Within the walls and outside the gates:

Yale’s laboratory for early 20th-century eugenic knowledge production in New Haven

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A note to readers

Narrative

In writing this thesis, I attempted to humanize the subjects of Yale’s investigations. However, the archive documents privilege the perspective of the researchers, rather than the studied. Oftentimes, the studies describe their subjects in great detail, but all through the lens of an “objective” researcher. Without personal accounts from the subjects themselves, it is difficult to know their true experiences.
Introduction

Bernard Wolfe (1915-1985) was born and raised in New Haven, Connecticut, a city he loved to call home. As the child of a machinist father and a home servant mother, Wolfe grew up in a proletariat, working-class home. In 1931, he first started at Yale University “when people all over the country were standing in lines, sometimes at soup kitchens, sometimes at banks that were about to close down without returning their depositors’ hard-earned savings -- Wolfe could see the impact of the Depression everywhere he looked, even within his own home." Early on in his Yale career, Wolfe’s father was institutionalized and held by his own university in their newly-formed Institute of Human Relations on Cedar Street.

For 19 years, Bernard Wolfe’s father worked at a factory in Shelton, 10 miles from his home. In 1929, the stock market crash closed his factory, suddenly leaving Wolfe’s father without employment. In an instant, “he’d been broken to pieces and he had no desire to juggle the fragments” and entered an intense emotional depression. While his family struggled and fell behind on payments, they lost their family home, and Bernard watched as his father was labeled “psychotic.” Wolfe understood that his father’s illness was more than within his mind: “if they wanted to get a full picture of his sickness they would have had to look into the sickness of American capitalism too.”

The Yale Institute of Human Relations “took him away and locked him up” within their “psychiatric division devoted to the study of interesting cases.” Bernard’s father was “judged [...] to be an interesting case. You don’t get many factory workers who are devoted to the

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1 Bernard Wolfe, Memoirs of a Not Altogether Shy Pornographer (Garden City, N.Y., Doubleday, 1972), 54.
2 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 57.
3 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 60.
4 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 61.
5 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 61.
6 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 254.
7 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 61-62.
8 Wolfe, Memoirs of a Not Altogether Shy Pornographer; 62.
To Wolfe, the University was far “more concerned with some bodies than with others, concretely, with the bodies of the well-off which need the least attention.”

While housed in the Institute, Wolfe was subjected to “shocks” and the Institute planned to give him “electric-shock therapy.” While “wheeling him into the jolt room,” the researchers checked his blood pressure, finding that “the voltage they’d been about to run through him might have killed him.”

The incident gave Bernard’s “academic career a certain focus,” as he decided to study the developing field of psychology. Ironically, this meant that Bernard visited the Institute of Human Relations regularly to visit his professors, always remaining keenly aware of his father’s “presence in another wing of the building.”

His collegiate career studying psychology was incredibly personal and high-stakes, making his conversations “of the mind’s gnarlings [...] a lot less academic for me than the professor could guess.” One day when leaving the Institute, Bernard walked along Davenport Avenue. He looked up, and saw his father behind one of “the row of barred windows that marked the psychiatric wards.” They shared a brief moment, exchanging a military salute, “issuing orders to me to keep the battle going on as many fronts as I could get to, and to make sure none of them was anywhere around his.”

After the Institute “exhausted all the interesting aspects” of Bernard’s father, he was “transferred to the state mental hospital in Middletown,” where he would eventually die in 1962.

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9 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 62.
10 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 51-52.
11 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 64.
12 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 64.
13 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 62.
14 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 62.
15 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 62.
16 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 63.
17 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 64.
18 Wolfe, Memoirs of a Not Altogether Shy Pornographer, 64.
In 1929, just two or three years prior to Bernard Wolfe’s father’s transformation into a subject of study of mental illness, Yale University announced the Institute of Human Relations for the “study of man.” 19 On May 9, 1931 more than 500 guests gathered outside the steps to celebrate the Dedication of the newly constructed Institute of Human Relations. 20 Yale’s president James Rowland Angell, Connecticut Governor Wilbur Cross, and others painted a glowing vision of the long-awaited Institute, proclaiming the “new understandings of man and his possibilities” that could be “brought about” thanks to Yale’s pioneering efforts. 21 Joined by Connecticut Governor Wilbur Cross, University President James Rowland Angell welcomed a packed audience in front of the Institute’s building and Sterling Hall of Medicine. 22

Bernard Wolfe’s father was not the only person held within the walls of the Institute, as it was designed with residential and treatment wards for their experimental “guests.” The Institute also contained laboratories for the study of child development, “mental efficiency,” and other psychological investigations. 23 Yale unveiled the Institute to “achieve a better understanding of human nature and the social order and to correlate knowledge and coordinate techniques in related fields so as to make greater progress in the understanding of human life from the

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19 Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
20 “Dedication Speakers Laud Institute’s Aims,” May 10, 1931, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
22 “Addresses Delivered at the Dedication Exercises of the Institute of Human Relations,” May 9, 1931, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
biological, psychological, and sociological points of view.” The building that hospitalized and incarcerated Wolfe was a critical site of eugenically-informed research and treatment.

This paper examines the ways in which Yale institutionally embedded eugenics into the very fabric of research and knowledge production geared toward “social progress” in the 20th century. During this period, research techniques and eugenic ideology become co-constituted, creating a “neutral” language of observation and categorization. This language was then used to solve what the University saw as New Haven’s most pressing social issues: health, unemployment, and crime. In establishing itself as a research institution, Yale simultaneously depended on and problematized New Haven, transforming it into a site for the university to shape and assert its proclaimed scientific authority on humanity. The goal of my work is not to call out individual “bad actors” or condemn exemplary studies and institutions as relics of the past. Instead, I aim to deepen an understanding of how eugenic logics at Yale position social deviance within human bodies, ultimately pathologizing people and their families as a means of understanding a way forward through economic depression, war, changing demographics, rising unemployment, crime, and mental illness in New Haven. By no means does this work intend to provide a comprehensive account of every unique way that Yale faculty, alumni, and institutions studied New Haven during the early 20th century. Instead, it reveals some of the relations of power between the “studied” and the “studier” and demonstrates the role of the university in producing eugenic ideology in an “objective” and rational study of humanity within its host city.

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Eugenics as a Science and a Religion

“I doubt if there has ever been a moment in the world’s history when an international conference on race character and betterment has been more important than the present.”
-Dr. Henry Fairfield Osborn’s Welcome Address at the 2nd International Congress of Eugenics (held in 1921 at the American Museum of Natural History in New York).25

Eugenicists often described their work as adhering to a calculated science of “better breeding,” or improving the human population through the elimination of certain people, conditions, and traits that were alleged to be defects or limitations on progress.26 Specific identities were transposed onto constructions of “deleterious” or “dysgenic” traits. The heterogeneity of eugenic constructs of degeneracy is revealing of the malleability of constructs such as class, race, and ability – all axes of perceived threats to Anglo-Saxon supremacy, hierarchy and “progress.”27 Eugenicists sought to promote a world in which humanity was improved by eliminating people designated as “burdens” to society, rather than interrogating structural social inequality. Accordingly, eugenicists understood the genesis of social issues as within one’s genes, tissues, and bodies and addressed them through institutional measures regulating marriage, reproduction, immigration, and individual autonomy, mental illness, crime, drug use, homosexuality, disability, illiteracy, poverty, and other “dysgenic traits” could be fixed within the body.28 This mode of thinking was not a novel ideology to the 20th century. Instead, it built upon centuries of scientific racism that biologized racial differences to justify colonization, enslavement, and racial hierarchy.29

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and stature, but never became a universally accepted ideology. Scholars such as anthropologist Franz Boas contested the existence of racial differences altogether. Boas warned of serious limitations to the science of eugenics, highlighting the lack of hereditary proof for many traits. While eugenicists proclaimed the hereditary nature of traits like criminality or alcoholism, Boas argued that a child with “adequate means of support against the abuse” would not fall “victim to their alleged hereditary tendencies.”

They argued for a greater emphasis on environmental and social causes of inequality, rather than biological ones.

The first three decades of the 20th century were marked by great change, demographic shift, social stratification, and class struggle in the United States. With an influx in immigration from eastern and southern Europe, nativists feared an impending “race suicide” that would threaten white, Anglo-saxon, wealthy, US-born “racial stock.” In 1917 and 1924, anti-immigrant advocates lobbied for legislation that barred various classes of people from entering the country, arguing that these new immigrants “contained a large number of the weak, the broken, and the mentally crippled of all races drawn from the lowest stratum.” Laws instituted literacy tests, medical examinations, and annual national-origins quotas which could both identify and exclude the “new immigration” of Italian, Polish, and Hungarian people. Eugenicists advocated extensively for the passage of these types of bills in the hopes of curbing the influx of “inferior” stock that, in their view, jeopardized the health, political stability, and gene pool of “pure” American stock.

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In the 1920s especially, eugenicists were activated by their fear of a great loss in the superior “heritage of centuries of civilization” after the First World War.\textsuperscript{34} In response, prominent eugenicists such as Yale economist Irving Fisher argued that America ought to enforce prohibition, restrict immigration, and sterilize those deemed to be “unfit” in order to save its population from racial demise.\textsuperscript{35} They decried the “rampant individualism” that damaged society so much that “the purest New England stock is not holding its own.”\textsuperscript{36} As such, they demanded that the government intervene to prevent “the spread and multiplication of worthless members of society, the spread of feeblemindedness, of idiocy, and of all moral and intellectual as well as physical diseases.”\textsuperscript{37} This idea of progress depended on the prioritization of society over the individual.\textsuperscript{38} Eugenics emerged as a tool of the elite to intervene in inequality and dysfunction for the betterment of society as a whole.

To preserve the race, eugenicists developed metrics so that they could make defensible claims about the existence of social difference and advocate for restrictive immigration, marriage, and forced sterilizations based on this “evidence.” These tests, scales, and ways of knowing assigned scientific meaning and salience to complicated and socially constructed traits of moral and physical characteristics, such as intelligence and gender. One of these emergent tools was the pedigree chart. Pedigrees mapped out the lineage of genes that might be responsible for perceived social inadequacies including poverty, crime, sex work, addiction, disability, and mental illness.\textsuperscript{39} The creation of mental or intelligence testing by scientists such as Robert Yerkes (a Harvard professor who was recruited to Yale) expanded possibilities to measure

\begin{footnotesize}
\textsuperscript{35} Leonard, \textit{Illiberal Reformers}, 117.
\textsuperscript{38} Leonard, \textit{Illiberal Reformers}, 22, 115.
\textsuperscript{39} Stern, \textit{Eugenic Nation}, 16.
\end{footnotesize}
one’s worth beyond measuring skull sizes.⁴⁰ Their studies relied on large swathes of the American populace to demonstrate the objectivity of their approaches. The U.S. Army first deployed Yerkes’ intelligence testing on 1.7 million human subjects in 1917 to sort draftees and identify those posing a national security threat for their “inferior” intelligence.⁴¹ To Yerkes, these tests were “not primarily for the exclusion of intellectual defectives,” but instead they sought to classify draftees such that they “may be properly placed in the military services,” rendering the examinations a neutral, observational intervention.⁴² Yet, these examinations were a clearly racialized measure of a specific conception of intelligence. The results revealed that Americans of Anglo-Saxon descent possessed superior “native intelligence” as compared to Black people and immigrants from Southern and Eastern Europe.⁴³ At Yale, President Angell applauded the test’s discovery of “the amazing range of capacity” amongst people in the Army.⁴⁴ However, the testing differences reflected cultural biases of the tests and unequal access to education, not the innate, biological, and genetically-determined intellectual differences that eugenicists proclaimed they could measure. Yet, researchers relied upon such tools to reveal categories that people “naturally” belonged to. After the Army study, researchers, immigration officials, K-12 schools, universities, businesses, doctors, and public health agencies alike deployed intelligence testing and other forms of categorization as measurable, objective tools for the study of hierarchical human differences.⁴⁵

