Handbook for speakers / issued by the Joint Committee on Voluntary Sterilization.

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HANDBOOK

FOR

SPEAKERS

Issued by the
JOINT COMMITTEE ON VOLUNTARY STERILIZATION,

Price 1/-.

CONTENTS.

I. INTRODUCTORY REMARKS.

The basis of the Policy of the Joint Committee on Voluntary Sterilization is the Report of the Departmental Committee on Sterilization (Brock Report) Cmd. 4485, published in January, 1934, and obtainable, price 2/-, from H.M. Stationery Office, Adastral House, Kingsway, London, W.C.2. Speakers for the Committee should obtain and carefully read this report. The following notes are to be regarded as supplementary to the report, which will be frequently referred to. Copies of the report, minus the appendices, are obtainable (price 6d.) from the Secretary, Joint Committee, 69, Eccleston Square, S.W.1. References to pages and paragraphs in what follows refer to the full Report.

METHOD OF USING HANDBOOK.—The type of lecture which should be given on the subject of Eugenic Sterilization will vary with the type of the audience. Certain general arguments can safely be brought into lectures for all audiences, but particular aspects may need to be stressed in special circumstances. Thus if the audience contains people of a scientific and sceptical turn of mind, questions are likely to be asked about the precise degree to which the various conditions for which sterilization is proposed are inherited, and what eugenic results we can expect from the legalising of voluntary measures. If the audience contains many medical men, questions are likely to be asked about the technique of the sterilizing operations; why X-Rays are not used instead of surgical methods, etc. In any case, lecturers will have to be prepared to answer questions from any member of the audience. It is therefore necessary that they should have a grasp of certain details of the subject which need not be brought into the actual substance of a lecture. In the following notes the subject will be dealt with under certain general headings and there will follow a list of arguments and statements which it is wise to avoid, followed by some suggestions as to how suitable lectures can be drawn up. **General arguments which should be brought into every lecture will be printed in this bold type.** Arguments of a less essential character will be printed thus. Considerations which need not be brought into lectures, but which may arise in questions, will be printed in this small type.

II. HISTORY OF STERILIZATION.

It is often useful to begin a lecture with a brief historical outline. It should be pointed out that interest in eugenic sterilization throughout the world has, for reasons which will be explained later, been focussed primarily upon its application to mental defectives and that the history of eugenic sterilization in this country is closely bound up with scientific investigations into

the incidence of mental deficiency. But voluntary sterilization, if restricted to mental defectives, has but a very small scope as compared with its full possibilities as recommended in the Brock Report. It is as well to begin with this warning, since it should be made clear to the audience that though a good deal is inevitably said in all lectures about mental deficiency, and most of the questions which lecturers will be asked will be about it, the proposals of the Brock Committee are not limited to mental defectives.

STERILIZATION IN THE U.S.A.

The following facts are useful in answering critics who say that sterilization in the U.S.A. has been a failure, and that the laws have been repealed in most of the States.

The first eugenic sterilization operation on a woman (salpingectomy) performed in the U.S.A. was in 1897 by Dr. F. A. Kehrer.

The first eugenic sterilization operation on a man (vasectomy) performed in the U.S.A. was by Dr. H. G. Lennander in 1897, not for eugenic purposes, but in the case of an enlarged prostate. Vasectomy was first performed there eugenically by Dr. Harry Sharp of Indiana in 1899. The American history of eugenic sterilization began with this year. The first sterilization law was passed in Pennsylvania in 1905, but it was vetoed by the Governor without any operations being performed. The first effective law was passed in Indiana in 1907. Since 1907 eugenic sterilization laws have been passed in thirty American States, but in eight these laws have at various times been declared unconstitutional, not, as is sometimes alleged, because of the failure of the sterilization in these States, but because sterilization was held to be incompatible with the 14th Amendment of the Constitution of the United States which holds that no State shall deprive any person of life, *liberty* or property without due process of law.

In the eight American States in which sterilization laws were declared unconstitutional, these laws were subsequently declared constitutional in five and in only three States in which sterilization has, in the past, been legalised, are they now unconstitutional, namely, New York, New Jersey and Nevada. Twenty-seven American States therefore now have effective sterilization laws. Particulars of these can be found on pages 109 to 112 of the Brock Report.

The most important landmark in the history of sterilization in America was the Buck v. Bell case. Carrie Buck was a mentally defective prostitute, the mother of an illegitimate child and herself the illegitimate daughter of a syphilitic woman. Dr. Bell was the superintendent of the institution in which this woman was confined. Her sterilization was ordered in 1924 and a test case was made of it and carried to the Supreme Court of the United States where it was upheld on May 2nd, 1927, by Mr. Justice Holmes in a judgment which ended with the words "three generations of imbeciles are enough."

This judgment dissipated uncertainties about the framing of State laws and in the following years there was a rush of States to pass sterilization laws. In 1928 such a law was passed in Mississippi; in 1929 by no less than eleven States and in 1930 by four States. On January 1st, 1930, 10,877 persons had been sterilized in State institutions of the U.S.A. (This figure takes no account of persons sterilized outside the institutions.) By January 1st, 1933, 16,066 persons had been sterilised, an increase of nearly 50 per cent. in three years. (It is not necessary to bring these particulars into a lecture, but they are very useful in meeting the objections of those who claim that in America sterilization has been a failure.)

STERILIZATION IN ENGLAND AND WALES.

In England and Wales sterilization was talked about in a haphazard way since the beginning of the war by people who had followed the American experiment. It was first considered seriously after the publication of the Wood Report in 1929. This Report gave reasons for supposing that the incidence of mental deficiency in England and Wales had increased in the previous 20 years. *Lecturers should be careful to avoid saying that mental deficiency has doubled in the course of this period.* The Wood Committee was very cautious in expressing itself upon the subject. The investigators of the Committee *found* nearly twice as many defectives as had been found by a generally comparable enquiry reported on in 1909—20 years earlier—that of the Royal Commission for the Care and Control of the Feeble-Minded. This *apparent* increase must not be represented as an actual increase. The Committee, as a whole, limited itself to saying that it was "hard to believe that there had not been some increase in the incidence of mental deficiency during this period." (Wood Report, Part III, page 38.)

Lecturers will sometimes be asked how they can prove that any of the alleged increase is real. Caution should be exercised in answering this question, but the following general argument may be of use: The Royal Commission on the Care and Control of the Feeble-minded, which reported in 1909, found an incidence of mental defectiveness amounting to 4.6 per thousand of the population. The Mental Deficiency (Wood) Committee, which reported in 1929, found an incidence estimated at 8.56 per thousand for the total population. The various factors which have contributed to improved ascertainment are discussed at length in the Committee's report. That the increased incidence, however, is not solely due to improved ascertainment is suggested by the following circumstances. Low-grade defectives, the so-called idiots and imbeciles, are not easily overlooked in an investigation. They are known in the neighbourhood in which they live, and the attention of the various social workers and public authorities is drawn to them. High-grade defectives, the so-called feeble-minded, on the other hand, are more easily overlooked. The chief effect of improved ascertainment would therefore be expected to express itself as an apparent increase in the incidence of the higher grades of defectiveness. This has not been the case in the findings of the Mental Deficiency (Wood) Committee. The relative incidence of the three grades in 1909 has been calculated to be 6 idiots, 18 imbeciles and 76 feeble-minded. In 1929 the incidence was 5 idiots, 20 imbeciles and 75 feeble-minded. The proportion of feeble-minded is thus a trifle lower in the more recent investigation than in the earlier one. It therefore seems unlikely that the total increase is entirely due to improved ascertainment, although this is probably a factor.

The terms idiot, imbecile, etc., should be clearly understood. Omitting a small category of moral defectives, mental defectives are divided into three main "grades" which have been given legal definitions. The lowest or most defective grade is that of idiocy. Idiots have a "mental age" of up to two. The middle grade, that of imbecility, comprises persons who, as adults, have a mental age of from two to seven. Idiots and imbeciles are collectively described as "low-grade defectives." The highest, or least defective grade, comprises the so-called feeble-minded, who have a mental age of up to ten (in some cases considerably more), and constitutes some 75 per cent. or three-quarters of all defectives. The feeble-minded are sometimes referred to as "high-grade defectives." It will thus be seen that, judged from a purely numerical standpoint, feeble-mindedness presents a social problem of three times the magnitude of idiocy and imbecility.

