

STERILIZATION

A Christian Approach

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FOREWORD

By Rev. LESLIE D. WEATHERHEAD, M.A.

It is a pleasure to commend this able and thorough piece of work on a most difficult but very important subject.

By sterilization is meant the act of making men and women incapable of producing children. Obviously the very suggestion of such an operation needs the most careful preliminary enquiry, and, if the operation be recommended, extremely strong reasons must be given for that recommendation. The reader will find in this book an admirable survey of the whole subject, and, in my view, arguments which overcome all mere prejudice and problems, and which convince him that the well-being of the whole community demands some such action as is contemplated in these pages.

It is said that there are over a quarter of a million persons in England and Wales who are definitely defective mentally. As things are at present nothing is done towards limiting their procreative ability. Already one notices that one rarely comes across a case of mental disorder where the patient's mental history has been good. In my own work I find that a patient, however neurotic, rarely becomes psychotic unless there is a weak link, mentally, in the ancestral chain. In other words most mental disorder is passed on from one generation to another. Curiously enough the families of defectives are larger than normal families and a serious situation is developing which in time will, if nothing be done, assume alarming proportions.

Added to this aspect of the problem, what should be done in cases where defect, other than mental, is liable

to be passed on? It is indubitable that certain physical diseases are hereditary. Any acquaintance with the horror of a young person who discovers that he has inherited epilepsy, congenital cataract, deaf-mutism, syphilitic and other diseases stirs one to ask for legislation to prevent innocent children from suffering the mental and physical tortures of hereditary disease. I feel this so strongly that when people ask me to marry them I always ascertain whether there is, on either side, any disease which could be passed on. If there is, I feel justified in certain cases and after consultation with medical authority, to refuse to marry them unless they give certain guarantees in regard to procreation. They can go and get married at a registry office I know, but I hold that the Church should not give her blessing to a union which is going to bring into existence other lives which will be damned at the outset to years of pain and misery, a burden to themselves, a heartbreak to their parents, and possibly an economic responsibility which the State will be asked to bear both during school years and after.

I value this timely book immensely. It is scientific in the best sense and religious in the best sense. It talks about sex in a scientific way. It also takes the religious viewpoint without becoming sentimental or sloppy. I hope it will awaken the community to the very serious situation in our life together, a situation which can be very simply stated.

1. In view of hereditary defect, mental and physical, the misery it causes to the individual and the burden to the State, sterilization is desirable in many cases.

2. Sterilization can now be carried out by surgical means which in the case of a man do not amount to an operation more serious than, say, the removal of tonsils and in the case of a woman the removal of the appendix.

3. Following such an operation, sexual activity and desire remain the same. Intercourse can be indulged in. No physical or psychological symptoms follow the operation. The only difference is that no child can be born.

4. The State could easily frame precautions lest sterilized persons in the community should threaten morality. In point of fact in countries in which sterilization is in vogue immorality has decreased not increased.

5. In the present state of the law in England the operation of sterilization *merely* to prevent defective children being born is illegal, and no doctor for that reason alone could safely carry it out. Yet the Brock Committee's Report says definitely, "We have failed to find any evidence unfavourable to sterilization, provided that proper care is exercised in the administration of the law."

All these points, and many others are worked out by the authors of this book, both of whom are adequately qualified to write on this subject. I regard their chapter on "The Proposed Method of Administration in this Country" as being of special importance.

I hope this book will have a wide circulation. I hope it will stir the public to realize that steps must soon be taken to deal with this urgent and important matter. I see no argument, scientific or religious, against the measures suggested here, and I believe this book will do much to bring about a greatly needed reform.

AUTHORS' NOTE

MANY people are ready to theorize on the problem of the multiplication of the unfit but are often unaware of the actual lives of the people who constitute the problem. Others have seen the difficulties at first hand but lack either the time or the inclination to attempt a constructive solution. As we show, the many schemes of relief, offered by the State and voluntary organizations, are necessary, but they are after all only palliatives. They do nothing to arrest the development of the problem in the future.

It should therefore be the duty of all thinking men and women, particularly town councillors, clergy, social workers and the like, seriously to consider wherein their action should lie. It is the aim of this book to assist them, not by reciting harrowing stories—we need only look around us for these—but in an objective way, by endeavouring to lead them to an attitude of mind which we believe is not incompatible with the Christian ethic.

Any who have had real contact with the troubles of the men and women, many broken in mind and body, who live in the crowded streets of our big cities or even in our agricultural villages, can fully realize their need. This book will have served its purpose if it should rouse a few of the more fortunate members of the community to attack the canker of hereditary suffering at its source.

This note would be incomplete if it did not record our very real gratitude to E. H. F. Smith, Esq., M.A., Tutor

of St. Peter's Hall, Oxford, both for his advice on several points and for his labour in preparing the manuscripts for the printers. Our thanks are also due to Mrs. C. B. S. Hodson for giving us the benefit of her several years' study of sterilization in Europe and America, and to W. Donald Peock, Esq., M.B., for looking over the medical sections of Chapters II and IV. Several friends have assisted in various ways, but sympathy and real thanks are given to "New June" for their patience and skill in translating illiterate scrawl into perfect typescript.

J. P. H.

J. E. C.

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STERILIZATION

CHAPTER I

THE NATURE OF THE PROBLEM

i. The population of the future

“It is a glorious thing to be well descended, but the glory belongs to our ancestors.” So wrote Plutarch, and, if a healthy mind and body are to be included as a good heritage, then we have indeed cause to be grateful to our respective forefathers. If, however, we consider this nation as a whole, we find less reason to be so proud of our ancestry, which has contributed to the growth of so many stunted lives to-day, and less reason to be hopeful of a posterity which shall spring from the lives and surroundings which we observe around us at present.

Individually, we are most of us concerned with our own health and that of those within the family circle; indeed, advertisements of modern proprietary medicines stimulate an altogether morbid interest in ailments which are very often suggested rather than real. But as a nation we are only on the threshold of conscientiously considering the general health of the country; granted an enormous amount of energy and money is expended by the many health and social services, but these have been supplied by the foresight of the few rather than in response to the demands of the many. Most of us are willing enough to take what is offered when it is to our own individual advantage, but there is a mass of prejudice and ignorance which is

hindering the further development of these services in assisting the health of the country as a whole. Many of these services affect not only those now living, but the generations of the future.

In such a densely populated country as England it is becoming vitally necessary to consider the future, especially in view of the chaotic conditions obtaining to-day. It is not just a question of numerical strength which concerns a nation's future but the quality of her stock as well, and it is in this connection that statistics are so important, for through them we are, so to speak, enabled to feel the pulse of a nation. The census figures of just under 40 millions are well known; a fact not so generally appreciated is that this figure means an average population of 685 persons to the square mile. With the possible exception of Belgium, this estimate shows a higher proportion of persons to the acre than in any other country, in fact almost double that of the majority of countries. Though an incidental point, it is worth while bearing in mind when considering social problems.

Another well-known fact is the steady decline of the birth-rate in Western Europe. Now this is important because there are strong reasons to believe that this decline is not a passing phase in England or elsewhere. If, then, there is a diminishing quantity, the question of the quality of stock becomes of even more importance; in such circumstances it would be highly undesirable for the numbers of the unfit to multiply at a greater rate than the fit.

Furthermore there is the matter of age distribution. We are no longer in the position of having to grope blindly forward into the future. On the quite reasonable assumption that forces in operation to-day will continue to act in

a predictable way in the future, Miss Grace Leybourne¹ has estimated that although the population in 1941 will be about the same as in 1931, in 1951 it will be 2 million less, and that in 1971 there will probably be another drop of 10 million. This, despite the fact that the mortality rate improves slightly. The main factor is the fertility rate based on the proportion of women of childbearing age in the population and their age distribution within the childbearing period. The age distribution in this period of decline is rather startling. It means that in Great Britain during the next thirty years the number of persons up to 15 years of age will be halved; those between 15 and 45 will drop from 21 million to 15 million (in round figures); persons of 45 to 65 years on the other hand will increase from 9 million to 12 million; and those over 65 from 3 million to 5 million. That is to say, while the total number of persons under 45 will decrease, those over 45 will increase; there will be a decline in the number of women of childbearing age. Now compare this smaller proportion of persons under 45 with the numbers of mental defectives within the same age limit, and the ratio becomes even more striking. The Wood Report² discovered that while 46 per cent of the general population reach the age of 40, only 35 per cent of the feeble-minded and 28 per cent of the lower-grade defectives reach this age. This means that in the future the younger persons of the community will not only have decreased in numbers but will also contain a higher proportion of mental defectives than at present, compared with the total of people over 45.

¹ The *Sociological Review*, April 1934.

² See note at end of chapter.

ii. *Its relation to the figures for mental deficiency and physical defect*

In addition there is the important fact that mental defectives are not only shorter lived, but are more fertile than normal people. Evidence of this can be found among findings in a section of the community in the Merseyside area investigated by Mr. D. Caradog Jones in the Merseyside survey.¹

Group of Families	Number of Families Sampled	Mean Number of Children		
		Alive	Dead	Born
Defective ..	1,115	4·69	2·47	7·16
Normal ..	4,379	2·97	0·95	3·92

From these figures it can be seen that defective families are on an average about one and a half times as large again as normal families, taking only those who live. The actual number born is higher still.

Obviously the changed conditions of this country have been the chief incentive to smaller families among the normal parents in the country. Child-labour is no longer at a premium and a higher standard of living is invariably a stimulus to family limitation. Moreover among the professional classes there is the increased cost of education for children and the extreme difficulty of finding them employment. Again, low salaries postpone marriage for many men until the thirties. With all these motives preventing large families there is also the assistance offered

¹ Brock Report, p. 102.

by the various means of conception control, available to all who wish to use them.

On the other hand these same incentives have not worked upon the defective members of the population in the same way at all. The primary reason is that they lack the sense of responsibility to control the size of their families, with the result that they are naturally more fertile than the rest of the community. Obviously, then, if we are concerned with the quality of the generations of the future, it is perfectly legitimate to ask if there is not some means of controlled selection which can eliminate in some degree those people who, one can reasonably declare, will become a charge upon the normal members of the community. Let us observe the following figures obtained by Dr. E. O. Lewis during the investigations of the Wood Committee¹:

PERCENTAGES

	Feeble-minded		Imbeciles and Idiots		Totals	
	M.	F.	M.	F.	M.	F.
Almost self-supporting	16.9	6.3	—	—	13.6	5.1
Partially self-supporting	53.3	60.6	14.1	10.5	45.7	51.0
Contributed nothing ..	27.1	30.7	85.3	89.5	38.5	42.0
Unclassified..	2.6	2.3	0.6	—	2.2	1.9

These are all adult non-institutional cases, and one can

¹ Wood Report, part iv, p. 201.

realize that the number who would be entirely self-supporting is infinitesimal. The vast majority are a tax either on the State or their friends.

Admitting all this, however, we may still feel disinclined to take any action in this matter. We can so easily allow our hearts to run away with our heads, and say that if no harm is being done, then it is the State's duty to care for such people. No one would dissent from this view if we could be sure that mental defectives can lead happy lives, if a degree less useful than other people. It is perfectly true that some are capable of running happy homes, but few would affirm that if one or both parents are defective they can be good parents and build up a home life adequate for the training of their family. If any of their children should happen to be normal the case would appear to be even more difficult. Let us turn to the figures of Dr. Lewis again¹:

Classification of Homes of Mental Defectives	All Grades ²	
	Children	Adults
Superior	2·4	2·9
Good	13·2	12·6
Average	29·3	37·2
Poor	32·7	26·3
Very Poor	22·3	21·0

But knowledge of specific cases reveals more than figures, and one cannot read unmoved the report of the N.S.P.C.C., submitted to the Brock Committee. There, cases are

¹ Wood Report, part iv, p. 202.

² All grades = feeble-minded, imbeciles and idiots.

recited, such as are well known to every social worker, of homes unkempt and very often extremely dirty, of families far too large and still increasing, of children neglected, and if not mentally defective, in a very poor state of health. Defectives are not generally brutal to their children; the real trouble is invariably lack of home life and the unfitness of one or both the parents for the task of rearing children at all. In addition there are in many cases instances of moral corruption. In one year's prosecuted cases of criminal and indecent assault, the N.S.P.C.C. found that substantially half of the girls involved were feeble-minded, while in regard to the men it was exactly half. It cannot be said that all feeble-mindedness follows Mendelian rules, but where it is rooted in a family it cannot be eliminated even by marriage with good stock; then the only cure is to check the breeding of tainted stock. As the Brock Report states, "abstinence from parenthood is the only immediate practicable method of prevention."

We must not imagine, however, that mental defectiveness occurs only among the poorer classes. Among these it is a more acute and obvious problem because if such persons cannot maintain themselves they have no unearned income to keep them from receiving public assistance in some form or another. Cases of defectiveness in the wealthier section of the community are less frequently heard of because they can be supported and kept out of sight if they are bad cases. Nevertheless it is probably true to say that the majority of mental defectives are to be found among the poorer classes simply because, where there is a strain of defect in a family, the successive generations are not so well equipped to maintain their position and gradually sink lower in the social scale, until environment as well as heredity prevent them from effecting any change.

We shall deal much more fully with this point later, but it is as well to realize the magnitude of the problem at the outset. The Wood Committee affirmed that the number of defectives ascertained and provided for by the Local Education and Mental Deficiency authorities was far smaller than it should be, and the Committee estimated the total number of persons in England and Wales who are mentally defective in the true sense as at least 300,000: this is equivalent to an incidence of eight per thousand of the total population. In addition to this problem, however, there is another group of affected persons for whom there are no reliable statistics, namely those suffering from hereditary physical defects. Their case is just as hard, in fact it may be termed harder, in that, being for the most part of normal minds, they have a greater sense of responsibility and can realize more acutely the probable hardships and sufferings which they are passing on to later generations.

iii. *Eugenics*

We can see, then, that this question of hereditary defects challenges us on two grounds. An economic one. Is it just to allow unchecked the procreation of persons of whom the majority will become dependent in some measure for their support on the earnings of the industrious and able-bodied members of the community? A moral one. Is it right and morally good to allow persons to be brought into the world who can never enjoy a happy and healthy home life, and the majority of whom are almost certain never to reach that fullness and richness of life here which is at least the right of all men and women made in the image of God?

We have hitherto looked upon such cases as inevitable,

and being occupied with other matters have tended to ignore this one. It has therefore grown upon us in an unobtrusive, painless way. There are signs, however, that slowly the public conscience is beginning to be concerned. A case occurred not so very long ago of a mother sentenced to death, but almost immediately reprieved, for the murder of her son, aged 30, whom she had tended during many years of suffering from severe mental disorder. The Judge in his summing-up was reported to have said, "The time may come—we don't know—when it may be the law of this country that an imbecile, an idiot, may be sent to a merciful death."¹ It is surely more fitting and humane to try to ensure that such pathetic lives shall never come into being; science has now made it possible for at least some to be eliminated and it is our purpose to examine the means offered.

There is a very obvious need that all thinking people should turn their serious attention to the question which is now commonly labelled "Eugenics." Some are repelled by the very idea, while others are so filled with their subject that they can see little else, but the majority are ill-informed and with that dangerous "half-knowledge" are well content to leave such matters to others. There are some members of the community however who, having seen something of the tremendous toll that hereditary mental and physical defect are making in men, women and children of every class, have endeavoured to deal with the wreckage and, where possible, restore it a little. The fruits of their work can well be seen in the many institutions and welfare schemes for the care and training of mental

¹ Technically the judge was misusing the terms "idiot" and "imbecile" in connection with this case, but the force of his statement remains.

defectives and in the specialized work of many hospitals, or again in the more recent developments of social welfare work. Admirable and necessary as are these schemes in alleviating distress they do little or nothing to stop further cases arising in thousands; they deal with the tide as it rolls in but are powerless to control it.

Now, however, science has come to give assistance, to attempt to control in some measure the increasing number of mental defectives and others whose family history of health is such as to give quite reasonable doubt whether they can ever give birth to normal children. The term used of this science, Eugenics, more properly applies to the study of race control to ensure only the fittest stock being reared and the elimination of the unfit by segregation or various methods of contraception control. The only method we shall discuss here will be the surgical and permanent method known as sterilization.

We assume that readers have some knowledge of the meaning and purpose of sterilization in this connection and will not share the disconcerted surprise of the young student who picked up the *Report of the Departmental Committee on Sterilization*, idly turned its pages for a moment or so, then hastily dropped the book, saying, "Oh, I thought it was milk." We are not here discussing the process connected with the purifying of milk or the cleansing preparation of surgical instruments. What we mean by sterilization in this book is the operation which can be carried out on men or women so that they shall never be able afterwards to procreate. Apart from this the operation does not affect their normal sexual functions at all; they are still capable of intercourse. Their personalities are not changed nor are their characteristics of voice, appearance, hair and so on altered.

iv. *Christianity and the family*

Plainly this is at least one way of meeting the problem of defect, but many people find that there are difficulties before they feel they can accept it. In the first place we must remember we are not concerned so much with the question of raising up future generations solely with an ideal of physical perfection. It is easy to be misled into thinking that eugenics is only concerned with this side. The much more fundamental aim is to look to the mental and spiritual future of mankind. Thus it should be the aim of parents not only to desire their children, but to make sure that they are capable of giving those they have all the love and care necessary for them to grow into a full physical, mental and spiritual life, which is surely the birthright of every child. If this is lacking, no organization or institution, however well run and kindly disposed, can make good the deficiency of a natural, happy home where the child lives until he is capable of self-support.

If we really believe that such conditions should be the right of all children, then we should make it our aim to have these conditions wherever possible. By their very circumstances mental defectives are generally incapable of providing the necessary care and attention. The question immediately arises, what then can they do, apart from complete abstinence, unless they are prohibited from marrying? We will go into all these points more fully and shall see that some grades of defectives are capable of a happy, stable home life, until children arrive. Before we become more detailed can we feel assured at this point that the Christian ethic will even countenance the use of such a measure as sterilization? At the very outset we

must rid our minds of any ideas which may still linger there, that the sexual instinct in mankind is a debased thing, unclean in itself and to be rigidly excluded from any Christian thought. Such an attitude has done an incalculable amount of harm. The Lambeth Conference of 1930 has helped to clear away this old, unworthy feeling. The family is alluded to in these words:

“Where it is possible the duty and glory of parenthood is paramount. It gives food for awe as well as thought that in that most momentous action—the creation of a human soul—man and woman are in direct co-operation with God. This consideration alone should be sufficient to lift sex-life out of all unworthy associations of thought and action.”

But what of those persons who might reasonably be married, yet who would probably be committing a wrong in having a family because of some hereditary defect? Here again the Lambeth Report affords us some guidance:

“If it [conception] would clearly be wrong, and if there is good moral reason why the way of abstinence should not be followed, we cannot condemn the use of scientific methods to prevent conception, which are thoughtfully and conscientiously adopted.”

Yet complementing such views there is the strong insistence on guarding against any self-deception, against trying to find an easy escape from a moral demand which should not be questioned. Therefore it is now our task to examine more closely the whole nature of hereditary physical and mental defect so that we can then see if therein lies a morally sound reason for divorcing the primary end of intercourse from its secondary end, and if so, whether sterilization is a means which should be used.

Note on the Wood Committee.

This was a Committee appointed by the Government in 1924 to make exhaustive enquiries into the whole question of mental defectiveness. They submitted their report in 1929, and the tables in this chapter are from the investigations of Dr. Lewis. Further allusions to the Wood Committee are to be found in Chapter III.

CHAPTER II

HEREDITARY PHYSICAL DEFECTS

i. Alleviation by social services

IN January 1934, the Departmental Committee on Sterilization, commonly known as the Brock Committee, published its findings and recommendations. Their terms of reference only required them to consider sterilization in relation to mental deficiency, but they felt so strongly that such a measure should not be exclusively applied to these cases, that they laid a very strong emphasis on its extension to hereditary physical defects. Their statement is printed in full in Chapter VII, and it will be seen that they do not feel it possible to advocate measures for sterilization unless physical defects are included. The anxiety of parents suffering in this way is just as grave as that of mental defectives, and, as the report says, they are "left without any remedy except the harassing uncertainty of contraceptive devices."

We will therefore, in this chapter, confine ourselves to a brief examination of the more common physical diseases and disabilities regarded as hereditary and see whether sterilization is called for when they are known to be present. All mental defectives are dealt with under separate legislation and present somewhat different problems; we will treat them separately in the following chapter. There is, however, in some respects a certain relationship between mental deficiency and physical disability; it is found that there is a greater incidence of physical defects among mentally defective children than among normal children.

Such defects are often due to malnutrition and bad home conditions, but the problem also presents itself the other way round. For instance it is generally recognized that impairment of vision or hearing in a child can cause educational and even mental retardation. The Wood Report furnishes an interesting table in this connection showing the incidence of blindness and deafness among mentally defective children. The incidence among the latter group for partial deafness is 3.5 as compared with 0.53 for normal children; and for partial blindness the incidence is 1.7 for mentally defective children and 0.09 for normal children.

In surveying the present position one can see the tremendous number of physically unfit members of the population suffering very often from some hereditary taint. The number is large in spite of, or perhaps on account of, the efforts now being made through our highly developed social services to deal with these millions of unfit. The difficulty of these services is not so much that they prolong such lives, which is humane, but that they can do nothing at present to prevent their being reproduced, time and time again. This country cannot be said to have followed a policy of *laissez-faire*; its social problems have been of absorbing interest among statesmen and high-minded men and women for the last sixty years and parliamentary action has not, on the whole, been slow to give expression to the plans of pioneers in social service.

It is a commonplace that Public Health services have grown enormously in recent years, and continue to grow and develop especially in the towns and under the auspices of more progressive local authorities. The machinery for the care of public health is indeed enormous, beginning with ante-natal clinics and continuing through infant

welfare centres, schools wherein provision is made for children throughout their school life, whether they are physically normal or not, mentally defective or retarded. For post-school assistance the National Health Scheme provides services, and a host of Factory and Workshop Acts, drainage, sanitation, sale of food and drugs, housing and other Acts exist to protect the health of each individual, besides the special services in the form of general and isolation hospitals, sanatoria and care and treatment for the blind, for those suffering from tuberculosis and other diseases. Again, children at school are taught hygiene; that a clean and healthy body assists a clean and healthy mind: mothers are taught how to look after their children, to bring them up in good health, and to resist disease germs. Yet this perfect plethora of good work can do nothing to cure a child starting out in life with a serious hereditary defect, and moreover nothing can be done to prevent such lives coming into being. Parents are not assisted to avoid having such children, except where a certain number of local councils have now allowed clinics which give advice on family limitation and where inexpensive contraceptives may be procured. Thus the efforts made to improve the public health begin too late, with the result that there is a heavy and unnecessary burden of disease and incapacity, for ever hindering the good work that is being done. In some cases where further children would endanger the life of the mother a doctor may advise "No more children," but as a general rule the whole question as to whether it is right or wrong for certain people to bring children into the world is ignored and the interest in the child only begins when some hereditary disease may have been passed on to the succeeding generation.

As we can see the State is obviously making great efforts

to combat the terrible amount of disease which is rife among civilized nations, but there are some diseases and disabilities which can only be conquered by abstinence from parenthood on the part of the sufferers. Measures taken to relieve the patients themselves are really only palliatives; necessary and admirable as they are, one can but realize that they only afford relief to the unfortunate persons themselves and really do nothing constructive. They do not assist to build up a fitter nation for the future; hereditary disabilities cannot be stamped out by inoculation or similar preventive measures. They are passed on from parents to children, sometimes missing a generation and then breaking out again, but always there, causing misery to growing numbers of unwilling victims.

It is as well to mark a distinction, which lies here, from those suffering from mental deficiency; this latter group of people may have some normal children and it is well known that normal parents can have mentally defective children; there can be no infallibly certain forecast as to the future mental capacity of the children from a particular union; there may be strong indication one way or the other, and this is generally correct, but there is always an element of doubt regarding the individual affected though not in regard to the inevitability of transmission. Turning, however, to hereditary physical defects we find there is far less uncertainty whether the children will inherit their parents' disability. In some types one generation may be free from any outward manifestation of the family disease but they may be carriers; that is to say, while the disease lies dormant in them they pass it on to their children, who probably exhibit the particular disability. In family stocks where there is an inherited defect it is almost a certainty that the disease will be handed on indefinitely

unless the issue of that stock is stopped. There is much more conviction about these cases of physical defect than there is at present regarding mental defects; the latter is only a possibility, although a very strong one, but in the former group the fact that defects will be inherited is a certainty in the majority of such diseases. Physical defects are easily identifiable and moreover the mode of transmission is known and proved. The carriers, too, can be identified so that there is very little element of doubt to justify taking the risk and leaving the probability of bearing defective children to mere chance. Chance must not be made the scapegoat of public and individual indifference. If sufferers from certain physical defects and their carriers are allowed to marry, the element of chance must not be allowed to enter into the question of prolonging and increasing the disease in successive generations. It is easy to find instances of such cases: a man and woman may desire to marry but one of them may be known to be a carrier of a certain hereditary disease; both partners are themselves apparently perfectly normal, but if they marry they are faced with the certainty of rearing diseased children. Any responsible couple contemplating marriage in such circumstances would naturally hesitate before taking such a step, yet if sterilization was available for them they could live a normal and happy married life without fear. A less responsible couple may marry, heedless of the consequences and suffer later, but is there any adequate reason at all why people should be placed in such a dilemma? There are so many unhappy illustrations of the senseless and cruel lack of foresight of which the public, as well as individual parents, must be accused.

ii. *Common hereditary diseases*

We will now briefly consider several of the hereditary physical defects that are mentioned in various sterilization measures. "Out of sight, out of mind" is very true in this connection. How many people living settled and comfortable lives are never brought into contact with those outside their own circle! Their business and home life flows along in an ordered fashion, and as they only see occasionally from a remote distance the hardship of others so they can only consider them in the same abstract manner. There is no need to give harrowing details of sufferers but there is no doubt that if there was a little more information on these subjects people would be much more responsive and open-minded. It is only when a majority of the community realizes more vividly the difficulties of others and grasps the fact that it is in its power to lighten their lives, that means will be adopted which solve a dilemma for many.