As the eugenics movement amassed criticism from both scientific and moral standpoints, leading eugenicists organized the Second International Congress on Eugenics in 1921 to refute

⁴⁰ Leonard, Illiberal Reformers, 72-74.
⁴² Kevles, In the Name of Eugenics, 80-81.
⁴³ Roberts, Killing the Black Body, 63; Kevles, In the Name of Eugenics, 81.
⁴⁵ Kevles, In the Name of Eugenics, 82.
reputable attacks against it. Instead, its asserted legitimacy could reinforce the science of eugenics as an objective discipline that eradicated any “sensationalism” associated with the movement.\textsuperscript{46} Doing so aimed to eliminate critiques that eugenics was an outrageous racist fad, unscientific, or “impractical.”\textsuperscript{47} The Second International Congress of Eugenics was held in 1921 in New York at the American Museum of Natural History. There, leading scientists, anthropologists, statisticians, government officials, and fellow eugenicists gathered to present 131 exhibits to “bear upon the biological factors in family and racial fortunes.”\textsuperscript{48} These exhibits displayed pedigrees, graphs, charts, and diagrams for thousands of viewers to appreciate the importance of heredity in creating both value and danger in society.\textsuperscript{49} Exhibitors showcased a statue of the “average American male,” a tall, thin, able-bodied white man, contrasted the chromosomes and fetuses of Black and white people, created mathematical models for race suicide, compared “normal” and “criminal” brains, reported on the inheritance of traits such as musical talent and epilepsy, and emphasized the crisis of unbridled “insanity” and immigration in the country.\textsuperscript{50}

The Congress demonstrated the scientific progress that the movement aimed to achieve and illuminated the need for greater coalition building. The Congress inspired Yale Professor Irving Fisher. An influential eugenicist and professor of political economy, Fisher noted an absence of a program of “continuous popular eugenic education” in the United States.\textsuperscript{51} By the

\begin{itemize}
\item \textsuperscript{46} C.C Little, “The Second International Congress of Eugenics,” (January 1922): 513-514.
\item \textsuperscript{47} C.C. Little, “The Second International Congress of Eugenics,” 511.
\item \textsuperscript{49} C. C. Little, “The Second International Congress of Eugenics,” \textit{The Eugenics Review} 13, no. 4 (January 1922): 514.
\item \textsuperscript{50} Harry H. Laughlin. “The Second International Exhibition of Eugenics Held September 22 to October 22, 1921, in Connection with the Second International Congress of Eugenics in the American Museum of Natural History, New York.”
\end{itemize}
end of the Congress, Fisher formed the Eugenics Committee of the United States of America designed to fill this very gap. The newly organized Committee collectivized powerful researchers, mainly from prestigious universities and institutions in New England, to comprise its 269 charter members by 1924. Initially housed in New York, they transitioned to Professor Irving Fisher’s office on Yale’s campus at 490 Prospect St. For at least four to five months, Yale's campus housed the national organization dedicated to building a unified movement toward the elimination of deviance. On January 30, 1926, this Committee incorporated as the American Eugenics Society, headquartered at 185 Church Street in downtown New Haven a mere few blocks away from Yale. Importantly, Yale professors and alumni played a crucial role in the founding and expansion of the American Eugenics Society. Of the original board of directors, three had ties to Yale (Professor Irving Fisher and two alumni, Madison Grant and Henry P. Fairchild) and others affiliated with Harvard, Columbia, and various elite institutions. Yale taught, employed, and was led by numerous presidents, board members, and state committee members of the AES during its 50-year history.

In order to promote a national eugenic movement, the Society prioritized eugenic legislation, education, administration, and organization. To accomplish this, Fisher organized an advisory committee and state committees across the country dedicated to establishing “four great cornerstones” of prestige, programming, personnel, and funding needed for the Society to succeed. The AES spread eugenics as both a science and religion through public education.

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52 “Charter Members of the Eugenics Society of the United States of America,” May 19, 1924.
53 “Meeting of the Eugenics Committee October 26, 1923,” box 5, American Eugenics Society Papers, American Philosophical Society.
56 The American Eugenics Society was incorporated in 1926 and would hold this name until 1973 upon which its name was changed to The Society for the Study of Social Biology; Kevles, *In the Name of Eugenics*, 252.
Using “fitter family” and “better baby” contests at local state fairs, eugenicists created venues for public education and movement building. The goal of such educational efforts was to create a sense of “earnestness and seriousness” around eugenics, to combat “the idea of eugenics as a fad or joke.” These programs also aimed to make eugenic ideals “as familiar as the multiplication table.” However, by the 1930s, eugenic organizations struggled to maintain momentum as their membership fell by more than 50%. The AES struggled through the Depression and again through World War 2, amassing significant debt. Internal tension within the movement grew too, as some began to focus on the role of the social environment as a “eugenic” or “dysgenic” force.

Many historical narratives understand eugenics as a thing of the past, something that ended in the 1940s with the rejection of Nazism. However, the eugenics movement did not die with the fall of Nazi Germany. Instead, it was often repackaged, relabeled, repositioned, and reimagined. Better breeding could be encouraged through birth control, genetic counseling, family planning, and broader efforts in population control. Eugenic research, advocacy, and organizing did not disappear. This new age of American eugenics brought with it an emphasis on scientific knowledge production, seeking to distance itself from the egregious legacies of its past.

59 Barry Alan Mehler, “A History of the American Eugenics Society, 1921--1940” (Ph.D., United States -- Illinois, University of Illinois at Urbana-Champaign).
63 Stern, Eugenic Nation, 3.
Figure 1: An invitation to the New Haven Committee representing the American Eugenics Society in 1941 that included leading Yale professors and deans for a discussion of practical eugenics in Connecticut.

Even as historian Dorothy Roberts points out that “by the 1940s, eugenics had been discredited both as bad science and as an excuse for racial hatred,” Yale eugenicists continued organizing toward “practical eugenics” in New Haven, positioning its residents as a problem to be solved. On May 6, 1941, the New Haven Committee of the American Eugenics Society (AES) met at the New Haven Medical Society Building on Whitney Avenue. There, Dr. Robert Yerkes presented a report on birth control, Dr. Albert Wiggam discussed “Tomorrow’s Children in Connecticut,” and Dr. Ellsworth Huntington led a discussion on “Practical Eugenics in New Haven.” What made eugenics “practical”? And why in New Haven? The New Haven Committee was comprised of 20 people, including several notable Yale figures such as the Medical School Dean Milton Winternitz, Catherine C. Miles of the Yale Institute of Human Relations, Dr. Arnold Gesell of the Yale Clinic of Child Development, Dr. Leon F. Whitney of the Medical School, Director Mark A. May of the Yale Institute of Human Relations, associate Dean of Yale College Richard C. Carroll, and others.

64 Roberts, Killing the Black Body, 88.
65 Invitation to the New Haven Committee Meeting of the American Eugenics Society, 1941, box 11, American Eugenics Society papers, American Philosophical Society.
Problematising New Haven

At the turn of the century, New Haven experienced significant demographic and social change due to changing immigration patterns, the Great Migration of Black people to the north, and urbanization. From 1890 to 1930, the population of New Haven doubled to 162,655 people. By 1920, the majority of the city’s residents (approximately two-thirds) were immigrants or the children of immigrants. Between 1920-1930, the population rise decreased dramatically as a result of restrictive immigration laws, declining birth rates, and the movement of city residents to the suburbs.

While New Haven expanded and changed, Yale often studied it. In 1917, Yale Professor C.-E.A Winslow compiled a city-wide health report, highlighting the impact of rapid urbanization, high immigrant populations, and pervasive tenement living on New Haven residents. These studies revealed the disproportionately high population of “foreign born or of foreign parentage” in New Haven as compared to the rest of the country. Winslow highlighted mental illness as one of the most rapidly growing issues that New Haven faced and supported the establishment of a psychopathic ward. Winslow noted that the disparities in poor neighborhoods were “no doubt in large part due to the direct influence of poverty and ignorance and to the poor protoplasm from which in many cases poverty and ignorance arise.”

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Yale relied upon demonstrating struggle and labeling social disorder in the city of New Haven to create an “unusual opportunity” for scientific and social study. One such opportunity was labor struggle, especially during the Great Depression. In 1929, the same year the Institute of Human Relations formed at Yale, the L. Candee and Company rubber factory was permanently closed. The factory’s closure threw 729 workers into unemployment, the majority of whom were young women and Italian immigrants or their children. After the shutdown, Candee left its longest-standing employees -- only 15% of those terminated -- with a dismissal wage which allowed some of the displaced workers to start their own businesses. Thus, Yale relied upon the residents of New Haven and the poverty, illness, and social change that they experienced for the growth of a scientific study of social phenomena.

Constructing the “Normal,” “Abnormal,” and “Exceptional” Child

In the early 20th century, the Yale Institute of Human Relations, the School of Medicine, and the University more broadly became critical sites of research and knowledge production that relied on New Haven as a community of potential research subjects.

In 1911, Yale created its first formal institution dedicated to the study of normalcy at the Yale Psycho-Clinic, directed by Dr. Arnold Gesell. The Clinic sought to “deal with exceptional mental and developmental conditions” such as “backwardness” and “delinquency” with a focus on children. Gesell began his work located directly in New Haven Public Schools. Importantly, Gesell described the public school as an incredibly important tool to “protect and promote its

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73 Clague and Couper, *After the Shutdown*, 3.
75 Clague and Couper, *After the Shutdown*, 5-6, 38.
76 “Psycho-Clinical Services of Yale University,” 1921, Box 63, Folder 2, Institute of Human Relations, Yale University, records.
own welfare.” Gesell also described the responsibility of the school to go “beyond transmission of culture to the prevention and amelioration of mental delinquencies.”77 In 1926, the Psycho-Clinic expanded to include a guidance nursery for pre-school aged children which offered “individual guidance of children who present special behavior problems.”78 The Nursery’s purpose was to create a site for making “physiological examinations of backward and handicapped pupils and to give advice in regard to their educational treatment.”79 Over time, the Nursery moved to the New Haven Dispensary, across the hall from the child welfare center. They describe this as an opportunistic moment for them to become “interested in the early mental growth of both normal and handicapped infants” at various points in development. At the Nursery, each child would be observed, tested, and measured both at home and in the clinic to quantify their intelligence, motor control, and personality. They set up the nursery with “equipment” that would allow the child to “show his true traits and abilities.” Accordingly, they describe the presence of children with “subnormal” intelligence and other “defects” such as “faulty personal habits,” “repressed conversation,” or “faulty emotional or personality trends” such as being “over-timid” or “unstable.” Because of such perceived abnormality, they argue that intervention in early years is critical to “meet these numerous problems of mental hygiene.”80

Once the Institute of Human Relations was unveiled in 1929, Gesell’s work moved into his new Clinic of Child Development which housed rooms for observation, examination,

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77 “Yale Professor Stresses Value of Mental Hygiene in Schools.” *New Haven Times*, October 16, 1930, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
78 “Preliminary Draft Announcement of the Institute of Human Relations,” November 9, 1929, Box 113, Folder 1153, James Rowland Angell, president of Yale University, records, 4.
79 The Guidance Nursery of the Yale Psycho-Clinic, 1929, Box 63, Folder 2, Institute of Human Relations, Yale University, records.
80 Psycho-Clinical Services of Yale University, 1921, Box 63, Folder 2, Institute of Human Relations, Yale University, records.
interviews, and a “photographic laboratory.”81 The researchers equipped the space with one-way mirrors, allowing researchers and parents to observe child behavior while preserving “the naturalness and spontaneity” of the child’s actions.82 Researchers photographed children and their behaviors at monthly intervals, creating a chart of their mental growth.83 Thus, Gesell created a laboratory for the “objective” study of a child’s “normal” development. By 1935, Gesell’s Clinic examined more than 2,500 children per year; meanwhile, the Department of Pediatrics measured and weighed every six-year old child in New Haven “for the purpose of determining increments of growth.”84 If the child could be studied and understood, so too could the social problems plaguing New Haven and the country at large.