The Wood Committee estimated that there existed in England and Wales some 300,000 mental defectives (165,000 of them children) of whom, in 1929, 28,234 were accommodated in institutions, under the Mental Deficiency Acts. This last figure does not cover an unknown number of defectives housed in Public Assistance Institutions who do not benefit from the provisions of the Mental Deficiency Acts which are carefully designed to secure the adequate protection and care of mental defectives. Of the total estimated number of 300,000 mental defectives, rather fewer than 1 in 10 were thus accommodated in institutions especially designed for their care. The Wood Committee made the two following important recommendations:—

(1) That institutional provision under the Mental Deficiency Acts be created for 100,000 of the total estimated number of 300,000 mental defectives in England and Wales (i.e., a third of the total); and

(2) That these institutions should, where possible, be used for stabilising and training mental defectives to live in the community under the various forms of guardianship and supervision specified in the Mental Deficiency Acts.

This idea of the institution as a socialising force was initiated in America by Fernald. A good description of it will be found in Chapter 12 of Dr. Stanley Powell Davis's "Social Control of the Mental Defective" which can be obtained from libraries.

In describing this recommendation of the Wood Committee, speakers should bear in mind that there are many even high-grade defectives who fail to become stabilized and who, in consequence, will require permanent institutional care. It should also be remembered that sterilization will probably have as great, if not a greater, usefulness for young persons leaving elementary

schools and capable, in most instances, of economic independence as it will have for defectives discharged from institutions. A larger number of defectives enter the general community each year from the schools than are discharged from institutions, and their present complete freedom from control constitutes a powerful argument for voluntary sterilization.

These two recommendations of the Wood Committee provide an index of how sterilization can be turned into a method ancillary to segregation in dealing with mental defectives. In the words of Mr. E. S. Gosney (an American philanthropist who founded The Human Betterment Foundation—to be referred to again later—which has instituted enquiries into the workings of sterilization in California), "eugenic sterilization is no cure-all, no short cut to a eugenic millenium. It is not a measure which supplants or renders unnecessary any of the present machinery for dealing with social problems." In its bearings upon mental deficiency, it is accessory or supplementary to segregation. Lecturers must therefore be careful not to represent sterilization as a substitute for or alternative to segregation. Its legalisation will, for some time to come, effect no economies and should not in any way absolve local authorities from discharging their duties in providing adequate institutional accommodation for defectives.

That the findings and recommendations of the Wood Committee afford an index of how sterilization could be usefully employed was recognised by the Board of Control (Annual Report for 1928, Part 1, page 63), which made use of the following words which are effective for quotation:—

> **"Roughly speaking, out of 300,000 mental defectives in England and Wales, one-third will require institutional provision and two-thirds some form of community care, that is, care outside an institution. It is in the case of the latter that the risk of procreation arises, and the case for sterilization, if such a case exists at all, is strongest. It can hardly be denied that the 200,000 defectives who must remain in the community are wholly unfitted for parenthood. Though it does not necessarily follow that the children of defective parents will themselves be defective, they are liable to be exposed to the miseries and hardships of being brought up by a mother or father incapable of self-control who will almost certainly neglect them, and who may, by reason of mental instability and ungovernable temper, aggravate by cruelty the results of ignorance and neglect."**

EFFECTS OF WOOD REPORT. In 1930 the legalising of eugenic sterilization was advocated by The Eugenics Society on slightly more restricted grounds than were subsequently recommended by the Brock Committee, and on July 21st, 1931, Major A. G. Church, Member for Central Wandsworth, asked

leave to introduce into Parliament a Bill under the 10-Minutes rules, restricted to the voluntary sterilization of mental defectives. Permission was refused by 167 votes to 89.

Interest in the possibilities of voluntary sterilization became widened and intensified. Many influential organisations felt that the policy adopted by The Eugenics Society was unsufficiently grounded on scientific fact. Of these, the most important was the Central Association for Mental Welfare which took the view that while sterilization was a measure applicable to a small and carefully selected group of mental defectives, no legislative action should be taken until the whole subject had been impartially investigated by an officially constituted committee or commission.

MENTAL DEFICIENCY COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION. On November 12th, 1930, the Council of the British Medical Association appointed a Committee consisting of 21 persons who were asked to "report on the various mental problems presented by mental deficiency, more especially with regard to methods which had been suggested to reduce its incidence, and to facilities for medical education on this subject." The Committee's report was published in a supplement of the *British Medical Journal* of June 25th, 1932. It is no disrespect to the Committee to say that no clear recommendation or, indeed, pronouncement upon sterilization was possible for it. Sterilization is one of those subjects on the border-line between sociology and medicine which excite strong prejudices and partisanship. By design the Committee was made to include persons who had previously expressed opinions both for and against sterilization. It was obvious that the views of these people would not be harmonized unless there were made available an extensive body of new facts of such indisputable significance as to compel, one way or the other, universal assent. The Committee took no steps to initiate original research and no new facts emerged from its deliberations. Of the 21 pages of its report, half a page was devoted to sterilization. "It was not unnaturally found," said the Committee, "that on such a topic as sterilization complete unanimity could not be reached; but the following propositions were agreed to with a few dissentients." The propositions were that sterilization, if widely applied, would cause no appreciable differences in the number of mental defectives in the country for many generations; that sterilization might prove an appropriate procedure if applied under safeguards to a small number of mental defectives in respect of whom the chief social danger is procreation; and that sterilization is no less applicable to sufferers from certain hereditary and physical ailments than it is to mental defectives. The

collection of new facts was left to a later and more important committee—the Brock Committee.

PARLIAMENTARY STERILIZATION COMMITTEE. About the middle of 1932, Wing-Commander A. W. H. James, M.P. for Wellingborough, took the initiative in forming a Parliamentary Committee consisting of the following:—

Duchess of Atholl
Mr. Vyvyan Adams
Mr. C. T. Culverwell
Wing-Commander A. W. H. James
Mr. Holford Knight
Mr. G. Lambert
Mr. W. Mabane
Mr. G. Mander
Sir Basil Peto
Sir Nairne Sandeman.

This Committee prepared a memorandum and a Bill, copies of which were circulated in November, 1932, to members of both Houses.

THE BROCK COMMITTEE. In February, 1932, a deputation from the County Councils Association, the Association of Municipal Corporations and the Mental Hospitals Association submitted to the Minister of Health, Sir Hilton Young, a request that the problem of sterilization be impartially and thoroughly investigated by an officially constituted body. Sir Hilton Young complied by appointing, on June 9th, 1932, the Departmental Committee on Sterilization, under the chairmanship of Mr. L. G. Brock. The Report of this Committee was made public in January, 1934. The recommendations summarised on pages 57-59 should be carefully read and mastered.

EFFECTS OF THE BROCK REPORT. One of the important effects of the Brock Report was to win over that large section of public opinion which, puzzled by the differences of opinion expressed by experts, had previously adopted a neutral attitude. The Council of the Central Association for Mental Welfare held that the report satisfied its demand for an authoritative and impartial pronouncement and it has since taken the initiative in forming a Joint Committee composed of representatives of interested bodies with a view to getting the recommendations of the report translated into law.

This Joint Committee consists of representatives of the following organisations:—

The Central Association for Mental Welfare,
The Eugenics Society,
The Mental Hospitals Association,
The National Council for Mental Hygiene.

The Royal College of Physicians and the Royal Medico-Psychological Association have appointed representatives to serve on the Committee, but without power to commit their respective organisations to any opinion or course of action.

On June 7th, 1934, the Joint Committee passed the following resolution, which is recommended for adoption by other influential bodies and may be submitted to such by speakers:—

> THAT the.....
> having considered the Report of the Departmental Committee on Sterilization, and being in general agreement with the recommendations therein, urge upon the Government the need for the introduction of a measure to legalise voluntary sterilization in conformity with the said recommendations.

Resolutions of this kind, when adopted at meetings, private or public, should be forwarded to the Minister of Health, County and Borough Councils, local authorities and local M.P.'s. It is hoped in this way to convince the Government of the weight of public opinion behind the Brock Report, and thus persuade it to sponsor a Bill legalising sterilization in conformity with the Brock Committee's recommendations.

Such a Bill has been drafted by the Joint Committee, and will be considered and revised by the various associations represented on the Committee, together with the County Councils Association and the Association of Municipal Corporations. The Councils of these two associations, on June 27th, 1934, and July 19th, 1934, respectively, passed resolutions approving the principles of the recommendations of the Departmental Committee.

It will be seen therefore, that the publication of the Report has had an immediate and far-reaching effect.

MR. MOLSON'S SPEECH. On February 28th, 1934, Mr. Hugh Molson, M.P. for Doncaster, moved a resolution in the House of Commons—attached is a verbatim report of his speech.