Good sight is probably the most precious faculty of man, and to visualize the horror of blindness requires less effort of the imagination than is the case with many diseases. Consider, then, the position of successive generations of children doomed to congenital cataract, a disease with a very strong hereditary character. Most people with any feeling at all see the wrong of allowing generation after generation to grow up destined to blindness. Glioma of the retina is a less frequent disease and is probably always congenital. There may be no manifestation of it for some years but inevitably the malignant growth awakes to activity, growing outward from behind the eye until it bursts the globe, and inward to the brain, causing death unless the eye, with the growth, is removed. Another hereditary eye disease is maculo-cerebral family degenera-

tion; its first onset generally occurs in early childhood with some impairment of the vision; progressive blindness occurs later followed by a form of paralysis and then dementia. Both these diseases are rare but pigmentary degeneration of the retina is relatively common and definitely hereditary, commencing in childhood and resulting in blindness in middle or advanced life.

Deaf-mutism is another common defect of a strong hereditary character and it is easy to see how unfitted for life are these unfortunate people, not only socially but also mentally, for there is often considerable impairment of mental faculty and it has been computed that 30 per cent of deaf-mutes are also mental defectives. The number of deaf-mutes is also rather surprising; Kerr-Love¹ in 1912 estimated that there were 24,000 in Great Britain. As regards transmissibility, if two deaf-mutes marry, their children are almost certain to inherit their defect. If only one of the partners suffers from hereditary deaf-mutism, the chance of the children being affected is small but there is a very great probability of their being carriers. As for deafness, both partners may be normal themselves but if both are descended from families with a history of congenital deafness then the liability of their children being affected is very high indeed.

Epilepsy is a complaint singled out by some Sterilization Acts as being a sufficient warrant for the limitation of children. The causes of epilepsy are various and it is a disease which cannot strictly be called hereditary in every case. Much depends on the cause. Sometimes attacks do not occur until late in life, but where a person has never had any convulsions or fainting fits in childhood and has

¹ R. J. Cann, M.S. (Lond.), in *The Chances of Morbid Inheritance*.

passed the age of 25 with no attacks of any kind the chance of his being an epileptic subject is very small indeed. The convulsions are not so much a disease in themselves but rather the symptom that there is something wrong with the nervous system. Thus the primary cause may be some inflammatory disorder of the brain or intracranial pressure or a congenital abnormality affecting the nervous system in some way. It therefore depends more on the nature of the cause than on the fact itself whether an epileptic subject will pass on his defect to his children. "It may be the expression of hereditary disposition or the result of acquired lesion of the nervous system, while in some cases both factors may be present."¹

Myoclonic epilepsy, although much rarer, has a far more hereditary character, and is specifically named by some Sterilization Laws. Attacks begin to develop between the ages of five and ten years. After some years violent muscular contractions occur and this is followed in course of time by progressive mental enfeeblement. Epileptics generally suffer a certain degeneration of mental capacity, but in myoclonic epilepsy this taint is very much more marked and, as it is so usually familial, there are strong grounds indeed for classing it as a hereditary disability which should preclude the rearing of any children.

Another hereditary nervous disease specified in several Sterilization Acts is Huntington's chorea, which later in adult life progresses to a form of dementia; it is a distressing affliction which runs through some families.

Most of us at some time or another have met helpless individuals with badly deformed hands or feet; in some cases these extremities are scarcely formed at all and

¹ W. Russell Brain, D.M., F.R.C.P., in *The Chances of Morbid Inheritance*.

appear quite undeveloped. Persons so afflicted with brachydactyly cannot live a full normal life and very often employment is a difficult matter for them. Their defect is inherited and in course of time they will pass on the same deformity to later generations.

As regards diseases of the blood, haemophilia is fairly common and well known owing to its incidence in certain European royal families. The blood of those suffering from this disease is deficient in clotting power with the result that there is a tendency to bleed copiously, internally or externally, from the slightest cause. Often the merest scratch will cause the most serious loss of blood, or even death, and, in addition to the risk of bleeding to death, there is a tendency later to crippling lesion of the joints. Its hereditary character is curious, and tests have revealed the law that while the disease is only transmitted by females it only manifests itself in males. Thus a woman coming from a haemophilic family would be quite healthy in this respect but her sons would suffer from the disease, which is quite incurable, while her daughters would be free, although probably carriers, like their mother. In fact the only members of a haemophilic family who may marry and have children are the unaffected males.

Tuberculosis is so well known and so often seems to run in families that it is commonly regarded as hereditary. There is, however, some doubt about this. Some authorities deny that it has any hereditary character at all. Be this as it may, children of tuberculous parents undoubtedly run a more grave risk of infection than the children of normal parents. Other authorities would state that some people inherit a special susceptibility for tuberculosis: this does not mean that a man has an inherited capacity, for we all have this, but has an inherited incapacity of resistance.

Another opinion is that it is the immunity which is inherited and not the liability. The work of the Grancher Institute in France, however, would seem to show that, where children are removed from their infected parents, they are no more liable to develop tuberculosis than are the children of healthy parents. Infection is uncommon during the first year of life, but it rises steadily with increasing age so that at the fourteenth year 75 per cent of the population are infected, but tuberculosis only develops if the resistance of the individual is lowered. Whether tuberculosis is hereditary or not, the risk of infection is strong from parent to child although, with the modern progress in combating the disease, its seriousness is decreased for the individual, though still a cause of anxiety to the nation. No doubt, however, there are many infected parents who would wish to avail themselves of sterilization if the opportunity was offered, as a pregnancy will often endanger the life of an infected mother, and even if the birth is successful the necessary nursing and home life cannot be provided if the baby is removed as is sometimes advocated.

There is another infection which is specified in three sterilization measures, namely, those diseases of a syphilitic nature. In these, the child is infected through the blood stream of the mother, and the miseries of such infection need no recital here. The more obvious remedy would appear to be to cure the parents rather than to sterilize them.

In the main, however, sterilization is directed towards hereditary defects, that is, where the disease or abnormality is inborn, in the strict sense, and is the outcome of a germinal or blastogenic variation. The probability of the transmission of such hereditary physical diseases is often very great and science has no cure for them, neither can

they be prevented except by the termination of the stock carrying on the defect. In many cases the sufferers themselves would welcome the opportunity to shield future generations from their own handicap, and it seems very difficult to conjure up any reason at all why the fit members of the community should insist on these familial degenerations being perpetuated. It cannot be lack of sympathy but lack of imagination strong enough to suit the will to action.

CHAPTER III

MENTAL DEFICIENCY

THERE is, of course, separate legislation for dealing with the mentally unfit, and we will now consider how serious is the need for sterilization to be added to the measures now taken for the protection of mental defectives and for the reduction of the numbers of mentally unfit which seem to be increasing rather than decreasing in this country.

i. Definitions of mental deficiency and disorder

All the terms relating to mental disorder and mental deficiency are, and have been for a long time, used loosely, not only in common parlance, but in parliamentary language and enactments. This is not surprising since human nature on the one hand is liable to be exasperated and to exaggerate, with the result that one who is only stupid is often called an "imbecile," with colourful epithets, while at other times it is so full of the milk of human kindness that it would willingly speak as gently and as highly as possible of those who "can't help it." From this very kind motive, consistently displayed, the word "idiot" degenerated long ago from meaning merely a private citizen, that is one who does not take part in public affairs, to one who cannot do so on account of his mental state. It is only quite recently that there has been any attempt to give each of the many words relating to mental trouble a separate definition, although, as early as the reign of Edward I, the born fool or "idiot" was differentiated from the lunatic "Who hath had understanding, but by disease, grief or other accident,

hath lost the use of his reason." This broad distinction between mental deficiency and mental disorder was still preserved in the Statute of Prerogatives in the reign of Edward II, but by the nineteenth century the distinction was almost completely lost and the Poor Law Amendment Act of 1868 and the Lunacy Act of 1890 and 1891 treat all those of unsound mind in the same way.

These Lunacy Acts last mentioned, by which not only lunatics but idiots and even imbeciles and feeble-minded persons, if certified as of "unsound mind," may be sent to asylums, registered hospitals, licensed houses and Poor Law Institutions, are still in operation to-day. In the Idiots Act of 1886 is expressed the first clear distinction in modern legislation. By this Act one who is an idiot or imbecile from birth or from an early age may be placed by his parents or guardians in any registered hospital or institution for the care, education and training of idiots and imbeciles. Here for the first time imbeciles are placed in a class by themselves and denote those who are less defective than idiots. Then, as the Education Act of 1870 came into fuller operation, a new group of "feeble-minded" was discerned who seemed to need special instruction, apart from ordinary scholars, and in 1899, by the Elementary Education (Defective and Epileptic Children) Act, Special Schools were allowed for those children who "not being imbecile and not being merely dull or backward are, by reason of mental defect, incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable, by reason of that defect, of receiving benefit from the instruction in Special Schools or classes."

Such expenditure on the education of the feeble-minded was, it was realized, wasteful unless it could be followed

up and continued when the child left school. Moreover, social services were growing and there was general recognition that the existing laws relating to mental deficiency were inadequate.

A Royal Commission was appointed in 1904 and reported in 1908, with the result that the Mental Deficiency Act was passed in 1913. Herein four classes of defectives are for the first time clearly defined. This Act is the basis of modern legislation relating to mental defectives. Slight alterations, however, were made in the legal definitions of the four categories in the Mental Deficiency Act of 1927, which are as follows:

- (a) *Idiots*: that is to say, persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers.
- (b) *Imbeciles*: that is to say, persons in whose case there exists mental defectiveness, which though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs, or in the case of children, of being taught to do so.
- (c) *Feeble-minded Persons*: that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or, in the case of children, that they appear to be permanently incapable, by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools.
- (d) *Moral Defectives*: that is to say, persons in whose

case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others.

Furthermore, in Section I (ii) mental deficiency is defined: "For the purposes of this Section, 'mental defectiveness' means a condition of arrested or incomplete development of mind existing before the age of 18 years, whether arising from inherent causes or induced by disease or injury."

The main changes in the legal definition of defectives which this Act (1927) has made are:

- (1) That there is now for the first time a definition of "mental defectiveness."
- (2) That the defectiveness need no longer have existed from birth or from an early age, but may have arisen at any time during the first eighteen years of life.
- (3) That it may have been brought about by disease or injury.

Thus, mental defectiveness is at last defined by law and is differentiated from mental disorder, although there are still certain troublesome ambiguities of definition in the Education and Mental Deficiency Acts which make it doubtful whether the standard adopted for certification of defectives is one of educability or social adaptability. In addition to this difficulty, however, there will not cease to be hesitation and extreme difficulty of classification of defectives since clear lines of demarcation do not exist. Mental disorder frequently overlaps mental deficiency and mental deficiency itself is not a state clearly marked off from mental efficiency; the high-grade defective is hard to distinguish from the dull or backward, and the grading of

defectives is necessarily an arbitrary, man-made classification of degree, and not of type, existing only because research into mental defect is in its infancy, and the burden of mental deficiency is so heavy that it cannot be dealt with administratively without sub-divisions. As one of the witnesses of the Sterilization Committee expressed the difficulty:¹ "The term mental deficiency is not a clinical entity, but a medico-legal concept, and like the term insanity denotes merely a social group of persons, who are mentally deficient because of the presence of a wide variety of pathological conditions which have as one, and only one, of their symptoms, deficient intelligence." Mental defectives are classed according to their final mental state, whether social or educational, and not by clinical characteristics. Such classifications must be considered temporary, existing only till further research has shewn new distinctions.

We will endeavour to state as clearly as possible the present classification of all those of unsound mind, emphasizing the fact that differences are only a matter of degree. The first distinction to be made in any case of unsoundness of mind is between mental defect and mental disorder.² "Speaking broadly, mental defect may be described as arrested development of the mind, whether congenital or induced by injury or disease before development is complete. It is in almost all cases a permanent condition and in the present state of knowledge is beyond real cure, though much benefit may result from skilled training. Mental disorder, on the other hand, is the generic term which includes all the various disorders affecting the mind which prior to their onset has been functioning normally." The two conditions are not mutually exclusive, for a mental defective may well suffer from some mental

¹ Brock Report, Chapter I, p. 7, § 7.

² *Ibid.*, § 6.

disorder which is superimposed on his defective mind and which should receive special treatment.

The administrative sub-divisions of the mentally defective group, namely the idiot, imbecile, feeble-minded, and moral defective sub-divisions, have no relation to the clinical sub-divisions, which have to be treated separately under the broad divisions of primary and secondary amentia, that is to say, amentia due to germinal variation or defect and amentia due to injury caused by environmental factors at some stage subsequent to the fertilization of the ovum.

It is not relevant to enter here into any attempt to describe the clinical sub-divisions either of mental defect or mental disorder, although we cannot too much emphasize the need for further research into the causes of these two conditions. Until much fuller medical knowledge is obtained, progress on a firm and sure basis is impossible. Research alone can prove the degree and nature of transmissibility in both mental defect and disorder, and sterilization cannot be advocated with such confidence and conviction in mental cases as in those of physical disease and disability, only because we do not possess this knowledge more fully. But already much is known as to the causation of both mental defect and disorder. As has already been said, there are two main headings under which the many clinic varieties of mental defectives may be placed, namely, primary and secondary amentia. The former is due to defective developmental potentiality of the germ cell, the latter to the arrest of cerebral development by external factors acting after fertilization. Tredgold classifies the types in the following manner:¹

¹ *Mental Deficiency* (Fifth Edition), A. F. Tredgold, M.D., F.R.C.P., F.R.S. (Ed.).

CLASSIFICATION OF CLINICAL VARIETIES OF AMENTIA

- Primary:* Simple.
Microcephalic.
Mongolism.
Sclerotic—nodular and diffuse.
Naevoid.
Amaurotic; and other forms of cerebral generation.
- Secondary:* Traumatic.
Inflammatory (encephalitic and meningitic).
Hydrocephalic.
Syphilitic.
Epileptic.
Cretinism.
Nutritional.
Isolation.

ii. The part of heredity as a causal factor

There is no doubt that by far the larger proportion of cases come under the first heading. In cases of primary amentia evidence has shown that if defective stock is allowed to intermarry indefinitely the degenerative process is found to culminate in idiocy, which is normally accompanied by sterility. This progressive degeneration may be delayed or hastened according to the state of the cell with which the impaired cell unites. Union with a sound cell in the very early stages may even neutralize the impairment so that if environmental conditions are favourable throughout life there is no defect apparent in the offspring. But there is always the risk that defect will appear in some, if not all, of the offspring and so deficiency spreads and contaminates normal stock and lowers the standard of intelligence throughout humanity.

According to Dr. Tredgold,¹ about 80 per cent of all defectives suffer from primary amentia; that is to say, in 80 cases out of 100 heredity is the causal factor. "My own investigations," he writes, "which comprise tolerably complete details of some hundreds of cases of all ages, types and grades of defect, both within and outside institutions, show that in approximately 80 per cent the condition is due to inheritance." It must be remembered, however, in using this phrase that "inheritance is not of the disease itself but of the tendency to that disease consequent on the impaired developmental potentiality."²

Apart from those who are mentally defective there are also "carriers" of defective genes. These persons cannot always be determined, much less forced to abstain from breeding. But if only the defective could be prevented from reproducing their own defective stock the incidence of defective genes would be reduced to two-thirds in every generation. The reduction of defectives in this way would necessarily therefore be a very gradual process, but it would be a step in the right direction, whereas figures showing the tendency in the last twenty years indicate not merely a step but a genuine canter on the downhill path.

Mr. F. Grundy, Assistant County Medical Officer of Health, East Suffolk County Council, in an article³ on "Mental Deficiency and Heredity" calls attention to an interesting point which is illustrated in statistics, given below, of an investigation carried out in his district:

¹ *Mental Deficiency* (Fifth Edition), A. F. Tredgold, M.D., F.R.C.P., F.R.S. (Ed.). Chapter III, p. 19.

² *Ibid.*, p. 28.

³ *British Medical Journal*, June 30, 1934.

CAUSATION

Imbeciles and Idiots

(a) Environmental factors.. .. .	6
(b) Without apparent cause	17
(c) Prima facie evidence of a hereditary factor	7

23 per cent attributable to inheritance.

Feeble-minded

(a) Environmental factors.. .. .	4
(b) Without apparent cause	10
(c) Neuropathic inheritance	71
(d) Combination of neuropathic inheritance and environmental factor	15

71 per cent attributable *exclusively* to neuropathic inheritance.

"It will have been remarked," he writes, "that in 86 per cent of the feeble-minded there is evidence of hereditary influence alone or in combination, in contrast with a prima facie 23 per cent of low aments." Dr. Lewis reached the same conclusion in his wider survey. The proportion of high-grade defectives whose state is due to inheritance is undoubtedly much larger than that for defectives as a whole.

We may quote three of the seven conclusions, reached in Mr. Grundy's article, as summing up tersely the vital points of the mental deficiency question:

"(1) Dull parents, dull children is a usual association.

"(2) Feeble-mindedness and dullness are familial to a much greater extent than mental deficiency.

"(3) Where a neuropathic stock exists, the chance presence of an adverse environment, using the term in its broadest sense, may produce actual deficiency in cases

which might not have been defective without the intervention of such a factor."

It must be remembered that the feeble-minded are that portion of the defective population which is allowed most liberty, and is, therefore, allowed to propagate, often without any restriction.

Most enquiries regarding heredity as the causal factor in mental deficiency have based their investigations on the personal and family history of ascertained defectives. The Brock Committee evolved a new plan¹, the examination of the offspring of known defectives. Such an enquiry, though it is limited, furnishes concrete results based on fact. As a result of the enquiry put into the hands of local authorities 3,733 cases were reported. Of these the mother was defective in 3,247, and the father in 486 cases. These defectives produced 8,841 children, of whom 2,001 or 22·5 per cent have already died. In the analysis of the figures children under 7 years were excluded because of the difficulty in determining defect in children. Of the remainder, of 1,802 children between 7 and 13, 305 or 16·9 per cent were classified as defectives and 423 or 23·5 per cent as retarded. Only 21, or 1·2 per cent, were superior. In the second group of children over 13, of a total of 1,848 there were 599 or 32·4 per cent defectives, 240 or 13 per cent retarded; 10 children only, or 0·5 per cent, were superior. The higher proportion of defectives in the second group suggests that probably many children classed as retarded during the ages of 7 to 13 will later be found to be defectives. Treating the defectives and retarded as one group of mentally subnormal it was found that 22·5 per cent died in infancy and of the *survivors* 40·4 per cent of children of 7 to 13 were subnormal, a percentage

¹ Brock Report, Chapter II, § 26, 27.

which rose to 45·4 per cent among the children of over 13. Such is the actual result, from examination of defectives and children, of the existing state of affairs.

Surely it must be realized that some practical measure is urgently needed to stem the tide of trouble and misery which is brought into the world in this manner. It is abundantly clear that mental defect is undoubtedly inherited in a vast number of cases and as the Brock Committee states,¹ "abstinence from parenthood is the only immediately practicable method of prevention, whether this be obtained by sterilization or by any other means."

iii. *Mental disorder*

So much for heredity as a factor in the causation of mental deficiency. We will now turn our attention to mental disorder, considering only those certifiably insane, although there are, of course, many less severe cases. It is probably true to say of the insane, i.e. those whose mental machinery has broken down, that nearly all can trace the basis of their state to inheritance, though a shock causes the actual calamity. Agreement as to classification of types of insanity has certainly not yet been reached and much research remains to be carried out before types may be differentiated and defined. We will content ourselves with quoting the general conclusions on the causation of mental disorders reached by the Brock Committee, namely:

1. Heredity² plays a large part in the causation of mental disorders, though except in the case of Huntington's chorea and myoclonic epilepsy, which are both rare types,

¹ Chapter II, § 15.

² Chapter III, § 47.

there is no conclusive evidence that the transmission follows Mendelian ratios.

2. In many mental disorders, other than Huntington's chorea and myoclonic epilepsy, the part played by heredity varies widely between different types.

3. Manic-depressive insanity and schizophrenia appear to show a markedly higher familial incidence than other types of mental disorder which are of frequent occurrence.

4. While psychopathic parents tend to have psychopathic children, the view that familial mental instability is usually progressive and tends to become more severe in each succeeding generation is not established. The familial incidence in such cases is not necessarily entirely genetic in origin, since the environmental conditions in which children of psychopathic parents are brought up may tend to aggravate any inherited instability.

5. Familial mental disorder is not necessarily transmitted in the same form, and in many cases what appears to be transmitted is not a specific character but a generalized predisposition.

6. Where such a predisposition exists the immediate or exciting cause of the breakdown may be of an apparently trivial nature.

7. In a proportion of cases of mental disorder an environmental factor, such as a toxic condition, syphilis or arteriosclerosis, is the immediate cause and often the only discoverable cause. In some of these cases there is evidence that these environmental factors are associated with an inherited predisposition.

8. There is little evidence that alcoholism is a frequent cause of mental disorder, and in many cases which at present are classed as alcoholic the alcoholism appears to be a symptom of mental abnormality rather than its cause.

The evidence placed before the Committee led them to describe inheritance as "the commonest single cause of mental disorder. . . .¹ The trend of evidence we have received is to the effect that in a considerable proportion, probably the majority of cases, there is an inherited predisposition and that, were it not for this predisposition, exciting factors would have comparatively little effect. . . . We find ourselves compelled to the conclusion that in a large proportion of cases of mental disorder the prime aetiological factor is some inherited peculiarity and that this peculiarity shows a strong tendency to be transmitted. . . . Persons suffering from the psychoneuroses or milder forms of mental disorder are not, for the most part, under any restriction, and propagation by those who are insane is only restricted for such time as they are under care in a mental hospital. We have evidence that a considerable number of patients who have suffered from recurrent attacks of mental disorder necessitating detention in mental hospitals produce children during their periods of discharge from care."

There is a considerable minority of those suffering from forms of mental disorder whose condition is not likely to be transmitted. There is no reason why they should not be permitted to have children. Here very careful discrimination, following on further research, is urgently needed; each case must have individual attention before a decision can be reached. For the majority, however, some measures must be taken whereby they can live useful and satisfying lives without danger of the responsibility of parenthood.

¹ Brock Report, Chapter III, § 44.

iv. Ascertainment

The seriousness of the problem of mental deficiency cannot be fully grasped until one realizes the vast numbers of those affected. The latest and most reliable estimate is that of the Wood Committee of 1929. Its findings have revealed a much higher incidence of mental deficiency than has any other investigation. The figures in the Report of the Royal Commission on the Feeble-minded (1906) are 4·6 per 1,000, a little over half of the 1929 estimate of 8 per 1,000. The 1906 figures included, moreover, among defectives some epileptics and also uncertified insane and mentally infirm persons in workhouses. Further, the incidence of feeble-minded children in the 1929 investigation was 3·36 per 1,000 population, compared with the 1904 estimate of 1·47 per 1,000 of the population.

It will be realized that the Committee did not endeavour to track down and ascertain every mental defective in England and Wales. Such an undertaking would have involved vast expenditure and would have required much more time than was spent in obtaining the Wood Committee's estimate. Six typical areas were chosen—an extra-Metropolitan urban area, a north country cotton town, a coal-mining district in the Midlands, an agricultural district in the Eastern Counties, a rural area in the South-West, containing a large town, and a thinly populated rural area comprising two counties in Wales, and each area contained approximately 100,000 people. The investigator, Dr. Lewis, endeavoured to ascertain and examine all the mentally defective children and adults in each area, and enlisted the assistance of Local Education and Mental Deficiency Authorities, Boards of Guardians, Prison

Authorities and other public bodies, of local Mental Welfare Associations and every kind of voluntary association of social workers who could give any help or throw light on the mental condition of residents in their areas. The main source of information was the public elementary school, and it was there that investigation could be most thorough. No child appeared on the lists as mentally defective until he had passed through three processes: selection by the head teacher, examination by group tests and individual examination. It may therefore safely be assumed that the ascertainment of mental defectiveness among children of 7 to 14 years attending public elementary schools was almost complete. The ascertainment of adult defectives was a more difficult and intricate task. The Investigator had to rely a great deal on the reports of the Public Authorities and their officers and on those of the Mental Welfare Associations and societies and institutions of all types, but much also was learned by visits to the homes of the mentally defective children ascertained in the public elementary schools. Enquiry into their family histories yielded much information. In rural areas particularly the knowledge which had been acquired through long years by local doctors, clergy and social workers was of great benefit to the Investigator. The examination of suspected mentally defective persons living in the community was more difficult than that of children or those living in institutions. Before visiting a mental defective, especially a high-grade defective, as much information as possible was obtained from the doctor, the clergyman, the head teacher or any reliable person known to be interested in the case. The home was then visited and every kind of evidence was made use of, but circumstantial evidence was never allowed to take the place of personal examination of

the defective, and if the Investigator was in any doubt the name was not included in the Report.