During the same period, Dr. Arnold Gesell, wrote extensively about the notion of the “educationally exceptional child.” In his definition, any child who deviates from “the average in both directions, the handicapped and the highly endowed” was “exceptional.”85 He believed that “even the inferior types of exceptional school children may, for the most part, be converted into assets for society” through specialized educational programs and “devices of community control.”86 Gesell differed from some pious eugenicists, as he weaved in accounts of environmental and institutional influences on an individual. To him, the issue of “mentally or biologically inferior humanity” could be addressed through “timely recognition, specialized education, and supervisory social control by local communities.”87

81 “Preliminary Draft Announcement of the Institute of Human Relations,” November 9, 1929, Box 113, Folder 1153, James Rowland Angell, president of Yale University, records, 4.
82 “Preliminary Draft Announcement of the Institute of Human Relations,” November 9, 1929, Box 113, Folder 1153, James Rowland Angell, president of Yale University, records, 4.
83 “Preliminary Draft Announcement of the Institute of Human Relations,” November 9, 1929, Box 113, Folder 1153, James Rowland Angell, president of Yale University, records, 4.
84 Mark A. May, “Report of the Director of the Institute of Human Relations for the Academic Year 1934-1935,” Box 1, Folder 5, Institute of Human Relations, Yale University, records, 13.
85 “The Educationally Exceptional Child,” nd, Box 22, Folder 61, Institute of Human Relations, Yale University, records, 1.
87 Gesell, Exceptional children and public school policy, 5-6.
Hence, his strong reliance on the public school as a site of intervention. In 1918, he helped to conduct a “mental survey” of all 24,000 elementary students in New Haven. To do this, they relied on a calculation of the students’ “mental age” and multiple forms that attempted to understand a “child's home life, school history, social reactions and school attainments.” Based on these forms, the student would be classified as “(a) Definitely Deficient; (b) Very Probably Deficient; (c) Doubtful; (d) Merely Backward.” Through this survey, he concluded that 1.5% of all elementary students in New Haven are “mentally deficient pupils.” This surveillance and measurement of “abnormality” in New Haven is exemplified in Gesell’s work in the Guidance Nursery as well. The Guidance Nursery represents only one of the myriad ways that the Institute of Human Relations and allied professors at the School of Medicine sought to examine people in New Haven from the moment they are born, and in doing so, situate them within a eugenic hierarchy of “normalcy” and “adequacy” using proposedly scientific tests and measurements.

Gesell’s work exemplifies how Yale institutionalized eugenic ideology in their fields and fundamentally relied on the notion that intelligence can be measured. At the Psycho-Clinic, a child’s abnormality could be studied and scientific interventions could be proposed to create “productive” members of society. This work was positioned as a great benefit to humanity, particularly as mental hygiene was seen as a great threat to the city in the 1910s and 20s. Gesell’s work, in the Nursery and beyond, relied on observation and subsequent pathologization of children in New Haven. He, and others studying “educationally exceptional children” would rely

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on these studies produced through the Nursery and beyond to argue for the creation of more
specialized education programs, and, in some cases, for the expansion of “new institutions for
defectives” in Connecticut. 91 The Guidance Nursery at the Yale Psycho-Clinic exemplifies how
Yale eugenicists were deeply interested in the local implications for eugenics research. Beyond
that, they saw this research as a meaningful way to create a solution for the “problem” of child
delinquency in New Haven. And, scholars like Gesell actively relied on their research to
advocate for the surveillance institutionalization for those deemed unproductive to society and
therefore unworthy of independence, even for elementary children.

An Institute For the Study of “Man” Himself

“Although a startling innovation, the institute of human relations is a logical development of the
best and tendencies in modern education and research.” 92

~James R. Angell, President of Yale University

In 1924, Yale President James Angell created the Institute of Psychology to study what
they described as “fundamental problems of human behavior.” 93 To Angell, the Institute
represented a means to create “scientific mastery” and perfect “a technique enabling man to
secure mastery over himself and his social relations.” 94 Beyond growing Yale’s psychology
department, the Institute embodied Angell’s goals of building Yale’s position as a research
university that could study social problems. 95 Beginning in 1922, Angell began recruiting leading
psychologists such as Dr. Robert Yerkes. At Harvard, Yerkes learned from Charles Davenport,

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91 “The Educationally Exceptional Child,” nd, Box 22, Folder 61, Institute of Human Relations, Yale University,
records, 26.
92 “Yale Will Start Unique System of Education.” Waterbury Evening Democrat. February 15, 1929, box 2,
Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute
of Human Relations Collection, Yale Medical Historical Library.
one of America’s most prominent eugenicists where he became interested in psychobiology.96

Yerkes believed the Institute would transform Yale into a “prospective academic center of progress.”97 Quickly the Institute received funding from the Laura Spelman Rockefeller Memorial Fund, allowing them to recruit several leading eugenicists, race biologists, and psychologists.98 Yerkes and Angell intended the Institute of Psychology to focus on problems of immigration and reproduction, two fields steeped in eugenic ideology.99 Over time, three laboratories housed general psychological and biological research in tandem with ongoing studies of race mixing, immigration, and reproduction.100

In 1929, Yale University President James Angell announced the establishment of the Institute of Human Relations which would take on the former Institute of Psychology’s work and appointed faculty. The Institute of Human Relations was founded on the notion that the “living human body and the human mind are not separate but interdependent entities.”101 Accordingly, Angell sought to bring together scholars across disciplines such as economics, biology, psychology, and medicine to understand the “interrelations of many factors influencing human actions.” In his announcement, Angell highlighted his intention that the Institute would be one of the University’s main projects by “launching a great movement which is destined not only to achieve distinguished success within the walls of Yale” but beyond them too.102 The Rockefeller

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102 “The Yale Institute of Human Relations” Yale Alumni Weekly February 15, 1929, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library, 1; James Rowland Angell, “Yale’s Institute of Human Relations,” Yale Alumni Weekly. April 19, 1929, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library, 14
Foundation provided more than $4.5 million to support the Institute during its first decade of existence.\textsuperscript{103}

Yale’s Medical and Law Schools played a major role in the establishment and support of the Institute as well. Milton C. Winternitz, Dean of the Yale Medical School, lauded the Institute as an opportunity to combat the rampant specialization of medical education and instead recenter the individual as a whole, rather than individual diagnoses.\textsuperscript{104} Robert M. Hutchins at the Law School emphasized the importance of studying “contemporary problems” such as the family and crime.\textsuperscript{105} Wilbur L. Cross, Dean of the Graduate School (and later a Governor of Connecticut) re-iterated their support of the Institute’s potential for collaboration and cooperation across disciplines to solve the “problems of modern society.”\textsuperscript{106} The Institute provided a site for the study of the “major problems of human life” such as mental illness, poverty, crime, unemployment, divorce and war.

Yale positioned the Institute as an interdisciplinary means to study, research, and intervene in societal problems and promote progress without labeling it explicitly a “eugenic” organization in an attempt to eliminate any accusations that eugenic research attracted. “Although not specifically an institution devoted to eugenical research,” the leading national eugenic publication wrote, “friends of eugenics must have been fascinated” by the Institute.\textsuperscript{107}

The Institute was supported and established by those affiliated with the American Eugenics

\begin{thebibliography}{99}
\bibitem{104} “Elm City May Be Heart of World Medical Science,” \textit{New Haven Register}. March 3, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library, 2.
\bibitem{105} “The Yale Institute of Human Relations” \textit{Yale Alumni Weekly}, February 15, 1929, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library, 1.
\bibitem{106} “The Yale Institute of Human Relations” \textit{Yale Alumni Weekly}, February 15, 1929, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library, 2.
\end{thebibliography}
Society and other eugenic organizations, but intentionally refrained from creating an “Institute of Eugenics,” aware that the term carried connotations of illegitimate, biased science. Instead, they opted for “human relations,” a vague but unencumbered title. Angell proclaimed the Institute of Human Relations would unite various disciplines in the search for the “root” causes of the human behavior that produced social problems. Intentionally, the Institute refrained from associating itself explicitly with eugenics, knowing it would foster controversy. Instead, Angell held that “the Institute will foster no fads and hold no briefs for theories except those which grow out of thorough scientific investigation.” In using intentionally vague language, the Institute proclaimed its work to be all in the name of social progress, benefiting mankind by studying and addressing the most pressing issues of the time.

The Institute housed laboratories such as Dr. Robert Yerkes’ comparative psychobiology laboratory, Dr. Arnold Gesell’s Clinic of Child Development, and the Department of Psychiatry’s examination rooms, observation rooms, and fifty treatment rooms for “patients” of the Institute who would be studied for the factors that shape personality, illness, and normalcy. Within these “living quarters” doctors, nurses, psychologists, psychiatrists, and students observed their “guests” behavior, mental illness, deviancy, sexuality, and more for the study of “disease processes” as well as “normal behavior and the promotion of efficiency.” These “interesting cases” were selected on the “basis of their value as subjects in the investigation of normal and

109 “Yale’s Institute,” Time, February 25, 1929, box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
110 “Summary of Purpose, Progress, and Needs of the Human Welfare Group Yale University,” June 1931, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 30; “Yale Proposes to Study Man,” The Human Welfare Group, 1929, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 8; “Bulletin of Yale University Institute of Human Relations for the Academic Year 1931-1932,” Box 1, Folder 2, Institute of Human Relations, Yale University, records, 13.
111 “Review of the Institute of Human Relations,” April 12, 1935, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 8-9.
abnormal mentality.” Institute relied on hundreds of patients and people in New Haven and surrounding towns for laboratory material, producing knowledge surrounding normalcy and the prevention of deviance, developing the entire discipline of psychiatry.

Accordingly, the Institute housed “insane patients in one wing of the building” and in the other “apes, monkeys and other animals.” The Yale department of Psychiatry, housed within the Institute, collaborated with the New Haven Hospital and the Connecticut Society for Mental Hygiene to run its Psychiatric Clinic. In 1935, the Institute administrators outlined their future aspirations of establishing a “Clinic of the Institute” to study “normal individuals who reside in the community and whose environments, family and business relations, physical and mental abilities will be examined cooperatively” and to provide teaching opportunities for trainees.