THE DOMINIONS. Sterilization laws have been passed in two Canadian States, Alberta and British Columbia (they are given in full in the Brock Report, pp. 118 to 120); and they have been proposed in Tasmania and New Zealand (Brock Report, p. 116).

III. STERILIZING OPERATIONS.

Something should always be said about this subject, the chief aim of the speaker being to dissipate the misconception that the operations of vasectomy and salpingectomy[1] are in any sense equivalent to castration. The operation has nothing in common with castration.

NATURE OF OPERATION. The modern operations of sterilization have nothing in common with castration. They do not involve the removal of any glands or important tissues, and

though they prevent the production of offspring, they leave the physical, mental and *sexual powers* exactly as they were before operation. Nor do they have any direct effect whatever on physical health. Indirectly they may have a beneficial effect in abolishing the fear of unwanted pregnancies, thereby removing a psychological factor which frequently undermines and stultifies the sexual relations of married people.

In both sexes the operation involves the severing of the ducts which convey the germ cells to the positions in which fertilization takes place. But the operations are very different for the two sexes. In the male the ducts in question lie very superficially during part of their course, so that the operation can be performed under a local anæsthetic. In skilled hands vasectomy takes from 10-15 minutes and in most cases the subject does not lose more than a day's work. The sexual secretions are little diminished in quantity, and after operation no difference can be detected in them by the naked eye. Microscopically, however, they are seen to contain no sperm cells.

In the female the operation of salpingectomy is more elaborate in that it necessitates the opening of the abdominal cavity. It involves a risk comparable to that which would be incurred in removing a normal and healthy appendix—i.e., in skilled hands the risk of the anæsthetic and a few rare post-operative complications. In an American series, there were three deaths in just under 6,000 cases—two from the anæsthetic. The risk of the operation is therefore negligible in both sexes.

It is not yet feasible to use X-Rays for permanent sterilization owing to difficulties in regulating the optimum dosage for different people. Moreover, if given in incomplete doses, they are capable of damaging without destroying the germ cells in such a way as to lead to the production of defects in later generations.

[1] The word "Salpingectomy" is derived from the Greek word "salpinx" whish means a trumpet. The Fallopian tubes, portions of which are excised in the operation, bear a certain resemblance to a trumpet.

Further information on this subject will be found on pages 105/108 of the Brock Report (Appendix VII), and in two papers published by the Human Betterment Foundation entitled "The Effects of Vasectomy upon the Sexual Life" (*Journal of Abnormal and Social Psychology,* Vol. 24, No. 3, 1929), and "Effects of Salpingectomy on the Sexual Life" (*Eugenics,* Vol. I, No. 2, 1928). Reprints of the two above-mentioned papers are not available in sufficient numbers to equip all speakers, but medical questioners can be referred to the Joint Committee for further information. The Joint Committee has a limited supply of these papers.

IV. STERILIZATION AND THE LAW.

It is always wise to say something about this subject since it would not be necessary to legalise sterilization by Act of Parliament if it were already legal. This subject is dealt with on pages 6-9 of the Brock Report and in some detail in the pamphlet

attached ("The Law as to Sterilization," by Mr. Cecil Binney). Briefly the situation is as follows:—Sterilization, when conducted with a view to benefiting the health of a man or a woman, is unquestionably legal. Such sterilizations are described as therapeutic. Thus there is no legal obstacle to sterilizing a woman who suffers from heart or kidney disease, from tuberculosis, diabetes or, indeed, from any of those conditions which doctors recognise as making pregnancy dangerous. Such therapeutic sterilizations are much more frequently performed upon women than men. The male sex is afflicted by few diseases whose severity can be mitigated by vasectomy, but the same effects as those of vasectomy are often brought about in operations commonly performed upon men. Thus it is a common affliction of advancing age that the prostate gland enlarges and requires to be removed. Sterility usually follows. This argument can sometimes be used with effect in order to remove the prevalent belief that sterilization is a drastic operation changing the individual's nature down to its roots.

The legality of sterilization only comes into question when it is performed, not in order to benefit the health of the individual, but with the *eugenic* aim of preventing hereditarily disease or defective children being born. The position of the law in regard to the sterilizations performed on therapeutic and eugenic grounds must be carefully distinguished.

There is a general consensus of opinion that the sterilization of a *mental defective or of an insane person* would be illegal (an opinion on this subject was given in 1925 by Sir Travers Humphreys in response to a request from the British Association. This opinion is printed in the supplement of the *British Medical Journal,* June, 1925, page 286). It is not necessary that speakers should acquaint themselves with the various reasons for regarding such sterilizations as illegal, since the general principle is universally conceded and questions about it are rarely asked. Perhaps the most cogent reason is that such an operation would be held to contravene Section 55 of the Mental Deficiency Act which imposes upon persons in charge of mental defectives the duty of not ill-treating them. An operation conducted for ulterior racial reasons, without reference to the personal welfare of the defective, might be construed as ill-treatment.

The above remarks apply to mental defectives. The Brock Committee recommend sterilization for persons who *have suffered* from mental disorder (note the past tense). This means that it would not be applicable to persons while they were insane but only when they had recovered from insanity. Persons falling under this category can therefore be treated as *compos mentis,* as can the persons falling under groups (i) b and c on page 57 of the Brock Report.

The Law as to voluntary sterilization of a person who is *compos mentis* is uncertain. Particulars will be found in Mr.

Binney's pamphlet. The probabilities are that sterilization would *not* be regarded as illegal provided there were good eugenic reasons for performing it and provided the necessary consents were obtained. Many surgeons interpret it in such a way that they are willing to take the responsibility of sterilizing their private patients, but not patients in their hospital beds. Public bodies such as General Hospitals cannot afford to run risks of incurring legal proceedings or of alienating Catholic subscribers. The following letter provides an example of how, at present, the legal uncertainties discriminate against the poor. It was published in May, 1932, in a well-known weekly paper.

> Sir,
>
> I was born with a deformity of my hands and feet, by which I have been much handicapped during my life. I was assured by a doctor on marrying that this deformity would not be transmitted to my children. I have had six children of whom the last, born a year ago, has precisely the same affliction as myself. Incidentally my wife nearly died during this last confinement. Having little confidence in birth control methods, and not wishing any more children to be born handicapped like myself, I wrote to the Eugenics Society, asking if it could somehow get me sterilized. I could not afford to pay any fee to a surgeon and could only just raise money enough to pay my railway fare to any place where this operation could be done. The Secretary of the Eugenics Society did all he could to get me taken into a General Hospital, where I could be operated upon, but no hospital would take me in because of the small legal risk which is thought to be involved when a sterilizing operation is performed. Eventually the Eugenics Society raised a small fund for me, and I was successfully operated upon as a paying patient in a hospital. I should say that the operation was painless and had not the slightest effect on my general health or married life; it has relieved both my wife and myself of a terrible anxiety. I would be grateful if you would publish this letter, because I think your readers ought to know that the Eugenics Society in trying to get voluntary sterilization legalised, is only trying to make available for the poor what is now the privilege of the rich.
>
> Yours faithfully,
>
> "HEREDITARY DEFORMITY."

The above case is very effective for quotation in speeches. In the first place it provides a concrete instance which people can easily visualise; this is more telling than theoretical argument. Then it illustrates the following four valuable points:—

(1) That there is a demand for eugenic sterilization.

(2) That the law as to sterilization at present discriminates against the poor.

(3) That certain gross skeletal defects are hereditary.

(4) That the operation of sterilization has no effect upon physical, mental or sexual life.

It may be useful to draw attention to the fact stressed on page 6, para. 5, of the Brock Report that medical defence organisations agree in

refusing to indemnify a medical practitioner undertaking eugenic sterilization. Also (Brock Report, para. 86) that Sir H. Brackenbury and Dr. Anderson, Chairman and Medical Secretary of the British Medical Association, were "emphatically of the opinion that many doctors would refuse to give the necessary recommendations unless they could be given some protection against vexatious legal proceedings."

V. HEREDITARY DISEASES AND DEFECTS.

The Brock Report recommended that voluntary sterilization be legalised for the following groups of persons:—

(1) Persons who are mentally defective;

(2) Persons who have suffered from mental disorder;

(3) Persons who suffer from or are believed to be carriers of grave physical disabilities which have been shown to be transmissible;

(4) Persons who are believed to be likely to transmit mental disorder or defect.

Considerations of heredity affect these four groups differently and they will be considered separately in what follows. Speakers will find that discussions on heredity will turn more upon the first group, namely, mental defectives, than upon all the other three put together. They should, however, do their best to remind audiences that the recommendations of the Brock Report are not limited to mental defectives and that they will find a wider and probably a more useful application to persons who are *compos mentis* than to persons who are mentally defective. It will also be noted that persons falling in Group 2 above are *compos mentis* in that they *have suffered* from a mental disorder.