The Investigator has tabulated the results of the enquiry.¹ The mean ascertainment for the six areas was found to be 8·57 mentally defective persons per 1,000 of the population. Of these 4·18 (approximately half) would be children and 4·38 adults. But, for the reasons which follow, these figures are not likely to be a just indication of the incidence of mental defectiveness in the whole of England and Wales. Of the areas chosen, three were urban and three were rural. A comparison of the incidence in the two groups shows that the incidence of mental defectiveness in rural areas is much higher than in the towns. (The incidence of mental defect among children in the urban group was 3·5 compared with 4·88 per thousand of the population in the rural group.) The total incidence of mental defect in urban areas is 6·71 and in rural areas 10·49 per 1,000 total population, i.e. the rural incidence is about 56 per cent higher than the urban. Dr. Lewis offers some reasons to account for some of the difference, especially in the number of high grade defectives. He suggests that the ascertainment of adult defectives was easier in country districts than in the towns, because in the mill or factory or mine the defective can perform adequately many types of work under supervision, whereas in the country simple farm occupations like feeding cattle, hoeing and ploughing, to be of any use to most farmers, must be done without supervision, and of this the defective is often incapable and is therefore dismissed and forced by circumstances to seek the assistance of some public body. The Investigator also calls attention to a considerable number of defectives who are sent from towns to relations in the country, and

¹ See Table I at the end of book, p. 188.

further, to the greater longevity of mental defectives in rural areas.¹ In the three urban areas investigated only 25 per cent of the mental defectives were over forty years of age, whereas in the three rural areas the corresponding figure was 38 per cent. But even when allowance has been made for all these considerations it seems that the original statement remains true—that the incidence of mental deficiency in rural areas is considerably higher than that of the towns. This fact will therefore have some influence on the estimate given for England and Wales as a whole, for the ratio of rural to urban population is 1 to 4. Some adjustment of the figures had therefore to be made to reconcile the proportion of rural population in the selected areas with that of the country as a whole, and the estimate then sank to 250,000.

During the enquiry, however, it was realized by comparison of numbers that only one part of the investigation could be considered complete; namely, that of the child population of 7 to 14 years. The Committee therefore felt that a truer estimate of the total number of defectives could be reached if the estimates of the other groups of persons could be adjusted by this group. Herein lay a difficulty, however, for there is a markedly higher mortality among defectives, for which there are no reliable statistics. The adjustment was therefore only made in the whole group of children 0-16, and the original estimate was left for adult defectives as the Investigator preferred to give conservative, if not correct, estimates. The final conclusion was that the incidence of mental defectives throughout England and Wales is about 8 per 1,000 total population, or 314,000 mental defective persons of all ages and grades in the whole country.

¹ See Table II, page 189.

v. Is mental deficiency increasing?

The most remarkable feature of the Committee's estimate is the apparent increase of mental deficiency in the last twenty years. As has already been stated, the estimated number of defectives in 1929 was twice as great as the number suggested by the Royal Commission of 1906, namely 4.6 per thousand compared with the later 8.0. If, as is thought, the standards laid down by both investigations were broadly the same, one must look elsewhere for reasons of the great discrepancy in numbers. The personal factor probably led to the omission of certain defectives in the first investigation, which was carried out by ten medical investigators and not by one as in the later enquiry. Inadequate ascertainment undoubtedly accounts for a certain proportion of the difference; that is to say, the defectives existed at the time of the Royal Commission's investigations but were not brought to its notice. A number of reasons for this state of affairs have already been suggested.

The time devoted to the work of ascertainment, though not necessarily sufficient, in the second investigation, was, nevertheless, greater than that which the ten investigators were able to spend. Two or three months at the utmost were spent by them in each area examined and the populations of the areas selected ranged from 150,000 to 700,000. In the second investigation none of the areas contained more than 100,000 persons and three and a half to four months were devoted to each. The total population covered was under 625,000 in a period of twenty-four months. Moreover, the 1929 Investigator had the assistance of one, and sometimes two, full-time, specially trained social investigators and of a full-time personal secretary who worked continuously with him, whereas each of the

earlier investigators had only at his disposal the services of a single clerk.

In the second place, ascertainment was facilitated by the extensive growth of the social services, both State and voluntary, of recent years. In 1906 there existed no local authority specially concerned with mental deficiency. The Lunacy Authorities hardly discriminated between mental defect and disorder, and public health work was comparatively in its infancy. The elementary schools themselves, wherein detection of the mentally defective is most easy, have developed enormously since the 1906 investigation was carried out. Local education authorities now have a much wider and greater knowledge of defectives in their area, and all this knowledge was put at the disposal of the investigator. There were in the early years of the century some large voluntary residential institutions but few day or residential Special Schools: further, compulsory medical inspection of school children only came into operation in 1907. Voluntary social services were similarly undeveloped; no central or local mental welfare associations existed, whereas now their assistance is continually sought by County Councils for advice and assistance in organizing and developing mental welfare. It would not be surprising if many high-grade defectives escaped the notice of the investigators and even, in many cases, of the general public who had not grasped the significance of mental deficiency even as far as it is grasped to-day.

All these developments have made the ascertainment of defectives much easier than it was formerly, but they have done more. The social services have kept alive many defectives who would otherwise have sunk in the struggle for existence. Even under present conditions, defectives do not on the whole have so long a life as normal persons.

According to statistics given by the Wood Committee, 46 per cent of the normal adult population attain forty years of age, whereas only 35 per cent of the defective group reach that age. Further, longevity is more probable among high-grade defectives than among the low grade, as may be seen by the fact that 35 per cent feeble-minded adults are over forty years of age as compared with only 28 per cent among lower grade defectives. The social services have appreciably reduced the high mortality among defectives who are so often found in conditions which call for assistance, both public and private, and have in this way increased mental deficiency; but it must also be remembered that they have saved many who, from environmental conditions, would have sunk into this class. Thus, although many defectives who would otherwise have died have been enabled to persist, often as lifelong burdens to the State, other potential defectives have been rescued by those same services and allowed to develop into normal citizens; thus the movement is upward and the social services cannot be condemned for the first-mentioned part of their work, which is balanced by the second.

We have no means of measuring, with any accuracy, how far the apparent exceptional increase in mental deficiency can be accounted for, either by increased ascertainment due to a better enquiry and improved social services or by the influence in raising the social standard which has been exerted by State and voluntary efforts in the past twenty years. We are nevertheless inclined to agree with the Wood Committee that, when these possible explanations have been considered, the disparity in the estimates cannot thereby be accounted for entirely and the following points revealed by the enquiry go to lay emphasis on this opinion.

The findings of the 1929 investigation revealed that the incidence of low-grade defect in the areas investigated was 1.87 per 1,000 population, while the Royal Commission estimate in 1906 was 0.98 per 1,000, almost exactly half the later figure. The various social services influencing the numbers of defectives in both ways, in keeping alive some defectives and raising the mental standard of potential low-grade defectives, could not have made such a great difference in the numbers. Was there incomplete ascertainment to this degree among low-grade defectives at the 1906 enquiry? Surely this group would have been those most easily ascertained by any investigators, for idiots and imbeciles are generally well known to the community, especially to doctors, clergy, social workers and the various authorities from whom the 1906 investigators obtained their information. But not only do the figures for low-grade defectives and for all defectives bear the same ratio in the two enquiries, but the relative incidence for all the grades is almost identical. Dr. Tredgold, basing his calculations on the 1906 Report, stated that of every 100 defectives in England and Wales 6 were idiots, 18 imbeciles and 76 feeble-minded persons. A similar calculation on the 1929 figures shows that in every 100 defectives there would be 5 idiots, 20 imbeciles and 75 feeble-minded persons. Unless unaccountable changes have taken place in these twenty years, this evidence suggests that the increased findings in mental defectives are not due, to any great extent, to improved ascertainment. Otherwise, the ratio of high-grade defectives to low would probably have been much greater, for it is among the feeble-minded that we profess to have improved our methods. A large increase in feeble-mindedness accompanied by a slight rise in the number of low-grade defectives could easily have been

explained away, but such a proportion in the increase suggests that a very definite increase in mental deficiency may have taken place in these years.

A further point arising from the findings lends colour to this suggestion. The incidence of all grades of mental defect in urban areas was 6·71 per 10,000 total population, as compared with 10·49 in rural areas, i.e. 56 per cent higher in rural than in urban areas. In no other investigation has the disparity been so noticeable, although in 1906 the incidence was seen generally to be higher in rural areas, particularly in agricultural districts.

vi. Present methods of dealing with mental defectives

By the authority of the Education Acts and the Mental Deficiency Act, 1927, defectives may either be segregated in institutions of various kinds, they may be left in the community under supervision, or, though their existence is well known by one authority or another, they may be left to look after themselves.

As under the present law the local authority for defective children is not always that for adults, we will deal with the child and the adult separately. The local Education Authority is responsible for the ascertainment of defective children from the age of 7 to 16. The defective child is discovered usually by the teacher, the school nurse, attendance officer or doctor, and is brought before the certifying officer for examination. This examination must be recorded in a report which gives full information regarding the child's parentage, medical history, home circumstances, social proclivities and educational attainments; an assessment of the child's intelligence according to one of the accepted scales; a diagnosis and recommenda-

tion as to appropriate treatment. By this means one would think that all defective children passing through the school would be identified and classed, but such is by no means the case. In the first place, teachers do not, sometimes owing to the size of the classes, have time or opportunity to search out defectives or distinguish between defectives and backward children, nor do they show themselves willing to take steps which might lead to the certification of a child with all that this might involve. Further, the school doctor will often fail to detect signs of defect at the medical examination where he is primarily concerned with bodily health, and, thirdly, certifying officers have been slow to issue a certificate of mental deficiency except in the clearer cases, especially when they know in some areas that such certification will not lead to the provision of special education or protection.

It is the duty of the local Education Authority to notify the Mental Deficiency Authority of non-educable children who are "subject to be dealt with" by the latter authority. Other sources of information are: the Juvenile Courts, the Industrial and Reformatory Schools, the Public Assistance Committees, mental welfare and other voluntary societies, and relatives of the defectives themselves. The Mental Deficiency Authority has three forms of provision: namely, supervision, guardianship and institutional care. For children who are not included in this range and are under the age of 7, informants take the form of parents, medical practitioners, children's and general hospitals, welfare centres and in a few cases Poor Law Guardians. Even when brought to light these cases often are not considered "subject to be dealt with," but are in some cases, when home conditions are favourable, freed from school attendance, or put under friendly supervision. These children

are not lost touch with but undergo a re-examination within three months of attaining the age of 7 and, according to the result, they are sent either to a Special School or an Occupational Centre, according to their mental capacity.

Non-educable children are all those incapable of deriving benefit from the Special School, and those mentally defective whom the Board of Education considers it wise to keep under supervision. It is interesting to note that of the total number, approximately 2,400, of non-educable cases notified during each of the past four years, only one-quarter have been in need of guardianship or have been institutional cases on leaving the Special School at the age of 16. This estimate of notified mental defectives is probably much lower than it should be, as many cases during school life escape detection and go out into the world without supervision, only to break down later and to come before the notice of the Local Authorities.

The aim of all institutions, Occupational Centres and Special Schools, whether certified under the Mental Deficiency Act or Children's Industrial Act of 1908, or a Residential Special School, under the Education Act, is to train the child, even beginning with the most elementary habits, as walking, dressing and washing, to a life that is for him useful, happy and self-sufficing, and with the higher-grade mental defective, to teach him the obligations of a social life among his fellow men.

The work and teaching of institutions must necessarily be divided into lowest, medium and higher-grade classes. Children in the lowest grade are often physically as well as mentally defective and have no power of deriving any benefit from even the simplest form of school training. Classes for these consist solely of the development of physique and cultivation of the larger movements of the

body—for example, by marching and a rhythmical swinging of the arms to music; often their own toy band, and simple games and exercises are organized to encourage co-ordination of movement and balance.

For the medium and higher grades of children, the institution provides the advantage of a regular school attendance and a training in elementary manual work, games and manners fitting for social intercourse. First they are taught household duties, such as cleaning knives, and polishing brass, soon to progress and produce specimens of raffia and leather work. The more advanced girls are given charge of the mending and washing of their own clothes, while the boys are sent to trade shops and gardens to train under skilled workmen. The work of this grade approximates to that of the Special Schools.

Another form of provision for training mental defectives is by Occupational Centres which are established in some towns. They vary greatly in size according to the facilities of transport in the district. They are run by women supervisors, who are not necessarily certificated teachers, but who show tact and understanding in dealing with children. The centres are open sometimes for five days a week, but often less. The children are collected from their homes and are often accompanied by their parents who come to the centre to watch the teaching and handling of their children, thus gaining experience for themselves in dealing with their own particular child.

The work carried on in these centres is based on the same principle as that of the institution and Special School. All the activities of the day are so planned to cultivate obedience, self-control, personal cleanliness, tidiness, helpfulness and kindness to others. Simple handicraft and useful domestic work all form part of the training with a view

to fitting the child for a helpful and happy life in the house. He is trained to be resourceful and able to amuse himself as far as his mental capacity will allow, so that he is no longer a dragging burden to his family but maintains his own position among them.

So far we have only dealt with the provision made for the care of the non-educable, mentally defective child; now we will deal with the means provided for the education and training of the educable, mentally defective children. Perhaps a short history of the growth of Special Schools for feeble-minded children will show that it is only within comparatively recent years that any different provision was made for the child whose mental capacity was below par. The first institution set up for their care was at Highgate in 1848, founded by Dr. Andrew Reed, and, as soon as a start was made, others were established—the Royal Eastern Counties Institution, the Western Counties Institution and the Royal Albert Institution. The last of this larger type of asylum, the Midland Counties Institution, was opened at Knowle in 1868, and in all of them provision was made for the education and training of the higher-grade children who were admitted to them.

In 1892 the London and Leicester School Boards marked the next step of progress by organizing Special Day Schools for mentally defective children, and the Elementary Education Act of 1899 made it possible for School Boards to provide for the training of mental defectives in Day Schools or Institutions. Soon after this about forty centres were founded in the large towns, and in 1902 the first Residential School for the feeble-minded was established by voluntary support in Cheshire.

By 1909, under the increasing powers given by the Education Authorities, 159 schools were authorized, and

in 1914 an Act was passed to ensure the obligatory provision for education of mentally defective children from the age of 7 to 16. The War at this period naturally retarded growth along these lines, but now there are 180 schools which provide accommodation for approximately 16,750 children.

According to statistics, this accommodation provides for approximately half the number, 33,000, of notified educable mentally defective children, 9,000 of whom live in rural districts and the remaining 24,000 in urban areas and large towns. If economically possible, it would seem that the obvious solution to this problem of insufficient provision would be to increase the number of schools, but such an increase has been found impracticable. A school admitting mentally defective children of both sexes, of all ages and of all grades cannot be well organized and graded unless there is an attendance of about forty children. It is calculated that only towns with a minimum total population of 55,000 can produce this percentage of defectives.

For the 24,000 ascertained children living in the urban districts there are available from 15,000 to 16,000 places in Day Special Schools, which is approximately two places to every three children, a better provision than that possible for the rural districts. Here, for the 9,000 mental defectives, there is accommodation for no more than 1,800 children in Residential Schools provided for their education. So it is obvious, from these figures, that although much has been done for the care of the mentally defective child, other means must be devised to supply educational advantages for the remaining half of these children who are not provided for either in Residential Schools or Day Special Schools.

From this it must not be concluded that these children

go neglected; on the contrary, most of them attend the public elementary schools, which in some cases provide special classes, often individual methods of instruction or other ways to meet the needs of the dull and backward child. It is essential, too, that constant supervision should be kept over all mentally defective children, and this work is usually carried out by Care Committees under the local Education Authorities, School Nurses, Health Visitors and local Mental Welfare Associations. This arrangement, too, has proved of great assistance to parents and relatives; they can turn for advice to these social workers who are better acquainted with the management of mentally defective children, and also they can be of use to Local Authorities in helping them to decide on cases that need urgent attention and removal to Residential Schools.

The training and care of notified children in Special and Residential Schools consist in educating them, as far as their mental capacity will allow, in elementary writing, reading and arithmetic and in training them in some form of manual work—woodwork, boot repairing, tailoring or gardening for the boys, housewifery, sewing, laundry work, embroidery and cookery for girls. These types of handicraft are not only valuable for all-round educational purposes, but are the best available for trade training. Such occupations, too, provide a general training which gives the boy or girl confidence when entering upon a job. Factory work and simple mechanical operations in a workshop are often easily within the range of most of the higher-grade defectives.

To sum up, the ascertained mentally defective children fall into two groups: the non-educable and the educable. The former are cared for in institutions and Occupational Centres, while the latter attend Day Special Schools and

Residential Schools. By each of these means the child is trained to the extent of his mental power. The Occupational Centre aims at adapting the child to the environment of the home, while the Special School goes further, to establish him in a recognized position among his fellow men. Each provides for different grades of mentally defective children, and when one supplements the other then they both reach the highest point of efficiency.

So far we have only seen by what means and to what extent mentally defective children are being provided for, and now when dealing with the provision made for defective adults it will be noticed that the same difficulties of accommodation, grading and supervision arise. There are broadly two ways provided by the State for the care, training and control of defective adults, that of placing them in an institution and that of leaving them in the community under the supervision or guardianship of some responsible person or body of people.

In England at the moment there are various types of institutions: certified institutions provided by philanthropists or the Local Authority, Poor Law Institutions, which vary a great deal in size and organization from special blocks set apart entirely for the defective to a larger type on a colony basis; there are also Approved Houses and Certified Houses, these two latter often run by individuals for remunerative purposes.

Perhaps a short description of the work, training and aims of a colony or main institution will help to illustrate the progress made by the authorities in the care of mental defectives, and also to abolish the idea held by many people that institutions are places of hardship for the inmate and are run on the lines of a prison, for really this is not the case. It is a happy life for the defective fortunate

enough to gain admittance, for there he is no longer made to feel his inferiority to his fellow men, which is inevitable in the outside world. In the institution he is equal to his fellows in many ways and often their superior.

Besides this good fundamental feeling of equality for promoting happiness, the institution offers all kinds of occupation for the mind; trades, work of all sort, schools, homes, hospitals, physical culture and games. In many of the larger institutions the work is carried on by the inmates, their lot apportioned to correspond with their mental capacity.

One of the aims of the institution is to make and keep in repair everything needed by the institution for its own use, such as furniture, clothing and boots. The higher grades manage the weaving, boot-making, tailoring or carpentry and the general major repairs and requirements of the institution; the medium grade is responsible for the routine work, gardening, etc.; while the lower grades of mental defectives go on errands to fetch and carry. The work is also graded for women, ranging from a high standard of needlework, machining, weaving, embroidery, laundry, domestic work and gardening to simple jobs of cleaning and polishing.

Games, too, form an important side of life in the institution. Physical exercise and gymnastics for both sexes are a great help towards development, and dancing is a popular hobby among the girls. Football and cricket teams are formed by the men and often compete with outside opponents; Scouting and Guiding are a great interest to some of the boys and girls. There is often a dramatic society, which performs to the inmates and also to outsiders, causing great fun and amusement, and the small charge made covers the production expenses.

So in these varying ways the institution of the finest type provides occupation and relaxation for all grades of mental defectives and aims at making the life of the patient as full and happy as possible.

Supervision and guardianship are the other means of protecting the mental defective whilst he is left in the community. Under the Mental Deficiency Acts of 1913 and 1927, it is the duty of the Local Authority to provide supervision for the defective in his own home so long as he is controllable by such means, and to see that he is being trained and occupied. This duty is carried out by Supervision Officers appointed by the Local Authority or through Health Visitors, Local Mental Welfare Associations, School Nurses or by voluntary bodies. It is important that the supervisor has had some experience and training in the dealing with defectives and that the watch kept over them is rigorous and unneglected. For the success of the scheme so much depends on the competence and carefulness of the supervisor, the co-operation of the family and relatives to help in adjusting the environment of the mental defective and the power of the Local Authority to give financial assistance in deserving cases.

Most of these difficulties are surmounted by guardianship which is managed on a judicial basis. Maintenance is granted by the Local Authority and complete responsibility of the case is taken by the guardian.

vii. *The flaw in the present system*

It will immediately be suspected that the weak point in these measures is the provision made for adult defectives left in the community. Even if the sifting of subnormal children in the schools is flawless and the education

provided for them is unquestionably the best possible, so much care and expenditure, and it is indeed enormous, is for the most part wasted if arrangements for adult defectives are haphazard and inadequate. At first sight it would appear, then, that the simplest method of dealing with the problem would be to provide institutional accommodation for all defectives, but the matter is not so simple as that. In the first place, the expense would be prodigious; in the second, it would not be equitable or reasonable to expect all those who are so nearly normal citizens, and who, moreover, are able to earn their own living and support themselves with slight assistance, to separate themselves from their friends and relatives to live in colonies and institutions. According to the Brock Committee, approximately two-thirds of the total number of defectives are capable of community life, and it is therefore their right to have it and the State's responsibility to organize efficient community care. At present there are about five-sixths of the whole at large in the community, many of whom are still officially unascertained. More institutional beds are needed, but the greatest need is for increased care of the remaining majority, the two-thirds of the total defective population living amongst us. There must be better ascertainment and better supervision, better opportunities and greater help given to these unfortunate people, who, however hard they try, are prevented by their defect from arming themselves as normal citizens in life's struggle, who, if the struggle is too great for their slender powers, will sink irredeemably into the depths of abject poverty and despair.

A defective man or woman trying to live a normal, useful and happy life in the community can scarcely fail, in the course of it, to be confronted by the desire, and

probably the opportunity, for marriage. He or she will probably realize to some degree that children should not be born of such a marriage, and, if this is not the case, those responsible for supervision will realize and will be able to make this clear in a simple, friendly way. Is the defective for this reason to be prevented from marriage and be for ever harassed and perhaps eventually overcome by the desire to marry? There seems to be no sound religious or other motive for forcing this hardship on one so eminently unfitted to bear it. If one partner of the marriage were sterilized the pair could go quietly on without fear and without undue strain, still under the care of a friendly visitor. If marriage is prevented sexual desires tend to induce subterfuge and deceit, probably resulting in promiscuity, illegitimate children and kindred evils. It is known that whereas the marriage rate among defectives is lower than that of the normal population, due perhaps to the fact that the public do in some measure realize the wrong of risking the reproduction of defective stock, yet the illegitimate birth-rate is considerably higher. Of 3,247 mentally defective women known by local authorities to have had children, 66 per cent were unmarried. The opportunity of an ordered, married life, without risk of procreation, might have prevented much of this misfortune among these women. We are working on the right lines in allowing defectives to live in the community with the maximum amount of liberty and opportunity to prove and support themselves, but we are tempting Providence and putting an undue strain on those least able to bear it if we do not allow them the right to be sterilized so that they can live a normal sex life without fear of the added strain involved by the care and upbringing of children.

CHAPTER IV

THE LEGAL AND MEDICAL ASPECTS OF STERILIZATION

i. Other methods of conception control

SUCH, then, are the considerable groups of people for whom there is immediate and urgent need for sterilization, for their own well-being and happiness and for the benefit of the community. For the physically and mentally defective, sterilization is obviously to be preferred to other methods of conception control, in that it alone has those qualities of permanency, simplicity and security which other methods lack. These three qualities make it most suitable for the following reasons: in the first place, hereditary mental and physical defects are incurable and therefore there is no hope of eventually reaching a healthy state wherein one would be reasonably sure of begetting normal children; in the second place, the single operation, with no subsequent necessity of adjusting contraceptive devices nor of regular attendance of a clinic or doctor—in a word, no need “to bother about it at all” afterwards—is particularly suitable for mental defectives, who, by reason of their defect, are not highly capable of sustained care and responsible effort; finally there are no mistakes after a sterilizing operation, as there are so often with other methods of conception control. The latter are temporary expedients. At each act of intercourse precautions are taken to safeguard against pregnancy following; they are methods which aim, not at precluding children altogether, but at enabling parents to have children when they want them. Sterilization, on the

other hand, is a permanent method of conception control; once the operation has been performed on either men or women they are incapable of procreation at all; their sexual activity is in no way changed; they are still capable of perfectly natural intercourse. Without having to adopt any precautions they can beget no children. There have been some cases where a second operation has restored to the person the power to procreate; instances of this are rare.

ii. *The uncertain legal position*

Supposing, then, that a married couple feel their responsibilities and, having weighed up every issue, decide to obtain sterilization, can they do so? The answer is No. Nevertheless there are numbers of people who have undergone the operation in England. People presented with this fact are in a quandary to understand why many, sincerely desirous of avoiding the bearing of offspring, in whom their parent's hereditary taint will probably become manifest, are quite unable to do so. It is an anomaly which only the law, supported by public opinion, can eradicate. To attain this is the object of all those who have considered eugenics as a practical measure.

As the matter stands at present there are no laws dealing directly with sterilization, neither have there been any test cases or decisions which would give any clear guidance in the matter; yet there is sufficient guidance to make it generally realized that to conduct an operation for the sole purpose of sterilization would in all probability be quite illegal. How, then, have the cases already treated managed to escape legal enquiry?