Outside the gates: New Haven as a test subject city

“The New Haven community will be the first to benefit from the practical results that come out of this great experiment”

While the University recognized and celebrated the national and global significance of creating the Institute of Human Relations, Yale emphasized the direct benefit that this institute would bear upon New Haven. From its very beginnings, the Institute tied its novel academic

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112 “Summary of Purpose, Progress, and Needs of the Human Welfare Group Yale University, June 1931,” Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 29.
113 “Review of the Institute of Human Relations,” April 12, 1935, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 2.
115 “Review of the Institute of Human Relations. April 12, 1935, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 3.
116 “Elm City May Be Heart of World Medical Science,” New Haven Register. March 3, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
endavors to its hopeful, humanitarian impacts on its surrounding community. In its first annual report, the Institute is situated as a service to New Haven, something the city’s residents should take “a particular pride in” for the opportunities and the solutions to the “community’s major problems.” Through the institute, Yale would provide service to its host city through operations such as the Guidance Nursery, psychological examinations, and its various studies.117

The creation of the Institute necessitated the expansion of Yale’s property ownership in the city. Not only did this mark an important acquisition of land, but it displaced 50 tenants near Cedar Street who lived and worked where some of the Institute would be built. Importantly, this site is located adjacent to one of the neighborhoods where many immigrants lived.118 In May of 1929, these tenants were displaced with less than a month’s notice.119 Some, including the city plan commissioners, engineers, and executives of large Connecticut companies, viewed Yale’s expansion as a beautification project with the potential to increase the property values of the area currently being occupied by “hoodlums who disturb the quiet of patients at New Haven hospital nearby.”120 Others, however, experienced devastation in their displacement by Yale’s continued expansion. Property owners circulated a petition declaring the “public necessity” of keeping their streets open.121 One tenant of the property set to be demolished, Giacomo Como, refused to leave his small shoe repair shop for which his lease was valid until 1932.122 Eventually, Como agreed

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117 “Institute of Human Relations Annual Report 1930-1931,” Box 1, Folder 1, Institute of Human Relations, Yale University, records, 9-10.
118 Proto, Fearless, 50.
to a settlement in which he relocated and Yale paid him damages for the harm done to his business and establishment.\textsuperscript{123} In the local \textit{Bridgeport Telegram}, reporters called out the irony of the situation, stating that “Yale need go no farther than the shop of Giacomo Como, journeyman cobbler, to get its first lesson in Human Relations,” a field which the paper described as “pretentious but vague and foggy.”\textsuperscript{124} In some ways, this highlights the disconnect between the proposed charity and contribution of the Institute and its actual perception to some in the community. The purpose of the Institute was not only unclear to the general public but viewed in some settings as a benefit to the academic elite rather than the surrounding community.

Regardless, by September 30, 1929, construction ensued for the Institute which would house studies of child development, mental illness, mental efficiency, delinquency, employment, social adjustment, and more.\textsuperscript{125}

\textbf{Child Delinquents and the Home}

\textit{“I have been able to trace definitely and surely the making of a criminal as far back as the tender age of four years!”} - Dr. William Healy of the Yale Institute of Human Relations, 1931.\textsuperscript{126}

In 1929, the Institute was charged with its first official study of human relations: a murder trial in Milford, Connecticut. The Institute was charged with examining two young brothers under the age of 10, John and James Mulligan, who committed homicide to determine

\begin{footnotesize}
\begin{enumerate}
\item \textsuperscript{123} “Yale Settles a Problem.” \textit{New Haven Journal-Courier}, September 25, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
\item \textsuperscript{124} “The Yale Impasse.” \textit{New Haven Times-Union}, August 17, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
\item \textsuperscript{125} “Yale Receives $500,000 More for Institute.” \textit{New Haven Journal-Courier}, September 30, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
\item \textsuperscript{126} Goodwin, Richard. “Experiences of Early Life Mold Character of Adult.” \textit{New Haven Register}, March 8, 1931, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
\end{enumerate}
\end{footnotesize}
their potential to become “useful citizens” rather than “confirmed degenerates or criminals.”

Were these children born to be criminals? Or, did they have the ability to conform and become productive? To the state and the Institute, usefulness defined a worthy citizen, while a “degenerate” person was a harm to not only themselves but society at large. This binary logic resembles the categorization of the “fit” and the “unfit” or “criminal” and “normal” brains that predominated in eugenic fields of study.

The Institute’s proclaimed scientific authority was called upon to “better” society. Dr. William Healy, a leading criminologist and child psychiatrist who founded the first child guidance clinic, was an “expert” in tracing “the making of a criminal as far back as the tender age of four.” Thus, he was charged with administering a mental examination to the two boys, aged nine and seven. Healy stated that the study would have no legal significance for the case, but that it would be “for the good of the community” to understand “what causes were contributory to the delinquency of which the boys have been convicted.” This study intended to protect the “common good” and prevent criminality from damaging society as a social intervention. By examining the intrinsic factors thought to cause delinquency, the Institute became the judge which would decide the boys’ potential for rehabilitation.

In his study, he decided that the boys were “in no way abnormal and of slightly more than average intelligence.” Based on this assessment, the court ruled that the two boys were

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127 “Court Asks Yale to Study Slayers.” New Haven Register. October 28, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.


130 “Healey Begins Long Test of Boy Slayers.” New Haven Register. October 31, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.
guilty not of murder, but of delinquency and were committed separately to a private home and an institution for corrective treatment.\textsuperscript{131} The court entrusted the Institute of Human Relations with the authority to decide the redeemability and worthiness of these two children based on its “scientific” approaches to a mental examination, for which the details are unknown. This scientific nature of the inquiry reinforced its legitimacy. By perfecting a “neutral” science of classification and observation, the Institute of Human Relations could decide a child’s fate.

At the same time that Dr. Healy conducted these examinations for the Mulligan brothers, he also worked on a large-scale inquiry into “the child who falls afoul of the law” that would build the Institute’s credibility and notoriety as a legitimate research institution.\textsuperscript{132} In 1929, Drs. William Healy and Augusta Bronner, along with their team of psychiatrists and research assistants, led the Institute’s first formal study which investigated the causes of juvenile delinquency.\textsuperscript{133} Importantly, the study by “national authorities on child delinquency” was designed to understand the role of the family unit in producing delinquency.\textsuperscript{134} Prior to this, most research focused solely on the individual in hopes of understanding how and why delinquency manifests itself. The Institute asserted that the family unit “ranks high” to produce juvenile delinquency.\textsuperscript{135} Thus, Healy and Bronner believed their findings would provide direct relief to the families, inspire further research, and impact the treatment of delinquency at large. With a particular interest in prevention, they sought to find “treatment of the physiological influences


\textsuperscript{132} “Yale Proposes to Study Man,” \textit{New Haven: The Human Welfare Group}, 1929, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 13.

\textsuperscript{133} “May Discusses Research Activities of the Institute: Institute of Human Relations Dedication Issues,” Box 1, Institute of Human Relations Collection, Yale Medical Historical Library.

\textsuperscript{134} “Intensive Study Will be Made of Selected Group of Families.” \textit{New Haven Times-Union} April 29, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library.

\textsuperscript{135} James Rowland Angell, \textit{Yale’s Institute of Human Relations}. \textit{The Yale Alumni Weekly}. April 19, 1929, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library.
which permit the development of criminals” and to eventually create measures that “strike at the very roots of the evil.”\textsuperscript{136}

They studied 133 families in New Haven, Boston, and Detroit who had come into contact with a juvenile court.\textsuperscript{137} Faculty and graduate students collected data from psychological, psychological, psychiatric, and social examinations of the children and their families. They collected data about the first age of delinquency, the kinds of offenses that the child committed, physical deviations, intelligence quotient (IQ) testing scores, school performance, personality characteristics, habits and interests, and their social relationships.\textsuperscript{138} The researchers also studied parents, grandparents, and siblings to investigate any (social or physical) diseases that they might possess with a potential role in the development of delinquency, varying from alcoholism to epilepsy to the difficulty of pregnancy.

Of the 153 delinquent children studied across the three sites, most were boys below 15 years of age who had both older and younger siblings. Most had committed their “first delinquency” by age 12, with the most common offenses being “petty pilfering” such as stealing from a “5 and 10 cent store;” truancy, and running away from home. Importantly, the researchers noted that the vast majority of the families studied were unable to support themselves financially, survived on marginal resources, and lived in overcrowded homes in poor neighborhoods.\textsuperscript{139}

Healy and Bronner made a number of diagnoses of disorders, such as neurosis, psychosis, abnormal personality, epileptic personality, and “homosexual” personality.\textsuperscript{140} In these cases, they

\textsuperscript{136} “Intensive Study Will Be Made of Selected Group of Families.” New Haven Times-Union April 29, 1929, Box 2, Scrapbook concerning the Institute of Human Relations, dated 15 February 1929 through 30 March 1932, Institute of Human Relations Collection, Yale Medical Historical Library; “Yale Proposes to Study Man.” The Human Welfare Group, New Haven, 1929, Box 1, Institute of Human Relations Collection, Yale Medical Historical Library, 16.


\textsuperscript{138} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 51.

\textsuperscript{139} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 27.

\textsuperscript{140} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 42.
note that this group of children “have already been expensive to society and bid fair to become even more costly” as they generally repeat offenses post-institutionalization. Healy and Bronner’s sentiments echoed the eugenic sentiment that “some people are born to be a burden on the rest.”¹⁴¹ By studying juvenile delinquency, Healy and Bronner asserted that their expertise would benefit society at large, reducing the societal and economic “burdens” of delinquents. Careful to not make an explicit connection to eugenic ideology, Healy and Bronner invoked the same underlying logic.

![Flashing light sign](image-url)

**Figure 2:** Flashing light sign used with first exhibit at Fitter Families Contest. Available in a digital collection at the American Philosophical Society. This sign was often brought to eugenic exhibits at State and County Fairs to educate the public and “help to correct these conditions.” The sign states that “every 48 seconds a person is born [...] who will never grow up mentally beyond that stage of a normal 8 year old” and every 50 seconds a person is incarcerated in the United States. The sign states that “very few normal persons ever go to jail,” highlighting the ways in which normalcy was being constructed within the body.

The researchers also found that hyperactivity was the single most crucial personality trait related to developing into a “delinquent.”¹⁴² Additionally, about one-third of those studied were “notable day-dreamers.”¹⁴³ Of their relationships, they highlight that the majority of those studied

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¹⁴³ Healy and Bronner, *New Light on Delinquency and its Treatment*, 47.
had a “marked dislike” of their father, mother, or their school and 70% had friendships with others deemed to be delinquent. These tenuous relationships form the “genesis of delinquency” according to the researchers.\textsuperscript{144} 53% of those studied had an I.Q. between 90-110, 75% were “normal in expression of ethical conceptions,” and 65% had “normal emotional balance or control.”\textsuperscript{145}

Healy and Bronner also compared children from the same family where one child became a delinquent and the other “escaped being an offender.”\textsuperscript{146} Their sample included 105 delinquent children paired with non-delinquent children, which included 8 pairs of twins. They found that delinquent children were more likely to have a “sickly” or worrisome pregnancy, or a “fussy babyhood” with “difficult toilet habit-training” or frequent severe illness.\textsuperscript{147} In this, they underscore the claim that delinquency expresses itself within the body, a biological phenomenon that manifested during infancy or even pregnancy. They found no difference between the “mental equipment” of the delinquents and controls, as intelligence and ability testing revealed no distinctions between the two groups.\textsuperscript{148} They did however emphasize a difference in “gregarious proclivities,” where the delinquent children were understood as predisposed to associate with other delinquent children. Delinquent children were described as hyperactive, over-restless, and extremely aggressive as compared to their non-delinquent siblings.\textsuperscript{149} In all of these comparisons, the researchers searched for means to identify children they deemed to be delinquent. Without a “test” for delinquency, Healy and Bronner sought to identify proxies for delinquency.