INHERITANCE OF MENTAL DEFECTIVENESS.

(1) This subject is dealt with in Chapter 2 (pp. 10-21) of the Brock Report which should be carefully read. Speakers should make it clear that, from the point of view of causation, mental defectives fall into two main groups called respectively primary and secondary aments.[1] Secondary aments owe their defectiveness to environmental causes of which the most frequent are injuries to the head during or after birth and infectious diseases of the central nervous system, such as meningitis, encepalitis lethargica and syphilis. Amentia due entirely to these causes is not hereditary. Primary aments are those of whose defectiveness no environmental or extrinsic causes are discoverable, but who may come of unsound stock. Secondary aments are usually of a low grade (i.e., idiots or imbeciles; *vide* note on page 4). Primary aments may be of all grades, but those in whom hereditary factors are most evi-

dent usually belong to the higher grades. This point is touched upon in the Brock Report, paras. 16 and 17.

The subject of the inheritance of mental defect can be approached from two angles :—

(a) An examination of the children of mental defectives;

(b) an examination of the parents, grandparents and collateral relatives of mental defectives.

(a) It is probably wise to open the discussion by a consideration of the children of mental defectives, since this constitutes the most important original contribution to present knowledge made by the Brock Committee. The facts are summarised on page 16 of the Brock Report and are dealt with at length in the Report entitled Enquiries into the Children of Mental Defectives, pages 60-74. It is useful to conclude the discussion of the incidence of retardation and defectiveness among the children of defectives by the following quotation from the end of paragraph 27 of the Brock Report) :

> "The higher proportion of defectives as compared with retarded children in this group (i.e., the group over 13) suggests that many of the children in the group seven to thirteen who were classed as retarded will later be found to be defective. Taking the two classes together we find that in the first group 40.4 per cent. of the children still living were mentally subnormal, and in the over thirteen group the percentage had risen to 45.4. When it is remembered that 22.5 per cent. of the children had already died and that these percentages apply to the survivors, the figures indicate that here we have a social problem calling urgently for some practical preventive measure."

(b) The second method of investigating the inheritance of mental deficiency is to examine the ascendants and collateral relatives of defectives. The estimates propounded by different investigators vary within very wide limits. On the one hand, Dr. A. F. Tredgold's statement that "over 80% of persons suffering from the severe grades of amentia are the descendants of pronounced neuropathic stock" has been widely quoted by reason of the high repute of this authority. On the other hand, the Report of the Mental Deficiency Committee of the British Medical Association states that some authorities hold that a hereditary factor "cannot be *proved* in more than 10% of cases." Speakers are likely to encounter opposition to the view that mental deficiency is largely inherited, and writers such as Clarkson, Newsome and McNeil may be quoted who suggest a very low degree of inheritability. Why do the authorities upon the subject disagree so profoundly? There are two reasons :—

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[1] The word "ament" means the same thing as "mental defective." a—without, mens—mind.

(i) *The Standards* by which mental deficiency is judged vary considerably. Though mental deficiency in general, and the various categories into which it has been divided, have received *legal* definitions in the *Mental Deficiency Acts,* the biological criteria by which it is appraised vary between wide limits. Many of the parents of mental defectives are retarded persons on the border-line which separates the dull normal from the certifiable defective. It is frequently difficult to decide whether such persons are to be counted as normal or defective. The Brock Report (para. 16) says, "The fact that so many of the parents are border-line cases explains to a great extent the wide variations in the estimates given by various investigators of the proportion of parents who are mentally defective. A slight modification of standard may result in a large increase in the number of persons regarded as mentally defective among these border-line cases. Clinically there is no definite line separating mental defect from dullness; the one condition merges gradually into the other." It is clearly very difficult to establish definitely what these standards are to be.

(ii) Nobody has yet defined the degree of morbidity in a pedigree in which mental deficiency occurs which justifies the investigator in saying that the defect is the result of bad heredity. Investigators differ widely in the thoroughness with which they examine the parents and accessible living relatives of defectives; and they differ even more widely in the thoroughness with which information about the remoter ancestors and collateral relatives is sought. Thus, if the mother of a defective were herself defective, one could assert that the child's defectiveness was due to heredity with little fear of contradiction. But if a paternal uncle or grandparent or some more remote relative were defective or exhibited some other pathological character such as insanity, epilepsy or habitual drunkenness, the causal significance of hereditary factors would be more difficult to establish. Allowances have also to be made for the size of the sibships[1] of defectives and of their parents. The larger the sibship of the defective and of his parents and grandparents, the greater the chance of morbid traits latent in the strain manifesting themselves. The following generalisation is justified by a comparison of different investigations: the more carefully the parents are examined and the more widely the net is cast in examining the ascendants and collateral relatives of defectives, the greater is the rôle assigned to heredity.

Speakers will often be asked what will be the racial effects of legalising voluntary sterilization? How much will the inci-

[1] The word "sib" is a collective word denoting brothers and sisters in the same way that the word "parents" collectively denotes father and mother.

dence of defectiveness be diminished by this measure? Speakers must be careful to claim very little in this connection. Dr. Tredgold has estimated that over 80% of aments are the descendants of pronounced neuropathic stock; but in only 5% of cases, according to him, does the neuropathy in the stock take the form of certifiable mental defectiveness in the parents of defectives. From this it can be argued that if all defectives in existence a generation ago had been sterilized or otherwise prevented from reproducing, the present generation of defectives would only be reduced by 5%. This, it should be noted, is the figure attainable by the most thorough-going and drastic application to defectives of the principle of sterilization, and it pre-supposes that *all* the defectives a generation ago had been prevented from breeding. But the measures proposed by the Brock Report are voluntary and to begin with, at any rate, it can only be expected that a fraction of the total number of existing defectives will apply for sterilization. The racial effects of a voluntary law limited to defectives, as measured by a reduction in the incidence of certifiable defectives will, to begin with, be exceedingly small.

But there is reason to think that this reduction would be considerably greater if, as recommended by the Brock Committee, sterilization were also made available for mentally disordered and psychopathic persons (who are more often progenitors of defectives than are defectives themselves) and for the probable carriers of defects (*vide* pp. 19-22).

To sum up: Probably not more than 20% of defectives owe their defectiveness to such environmental causes as injuries and diseases. In the remaining 80%, although such causes are often discernible, it is probable that these are of secondary importance and that the chief cause is morbid inheritance. But environment can operate adversely otherwise than by producing injuries and diseases. Such factors as under-nourishment, a slum home, drunken or indifferent parents, and bad example are to be included in the term "bad environment." The Brock Report quotes Dr. L. S. Penrose's investigation at Colchester (para. 22). The latter found, of 513 institutional patients:

13 or 9% whose defect was due solely to bad environment;

137 or 29% whose defect was due solely to bad heredity;

329 or 62% whose defect was due to both factors.

According to this estimate bad heredity therefore played a part in 91% of cases.

Dr. Penrose found, in his series of 513 cases, a majority in which bad heredity and bad cultural environment conspired to produce the defect, it being impossible to distinguish quantitatively how much responsibility to allocate respectively to these two separate factors.

Speakers should be extremely careful to avoid stating that certifiable mental defectives are abnormally fertile. The point is dealt with in the Brock Report, para. 29. Nothing need be added to this paragraph except perhaps the remark that whereas it is almost certainly untrue to say that the fertility of defectives is abnormally high, it is probably perfectly true to say that the fertility of the families in *which high grade defectives* are born is abnormally high. This fact is conceded in a particular instance in para. 29 above quoted, at the end of which the statement occurs that "there is evidence from Nottingham, Liverpool and London that the families from which defectives come are larger than the average families in the same locality." A large proportion of high grade primary aments come from the Social Problem Group, to be referred to later, the fertility of which is abnormally high.

INHERITANCE OF MENTAL DISORDERS.

(2) Reference has already been made to the fact that advocates of sterilization are disproportionately influenced by the problem of mental defectiveness. Speakers must not forget that of insanity. According to the Report of the Board of Control for 1932, there were in England and Wales, 141,626 persons in mental hospitals *certified as insane*. In certain types of insanity, recovery may take place sometimes after but a short attack. Thus in 1932, 22,271 patients were directly admitted to mental hospitals. Of these, 79% were first admissions and 21% (over 4,000 cases) were re-admissions. The re-admission of a patient to a mental hospital clearly implies that that patient had previously been discharged either as recovered or relieved. During the period of his freedom there is clearly nothing to prevent him from having children.

