about 1,800, were performed at Fort Wayne, and the remainder, in decreasing order, at Muscatatuck, the Logansport State Hospital for the insane, and the Indiana Girls’ School. The statutory basis for these operations was the 1927 sterilization act and several subsequent amendments that Indiana legislators designed carefully to preclude the censure that doomed the 1907 law.

In the 1920s eugenics was thriving in the Hoosier heartland. At the decade’s outset the CMD was preparing its third report and at its close the better babies contests were so much the rage that entrants had to be turned away. In 1928 the Indiana State Committee of the American Eugenics Society counted over one dozen members, including many of the superintendents of state institutions as well as Butler, Rice, and Hurty’s heir at the SBH, Dr. William F. King. In 1925, one of its members, C.O. Holmes, state senator from the northern city of Gary, took advantage of this atmosphere to introduce a novel eugenics bill. The main goal of this proposed “Eugenic Sterilization Law” was to halt the procreation of “certain potential parents carrying degenerate hereditary qualities,” a task to be entrusted to an official state eugenicist who would submit sterilization petitions after identifying defectives in the general and institutional populations. Despite requiring notification of the next of kin, a court hearing to approve the state eugenicist’s recommendation, and forbidding risky abdominal surgery, this bill died one month after its introduction. The senate discussion
of this bill suggests that its overarching provisions, which entailed a hitherto unknown
degree of state intrusion and untold implementation costs, disconcerted Indiana
legislators.  

Although the 1925 bill was postponed indefinitely, its objective of the compulsory
sterilization of custodial inmates was adopted two years later. The 1927 act, the
cornerstone of Indiana’s era of unfettered sterilization, pertained exclusively to
institutions for the feebleminded, insane, and epileptic. It was approved the same year
that the U.S. Supreme Court upheld a similar Virginia statute in the well-known *Buck v.
Bell* decision. With the imprimatur of the highest court in the land and now written to
stress the preventive health benefits of protecting the populace from the ills of defective
heredity, sterilization laws resurged in the United States. By 1932, 27 states had acts on
the books. Indiana’s law was typical of the time even though its implementation
diverged somewhat from national patterns.

The 1927 act delineated a two-stage procedure by which by the superintendent
presented a petition to the institutional governing board, scheduled a hearing to validate
the request, and served copies of the petition on the inmate and next of kin with at least
30 days anticipation, followed by a board hearing with the inmate and sometimes a
relative present for the official approbation. Shielding themselves against the weaknesses
of the 1907 and related acts overturned in state courts, the crafters of this legislation
inserted sections that allowed for a right to appeal the decision to the circuit court (and in
the next instance, the Indiana Supreme Court), clarified that this law could not be
construed to permit castration or organ removal, and immunized all authorities involved
in legal and surgical proceedings from civil or criminal liability. Furthermore, although
this law seemingly vested the superintendent with the acting authority to pursue sterilization, it ascribed the institutional board the power to order, in the face of dissent, the sterilization of any inmate found “by the laws of heredity” to be a “probably potential parent of socially inadequate offspring.”\textsuperscript{84} In practice, this translated into board hearings where the institutional physician certified, often with the diagnostic label of feebleminded, that the inmate was the “probably potential parent of socially inadequate offspring” and that her or his welfare and that “of society will be promoted by such sterilization.”\textsuperscript{85}

In two subsequent amendments to the law, passed in 1931 and 1933, this authority was also conferred to the domain of the county court, empowering the judge and two testifying physicians to mandate sterilization at the inquests of the feebleminded and insane. Thus, the second “Indiana plan” allowed both the committing county court and the institutional board to sanction sterilization. According to Dr. L. Potter Harshman, who was Fort Wayne’s Psychiatrist at the time and regularly testified at board hearings, flexibility characterized this dual system. Speaking before an audience of his colleagues in the American Society for Mental Deficiency Harshman admitted that “perhaps this convenient arrangement has the proportions of being a little too wholesale in the minds of most of you” but justified the policy as “progressive” because it enabled more defectives to be released into home care.\textsuperscript{86}