Most of the operations performed have been for "therapeutic sterilization"; that is to say, there were other

conditions present in the patient, and sterilization was effected, not for the sole purpose of preventing procreation, but to assist the general health of the patient. The difference between accepting these cases and refusing to deal with eugenic cases may appear very much akin to a legal fiction. Sterilizations for eugenic purposes are also indirectly therapeutic cases. A patient who is at all conscious that he is suffering from an hereditary defect is freed from the harassing fear of probably breaking down under the strain of a family. This particularly applies in the case of women. Moreover, are not these eugenic sterilizations also good for the general health of the nation?

Despite this, however, even if the applicant be of perfectly normal mentality and capable of giving his consent, a doctor *may* be liable to legal proceedings who operated for eugenic purposes alone. The medical profession generally and hospitals refuse to undertake such operations and medical defence organizations will not indemnify their members against risks. Their reluctance is natural; the risk is too great. However, anyone who can pay the fee can no doubt find individual doctors willing to perform a eugenic sterilization. There should be not the slightest desire to bring any class distinction into this discussion at all, but there is a very obvious inequality apparent here. Those in really great need are prohibited from the assistance they deserve, while their more well-to-do cousins can pay their way round the difficulty.

The legal world, however, is by no means unanimous on the question of illegality. The following is the point of view expressed to us by a lawyer of some distinction.

“There are only ancient statutes and decisions by the Courts that can be called in aid and these reflect the ideas of their time. Personally I have little doubt that sterilization

is legal when the motive is eugenic or a desire to continue sexual life in marriage without further children. A doctor who performs the operation has nothing to fear from the law if he is satisfied that the operation is eugenically desirable and/or is genuinely desired by the patient and, if the party is married, both parties consent."

On the other hand an extract from the Report of 1933 of the Medical Defence Union is illuminating as showing the attitude of the medical profession. A certain Medical Officer of Health, a member of the Union, had to deal with the case of a woman whom he considered should be sterilized. "The woman was anxious to undergo the operation, which the Committee offered her free of charge, but before making the necessary arrangements our member thought it advisable to consult the Union as to the position. He was advised that it was uncertain whether the proposed operation could be legally justified unless performed for some pathological condition. Consequently if the woman should die as a result of the operation, the surgeon or those responsible might find themselves in difficulties." We would give a further practical illustration of the general doubt of the legality of sterilizing operations in this country. The Eugenics Society, in order to create facilities for the poor to be sterilized, offered to endow a bed on condition that preference should be given to those patients who sought voluntary sterilization. Not one hospital would accept the offer.

It is scarcely relevant to seek legal opinions outside England, but the recent Graz Sterilization Trial in Austria affords us an illustration of a similar difficulty there. The case concerned a physician, two medical students and a number of individuals who were charged with performing sterilizing operations on several men, with the consent of

the latter. The defendants were acquitted by the Provincial Court on the ground that the Austrian Criminal Law contained no material from which it may be construed that operations for eugenic sterilization could be forbidden. However, the later judgment of the Supreme Court set aside that decision and pronounced terms of imprisonment. One of the grounds for this verdict was, that although an individual gives his consent this does not nullify the criminality of an act. Furthermore the Austrian Criminal Law requires that for an injury to the body to be a crime there must be "hostile intention." The Provincial Court held that there was no such "hostile intention" because the patients had consented to the "injury" done to their bodies and moreover desired the effect resulting from that injury. On the other hand the Supreme Court held that there was "hostile intention" in so far as there was present the motive to destroy the wholeness of the patients' bodies. Therefore the consent of the individual, or the absence of it, was immaterial as it did not affect the criminal nature of the operation.

Now let us refer back to England and try to grasp the principle underlying the legal position of any operation on the body. Obviously operations vary; some are merely performed to make a diagnosis of a disease, while others are carried out with the immediate object of saving life. Again there are the diverse operations of a prophylactic nature, transplantation, transfusion and cosmetic. Wherein are these legal and others illegal? There is no definite ruling for each particular type of operation, but there does seem to be a general consensus of opinion which are the legal operations, which the borderline cases and which the strictly illegal. The legal position rests on a broader principle than the mere preservation of life. The whole

question seems to hang on one of values. Whenever the resultant advantage of an operation, whatever its nature, whether transfusion or diagnostic, etc., is greater than the disadvantage of pain, inconvenience or loss caused by such operation, then the operation appears to be legal. Thus if a leg be amputated the loss or maiming is serious, but if, by this act, tuberculosis is prevented from spreading, then the operation is lawful because the advantage outweighs the disadvantage of the loss. Incidentally it may be inferred from this that for certain people face-lifting operations are strictly unlawful!

This explains why therapeutic sterilizations are inside the law. The primary condition necessitating them is a pathological one and the advantages resulting therefrom are greater than the damage to the integrity of the body because the general health of the patient is affected. Where, however, the sole motive is eugenic, whether there is consent or not, it is generally felt that the operation would be illegal, because, it is argued, the intention is not to prevent a more serious disorder or improve the patient's health, but simply to relieve him of a certain amount of responsibility. This may appear to be illogical, but the fact remains that there are no medical authorities who will publicly undertake to perform eugenic sterilization; there are undoubtedly many such operations performed privately, but that does not make them legal.

Thus to make eugenic sterilization legal it must first be publicly recognized that the advantage consequent on the operation is greater than the disadvantage of the impairment of the integrity of the body. Here again, then, arises the necessity for the revision of public opinion, for a kindly, enlightened opinion. Although some members of the legal profession deny that this operation is so definitely unlawful,

it must be remembered that there are no English laws dealing specifically with the point, neither has there ever been a test case. Under these circumstances the attitude of the medical profession in the matter can be understood. The diffidence of hospitals and the medical profession is caused by doubt of the legality of the operation, *which doubt, in so far as it prevents operations being performed, is as effective as any law forbidding eugenic sterilization.*

If, then, the eugenic sterilization of sound persons is under such doubt, there can be no uncertainty as to the position of mental defectives and those suffering from mental disorders. A doctor performing such operations might be liable either under the Mental Deficiency Act, 1913, or the Children and Young Persons Act, 1933, or the Offences Against the Person Act, 1861, and, in the unlikely event of death resulting, be further liable to a charge of manslaughter.

It can therefore be seen how great is the need for a legal basis for eugenic sterilization. Naturally there would have to be precautions, not only on the side of the applicant, but protection for the doctor as well. The Brock Committee has considered all these points, and they are dealt with in Chapter VII of this book.

iii. *The nature of the operation*

What precisely are the operations to which allusion has been made and which cannot strictly be performed, on eugenic grounds, according to the law as it now stands in this country?

The operation for a male is simple and without danger. The seminal fluid is produced in the testes and, on ejection, is conveyed through a duct called the vas. To sterilize a

male simply involves the division of the vas on both sides (hence the name of the operation, vasectomy). Spermatozoa continue to be produced but are absorbed by the inner tissues of the scrotum; in sex activity seminal fluid is still ejected but lacks any spermatozoa. The procedure has no complications, and although a general anaesthetic is more often used in England, the operation can quite well be performed with a local anaesthetic, as is frequently done in America. As the operation is so slight there is little inconvenience afterwards and it is rarely that a patient requires more than a few days in bed. In fact we understand a healthy man can proceed to work the same day.

The sterilization of females is a more serious matter. There are three alternative operations, but as two of them are more dangerous than the third, owing to the greater risk of complications, we will discuss these two briefly and give a more detailed consideration to the third.

Hysterectomy involves removal of part or whole of the uterus and oöphorectomy is the removal of the ovaries. As a means to secure sterilization only, these methods are of doubtful value, not because they are ineffective, but because they are both serious operations. They are of course carried out where other conditions warrant, but that point does not concern us here: they would scarcely be performed for eugenic purposes only. In addition they are liable to cause premature menopausal conditions, involving perhaps some mental disturbance, even in normal women, and oöphorectomy especially can have a bad psychological effect.

The third method, more commonly used, is called salpingectomy. The ovaries are connected with the uterus by the Fallopian tubes and salpingectomy consists of the

division and removal of part of these tubes, the principle of the method being something similar to that of vasectomy in males. For females, however, the operation is more serious; it naturally involves an abdominal incision and therefore comes under the heading of a major operation. The patient would be confined to bed for at least two or three weeks. However, with no other conditions present, it is not a dangerous operation and is generally compared with the removal of a simple appendix. Its great advantage over the other operations is that it leaves the uterus and ovaries quite untouched, except that the point of entry of the Fallopian tubes into the uterus is often sealed, and thus the internal secretions of the ovaries remain to carry on their work. This being the case no physical or mental complications arise afterwards; premature menopause does not occur and sexual activity remains the same. Except for the fact that she can no longer bear children the patient's functions are unaltered. A variant of this method is now possible which in some cases leaves the parts capable of being restored to normal again by a second operation. This is not usually done but is a matter of psychological importance to some women. Another method obviates any abdominal operation. The uterine ends of the Fallopian tubes are sealed by an electric cautery. This is irrevocable and is difficult but as it is relatively safe and has been performed successfully many times it may become the method of the future.

The physiological effects of sterilization are slight. The social and psychological effects are very important, but it will be more convenient to discuss these with other relevant points in Chapter V.

As regards males, vasectomy involves no change. We must be clear not to confuse sterilization with castration,

which involves removal of the testes, and, when performed before, or during, puberty, means very marked changes in character and function of the person concerned. Castration has been employed in one or two countries, generally on certain types of sexual perverts, but it is a question outside our province here.

Sterilization of males has no effect either on health or sexual activity. There is, however, a certain doubt whether vasectomy may not check the development of persons who have not yet reached maturity. The internal secretions of the testicle have their part to play in the growth of a young person, and no doubt further research will determine the point. In view of this doubt the Brock Committee's Report recommends that vasectomy should not be carried out on any male until he has reached full physical development.

There is no suggestion that salpingectomy has the same retarding effect on females in puberty, but there is a possibility that certain neurotic types of women, more especially young women, may be upset at the thought that they can no longer bear children. This is a phase which can pass with improvement in general condition. In some neurotics, however, the regret remains.

iv. Sterilization and mental disorders

So far in this chapter we have been considering the effect of sterilization on normal people and mental defectives; as we have seen, except for the function of procreation, they remain unchanged. As we are dealing with sterilization generally, we must consider the possibility of some effects resulting in another section of the community, those suffering from mental disorders. Here we must distinguish

between mental deficiency and mental disorder. We have already noted that mental deficiency generally makes itself manifest before the age of eighteen, or at any rate before full development is reached. It is generally inherited but can also be occasioned by an accident or disease in childhood. Whatever the cause may be it means that the development of the mind is arrested before maturity and never progresses beyond that point, neither is there any recovery or, more correctly, full development, although the condition may be improved a little by skilled institutional treatment.

Mental disorder, on the other hand, is a term applied to persons who have reached their full mental development and whose minds have worked perfectly normally. At any age, however, a condition may arise which throws the mind off its balance to a greater or less degree and it no longer functions normally. The disorder may remain or it may clear away or perhaps recur again later. Briefly mental deficiency is arrested development while mental disorder can occur after full development has been attained. Of course it is also possible for a mental defective to suffer later in life from some mental disorder as well.

In many cases of mental disorder there is the possibility of *any* type of operation causing further disturbances, and owing to the nature of the cases it is often difficult to determine whether the further trouble has been caused by the operation itself or is due to the conditions giving rise to the operation. It will be seen therefore that those suffering, or who have suffered from some mental disorder, might be injuriously affected by an operation designed to sterilize them. In view of this the Brock Report suggests that persons belonging to this group in the community should not be allowed to be sterilized unless they had

been examined by a "competent psychiatrist . . . to certify that, in his opinion, no injurious result would be likely to follow."

With this precaution it would seem that this group of people would be greatly benefited by sterilization, especially those whose disorder passes through temporary phases, allowing them, for the greater part, to live normal lives. Often they fully realize their responsibilities and are consequently afraid to marry at all, or if married, feel compelled to refrain from any marital relations. Of course it is a debatable point whether such people should marry, but it should be realized that in certain types of mental disorder sexual abnormalities appear in the earlier stages of the attack and there is no effective control which can safeguard them against an "un-willed" pregnancy. Sterilization would prevent such an occurrence and on recovery from the attack the person would be saved from useless regrets for an act for which he or she was not fully responsible at the time.

Again, to such people there is the very real dread of transmitting their mental disorder to their children, or in the event of the children being normal, of not being able to provide for them a good family life. Also a pregnancy can easily aggravate an attack of mental disorder and cause a serious relapse.

To many people in this group then, sterilization, although not without its difficulties, would be a very great advantage. It would open the gateway through which many long to pass, to leave behind the dark, cramping fears of what might happen, the burden of parenthood which they feel they are not fit to bear, to enter the finer atmosphere of a life clear of such uncertainties. This is particularly so in the case of those unions where only one partner suffers

from mental disorder; the remaining healthy partner has to bear the whole weight of responsibility, a great disturbing psychological factor which undoubtedly leaves its mark in the life of such homes.

So much for the mentally disordered. For normal people and mental defectives, the sole effect of sterilization is to take away the power to beget children. It does not assist in any way the mental condition of defective persons, although in some cases it brings a certain stability of character which we shall discuss when viewing the social effects. Otherwise general health and conditions are left just as they were before the operation.

CHAPTER V

PSYCHOLOGICAL AND SOCIAL RESULTS OF STERILIZATION

i. Psychological

THE physical and mental effects on the patient are not, however, the only important consideration in weighing the advantages of sterilization. Wider issues are involved. It is suggested that this measure can play a part in counteracting the danger of a serious deterioration of the race, a deterioration which may be both physical and intellectual. There is at least this consolation arising from a review of the tendencies of the last twenty years. The race deterioration that we fear is not some unknown menace enveloping us so that we grope about in a fog of ignorance and dismay. We can see how we are being attacked and we can therefore arm ourselves to withstand the advance. Clear, precise evidence shows that much physical and a great part of the mental inefficiency is directly caused through inheritance of defect. Such, then, is the present position; there is an increase in the number of unfit, dangerous to the health and well-being of the community; but the cause of this increase is known. A known cause soon begets a remedy and sterilization offers itself as a partial remedy at least, directly attacking the root of the problem by simply preventing the birth of the unfit. Let us consider what results may be hoped for if it is given a trial. The psychological and social effects of the measure must be estimated, for it must never be forgotten that sterilization by itself is absolutely valueless to remedy the existing situation. It is

not the panacea for all ills. It does not claim to cure mental defectives. Its effect on the total number of defectives now living can be nothing else but negligible. Sterilization is a contribution to posterity, an investment for the future benefit of the race, for its health and preservation.

But though its effect on the existing number of defectives as a whole may be negligible, its possible effect on individual defectives cannot be so described. To some it may mean nothing short of a new life.

ii.

We have already observed that the physical results of sterilization are in no way harmful to the well-being of the subject and only affect the power of procreation, but there seem to be some important psychological effects. It is difficult to conjure up to one's self the outlook of a mental defective, but it is easier to understand that the anticipation of such an operation may have repercussions on the patient's outlook. Especially is this probable in one who has a sense of responsibility in some degree, and who has had the nature and effect of the operation carefully explained. Take for instance the case of a mental defective who has received a period of training in an institution and has gained stability sufficient to enable him or her to live a life outside. The rosy view of the future is somewhat clouded by the harassing thought of what might happen if marriage and a family ensue. But imagine with what eager co-operation that patient turns to sterilization after understanding the full implication of it. There is very real hope of a new life; he has been trained for it and now he is being assisted to maintain it; instead of dividing fears as to what might happen, there is a new interest and a newly-won confidence.

Then comes the realization of his hopes, release from the institution, the sympathetic care of a guardian or supervisor, and the re-orientation of personal interest, either in home life with relatives, or in marriage, with complete freedom from the anxiety lest this new life should break eventually, under the strain of a family. He feels that he now has the power to maintain it, thanks to the previous moulding by training; the very fact of the operation itself marks a new stage, leaves its impression and there follows a certain change of attitude, a new appreciation.

This is no mere hypothesis but a fact of experience in other countries, that in many cases sterilization, far from encouraging promiscuity, rather fosters a higher standard of morality in those people capable of making a response to friendly counsel and sympathetic guidance.

The married defective is freed by sterilization from the heavy weight of anxiety, the lowering burden of the fear of parenthood. Not only is there the fear that other piteously defective children may be born, children who will never be able to fight their way in the world, or share the ordinary life and joys of other people, but there is for many defective women the knowledge that pregnancy will almost undoubtedly bring with it an aggravation of their present state of defect. And what may this mean? The home neglected, a disgruntled husband, economic distress, the shattering of all the hopes and results of years of striving and building; perhaps the mother may have to be "put away" again for a period at least, and how is she to know if the old freedom will ever be regained and what will happen to her home in the meantime? Such parenthood can indeed be a disaster. But sterilization would make those homes infinitely more steadfast. Defectives could then live the life most nearly normal that is possible for them and,

thriving on their apparent ability to hold their own and live as other people, they would grow in confidence and strength. They would have, too, an added advantage; if the man is defective and unable to earn the full wage of a normal worker, he will not have to provide for children on his small income but he could even have economic support from his wife, for, unencumbered by the extra work resulting from children, she could probably supplement the man's earnings by working herself. Many a crisis has been averted for normal and subnormal couples by the earnings of the wife. The fact that there is the possibility of two economic units instead of one in a family makes for stability among those who are so really in need of all that will give them firm ground.

Thus sterilization, allied with the existing measures for the assistance of defectives, with the very important inclusion of effective supervision, can be of real value to the defective and can achieve what nothing else could; for, as has been pointed out elsewhere, other contraceptive methods require too much care and sense of responsibility to be adequate safeguards for those who are eminently lacking in such characteristics. In no other way can large numbers of these high-grade defectives enjoy the companionship which marriage offers, which is so sought after and so fortifying for many, without the danger of the responsibility of parenthood. The fact that existing defectives are defective cannot now be helped, and as they are not to blame for their existence every effort should be made to give them as much help in life as they can have. They should not, however, be allowed to have children. Sterilization offers them the maximum amount of normal living with the danger of parenthood averted.

iii. *Social: relation to segregation*

So much for the results of sterilization for the individual. The results as they affect the community are still more important. The birth of a defective child means the beginning of heavy expenses for the State; the cost of education in Special Schools is superimposed on ordinary elementary school education, but even at the age of 16, not 14, as for other children, the defective continues to be a heavy burden, for he is rarely in a position to make more than a small contribution to the State for all that he receives during his lifetime. The accommodation and arrangements made for the care of defectives have been described at some length in Chapter III in order to give an impression of the vastness of the problem and the obvious burden upon the Exchequer.

The Wood Report made investigations regarding mental defectives in six selected areas of varying types, and the facts brought to light as to the amount of public money expended on them is illuminating and serves as a guide when one is endeavouring to realize the enormous expenditure involved in dealing with this class of person. As regards location of adult defectives in these six areas over 23 per cent are in Poor Law Institutions, 14 per cent in Mental Hospitals and 5 per cent in Certified Mental Deficiency Institutions; the remainder are living at home and it may be assumed that a number of these families are in receipt of outdoor relief. As regards expenditure in the same areas, 56 per cent are receiving financial support from public funds, 25 per cent in Mental Hospitals and 18 per cent are being maintained by Local M.D. Authorities in Institutions under the Mental Deficiency Act.¹

¹ Wood Report, Part III, p. 40, § 41.

Yet still more needs to be spent to attack the problem adequately. Not all the children of defective parents are defective and often defect cannot be verified until the child is seven or eight years of age or even older. But if the Education Authority is not having to provide special education or the Mental Deficiency Authority special accommodation and treatment, only too often is the Poor Law Authority having to care for large numbers of children, often illegitimate, of defective parents. It is a well-established fact that whereas the marriage-rate among defectives is lower than that among the ordinary population, the illegitimate birth-rate is considerably higher. Figures from the Wood Report,¹ based on investigation in the Eastern Counties, shew that a group of 196 mentally defective women in an area had given birth to 118 illegitimate children. Taking the maximum childbearing period as thirty years (from 15 to 45) this means that from this group during each year of this period an average of 4 illegitimate children were born, giving an incidence of 20 per 1,000 per annum as compared with an incidence of 4 illegitimate children per 1,000 per annum from all the childbearing women in the general population of the same area. When the economic position of many mentally defective women is called to mind it may safely be assumed that many of the illegitimate children thus born start or spend the early years of their lives in Poor Law Institutions.

Sterilization will not materially reduce the number of defectives now in institutions. This fact cannot be too clearly stated. Sterilization is not an alternative to segregation. It is proposed to meet the needs of another section of the defective population. In the opinion of experienced superintendents of Mental Deficiency Institutions, not

¹ Wood Report, Part IV, p. 138.

more than 3 or 5 per cent of the total number of segregated defectives could safely be released if sterilized, and the smallness of this estimate is easily accounted for; institutional patients are the small proportion of defectives who have been found incapable, either from instability, anti-social tendencies or sheer helplessness, of living in the community. Sterilization will not make them stable, restore their intelligence or cure their incurable tendencies. It is not for them.

Segregation seems to be the only method of treatment for those whose condition is too serious for them to live in the community at all. Institutional accommodation of this kind is provided for one-sixth of the total number of defectives in the population. Such a shortage of accommodation necessarily means that only the worst cases can enter institutions, with the result that many higher grade mental defectives who would materially benefit from the training that they would receive there cannot get in. They are at present without the opportunities which would best fit them to live fairly normal lives in the community. The training of habit is the only substitute they can be offered to supplement their defective intelligence. If the State could offer them such temporary training and shew, by giving them opportunities for sterilization, its desire that they should lead lives as little subject to strain as possible, without the burden of bearing and bringing up children, there would surely be less disastrous failures among the remaining five-sixths of the defective population. Institutions for the temporary training of high grade defectives, especially adapted to fit them for life in the world outside, are sorely needed at the present time. Sterilization as a solitary measure is useless, but sterilization with increased accommodation of this type and increased supervision and

after care may substantially reduce the future burden of mental deficiency. The Brock Committee consider that only one-third of the total number of mental defectives need permanent institutional accommodation and that the remaining two-thirds are capable of community life. The opportunity of voluntary sterilization is for the majority, but with it there must be constant and interested supervision, not necessarily in all cases by mental health visitors, but by the person best fitted to help in each individual case, whether it be the probation officer, the social worker, the parish clergyman or some responsible friend of the defective. Personal contact and sympathy are essential for effective supervision.

The Wood Report¹ is emphatic on this need. "The control of defectives in the community must play a more important role in the general care of defectives in the future than it has ever done in the past." Out of the large total of mental defectives in England and Wales only 18,000 are under supervision and some 1,100 are under guardianship, although there are a large number of others visited by Local Authorities and various voluntary associations, and evidence from these sources points to the urgent need of still better methods of caring for mental defectives in the community. Not only must the defectives released from institutions be carefully chosen as regards character, temperament, powers of control, but so also must those who are to have the care of them in the outside world.

It is apparent that such increased accommodation and supervision would involve increased expenditure, but before such a proposal is turned down on that score, it would be as well to look a little further. A number of passages from the Wood Report are very illuminating: "It is of some

¹ Part III, p. 54, § 57.

interest and importance to know that the increase in mental deficiency, if there has been an increase, has been caused, not by the deleterious industrial conditions of the large towns, but by selective hereditary features operating in isolated rural areas where the environment is most conducive to the birth and maintenance of a healthy stock."¹ Again, "If, as there is reason to think, mental deficiency, much physical inefficiency, chronic pauperism, recidivism, are all more or less closely related and are all part of a single focal problem, can it be that poor mental endowment, manifesting itself in an incapacity for social adjustment and inability to manage one's own affairs, may be not merely a symptom but rather the chief contributory cause of those kindred social evils? If so, then the problem of mental inefficiency, of which mental deficiency is an important part, assumes a yet wider and deeper significance and must indeed be one of the major social problems which a civilized community may be called upon to solve."²

The immense importance of these two statements is surely apparent. Here it is definitely suggested that mental deficiency may be the chief contributory cause of all those evils which all the public health bodies and social services are attacking. If, as it is hoped, a frontal attack can be made on mental deficiency by sterilization, increased institutional accommodation, supervision and guardianship, it is probable that we are not merely attacking mental deficiency, but all those other evils which are the degradation of a civilized community. Again and again has it been seen that improving environment only is of comparatively little value as an effective remedy to slum conditions. Bad lives make bad environment. It is useless to improve poor environment while the cause of it remains to act as a

¹ Part III, p. 37, § 36.

² Part III, p. 39, § 38.

canker, to dispirit those who are making great endeavours in the cause of humanity. Remove the core, and efforts to improve environment will then receive their due reward and will not be so much waste of time and energy.

It is not forgotten that environment plays some part in the causation of mental deficiency, but it acts in the majority of cases as instrumental in hastening or worsening the defect, whose root cause is hereditary. The Brock Report reads thus: "Although it is clearly established that a proportion of cases of mental deficiency is due entirely to environmental factors, this proportion is comparatively small. . . . The group of cases in which morbid hereditary and environmental conditions are both present is a much larger one."¹ Mental deficiency produces bad environment. A highly intelligent or even a normal person is rarely drawn to a defective, to choose him or her for his partner in life. Like marries like. The result is subnormal households, or in other words, bad environment in which children may, and probably will, be born. Whether the particular type of mental defect be hereditary or not, such persons are unfit to be parents. The considered conclusion of the Committee is that they were "unable to find any evidence that slum conditions . . . are in themselves responsible for causing mental deficiency." The reverse is rather the case; mental deficiency, or, more broadly, mental inefficiency, makes for and is the cause of bad living conditions and bad homes with all the kindred evils. Sterilization, in conjunction with those other methods already described, claims to attack in the problem of mental deficiency all those kindred problems which are now such a costly and miserable burden on humanity.