The subject of the inheritance of mental disorder is dealt with in Chapter 3 of the Brock Report, pages 22-28. From this it will be seen (para. 38) that (i) *manic depressive insanity* and (ii) *schizophrenia* (both terms are defined on page 77 of the Brock Report), are the most strongly inherited forms of mental disorder.

(i) According to statistical enquiries carried out in Germany by Rüdin and Hoffman, it was found that when, on average, one parent was manic depressive, one-third of the offspring will be manic depressive, while another sixth of the children will show milder disorders of mood; whereas if both parents are manic depressive, two-thirds of the children will be manic depressive and the remaining third will show disorders of mood not amounting to a certifiable insanity. No estimates of the average frequency of manic depressive insanity have been made in England and Wales. In Bavaria, however, the frequency is 4 per thousand or .4 per cent. of the general population. Manic depressive

insanity is the most strongly inherited form of mental disorder, the sufferers from which have lucid intervals in which they may return to their families and have children. Sterilization is an appropriate measure for some of these. At the same time it must be recalled that people who suffer from manic depressive insanity and from disorders of mood (sometimes called cyclothymia) not amounting to certifiable insanity, often come of good stock and have able, useful and sometimes very distinguished relatives. Not infrequently they are themselves highly gifted. The doctor should therefore use his discrimination before recommending as suitable candidates for sterilization people who have suffered from such disorders.

(ii) *Schizophrenia.* The relevant data will be found in the Brock Report, para. 38, and the word is defined on page 77. In dealing with questions on the sterilization of persons who have recovered from mental disorder, speakers should bear in mind that the Brock Committee has abstained from specifying any particular mental disorders for which sterilization is especially applicable. The Brock Committee differs in this respect from the legislators who framed the Nazi Sterilization Act. (Brock Report, page 122.) According to the recommendations of the Brock Committee, two independent medical certificates will be necessary before a sterilizing operation can be performed. It will be the duty of the doctors signing these certificates to satisfy themselves that the case is an appropriate one for sterilization. It will be their duty to survey the pedigree as a whole. Among the several considerations which will influence them will be the superior qualities manifested in the pedigree. They would probably hesitate before recommending the sterilization of a highly gifted individual, where they might not hesitate if the individual and his family were collectively subnormal.

PHYSICAL DISABILITIES WHICH ARE TRANSMISSIBLE.

(3) It is a perhaps peculiar fact that speakers are not often asked questions about these, but if such questions are asked, the reply can be made that there are many physical disorders and defects which are in various degrees inheritable. Several books have been written on these of which the most important are:—"Human Heredity," Baur, Fischer & Lenz; Geo. Allen & Unwin, 30/-; "Heredity in Man," R. Ruggles Gates; Constable, 24/-; "The Chances of Morbid Inheritance," edited by C. P. Blacker; Lewis; 15/-. Though they are rarely asked, it would be as well for speakers to be equipped to answer questions about hereditary blindness, deafness and hæmophilia. The following notes may be helpful:

1. The subject of hereditary blindness has recently been impartially discussed by the Prevention of Blindness Committee. The report of this Committee[1] mentions 14 different abnormalities of the eye which are in varying degrees hereditary, some of them very rare. These may cause

partial or complete blindness. The most important are retinitis pigmentosa and hereditary optic atrophy or Leber's disease. The Committee states that sufficient data are not yet available to enable them to form an estimate of how much blindness now existing in the country is hereditary, nor how much could be prevented by eugenic measures. It suggests, however, that some cases of blindness attributable to the 14 hereditary diseases above mentioned would be prevented if the following conditions could be satisfied :—

(1) That no man or woman suffering from the said diseases either of whose parents has been similarly affected should have children.

(2) That normal parents who have more than one child affected should have no more children, and any children they have had whether normal or not, should in their turn have no offspring. Even if the parenthood of such children does not at once lead to an increase in the incidence of the disease, it inevitably spreads the number of carriers in the population.

(3) That in all stocks in which Leber's disease had occurred more than once, the sisters of affected males should abstain from parenthood.

2. *Deafness.* Of diseases of the ear in which heredity plays an important part, deaf mutism and otosclerosis are the most important. Deaf mutism is of two kinds—(a) constitutional or congenital, and (b) inflammatory or acquired. The second group is not hereditary. In 1912, Kerr-Love estimated that there were 24,000 deaf-mutes in Britain and he considers that of these, one in every seven owes his defect to morbid heredity.[2]

Oto-sclerosis is a form of progressive deafness which usually manifests itself between the ages of 18 and 30 and is much commoner among females than males. It has been estimated that one in every 200 persons suffers from oto-sclerosis. The mode of heredity is variable and pedigrees exist which suggest that it can be transmitted as a dominant or as a recessive Mendelian character. The chances of transmission are greatest in the case of an affected woman in whose family the disease occurs. When the man is affected, the chances of transmission are rather smaller.

3. *Hæmophilia* is another hereditary disease which, though rare, has attracted much attention by reason of its occurrence in some of the royal families of Europe. It is characterised by the uncontrollable bleeding of even slight wounds. It is inherited as a Mendelian sex-linked character, i.e., it nearly always appears in males and is "carried" by outwardly normal females.

The term "eugenic prognosis" is used to denote an estimate of the probability of a given disease or defect being inherited. Apart from mental diseases and defects, eugenic prognoses are

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[1] Obtainable from the Secretary, Prevention of Blindness Committee, 66, Victoria Street, London, S.W.1.

[2] J. Kerr-Love. "The Causes and Prevention of Deafness," 1912.
Deaf-mutism, when falling into group (a) above, is usually inherited as a Mendelian recessive character, that is to say, it appears sporadically in those pedigrees in which there usually occurs a larger proportion of consanguineous marriages than are found in the average of the population.

most frequently sought in connection with tuberculosis, cancer, epilepsy and diabetes. These conditions are by no means always hereditary, and when they are so, the mode of their transmission is very variable. In general, they conform to no simple Mendelian ratios. In fact, it is the exception rather than the rule among hereditary human diseases and defects that they invariably conform to such ratios. Hence the remarks made above in regard to the importance of considering each case of mental disorder on its separate merits also apply to physical disorders. In certain cases, a disease recognised as largely hereditary may appear sporadically in a single person in a large pedigree. In other cases of the same disease, the pedigree may be riddled with affected persons. Each case should therefore be judged on its merits. On being consulted about the advisability of marriage or procreation, or about the desirability of sterilization, the doctor's first duty should therefore be to ask the patient to prepare a full statement of his pedigree. In considering this, the doctor should take account, not only of the disorders and defects which may appear in it, but also of the virtues and excellences. It should also be remembered that until a eugenic conscience in these matters becomes general in the community, conscientious and foreseeing people will mainly ask for expert advice upon the subject of procreation. It would be a great mistake to certify as a suitable candidate for sterilization every person in whose pedigree a hereditary disability somewhere appears. Furthermore, it should be borne in mind that excessive preoccupation with the destiny of possible children can be a symptom of neurotic anxiety. To most parents who are about to have a child for the first time, the unwelcome thought comes, "perhaps the child may be deformed." In certain cases in which an abnormality occurs in the pedigree, this thought can become a morbid fear and can prompt the parents to seek sterilization despite emphatic re-assurance.

PERSONS WHO ARE BELIEVED TO BE LIKELY TO TRANSMIT MENTAL DISORDER AND DEFECT.

(4) In recommending that facilities for sterilization be made available for such persons, the Brock Committee seem to have had especially in mind the existence of the "Social Problem Group," though many carriers of mental disorders and defects exist in all strata of society. The Wood Committee has laid emphasis upon the abnormally high fertility of this group and upon the fact that there were born from it a disproportionately large number of retarded or defective children. The matter is discussed in paras. 75 and 102 of the Brock Report, where the meaning of the term "Social Problem Group" is given. Most members of the Social Problem Group, while not

themselves certifiably defective, are of subnormal intelligence. They can therefore often be regarded as *sub-normal carriers* of mental disorder and defect. An excellent instance of this, useful for quotation, is to be found in the **shocking family history quoted on page 87 of the Brock Report where, of a family of 17 children, five had died, and of the remaining 12, eight were defective. *It is to be noted that neither parent was defective,* though the paternal grandfather was feeble-minded, and in other respects the family history was bad. In defending this particular recommendation of the Brock Committee "that sterilization be legalised for subnormal carriers of mental disorder and defect," speakers may find it useful to point out that the mother of this large family certainly did not want to have 17 children and would doubtless have been glad if, after having produced a defective daughter and two defective sons, she could have had no more.** It is also worth pointing out that people who fall in the social problem group cannot use the contraceptive methods which are employed by other elements in the population. All existing contraceptive methods demand of the persons practising them prudence and foresight. They require one of three things: certain precautionary measures; an act of self-control when such is difficult (coitus interruptus may thus be hinted at); or measures of aftercare (such as are involved in douching). People in the social problem group cannot or will not do any of these things, and in fact seem to limit their fertility rather by the practice of abortion than of contraception. Many people in this group would be glad of the opportunity to be sterilized, provided that they could be persuaded that castration was not involved, and that the operation cost them nothing.