In the 1930s the economic strains of the Great Depression stimulated state institutions to enact cost-saving initiatives to reduce overcrowding and more rapidly parole inmates. Such financial pressures pushed the Fort Wayne State School to make sterilization a prerequisite for release, a policy that began in earnest in 1932 and virtually
guaranteed a stable rate of surgeries. Thus, from 1931 to 1957 a mean of 57 inmates were sterilized each year at Fort Wayne. Operations peaked in the fiscal year 1945-1946 with 157 operations, impacting nearly 10 percent of the average annual population of 1,680.87

A close analysis of 534 board hearings transcribed in the Fort Wayne minute books from 1931 to 1955 provides some insight into Indiana’s sterilization patterns. First, this data set corroborates the gender parity seen in the total 1,500 operations performed between 1930 and 1960, with an almost 50/50 split between men (265) and women (269). Yet this is in contrast with other states where, by the late 1930s, significantly more women were undergoing operations. Second, the data set reveals that although the mean age of sterilization was 24, minors made up a high proportion of those sterilized. Indeed, the largest single age group (out of a 7 to 50 age range) was sixteen year olds, 34 of whom appeared at sterilization hearings, followed in short order by 33 seventeen and 33 eighteen year olds. Indiana was also unusual in this regard at least as compared to Virginia and California, both of which reported comparatively lower rates of reproductive surgery on those under twenty.88 Finally, sterilization hearings continued at a steady rate into the 1950s, with the greatest quantity (69) taking place in a 1954, when three comprehensive hearings (with 22, 31, and 16 inmates) were held. Indeed, operations did not markedly decline until the fiscal year 1957-1958 when there was a change in the administration of state’s mental health department, which was given jurisdiction over most aspects of sterilization proceedings in a 1951 amendment.89

While verbal consent technically was not required of inmates, since the board could overrule any objections, a central component of the sterilization hearing involved an attempt to procure consent or some recognition, even if minimal, that the inmate understood the
procedure’s consequences. The Fort Wayne board minutes and a handful of county court inquests indicate that the authorities believed it was imperative for the inmate to physically manifest and speak before the adjudicating body and for a written record, proving the proper execution of policies, to be transcribed. To a great extent, the scripted interaction at the hearings amounted to an unnecessary pretense. Yet given previous experience, it behooved Fort Wayne officials to insulate themselves from any possible legal entanglement that might jeopardize the institution’s operations. Thus, in the few instances (8 out of 534) in which inmates verbally denied consent, the board erred on the side of caution and placed these cases in abeyance.

The great majority, 364 or 69.2 percent, of the 534 inmates communicated affirmative verbal consent. However, as the thoughtful long-serving superintendent of the Pacific State Hospital in California, George Tarjan noted in 1973, retrospectively evaluating the consent of patients in facilities for the mentally retarded is an exercise riddled with problems. On one hand, some inmates were interned primarily for sexual behavior considered inappropriate – whether young women categorized as licentious or men diagnosed as sodomites – and only secondarily for a mental condition. For example, in the early 1940s, the “rather attractive” but “emotionally unstable” E.A. was committed multiple times to the Muscatatuck State School because of her low I.Q. (61), the fact she had “invited men to come into her room,” and after one escape was found to be suffering from gonorrhea. The petition paperwork shows that E.A., who had 16 siblings including a sister with a child born out of wedlock, was sterilized, at age 19, in August 1942 at the Indiana University Medical Center based on Bartholomew County court inquest. It is plausible that patients like E.A., many of whom conversed lucidly in the board hearings, were plainly aware that sterilization was their sole release ticket and simply assented to
the operation. These individuals were probably among the small but significant portion, 44 or 8.1 percent that gave conditional consent, expressing a clear understanding of the parole policy in a fashion like the woman above who stated “Yes, I’ll take anything to get home.” On the other hand, for the most vulnerable inmates, including minors as well as those that today we might consider severely mentally disabled, the consent process at Fort Wayne was very suspect. Based on his 25 years at the Pacific State Hospital, Tarjan observed “retarded persons, particularly children, have also been noted to be highly suggestible. I have no doubt that an authoritative figure could readily influence a retarded adolescent to follow any suggested course of action, including sterilization. These facts cast further doubt on the propriety of taking the consent of an adolescent retarded person at face value.” In addition to the dubious validity of such brand of consent, the 534 board hearings demonstrate that 118 inmates, or 22.4 percent, failed to respond to or were not asked a consent question. There was a strong statistical association between age and consent type: the younger the person the greater the probability that he or she was in the “not asked/not answered category.” For example, 43 or 41.7% of those in the 7-16 age bracket fell into this group, twice the percentage of the next closest age bracket of 17-21. The entirety of 1937 exchange between the superintendent and an 11 year old boy captures this pattern:

Q. What is your name?
A. R.M.

Q. Where do you live?
A. Indianapolis.

Q. Do you know about this operation?
A. No.

Other times, young inmates were asked nothing about sterilization but rather about their chores at the institutions; some remained completely silent during the hearing, asked absolutely nothing at all. For a handful, a slight nod of head was recorded in the minutes as proof of consent. Preliminarily, these findings imply that even as it enforced Indiana’s sterilization act in a manner similar to other institutions around the country, Fort Wayne stood out for its egregious violation of the rights and bodies of minors, some whose parents agreed to the operation or participated in the decision-making and others who solitarily faced the board hearing.

Indiana’s 1927 sterilization law, which was amended several more times over the years but remained the principal legal foundation for compulsory reproductive surgery in state institutions, was not repealed until 1974. During the mid-1970s a sea change was occurring in the United States with respect to attitudes about rightful institutionalization and patient autonomy. This was a time of public outcry over the revelation that the United States Public Health Service had conducted unethical and harmful syphilis experiments on poor rural blacks in Macon County, Alabama for over forty years. Like legislatures in other states, Indiana lawmakers, many of whom were stunned to realize that sterilizations were still performed sporadically, decided that it was high time to purge from the record laws that seemed hopelessly antiquated and biased. Looking back at the repeal from the vantage point of 2006, one of the sponsoring senators wrote that “it was still amazing that sterilization could be considered as treatment in the best interests of an individual or society.”\textsuperscript{93}

26
Conclusion

Gauged in terms of the involvement of state leaders and agencies 1910 to 1930 was the zenith of Hoosier eugenics. Nevertheless, hereditarian ideas started to reverberate across Indiana in the 1880s and justifications for sterilization based on inferior genetic worth did not dissipate until the late 1950s. The arc of eugenics in Indiana stretched over the first half of the twentieth century, influencing the arenas of health, education, and welfare as well as the lives of everyday people who attended the state fair or ended up in institutions for reasons we might not find legitimate today.

In the past decade, the symbolic occasions of the Indiana Magazine of History’s centennial and the grand opening of the Indiana Historical Society have provided opportunities for reflection on what ingredients have and have not been included in narratives of the state’s history. Reaching the century mark since the passage of the state’s milestone sterilization act offers a similar moment to consider the incorporation of eugenics, a vital dimension of legal, social, and medical history, into a richer understanding of modern Indiana. Indeed, while the ascendance of the Ku Klux Klan all the way to the governorship in the 1920s prompted studies of racism and populist fundamentalism in Indiana, the discriminatory designs of the eugenic family studies, the heavy-handed sterilization of the feebleminded, and the entertaining yet exclusionary better babies contests have received much less attention. In a state committed to “freedom from discrimination and undue anxiety” in matters related to genetic counseling, newborn screening, and the treatment of birth defects, the historical workings and residual affects of eugenic policies and practices merit further historical research and recognition.
1 Thurman B. Rice, “If I were Mussolini,” Monthly Bulletin of the Indiana State Board of Health (ISBH) 32:4 (April 1929), 53-54.


3 Rice, “If I were Mussolini.”


5 “An Act to provide for the sexual sterilization of inmates of state institutions in certain cases,” Laws of the State of Indiana (Indianapolis: Wm. B. Buford, 1927), 713-17, Sterilization File (SF), Indiana State Archives (ISA).


