“Segregation or Sterilization”: Eugenics in the 1912 Vermont State Legislative Session

In his farewell address to the Vermont legislature in 1912, Governor John A. Mead endorsed for the first time a eugenic policy to address a longstanding fear of an increase in “degeneracy” in the state. Under the new theory of eugenics, socioeconomic status, physical and mental ability, and mental health officially became a question of heredity.

By Mercedes de Guardiola

On October 3, 1912, Vermont Governor John A. Mead (1910–1912) addressed the Vermont Legislature in his farewell speech. Mead advocated that one subject in particular warranted additional attention: “Our Degenerates,” which, according to him, had “never received special attention by the legislature of our state.”1 The governor’s call for a eugenic solution to the problem of “Our Degenerates” marked a defining moment for the eugenics movement in Vermont. It was the first time a state official had publicly proposed eugenics as an answer to a growing number of perceived social

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cresses in the state. Although it drew on the growing international movement, it also built upon local institutional forays into the question of the role of heredity in social issues. The promotion of eugenics led the state toward a path of punitive social welfare during a period when the state government struggled to address a growing number of problems brought on by social upheaval and industrialization. Mead’s proposal for eugenic marriage restrictions, segregation, and sterilization resulted in the near-legalization of eugenic sterilization and the founding of a new state institution in 1913. Furthermore, his work solidified the foundation for the research conducted by Henry F. Perkins’ Eugenics Survey of Vermont (1925–1936) and paved the way for Vermont’s legalization of voluntary eugenic sterilization in 1931.

The new field of eugenics first gained traction in Europe before coming to the United States. Eugenics was officially founded by Sir Francis Galton, a half cousin to Charles Darwin, in his 1883 book *Inquiries into Human Faculty and Development*. Galton’s work gave existing ideas about race betterment the appearance of a legitimate scientific basis. However, it took over two decades for the new field to fully build momentum.

Galton’s work on the question of “judicious mating” faced a number of problems from the start. To examine the starting question of whether human ability was hereditary, Galton made a “cursory examination into the kindred of about four hundred illustrious men of all periods of history,” leading to his conclusion in his 1869 work *Hereditary Genius* that genius is due to ancestry.\(^2\) A next project was a study of twins to investigate nature versus nurture. Galton found that “nature prevails enormously over nurture when the differences of nurture do not exceed what is commonly to be found among persons of the same rank of society and in the same country.”\(^3\) His research used mail-in questionnaires, and neither he nor his contemporaries were aware of the genetic difference between fraternal and identical twins. He believed instead that twins received identical genetic material from their parents. Galton relied heavily on his expertise and innovations in fields such as statistics, historiometry, and anthropology to advance his work.

The campaigns for eugenic public policies started to take flight at the turn of the twentieth century through adherents who saw the field’s implications for public policy. In America, eugenics was first promoted by the prominent American Breeders Association (ABA), which was founded in 1903 to encourage breeding in plants and animals. ABA leaders, most notably Charles Davenport, went on to head the national eugenics campaign. These eugenicists utilized familiar agricultural met-
aphors to make the ideas of eugenics easy to understand to the everyday American.

Vermont has no documented use of the term “eugenics” in surviving government records prior to the 1910s. Though newspapers reported on Galton’s work in heredity as early as the 1870s, the first known use of the term eugenics only came in a 1904 newspaper article. Few newspapers reported on the eugenics campaign or the policies enacted in other states. When the topic was broached, it was largely in reference to its use in American agriculture and Vermonters’ participation with the ABA. To all appearances, Vermont seemed to ignore the question of eugenics until Mead’s tenure as governor.

Eugenicists in other states worked to advance eugenic sterilization. In 1897, Michigan became the first state to consider such a bill, entitled “An Act for the Prevention of Idiocy,” but failed to pass it. As with its many successors, one of the chief issues raised with the bill was the constitutionality of enacting a punitive measure upon persons who had not legally committed a crime. The next attempts in Pennsylvania in 1905 and Oregon in 1907 likewise failed. In 1907, Indiana passed the first eugenic sterilization law due to the work of its leading eugenicist, Dr. Harry C. Sharp, in developing the vasectomy as a “humane” sterilization method to cure male masturbation. Governor Thomas Marshall partially stopped sterilizations in 1909, and the law was struck down by the Indiana Supreme Court in 1921. Many of these early attempts faced opposition over questions of morality and constitutionality. If they did pass, they tended to be officially ignored or legally revoked. Proponents also cited non-eugenical arguments for compulsory sterilization, including the potential of curbing behaviors considered to be sexually perverse and the punitive value of such a measure.

Despite legal setbacks, eugenicists were highly successful in building the foundations of strong lobbying organizations. Davenport was involved in founding two of the earliest and most prominent: Dr. John Harvey Kellogg’s Race Betterment Foundation in Battle Creek, Michigan, in 1906, and the Eugenics Record Office (ERO) at the Carnegie Institution of Washington’s Station for Experimental Evolution in Cold Spring Harbor, New York, in 1910. Both organizations enjoyed legitimacy granted by associations with luminaries from the highest echelons of international academia and the support of the Kellogg, Harriman, Rockefeller, and Carnegie fortunes. However, these organizations lacked a focused strategy in their early years. As they rose to their zenith over the course of the 1910s, they acted as lobbyists to oversee the successful push for eugenic sterilization. Their success was demonstrated in the ERO’s major role in providing a model law
and expert testimony for the Supreme Court case *Buck v. Bell* (1927), which declared compulsory sterilization for the good of the state to be constitutional.\(^7\)

The lack of a unified national faction to support local efforts to legalize eugenic public policies during the first decade of the twentieth century was a major factor in the failure to legalize or enforce eugenic sterilization. Eugenical segregation, or the practice of separating unwanted individuals from society to prevent their procreation, did not face the same issue of legalization because it could be put into place at institutions at the discretion of officials without additional laws. Other eugenical measures, such as educating the everyday American on “better breeding,” needed no legalization. Proponents of eugenic sterilization, however, needed to make both the scientific and legal case in order to legalize voluntary and compulsory eugenic sterilization. Eugenics organizations achieved this goal by building the perceived scientific basis for eugenic public policies and creating a model law designed to withstand questions of constitutionality, which was successfully tested in *Buck v. Bell*.

Though Vermont’s leaders did not use the term “eugenics” prior to the 1910s or respond directly to ongoing events in the United States, they did develop an interest in heredity and race betterment in the late nineteenth century due to a rigid and exclusionary cultural identity and the perceived threat of social crises. The purpose of the state’s eugenics campaign was to save the “old stock” of Vermont by killing the weeds that threatened its “seed-bed.”\(^8\) Understanding eugenics in Vermont therefore necessitates understanding what eugenicists believed the “old stock” to be, which can be traced to the beginnings of the state.