This idea of predisposition to delinquency appears several times in their study. While Healy and Bronner are cautious to draw definitive conclusions related to heredity, they study the

\textsuperscript{144} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 48.
\textsuperscript{145} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 50-52.
\textsuperscript{146} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 53.
\textsuperscript{147} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 57.
\textsuperscript{148} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 61.
\textsuperscript{149} Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 63.
presence of certain behaviors and traits such as alcoholism, psychosis, epilepsy, “criminalism,” and prostitution in the parents and grandparents of delinquent children. In some cases, they argue that inheritance of delinquency is “clear” and that the environment cannot “logically be regarded as the only factor in the production of delinquency.150 But, they remain puzzled at the fact that in the same household, some children avoid delinquency. They conclude that “bad social situations created by socially unfit parents” are the most likely cause. In this, they argue that delinquency cannot be wholly understood through a study of external forces. Yet, the Institute rationalized inadequacy within the body of the child and the structure of the family unit, rather than within society and the structures that produce such inequity. This resembles the eugenic belief that the cause of crime was solely attributable to “a defective brain usually caused by an inheritance which breeds that kind of brain!”151 Throughout their report, they emphasize the scientific discovery enabled by their thorough research and reinforce delinquency as a legitimate, observational, categorical term.

In the final sections of their report, Healy and Bronner categorize their subjects into three groups based on their ability to become responsible, law-abiding, productive adults. Children in group I posed the greatest risk to society as “defective delinquents” with “abnormal personalities.” These abnormalities included brain injury, serious mental illness, and those who were “confirmed” homosexuals.152 Most in this group were referred to institutionalization because they were “hopeless for treatment in the community,” implicating their surrounding environment in producing their delinquency.153 However, the Institute does not place the burden on the societal systems that produce their environment. Instead, Healy and Bronner described

150 Healy and Bronner, New Light on Delinquency and its Treatment, 38-39, 85.
152 Healy and Bronner, New Light on Delinquency and its Treatment,163.
153 Healy and Bronner, New Light on Delinquency and its Treatment, 173.
these children as possessing “weak powers of resistance” and often required removal from the home, positioning blame within the innate weakness of the delinquent mind. In this, deviance is thought to be enabled and reproduced within the home and family structures. By removing the child from the home, they could potentially “treat” delinquency. However, removal from the home often materialized as long-term, if not permanent, institutionalization and custodial care, allowing for what Healy and Bronner describe as the “protection of society.”

For children in group II, researchers blamed their families and homes for the development of delinquency. Healy and Bronner argue that treating these children in the home would be “hopeless” as a result of the “social pathologies” that favored the development of delinquency. The researchers located the development of delinquency within the child as a result of psychosis, alcoholism, abnormal personalities, immorality, poverty, and mental “defectiveness” in their parents. Eight children in group two who became “non-delinquent” remained in their homes during treatment. The researchers referred to these children as “unexpected success[es],” as they anticipated that the family and home would serve as a site for delinquency to flourish. 38% of these children were placed in foster homes during treatment. 48% of the children in group II remained “delinquent,” by their measures. Children identified as the most likely to respond to therapy were designated as group III. In this group, the researchers believed that treatment could be effective within the home and 72% of the children in this group were exemplary “successful cases” two or more years post-study.

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154 Healy and Bronner, New Light on Delinquency and its Treatment, 161.
155 Healy and Bronner, New Light on Delinquency and its Treatment, 162.
156 Healy and Bronner, New Light on Delinquency and its Treatment, 166-167.
157 Healy and Bronner, New Light on Delinquency and its Treatment, 167.
158 Healy and Bronner, New Light on Delinquency and its Treatment, 168.
159 Healy and Bronner, New Light on Delinquency and its Treatment, 171.
160 Healy and Bronner, New Light on Delinquency and its Treatment, 169.
161 Healy and Bronner, New Light on Delinquency and its Treatment, 170.
children accordingly, the researchers emphasize the “prognostic possibilities” and the ability to make “sound appraisals” about the economic value of treating a child within the family.\(^{162}\)

These groupings rely on the eugenic notion that people can and should be categorized based on their perceived value to society and potential for adequacy and normalcy. As such, children from poor families living in “inimical environmental conditions” are to be removed from the home, rather than addressing the systemic causes that allow such conditions to persist.\(^{163}\) In terms of treatment, Healy and Bronner remained somewhat pessimistic about the “checking of a delinquent career once started.”\(^{164}\)

Generally, the results of their study are presented in aggregate and fail to delineate what occurs in New Haven from the other two sites in Detroit and Boston. However, there are several mentions of how Yale understood its host city. Demographically, most of those studied in New Haven were “ignorant” Italian immigrants or the children of immigrants, mirroring the overall population of the city.\(^{165}\) The New Haven court housed delinquents in a “small and pleasant detention home,” which the investigators feared might foster “delinquent contagion” amongst the boys, rather than immigrant assimilation and non-delinquency.\(^{166}\) Of the three study sites, the researchers noted that New Haven “had comparatively few” resources and foster homes available for many families.\(^{167}\) Instead, the Institute relied upon New Haven public schools to supply research subjects of potentially delinquent children and some educational treatment plans.\(^{168}\)

\(^{162}\) Healy and Bronner, *New Light on Delinquency and its Treatment*, 170-171.

\(^{163}\) Healy and Bronner, *New Light on Delinquency and its Treatment*, 170.

\(^{164}\) Healy and Bronner, *New Light on Delinquency and its Treatment*, 216.

\(^{165}\) Healy and Bronner, *New Light on Delinquency and its Treatment*, 20, 152.

\(^{166}\) Healy and Bronner, *New Light on Delinquency and its Treatment*, 20.

\(^{167}\) Healy and Bronner stated that the child wanted to be a girl, but because there is not a direct personal account of this child’s story, I chose to use they, them, and theirs pronouns when referring to them; Healy and Bronner, *New Light on Delinquency and its Treatment*, 20, 145, 154-157.

Biologizing Sexual Deviancy

In New Haven, Healy and Bronner identified a set of twins to study and obtained detailed examinations to determine the causes of delinquency in twins where one sibling became a “heavy offender” and the other “escape[d] from delinquency.” In these case studies, the researchers describe their subjects in grotesque detail, illuminating the invasiveness of their investigations. One of their case studies honed in on a set of seventeen-year-old fraternal twins in New Haven that came from an “unusually good home.” The daughter represented the control, as “an unaffected healthy-minded, normal adolescent.” The delinquent, her sibling, was described as an “indolent” and “unsocial” boy with “exaggerated feminine mannerisms.”

Healy and Bronner sought to understand the cause for the twins to differ so drastically. They present this case study as a “striking example” of differences derived from “congenital if not of hereditary origin, as well as of emotional backgrounds.”

Growing up, the studied child often wore their sisters’ clothes, as they loved the beads and colors that were deemed socially acceptable for her, but not someone assigned male at birth. The child befriended mostly girls and adults, finding it difficult and intimidating to acquaint boys their age. They loved to read, attend the theater and cinema, one day hoping to act on a stage themself. These stories allowed the child to imagine other worlds, one’s that perhaps might not vilify or deny their very existence. According to Healy and Bronner, the child started to rebel against their family at the age of twelve. These rebellions and “openly vindictive behavior[s]” centered around their “homosexual tendencies” which they sought to conceal from

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169 Healy and Bronner, New Light on Delinquency and its Treatment, 92.
170 Healy and Bronner, New Light on Delinquency and its Treatment, 105.
171 Healy and Bronner, New Light on Delinquency and its Treatment, 103-104.
172 Healy and Bronner, New Light on Delinquency and its Treatment, 102.
173 Healy and Bronner, New Light on Delinquency and its Treatment, 103.
174 Healy and Bronner, New Light on Delinquency and its Treatment, 103-4.
175 Healy and Bronner, New Light on Delinquency and its Treatment, 104.
their family. By sixteen, they repeatedly ran away from home, spending the nights living “with men for immoral purposes” and “paraded on the street in girl’s clothes.” On several occasions, they stole money from their family to travel as far as Hollywood and stay with older gay men. According to Healy and Bronner, the child “wanted to be a girl” but the researchers deem this a result of their “ego being wounded by discovery of his social inadequacies as a male.” The child exhibited “openly vindictive behavior” towards their parents and acquiesced to “instinctual urges” and impulses, for which their father “administered corporal punishment.” The researchers conclude that their subject attempted to be a “real boy” by running away from and defying his “normally affectionate” parents and sister who “expressed much disgust with her brother’s tendencies and delinquencies.”

The archive solely preserves the perspective of the researchers, rather than the direct experience of those studied. Accordingly, this creates a gap in archiving, silencing the personal narrative of people in New Haven, especially children. Amidst this archival silence, we can speculate on the meaning of this child’s actions. Running away represented a main “symptom” of the child’s delinquency, but what were they searching for? Or escaping? Did they find validation within the older gay men “of a superior type” that they visited? Were they running away to find solace, or instead to act out? While we cannot know definitively the answers to these questions, the researchers definitively concluded that these actions constitute deviancy and pathologized any deviation from heterosexuality and normative gender expression. The

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176 Healy and Bronner, New Light on Delinquency and its Treatment, 106.
177 Healy and Bronner, New Light on Delinquency and its Treatment, 104.
178 Healy and Bronner, New Light on Delinquency and its Treatment, 104.
179 Healy and Bronner, New Light on Delinquency and its Treatment, 104.
180 Healy and Bronner, New Light on Delinquency and its Treatment, 104.
181 Healy and Bronner, New Light on Delinquency and its Treatment, 105.
182 The report describes these men as "celebrated men" who were “of superior type.” It is unclear what age gap existed between the child and the men with whom they associated and may have had relationships. Healy and Bronner describe the child’s partners as men, rather than boys.
researchers reinforce and construct normative forms of gender expression and sexuality and position any straying from that as a perpetual threat to the family, and society at large, especially as the child “had no intention whatever of relinquishing his homosexual life” and giving in to the societal norms imposed on them.\footnote{Healy and Bronner, \textit{New Light on Delinquency and its Treatment}, 104-105.}

In the case study of young twins in New Haven, Yale’s Institute of Human Relations developed and employed scientific tools to study and identify potentially delinquent children based on traits defined within their bodies. In its various studies, the Institute renders transgender people impossible and homosexuality a form of deviance to be corrected. By intensively studying these New Haven twins, the Yale Institute of Human Relations pathologized a likely trans child and normalized their “adequate” sister. Healy and Bronner extensively examined these children and their parents to build a scientific basis for their inquiry into delinquency. They studied their subjects’ family history, access to resources, neighborhoods, difficulties during pregnancy and childbirth, differences in upbringing, and relationships. They conducted physical and mental examinations, including intelligence tests and an inspection of their genitals. In their detailed, invasive inspections of children and their families, Healy and Bronner sought to find a site to localize delinquency, whether it be in the genes, genitals, or environment. In this, the very first (and one of the most resource-intensive) studies of the Yale Institute of Human Relations positioned deviance within the site where delinquency could be blamed, whether that be an alcoholic parent or a queer trans child. In all cases, the role of structures and institutions is either minimized or left out of the equation entirely.

Throughout the 1930s, studies of pathologizing homosexuality found a home at Yale’s Institute of Human Relations and the American Eugenics Society. This research was based on the premise that homosexuality is a problem to be identified, measured, and prevented to avoid
damage to the home, family, and marriage. Amidd a backdrop of increasing divorce rates, visibility of homosexual communities, and changing gender roles after World War I, leading eugenicists turned their focus to the issues of the family. In 1934, Ellsworth Huntington, Yale geography professor and President of the American Eugenics Society, announced his vision for a “new period of growth” for the eugenics movement that would focus on positive eugenics. For the first few decades of the movement, eugenicists and their advocacy focused on negative eugenic programs focused on regulating the reproduction of those “whose reproduction appears to be a menace to society.” But to Huntington, the American Eugenics Society had thus far failed to find a proper outlet for positive eugenics that would encourage the reproduction of those deemed to be “high-grade.”