9 There are many excellent books on eugenics; two of the most illuminating are Kevles, In the Name of Eugenics and Diane B. Paul, Controlling Human Heredity: 1865 to the Present (Atlantic Highlands, N.J.: Humanities Press, 1995). Also see Garland E. Allen, “The Eugenics Record Office at Cold Spring Harbor, 1910-1940,” Osiris, 2d. ser. 2 (1986), 225-64.


12 Letter from Rev. Francis H. Gavisk, September 18, 1916, Folder 1, Box 2, Reports and Correspondence (RC), Papers of the Committee on Mental Defectives (CMD), Board of State Charities (BSC), ISA.


14 Angela Gugliotta, “‘Dr. Sharp with his Little Knife’: Therapeutic and Punitive Origins of Eugenic Vasectomy-Indiana, 1892-1911,” *Journal of the History of Medicine* 53:4 (1998), 371-406. At the time the average daily population at the Indiana Reformatory was 1,145, meaning that over 10 percent of inmates were sterilized in 1907-1908.
For an excellent political history of Indiana’s sterilization laws see Jason Lantzer, “A Very Progressive Reform: Indiana in the Age of Eugenics,” unpublished ms in author’s possession.


JNH, “The Passing of the Great Race,” Folder 5, Box 1, Papers of John N. Hurty (JNH), ISA.

JNH, “Practical Eugenics in Indiana” (1911), Folder 22, Box 1, JNH, ISA.


See Correspondence Folder, TRM, ISA; Gugliotta, “Dr. Sharp with his Little Knife”, 371-406; Carlson, The Unfit, 207-22.

JNH to George W. Way, July 19, 1909, Hurty Letterbooks, JNH, ISA.

Sterilization in the United States (Chicago: Psychopathic Laboratory of the Municipal Court, 1922).

28 George A. H. Shideler to Governor J.P. Goodrich, September 9, 1909, Folder 2, Box 159, Indiana Reformatory Correspondence, Documents and Reports, Papers of Governor James Goodrich, ISA.


33 Madison, Indiana through Tradition and Change, 21.


Ibid, 395.


40 Amos W. Butler (AWB) to Dr. Oliver, September 21, 1917, Folder 11, Box 1, Correspondence and Reports (CR), CMD, SBC, ISA.


42 The eight selected were the chairman of the BSC’s Committee on Hospitals for the Insane, two superintendents of state insane hospitals, the dean of the Indiana University School of Medicine, the superintendent of the Village of Epileptics, a state senator, and a state representative.

43 AWB to Dr. Oliver, September 21, 1917, Folder 11, Box 1, CR, CMD, SBC, ISA.


45 *Mental Defectives in Indiana, Second Report of the Indiana Committee of Mental Defectives* (Indianapolis: Wm. B. Burford, Contractor for State Printing and Binding, 1919), 56.

46 Also see *Mental Defectives in Indiana, Report of the Committee on Mental Defectives appointed by Governor Samuel M. Ralston* (Indianapolis: Indiana Reformatory Print, 1916); *Mental Defectives in Indiana, Third Report of the Indiana Committee of Mental Defectives* (Indianapolis: Wm. B. Burford, Contractor for State Printing and Binding, 1922).

47 “Mental Defectives in Indiana. Need of a Program.” Folder: Overall Survey Results, Misc. Records, Box 2, CR, CMD, SBC, ISA.

48 *Mental Defectives in Indiana* (1919), 12.


50 “The Heredity Registration,” Baumbarger File, Box 3, (County Surveys) CS, CMD, BSC, ISA.

51 Adjectives extracted from files in Boxes 1, 3, and 6, CS, CMD, BSC, ISA.

52 Hazel Irene Hansford, “A Social Study of Mental Defectives in County H., Indiana, in 1918,” *Indiana University Studies* 10 (1923), Study No. 59, quotes from 23, 60, 72.


54 Philips, *Indiana in Transition*, 369-70. The 1920 census counted 5 percent of Hoosiers as foreign-born and just below 3 percent as African American.
55 Hansford, “A Social Study of Mental Defectives,” 23; Estabrook, “The Work of the Indiana Committee”; “Kentucky Hill-Folk in Indiana,” Box 1, CS, CMD, BSC, ISA.

56 “'C' County,” Box 6, CS, CMD, BSC, ISA.