**Old Ideals, New Realities**

Vermont’s founding by colonizing settlers from other parts of New England led to the elaboration in the nineteenth century of an origin myth that painted Vermonters as a race of “iron men.”\(^9\) In the spirit of the popular mythology of Cincinnatus, Vermonters, those members of the “best State in the Union,” were lionized as uniquely strong and brave because “the fertility of [Vermont’s] soil, developed only by the most unflagging toil, has made a patient, persistent, and courageous race of workers.”\(^10\) The “old stock,” however, referred exclusively to the white Anglo-Saxon Protestant colonizers who fought the French Canadians, other British colonies, and native Western Abenaki to establish the state. Vermont itself was portrayed as a “primeval wilderness” left “exposed to the depredations of a merciless Indian foe” prior to the ar-
rival of the settlers in the New Hampshire grants, who wanted to erase the claim of those who came before.\textsuperscript{11}

The state’s eugenics movement did not arise directly from the celebration of this origin myth, but rather is attributable to state leaders’ failure to adapt it in the face of significant challenges. During the nineteenth century, the core tenet of agricultural success was threatened by a growing number of social issues and deep cultural changes. Successive economic crises were made worse by the ineffectiveness of the new social welfare methods designed to answer them, including poor aid and poor farms. Although industrialization provided new tools for farmers, the state’s small, rocky farms could not take advantage of the new methods the way the flat farms on the Western plains could. Vermonters began to move out of the state in the early nineteenth century due to famine, disease, natural disasters, and successive economic crises.\textsuperscript{12} Depopulation increased during the last decades of the nineteenth century. Similar to other New England states, Vermont lost half of its working farms between 1880 and 1900.\textsuperscript{13} The 1880 and 1890 censuses registered population growth of 0.5% and 0.04% respectively.\textsuperscript{14}

The state’s rural depopulation and farm loss were due to several ongoing factors. The arrival of railroads in the second half of the century determined which communities prospered as they brought faster transportation and competitive access to trade. Changing methods of farming decreased the number of jobs available in rural communities.\textsuperscript{15} Industrialization in Vermont cities and across country, as well as the opening of the West, created new job opportunities.

Rural depopulation and farm loss may have also been the natural result of rural communities entering later stages of development. Vermont initially lured young settlers with cheap, fertile land. As these rural communities grew older, they experienced a natural leveling-off of the birth rate.\textsuperscript{16} Farms concurrently faced decades of overfarming and resulting soil depletion. Historians have traced similar patterns in rural communities throughout the country, where initial periods of rapid growth were followed by population stabilization or decrease.\textsuperscript{17}

The perceived crisis of rural depopulation and loss of Vermont farms led to a deep anxiety among state leaders about the future of Vermont’s prized “old stock.” The blame fell on those who remained, whom state leaders feared were physically and mentally weaker than those leaving the state. One official, despite admitting that “it is true, painfully true, that many Vermont farmers but barely make a comfortable living for their families,” insisted that “the average Vermont farm [had] in it the elements of a comfortable living and success, ready to yield them up to him who has the intelligence and the will to develop them.”\textsuperscript{18} Leaders
felt this failure to sustain agriculture, the source of Vermont’s “prosperity and power,” was a troubling sign of growing “degeneracy” and “feeble-mindedness” among the remaining “old stock,” who were feared to be becoming “diluted by the incoming foreign element.”\textsuperscript{19} State eugenicists responded to this overwhelming fear with a promise to revitalize the state’s celebrated “old stock” by keeping the “soil of their seed—bed—the physical and social environment of their children—rich, mellow and weed-free.”\textsuperscript{20}

**Institutional Investigations into Heredity**

The belief that the fault somehow lay in the hearts and minds of Vermonters and not in any weaknesses in the farming tradition was reinforced by the development of new social welfare institutions. Vermont’s first mental institution, the Vermont Asylum for the Insane (the Brattleboro Retreat), was founded in 1834 to provide the Quaker “moral treatment” to Vermont’s mentally ill. The private institution accepted both private and public patients. State-run institutions came into place following the upheaval of the Civil War and the increasing international awareness of mental illness. In 1865, the state established the Vermont Reform School for juvenile offenders. The Vermont State Asylum for the Insane (the Waterbury Hospital) was founded in 1888. These public institutions set the stage for eugenics to take hold in Vermont because they appeared to support the conclusion that “degeneracy” was increasing in the state due to poor heredity.

In 1873 the Brattleboro Retreat started to track perceived causes of insanity among its patients. Institutional leaders either knew of Galton’s work or of ongoing international research in heredity. Although Galton went unmentioned in institutional reports, Vermont newspapers discussed his research “concerning the transmission of mental traits and peculiarities.”\textsuperscript{21} These statistics were included in the public biennial reports sent to the state legislature. How institutional officials determined cause was not recorded, but their reports consistently listed “heredity” as a leading cause of insanity into the twentieth century.

At the Waterbury Hospital, “heredity” was typically listed as the reported cause in just over a tenth of cases at most in the hospital’s early years.\textsuperscript{22} This difference may have been due to the state-run hospital’s use of a broad list of alleged causes of insanity. The diagnostic process further changed with the introduction of the new classification system created by the pioneering German psychiatrist and later eugenicist Emil Kraepelin.\textsuperscript{23} However, the Waterbury Hospital’s officials continued to consider heredity the leading cause behind the new diagnoses. In 1912, Dr. Don D. Grout, the superintendent of the Waterbury Hospital
and a eugenicist, stated in his public report that “predisposition, or heredity, is the ‘corner stone’ of practically all cases of insanity.”

The first proto-eugenical policy that resulted from this early focus on heredity was the family record. Towns already recorded individuals and families receiving poor aid as part of their financial records. Beginning in the late nineteenth century, institutions began to track the families of those who came through their doors. Officials used institutions’ family records to zero in on heredity, not environment, as a large cause of “degeneracy.” The early institutional focus on heredity indicates that the institutions began informally to keep these family records prior to the twentieth century. These records later formed the base of the Eugenics Survey.

The records of the Eugenics Survey, which survive largely intact, demonstrate that the family records held little detail. The organization’s fieldworkers drew from town poor records and family records collected by the Brattleboro Retreat, the Vermont Reform School, the Waterbury Hospital, and institutions founded later to build the Survey’s family pedigrees. Many pedigrees extended back into the nineteenth century, supporting the conclusion that family records began to be kept fairly early on. Survey fieldworkers filled out informational sheets on each member of each family targeted. When possible, the Survey’s fieldworkers did go into greater detail. For many family members, only the presumed diagnosis or criminal sentence was recorded, indicating that the original records likely did not go beyond the most basic information or provide context that would have added clarity to the perceived “degeneracy.”