¹ Page 19, § 31.

iv. Promiscuity resulting from sterilization

At what risk? This is the question of many who are sincerely seeking to think out whether sterilization can be advocated. Is there to be the grave social danger of promiscuity and the spread of venereal disease against which moral welfare workers are still carrying on such a courageous struggle? In discussing the psychological effect of sterilization on the defective earlier in this chapter, we have already hinted that the opposite may conceivably be the case. It is known that sterilization has been for defectives, not the opportunity for unbounded licence, but the beginning of a well-ordered satisfying sexual life, with a marked re-orientation of interest around a settled home. Sterilization does not claim to redeem the fallen; it will not reform the prostitute nor can it be expected to have any effect on that particular type of loose character which is responsible for the birth of many an illegitimate child. There is a class of woman for whom the fear of pregnancy does not act as a deterrent: so whether sterilized or not, the result will be the same, except that unfortunate, unwanted children are not brought into the world. In the following chapter foreign experience with relation to the effect of sterilization on promiscuity is discussed and evidence seems to show that while there are great possibilities of increased promiscuity and the spreading of venereal disease, which would be a social calamity, such has not been the case in any single country where sterilization is in force, nor is there any need to fear that it should happen if there exists adequate, unailing supervision of a personal, interested nature. Supervision, increased and improved, is the all-important necessity if the right to be sterilized is allowed.

So it can be seen that there is much that sterilization does not claim to achieve. The sooner the general public realizes those limitations, the more ready it will be to give the measure a trial on its own merits, and they are surely sufficient to deserve a hearing and experiment. It will not decrease in any perceptible degree the number of segregated cases of defectives; it will not alter the character fundamentally nor improve the health of those who submit to the operation. Still less will it lessen the need for after-care and supervision; this indeed will rather be increased. But for the individual, there can be the setting free from ceaseless, wearing anxiety, the possibility of happy, unburdened marriage. Such individual benefits make for the general well-being of the community. To these must be added the inestimable contribution to society which it can make in attacking at its very base the evil of mental inefficiency and all those allied problems which beset humanity and which, it can genuinely be suspected, have their root cause in poor mental endowment.

CHAPTER VI

STERILIZATION IN OTHER COUNTRIES

i. *Early experience*

IN such an important measure as sterilization it is obviously important to estimate what the results are likely to be. In the last chapter we tried to outline how such methods would affect the problem as it is at present in England. A few years ago we should have had to remain content with this theoretical forecast, for there was very little practical experience to guide us as to the social results. Now, however, it is possible to turn to several other countries and observe the workings of sterilization laws there. It is true their conditions vary somewhat and naturally the laws are framed differently but, in the main, they have been made in an attempt to deal with the problem of checking hereditary defects.

There are at present twenty-seven states in America with sterilization laws in force, while in Canada the provinces of Alberta and British Columbia lead the way. Among European countries with active laws are Denmark, Norway, Sweden, Switzerland and Germany. Several other countries are also considering the imposition of such laws, including Finland, Tasmania and New Zealand. It will be seen therefore that England is in no sense an isolated pioneer in this sphere of sociology. There seems to be little doubt that it is a measure which will in time claim the attention of thinking men and women in all countries. There are many such in England now; what is needed is an enlightened public opinion crystallizing thought, that it

may grow in volume until it can be converted into action. It would indeed be a calamity if Christian thought turned aside from these ideas and allowed non-Christian opinion to propagate them. Christianity should be leading the way in this problem, sifting and permeating each point with its influence, rather than belatedly attacking various issues when they have behind them a considerable following.

With this attitude of mind, we should study the effect in other countries, seeing perhaps a weak point in their methods, but seeking above all to draw our own constructive conclusions and finding how best we can learn from their experience and adapt it to meet our own needs more suitably.

Before, however, we begin to make a survey of work abroad, we must bear in mind that most sterilization laws have been in force for a comparatively short time. The very earliest law to be passed was in 1907 in Indiana; the majority of them are much more recent than that and therefore a great deal of experience has not yet been gained. We mean by this that we must not expect to find striking decreases in racial deterioration; naturally such effects could only be observed over the course of several generations. What is important is the material furnished enabling us to judge to a certain extent the effect on the patient himself and his relationship with the rest of the community afterwards.

Again we must not be led away by the very natural bias of certain enthusiasts. In fact we can see that such a body really defeat their own ends. This is especially noticeable in some States of America. Perhaps an enthusiastic group of persons have managed to get a sterilization law passed without carrying the rest of the community with them. The result has been that without public support the

measure has become more or less a dead letter; little notice is taken of it; the enthusiasts having obtained their end can do no more, while the others, indifferent before, are doubly so now, and with more cause, for they can point to failure and say, "We told you so." This is failure through lack of support from the community. Failure in one or two other countries appears to be due to the lack of support from the Government; either the Act has been carelessly drafted or the proper machinery for its working has not been set up.

There is another matter for regret in the administration of some of the Acts. When the idea of sterilization was in its infancy, it was fondly hoped by some that it might be an operation which would perhaps improve the mental condition of the patient. Experience has disproved this but it is a pity such an idea has lingered for so long because it has meant many useless operations. Many subjects chosen were those in asylums and low-grade defectives who never could live in the community at all, whether or not they were sterilized or castrated. There is very little need to sterilize such persons; their conditions of living are effective enough for the purpose of preventing propagation. The main object of sterilization should be to relieve from the fear and burden of parenthood those high-grade defectives and mentally disordered who are able to live in the community, either under supervision or guardianship. Sterilization cannot lessen the need for this oversight, nor, for at least many years to come, can it diminish the need for institutional care and treatment.

But we have no right to conclude from these preliminary deductions that sterilization is therefore a failure. Success can only be built upon an experience of trial and error, and we have cause to be grateful that we can learn from

others who have gone before. No one has yet been able to shew that the method of sterilization is in any way at fault; what has happened is that the method has been misapplied in some cases, by no means all. Its sole purpose is to prevent procreation; in this it is entirely successful, therefore we must take care not to judge harshly the experience of others because their patients' mental condition has not improved or because large numbers of mental defectives have not been released from institutions. It is quite wrong to claim that sterilization will do this and we must not approach the question with preconceived notions of what we think it ought to do.

ii. *Countries where legislation in operation or proposed*

With this caution in mind, we will now make a brief survey of the workings of the Acts in those countries where it is operative.

In America, three States, New York, New Jersey and Nevada, have allowed their laws to lapse. No doubt the primary reason was the lack of public support in the matter. Twenty-seven now have laws in force but Oklahoma has not yet carried out any operations under the Act. It must be realized, of course, that each State is at liberty to pass its own laws and that they therefore differ in some respects. There is no need to go into any detail; a brief summary is sufficient.

Twenty-five of the States apply compulsory sterilization, but this is by no means so harsh as it sounds. In almost every State there is the right of appeal, and in many, no operation is effected without the consent of the patient or his nearest relative. The majority of the Acts are directed primarily to mental defectives and persons with mental

disorder who are inmates of institutions. It is also interesting to note that nineteen specifically include epileptics and three diseases of a syphilitic nature. One or two States also variously include habitual criminals, moral degenerates and sexually unbalanced persons who are a menace to society, but in practice the sterilization of criminals, as such, is not carried out.

Up to January 1, 1934, over 16,000 persons had undergone the operation for sterilization in all those States where an Act is in force. Of this total about 60 per cent were females. It is a matter for regret, however, that the vast majority of these operations were effected on people in institutions; indeed only approximately three hundred were not institutional cases. As previously mentioned, sterilization is more directly intended for people who are able to live in the community and the small proportion of this type dealt with in America does not give very much scope for investigation of the social effects of the operation.

An interesting fact emerges from the figures however. Of the total of 16,000 in all the States, 53 per cent (i.e. 8,504) have been performed in California. California was one of the earliest States to introduce eugenic sterilization in 1909, but a still more surprising fact is that the three years from January 1, 1930, to January 1, 1933, show a 50 per cent increase over the total for the twenty-one years from 1909 to 1929. This remarkable increase in recent years is an effective witness to the force of a strong growth of an intelligent and well-directed public opinion. It is true that in this State the law provides for compulsory sterilization but in practice very few operations are carried out without consent. California has been a protagonist in this direction and the increase is no doubt due, in some measure, to the work of The Human Betterment Founda-

tion. We shall observe in a following chapter how important is public opinion and the advantages of voluntary as compared with compulsory sterilization, but it is worth while noting here the importance of an instructed public opinion in such a matter. The majority of the patients were those suffering from some mental disorder and only one-fifth were mental defectives, while of these latter 34 per cent of the men and 28 per cent of the women were still in institutional care according to a test enquiry made in 1927, prior to the increase. It will be seen therefore that the one State which has carried out eugenic sterilization on the largest scale cannot supply much data regarding those persons sterilized and able to earn their living in normal life.

Nevertheless, what information there is is worth considering and we can observe a few points made by the Human Betterment Foundation.¹ Here it might be as well to make some allowance for a little, perhaps pardonable, enthusiasm in the particulars given. It is stated that a careful "Follow-up" has been made of the sterilized feeble-minded and that of those subsequently released from institutions two-thirds have successfully adapted themselves to their social environment in the outside world. Many of the women who underwent the operation have married, and according to the reports of social workers and probation officers have settled down happily. In this connection it is important to remember that where a feeble-minded couple have no children, and are not hampered by the fear of the arrival of an unwanted family, both are left free to undertake some form of employment if available, where neither of the partners alone could have been economically

¹ See *Eugenics Review*, January 1934. "Human Sterilization" by Human Betterment Foundation, California.

independent. There is a natural fear in many people's minds of the wisdom of allowing sterilized girls at large in the community. They could easily become the prey of unscrupulous men and develop into a real moral danger to society. Against this there is of course the argument that in girls of this type the fear of pregnancy is not a sufficient deterrent and that sterilization would not therefore lead them to make any deeper plunge than if they had never been sterilized. This is a doubtful line to take. What is needed is really effective and sympathetic supervision of each girl and it is therefore interesting to note the report of the society on this point. They state that of the feeble-minded girls who had been sterilized, 75 per cent of them had been sex delinquents before the operation, but of this 75 per cent, only 8 per cent had committed sexual offences after sterilization and release from institutional care. This result is put down to the working of a well-organized system of probation and parole. Every patient, whether released from a feeble-minded institution or hospital, is put under supervision for two years, during which time they can be recalled if it is thought necessary. These figures are no doubt based on well-observed cases covering a period of systematic investigation, but, however carefully compiled, there is always the doubt that there may have been lapses in circumstances which could never be known. Even so, it would require a large number of such cases to increase the proportion of 8 to 75 per cent to any disconcerting figure.

These facts are also borne out from another source. In 1928-9 Mrs. C. B. S. Hodson¹ made a study of sterilization in America, from the case records, and she quotes the study showing that for twelve out of fifteen who were promiscuous

¹ *Eugenics Review*, April 1929.

before sterilization, only one in twelve were recalled to the institution for reasons of moral danger, not necessarily for promiscuity. It is valuable to have available such statistics as these. As the physiological functions are quite unimpaired it would seem that the diminished promiscuity after sterilization is due to some psychological effect.

Another point mentioned by Mrs. Hodson is the co-operation given by certain types of patients and their relatives. The higher grade feeble-minded, after some institutional training, grew to co-operate voluntarily and to regard the operation as a benefit. Moreover relatives of patients sent to institutions were not deterred by the knowledge that these institutions generally regarded sterilization as a condition of release on licence.

Alberta was the first Canadian State to legalize eugenic sterilization, in 1928. The Act is administered by a Board of four, including two medical practitioners, appointed by the Lieutenant-Governor in Council. The Board requires full particulars of personal and family history, of physical and mental state, and the patient is first required to give consent, together with the reasons for the proposed operation. The Act aims more directly than the American ones at dealing with those mental defectives who will be living in the community and are considered fit for discharge provided they do not multiply their like to be heirs of their own defect. The term "Mental Hospital" in the Act includes training schools for mental defectives, and can also apply to cover special wards in general hospitals. Physical defects are not included. Up to the end of 1933, 132 operations had been performed, of which 105 were on women. Of these, five became promiscuous after sterilization, but four had been previously, and the fifth became so owing to the influence of her sister, an occurrence which em-

phasizes again the need of careful supervision of mental defectives released from institutions. Alberta has found that sterilization has enabled some patients to be discharged from institutions who would not otherwise have been eligible to do so.

British Columbia only passed its Act in April 1933. It is very similar in scope to that of Alberta but the Board of three, appointed by the Lieutenant-Governor in Council, is an interesting combination, comprising a judge, a psychiatrist and an experienced social worker. This Board requires the fullest particulars together with the consent of the patient in writing. No hereditary physical defects are included here, and owing to the short time since the Act became effective there is little experience to report yet.

Turning to Europe, the Canton of Vaud in Switzerland first provided for eugenic sterilization passing a law in 1928 which confirmed the practice of many years' standing. The Act covers incurable mental diseases and infirmities but also extends to include drug addicts and chronic alcoholics, where their condition is such as to necessitate care for them and where they may be a source of danger either to themselves or to others. This is certainly an advance on the other countries we have noted, as is also the fact that the majority of the persons sterilized have not been inmates of institutions, but are those living in ordinary spheres of life outside. At the same time the opportunity has been taken to release a number of persons from mental hospitals, subject to sterilization, who would otherwise have been detained. The operation is voluntary and each one has to be approved by a Health Council before anything is done.

Up to the end of 1933 only twenty-one females had been sterilized, nearly all of them being mental cases, and in

one case a castration¹ has been performed on a man. Such an operation would be performed more on therapeutic grounds and in this case there was a subsequent improvement mentally and in conduct. Professor Hans Maier, Director of the Psychiatric Clinic of the University of Zurich, has stated² that most cantons would allow voluntary therapeutic sterilization and that this would be given a very liberal interpretation. It would appear that sterilizations are performed in many parts of Switzerland without legislation; the health of posterity being regarded as a part of therapy. Another point, although not immediately relevant to our purpose, is worth noting as it reflects very markedly the attitude with which this whole question is being considered. In 1932 the Penal Laws of the Canton of Vaud were amended to allow abortion in certain circumstances. The article runs as follows:

“Abortion is not punishable when it is practised on a person suffering with mental illness or mental infirmity and whose offspring will in all likelihood be tainted, but the operation can be performed only with the authority of the Health Council.”

It will be seen that this Swiss Canton of Vaud has ventured further than the American States, and in some respects Denmark has advanced still more. The Danish Act which was passed in 1929 is administered by the Minister of Justice and falls into two main sections. The first one deals with those “persons, whose abnormally developed sexual strength and tendencies predispose them to commit crimes” and who thereby become a danger to themselves and the general public.” Such people “may

¹ See page 81.

² *Eugenics Review*, December 1933.

undergo an operation on their sexual organs." It is entirely voluntary and the Minister of Justice must first give his sanction, after reports from the medico-legal Council and the Health authorities together with the applicant's reasons have been obtained; only those of age can apply for this operation.

The second section makes provision for those in State Institutions when application is made by the Directorate with the doctor's opinion; consent of the patient is required. This second section was amended by a new Act in 1934 whereby inmates of institutions are considered for sterilization, by a board set up by the Social Minister, comprising a judge, a social practitioner and a physician specially trained in psychiatry. Feeble-minded inmates are recommended for sterilization

"if social considerations such as the presumed incapacity of the feeble-minded person in respect to educate his children in a warrantable way or supporting them through his own efforts, make it advisable that the feeble-minded be rendered incapable of having offspring: or if the sterilization will be to the benefit of the feeble-minded himself in so far as the sterilizing operation will warrant his not being placed under care or render possible the removal of the feeble-minded:

- (a) from institutions to family care under supervision or to discharge,
- (b) from family care to discharge, or
- (c) to a more liberal manner of treatment respectively within the precincts of an institution or with a private family under supervision."

The point under these Acts is that sexually abnormal people are dealt with as well as mental defectives and for them castration is provided and a number of these opera-

tions have been performed. Also sterilization does not necessarily imply that those in institutions will be released after the operation. It often happens therefore that after sterilization the patients are retained for a year and kept under observation. What few results there are seem to be very satisfactory, and all the cases have fulfilled expectations. Owing to the short time which has expired since the Act became operative it would be premature to base any conclusions on the present results, except that there is nothing indicated at all unfavourable to sterilization.

Other recent measures for eugenic sterilization in Europe are those of Germany. The Act was passed in July 1933 but only came into force at the beginning of 1934. Thus there is little material at present available giving us help to study results, but the details of the Act are interesting as they cover a far wider field of physical defects than any previous measure.

In addition to mental deficiency, schizophrenia, manic-depressive insanity and "severe hereditary physical abnormality," there are four other diseases mentioned, namely epilepsy, Huntington's chorea, blindness, and deafness when these are hereditary, to which is added severe alcoholism.

A Court for the Prevention of Hereditary Disease is set up in various districts, consisting of a judge and two doctors, and any application for sterilization must be sanctioned by this Court after examination of witnesses, medical evidence and so on. The proceedings are not public, but after the decision a period is allowed for appeal to a Higher Court.

The Act makes provision for voluntary and compulsory sterilization. Under the latter, application can be made by the Head of an Institution, Hospital, Sanatorium, Nursing

Home, or Prison on behalf of an inmate. There were fears that this would allow the governor of a prison to have a prisoner sterilized compulsorily, perhaps on penal grounds, but this does not appear to be the case, as under the section enumerating the circumstances for sterilization, crime is not mentioned as justifying the operation.

As we have said, appeal can be made to a Higher Court but this Court's decision is final. One can then see the great dangers to personal liberty that compulsory sterilization can bring. Even force can be used as is illustrated by the following extract:

“If the Court has finally decided on sterilization it shall be carried out even against the will of the person to be sterilized, provided that the application did not originate with him alone. The official doctor must request the police authorities to take the necessary measures. If other methods prove of no avail the application of force is permissible.”

It is doubtful if Germany, under any other régime than its present one, would tolerate such acts against the freedom of the individual; certainly no other country would. It is interesting to observe the result of such forcible methods. During the first five months of the working of the Act, the Berlin Hereditary Health Court dealt with 348 cases of which 23 were rejected, these no doubt being people who were considered fit to carry on their stock. The majority of the applications to the Court originated as follows:

- 143 from the patients themselves,
- 138 from heads of institutions,
- 31 from doctors in official capacities,
- 7 from guardians.

250 of the applicants were between twenty and thirty-nine years of age.

The main difference between the German Act and those in other countries is the wider scope given to physical defects and the rather harsh insistence on compulsion. The vigorous application of sterilization in Germany has revealed the very large number of people who are quite ignorant as to the nature and effect of the operation.

The remaining countries previously mentioned as considering eugenic sterilization make no radical departure from those we have considered, except that the draft presented by the Swedish Government Committee on sterilization, which has now been passed, includes those parents suffering from insanity, mental disorder or epilepsy who are thereby "permanently incapable of having the care of their children, and there is reason to presume that the disease is hereditary." It is recognized that such parents cannot make good homes for their children, even if the children are normal.¹

iii. *Results*

Although sterilization laws have not been operative for very long, we can see that what experience has been gained is valuable in drawing conclusions as to results. The Brock Committee's Report in summing up the evidence presented by work abroad states "that while the experience of other countries is mainly negative, we have failed to find any

¹ The foregoing information is a summary drawn from statistics made at varying times over different periods. Personal and more detailed investigations have shown that sterilization has been practised even when no legislation obtains. The particulars are not intended for accurate comparison but are useful indications of the growth and results of sterilization to those unaware of its extent.

evidence unfavourable to sterilization, provided that proper care is exercised in the administration of the law." No doubt many people would argue that experience abroad is not merely negative; where sterilization has been applied to persons able to live outside institutions, results have, in almost every case, been good. It is true that these cases are comparatively few, but as the Report says, they show nothing detrimental to sterilization. Moreover, it is possible to learn much even where we feel mistakes have been made.

Take, for instance, the question whether sterilization should be voluntary or compulsory. With the exception of Germany, wherever compulsion is stipulated, the tendency has been to approximate to a system of voluntary operations: in almost every case consent is first obtained from the patient or some responsible near relative and there is always the right of appeal. In such circumstances it is always necessary to be quite sure that the liberty of the individual is not going to be violated: a voluntary method ensures this. Many critics assert that where this voluntary method is advocated, it is merely the thin end of the wedge, compulsion being the other. But the reverse appears to be the case; where compulsion has been used it is invariably found preferable to gain the co-operation of the patient, by his consent. Foreign experience in fact would tend to show that the voluntary system is infinitely preferable, and in England there is not the slightest doubt that compulsory measures would never be countenanced, and quite rightly so. Compulsion defeats its own end. Germany is the only country where compulsion is really pressed and under present circumstances it can scarcely be cited as a normal example; it remains to be seen how the matter develops after a fair period of working.

A further safeguarding of personal liberty is seen in the

way in which some Acts make elaborate precautions that each application shall receive due consideration and be fully investigated. The constitution of the Court dealing with the application varies, but the principle is the same all through; to secure a small body of trusted and capable men and women who will examine each individual case and decide on its merits. Often a family circle would find it difficult to see their position clearly and make a wise decision, so in every case provision is made for an experienced committee and court to take the evidence of the applicant, his friends, medical advisers, and others, so that they may review each case with detachment, but at the same time with sympathetic understanding. Of further importance of course is the fact that no operation can be performed without the sanction of this body. Even when this is done, their work is not finished; in most cases the doctor performing the operation is required to send a certificate notifying the method used and its success. With these precautions, sterilization cannot become a haphazard affair performed on anybody by any doctor; an operation is illegal unless carried out with official permission.

The type of operation is not specified in many of the Acts, but is generally described as the one which causes least injury to health. This almost invariably means that vasectomy and salpingectomy are performed.

It will have been observed that the various operative Acts apply in the main to mental defectives and, where other diseases are mentioned, these are generally epilepsy or, in one or two cases, syphilitic diseases. Not much provision has yet been made to include hereditary physical defects, although some of these can cause as great a burden to the State as mental deficiency.

A further point, on which all experience seems to agree,

is that sterilization in no way impairs either physical or mental health; functions remain the same except as regards procreation. The early hopes held by some of the American protagonists that the operation might improve the mental condition of the patient are found to have no basis in practice. It is as well to be clear on this point; sterilization is not a cure in any sense, but is directed towards one specific purpose and we must not make nor expect any claims beyond this. It has been found, however, to have a psychological effect beneficial to the patient and it is perhaps easy to understand the relief and new confidence of a married couple when they realize that they are saved from the danger of begetting sub-normal children and the anxiety these frequently bring in their train. Following on this, the number of successful and happy marriages which have occurred after sterilization is noteworthy, particularly in America.

One of the really valid adverse criticisms of sterilization is that it could become a social danger, in that sterilized young women could easily drift into promiscuity without fear of pregnancy. The most effective safeguard against this is really efficient supervision on release from institutional life; mental defectives always need this following-up care and sterilization can never be an excuse for relaxing it. Where this has been done abroad results have been good and the percentage of those who have lapsed into a promiscuous life is very small indeed, as far as can be ascertained. Other reasons for this we have discussed in the previous chapter. Such results could never be calculated theoretically and it is important therefore to take note of what practical experience has been gained. As we have seen, such particulars as there are incline one to the view that, provided due care and attention are given, there are

no grounds to fear breakdown of moral character and the consequent spreading of venereal disease.

Finally must be noted the immense importance of an intelligent public opinion. The big increase in the number of operations performed in California in recent years shows that opinion is the decisive factor in this matter. No amount of compulsion will force people against their will; the majority of people are influenced very considerably by the attitude of the public on any particular question. Evidence of this is found in those States where sterilization measures have become inoperative; it is found useless for a small group of enthusiasts to get an Act passed which is soon ignored, either through false knowledge or lack of interest; it requires the large body of the public to recognize their responsibilities and to give their support to the measures adopted.

On the whole, then, we can say that from the experience of other countries there is nothing unfavourable to sterilization in practice; as the Report says in regard to California, "there is no evidence that it has produced any of the bad results which its opponents had predicted." Mistakes and greater claims have probably been made in some respects than are justified, but we in England are fortunate in having the experience of others to guide us and can feel assured that sterilization has been tried and not been found wanting.