57 *Mental Defectives in Indiana* (1919), 16.

58 See “Beatty-Calvert,” “Shannon,” and “Virgil Simpson,” Box 6, CS, CMD, BSC, ISA.

59 Osgood, “the Menace of the Feebleminded,” 276.


64 Schweitzer, “The Menace of the Mental Defective to Public Health,” presented at 1917 Indiana Conference on Mental Health, Folder 8, Box 1, Papers of the Indiana Society for Mental Hygiene (ISMH), BSC, ISA.

65 Schweitzer, “Indiana Better Babies,” Folder: Better Babies, Publicity, 1926, Division of Infant and Child Hygiene (DICH), ISA. These papers are being re-catalogued and it is possible that this folder name is no longer valid.

66 Schweitzer to Mr. George B. Lockwood, March 20, 1916, DICH, ISA.

68 AES, “Indiana Better Babies,” September 1926, DICH, BSH, ISA.


73 Schweitzer, “Better and Better Babies,” DICH, ISA.

74 See Jeffrey P. Brosco, “Weight Charts and Well Child Care: When the Pediatrician became the Expert in Child Health,” in Stern and Markel, eds., *Formative Years*, 91-120.

75 Fort Wayne State School, Board of Trustees, Minutes, May 4, 1943, 1931-1947, ISA.

76 I derived the figure of 2,000 by adding up the 1,576 sterilizations reported by the Indiana Department of Mental Health for the period 1936 to 1962, the 308 operations listed in the Fort Wayne annual reports for the fiscal years 1927-1928 to 1935-1936 (as complied by ISA archivist Vicki Casteel), the 144 sterilization orders approved by the Muscatatuck Board of Trustees from 1937 to 1953, the 35 sterilizations listed in the Logansport annual reports from 1931 to 1943 (when they appear to end), the 7 salpingectomies listed in the Indiana Girls’ School annual reports from 1927 to 1933, and several redacted Fort Wayne patient records listing sterilizations dated 1933 to 1975. Although the total comes to 2,072, I use the more conservative estimate of 2,000 because some of the Muscatatuck inmates were transferred to Fort Wayne for sterilization.
and it is unclear how these operations were counted. During the same period, sterilizations were not reported in the annual reports of Indiana’s other insane hospitals or the Village for Epileptics, and further research is needed to determine if unreported sterilizations occurred in those facilities. See “Eugenic Sterilization in Indiana”; *Fort Wayne State School Annual Reports* (Indianapolis: Wm. Buford) 1927-1952; *Logansport State Hospital Annual Reports* (Fort Wayne: Fort Wayne Printing Co.) 1931-1943; *Indiana Girls’ School Annual Reports* (Indianapolis: Wm. Buford), 1927-1933; Muscatatuck Colony for the Feebleminded, Board of Trustees, Minutes, 1937-1953 and assorted redacted Fort Wayne State Hospital and Training Center Face Sheets, ISA.

77 List of Indiana State Committee members, July 23, 1928, Folder: Crossland, H.A., AES, 575.06 Am3, APSL.

78 Engrossed State Bill No. 86, February 9, 1925, SF, ISA.

79 Excerpts from *Journal of the Indiana State Senate, 74th Session of the Assembly* (Indianapolis: Wm. Burford, 1925), SF, SA.

80 See Lantzer, “A Very Progressive Reform.”


83 “Eugenic Sterilization in Indiana” notes inconsistent interpretations of criminal immunity.

84 “An Act to provide for the sexual sterilization of inmates” (1927), SF, ISA.

85 See Fort Wayne Minutes, 1931-1947, ISA.

Ibid.

Harshman, “Sterilization before the Sixteenth Year,” *American Journal of Mental Deficiency* 46 (1941-1942), 542-47.

“Eugenic Sterilization in Indiana,” 281; Lantzer, “A Very Progressive Reform.”

See Patient File of A.E., 1942, Muscatatuck Patient Records, ISA.


This statistical association is demonstrated by an age group (7-16, 17-21, 22-30, 31-40, 41-50)/consent type cross-tabulation and a chi-squared test where P < .5.

Quoted in Lantzer, “A Very Progressive Reform.”