The vagueness of these family records proved useful to eugenicists because of the same flaws these issues created in the research methodology. Used alone, the records painted a convincing picture of growing “degeneracy” centered around certain families. What went unrecorded was the vast contemporary uncertainty surrounding illnesses, disabilities, and environmental factors that, coupled with inadequate treatment, left those sent to the institutions with little chance of recovery. The records give little indication of severity or of potential genetic versus environmental causes. This informality was especially problematic when it came to the Vermont Reform School. The Eugenics Survey routinely made no distinction between children who were committed for criminal behavior such as arson and those committed for destitution or homelessness in their tallies of “degeneracy” on family information sheets. The inadequate data collected contributed to a cycle of punitive solutions that did not address, much less ameliorate, the underlying issues.
The data taken was inherently biased, as it drew only from people committed to the institutions instead of from a sampling of Vermonters from all walks of life. The histories created a rudimentary tracking system that showed the scientific guilt of “degeneracy” in certain families. Prior to the twentieth century, these family histories were not developed enough to make the case for fuller eugenical measures. However, because environmental factors were not typically documented as potential major causes in “degeneracy” in these family histories, the histories seemed to demonstrate to institutional officials already predisposed to accept the conclusion that poor heredity was the cause, paving the way for them to consider additional eugenical measures.

**Growing State Institutions**

State-run institutions began to replace town-run poor farms over the early decades of the twentieth century due to financial concerns and allegations of substandard conditions. Both the farms and the institutions were usually underfunded and overcrowded, leading to dehumanizing conditions that encouraged some state officials to see those in their care as little better than animals. These emerging attitudes encouraged state leaders to consider removing unwanted individuals and groups from society through a eugenical solution that they believed would answer the perceived crisis of growing “degeneracy.”

Poor farms were usually designed to be deliberately inhospitable to discourage those in need from staying and increasing the cost to the town. A state official investigating the farms in the early twentieth century noted that there were “too large a number where the chief concern seems to be, ‘How can we get along with the [least] expense, until through the natural law, we can be relieved of the burden.’” As towns were only obligated to house their own legal residents on their poor farm, they also engaged in the practice of “warning out,” a legal practice of driving out supposed non-residents from the town to prevent having to be financially responsible for them. The state-run institutions were likewise habitually underfunded due to the “cheese paring” state legislators’ dislike for increased spending as a matter of principle and the other financial concerns of the state. Individuals committed to these institutions in these early years were typically kept in overcrowded living conditions and not afforded tailored treatment or individual attention. Among the methods used at the institutions were lengthy solitary confinement and physical punishment. These conditions and methods of control inadvertently reduced the possibility of recovery, thereby cementing the idea that such “degenerates” would never recover.
The officials of Waterbury Hospital played a leading role in Vermont’s eugenics movement because the institution served as an apparent example of the state’s failure to curb the increasing number of “degenerates” for whom there seemed to be no cure. From its opening in 1891, the hospital had little opportunity to succeed. Those sent to the institution were admitted before the dormitories were complete and left in freezing wards together, regardless of diagnosis. Overworked staff were forced to handle an overwhelming number of high-stress cases. Allegations of poor conditions, overcrowding, and abuse of those institutionalized at the Waterbury Hospital resulted in several investigations throughout the hospital’s history.

Hospital leadership failed those in their care on more than one occasion. The first superintendent, Dr. William H. Giddings, was removed for multiple charges of serious abuses and left the hospital administration in disarray. Dr. Frank W. Page, the second superintendent, discharged 175 nurses in his first year in an attempt at reform, but left after only two years. He later publicly stated that he would not have taken the job had he known the true state of the institution and the neglected state of those in the hospital’s care.29 The third superintendent, Dr. Marcello Hutchinson, was removed for graft, and the investigation showed he neglected his obligatory supervision of the wards. The fourth, Dr. Grout, never faced a serious investigation and remained in office for over a decade, but was a professed eugenicist and helped appoint Giddings while serving as a trustee.

Although the biennial reports give little or no indication of ongoing abuse or substandard care, the few investigations that occurred challenged their veracity. These investigations indicate that the system may never have been adequately reformed to stop abuses and ensure adequate care. Despite the serious nature of the charges brought against Giddings and the ensuing public scandal, the subsequent report never referenced the reasons for his departure. Early abuses only came to light during public investigations. Although the supervisors of the insane were criticized at the time for neglecting to oversee the institution properly, they were not replaced and continued to author part of the public reports. Hutchinson was likewise found to have neglected his supervisory duties. Given the consistent lack of supervision, the fact that the investigations did not rely on the testimony of those institutionalized at the hospital, and the questions such investigations raise about the veracity of the biennial reports, the absence of investigations or mentions of abuse in reports during subsequent tenures cannot be used to conclude that no further abuse took place. Any substandard care or
abuse would have proven a significant hurdle to improvement in the health of those committed to the hospital’s care.

In its first decade, the hospital was held as the major example of why further measures were needed to deal with the state’s growing “degeneracy” problem. The patient population exploded from 207 in 1891–1892 to an average of 604 in 1911–1912. Comparatively, the state population only increased from around 332,422 people to 355,956 people, or growth of 7 percent, in roughly the same period. Trustees routinely spoke of the hospital’s steady growth, with one report hypothesizing in 1898 that “the decrease of infantile mortality of recent years tends to the survival of the unfit, and consequently the number of defective individuals will probably increase, rather than diminish,” and it pointed to “the strain and stress of modern civilization” as a cause of the increase.30

The Vermont State Hospital for the Insane (the Waterbury Hospital), before 1905. Vermont Historical Society.

The overcrowding at the hospital was due to a number of factors that were noted but not fully examined by state leaders. One potential factor was that awareness of and treatment options for mental illness, and not mental illness itself, were increasing. Prior to the hospital’s founding, few treatment options were available. Any treatment offered was usually ineffective due to a lack of knowledge surrounding mental illness and could consist of being locked in a room or cage. Though state officials had previously attempted to track the number of the mentally ill, they were usually kept out of sight at home or on poor farms, likely leading to an underestimation of the number of mentally ill in the state. Issues with compiling exact data on mental illness were further compounded by the lack of a diagnosis system, which allowed those who could function in society to go unrecorded.