Speakers will sometimes find that references to the social problem groups are resented by persons who imagine that this group is largely composed of members of the working classes who have met with misfortune. The following six instances may be quoted to refute this argument.

The two first cases illustrate the personal suffering which may be caused by allowing insane or feeble-minded persons to have children. They are quoted verbatim from the Report of the Wood Committee, 1929:—

1. At one of the schools two feeble-minded sisters aged eight and six, respectively, both very badly dressed, much flea-bitten and ill-nourished, were brought to our notice. The Head Master said they had a mentally defective brother at home who was very troublesome. We visited the home about mid-day; it was a two-roomed cottage, one of the most destitute and filthy we have ever seen. The lad aged ten, whom we had called to see, was found asleep on what served as the bed for the family of six; the parents and four children. The father, who depended on casual work at the farms, was that day at home unemployed. He said that the boy had been very troublesome the previous night and

proceeded to show us some of the results of his son's activities during the last few weeks—broken windows, doors and furniture; a large hole in the partition-wall between the two rooms; and two fire-grades pulled to pieces. The lad was a case of encephalitis lethargica of two years' standing. We reported the case to the Medical Officer of the Local M.D. Authority, and the boy was immediately removed to a Poor Law Institution as a place of safety. He however proved so destructive and troublesome that the Master requested his removal as soon as possible to a more suitable institution. Both father and mother were in our opinion feeble-minded, the mother being the lower grade of the two. At the time of our visit she was nursing a child nearly three years of age who had not begun to walk or talk. The family had been in the district a few months only, and apparently had been moving from place to place during the last ten or twelve years. This made it most difficult to obtain a reliable history, but the Medical Officer ultimately discovered that the feeble-minded parents of these mentally defective children were brother and sister.

2. Another bad case was that of an unmarried feeble-minded woman, aged 38, who was allowed to live in a country cottage that had been discarded as unfit by the preceding occupants and had been uninhabited for some years. So many complaints had been made of the filthy condition of the home and children that the mother was most unwilling to allow anyone into the house. Living with this feeble-minded woman was a low grade imbecile sister, aged 30, whose condition at the time of our visit was verminous. There were also five children in the house, ranging in age from two to eleven. Three of these we had seen at school; and all three were feeble-minded. The Head Teacher complained of their dirty condition and said it was impossible to allow them to sit with the other children. The feeble-minded woman admitted that three of the five children were her own, but said that the other two were the illegitimate children of her sister who lived in a neighbouring town. We found that this was not true, because the two illegitimate children of her sister (who was also feeble-minded) were seen later at a Poor Law Institution; and responsible persons who knew the woman's history assured us that all five were her own illegitimate children. We were given to understand that the Poor Law Authority had refused for some time to contribute towards the upkeep of this family, but in some way or other the mother was able to get a certain amount of food and clothing for herself, her sister and the children.

The following case is taken from the 46th Annual Report of the National Society for the Prevention of Cruelty to Children:—

3. In a Southern district an Inspector had cause to pay a visit to a family of five children with their parents. The man was definitely mentally deficient and the woman backward. With the exception of one girl all the children showed signs of physical deformity at birth. Three other children had died. Of these one had a cleft palate and harelip, another was a cripple, and the sex of the third could not be determined. Of the survivors the youngest was an imbecile and unable to walk or stand. Another was attending hospital and a third was in a Home for mental defectives.

The following three cases have been collected from various sources:—

4. Father—alcoholic and immoral, married four times.

First wife normal—two children, normal.
Second wife feeble-minded—two children, one feeble-minded.
Third wife feeble-minded and prostitute, with five feeble-minded brothers and sisters, had already three illegitimate feeble-minded children and had three feeble-minded children after.
Fourth wife alcoholic prostitute. No children.

5. Man of bad character, married twice. First wife normal, two children in Industrial Schools. Second wife imbecile, three times imprisoned for cruelty and neglect of family. Eight children. Two in Asylum, one immoral, one in Industrial School, one feeble-minded at home, one in a Feeble-minded Home, one backward and one too young to classify.

6. Mother feeble-minded and epileptic. Nine children. The paternal grandfather died in the Asylum. The father and other relations apparently normal.
   First child feeble-minded.
   Second child died in infancy.
   Third child feeble-minded and epileptic.
   Fourth child died in infancy.
   Fifth child imbecile.
   Sixth child idiot (is dead).
   Seventh child feebleminded and epileptic.
   Eighth child feeble-minded and epileptic.
   Ninth child backward (too young to classify).

Though many of the persons mentioned above are suitable for segregation rather than for sterilization, these six instances show what misery may be caused by a "Social Problem" family. The persons they contain will be seen to constitute a distinct social element with no more in common with the average families of the working-classes than of the middle-classes.

VI. VOLUNTARY VERSUS COMPULSORY STERILIZATION.

Speakers should make a point of referring to the fact that the Brock Committee recommended voluntary and not compulsory sterilization, and it is advisable to say something in every speech about the reasons for advocating voluntary measures. Speakers must expect to find the recommendations of the Brock Committee criticised by certain people who think that they do not go far enough. University Unions, Discussion Circles and Debating Societies now regard the issue of a straight debate on voluntary sterilization as a foregone conclusion and prefer the topic of compulsory sterilization as likely to yield a better discussion. The subject is fully discussed in Chapter 6 of the Brock Report, pages 37-49.

In general there can be said to be cases to whom we might like to see coercion applied, but the advantages of legalising such measures are far outweighed by the disadvantages. **Some of these have become evident in Germany, where compulsory sterilization**

was legalised on January 1st, 1934. Of these the most important are the following:—

(a) The Nazi Act specifies nine conditions which justify voluntary or compulsory sterilization. Of these, three relate to mental conditions, namely, innate mental deficiency, schizophrenia and manic depressive insanity. Any person in whose case a diagnosis of any of the nine specified conditions has been made, becomes notifiable, as are sufferers from certain infectious diseases in this country, and becomes a candidate for voluntary or compulsory sterilization. The diagnosis of mental disorders is not so hard and fast as is that of physical, and considerable variation exists between psychiatrists in different countries and even among psychiatrists in the same country in regard to the precise meaning attached to certain diagnoses.

It has been reported that since the Nazi Act became law, German doctors have hesitated to diagnose schizophrenia and manic depressive insanity, preferring to use other diagnoses which do not justify compulsory sterilization.

(b) A Court will be more likely to order sterilization if the person under discussion has a badly tainted family history. There has therefore been noticed a tendency for people to conceal pathological elements in their pedigrees. Since progress in our knowledge of the genetics of mental disorder depends to a very large extent on the submission of accurate pedigrees, scientific progress in this sphere is being impeded.

(c) Lest they be compulsorily sterilized therein, people have shown reluctance to enter institutions for the treatment of mental disorder and defect. This consideration would almost certainly have much weight with English people if compulsory sterilization were introduced into this country. They would realise that if they entered a mental hospital they might not be allowed to leave it unless sterilized. It was this possibility which influenced the Brock Committee in recommending that no sterilizing operation should be performed in a mental hospital or mental deficiency institution. They require (para. 92) that such operations be performed outside.

(d) Perhaps more important than all the above considerations put together is the following—that sterilization, if compulsory, would only be applied to persons who, in one way or another, were grossly undesirable. A stigma

would therefore come to be attached to the operation and people would come to avoid it lest they be tarred with the same brush as those upon whom the operation had been forced. The inclusion of coercive clauses in an Act would therefore much interfere with the proper working of the voluntary clauses which, the experiences of America teach us, are likely to be much more used than the compulsory.

(e) In the U.S.A., of the 27 states in which there are sterilization laws, 26 have compulsory clauses. Yet these clauses have been little used, and, we are informed, are being used less and less. It appears, in fact, that some 80%–90% of the sterilizations proposed in State institutions in the U.S.A. are voluntary.

Speakers will find that one of the recommendations of the Brock Committee will be criticised as implying veiled coersion, namely, that it should be possible to sterilize defectives who are of such low grade as to be deemed incapable of expressing willingness or unwillingness. This objection is dealt with on pages 27-28.