In 1930, Yale recruited Eugen Kahn from Germany to head their developing Department of Psychiatry. Kahn became a Sterling Professor of Psychiatry and Mental Hygiene who studied the constitutional, heritable nature of homosexuality and other “psychopathic personalities.” Kahn wrote of different “poisons” such as alcohol or cocaine that may “evoke” homosexuality, particularly amongst those with a “predisposition toward such perversion.” To Kahn, all homosexual people were psychopathic, “not simply because he deviates in his sexuality but because his sexuality inevitably creates structural peculiarities in the fundamental construction of

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186 Ellsworth Huntington, “Tentative Suggestions as to Future Policies of the American Eugenics Society: Submitted to the Board of Directors for criticism and discussion.” December 1934, Box 106, Folder 1077, James Rowland Angell, president of Yale University, records, 1.
the total personality.” Without a definitive test or scale, unidentified “inevitably psychopathic” homosexuals could roam freely in society, threatening the stability of the family, home, and society, resembling anxieties about unsurveilled “feebleminded” people in the decades prior.

Alongside pathologizing homosexuality as a heritable “maladjustment,” eugenicists needed a scientific methodology to identify homosexual people. Stanford’s Lewis Terman and Yale’s Catherine Cox Miles, both members of the American Eugenics Society, developed tools to “measure” one’s degree of masculinity or femininity. The masculinity-femininity (M-F) test created a quantifiable, “objective” scale for determining sexual deviancy, resembling earlier work on intelligence testing. Miles and Terman invented a measure to create a rigid standard for male and female behavior, constructing a diametrical opposition between masculinity and femininity. Based on the M-F test, homosexuality became diagnosable via one’s gender expression. As such, the deviance of gay men was rendered objective by a high femininity score and lesbians with a high masculine score. To stray from gender norms was an illness, only diagnosable by a researcher. In creating tools such as the M-F test, researchers enabled the detection of such “maladjustment” from what was constructed as normal. Through this research, homosexuality became measured and localized in the body and mind of those deemed inadequate or deviant.

**Studying the immigrant**

“If the Institute is going to make New Haven and the surrounding territory its major laboratory, it would seem highly desirable to have someone on the staff who understands the language and traditions of the Italian people.”

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190 Kahn, *Psychopathic Personalities*, 130.
Yale had a long standing interest in studying immigrants to address the “migration problem.” In 1925 Clark Wissler of Yale's Institute of Psychology examined immigrants’ head and face sizes and studied how these traits were inherited in “pure and crossed national and racial stocks.” He also sought to develop tests to measure “the degree of assimilation to American civilization.” In 1929, Institute of Human Relations first hired Vittorio Racca to support a study of unemployment in New Haven. In his field work for the study, Racca met numerous Italian immigrants, writing of their criminality and potential danger to American society. “Must we wonder,” wrote Racca, “if the second generation of immigrants, the one which is supposed to be bred under ideal American conditions, presents a higher and worse form of criminality than that of the first generation, too often a criminal generation?” To Racca, some Italian immigrants brought “no culture, no moral principles, no religious belief” that would benefit American society. In 1930, Mark A. May, director of the Institute of Human Relations, stated his emphatic support to extend Racca’s appointment, as he had a “thorough understanding of the background of Italian immigrants and could lead a study of immigrant adaptation in New Haven. As an Italian, the Institute envisioned Racca as the perfect investigator to make New

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194 Letter from Mark A. May to President James R. Angell. September 19, 1930, Box 113, Folder 1156, James Rowland Angell, president of Yale University, records.
198 Vittorio Racca, “Immigrant Adaptation to America and Criminality (Preliminary Report),” Box 113, Folder 1156, James Rowland Angell, president of Yale University, records
199 Racca, “Immigrant Adaptation to America and Criminality,” Box 113, Folder 1156, James Rowland Angell, president of Yale University, records, 7.
200 Racca, “Immigrant Adaptation to America and Criminality,” Box 113, James Rowland Angell, president of Yale University, records, 6.
201 Letter from Mark A. May to President James R. Angell. September 19, 1930, Box 113, Folder 1156, James Rowland Angell, president of Yale University, records.
Haven its “major laboratory.”

Thus, he set out to address “the problem of immigrant adaptation to American conditions and standards of living” which included issues of “labor market, of government, and of crime.”

In 1930, approximately 30% of the New Haven population were people who immigrated from Italy and their children, many of whom experienced discrimination and violence. According to Racca, approximately 90% of New Haven Italian immigrants came from Southern Italy, a region which he despised as “the lowest group, intellectually, of Italian immigrants that will be found in this country.” Italian immigrant activists -- especially those who organized strikes around their working conditions in New Haven industries -- faced home raids, arrests, and incarceration. These anti-immigrant sentiments found a home at Yale, too. In 1933, Yale’s President Angell believed it was clear that an “Armenian massacre confined to the New Haven District” would “protect our Nordic stock almost completely.”

Facing such discrimination, thousands of Italian immigrants in New Haven created and participated in more than 80 different community groups that provided families with material resources for unemployment, food, and funds, since many of the resources available to them were designed for assimilation rather than preservation of their “foreign” culture.

Racca began an investigation in New Haven public schools to understand how schools function as “agents of adaptation” for immigrant children. To do so, Racca lived within the

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202 Letter from Mark A. May to President James R. Angell. September 19, 1930, Box 113, Folder 1156, James Rowland Angell, president of Yale University, records.
206 Proto, Fearless, 39-40.
207 Proto, Fearless, xvi.
208 Proto, Fearless, 34-35.
Italian neighborhoods of the city, "for the purpose of finding out as much about their daily lives as possible."\textsuperscript{210} The Institute charged Racca with the task of measuring the degree of “respect” that Italian immigrant parents and their children felt toward their schooling, the amount of time the children stayed enrolled in schools, and the educational background of “more cultured and better adjusted Italians.”\textsuperscript{211} Beyond that, Racca entered the lives and homes of numerous New Haven immigrant families, identifying how each of them strived for or rejected Americanization. He investigated their meals, decor, leisure activities, employment, home-making, children, and health, and compiled detailed family histories. He documented a spectrum of immigrant adaptation, from those who aspired to be “100% American” to those who “had not learned one word of English.”\textsuperscript{212} In his family histories, Racca demonized immigrants and their “good-for-nothing offspring” who adopt American standards of habit, education, fashion, and food.\textsuperscript{213} In 1932, these studies culminated in a preliminary report entitled “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven.”\textsuperscript{214} Here, Racca described nine Italian immigrant families in New Haven to demonstrate the challenges of integration based on the individual characteristics of the family.

Racca’s work must be understood in the context of eugenic advocacy, research, and legislation around restrictive immigration. Throughout the early 20th century, eugenicists made immigration one of their core issues in promoting a society free of social ills. In 1924, the

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\textsuperscript{210} Mark A. May Letter to Vittorio Racca, New York, 27 May 1932, Box 13, Folder 120, Institute of Human Relations Collection, Yale University records.

\textsuperscript{211}“Bulletin of Yale University Institute of Human Relations for the Academic Year 1931-1932,” 39.

\textsuperscript{212} Racca, “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven. The Odds of Americanization in a Northern Italian Family,” Box 37, Folder 288, Institute of Human Relations, Yale University, records, 23.

\textsuperscript{213} Racca, “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven. Search for America, the Unknown Continent,” Box 37, Folder 288, Institute of Human Relations, Yale University, records, 26.

\textsuperscript{214} Racca, Vittorio, “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven,” Box 37, Folder 288, Institute of Human Relations, Yale University, records.
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American Eugenics Society’s Committee on Selective Immigration organized around the implementation of quotas and “consular certificates for intending immigrants” which would become important components of the Immigration Act of 1924. American eugenicists advocated for overseas medical and mental examinations of immigrants to “maintain the essential racial character of the American people and to advance their inborn hereditary capacities.” Immigrants were made to be problems by the very nature of being “foreign-born” which eugenicists tied to crime, poverty, illegitimacy, drug use, and other social ills portrayed as a direct threat to Anglo-Saxon racial purity. Many advocates of restrictive immigration based their arguments on the “failure of the foreign born to acculturate,” which would be a major focus of Racca’s study.

The first family that Racca studied was selected for “the mishandling of a sub-normal boy.” The Aceto family raised their family of six children in the Wooster neighborhood, struggling with poverty and disease. After birthing her children, Mrs. Aceto was institutionalized for her “nervousness” multiple times for years at a time, during which her children were sent away to the County Home orphanage. The eldest child, Peter, was institutionalized at the age of 14 at Mansfield Training Facility in Connecticut. A younger son, Joe, posed the most trouble for the Aceto family. Joe had “always been mischievous, always

221 Racca, “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven,” Box 37, Folder 288, Institute of Human Relations, Yale University, records, 3.
inclined to steal” and suffered from poor health since infancy.²²² Whether it be pickles from the food stands on State Street or cheap jewelry, Racca described Joe as “wiser at wrongdoing.”²²³ In school, Joe was a “nuisance” in the “Special Class” and teachers, social workers, and even the principal of the school “wanted to get rid of him very badly.”²²⁴ Racca detailed how the school surveilled Joe, looking for any error to send Joe to the Juvenile Court. Eventually, the school won, sending Joe away to an institution, “where, owing to his weak and unstable mind, he will be able to absorb all the filth that is imported and grown there.” Racca argued that this institutionalization would create the “perfect criminal, with all the cleverness necessary to cause untold harm to society.”²²⁵ In New Haven, the Aceto family suffered massive disruption and disturbances. Racca understood that institutionalizing Joe would harm the child and his family and believed that these rebellious acts were caused by Joe’s “physical condition” rather than “ill will.”²²⁶ Yet, Racca too conceptualized Joe as a problem, predisposed to become an even greater menace to his family.

Across the families, Racca made several main overarching comparisons. Racca described the “deepest contempt” that the majority of Italian parents held for American public schools.²²⁷ To many families, the school taught their children very few skills, such as reading and writing.

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²²⁷ Racca, “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven. The Odds of Americanization in a Northern Italian Family,” Box 37, Folder 288, Institute of Human Relations, Yale University, records, 32.
Importantly, schools required students to learn English and Anglo-Saxon history and forms of government.\textsuperscript{228} However, the schools offered a single educational path route in America that often required immigrants to acculturate and relinquish important aspects of their culture. Since Racca understood schools as an important tool of assimilation, some Italian parents' imperfect or non-compliance with American schooling represented a potential threat to society, linked to crime and other social ills. Second, many immigrant children suffered poor health conditions, with many being “thin and scrawny.” But, Racca blamed this on the children themselves, wondering “whether this is due to the fact that they eat like pigs (as if they wanted to make up for the hunger that so many of their past generations suffered).”\textsuperscript{229} Lacking a medical degree himself, Racca suggested that others take up this study.

Just as eugenicists positioned themselves as the experts of immigration, Yale’s Institute of Human Relations created a science of studying the immigrant and their adaptation (or a lack thereof) to America. In Racca’s laboratory, Italian immigrants in New Haven became subjects of a science of immigrant assimilation, with schools and the home as a primary site of intervention.