Local governments used state institutions to get individuals they did not want to take care of off their hands. Despite the emergence of two
new state institutions in the late nineteenth century, poor farms continued to be the main locus of local public welfare and a fiscal expense in towns and cities. As state officials pointed out as early as 1898, “towns and cities have found how easy it is under the statute to have their defective wards committed to state care,” thereby lessening the local expense. This problem was never fully addressed by the institutions. The hospital was further overloaded by the low-demand cases of the “feeble-minded.” The issue of the “class of feeble-minded persons” was first publicly raised in the 1898 report, where the term was classified as “above the condition of the recognized idiot.” The term was vaguely defined throughout the eugenics movement, allowing eugenicists to target unwanted individuals and communities. Trustees warned that this “class” was a “matter of public concern,” as “without special guidance they are apt to drift into immorality and crime.” The trustees went on to state that “supervision of this class by the State would diminish the number of insane, paupers, and criminals.” Their report suggests that this “class of feeble-minded” was included in the numbers of the “insane,” most likely among the “defective wards” committed by towns and cities.

Eugenicists believed the danger of the “feeble-minded” lay in their ability to pass as normal among the common population. Signs of “feeble-mindedness” ranged from pregnancy out of wedlock, perceived sexual promiscuity or perverseness, perceived poor moral judgment, laziness, blue-collar jobs, poor or middling performance in school, perceived simple-mindedness, inarticulateness, speech impediments, shyness, physical disability, functional illiteracy, mental disability, poor mental health, rebellious behavior, and more. Eugenicists argued that the condition was excessively common and could only be determined with expert training and, later, intellect tests developed by eugenicists to be administered by their trained experts. If the “feeble-minded” class was not identified and separated from society, eugenicists warned, the average person might marry and procreate with them unknowingly. In Vermont, the threat of “feeble-mindedness” resonated with state leaders, reinforcing their preconceived belief that the failure of the farms was due to the declining character of the people working them. As eugenicists began to construct their family histories, they often declared dead family members “feeble-minded,” thereby condemning an entire family.

The Vermont Reform School faced similar issues of population growth. The 1910 biennial report states that officials responded by prematurely discharging boys and girls at the school. The admittance of girls beginning in 1875 was a minor cause for the increase. Reasons for
commitment differed between boys and girls. Whereas boys were typically committed for criminal behavior, girls were usually sent to the school for behavior deemed sexually immoral under Vermont’s vague lewdness laws. Behavior considered to be sexually immoral included teenage pregnancy, being caught with boys, alleged incest, and what would possibly now be classified as being the victim of sexual abuse or rape. In other cases, including for girls under the age of ten, the behavior was simply termed “lewd” with no additional context given.

The population of both the boys’ and girls’ departments increased slowly in the decades leading up to the 1910s. Like the Waterbury Hospital, the Reform School began to see more and more commitments of “mentally deficient children” whom the school was not equipped to take, as well as destitute or homeless children. At the time, school officials did not publicly call for eugenic measures, though these cases were later included in the Survey’s investigations. The school’s increasing population, particularly with cases of “mentally deficient children,” added to the existing perception that Vermonters were becoming weaker than those who came before.

**Governor Mead’s Call to Action**

By the end of the 1910s, Vermont’s government was sufficiently well versed in the issues of “degeneracy” to officially consider a eugenic solution. Governor Mead went above and beyond in crafting his official call to action, having “endeavored during the last two years to inform [himself] thoroughly” by gathering information from the “most progressive states” and Vermont’s own institutions. Prior to becoming governor, Mead worked as a doctor and served as the state’s surgeon general under Governor Redfield Proctor (1878–1880). This background gave him a solid academic grounding to understand eugenics, if not an introduction to the field itself.

Mead confidently informed the joint assembly of the legislature that state research confirmed that the degenerate class was “increasing

*Governor John A. Mead.*

*Vermont Historical Society.*
out of all proportion to the normal class of the population.” He presented the growth as the result of tainted intermarriage: It was a “fact that if a defective marry a defective, as is very often the case, the offspring will inherit the taints of both parents.” Indeed, “many of the confirmed inebriates, prostitutes, tramps, and criminals that [filled Vermont’s] penitentiaries, jails, asylums, and poor farms are the results of these defective parents,” with “little or no hope of permanent recovery.” The only question that now remained was “how best to restrain this defective class and how best to restrict the propagation of defective children.”

The governor proposed three eugenical solutions for the legislature that drew from existing public policies and institutional practices. In addressing the assembly, he said:

Let us consider this matter upon these facts:

1. The fact of the great number of public charges recruited from the defective classes.
2. The fact that defects, physical and mental, are transmitted to the offspring.
3. The fact that if a defective marry a defective, as is very often the case, the offspring will inherit the taints of both parents. That this class is prolific, knowing no law of self-restraint, and consequently defectives are increasing in numbers and are of a more pronounced type. What can be done to protect society from these unfortunates and what to protect them from themselves?

1. Restrictive legislation in regard to marriages.
2. Segregation of defectives.
3. A surgical operation known as vasectomy.

Although Mead’s speech officially introduced eugenics as a public policy, both marriage restriction and segregation of “defectives” already existed in various forms in the state. Vermont had allowed divorce on the basis of insanity for several decades. Segregation of “defectives” was already practiced in towns through poor farms and likely to some extent in the Waterbury Hospital, as its officials were eugenicists who supported eugenic segregation. The chief difference between Mead’s proposals and their local predecessors was that Mead’s were officially aimed at preventing the reproduction of poor heredity. The only truly new policy was eugenic sterilization.

The call to action officially outlined the problems and solutions that many in the state had already voiced. Although it was the first time a eugenical policy was publicly endorsed outright, Mead’s speech articulated a longstanding fear over a perceived increase in “degeneracy” in
the state that had taken root nearly a half-century before. Under the new theory of eugenics, socioeconomic status, physical and mental ability, and mental health officially become a question of heredity. For the group of state leaders who already believed that poor elements in Vermont were to blame for the rural depopulation and social issues, eugenics was a logical and humane answer that did not challenge their values. Vermont would merely have to pull out the “weeds” for the state to bloom again, and state leaders would be able to keep the culture they believed made Vermonters unique and strong.