CHAPTER VII

THE PROPOSED METHOD OF ADMINISTRATION IN THIS COUNTRY

i. Those to whom the right of sterilization should be extended

THE Brock Committee, after carefully weighing the evidence of sixty witnesses, considering the results of weeks of investigation and bearing in mind the experience of other countries, declared themselves unanimously in favour of sterilization on a voluntary basis. Their terms of reference were as follows:

“To examine and report on the information already available regarding the hereditary transmission and other causes of mental disorder and deficiency; to consider the value of sterilization as a preventive measure, having regard to its physical, psychological, and social effects and to the experience of legislation in other countries permitting it; and to suggest what further enquiries might usefully be undertaken in this connection.”¹

For this reason they formally restrict themselves to a pronouncement regarding sterilization for mental defectives but they insert a very forcible interpolation advocating sterilization for those suffering from serious hereditary physical disabilities. So clear and outspoken is it that it deserves quotation in full:

“But we would go further. At the risk of going beyond our reference we would point out that the considerations which lead us to this conclusion apply with at least equal force to grave physical disabilities, such as certain forms of blindness, deaf-mutism, haemophilia, and brachydactyly,

¹ Brock Report, p. 5.

which have been shown to be transmissible. The case for legalizing sterilization rests upon the broad principle that no person, unless conscience bids, ought to be forced to choose between the alternative of complete abstinence from sexual activity or of risking bringing into the world children whose disabilities will make them a burden to themselves and society. If this principle is sound, to limit legislation to a particular class is neither logical nor equitable. We feel strongly that to impose any such arbitrary limitation will go far to defeat the object of the measure we advocate. Any measure which limits sterilization to mental cases will carry with it a stigma, much as certification does now. It would give a quasi-penal character to a measure which, in our view is properly to be regarded as an act of social justice, as a right to do something which is in the interest of society and not merely of the individual. Anything which gives to a voluntary action a penal character is clearly bound to act as a deterrent. So strongly do we realize this that we should feel unable to recommend any sterilization scheme limited in this way. It is not for us to discuss how transmissible physical defect should be defined for this purpose, but we are unanimous in the conviction that it is both anti-social and inequitable that persons who have good reason to fear that they may transmit to their offspring grave physical disabilities should be left without any remedy except the harassing uncertainty of contraceptive devices. That the right to sterilization should be carefully safeguarded we readily admit, and the nature of the safeguards desirable is discussed in a later portion of the Report. Recognition of the need for carefully studied safeguards does not lessen our strong conviction that sterilization ought to be regarded as a right and not as a punishment."¹

¹ Brock Report, Chapter VI, p. 40, § 72.

The matter of sterilization for the physically defective is more easily treated than that for mental defectives for the simple reason that heredity is generally simply traceable. But in a large number of cases, mental deficiency is transmitted, not directly from parent to child, but indirectly through "carriers," who not only do not reveal that abnormality themselves but are also not previously identifiable. The ratio of "carriers" to affected persons is thought to be 10 to 1, and as the figure, 310,000 mental defective persons in England and Wales, is considered a conservative estimate, one is appalled at the potentiality for ill implied in the presence of so many "carriers" of mental defect distributed in a population of just under 40,000,000 in this small country. In the present state of medical knowledge, "carriers" of mental deficiency cannot be identified with certainty, though, in many cases, family history makes it possible to have strong presumptions. It would not be fair, therefore, or sensible, to prevent such persons from being sterilized though they are not certifiable defectives. Thus the law cannot be restricted so that sterilization is only permissible for mental and physical defectives but must be worded to include those who are proved to be or whose family history creates a strong presumption that they are "carriers" of mental defect.

Such, at least, must be the limits of the law at the present time in order that it may be beneficial and not inequitable in its distinction of persons. In course of time it is probable that, when the benefits and absence of serious danger involved in the operations for sterilization come to be realized and its benefits appreciated, the limits will not be so strictly defined.

We will not, however, dwell now on prospective developments. It is sufficient to emphasize the present need for

legalizing sterilization for the benefit of those for whom it is a crime against their offspring and against society to bring children into the world. Such are mental defectives and alleged "carriers" of mental defect and those who are suffering from known transmissible physical diseases and disabilities of a serious nature. For them there must be sterilization. We do not say that they must be sterilized; the facilities must be legally available; common sense and public opinion must do the rest.

ii. The comparative advantages of compulsory and voluntary methods

It is almost as necessary that sterilization should be voluntary as that it should be legal at all. The advantages of a voluntary measure easily outweigh those of compulsion.

In the first place, foreign experience shows that the best results have been obtained where sterilization is introduced on a voluntary basis. In the United States of America, those States in which sterilization has been performed voluntarily have made fuller use of its advantages, and what is more, the general result has been that even where compulsion is apparently the law, in fact sterilization is not performed without the consent of the patient or a responsible relative. Here the notable exception is Germany. If the operation is to be voluntary in practice, it is ludicrous to pass a compulsory measure. There seems no adequate reason why England should follow the example of the twenty-five American States which allow such a discrepancy between law and practice.

Experience abroad indicates that compulsory measures cannot permanently be enforced without the support of public opinion. But, if public opinion is on the side of sterilization, compulsion is not necessary, so that com-

pulsion, above all in this country, is ineffective. A witness for the Brock Committee summed up the position tersely, "Compulsion defeats itself."

Some people will immediately retaliate, "But what you call voluntary sterilization is a myth as far as mental defectives are concerned, because how can such a person give reasoned consent or dissent?" One must think a little more carefully than this. The majority of low grade defectives are necessarily in institutions and likely to remain there; there would be no purpose served in sterilizing them. Sterilization is advocated for those high grade defectives who would be assisted by this means in living a normal life in society, for those whose mentality could not bear the strain of bearing and bringing up children though they are otherwise fitted to lead a clean, happy, if lowly life in the community. They are capable of making the decisions which daily crop up in a normal life and they must therefore be capable of consenting to sterilization. We do not consider for a moment that they grasp the social issues involved therein, nor indeed do a large proportion of normal citizens, yet the consent of these latter is thought sufficient. Though they may not understand the importance of the question of sterilization, they will, at least if the matter is carefully and clearly explained to them, be able to see it as a personal matter and can be relied upon to judge whether or not they wish to risk parenthood.

"But," critics observe, "simply by your method of presenting the question to them, you will be able to get the answer you want." This reflection on the "suggestibility" of human nature need not be confined to mental defectives alone and why should they be differentiated so acutely here? Surely the important thing is that they should

not be forced into sterilization against their will rather than that they might in one case in a thousand allow the operation to be performed inadvisedly. Those who work among high grade defectives assert that the subject is much discussed by the higher grade patients and requests are made by them for sterilization. Neither the ignorant simplicity nor the suggestibility of high grade defectives can therefore be a weighty argument against sterilization on a voluntary basis, since these characteristics do not differentiate them from the general public in any other way.

A further common reflection on the subject of voluntary sterilization is, "Oh well, if they don't have to, they certainly won't be sterilized." We realize that this argument is supported by a natural desire to avoid operations of any kind, but it must be remembered that voluntary sterilization has not failed in other countries and there seem to be no circumstances which would prevent similar developments here.

In the early stages there will probably be many cases where prejudice and doubt will hold back many who should obviously be sterilized, but time and successful operations will, it is hoped, gradually lessen this number. In any case, if it were compulsory, the same result would be obtained by another route, for cases taken into Court would doubtless frequently be allowed exemption on one small plea or another. It would be preferable to fail to sterilize a proportion of cases at the outset, because the system is administered voluntarily, than to create ill-feeling and hostility and attempt coercion with more numerous immediate operations by the compulsory method.

If sterilization were made compulsory for certain types of mental defectives, dire results would undoubtedly follow in the administration of the Mental Deficiency Acts. For

if sterilization were made compulsory there would soon be a stigma attached to the so-called victims of the law, just as now there is the same feeling about the certifying of the mentally defective. The result of the public aversion to being certified as a mental defective is that many doctors are reluctant to certify and will only do it when it is obvious that they must, so doctors would only declare sterilization to be necessary in extreme cases if compulsion was instituted. We understand that already in Germany doctors are taking advantage of the elasticity of such terms as schizophrenia and manic-depressive psychosis, which now imply compulsory sterilization, and in many cases hesitate to give any more specific diagnosis than neurasthenia. By such ambiguity and confusion scientific research must inevitably be hindered, and the law for compulsory sterilization impede, in the long run, the broad line of advance in the study of mental disorder. The benefit to be derived from the legislation would then be reduced to an infinitesimal part of the possibilities. Further, parents, sensing the connection between sterilization and mental deficiency, would be slow to allow their children to go to institutions and other places where mental defect is treated and the effort to obtain the co-operation of the parent, not yet by any means obtained, would receive a severe set-back.

A compulsory measure enforcing sterilization in certain cases would not, it is feared, act as a deterrent only in regard to encouraging defective persons to enter mental deficiency institutions and such places where they are now able to receive considerable benefit. To enforce sterilization on any man is to impose the necessity of taking an action which he is not willing to take, that is, to deprive him of the right to choose his course and to offer the operation

as the alternative. Surely the operation will then be regarded with dislike, to use a mild term, and be considered as the penalty of former conduct, whereas the essence of the voluntary system is that it should be regarded as a right and a privilege which the law at present does not sanction.

There seems every prospect that legislation regarding sterilization would lapse after a number of years, as it has in certain States of America and, as laws in England are particularly apt to do, without this attitude of mind. It is this conception of sterilization which has yet to be nurtured among the masses of the people, and if compulsion were introduced, even within the narrowest limits where there seems a *prima facie* case for its enforcement, sterilization would then, it seems, necessarily bear a stigma and public opinion would be bound to react accordingly. We know that there are all too numerous instances of incorrigible sexual indulgence: again and again one meets cases of men who desert their wives, leaving them with a helpless burden of children, and proceed to have illegitimate children by, not one, but several other women; or women of low type who have a number of illegitimate children by different men. At first sight it seems that the right course is to compel them to be sterilized, for they are not able to maintain their offspring nor are they capable of giving an honest undertaking to live continently in the future. It seems that the State, on whom they impose the burden, has a right to impose this obligation upon them. But surely such a course of action, even if it achieved its end in these comparatively few cases, is short-sighted and misguided. Wholly satisfactory remedies can rarely be found by such short cuts. It may be that such persons could be brought to see the advantages of sterilization and accept it voluntarily, and we feel that as time goes on and public opinion

develops this would be increasingly probable. But for those who by their conduct so forfeit the right of parenthood there is not only the possibility of sterilization. There is also segregation, and rather than prejudice the chances of sterilization as a voluntary measure for a much greater proportion of the population, by enforcing the operation as a penalty on a few, segregation might serve the same purpose, even more effectively, in the moral and economic interests of the State. We would go so far as to express the view that it would be preferable to leave such moral delinquents in their present position than to prejudice the opportunities for good which measures for voluntary sterilization seem to offer.

We know that many persons disagree with sterilization from religious motives. Legislation enforcing sterilization would therefore create a whole army of conscientious objectors, whose opinions would, in this country, have due consideration given to them. If the legislation enacted did not enforce, but merely permitted sterilization in certain well-defined circumstances, conscientious objectors would not exist and much unnecessary waste of time and money would not be spent in dealing with them. They could deplore the misguidedness of those who availed themselves of the law as long as they liked but their lamentations would not, probably, hinder very seriously the progress of public opinion nor would they necessitate the loss of valuable time for those in places of authority who would otherwise have to deal with their protests.

As a final argument against compulsory in favour of voluntary sterilization, we would bring up the favourite topic of discrimination between rich and poor. In some States in America, compulsory laws have been held to be invalid in that they discriminated between the classes. It is

indeed true that if sterilization is made compulsory the tendency is for the law to be applied mainly to institutional patients while others can often pay to evade it by some means or other, if they so desire. This may well be considered an injustice of administration if not of the law itself. But if sterilization is only permitted there can be no discrimination, simply because there is no compulsion. The state of affairs existing at present does discriminate between rich and poor, for it is well known that the rich can, if they will pay, find a doctor who is willing to risk performing the operation, whereas a poor man suffering from some transmissible physical or mental disease would have the greatest difficulty in finding a hospital where the operation would be performed on eugenic grounds. The Brock Committee, wishing to substantiate this fact, enquired at some of the more important hospitals, whether they would, in any circumstances, undertake a eugenic sterilization. The majority replied in the negative; a few said that an individual surgeon might undertake the operation privately, but this would be done without any possibility of sanction from the hospital authorities. There is therefore, at present, an undoubted discrimination between the rich and poor; with compulsory sterilization it is probable that such would still be the case; with sterilization on a voluntary basis, by which provision would be made for operations in general hospitals, as will later be described, it is hoped that the opportunities would be the same for all.

Thus, from the point of view of social good and for the personal well-being and happiness of the bearer of some serious physical or mental disability, sterilization, as a voluntary measure, should be permitted and even encouraged; but to leave the matter thus would be to belittle

its seriousness and to ignore the many difficulties which the introduction of voluntary sterilization in this country would involve. The Brock Committee faced these difficulties and drew up a scheme whereby it seems that there would be no encroachment on the freedom of the subject, no advantage taken of his suggestibility, no detriment to the existing working arrangements of general hospitals, institutions, and all the other machinery regarding Public Health and particularly that of mental defectives, and no undue risk and responsibility laid upon the medical profession.

iii. *The machinery of a voluntary measure*

It is suggested that the recommendations of two doctors must first be obtained. This would mean that a single doctor would never be called upon to make such an important decision, for the seriousness of the step must never be forgotten. Moreover, most people prefer to consult their family doctor on so intimate a subject and this would be most desirable in this matter, for he has generally a good knowledge of the personal and family history of his patient, of great value in guiding him in this decision. A general practitioner has not always, however, the knowledge or experience fitting him to advise with full responsibility on so irrevocable a step, and for this reason a second, expert doctor's advice would be invaluable, if not absolutely necessary, to supplement that of the family doctor. The Committee suggests that the expert doctor's name should appear on a list approved for that purpose by the Minister of Health. So important, however, is the family doctor's opinion thought to be, that, should he

abstain from signing, the reason of his failure to sign a recommendation should be explained in each case.

The two medical recommendations should then be submitted to the Minister of Health, who would, of course, consult the Board of Control in mental cases, and his written authority would have to be obtained before the operation was performed. Most people will immediately think that this part of the procedure would speedily degenerate into yet another piece of official red tape, but the Brock Committee are most anxious that this should not be so, but that the Minister's sanction should, on the contrary, be a vital part of the process of obtaining sterilization. It is therefore suggested that the Minister's sanction should not merely involve the scrutiny of documents by the central department, though the greatest care should be taken therein, but the Minister should have power to call for further or fuller explanation from the doctors recommending, or should, if it was considered necessary, arrange for the patient to be specially examined so that he could confidently give his sanction. This sanction should moreover only be valid for a stated period, and should lapse unless good reasons could be given for delay. Hospitals or surgeons should be required to notify the central department when the operation was performed. In this way all cases could be carefully followed up and the results be seen and tested. We have already shewn the undoubted advantages of voluntary sterilization, and in order that the voluntary nature of the measure is secured the patient should, in all possible cases, sign a declaration of his willingness to be sterilized.

Such is the proposal which the Committee puts forward. We have already said that it endeavours to safeguard the medical profession from vexatious proceedings which may

result from their duty of recommendation. The facts that two doctors must sign recommendations, and that these have to receive the authority of the Minister of Health, are in themselves some protection, but the doctors are ultimately responsible since they sign and put forward the recommendations. If they are liable to be subject to legal proceedings involving valuable time if not money, their hesitation and perhaps their refusal to sign recommendations will bring about the collapse of the system without more ado. But this difficulty has already been encountered and fully discussed with regard to the doctors' position under Section 16 of the Mental Treatment Act which provides that no action may be brought against a doctor giving a certificate under the Acts unless, on prior application, the judge is satisfied that there is substantial ground for the contention that the doctor acted in bad faith or without reasonable care. A similar arrangement could be made in connection with a doctor's recommendation for sterilization.

Under the American administration of the sterilization laws the operation is performed in mental deficiency institutions. There are more reasons than one why this is inadvisable in this country. In the first place, salpingectomy, the most approved method of sterilization for females, is an operation as serious as appendicitis, and therefore a fully equipped operating theatre, together with all the conveniences and advantages of a general hospital, are most desirable and are certainly much better suited to a major operation than the improvisations which would have to be made in an institution. But further, as we have already hinted, it is not considered advisable to link sterilization, in the minds of the public or of the defective, solely with mental deficiency institutions. There is no reason

why this should be, for sterilization needs to be advocated for the physical as well as the mental defective, but even if legislation should restrict sterilization to the mental defective for the time being, it would detract seriously from the value of the measure if sterilization operations were performed in mental deficiency institutions. Parents, slow even now to give their consent to their children going into an institution, might be still more deterred if it became in their minds the place where sterilization is inevitable or most probable. It would be a retrograde step if legislation regarding sterilization should act in any way as a deterrent in the working of the Mental Deficiency Acts. These Acts are the basis of the whole administration regarding defectives and any supplementary measure which hampered the main line of progress would be deplorable. For medical and administrative reasons, therefore, it seems that the operations for sterilization should be performed in a general hospital like all other operations. They would not then assume undue relative importance in connection with mental deficiency and all the advantages of the best surgical attention would be assured.

If sterilization is to take its place among other operations in a general hospital, there is no reason why the expenses incurred should not be dealt with broadly on the same lines as for other operations. Those who can afford to pay will make their own arrangements and meet the full cost. Others will pay as they now do in cases of appendicitis and similar operations. The Brock Committee think, however, that in cases of mental deficiency the cost, including the expense of the medical recommendation, should fall on the Mental Deficiency Authority, and in the case of mental hospital patients upon the Visiting Committee, subject to their right to recover from the relatives

so much of the cost as is reasonable. In the case of persons seeking sterilization on the ground of physical disease or disability, the liability should fall on the Public Health Committee. The Committee concludes its chapter with this clear statement, "It is plainly in the interests of public health to encourage sterilization in appropriate cases, and we assume that local authorities will naturally take all reasonable steps to this end."¹

¹ Brock Report, Chap. VI., p. 49, § 93.

CHAPTER VIII

THE ARGUMENTS AGAINST STERILIZATION

i. *Roman Catholic*

MANY Christian people and many sincere-minded people of no creed at all are genuinely concerned with the problem of hereditary mental and physical deficiency, as has been here outlined, but are doubtful whether sterilization is a method which should be used. Christians in particular feel that they are in a dilemma. They see the need very clearly and they see the help which science has brought, but they cannot reconcile this with their moral outlook. Can a Christian sincerely advocate sterilization as an endeavour to meet a pressing modern problem, or does the Christian ethic forbid any such attempt? There is one community in the Christian faith, namely the Roman Catholic, which emphatically denies the right of sterilization or of conception control in any way which demands an unnatural agency; therefore before we attempt to shape any general principles, we must first see whether such a definite view can be upheld.

The Roman Catholic standpoint is outlined in a Papal Encyclical of December 1930¹ of H.H. Pope Pius XI, called *Casti Connubii*. We would draw attention by the following quotations to what seem the essential points, namely, the statements on marital intercourse in general, its primary and secondary ends, that poverty, hereditary defects, etc., are not sufficient grounds for family limitation,

¹ Extracts printed here are taken from the English translation published by the Catholic Truth Society, London, under the title *Christian Marriage*.

and the denunciation of sterilization on the ground that the family is more sacred than the State.

(a)¹ "But no reason, however grave, may be put forward by which anything intrinsically against nature may become conformable to nature and morally good. Since therefore the conjugal act is destined primarily by nature for the begetting of children, those who, in exercising it deliberately frustrate its natural power and purpose, sin against nature and commit a deed which is shameful and intrinsically vicious. . . . As St. Augustine notes, 'Intercourse even with one's legitimate wife is unlawful and wicked where the conception of the offspring is prevented. Onan, the son of Juda, did this and the Lord killed him for it.' . . . Any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offence against the law of God and of nature, and those who indulge in it are branded with the guilt of a grave sin."

(b) "Nor are those considered as acting against nature who in the married state use their right in the proper manner, although on account of natural reasons, either of time or certain defects, new life cannot be brought forth. For in matrimony, as well as in the use of the matrimonial rights, there are also secondary ends, such as mutual aid, the cultivating of mutual love and the quieting of concupiscence, which husband and wife are not forbidden to consider so long as they are subordinated to the primary end and so long as the intrinsic nature of the act is preserved. We are deeply touched by the sufferings of those parents, who, in extreme want, experience great difficulty in rearing their children.

¹ The bracketed index letters are ours to facilitate reference to the passages.

“However, they should take care lest the calamitous state of their external affairs should be the occasion for a much more calamitous error. . . . There is no possible circumstance in which husband and wife cannot, strengthened by the grace of God, fulfil faithfully their duties and preserve in wedlock their chastity unspotted.”

(c) “Finally that pernicious practice must be condemned which closely touches upon the natural right of man to enter matrimony, but affects also in a real way the welfare of the offspring. For there are some who, over-solicitous for the cause of eugenics, not only give salutary counsel for more certainly procuring the strength and health of the future child—which indeed is not contrary to right reason—but put eugenics before aims of a higher order, and by public authority wish to prevent from marrying, all those who, even though naturally fit for marriage, they consider according to the norms and conjectures of their investigations, would through hereditary transmission, bring forth defective offspring. And more, they wish to legislate to deprive these of that natural faculty by medical action, despite their unwillingness; and this they do not propose as an infliction of grave punishment under the authority of the State for a crime committed, nor to prevent future crimes by guilty persons, but against every right and good, they wish the civil authority to arrogate to itself a power over a faculty which it never had and can never legitimately possess.”

(d) “Those who act in this way are at fault in losing sight of the fact that the family is more sacred than the State, and that men are begotten not for the earth and for time, but for heaven and eternity. Although often these individuals are to be dissuaded from entering into matrimony, certainly it is wrong to brand men with the stigma

of crime because they contract marriage, on the ground that, despite the fact that they are in every respect capable of matrimony, they will give birth only to defective children, even though they use all care and diligence."

We have quoted at this length to make the Roman Catholic position quite clear. Let us first of all deal with the question of marriage, "the natural right of man to enter matrimony" (c). But this natural right to marry, which we will discuss more generally later, is apparently doubted even by Roman Catholics, for "often these individuals are to be dissuaded from entering into matrimony." (d). Presumably, then, all men and women have not the unquestionable right to marry; there is some higher moral right which may call some to abstain from marriage altogether. One can infer from the Papal Encyclical of 1875, *Inscrutabili* by H.H. Pope Leo XIII, who affirms that "From a rotten stock are produced sickly branches or worthless fruits," that the nature and quality of offspring which may result from a union cannot be ignored. It is recognized, then, that the physical and mental state of some people makes them unfitted to be parents and therefore marriage should not be for them. In *Casti Connubii*, however, this line of thought is not pursued.

Let us endeavour to follow these dogmatic statements further. Husband and wife can "preserve in wedlock their chastity unspotted" (b). There is, however, the admission that "there are also secondary ends, such as mutual aid, the cultivating of mutual love and the quieting of concupiscence" (b). Moreover, the conjugal act is allowed for the purpose of satisfying this secondary end provided "the intrinsic nature of the act is preserved" (b). If the act, however, is deliberately frustrated it is a "sin against nature" (a).

The commentator¹ on "Christian marriage" states in regard to this phrase, that "as the natural law of a being is its natural inclination to its act and to its end, anything which helps it to its act or end may be artificial, but is not unnatural." He illustrates by pointing out that to assist weak eyes by wearing spectacles is not unnatural but artificial, but to destroy the sight is unnatural. Father McNabb does well to endeavour to explain this most difficult phrase. A few moments' reflection will bring to mind the varied and even contradictory senses in which "nature" and "natural" are in common use. Let us for the moment accept his illustration and proceed, observing that "the conjugal act is destined primarily by nature for the begetting of children" (a). Here is a generally accepted statement. We also observe that "no reason . . . may be put forward by which anything intrinsically against nature may become conformable to nature and morally good" (a). Nature demands children, but there are "grave" reasons to suppose that nature intends children to be born in the image of God and to come to a fulness of life which is the rightful heritage of all men. Therefore consciously to bring a defective child into the world would appear to be a grave reason against the primary end of marriage as stated by Roman Catholics. And no amount of argument will ever convince reasonable and humane people that such an act can ever be "conformable to nature and morally good." No normal parents would deliberately desire a defective child and it is a far greater sin of unnaturalness to tolerate such pathetic cases than the so-called unnaturalness of preventing them being born at all. No doubt it is to prevent such misfits that the Encyclical mentions those who are to be dissuaded from marriage. A higher moral

¹ The Rev. Father Vincent McNabb, O.P.

good is recognized here, which may call some parents to abstain from the conjugal act altogether. Incidentally all Christians would admit that we are "begotten for heaven and eternity" (*d*), but we also remember that we are "for the earth and for time," and at present the latter is more real to us and constitutes our major problem. Moreover our heaven depends very much on how we deal with our neighbour and weaker brethren on earth.

It will have been noticed that the conjugal act is not against nature for those who "use their right in the proper manner, although on account of natural reasons, either of time or certain defects, new life cannot be brought forth" (*b*). That is to say that intercourse is permissible, for instance, in the so-called "safe" period. Father McNabb adds that in such cases "the act is the procreative marriage act and not a frustrated act." In such circumstances, then, a married couple do not "deliberately frustrate its natural power and purpose" (*a*). The permission of the act during the "safe" period is apparently to satisfy the secondary ends of marriage and it is no doubt performed with the fervent desire that the results of the primary end will not follow. The motive of frustration is undoubtedly present in such cases, and frustration is just as much a matter of motive as of accomplishment. When husband and wife effect intercourse at a time when the chance of a child resulting is slight, presumably the secondary ends are being fulfilled. That particular time is apparently deliberately chosen because they feel that their family is already of sufficient size and that it would be wrong for them to add to their number, for some such reason as "extreme want or . . . great difficulty in rearing their children" (*b*). Where parents reach this stage of family development, or where one can with reasonable certainty suspect that their

children will not be normal they are permitted deliberately to try to avoid issue while at the same time continuing intercourse. Surely according to the Roman theory, this is very definitely frustrating the purpose destined primarily by nature and it cannot therefore be "morally good."