VII. SAFEGUARDS.

Speakers are not often asked about safeguards against abuses. Occasionally, however, searching questions on this topic are asked by persons who fear that sterilization may be coercively applied. Speakers should therefore have a knowledge of exactly what safeguards are proposed.

The general question of safeguards is dealt with in various parts of the Brock Report, and the recommendations in this connection are summarised on pp. 57-59. Briefly the safeguards amount to the following:—

(1) In all cases in which the applicant is capable of giving consent he should himself apply to be sterilized. An exception is only made when the applicant is not deemed capable of giving consent by reason of mental defectiveness; the application must come from his parent or guardian.

(2) Every person applying to be sterilized has to obtain two medical recommendations certifying him as a suitable candidate on one of the four grounds mentioned in para. 1, p. 57, of the Brock Report. One of these medical recommendations must, if possible, be signed by the applicant's family doctor; the other by a doctor on an approved list of the Minister of Health.

(3) In the event of the applicant being a person who has recovered from a mental disorder, one of the two medical recommendations above mentioned must be signed by a psychiatrist who, in addition to certifying that the applicant is a fit and proper person to be sterilized, must also certify that the operation will have no *adverse effect* on his mental state. This provision is included because some mental disorders are characterised by obsessions and delusions of a sexual nature which might be aggravated by sterilization.

(4) The applicant's request plus the two medical certificates must be forwarded to the Minister of Health whose authorisation is necessary before the operation can be performed. In the case of sufferers from mental disorders or defect the application will be transmitted by the Minister of Health to the Board of Control for their consideration and opinion before authorisation is given. In all cases the authorisation will give a time limit within which the operaton has to be performed.

(5) The Brock Committee recommends certain other conditions of which the following should be noted :—

(A) The spouse must be *notified* of the application. As stated in the Brock report, para. 89, consideration was given to the problem of whether the spouse should be required to give a consent or whether he/she should merely be notified. They decided in favour of the second alternative because they considered it unfair to give the spouse the power of vetoing the operation.

(B) The operation of vasectomy should not be authorised in the case of any person who has not reached physical maturity pending the results of further research.

(C) Operations should not be performed in a mental hospital or mental deficiency institution. The object of this safeguard is to prevent the public coming to feel that commitment to any kind of institution is in any sense a preliminary to sterilization. This attitude, it has been found, prevails in certain States of America in which no defective is allowed out of an institution unless sterilized. The process of certification is thereby much hampered.

(D) Before sterilizing a mental defective, care should be taken to test his or her fitness for community care, and adequate supervision should be arranged after the operation.

(E) The proceedings must be strictly confidential.

(F) The Minister of Health should have the power to appoint a small advisory committee of experts to which doubtful applications could be referred.

These briefly are the chief safeguards advocated by the Brock Committee. The Brock Report says nothing about the arguments which are sometimes used against these safeguards. Speakers are likely to encounter persons who subject them to severe criticism on two quite different grounds. In fact the opponents of sterilization can be grouped, in regard to the matter of safeguards, into two opposing camps, between which a course has to be taken. The advocate of sterilization will find himself attacked on one flank by the apostles of individual liberty who argue that it is the citizen's private concern whether or not he has children. The State, say these, has no more claim to enforce, sanction or veto sterilization than it has to compel or forbid contraception. The type of man who before marriage would get himself sterilized in order to avoid having to use contraceptives proves himself to be an undesirable type by whose sterility the State would lose nothing. Upon the other flank are those who see before them the example of Germany, where the sterilization of the unfit has become a part of Nazi State policy epitomised in the words "Race Hygiene." Though the German Act is specifically restricted to sufferers from specific morbid hereditary conditions and excludes racial and political issues, the term "Race Hygiene" as used in Germany, has such a clearly anti-semitic connotation that the principle of sterilization may, it is widely felt, come to be applied to persons who are regarded as racially or politically undesirable. People who feel in this way clamour for stringent measures to safeguard the freedom of the individual. These arguments are frequently advanced by Socialists and those who dislike Nazism, Fascism and dictatorships.

With regard to the first argument which advocates the abolition of all safeguards, it can be recalled that it is by no means impossible for a man or woman to get sterilized and regret it in later years. Vasectomy, though a simple operation, is in nearly all cases irreversible. If there were no safeguards to the operation it might well happen that, in periods of economic depression or periods of national stress such as are created by modern war, many couples might decide that the world was an unpleasant place to bring children into and forthwith make it impossible for themselves ever to have children. It must be remembered that people are very suggestible in matters relating to the sexual function. Cultural influences have been responsible for people accepting and approving the infliction of grave sexual mutilations, such as those which characterise the rite of

female circumcision in certain tribes. There is a Russian sect which holds every man bound to be castrated. Despite the fact that the members of this sect cannot be recruited from the offspring of its members, the sect, according to the latest information, is increasing. The operation of vasectomy, it should be recalled, is a simple one which can be performed in a few minutes. It is by no means impossible that the operation might become fashionable. After the news had spread that two or three well-known persons had had it done, people might flock into the consulting rooms of those surgeons who were known to specialise in it. In order to prevent such abuses, some safeguards are necessary.

With regard to the second objection that the safeguards admit of veiled coercion, it can be pointed out that the whole of the Brock Report is permeated with opposition to the principle of compulsion. The case for voluntary as against compulsory measures has been set forth on pp. 22-24.

How can we steer a middle course between these two camps of critics? It is obvious in the first place that safeguards should not be overdone. Safeguards may be so numerous and complicated that people will be intimidated and nobody will get sterilized. In the words of Mr. Havelock Ellis, they will throttle sterilization with red tape. The recommendations of the Brock Committee above enumerated should effect a satisfactory compromise. They should prevent sterilization being frivolously applied; they will result in accurate records being kept of persons being sterilised; and at the same time they fully protect the liberty of the individual who himself is required to apply for sterilization.

VIII. OBJECTIONS TO STERILIZATION.

The most important objections to sterilization are the following:—

(1) That to speak of sterilization being voluntary for mental defectives is inconsistent, since a person who is defective cannot give a valid consent.

(2) That the legalising of sterilization will promote promiscuity and lead to the spread of venereal diseases.

(3) That from the eugenic or racial point of view, sterilization will be useless in that most hereditary diseases and defects are propagated not by sufferers from these infirmities, but by outwardly normal carriers who cannot be distinguished from non-carriers.

(4) That the measure will result in the suppression of genius.

(5) That sterilization, whether voluntary or compulsory, is contrary to moral law and opposed to the principles of true religion.

(6) That the legalising of sterilization will be seized upon and represented as a justification for inertia by those local authorities who are slow in discharging their obligations in regard to establishing institutional provision and after-care for the mentally infirm.

These arguments will be taken serially.

(1) The first objection is dealt with in para. 76 of the Brock Report. The Report, however, recommended that, in the case of those mental defectives who, by reason of extreme mental defectiveness, are deemed incapable of giving a reasonable consent, sterilization should yet be obtainable if the application be made by the parent or guardian. How, it is sometimes objected, can sterilization be represented as voluntary if the person for whom it is applied is not capable of expressing willingness or unwillingness? This argument was vigorously propounded in a pamphlet published by the Westminster Catholic Federation entitled "Objections to a Permissive Bill to legalise the voluntary sterilization of mental defectives." This pamphlet has received a good deal of publicity and was circulated to all the newspapers in the country on January 16th, 1934, the day that the Brock Committee's Report was given to the Press. Speakers can therefore expect occasionally to meet this criticism. It is partly met in para. 76 of the Brock Report, which says: "We are convinced that the higher grade patients are capable of understanding what they are asking for, and the contention that consent is meaningless is not borne out by actual contact with patients." But nevertheless the criticism clearly has a certain amount of force and cannot be disposed of completely. At the same time it is sometimes presented in such a way as to challenge the voluntary nature of all the other clauses. It should be recognised that the group of defectives to whom it applies (those who are deemed incapable of expressing willingness or unwillingness) constitute an exceedingly small group—a very small fraction of the total aggregate of persons who are likely to be sterilized in accordance with the recommendations of the Brock Report. Audiences can therefore be warned against arguments which lead them to suppose that the conditions applicable to this tiny group are in any way relevant to the total aggregate. It may be pointed out that a defective incapable of giving "reasonable consent" would belong to a low-grade. The majority of such low-grade defectives are either very carefully looked after at home or are confined in institutions where they are "sterilized" by segregation and in most cases by a natural physiological infer-

tility. Surgical sterilization would, for them, be a totally unnecessary and superfluous procedure. The number of *potentially fertile* defectives so low in grade as to be incapable of giving "reasonable consents" and yet so stable as to be suited for life in the general community is extremely small. Such people, moreover, are not likely to make good parents nor will their childlessness be a great deprivation to them. Yet by some champions of individual liberty this supposed injustice to an infinitesimally small proportion of those for whom sterilization is appropriate, has been seized upon, magnified and applied wholesale to all the persons covered by the recommendations of the Brock Committee. It can moreover be urged that the essence of the recommendations of the Brock Report is that nobody should be compelled *against his will* to be sterilized. This can clearly not happen to a person deemed incapable of volition, and the fact that sterilization is recommended for these does not affect the essentially voluntary nature of the measure proposed. The enormous difference, moreover, can be pointed out between the clauses and wording of those sterilization acts which involve compulsion and those that do not. This can be seen by comparing the German Sterilization Act (Brock Report, pp. 122 to 125) with the other Acts quoted in Appendix VIII. In the German Act, Clauses III, X and XII all relate to compulsion.