The coherency and thoroughness of Mead’s own argument for eugenics is due to the fact that the governor took the lead on compiling his arguments. The governor assembled a notably comprehensive contemporary picture of eugenic policies in America despite the lack of support from the eugenics organizations Perkins would later rely on to build his survey. Mead gathered information from institutions, officials, doctors, and twenty of “the most progressive states” to craft his comprehensive proposals.43

The first proposed policy, eugenic marriage restriction among “defectives,” was the only one not to be presented in either chamber. In his call to action, Mead held up Minnesota’s 1901 marriage restriction law as the prime example, which prevented the marriage of a woman under the age of 45 or a man of any age if epileptic, imbecile, feeble-minded, or afflicted with insanity. He further noted that “five or six” other states had also passed similar restrictions. The governor himself considered such restrictions ineffective, since they did not and could not go far enough to restrict procreation “in those cases where the taint of degeneracy is coupled with that of illegitimacy.”44

Mead’s proposal was unnecessary because the state already had a law restricting marriages based on mental capacity. Revisions for the existing law were discussed a few weeks after Mead’s speech.45 The Vermont law, which dates back to 1840, prohibited town clerks from issuing marriage licenses to “an idiot, non compose, lunatic or distracted person.”46 Although the intent of the original law was to ensure capacity and not necessarily to prevent the passing on of “degeneracy,” the restrictions were similar to the new eugenic restrictions being placed on marriages in other states. That Mead’s proposal conformed so closely to existing law demonstrates how Galton’s movement drew from existing ideas and policies.

The first of Mead’s proposals to reach the stage of a bill was eugenic sterilization, which was publicly heralded by newspapers as “one of the most important measures of the session.”47 In his proposal to the joint assembly, Mead pointed to examples of successful laws and out-
side academic influences in the reasoning for his idea. He cited Dr. Robert Rentoul and Dr. Henry H. Goddard, who were prominent proponents for the new vasectomy surgery as a eugenical measure, and was aware of laws passed in Connecticut, New Jersey, Indiana, Iowa, Minnesota, and California. Mead made clear that his greatest influence, however, was Indiana’s Dr. Sharp.

Sharp used his work at the Indiana State Reformatory to show that a new form of male sterilization, a vasectomy, was simple and cost efficient. Prior to the development of the vasectomy, castration was the only form of male sterilization available. Like many of the male politicians of the day, Sharp considered the surgery of male castration to be an inhumane mutilation. The majority of contemporary doctors, academics, and politicians did not similarly debate whether female sterilization—performed in several different ways that involved the removal of major parts of the female reproductive system, a recovery time of several weeks, and the potential for serious complications—was inhumane or a mutilation.

Though he lacked the resources of the later national eugenic lobbying efforts, Sharp attempted to publicize his work to convince other states to enact similar eugenical sterilization laws. Sharp’s work touted his “Indiana Plan” as a “method through a surgical procedure, by which we prevent persons of mental defect and transmissible physical disease from procreating, without in any way endangering life, mutilating, or incapacitating them in their enjoyment of life, health, and pursuit of happiness otherwise.” Mead highlighted this message and took care to emphasize that Sharp never “observed a single unfavorable symptom” in his 250 surgeries. Sharp’s work touched on female sterilization, and he took special care to portray the operation as safe despite the seriousness of the surgery for women. Mead, however, only proposed the vasectomy in his speech to the Vermont legislature.

Superintendent Grout Concurs

The governor’s proposal was strongly influenced by other Vermont officials, though they were not attributed in his farewell speech. As governor, Mead received regular reports on the state of public institutions, as well as private institutions that received state funding. Mead discussed the issue with the Waterbury Hospital’s superintendent in a series of letters that constitute some of the only surviving records of the governor’s own thoughts on the matter. Mead was further privy to information about state-supported individuals, which allowed him to compile a report on the growing issue of “feeble-minded” children in the state.
The governorship put Mead in a unique position to build a thorough picture of state welfare in the argument for eugenics. Furthermore, institutional leaders were too overwhelmed by the demands of the institutions to do their jobs fully, much less take on the work of organizing a controversial statewide eugenics campaign. These factors are why Mead, and not state officials sympathetic to eugenics, emerged as the leader of the 1912 campaign.

The correspondence between Mead and Grout reinforces that the governor himself spearheaded the decision to pursue the legalization of eugenic public policies. In a letter of December 16, 1911, Grout responded to a now-lost letter from Mead on the subject of “the ‘Sterilization of Degeneracy.’” Grout replied that the governor alluded “to the fact that the State of Indiana has a law governing this subject,” and asked if it would “be possible for me to get a copy or an abstract of that law.” Grout repeated twice his willingness to write his thoughts on the topic, especially given “pronounced and emphatic opinions,” but only when he could “devote sufficient time to the subject.”

The superintendent’s own “pronounced and emphatic opinions” on the subject of eugenic sterilization came from different, but similarly minded sources. Grout’s replies make clear that, unlike the governor, he had little direct knowledge of eugenics measures across the nation and limited time or means to research them. As superintendent of Vermont’s largest mental asylum and as an individual open to a eugenic solution, Grout was in the perfect position to be knowledgeable of the growing eugenics movement. That he was not is a further indication that the budding lobbying efforts of America’s eugenicists had not yet reached Vermont. Only a few years later, eugenics organizations would spread their doctrine through pamphlets out-

Don D. Grout, M.D., Superintendent of the Vermont State Hospital for the Insane (the Waterbury Hospital), March 1905. Vermont Historical Society.
lining current laws and eugenic data to institutions and state leaders across America.

Grout agreed wholeheartedly with the views under discussion thanks to his own experiences from his personal work at the Waterbury Hospital. On June 5, 1912, Grout expressed to the governor that:

Another point which you wrote me about some time ago is, the question of sterilization of degenerates. If such methods are practical, and [I] am inclined to think they are, if properly, thoroughly and intelligently carried out, would result in great savings to the state, financially; improvement in social and moral conditions, and increased comfort and happiness to many of the subjects upon whom it was performed. We have several patients in this hospital who, if such a method was adopted, could become self supporting.

There are hundreds, probably thousands, in Vermont, who are simply “breeding like rats” and whose progeny are, intellectually, morally, and socially worse than rats. Proper and intelligent selection—segregation or sterilization, whichever seems best in a given case—is the only remedy to prevent this, and the other states in the union from becoming burdened and disgraced by these unfortunates.

What secured the superintendent’s belief in the utter necessity of “sterilization or segregation” was Grout’s time at the Waterbury Hospital and the increasing number of individuals forcibly institutionalized by towns. Grout warned in 1912 that “‘Dangerous imbeciles’ come here in large numbers, and more should come.” Moreover, he believed, these “dangerous imbeciles” were a threat to the “morals of the community in which they reside.” Grout was sufficiently convinced of the necessity of eugenic sterilization that he used his position to publicly endorse the governor’s idea for the “sterilization of the degenerates.”