\textbf{Making eugenics “practical” outside of the gates}

Beyond studies at the Institute of Human Relations, Yale alumni, researchers, deans, and other figures played an active role in implementing its vision of practical eugenics in Connecticut, particularly in the realm of mental hygiene. In the 1920s and 1930s, Connecticut legislators faced what they depicted as an “appalling increase” in the level of “mental illness, epilepsy, mental deficiency, and inebriety.”\textsuperscript{230} Thus, Connecticut turned to Yale-educated or

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\textsuperscript{228} Proto, \textit{Fearless}, 33-34.
\textsuperscript{229} Racca, “A Few Selected Family Histories Describing the Socio-Economic Background of the Italians Who Live in New Haven. The Odds of Americanization in a Northern Italian Family,” Box 37, Folder 288, Institute of Human Relations, Yale University, records, 33.
\textsuperscript{230} Report of the Commission to Study Laws and Facilities for Prevention, Treatment and Care of Mental Diseases and Defects. February 1, 1937. Hartford, Connecticut, 1.
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employed experts for tools to intervene, such as sterilization, education, contraception, immigration restriction, and other “practical” interventions.\textsuperscript{231} By 1938, the American Eugenics Society declared that “the road to eugenic advance is more clearly marked than ever before.”\textsuperscript{232}

In the following sections, I will describe a state-wide survey of “human resources” that aimed to catalog all “inadequate” people in Connecticut, followed by an example of Yale’s advocacy for a psychopathic hospital in New Haven.

**Surveying “Human Resources” in Connecticut**

During the 1930s, Connecticut Governor Wilbur Cross sought to address the rising issue of mental illness on all fronts. On June 4, 1935, Governor Cross signed Special Act No. 360 into law, creating a “study [of] the laws and facilities of Connecticut pertaining to the prevention, treatment and cure of mental diseases and defects and allied problems.”\textsuperscript{233} His government felt that the rise of mental illness in the state was becoming “a challenge far too serious to ignore longer.”\textsuperscript{234} Accordingly, the Governor’s Commission was organized to institute a statewide plan for “prevention, treatment, and cure of mental illness and deficiency.” As a part of their report in 1937, the Committee recommended the creation of a State Department of Mental Health which would be responsible for generating and collecting statistics and information, establishing and licensing mental health institutions, and encouraging psychiatric research.\textsuperscript{235} The Commission

\textsuperscript{231} “Practical Eugenics: Aims and Methods of the American Eugenics Society” (1938): 20-22.
\textsuperscript{232} “Practical Eugenics: Aims and Methods of the American Eugenics Society” (1938): 22.
\textsuperscript{233} Harry Laughlin. The Survey of Human Resources of Connecticut, 2
\textsuperscript{234} Report of the Commission to Study Laws and Facilities for Prevention, Treatment and Care of Mental Diseases and Defects. February 1, 1937. Hartford, Connecticut.
\textsuperscript{235} Report of the Commission to Study Laws and Facilities for Prevention, Treatment and Care of Mental Diseases and Defects, 2
also recommended the enactment of several laws pertaining to the “commitment, transfer and parole of the mentally ill, epileptic and mentally defective.”

The Special Act in 1935 included a provision for a “survey of the human resources of Connecticut” directed by Harry H. Laughlin of the Eugenics Record Office between 1936-1938. Laughlin was a renowned eugenicist, known most for his aggressive legislative advocacy for forced sterilizations. Laughlin’s prior work emphasized his desire to “prevent certain degenerate human stock from reproducing its kind.” In studying Connecticut towns, Laughlin sought to determine the direct cost to the state government, position biological causes at the forefront of human degeneracy, and “cope with its increasing problem of human defect and handicap.”

Across the studies incorporated in this thesis, this is the sole example that defines itself as a study of eugenics. Laughlin ensures that the entire premise of the study is explicitly eugenic, a politically charged choice for the late 1930s. Laughlin writes that eugenics became a science with a “sound biological basis” for the study of hereditary defectiveness, a field which he hoped this survey would contribute to. Laughlin conducted what he describes as a thorough study to understand “the source, the apparently increasing supply, and the racial, moral and economic costs of those human inadequacies” which become “economic charges or moral debits of the state, the 8 counties or the 169 towns.” In Laughlin’s eyes, the survey could allow for the State to conserve its “superior strains” of human resources, just as states prioritized conserving plants,

236 Report of the Commission to Study Laws and Facilities for Prevention, Treatment and Care of Mental Diseases and Defects, 3.
animals, and other natural resources.\textsuperscript{243} Comparing human society to the cultivation of plants and animals, Laughlin argued that the primary focus ought to be to “encourage fit matings and high fertility” of privileged, socially adequate people and to protect society from the reproduction of the “unfit.” In the report, Laughlin stated that “physical health and energy, mental health and capacity, honesty, decency, initiative, inventiveness, courage, social adjustment and the golden-rule sense” as “inborn” and the site at which eugenics can be directed to improve upon society at large.\textsuperscript{244}

Laughlin modeled this survey off of prior eugenic surveys conducted by the American Eugenics Society in Vermont and Massachusetts.\textsuperscript{245} These surveys were designed to capture the “deterioration” of New England towns and tie that to declining quality of “genetic stock.”\textsuperscript{246} In Vermont, prominent eugenicist Henry Perkins studied the pedigrees of 62 families. His study warned of numerous “defectives” and “social inadequates” whose reproduction ought to be regulated in his eyes. To Perkins, the families’ “blood has told” and “it will keep right on ‘telling’ in future generations,” arguing that heredity far outweighed any impact of the environment.\textsuperscript{247} Thus, to prevent further degeneracy, Perkins’ survey report recommended increased institutionalization, sterilization and segregation.\textsuperscript{248}

Laughlin’s survey of Connecticut was far more ambitious than its predecessors, aiming to study the entire state. Laughlin’s first task was to classify people based on their age, sex, “race descent” and “social adequacy.”\textsuperscript{249} To be socially adequate was to be a lawful, independent,

\textsuperscript{243} Laughlin, Harry. The Survey of Human Resources of Connecticut, 10.

\textsuperscript{244} Laughlin, Harry. The Survey of Human Resources of Connecticut, 12-13.


\textsuperscript{247} Meher, “A History of the American Eugenics Society,” 106


\textsuperscript{249} Laughlin, Harry. The Survey of Human Resources of Connecticut, 13.
productive, obedient, and successful citizen. An “adequate” person most often benefited from a confluence of privileges such as wealth, whiteness, elite social status, religion, education, ability, and gender. The “socially inadequate” on the other hand were the “feeble-minded,” “insane,” “criminalistic” or “delinquent,” blind, deaf, diseased, “crippled,” “deformed,” dependent, or “pauperous.” Inadequate people would be “unable to cope successfully in the struggle for self-support and happiness or to contribute anything to the common good.”

Accordingly, the Survey argued that the immigration and birth rates of classes of “worthless” people should be reduced to zero. To Laughlin, these “ailments demand social aid” outside of the home for their “care, maintenance, treatment, education, training, restraint, punishment or custody.” A social “inadequate” became a “social responsibility,” requiring state intervention to prevent the perpetuation of such deficiency.

The survey warned of the economic costs of the perpetuation of “inadequacy.” According to the study, between 1915-1916, the state spent $1.5 million in caring for “defective, dependent, delinquent and handicapped classes.” By 1935-1936, this number increased 664% to $11.5 million. Laughlin recommended that the state organize an array of interventions including immigration restrictions, marriage laws, sterilization, segregation, euthanasia, and deportation to quell the rising number of 50,000-60,000 people considered socially inadequate within the state. To Laughlin, the lack of a coordinated sterilization program posed a serious threat in Connecticut and without an agency “comb[ing] the whole population of the state for hereditary degenerates,” thousands of “degenerates” were free to reproduce. From the time that the Connecticut sterilization law passed in 1909 to 1937, 433 people were sterilized in the state, the

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vast majority being women, and took place at Norwich State Hospital. To Laughlin, that meant thousands of “inadequate” people could reproduce without regulation.

This survey sought to establish and reinforce the notion that social problems are due to the “individually defective” on a biological basis. By surveilling, regulating, or eliminating the individual through “practical population control,” Connecticut could conserve “her own family-stocks which are the soundest and most able physically, mentally and spiritually.” Connecticut could create a policy that would “treat the conservation of human resources more fundamentally as a practical, biological problem.” The results were put on display in an exhibit in the State Office Building in Hartford. While in office, Governor Cross also advocated for the establishment of a psychiatric hospital, creating another physical space in New Haven for regulation.

**A psychopathic hospital in New Haven**

Yale University officials advocated for the establishment of a psychopathic hospital in New Haven, arguing that it would provide a “clearing house for the insane.” University President Angell understood this as the “only means of checking the rapidly growing number of patients requiring prolonged or permanent custodial care.” President Angell affirmed that the Yale Corporation is “distinctly sympathetic [sic] with the project of a state psychiatric hospital in New Haven.” According to Angell, University would enthusiastically provide land for the hospital to be built upon, as well as a medical team to staff the facility, if passed by the state.

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259 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, 17.
In May 1921, the Connecticut General Assembly passed Special Act 185 which formed a commission to investigate the potential creation of a “psychopathic hospital.” Milton Winternitz, dean of the Yale Medical School served as the chair of the commission to survey the need for such a facility, the cost, and the best location for it. In its 1922 report, the members of the commission recommended the establishment of a psychopathic hospital in New Haven. The hospital could provide early diagnosis, medical treatment of individuals, and transfer to long-term care to people with mental illnesses in a setting separate from the asylum. The commission recommended New Haven as the proposed site for the state psychiatric hospital for its proximity to the New Haven Hospital, Yale Medical School, a dense urban population in the city itself, as well as a transportation system that enabled patients to access the hospital from across the state. At the time, Yale University housed the sole medical school in Connecticut, making New Haven an optimal location to access teaching and research resources. The New Haven Hospital collaborated extensively with the School of Medicine to provide clinical instruction to the students. If the psychiatric facility were approved, Yale would endow a department of psychiatry funded by the Rockefeller Foundation and General Education Board. The plot itself would neighbor the New Haven Hospital and the Yale School of Medicine.

At the time, Connecticut housed two existing state mental hospitals, the Connecticut State Hospital in Middletown and the Norwich State Hospital in Norwich, as well as the Mansfield

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261 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922.
262 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 5-6.
263 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 14.
264 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 14-15.
265 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 15-16.
266 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 18.
State Hospital and Training School. Each of these institutions was burdened by overpopulation, with an excess of 700 patients in 1921 in the Connecticut State Hospital. These institutions were also largely responsible for the bulk of the eugenic sterilizations that occurred contemporaneously, with approximately 27 sterilizations occurring in Norwich in 1921. The State Commission intended for the new hospital to accomplish the same goals as these existing hospitals and to spread the services to New Haven.

The Commission clearly emphasized the need to segregate the “criminal” and “non-criminal insane” as it was “unfair” to “have them under the same roof or even in the same institution.” Many patients sent to existing psychiatric hospitals were transferred from jails and prisons to receive care. The Commission argued that this unnecessarily cost the state more to provide special care to such patients. Accordingly, they recommended that separate institutions be created for the special care of the “criminal group” to prevent their proposed hospital from overcrowding with a dangerous class of people. The proposed hospital could intervene early to prevent “waste and disappointment and social conflict” as well as excess state and individual spending.