Nature assists them so far in their frustration. But if it is conducive to the higher moral good that they should not have children, and such cases are admitted,¹ it seems therefore perfectly reasonable to assert that in such cases, where nature is already assisting, nature should in her turn be assisted, for we must remember all the time that to assist nature is not "unnatural" but merely "artificial," a process which the Roman Catholic theory allows.²

It is of course difficult for an Anglican to grasp the Roman Catholic point of view. For the Anglican the State has a comparatively good Christian tradition behind it, and so commands a degree of respect and trust which a merely capable central authority cannot inspire. For the Roman Catholic, a cosmopolitan, the State has not the same significance. To him it means the Government of France and Spain (atheist or anti-clerical), Hitlerism, Sovietism, Islam, Paganism. He will therefore naturally mistrust the State's judgment on moral questions. His allegiance to his Church is infinitely stronger than that to the State. In fact he distrusts the State: his tradition is to subordinate himself to that dogmatic authority in both faith and conduct which binds together the Roman Church. He is only by circumstances a member of that State in which he finds himself. So when H.H. Pope Pius XI writes "those who act in this way are at fault in losing sight of the fact that the family is more sacred than the State" (*d*), he is expressing a sentiment with which Roman

¹ See page 133.

² See page 134.

Catholics would readily concur, but which Anglicans would find somewhat difficult. For who can affirm that the family has a more Divine origin than, say, mankind as a whole, the individual, or the State? It is a mere arbitrary decision based on a false atomistic view of mankind, a view which implies that any individual is justified in using his natural rights even if they harm the community as a whole. However, it is futile to argue along the lines of the organic structure of mankind or of our social responsibilities to one another because to the Roman Catholic there can be no higher moral good than that which his Church commands. So long, then, as the authoritative voice of the Roman Catholic Communion denounces sterilization as a sin, it is useless to appeal to the individual Roman Catholic in the name of any higher moral good, in the interest of the community, or indeed of his fellow men.

The laws which are made by the State, being the community as a whole, have not merely as their object the curtailment of the liberties of the families or the individual, but the ensuring, as far as possible, that their respective rights shall not be infringed by less scrupulous members of the State. Naturally it happens that those individuals or families whose conception of loyalty to the State falls below the generally accepted level as reflected in State measures, feel that they are being badly used and that their own particular freedom is being unjustly limited. No family or individual should ever feel that he is branded with the stigma of crime because he accepts the rules of the State which make for the common good of the greatest number.

The argument in *Casti Connubii* is, admittedly, against legislation "to deprive these [defectives] of that natural faculty by medical action, despite their unwillingness" (c), that is to say, against compulsory sterilization. We have

already stressed the fact that the only measure which will ever secure the consent of the majority of people in England is voluntary sterilization. Nevertheless, the Roman Catholic argument would seem to stand even against a voluntary measure, because although the question of "unwillingness" is ruled out, it would still be affirmed that even voluntary measures are "against every right and good" (c) (that is, presumably, of the individual) on the ground that a civil authority would be arrogating "to itself a power over a faculty which it never had and never can legitimately possess." As far as the Roman Catholic Church is concerned the civil authority would only be permitting, under certain conditions, a liberty which at present it seems to forbid. Legislation for a voluntary measure would be enforcing no operation: it would merely leave the way clear for public opinion, Christian opinion, to function.

We cannot question the authority of the Roman Church over its own members but we can question whether it is right in calling sterilization a sin. Our Anglican Church admits circumstances when it is not and we must come to our own decision as to whether these circumstances demand a measure legalizing the operation. It seems to amount to a denial of conscience to say that the prevention of the birth of defective and deformed children is a greater sin than to permit their propagation indiscriminately. The Roman Catholic Church appears to think otherwise.

And yet the principle of conception control is acknowledged. In a Roman Catholic publication¹ issued just before *Casti Connubii*, this question is discussed and the statement is made that "If this [conception control] refers to an end,

¹ Sec. 2622, *Moral Theology*, 1930. Based on St. Thomas Aquinas and the Best Modern Authorities, by Fathers McHugh and Callan.

namely the limitation of the number of children or the spacing of their arrival, it is not unlawful in itself, and it is sometimes a duty as when the wife is in very poor health or the family is unable to take care of more." But dissent is made from any means of control except abstinence. In *Casti Connubii*, however, the marriage act is allowed, divorced from its primary end. That is to say the principle of conception control for the sake of health is already allowed, and now the Pope sanctions a measure of conception control in order that married couples may use the conjugal act for the pleasure it brings and not for the children which result.

As the marriage act is permissible when procreation is undesired, it is a little difficult to understand the position of a child who might nevertheless be born, more particularly if it be defective in mind or body, or both. The welcome for such an "accident," unwanted and unloved, would be presumably, "My dear child, we did not want you, but as you are here you must remember that you are not for the earth or for time, but for heaven and eternity." Such an outrage against "nature" and all moral feeling should strengthen us in our resolve that "heaven" shall no longer work thus outside the ranks of Roman Catholics. To under-estimate or to under-state the misery begotten of the problems of to-day is a mis-shaping of Christianity; as Dr. Headlam says,¹ "All this [other-worldliness] is natural, but it is to mistake the whole meaning of Christ's teaching. The Kingdom is not merely for the world to come. The well-being of mankind here is not to be despised or set aside as something Christianity is not concerned with."

¹ *Life and Teaching of Jesus Christ*, p. 266, by Rt. Rev. A. C. Headlam, C.H., D.D.

This unreadiness of the Roman Catholic ethic to work flexibly is apparent in *Casti Connubii* where St. Augustine's views on marriage are quoted as authoritative, and his violent, unbalanced reaction from his earlier life, and the context of the time in which he lived are completely ignored. This further quotation illustrates the same deficiency.

"Jesus Christ yesterday and to-day and the same for ever, so it is the one and the same doctrine of Christ that abides, and of which not one jot or tittle shall pass away till all is fulfilled. It can never be weakened by . . . pretext of human progress."

Such rigidity seems to betray an attitude of mind which is not primarily concerned with the sanctity of life at all. Every Christian will admit that there is a sense in which Jesus Christ is the same, yesterday, to-day and for ever, and will rightly condemn any dishonest interpreting of Christian doctrine to make it suit the convenience of those who would make Christianity a comfortable exercise. But to treat Christianity as a historical tradition with fixed tenets and rules is to misinterpret the truth expressed in the New Testament. There is evidence, it seems, that the Roman Catholic Church is unable to hold its ground in this matter and already, as has been seen, concessions have been made. The Anglican Church has more readily considered and in many cases accepted the assistance which science here offers. Its attitude in the last ten years has markedly changed. Perhaps others, too, will at length see in sterilization a God-given opportunity for us to assist Him in His work.

ii. *General*

Sterilization proposals are not only opposed on religious grounds, however. People with no religious convictions at all are often antagonistic to any question dealing with conception control. Time and again newspaper reports of speeches made by city councillors, politicians and others, whom one would expect, from their calling, to have sympathy, show on the contrary an uncompromising prejudice against any alleviating measures along these lines. Let us quote a very relevant passage from Dean Inge:

“But politicians know that the subject [the population question] is unpopular. The unborn have no votes. Employers like a surplus of labour which can be drawn upon when trade is good. Militarists want as much food for powder as they can get. Revolutionists instinctively oppose any real remedy for social evils: they know that every unwanted child is a potential insurgent. All these can appeal to a quasi-religious prejudice, resting apparently on the ancient theory of natural rights, which were supposed to include the right of unlimited procreation.”¹

It is difficult to understand why those who claim to represent the poorer classes should be so hostile to a measure which would be beneficial to them. Again, it is an astonishing fact that those who lament most loudly over the problem of evil and suffering are often those very people who have experienced them least. It is no less a problem to those who know the reality, but they are generally too actively engaged in dealing with the difficulties to have much time to spare to throw out laments. To reject sterilization because it cannot cure the social evils of to-day is quite pointless: no one has ever claimed that it

¹ *Christian Ethics and Modern Problems.*

would. But it can make a very substantial contribution towards alleviating those social evils and eliminating a quantity of them in the future.

Some, again, offer opposition on the grounds that sterilization is solely a class measure, but this we suspect is wilful misrepresentation, hiding a deeper prejudice.

An alternative offered to sterilization, or eugenics in any form, is a redistribution of wealth. Some say that if those who are overburdened with large families had a sufficient income there would be no need for eugenic measures and that such measures are designed as a palliative to the poor, so that their families are curtailed and the desire for greater wealth cut away. Few who know anything of families in such circumstances would ever desire to keep them from a higher standard of living which a greater income would make possible. But it is precisely when people know some higher standard of living that they invariably turn to a means of family limitation. It is a well-known fact that contraceptive methods are used more by the well-to-do families than the poorer ones.

Furthermore, a redistribution of wealth would do nothing to check the breeding of mental defectives and such like. No amount of money can cure them of their hereditary defects. To hold out such a hope is cruel, and a betrayal of the trust placed in those who specially claim to represent such unfortunate people.

Other objections are based on the ground that the elimination of the unfit would also prevent the birth of an occasional genius. The idea that madness and genius are closely allied is a common one; there is no evidence that families of mental defectives are good breeding grounds for outstanding men and women. In fact if this argument is pursued then the genius should also be sterilized.

One would assume that it is apparent to all that to advocate some form of eliminating the unfit is not a wrong to them but an act which should assist in bettering their conditions in the course of time. The science of eugenics is in no sense an alternative to any political creed or any other method of reforming social conditions. It is essentially a branch of knowledge which can make a contribution, from a new angle, to all existing schemes and theories. But it requires the active support of all present workers of all creeds, religious and political.

Mr. E. W. Cemlyn-Jones, authorized to express the attitude of the County Councils Association, admitted in a recent speech¹ that the first interest that the association showed in sterilization, many years ago, was monetary. He confessed, however, that the association realizes how mistaken were those first impressions. Now sterilization is advocated by the members not merely in their capacity as "guardians of the public purse" but primarily and above all as fellow citizens who would "obviate the tragedy of these tragic households."

If, when proposals for legislation permitting sterilization were in their infancy, the County Councils Association admits that it looked on such plans as a measure of economy, it is not surprising that those who would oppose sterilization should decry it as a measure "tending to class legislation of the worst kind" and as "the tool of capitalism." It is agreed that sterilization on a compulsory basis *might* be made to discriminate between classes. The majority of persons who would be affected by such a law would probably be those who passed through State-provided institutions. Those who could afford other accommodation

¹ At the November, 1934, Conference on Mental Welfare in conjunction with the Public Health Congress.

might be able to avoid sterilization if they desired. But very few persons are advocating compulsory sterilization. The guiding principle of the Brock Report is that sterilization should be regarded as a privilege and not as an obligation or penalty. The only reason for legalizing the operation is to make it open for all, whereas now it is only possible for those who can pay.

The following letter, published in a well-known weekly paper in May, 1932, is a vivid illustration of the present position. Who can say otherwise than that there is now discrimination between rich and poor? The fact is patent: any rich person can be sterilized if he will pay for it: the person with no means cannot:

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 legalized is only trying to make available for the poor what is now the privilege of the rich.

Yours faithfully,

“HEREDITARY DEFORMITY.”

Let us compare that state of affairs with that which would exist if the necessary legislation was enacted. The man who wrote this letter would simply have to consult first his family doctor, who would take appropriate action in conjunction with an approved expert doctor, recommending the man's case, obtaining his written consent and securing the approval of the Minister of Health. The man could then enter a general hospital, where the operation would be performed and he could pay according to his means or receive the treatment at no cost to himself. We fail to see how legislation permitting voluntary sterilization can be regarded as discriminating between rich and poor.

Political opponents of the measure assert, however, that the proposal in its present form is merely the thin end of the wedge: that compulsion will soon follow option and English people will be subject to a regimentation similar to that which Germans now suffer. It seems fortunate, for those who argue thus, that Nazism has overwhelmed Germany and its methods have invaded this particular side of individual liberty, for they would have difficulty in finding the experience of any other country to support their argument. The tendency has been, as has been shewn in another chapter, for countries that have compulsory sterilization in theory to adopt the voluntary method in practice. The obligatory sections of the law tend to become less and less operative and the patient's consent is almost always obtained. There seems no reason why this country

should not tend to act in a similar way rather than develop the fanaticism which is apparent in Germany.

It must be remembered that mental and physical deficiency and disorder are not peculiar to the working classes. The aim in giving opportunities for sterilization is not to restrict families but to help to prevent the increase of transmissible defect in all classes. The fact that unprotected defectives, through inability to hold their own in life's struggle, tend to sink lower and lower in the social scale does not make sterilization a class measure. Everyone knows that there are thousands of sturdy, working-class families which constitute England's proudest stock, for regular manual labour or exercise and a disciplined life are the first requirements for both physical and mental fitness.

Mr. George Gibson, designated by the Trades Union Congress to speak for them at the meeting to which allusion has already been made, dwelt on this same suggestion: that the legislation in question meant a law for the rich and a law for the poor but he was unable, it seemed, to give evidence that this would be so. He expressed himself in favour of the setting up of a Royal Commission for future investigation on the grounds that the social aspects of the problem have not received due consideration, that public opinion, not merely expert, must be convinced that existing methods are inefficient or cannot be made efficient, that the proposed measure will achieve the purpose for which it is intended.

It is not the first time that an attempt has been made to delay action by a request for a Royal Commission. But, even so, what more can a Royal Commission prove? What social aspects are there still to receive consideration? Perhaps a recitation of large numbers of the tragic and

pathetic stories which were heard during the investigation of the Brock Committee would satisfy those who put this question. There is evidence that the Committee saw enough of the social aspects of the problem to enable them to reach complete and sincere unanimity and to be convinced that any who saw the position as they had been able to see it would be of the same opinion. They saw enough to convince Dr. Tredgold, who had decided, spoken and written against sterilization not long previously, to advocate the measure.

The Brock Committee does not presume to have said the last word on the matter, but it has grasped and competently treated the main points of the problem and has itself enumerated subjects for "Suggested Research." These, however, in comparison with the main theme are all minor details, such as: "Effect of Vasectomy on Development," "Influence of Consanguinity," "Investigation of Twins," "Classification of Mental Defect."

We will pass on to the next alleged motive for the appointment of a Royal Commission, that public opinion must be convinced that existing methods are inefficient or cannot be made efficient. If the general public takes the trouble to read a few pages of the Wood Report, which, incidentally, had no intention of advocating sterilization, it will be seen that existing methods have proved inefficient. Can they be made efficient? Existing methods have been fully described in Chapter III and the defects noted.

Mr. Gibson asks, "Is it possible to develop the method of segregation to fill the place of sterilization? Are the segregation methods developed as much as possible?" It has been seen that segregation is only practicable for one-third of the total defective population and that at present there is accommodation available only for one-

sixth. Sterilization does not rule out but rather demands the development of segregation.

Supervision or guardianship are the means of protecting defectives in the community. These methods are not everywhere as efficiently carried out as they might be, but a supervision of 200,000 defectives cannot be completely unailing, and sterilization, as far as can be seen, would complement thorough supervision. It is considered therefore that the existing methods unaided cannot be made effective.

Finally, the Royal Commission would be required to prove that the proposed measure will achieve the purpose for which it is intended. This is asking much of a Royal Commission and we fail to see how it can forecast more accurately than the capable and expert members of the Brock Committee what the results of suitable legislation would be. This Committee made full use of the experience of other countries and applied it, as far as it can be applied, to England, the English constitution and character. Only appropriate action and time can prove that the proposed measure will achieve the purpose for which it is intended. Time without appropriate action, that is, delay during the appointment and session of a Royal Commission, can offer little proof.

Now that the subject has become a matter of practical politics, adverse arguments are taking definite form. Although the main official body of opposition is the Roman Catholic Church, the battle is not to be fought only on religious grounds. Sterilization is to be censured as a class measure, as a violation of personal liberty and finally it is to be spurned as a confession of defeat.

The opposition makes an eloquent appeal to people to fight for the liberty of the individual. Sterilization, it is

alleged, robs men of an elementary human right. Yet the alternative suggested is, as has already been mentioned, fuller development of the method of segregation. Which is the greater deprivation? Loss of freedom to roam the world, to manage one's own affairs, to marry and to have children, or simply loss of the freedom to have children, voluntarily borne? The opportunity for voluntary sterilization is rather, as Professor Julian Huxley has said, "a concession to individual right and social justice."

And how can such a measure be considered as a confession of defeat? Is it because the opposition can think of no practical alternative? Their weak challenge to the proposal is their own confession of defeat. Whereas man was once in his ignorance "a feather to each wind that blows" he is now growing to control the world of nature. He has been given the intelligence to make use of mechanical processes for his use and betterment. By knowledge and science he has learned to master many departments of life. Now by taking control of his national stock he is arriving at still greater control of his own destiny. Such a proposal is not the counsel for despair but is born of hope and faith and courage.

CHAPTER IX

THE CHRISTIAN POINT OF VIEW

i. *Values*

It is that attitude of mind which we have been considering in the last chapter which has strengthened the conviction of many people that Christianity is merely a collection of beliefs and creeds which have long ceased to have any importance in life to-day. They are much more willing to place their faith in science to guide an orderly progress of mankind. On the other hand, there are many faithful Christian people who can see that science has her contribution to make, but on this particular question they are extremely doubtful whether the findings of science can be reconciled with the Christian ethic.

We have already quoted Dr. Headlam, that the problems of to-day must not be avoided on the score that Christianity is solely concerned with otherworldliness. At the same time, in dealing with the concerns of the temporal we must never forget the spiritual: that is to say, we must not become absorbed with the "means" used by Christianity to the exclusion of the "end," because the end that we have in view, as Christians, conditions the means used to attain that end. Thus, the primary concern of Christian ethics is not to identify itself with this or that policy or point of view, but to try to consider each of them, bringing to bear on them the Spirit of Christ which can redeem and mould them that they may be worthy instruments of God's purpose. That purpose we believe is the creation of individuals who have in them all the possibilities of reaching

that end which God has placed before us, of becoming personalities worthy to be called sons of God. The question of character, therefore, immediately concerns us. We are directly affected, for better or for worse, by the many theories and the technical knowledge thrown up to-day. By our conscious acceptance or rejection of them our characters are developed, but by effortless ignoring of them we become increasingly incapable of controlling our circumstances. We are compelled to discover the true value of each fresh theory or discovery. No doubt it is because the scales of value are so badly poised to-day that our moral standards are so shifting and respect for personality is at such a low ebb in some spheres of employment and conditions of living.

If therefore the foremost concern of Christianity is personality, we are bound to consider how ethical theories will affect, not only ourselves, but others, when put into practice. At the same time it must always be remembered that our scale of values must be conditioned, not solely by a temporary expedient, but also by the prospect of ultimately fulfilling the true ends of personality. For this reason we maintain that it is a sin against the Christian conception of personality and against the conscience to insist that stunted and defective lives shall continue to propagate, when means are made available to obviate such misfortunes. It seems blasphemous to imagine that it is God's will and purpose that defective children should be born at all. Normal individuals are responsible people and we are responsible for bringing new lives into the world. To put the responsibility on God when such lives are defective is a wilful refusal or inability to face the facts.

The main difficulty causing most Christians, until fairly recent times, to shelve this question, is that in all shades

of Christian thought there has always been the impression that anything connected with the sexual functions of mankind belongs entirely to the lower side of man's nature and that it must therefore be eschewed. It is that attitude which has precluded from open Christian influence the very instinct which is strongest in man, and which teaches that a wrong use of the sex instinct is a gratification of something fundamentally evil instead of a misuse of something which is good. The Lambeth Conference of 1930 expressed this latter view:

"The Conference emphasizes the truth that the sexual instinct is a holy thing implanted by God in human nature. It acknowledges that intercourse between husband and wife as the consummation of marriage has a value of its own within that sacrament and that thereby married love is enhanced and its character strengthened . . ."¹

What we have now to consider is what shall be the position of those parents whose children will almost certainly be carriers of hereditary defects, even if they do not suffer themselves. All agree that control of conception is necessary: the difference begins when we come to the means of control. Our task now is to discover if there is anything in the Christian ethic contrary to the method of control known as sterilization.

ii. *The creativeness of Christianity*

We have observed how enormous is the problem of mental deficiency and any who have seen something of the burden are ready to approach with an open mind any means of assistance which science may offer. But clear thinking is difficult for some of us in such a matter; we

¹ Resolution 13.

do not intend to raise objections but tradition is strong in us and sometimes calls on us to close the doors of our mind. Particularly do many of us find it a strain to develop our Christian tradition, but we must remember that although the content of the Christian message is unvarying, the form of it changes, and must change from age to age and we must not allow an outworn form to obstruct our action in meeting to-day's needs. If Christianity is to be vital and real it must meet the problems. This may often mean that we cannot look back to the old Christian tradition and find there a precedent which will give us our course of action to-day; it is our responsibility to *develop* the Christian tradition, to meet circumstances as they are at present, and we trust that we are guided by that same Spirit which has led previous generations. Christianity still has its task of leavening the lump.

We believe that God has not withdrawn from the world and left man to muddle through anyhow; we can see that there is order in the universe, and we believe that God has given man the privilege and responsibility of co-operating with Him in bringing further order and perfection into the created world. As we become more enlightened spiritually and mentally, we sometimes catch a vision whereby we feel ourselves brought into closer co-operation with God. We see how we can, with God's help, bring a little more order and perfection out of chaos and evil. In fact we can see that the spiritual has the power to mould the material, and whether this enlightenment comes to us through our prayers, our reading or from men of science, if we know it is God's leading, then it is our duty to follow it. As thinking Christian men and women, we each of us have our responsibility, we are not good for the mere sake of being good but because goodness is an expression of

God's nature and His will for all created things; therefore with that motive we endeavour to play our part in bringing the richest, fullest lives to all men. If such a way is shewn to us through the workings of biologists then we dare not reject it on that score alone. The spirit of God flows in some measure through all men and through every sphere of life. "He that hath ears to hear, let him hear."

iii

Side by side with the steady increase of the world's population there have been several factors operating which have served in a rough and ready way to eliminate the unfit. Famine is not a disaster which usually touches the civilized world very acutely, nevertheless there have been times when large numbers have died; the last one experienced in England was probably at the very beginning of the nineteenth century, but Ireland has suffered on several occasions since then. Diseases take a steady toll and epidemics affect large numbers from time to time, while poverty has been a constant influence in shortening life at least: occasional periods of war leave their mark also. Nevertheless, although man is to some extent responsible for certain of these agents he certainly would not start an epidemic in order to eliminate the less fit members of the race; in fact these misfortunes can affect all types of the community equally and in any case man can exercise little control over them; they come and go as they will and sweep away whom they will. Despite this, however, a rough balance has been maintained which is now being upset in some degree by the progress of man's knowledge.

Wars may not yet cease but disease is being checked in part. An unexpected epidemic may occur but the average

length of life of men and women is being extended, while relief, medical science and the vast machinery of social welfare are to a very large extent prolonging the lives of those very men and women, who, because of some hereditary defect, are able to contribute little, if anything, to the general welfare of the community. Moreover not only are they cared for themselves but are free to add to their numbers within any natural limit, not only begetting children who may or may not be normal and require the same attention, but children whom they cannot properly tend themselves and who cannot be brought up in the natural atmosphere of a home with normal parents. In fact the position would appear almost to be worse for a normal child to grow up in a home with sub-normal parents.

We have seen the burden that these unfit members now throw on the fit members of the community; but it is also a cumulative burden. The unfit are free to propagate their species year after year but all the time at the cost of the fit members, which means, indirectly, that the fit have to curtail their families in order to provide for the unlimited families of the unfit. The best stock is sacrificed for a lower grade.

If we hold to the old Christian tradition and refuse to develop it to meet circumstances as they are to-day we find we are in a dilemma at this point. No one would affirm that we should relegate medical science and welfare work to the past again and allow uncontrolled "natural" factors to operate once more to maintain a very unsatisfactory situation. On the other hand, is it in accord with Christian conscience to permit persons to come into the world who can never have that fulness of life which is surely God's purpose for them?

Are we to be content with making the best of a bad job

or should we endeavour to prevent the "bad jobs" ever coming into the world at all? Does God intend us just to drift on as now or can we say that God is pointing the way to us through the work of biologists?

iv. *Fulness of life*

In thinking our way through this question we must be perfectly clear in our minds that we are making no class distinctions at all. The fit are to be found in all types of the community together with the unfit; nevertheless it is easy to see that the defective members tend to drift down the social scale while the unthinking and unchecked breeding of large families hastens the course in the same downward direction.

There is also another point we must bear in mind. Characters are formed by struggling against temptation and adverse circumstances; this may be especially true of those suffering from hereditary physical defect. By virtue of suffering and being cut off from a full life some may gain a finer character through their defect than many for whom life runs smoothly. Again there *may be* mental defectives with some beauty in their spiritual lives; a wallflower can blossom in the three square feet of a drab backyard, but everything has its proper setting. We know that we develop through struggle. All normal persons know that they are potentially capable of full development and with this knowledge there is hope, but the development of a mental defective is arrested well before he or she is eighteen years of age. They never can reach full development. Still it may be argued further that if their lives are incomplete on earth they attain to their worth when released from the hampering conditions of their physical bodies. We cannot deny this,

nor should there be any desire to do so; we know that God cares tenderly for those who are unfortunate in that respect in this life. Yet through all this we should be able to see perfectly clearly that it is God's purpose for every man and woman to reach full development here on earth in every sphere of life, physically, mentally and spiritually. No one can deny this and it seems impossible to conceive of anyone who would wish to argue that those who cannot reach full development here should yet be able to bring others into the world similarly handicapped. It is certainly our Christian duty to protect and provide for such cases but it is just as emphatically our Christian duty to prevent similar cases arising in the future.

v. *Marriage*

If we agree on this point then we must examine the alternative methods which could secure this end. On one further point we must be clear, that we cannot go on as at present in the hope that "something will happen" and that the difficulty will solve itself. Those aware of the problem know perfectly well that it cannot adjust itself and if we are conscious of being called into co-operation with God to bring order out of chaos, then it means prayerful thought and action.