**The Bill—S.79 (1912)**

The bill, entitled “An Act to authorize and provide for the sterilization of imbeciles, feeble-minded, and insane persons, rapists, confirmed criminals and other defectives,” was proposed in the senate as No. 79 on November 8, 1912, by Senator Elmer Johnson of Franklin County and assigned to the Joint Standing Committee on Public Health. The committee sent it back to the senate on December 18 with three recommended amendments that served to reinforce the bill’s eugenic emphasis on preventing poor heredity and to deal with several logistical issues. One of the successful amendments to the bill in the senate was the removal of epilepsy from the list of qualifying conditions, likely due to a belief that epilepsy was not strongly hereditary. The bill passed the senate two days later with only one dissenting vote.
The proposed law differed significantly from Mead’s own brief proposal because it responded to local issues. First, Senate Bill No. 79 allowed for the sterilization of both males and females. Sterilization of females was one of the few points on which Mead and Grout differed: In his public 1912 report, the superintendent emphasized that the state should look to “chiefly those of the female sex” in “segregation or sterilization” policies. However, like Mead, eugenicists in Vermont recognized the importance of promoting the safety of sterilization if they hoped to pass it into law. Johnson emphasized publicly that sterilizations on either females or males were “of minor character and in no way serious,” and had “no other effect save a slight benefit both mental and physical.”

Unlike the eugenical sterilization laws cited by Mead, Vermont’s proposed law went into great detail concerning the logistics of the measure and only legalized eugenical sterilization. Many of the procedures originated as amendments to the original bill, showing an ongoing, thorough discussion of the law’s viability. Johnson was very much aware of the challenges that had plagued prior sterilization bills across America, and gave “especially thorough attention to the legal aspect of his measure.” The bill detailed exactly how eugenical sterilization was to be carried out, including the creation of a board of examiners, the grounds for approval, and who was and was not a candidate. Approval partially relied on the institutional family histories. It specifically outlawed sterilization of children under the age of puberty, but did not define what the age of puberty meant. Non-eugenical sterilization for the purpose of preventing procreation was expressly forbidden under the bill. Contemporary medical reasons for sterilization included masturbation and cancer. The thoroughness of the eventual bill demonstrates a lengthy collaboration between Vermont’s institutions and the Joint Standing Committee on Public Health to determine the most feasible path to enforce the measure.

The eugenical sterilization bill did not pass the house until January 28, 1913. It faced much stronger opposition and only narrowly passed in a vote of 95 to 82. One of the major objections was the usual question of the constitutionality of sterilization. Representative John H. Donnelley of Vergennes further declared the idea of sterilization un-Christian and barbaric. In his denouncement, he asked state representatives to remember the Sermon on the Mount, blamed the “degeneracy” in “back towns” on the absence of the Bible and religion, and argued that with proper training in schools and institutions, there would be no need for sterilization. Representative Ernest P. Jose of
Johnson “questioned the right of a state to mutilate any of its citizens” and claimed the operations might lead to death.\textsuperscript{75}

Supporters refuted objections by painting eugenical sterilization as a humane solution to a moral crisis that was a dire financial cost to the state. By 1912, “feeble-mindedness” was considered by state officials to be “sufficiently prevalent in Vermont to warrant some action being taken to reduce the number of degenerates.”\textsuperscript{76} It was seen as absolute truth that feeblemindedness, along with specific criminal behaviors and traits considered to be immoral, was due to poor heredity.\textsuperscript{77} The only way to remove this “menace to society” that had “overrun” state institutions was to prevent the “excessive productiveness” of those people.\textsuperscript{78} Supporters of the measure took care to note that legalizing sterilization would have been unthinkable with male castration, when it “meant unsexing the subject,” and that the procedure was now considered safe by the medical community.\textsuperscript{79} Several proponents introduced anecdotal evidence and cited the high cost to Vermont of “degenerates” who multiplied by unrestrained reproduction.\textsuperscript{80}

The bill that passed the house went to the new governor, Allen M. Fletcher (1912–1915). On January 31, Fletcher returned the bill to the senate without his approval due to legal issues raised by the new attorney general, Rufus E. Brown, and included Brown’s entire opinion in his veto. After the opinion was read, the senate voted the same day 13 to 10 to override the veto, but faced challenges over their vote as they lacked a quorum. The bill was ultimately defeated in the house, which refused to pass it over Fletcher’s veto.\textsuperscript{81}

The same high level of detail that allowed the bill to respond to local issues, rather than simply mimic the briefness of existing eugenical sterilization laws, led to Fletcher’s veto of the bill. Brown found fault first with section 2, which mandated that the act only apply to those in mental hospitals, reformatories, and charitable and penal institutions.\textsuperscript{82} He considered it to be “an unfair, unjust, unwarranted and inexcusable discrimination” on the grounds that it mandated that eugenical sterilization apply only to those “who are unfortunate enough to be actually confined” in the listed institutions.\textsuperscript{83} Section 9, which mandated that the act would not apply to women over 45, was likewise dismissed on the basis of discrimination, as “it is an undisputed fact well known… that women of that age do conceive and give birth to children.”\textsuperscript{84} Section 6 was criticized for allowing for the eugenical sterilization of those of “confirmed criminal tendency,” which in Brown’s opinion inflicted “an additional penalty for a crime long before committed and the legal penalty of which has been already paid.”\textsuperscript{85} Similar to several of the earlier
eugenic sterilization laws, Vermont’s made provision for a board that would hold a hearing for the proposed candidate. In Brown’s opinion, such an act was “unheard of and unwarranted” because the decision of the board was “absolute and final,” with no provision made to ensure the impartiality of the board.\textsuperscript{86}

The proposed law accounted for so many situations that Brown argued it was legally unenforceable. He took special issue with the fact that it ignored the contradiction that if an individual was considered to be a candidate for eugenic sterilization due to diminished mental incapacity, he or she could likewise be considered incapable “of making a request or of performing any legal act” due to that same diminished mental incapacity.\textsuperscript{87} But “the climax of absurdity and inconsistency,” Brown argued, was found in section 7, which allowed “both lunatic and imbecile… to do that which has never been permitted in any court of justice in this land”; that is, to voluntarily agree to impose upon themselves the same penalty only imposed on criminals “after full hearing and the introduction of evidence.”\textsuperscript{88}

It was the segregation of “degenerates” that ultimately emerged as the most viable eugenic policy during the 1912 legislation session. In their attempt to legalize eugenic sterilization, eugenicists argued that it was necessary because “segregation as a practical measure is impossible owing to the numbers comprising these classes.”\textsuperscript{89} However, segregation was not dismissed by all. In his speech to the joint assembly, Mead had argued for the entire separation of “these classes” from society, though it “would, in many cases, result in life-imprisonment of unfortunates who are in no way responsible for their plight.”\textsuperscript{90} The legislation that emerged from the debate was a compromise in the form of a new institution dedicated to the “feeble-minded” children of Vermont.