The Commission understood the limitations of their proposed psychiatric hospital, writing that “this hospital, under its maximum rate of growth, will never be able to do much more than to receive the most serious cases of mental deficiency and epilepsy.” The seriousness of a patient was defined both medically and socially. For the many patients left out of

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267 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 6.
269 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 9.
270 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 10.
271 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 9.
this institution’s care, the Commission recommended that each case be evaluated based on “full consideration of the interests of the individual, the family, the town, and the State.” For less severe cases, perhaps the establishment of state infirmaries could “serve as a temporary detention home” while waiting for admission to a longer-term facility. The Commission also recognized the stigma associated with the State Hospitals, as patients often avoided them and associated them with their “ancient character of asylums.” However, general hospitals lacked the resources, capacity, and desire to admit patients with psychiatric disorders. Thus, the Commission recommended the creation of a state psychiatric hospital to provide immediate relief for “early competent treatment” of such maladies that plagued the state.

Across the country, the lack of sufficiently trained psychiatrists threatened the growth of the psychopathic hospital. The Commission blamed this on the lack of psychiatric instruction in medical schooling. The University also encouraged opportunities for training and research that the new hospital would provide, as it could train psychiatrists, medical school students, and nurses to fill the burgeoning demand for psychiatric care. In its original plan, the hospital would house forty to sixty beds for patients. By creating a partnership with the state, university, and hospital, the establishment of the psychiatric hospital would cost significantly less

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272 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 9.
273 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 11.
274 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 11.
275 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 12.
276 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 8.
277 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 6.
278 Report of the State Psychopathic Hospital Commission to His Excellency the Governor of Connecticut. 1922, Box 135, Folder 1417, James Rowland Angell, president of Yale University, records, 20.
than if any one institution created it independently. The building itself would cost approximately
$250,000, with annual maintenance set at about $40,000.\textsuperscript{279}

The University would play a major role in running the hospital. Under the proposed
legislation, Yale was responsible for supplying the land, and the Medical School would provide
the teaching and research team, funded by the General Education Board (founded by John D.
Rockefeller).\textsuperscript{280} The proposed psychiatric hospital would be directed by a board of trustees with
representatives appointed by the Governor and the Yale Corporation.\textsuperscript{281} Importantly, the press
advised President Angell to eliminate politics from all discussion of the hospital and to instead
raise it “up to the loft level of the public service.”\textsuperscript{282} As such the University would charitably
contribute a site where they could practice the science of normalcy and deviance that they had
been devising at the Medical School.

The bill was brought before the state legislature in 1923, already knowing that the
chances of its passage were low due to limited funding and prioritization of funding for the
general functions of the New Haven Hospital.\textsuperscript{283} The bill passed through the Committee on
Humane Institution, but was rejected by the Appropriations Committee.\textsuperscript{284} Yale’s efforts failed.
Medical School dean Milton Winternitz remained steadfast in his desire to partner with New
Haven Hospital and elsewhere to establish a temporary ward in the hospital for patients in need

\textsuperscript{279} Letter from James R. Angell to Abraham Flexner. January 24, 1923. Box 135, Folder 1417, James Rowland
Angell, president of Yale University, records.
\textsuperscript{280} Letter from Abraham Flexner to James R. Angell. February 24, 1923; Letter from James R. Angell to Abraham
Flexner. February 28, 1923. Box 135, Folder 1417, James Rowland Angell, president of Yale University, records.
\textsuperscript{281} Letter from James R. Angell to Abraham Flexner. January 24, 1923. Box 135, Folder 1417, James Rowland
Angell, president of Yale University, records.
\textsuperscript{282} Letter from Norris G. Osborn to James R Angell. February 23, 1923. Box 135, Folder 1417, James Rowland
Angell, president of Yale University, records.
\textsuperscript{283} Letter from James R. Angell to Dr. George Van Ness Dearborn. March 22, 1923. Box 135, Folder 1417, James
Rowland Angell, president of Yale University, records; Letter from James R. Angell to Henry W. Farnam. February
26, 1923. Box 135, Folder 1417, James Rowland Angell, president of Yale University, records.
\textsuperscript{284} Memorandum to Medical Board, President James R. Angell Papers. Box 135. Folder 1417; Report of Milton C.
of mental health care. Starting in 1929, the psychiatric ward and outpatient services at the Yale Institute of Human Relations would fill some of Winternitz’s aspirations.

After the failed attempts in 1923, Governor Wilbur Cross, a graduate of Yale University and former dean of the Graduate School of Arts and Sciences, reignited the effort of creating a psychiatric hospital in New Haven in 1936. This time, the hospital was proposed to have sixty beds and accept “every kind of psychiatric patient” focusing primarily on acute psychiatric disorders, which cost the State, at minimum, $275,000. the new Medical School Dean Stanhope Bayne-Jones, Institute of Human Relations director Mark A. May, and the University President James R. Angell supported a collaborative effort between Yale and the state, seeing this as a logical next step in line with the work they had dedicated to the development of psychiatry as a discipline over the preceding decade. Thus, the knowledge produced at Yale during the 1920s and 30s directly contributed to the development of facilities that could put this knowledge into practice.

Together, the advocacy for a psychiatric hospital in New Haven in the 1920s and 1930s and the 1938 Survey of Human Resources of Connecticut demonstrate two sites for Yale-educated and employed people to enact practical eugenics upon their local community. While the Survey’s recommendation of mass sterilization, institutionalization, and deportation was not wholly taken up by the state, this survey legitimated explicitly eugenic research and the study of populations. The Survey helped legitimate demands for greater sites of institutionalization, such as the psychiatric hospital. As such, leaders at Yale utilized tools

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established as a core part of the eugenics movement to demonstrate the existence of social inadequacy and simultaneously positioned themselves as experts to solve and manage it.

Conclusion

Throughout the early 20th century, Yale University both studied and intervened in the New Haven community to bring its vision of “practical eugenics” to life. Both within the confines of Yale’s campus and far beyond it, institutions such as the Institute of Human Relations, Psycho-Clinic, and the American Eugenics Society work in concert to build the university as a site of objective, legitimate knowledge production that relied upon both on the study of eugenics and the people of New Haven. Without explicitly aligning Yale departments or institutions as eugenic organizations, the history of eugenics is entangled deeply within Yale’s history in ways we continue to uncover. This history has particular relevance to our present understanding of Yale’s relation to its host city and the underlying logics of scientific study.

WORD COUNT: 12,778
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Bibliographic Essay

Before my sophomore year at Yale, I had never once heard the term “eugenics.” I only learned about it through a History of Science and Medicine course, History of Reproductive Health and Medicine in the United States. Learning about the history of eugenics provides a vocabulary and a prism through which so much of our history and present must be understood. After learning about eugenics, it felt like I could see the legacies of eugenics everywhere I went. These histories and afterlives had been there all along, but rendered invisible.

The following semester, my junior fall, I took Activism and Advocacy in American Health Care with Professor Kelly O’Donnell. For a final paper, I studied the American Eugenics Society and its intricate ties to Yale University. I found myself spending hours at Manuscripts and Archives, thumbing through tons of boxes of letters, meeting notes, agendas, pamphlets, books, and other materials housed in the collections here. I started by looking for the key players: Irving Fisher, Ellsworth Huntington, Leon F. Whitney. Quickly, I started to see the entangled webs of different people and institutions that built the American eugenics movement, leading me down new paths and collections to explore within our own archives at Yale.

Toward the end of the fall 2021 semester, I remember receiving an email from our registrar announcing a new course by Professor Daniel HoSang entitled “Eugenics and its Afterlives.” This course challenged us to contend with the histories and legacies of eugenics in personal, institutional, and academic ways. We situated eugenics within a larger framework of the Progressive era, utilizing Thomas Leonard’s Illiberal Reformers and we studied the ways that eugenics built upon histories of race science in Angela Saini’s Superior. We explored the impact of eugenics across the disciplines, including the sciences, gender and sexuality studies, music, and statistics. A major focus of our work was on Yale and its crucial importance to building and
being built by the eugenics movement, particularly in the context of the American Eugenics Society.

One of the first sources we explored was John Doyle’s HSHM senior thesis from 2014 entitled “Measuring "Problems of Human Behavior": The Eugenic Origins of Yale's Institute of Psychology, 1921-1929.” This piece proved to be a critical introduction to the ways that Yale began studying eugenics. I was already familiar with the tools and tactics of the American Eugenics Society, but Doyle’s essay shed light on how Yale institutionally was simultaneously built by and building eugenic research. Based on this final essay, me and two classmates from “Eugenics and its Afterlives” created a virtual tour of New Haven and Yale to map all of the different sites where eugenic knowledge was produced and important sites of advocacy. One such site was the Institute of Human Relations (IHR).

I started by examining the annual reports for the IHR, looking for general descriptions of what the Institute did. The first folder of the first box of the IHR’s records at Manuscripts and Archives completely shaped the focus of my senior essay. The Institute’s annual report proclaimed the benefit that the IHR would make tangible for New Haven, lauding their research that relied on New Haven residents as test subjects. This completely shaped the direction of my thesis.

After meeting with Melissa Grafe, I first began a deep dive into the Institute of Human Relations. This led me to a scrapbook at the Medical Historical Library which the archivists had never seen before. This collection of newspaper articles highlighted the various studies and ambitions of the IHR, showing me the massive scope and depth to which the researchers sought to study. Importantly, I noticed that many of their studies, particularly those about crime, mental illness, unemployment, and other social problems relied on the New Haven population as its
primary subject. I noticed a few names pop up repeatedly such as Arnold Gesell, William Healy, James Rowland Angell, and Vittorio Racca which led me to more university archives linked to the psycho-clinic, juvenile delinquency, a psychopathic hospital, and immigration respectively. While the legacies of eugenics in many of these fields have been explored extensively, the local New Haven histories that shaped and were shaped by this period have been relatively unexplored.

Several of the studies received extensive reporting, making it easier for me to locate these studies in the archive. I spent a lot of time reading Healy and Bronner’s study of juvenile delinquency, which motivated me to uncover the individuals rendered as anonymous research subjects. However, one significant limitation of this research material is the lack of personal experiences from those studied. The story of Bernard Wolfe and his father represents the sole individual account that I was able to uncover in this research. While we know thousands of people were studied at the Institute, much of their experience is depersonalized and made numerical in scientific studies produced by the Institute. Finding Wolfe’s memoir created a window into the life of one person institutionalized through the Institute of Human Relations. A more exhaustive examination of prominent people in New Haven may have aided in compiling more individual stories like Bernard Wolfe’s.

In November 2022, I traveled to the American Philosophical Society in Philadelphia to view the complete archives of the American Eugenics Society. These archives provided a comprehensive history of the AES from its inception as a Committee, including correspondence documenting the emergence of the Society and its state committees, its work on public education at state fairs, and regular meeting minutes. This visit proved invaluable to my ability to connect explicitly eugenic work with that of institutes and organizations without an explicitly eugenic
focus. As I worked through the thousands of pages, an index card fell out of a stack of papers. This small paper was an invitation and program for the 1941 New Haven Committee meeting of the American Eugenics Society. This shocked me for several reasons. First, 1941 is later than I anticipated to see such conversations continuing in New Haven, especially as the Society relocated its headquarters to New York a few years prior. Beyond that, the invitation listed all of the Committee members, most of whom were either Yale professors, deans, administrators, or alumni. While Mark May or James Angell might not have explicitly named the Institute of Human Relations something like the Institute of Eugenics, they certainly subscribed to the eugenic cause.

In doing this research, there have been many moments of anguish and exhaustion, searching for a likely non-existent “smoking gun” or a single letter that will lay out the explicitly eugenic intentions of professors or administrators. By working in a community with fellow seniors in the Anti-Eugenics Collective at Yale, we created a support network for sharing primary and secondary sources relevant to this history.