(2) Sterilization, it is frequently objected, will lead to an increase of promiscuity and thus spread venereal disease. The subject is dealt with in para. 59 of the Brock Report.

(3) The third argument is to the effect that sterilization, if confined to the exhibitors of diseases and defects, will achieve little because of the fact that it is the carrier rather than the exhibitor who is most responsible. This objection can be quickly disposed of by pointing out that the Brock Committee felt itself entitled to exceed its terms of reference (para. 72) by recommending that facilities for voluntary sterilization should be extended to the carrier of mental and physical diseases and defects no less than to the exhibitor. Though "carriers" of many physical abnormalities are often indistinguishable from the normal, the carrier of mental disease and defect is often a subnormal or abnormal though not certifiable person. The subject has already been referred to on pp. 19-22.

(4) *Genius.* The argument that the sterilization of *mental defectives* will result in the suppression of genius or even of gifted people has nothing to support it. Thus of 1,802 children between the ages of 7 and 13 reported on by the Brock Committee, only 1.2 per cent. were regarded as superior and, of the 1,843 children over 13, only 0.5 per cent. If the figures on which these percentages are based are added together, it will be found that of 3,650 children, 31 or 0.8 per cent., were superior.

But of the same number of children, 804 or 22 per cent. were mentally defective, and 663 or 18 per cent. were retarded or dull, but not to the point of being certifiable as defective. Hence, of the offspring of the defective women in this series, it can be said that the chances of their children being dull or defective were almost exactly 50 times as great as the chances of their being superior. This ratio is sufficiently striking to dispose of the argument that the advantages, whatever they may be, of legalising the sterilization of defectives are out-balanced by disadvantages arising from the risk of suppressing genius. But while advancing the above argument the speaker should be careful not to extend it to include the recovered insane. There are certain forms of insanity which may undoubtedly be associated with superior abilities not only in the persons exhibiting them but also in the relatives. As already stated on page 17 this specially applies to sufferers from manic depressive psychosis. The considerations put forward on page 17 are here relevant, viz., that no one proposes that sterilization should be either indiscriminate of compulsory. It is of the essence of the recommendations of the Brock Report that sterilization be voluntary and selective and that no fixed principles be laid down as to its application.

(5) Speakers may find themselves criticised on the grounds that sterilization is contrary to the principles of religion and morals. It should be pointed out, however, that so long as the law remains strictly voluntary, no Roman Catholic or other religious objector need be sterilized, and they would have but poor grounds for opposing a law that made voluntary sterilization available for those who do not share their religious scruples, and, after all, constitute the great majority of people in this country. But before they can consent to this view, objectors must be persuaded that we really mean what we say about sterilization being voluntary. If they suspected that voluntary sterilization was "the thin end of the wedge," of which the thick end is compulsion, they would be right to oppose it in all its forms. But if opponents are given liberty of conscience in this matter, we have a right to ask that they should concede a similar liberty to others who take a different view. In the words of the Brock Report (para. 70) "The law has long recognised that a man should not be compelled to submit to something which he conscientiously believes to be wrong; but the law has never recognised the right of the individual to impose his scruples upon others who do not share his views."

(6) The objection against sterilization which probably carries the most weight is that it may run the risk of being treated as a justification for inertia by those local authorities who are behindhand in making institutional provision for their mentally infirm. The argument that the legalising of sterilization would permit of

extensive discharges from certified institutions, thereby effecting welcome economies for the ratepayer has, as stated above, been frequently advanced by persons devoid of knowledge of its limitations. The Wood Committee, it will be remembered, urged in 1929 that the then existing institutional provision under the Mental Deficiency Acts be considerably extended. In view of the present unfortunate shortage of such institutions, priority of admission is to-day given to the worst cases, to cases, that is, who, by reason of the severity of their defect, the instability of their characters, or the degradation of their homes, urgently require to be removed from the environment in which they live. The vast majority of these—one authority has estimated 99 per cent.—would be unfit for life in the general community even if sterilized.

Especially unsuitable for discharge are high grade defectives with perverse or strong sexual instincts. One of the advantages, it will be recalled, of the approved sterilizing operations, is that they leave the sexual impulses intact. They do not exercise any remedial effects whatever upon an individual's anti-social activities. If a defective stole, pilfered, made a nuisance of himself or assaulted children before commission to an institution, he may, especially if unsupervised, return to these activities after leaving it. *Sterilization will make no difference whatever to his conduct in any of these respects.*

When the recommendations of the Wood Committee are carried out (this Committee recommended that institutional provision for 100,000 mental defectives be created in England and Wales) it may prove possible for the certified institutions, hospitals and Colonies to deal with less severe cases than those they now contain. Many of these may so benefit by a period of stabilization and training in an institution that they may be deemed fit for life under supervision or guardianship in the general community. Some of these cases will be appropriate candidates for voluntary sterilization. *So far as mental defectives are concerned,* a stronger case can now probably be made out for increasing the accommodation for them under the Mental Deficiency Acts than for legalising their sterilization. This fact should be borne in mind by all who advocate sterilization, for it might well be that more harm than good would be caused by the legalising of this measure if it were seriously to discourage local authorities from discharging their duties under the Mental Deficiency Acts.

IX. CAVEATS: ARGUMENTS AND STATEMENTS TO AVOID.

1. When referring to the increase in the number of defectives as shown by the Wood Report, be careful not to say that the incidence of Mental Defect in England and Wales has doubled in the last twenty years (p. 3).

2. **Do not claim that the legalising of Sterilization will produce marked racial effects, or that it will noticeably reduce the incidence of any hereditary abnormalities for some time to come (pp. 14-15).**
3. **Do not say that certifiable or certified mental defectives are abnormally fertile (p. 16).**
4. **Do not say that the eugenic sterilization of persons who are *compos mentis* is established as illegal (p. 11).**
5. **Do not say that mental defect is inherited as a Mendelian recessive chracter.**
6. **Do not claim that the legalising of sterilization will effect substantial economies in the rates, or relieve the local authorities of their duties to provide accommodation for defectives who cannot safely live in the community. Do not represent sterilization as an *alternative* to segregation; refer to it as an accessory or additional measure for those who do not require institutional care (p. 30, 31).**

X. NOTES FOR LECTURES.

1. The principle of sterilization not limited to mental defectives, though the history of the movement in this country is much bound up with popular reactions to investigations upon mental defect.
2. A short history:
   Wood Committee's findings and recommendations.
   Major Church's Bill in 1931.
   Report of Mental Deficiency Committee of B.M.A. Deputation to Minister of Health which led to appointment of Brock Committee.
   Chief recommendations of Brock Committee, i.e., that compulsory sterilization is opposed; and that voluntary eugenic sterilization, subject to appropriate safeguards, be legalised for four groups of people which should be named.
3. Nature of sterilizing operation. Stress differences from castration, and point out that the operation is graver for females than for males. Mention why the use of X-rays is not advised.
4. Say something about the Law as to Sterilization. Therapeutic Sterilization legal. The problem only affects eugenic sterilization. Distinguish between the state of the law in regard to the eugenic sterilization of persons who are mental defectives and those who are *compos mentis.*
5. Heredity. Nearly all authorities agree that much mental defect is hereditary, and in any case mental defectives should not have children because they are unfit to be parents.
   Blindness and Deafness. The Social Problem Group. Quote family history on p. 87, Brock Report.
6. Sterilization is to be voluntary. Give reasons for opposing compulsion.
7. The uncertainty of the law in regard to the sterilization of persons who are *compos mentis* results in a discrimination against the poor.
8. No Roman Catholic or other religious or moral objector need be sterilized as long as the measure remains voluntary.

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