**The Vermont State School at Brandon**

Unlike eugenic sterilization, the proposal for the new school advanced without major complications because the idea of segregation was not entirely new in the state. Throughout the nineteenth and early twentieth centuries, poor farms functioned as a way to segregate unwanted populations in an inhospitable part of town. Grout, who was also a founder of the Waterbury Hospital, himself called for “segregation or sterilization” for some of his own charges.\textsuperscript{91} Given Grout’s “pronounced and emphatic opinions,” it is possible he already used his own institution partially as a means to segregate these populations he considered to have undesirable poor heredity from society and to prevent their procreation prior to the 1912 legislative session.
That the proposed training school only covered a group unaddressed by any other institution in the state suggests that eugenic segregation was already practiced at state institutions. Eugenicists in Vermont saw eugenic segregation as a necessity and took it as an assumption that institutions would be the natural way to eugenically segregate unwanted populations. Yet despite the support for Mead’s proposal of eugenic segregation, no new institution besides the school for “feeble-minded” children was proposed during the 1912 legislative session. The state never created any other new institutions that would function solely to eugenically segregate portions of the population during the early twentieth century. They would not have needed to create a new institution that would serve as a means of eugenically segregating the “defective” members of society only if existing institutions already did so. Records show that if eugenic segregation was not already in place prior to the 1912 legislative session, it was practiced by existing state institutions soon thereafter.

Determining how, when, and upon whom eugenic segregation was practiced faces the challenge that it was rarely labeled outright as eugenic segregation. Many of the early case records from institutions do not survive due to poor record keeping and natural disasters. Eugenic segregation did not face the same question of constitutionality that eugenic sterilization did, as the duration of the individual’s sentence was usually determined by the courts and the institutional officials instead of being a fixed time with possibility of parole. Those committed to state institutions could usually be held at the discretion of officials. Officials did not necessarily label cases as eugenic segregation, but rather implied it by referencing the prevention of marriage or procreation. These references were usually given in unofficial notes in which the institution’s officials discussed keeping the individual longer or transferring the individual to another institution. As official commitment forms typically only contained the bare minimum of information, forms without additional documentation of the case do not usually provide enough information to determine whether the individual in question was considered to be a subject for eugenic practices. Eugenical cases can also be found in the documented investigations of the Eugenics Survey, though the limited scope of the organization’s research meant that not every eugenic case was studied by the Eugenics Survey’s fieldworkers.

The proposed school addressed the growing focus on both the “feeble-minded” and on children. Previously, the only state institution in Vermont that took children was the Vermont Reform School. No men-
tal institution, of which the largest were the Waterbury Hospital and the Brattleboro Retreat, was supposed to or was equipped to take individuals under the age of 18. Moreover, most institutions did not treat “feeble-mindedness” at all. One specific case made for the new school was that the Vermont Reform School had been forced to take in such children, despite not being equipped to care for them. Other children were sent to outside institutions, such as the Massachusetts School for the Feeble-Minded, with their care paid for by the state.

Legislation for the eugenical segregation of “feeble-minded” children passed the legislature quickly and without substantial opposition. Representative Irving S. Coburn of Milton proposed House Bill No. 455, “An act to provide for the care, training and education of feeble-minded children,” on December 18, 1912. It passed the house on January 23, 1913, and the senate on February 5, 1913. The bill was only held up by small amendments regarding the logistics of the proposed school, and finally was signed by the governor on February 19, 1913. The Vermont State School opened within two years in Brandon.

Although the bill creating the school never referenced the institution’s origin as a method of eugenical segregation, state leaders considered it to be a eugenical tool. In 1916, Governor Charles W. Gates (1915–1917) spoke publicly on the school’s role in providing the “proper environment” for its inmates and in preventing their procreation, as part of a state conference on social welfare work. Dr. Frederic J. Russell, the school’s superintendent, offered the concluding remarks. As summarized by the Burlington Free Press, Russell argued that the institution “could never hope to educate its inmates, but would fulfill its purpose by keeping them segregated.” Determining which cases were eugenical is complicated by the fact that the school housed both non-eugenical and eugenical cases, particularly as attitudes surrounding the role of institutions shifted during the 1920s. Additionally, in some eugenical cases the individuals were released upon coming of age. Others were specifically kept past the age of 18 or transferred to another institution so as to forcibly prevent their procreation.

The Significance of the 1912 Legislation

Although not all of the proposed eugenical measures of 1912 were passed into law, the legislature did not totally repudiate Mead’s push for a eugenical solution to what he and others perceived as a widespread social problem. While ethical, religious, and legal objections to eugenical sterilization hindered the eugenics campaign throughout the nineteenth century, those who objected to eugenical sterilization in the
1912 legislation did not challenge the movement’s scientific legitimacy or the data eugenicists held out as proof of the necessity of eugenics.

As a result, eugenics continued to be viewed as a legitimate potential solution to social issues. This acceptance contributed to the creation in 1925 of the Eugenics Survey and the participation of government and state institutional leaders in it. Despite its nominal status as a private organization, the Survey’s advisory committee included the heads of every major relevant state department and institution, including commissioner of the Department of Public Welfare, the secretary of the Department of Public Health, the commissioner of the Department of Education, and the superintendents of the Waterbury Hospital, the Brandon School, the Reform School, the Rutland Reformatory for Women, and the Vermont State Prison. In their role as members of the advisory committee, they directed the goals and path of the Eugenics Survey. Committee members used their state positions to voluntarily provide the Eugenics Survey with records of the many Vermonters who had passed through the doors of the state institutions and, in the case of the Brandon School, information about those on the waiting list for admission. Many went on to collaborate on Perkins’ 1928 venture, the Vermont Commission on Country Life (1928–1931). Its results were published in 1931 as *Rural Vermont: A Program for the Future*. The stated goal was to investigate how “may the fertility of this seedbed be maintained and how may the quality of the human stock be conserved” in the state, and it included extensive research and recommendations to improve living conditions and social welfare.100

What Vermont leaders further failed to do in the 1912 legislative session was to resolve the perceived threat of “degeneracy.” Over the course of the decade, what passed for institutional evidence—but might in historical perspective be considered a self-fulfilling prophecy—for this “degeneracy” would only grow stronger thanks to the immediate overcrowding of the Brandon School and continuing growth of the Waterbury Hospital. Furthermore, the core issues contributing to Vermont’s ongoing social crises were not addressed because state officials largely identified heredity, not environment, as the cause.

When it seemed to become apparent in the 1920s that this problem of “degeneracy” was only growing larger, eugenicists argued that it was the result of the state’s failure to take stronger eugenical measures. Those targeted as perceived threats to the state were included in the lists of names the institutions freely provided to Perkins and his Eugenics Survey. In turn, the Eugenics Survey’s work led to the legalization of voluntary eugenical sterilization in 1931, the continuation of institu-
tional segregation, and local classes on eugenics aimed at teaching Vermonters the benefits of “good breeding.”

Societal changes and scientific advances in the following decades had significant ramifications for eugenics. With the field’s association with Nazism following World War II, the term “eugenics” began to fall out of use, even if eugenic ideas and practices did not. Institutions gradually shut down during a period of national deinstitutionalization. The discovery of the structure of DNA and its role in the transmission of some characteristics resulted in the rise of genetic screening and gene therapy; whether these methods should be considered part of eugenics or not continues to be debated. The legacy of American eugenics has never been fully addressed because of the lingering connection with Nazism, and its effects can still be seen today.

NOTES

1 Journal of the Senate of the State of Vermont, Biennial Session, 1912 (Montpelier, VT: Capital City Press, 1912), 1002.
4 “Improving the Race,” Essex County Herald, 5 August 1904, 1.
6 Mark A. Largent, Breeding Contempt: The History of Coerced Sterilization in the United States (New Brunswick, NJ: Rutgers University Press, 2011), 68. Surgical and chemical castration continue to be used as a punitive and/or preventive measure for sex offenders.
7 Paul A. Lombardo, Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell (Baltimore, MD: The Johns Hopkins University Press, 2008). Aubrey Strode, the Virginian lawyer who helped establish the state’s sterilization law and argued Buck v. Bell, contacted Henry Laughlin of the Eugenics Record Office for assistance in the test case. Laughlin’s colleague, Arthur Estabrook, testified as an expert witness that Carrie Buck, her mother, and her newborn daughter—Buck was raped by her foster parents’ nephew and committed when the pregnancy was discovered—were feebleminded. Neither Buck nor her daughter’s school records point to any sign of mental disability.
11 W. H. Carpenter and T. S. Arthur, The History of Vermont, From Its Earliest Settlement to the Present Time (Philadelphia: Clayson, Remsen & Hafelfinger, 1872), 23; Thompson, A Gazetteer of the State of Vermont; Containing a Brief General View of the State, a Historical and Topographical Description of All the Counties, Towns, Rivers, &c., Together with a Map and Several Other Engravings (Montpelier, VT: E. P. Walton, 1824), 38.
12 Lewis D. Stilwell, Migration from Vermont (Montpelier: Vermont Historical Society, 1937), 134-135.
16 Ibid., 14.
17 Ibid., 92.
18 E. R. Pember, “Will It Phy? A paper read at meetings of the Board of Agriculture, by Hon. E. R. Pember of Wells, Member of the Board, in Hiram A. Cutting, Seventh Vermont Agricultural Report. By the State Board of Agriculture. For the Years 1881-82 (Montpelier, VT: Freeman Steam Printing House and Bindery, 1882), 351-353.
20 Perkins, “Hereditary Factors in Rural Communities,” 2.
23 Emil Kraepelin is widely considered to be the founder of modern scientific psychiatry. He worked to create a classification system for mental illnesses, with the resulting textbook going through nine editions in his lifetime. One of his chief successes was to differentiate between dementia praecox (schizophrenia) and manic depression (bipolar). He spoke about the treatment in psychiatric institutions and was a major proponent of eugenics. Kraepelin's work, which is relatively unknown to the public today, continues to influence modern classification and diagnostic systems.
25 The Eugenics Survey of Vermont employed several fieldworkers over its tenure, most prominent of whom were Harriett Abbott and Elin Anderson. These fieldworkers were women with varying credentials and backgrounds in social work. Both Abbott and Anderson had the most expertise, Abbott as a social worker with the Vermont Children's Aid Society—a major supporter of the Survey—and Anderson in her educational background. Abbott completed most of the investigations done by the Survey.
27 Steven R. Hoffbeck, “‘Remember the Poor’ (Galatians 2:10): Poor Farms in Vermont,” Vermont History 57 (1989), 228.
28 “State Hospital for the Insane,” Vermont Watchman, 1 March 1899, 4.
31 Ibid.
32 Ibid.
33 Ibid.
34 Ibid.
35 Biennial Report of the Board of Penal Institutions and the Superintendent of the Vermont Industrial School, For the Term Ending June 30th, 1910, 10, in Vermont Public Documents, Being Reports of State Officers, Departments and Institutions, 1909-1910 (Montpelier, VT: Published by the State, 1910).
37 Journal of the Senate of the State of Vermont, 1912, 1002.
38 Ibid.
39 Ibid., 1003.
40 Ibid., 1002.
41 Ibid.
42 Ibid., 1003.
43 Ibid., 1002.
44 Ibid., 1003.
48 *Journal of the Senate of the State of Vermont, 1912*, 1003-1004.
50 Ibid., 75.
52 *Journal of the Senate of the State of Vermont, 1912*, 1004.
53 Sharp, “The Indiana Plan,” 37
54 *Journal of the Senate of the State of Vermont, 1912*, 1004-1005.
55 Dr. Don D. Grout, letter to Governor John A. Mead, 16 December 1911, Governor John A. Mead records, 1910-1912, VSARA.
56 Ibid.
57 Ibid.
58 Ibid.
59 Dr. Don D. Grout, letter to Governor John A. Mead, 5 June 1912, Governor John A. Mead records, 1910-1912, VSARA.
60 Ibid.
61 Ibid.
63 Ibid., 8-9.
64 *Journal of the Senate of the State of Vermont, 1912*, 138, 618.
69 Ibid., 1.
71 *Journal of the Senate of the State of Vermont, 1912*, 360-361.
74 Ibid.
75 Ibid.
77 Ibid., 1.
79 Ibid., 14.
80 “Farmers Club Meeting,” 1.
81 *Journal of the Senate of the State of Vermont, 1912*, 642.
82 Ibid., 618.
83 Ibid., 618-619.
84 Ibid., 619.
85 Ibid., 620.
86 Ibid.
87 Ibid., 618. This complaint was similarly one of the most significant discussed during the debate over the 1931 sterilization law, but it was not taken up by the then-attorney general.
88 Ibid., 620.
89 “Sterilization Bill Coming: Measure for Removing a Menace to Society,” Bennington Evening Banner, 7 November 1912, 1.
90 Journal of the Senate of the State of Vermont, 1912, 1003.
91 Grout to Mead, 5 June 1912.
92 Grout to Mead, 16 December 1911.
93 Exceptions were made, but required the approval of the governor.
94 Journal of the Senate of the State of Vermont, 1912, 1003.
96 Ibid., 660, 807.
97 Ibid., 1051.
99 Dr. Frederic J. Russell, summarized in ibid.
100 Two Hundred Vermonters, Rural Vermont: A Program for the Future (Burlington, VT: The Vermont Commission on Country Life, 1931), 1.