All the three methods available are being used to some degree. Segregation is one: those defectives who are unable to care for themselves in the community are housed in institutions; they are sufficiently separated and controlled there to ensure that they cannot procreate. Sterilization would not affect them and it is more concerned with the high grade defectives living at large in the community. One could prohibit these latter from marrying, which would

not only be useless as regards begetting children but definitely un-Christian. One could, on the other hand, ask them to refrain from having children, although they are married, but self-control is difficult enough for many normal people, much more so for those who do not fully realize their responsibilities. To assist them, however, there are the ordinary methods of conception control. It is this alternative that many in the old tradition cannot countenance. The only possibilities in that case are the methods enumerated above. There are no others. If, however, the ordinary contraceptive methods be allowed it is easy to foresee the numerous failures which would occur. For people of sub-normal intelligence and of abnormal feeling, such methods would not only be difficult to manipulate but there would in most cases be lacking the urge of responsibility to use them at all.

This, then, brings us to the one permanent and infallible method of conception control known as sterilization. Here again we must meet criticism. Granted this problem and our duty to deal with it, can we go so far as to interfere with the natural processes of men and women by surgical operations? We will deal in the next chapter with the responsibility of the community to its weaker members, but can the community as a whole, while allowing marriage to all, yet prevent families issuing from some unions? The community can certainly not use such a measure forcibly but is it not time we revised our views as to the purpose of marriage? Hitherto we have allowed marriage to all men and women who so desire, that is, in theory. In practice it does not work quite like that; a certain narrowing of the field of selection occurs. Although a young man and woman now are far more free to marry outside their circle or class than previously yet their field of selection has a limit. The

majority marry within the limit of their acquaintances, and this limit is further confined by considerations of finance, temperament and sometimes of religion. A still further narrowing would occur if the not very recent proposal of medical certificates before marriage became general. A slow change of attitude is taking place regarding marriage as is evidenced by the stress on the need for sex instruction. In fact we are beginning to realize that marriage is not for all men and women without any preparation or consideration of what it involves. The Christian ideal of marriage has ever been high but it has still further to go; we still need to realize that marriage is only for those who are adequately prepared for it, and are physically, mentally and spiritually fitted not only as husband or wife, but to tend a family as well. Marriage means the lifelong fellowship of two personalities realizing their own love in the greater love of God with the possibility of handing on this quality of life to their children. Now that means exclusion from marriage for many and certainly for those who are physically or mentally defective: they are capable of perfect devotion to one another but only too often the advent of children means an aggravation of their mental defect and the break up of the home. Must, then, the Christian conscience forbid the union of such cases? Surely that would cause much hardship. But if science comes with a gift in hand and says, "Owing to your inherited defect you are not capable of marriage in the fullest sense but we can help you to live in happy companionship together without any fear that the responsibility of children will make you worse or that you will hand on your defect," could not then the Christian conscience recognize thankfully that here was God's guidance and power to assist the spiritual in moulding the material?

We must also give some thought to the numbers of high grade defectives who are able to gain various kinds of employment but are unstable in their earnings. Both men and women can work and quite naturally most of them marry eventually. This means the withdrawal of the woman from her employment. Now there is no reason at all why they should not marry, indeed there are many more reasons why they should. They have the same affections as other men and women and in most cases a far greater need for the companionship of wife or husband and the influence which the one can give to the other. They also possess the same sexual desires as most people but probably lack both the knowledge and the sense of responsibility to prevent the growth of a family. In Chapter VI we have discussed more fully the experience of other countries on this point, and have seen that in those countries where sterilization is effective there have followed many happy and successful marriages. In the first place it is easy to see that without the tie of an unwanted family the wife is free to continue some employment. Economically this is a great advantage as it augments the wage of the husband. Owing to his defect his work is often casual and rarely provides an income sufficient to maintain two, and certainly not a growing family. Secondly, marriage centres their interest round their home life which has a far greater chance of remaining a stable, happy home than it would if there was the constant anxiety of children. Furthermore, if the defects do become aggravated, there are no children to suffer in the calamity.

However, as the matter stands at present, the Christian conscience is apparently untouched by the hardship which its "standard of sex" causes. It refuses to have any responsibility in the matter until all the harm is done, then

it works vigorously and very admirably in some cases, tending the unwanted defective children and trying to bolster up a home life which has broken down, often irreparably. Until this moment of misfortune occurs Christian charity cannot apparently take any action and withholds all assistance from those very members of the community who are in greatest need of it. The Christian conscience shelves any decision and in doing so forces hardship and unwanted children on those who by force of circumstances are not in a position to decide. The stronger brethren stand aloof closely guarding the key which would unlock the door to freer and more complete lives for their weaker brethren.

vi. *Natural rights and sacrifice*

We have still not answered the question whether it is right for the community to interrupt the natural process of men and women by surgical operation. Is it not a flagrant breach of the principle of the liberty of the individual? We must bear in mind here that we are only considering voluntary sterilization, but, even so, is not a man's body his own? In many respects the freedom of the individual is already curtailed by legislation, and if one ponders the matter at all one finds that one's path may not be very straight but it is also undoubtedly very narrow indeed. Taking a car out on the highway furnishes a very simple illustration of this; we are surrounded by restrictions and we find in every activity of life that we cannot do just as we like at any moment. The principle underlying all this is obvious, that although each one of us has his own personal rights he also has responsibilities to the rest of the community. We are essentially social beings and cannot

live to ourselves alone. That this is generally recognized can be seen in the popular attitude to a recluse; such a person is regarded as a freak. Such freaks, however, cause no positive harm to the community. The community is merely the poorer in so far as it lacks the contribution which the recluse would have made to the common good. On the other hand a motorist who causes an accident infringes the right of others by not observing his responsibility to other users of the road. If his is a serious infringement then he loses his personal right to use the roads; his liberty is curtailed by the consensus of opinion of the rest of the community. Again, a person with an infectious disease is put into an isolation hospital not only for his own benefit but so that the rest of the community may not suffer. Similarly a lunatic ceases to have any personal right, not merely because he is incapable of contributing anything to the community but because he may be a positive danger to it. There is no need to enter into any discussion as to theories of the State. That which makes for the common good comes first; there are borderline cases where it is difficult to see what course of action does or does not make for the good of the community, but all normal citizens recognize that it is to their own good that they should not be able to exercise their own personal rights at the expense of other members of the community.

Now there are many things we would all like to do but the fear of the law keeps us from doing them. There is again a certain section of the community who refrain from doing things they would like to do, not from fear of the law, but because they have a higher ideal of their responsibilities to others: they go beyond the minimum that the law asks for. Theirs is a form of voluntary self-sacrifice.

There are still others who are willing to give anything in service to their fellow men and women. Science has a long list of such people who have sacrificed even their lives in order to benefit mankind and times of war furnish many other instances. These make the supreme sacrifice. Thus it would appear that the greatest right of any individual is to give even his life for the community—"Greater love hath no man than this." So we arrive at the highest Christian virtue of self-sacrifice. Few, however, are called to make this supreme sacrifice in the ordinary course but there are many who are found willing to give even of themselves to assist another individual life. We have but to turn to orthopædic hospitals for examples here.

Can it be said, then, that a person offering himself for sterilization is running counter to anything that the Christian conscience upholds? He is sacrificing his right of parenthood, which is admittedly a heavy sacrifice, but it is for the good of the community and of benefit to himself in the long run. Moreover, can it be held contrary to God's purpose that a man should so care for his body that he takes steps to avoid bringing children into the world who can never reach that full development here which is God's purpose for them? Every operation is effected to achieve some purpose; is it a more sinful "mutilation" to operate on a person to save the lives of children yet unborn than it is to remove an appendix to save one life?

But it may still be argued that a mental defective by reason of his defect is very open to "suggestiveness" and that therefore his consent would be invalid, however voluntary sterilization may be. There are few people, however, who are not open to suggestion, the only difference is that a mental defective is more so. It is true he will not fully understand the whole sociological problem of which

he is a part, but what is important is that he should recognize the consequences of sterilization and be capable of making a rational decision in the matter and at the same time feel perfectly free to refuse if he so chooses. Higher grade defectives are perfectly capable of this and some have even asked that they might be sterilized.¹

Despite all this, however, there are some who regard sterilization as contrary to the nature of man; it is said to divorce his natural powers from the true end for which they were given him. We have already discussed the point that where a man and woman are not fully suited for marriage it may mean some sacrifice on their part if they are united, and in this case it involves the necessity to refrain from bearing children. Marriage should not necessarily imply a family where the qualifications for one are lacking. Is it then "warring against nature" to assist in such cases? There are countless ways in which man controls nature in order to benefit mankind: it is not for instance deemed "unnatural" to control the flow of a river by constructing locks to save the countryside from disaster. Again man uses his bodily powers in activities for which nature never originally intended them: the primary purpose of feet was no doubt for walking but they are also used for kicking a football. In fact the history of mankind shows man continually controlling and extending the use of his powers not only in himself but in nature. Man's ascendancy has only been attained by a constant struggle with nature, which, left to itself, soon runs wild. Concurrently there has also been a struggle with his own nature and the Christian conscience gives support to any effort which will assist him to obtain a greater measure of self-control. But

¹ Brock Report, p. 38, § 68.

none of these harnessing and self-controlling methods can be called "unnatural." It is man's duty to develop his character, with God's help, by rising above the sordid level of his environment and the downward pull of his own warped instincts. It means self-control and self-sacrifice. It is the way of the Cross.

In dealing with the problem of the mental defective we have in hand persons who have not that same full sense of responsibility and whose control of primary instincts is therefore weakened. Their characters have not the same discipline as normal men's and, through no fault of their own, nature seizes them in her grip and in certain respects they "run wild," to the detriment of their fellow men and women. Is it then, unnatural, to give them that assistance which will retain for them the uncertain poise they already possess in life and prevent them tumbling into the greater depths of an unnatural, incomplete life?

It all returns again to the question of God's purpose and our co-operation in that purpose. If we can see that it is alien to God's purpose that children should be born with very small chances of ever attaining the full life He wills for them here, then it is not "unnatural" to link ourselves with that purpose and use the means given to us to attempt to achieve it. At the same time no true purpose can ever excuse any method which undermines self-control, but in these instances we have people who are not capable of *shaping* their own lives without assistance. Assistance is readily granted to those poor in material things; the community should be as prompt to give help to those poor in mind, and place services at their disposal, if they so choose to use them, to assist their weakened natures and ensure that similarly handicapped characters are not born who are incapable of reaching the full end of man.

vii. *The Kingdom of God*

We have been considering the case of mental defectives in particular because in them we see the problem at its worst and are presented with some of the more difficult questions. However, what has been said in regard to hereditary mental disabilities can also be applied to hereditary physical defects. There is the same incompleteness of life and the very real anxiety to the parents lest the defect is being passed on to their children. Moreover in their case they are in a position fully to realize their responsibilities.

All that has been said centres in the Christian conviction that man is given the opportunity to co-operate with the Spirit in realizing the good. It is often difficult to-day to see what the general good is; science would say it consists in rising above our environment; Jesus calls it the "Kingdom of God." They are complementary and the Kingdom cannot be fully realized until all are in it and until each one of us uses the contributions of all spheres of life, scientific and otherwise, which will enable him to be the master of his environment and not the leaf swept along by the wind of nature.

Beside the difficulty of discovering what is for the universal good there are also divided opinions as to what constitutes the will of God in a given case. After all, men have killed one another in the firm conviction that they are doing God's will. The Christian conscience now is revolted at that, but is it not also revolted at the spectacle, no less tragic, of successive generations arising, crippled in mind and body?

The Christian conscience has to find its own criterion as to what is good, beautiful and true and that is a task for

each one of us. We may make mistakes but that must never excuse us from our responsibility in coming to a decision after weighing all the facts. It might be more satisfying if God would point the way for us and we could be assured that we were on the right line. But there is no outward, infallible guidance for us; we have to build up our own scale of values. The Kingdom of God is within us. If we are certain of that then we can be certain that we shall be able to reflect and build up the Kingdom outside us. The initiative lies with ourselves but the power is given by God.

The human personality is sacred and we could countenance nothing which would mar any man made in the image of God. It is, however, our duty to consider very seriously how best we can serve God's purpose in dealing with his children, children made in His likeness who can never know the richness and fulness of life here which should be the heritage of all who are called to be fellow heirs with Christ.

CHAPTER X

RESPONSIBILITY

i. *For the individual*

IN the light of all the facts and considerations of the previous chapters, it seems that there is an overwhelming case for the provision of opportunities for voluntary sterilization; and this, not only for the good of the individuals involved and for the thousands who would otherwise be born unwanted by their parents or by the world in general, but also for the good of society as a whole. With the law as it now stands we can, with the best intentions in the world, only do relief work in the vast majority of cases where mental defectives, at large in the community, have not, poor things, the strength of purpose to do otherwise than to give birth to children. A flagrant instance, which appears among the cases of the N.S.P.C.C. in the East Riding of Yorkshire, is here quoted to show the disastrous possibilities among the mentally defective population. Incidentally, N.S.P.C.C. officers are agreed that there is a greater correlation between neglect of children and mental deficiency than even they had suspected before carrying out the investigation for the Brock Committee.

Father born 1880; mother born 1883. The paternal grandfather was feeble-minded: two great-uncles were certified insane and a maternal uncle was epileptic. This woman has given birth to the following:

- | | |
|---|--------------------------------|
| (1) Daughter; died of convulsions in infancy. | } These two
} illegitimate. |
| (2) Son; died of convulsions in infancy. | |

- (3) Daughter; certified M.D. In an Institution.
- (4) Son; certified as imbecile. Died at age of 11.
- (5) Son; certified as M.D. In an Institution.
- (6) Daughter; certified as imbecile.
- (7) Daughter; died at 11 months.
- (8) Son; certified as imbecile.
- (9) Daughter; in service.
- (10) Son; died in infancy.
- (11) Daughter; at school, but of very low mentality.
- (12) Son; at school and of average intelligence.
- (13) Daughter; aged 9, has never been to school; M.D.; now in Institution.
- (14) Daughter; now aged 8; never been to school; in M.D. Institution.
- (15) Son; aged 5; recently admitted to M.D. Institution.
- (16) Daughter; aged 4.
- (17) Daughter; aged 1.

Surely this man and woman cannot have realized the gravity of their error. They could never be expected to exercise self-control, nor were they granted the shelter of an institution for defectives.

If we know that sterilization may be a power for good, what can we do? Obviously it is wrong to sit down and acquiesce by silence and inaction in the misery and disease which is accumulating around us. Each one of us has a duty. The first part of that duty is to acquaint ourselves with the pros and cons of sterilization and to think them over for ourselves. A surprising proportion of the general public is unaware of the nature and results of sterilization. One woman, on being approached for her opinion with regard to a sterilizing operation for her husband, replied in a broad north country accent, "Oh, but I wouldn't take away his bit of pleasure." The woman was labouring under a common delusion that sterilization terminates sexual activity. It cannot be too much emphasized that the

operations of vasectomy and salpingectomy have no such effect. The Brock Committee stated this fact in their report with conviction: "Sex life is not affected and there is no diminution in either potency or desire."¹ Such half-knowledge, such fears and suspicions are largely responsible for the hesitation in many people's minds and are supported by the long-established *laissez-faire* attitude with regard to these matters which has become so traditional as to seem *ipso facto* right. The result is a reluctance with many of us to come to a decision, even though logically we know there is a strong case for sterilization. It is our duty to supplant half-knowledge and fears by certainty and conviction; to refuse to accept traditional methods just because they are traditional, to use our minds and all our faculties to think out the problem and sincerely and honestly endeavour to reach a right decision.

But having done that we must act upon our conclusions, for the matter is pressing. We may be in one of three groups. We may be one of those who is unfortunately heir to some physical or mental defect, or who suspects himself to be a carrier of such disability. If we fear that this is the case, let us first be sure of our ground, for it is useless to be tortured by harassing doubts and fears. With physical defect, a medical opinion can be given as to its heritability with some degree of certainty. With mental defect, doctors cannot, in the present state of knowledge, forecast so surely the probable mental condition of the offspring. But if there are reasonable doubts as to their normality, surely it is better to be on the safe side and refrain from risking such unhappy parenthood. But whether the defect be physical or mental, medical advice is a valuable help in thinking out one's personal position. Sterilization offers the victims

¹ Brock Report, Chapter IV, § 48.

of hereditary disease the opportunity of marriage and home life without the ability to bring children into the world. The issue is clear. A defective could, if voluntary sterilization were legalized, either marry and reproduce his defective species, he could marry and rigidly abstain from intercourse or avail himself of contraceptive devices; he could be sterilized, marry and lead a normal sexual life without fear of reproduction; or, finally, refrain from marriage. Obviously the first alternative is undesirable and in certain cases even iniquitous: sufficient evidence has been brought forward to support this statement in other chapters. Some will find no particular hardship in abstaining from marriage, but for others, and for some women in particular, the prospect of a single and perhaps a lonely life is nothing short of appalling at times, especially when they have half-unconsciously learned to love someone with whom married life for them might mean great happiness. Further, anything like a general prohibition of marriage for defectives, only, it is admitted, aggravates the evil of illegitimacy and does not in any way solve the difficulties. Surely there is no legitimate reason for preventing marriage if children are not brought into the world. We realize that some high-minded men and women will find in such a marriage their opportunity for a fine discipline and exercise of self-control practised in complete abstinence from intercourse, but if the opportunities of close contact afforded by marriage mean a perpetual dragging sense of something missed, an enervating longing for complete satisfaction and perhaps a desperate hazard even once a year, one is not learning self-control but losing strength and happiness and spoiling the chances of a successful married life. Only some have opportunities for a full, active and varied life which makes complete abstinence easier: a

large proportion of our population perform dull semi-automatic tasks through the long hours of the day in uncongenial surroundings or drag through the monotony of prolonged unemployment. Moreover, home conditions in the congested areas in which so many live do not afford the assistance with self-discipline which is available for others. These are seeking self-expression and this is not altogether synonymous with self-control. Complete abstinence is not therefore always desirable for the health and well-being of the partners and the happiness of the marriage. Contraceptive devices meet the need of those for whom it is not wholly good. But if it is agreed that children should never be born of such a union, surely the only permanent device, namely sterilization, is the most practical, economical and the safest to adopt.

But others may be in the second group; namely, one of those married, or connected by ties which would normally lead to marriage, to a defective or carrier of defect. He or she should first make sure of the ground and give serious thought to the position. It may be that the fit partner will have first to broach the subject, for the sacrifice of foregoing parenthood will be the greater for him or for her. If eugenic sterilization can be but legalized there will be no need for undue hardship. Just because past generations have said of marriage "First it was ordained for the procreation of children" there is no reason why this age should, without thought, abide by that pronouncement. If the physically and mentally normal partner of such a union considers his regard for his partner is sufficient to compensate him for the lack of children, he is at liberty to marry and enjoy all the other benefits of married life. Childbearing is not looked on as a duty in this country, nor is the man necessarily considered lucky "that hath his

quiver full." People in normal marriages are allowed to refrain from having children, surely others may have the same privilege. It is sufficient that those who have been the unfortunate victims of hereditary disease or disability should be under moral obligation to forbear from having children; there seems no reason why they should be deprived of anything further; rather let their married life be as full as possible to make up to them for the mistakes of their ancestors and their loss. And it is the normal partner's part and privilege to bring this about.

The majority of people, however, are comparatively normal and the question of sterilization does not affect them directly. It is for them, nevertheless, an important and personal matter. A normal person needs to think out the problem just as much as one more directly concerned, for until a sufficiently large majority of the general public will express an opinion and see that a move is made, parliamentary action will not take place. A Protestant clergyman writing a small play in the form of dramatized dialogue, as long ago as 1878, brought out the main point of this argument in a simple but very direct manner. "Mary," the moralist is made to say to the fair and healthy young heroine, "would you like to be plain or ugly?" "No," she replies. "Then you must do unto others [namely her prospective children] as you would be done by" is the rejoinder. Mary, it may be added, had two suitors, one unhealthily descended but with good material assets and prospects, and the other strong and well and ambitious though he had few possessions. Of course, as a model heroine she married the latter, and we hope that her children were equally strong and healthy. Here is, very simply illustrated, the reason why each one of us has a duty in this matter. "Do unto others as you would be

done by." We do not have to ask ourselves "Would you like to be plain?" but "Would you like to be mentally defective, a deaf mute, an epileptic or suffer from any of the diseases and deformities which are inherited?" If we would be normal citizens then it is our duty to see that other people, and in particular all children, have the chance to be as normal and this can only mean that defective stock must not be reproduced. We can do much to bring this about: indifference is definitely inhumane as well as un-Christian. But at the same time we still have a duty to the large numbers of physical and mental defectives in our midst. We know that the majority are not segregated but are expected to live normal lives among the normal; let their lives be as near normal as we can make them, or feeling their inferiority they will surely deteriorate: give them all they can have, a home, the joys of home life, the opportunities for creative ability and development. Here, then, lies the double duty of the normal citizen to the present and to posterity. Sterilization can play a very beneficial part in giving the fullest opportunity to the present without jeopardizing the future.

To pass on hereditary disease or disability is to offer an eye for an eye, a tooth for a tooth: to stand by and let others do so, whether realizing or unconscious of their sin, is to share the darkness. We must live by a higher law and see, not only that the possibility legally exists for men and women to be sterilized and so prevent tainted and defective children from being born, but that the best and highest use is made of this opportunity, that it is preserved as an instrument for the good and the pure, that it is known, understood and adopted where there is need. Opportunities are frequently occurring around us, where, as parents, friends, social workers, fellow workers or chance

acquaintances, we can influence others to think out the problem and to act in the interests of the present and future generations. Let us not neglect these opportunities.

ii. *For the community*

But we have not only to view the problem in this personal manner; other issues are at stake. This country cannot much longer sanction indifference at so great a cost. How little the community realizes its responsibility is seen by the fact that a Bill somewhat prematurely introduced in Parliament in July 1931 for the sanction of voluntary sterilization was set aside without debate. In a somewhat fiery speech the Member for Camberwell stigmatized the Bill as a class measure, suggesting that a self-constituted body of eugenists would set themselves up to determine how many children every working-class woman should have. Here at least was an opportunity for a general discussion of the possible means of alleviating some of the burden of public health finance, which is so costly to the taxpayer. It was dismissed without a thought. The motion was lost by 157 votes to 89. It is significant, however, that most of those public bodies which have personal contact with defectives and those others for whom sterilization is here pleaded have declared themselves in favour. Before the Brock Committee was appointed, the Central Association for Mental Welfare, the British Medical Association, the Mental Hospitals Association, the County Councils Association, the Association of Municipal Corporations and other bodies were of opinion that the sterilization of defectives should not be sanctioned by law until the whole subject had been fully investigated and they therefore welcomed the appointment of the Departmental Committee

by the Minister of Health in June 1932. The Committee has done its work admirably, the subject has been fairly investigated and conclusions reached. In Parliament on February 28, 1934, Mr. Hugh Molson, Member for Doncaster, moved:

That this House considers that the facts set out in the Report of the Departmental Committee on Sterilization indicate a state of affairs calling for action, and respectfully requests His Majesty's Government to give immediate consideration to the unanimous recommendation of the committee in favour of legislation permitting voluntary sterilization in certain classes of cases.

There is now no excuse for delay. The Central Association for Mental Welfare was not tardy in making a move and at the Executive Council in March 1934 passed the following resolutions:

1. That the Council of the Central Association for Mental Welfare are in general agreement with the recommendations contained in the Report of the Departmental Committee on Sterilization, and are prepared to give support to suitable Parliamentary action.
2. That the Council of the Central Association for Mental Welfare are not prepared to support any attempt to restrict the sterilization to be authorized by the new legislation to mental defectives alone.

A Special Committee on Sterilization was appointed and this further resolution, designed to give effect to Resolution 1, was passed:

3. That the Council empower the Special Committee on Sterilization to take steps, together with other bodies,

for the appointment of an *ad hoc* Committee to carry out the Recommendations of the Report on Sterilization on the general lines of Resolutions 1 and 2.

This Society then invited other organizations to serve on a Joint Committee to give effect to these resolutions. The Committee comprises members of the Central Association for Mental Welfare, the Eugenics Society, the Mental Hospitals Association and the National Council for Mental Hygiene, and its "immediate objective is to secure legislation on the lines of the Report as soon as possible, by preference as a Government measure, or, failing that, as a Private Member's Bill adopted by the Government." The Joint Committee realizes that their end can only be gained through the weight of public opinion and has with great activity endeavoured to interest the public by supplying public speakers, by issuing literature, and by urging influential organizations and local authorities all over the country to consider the recommendations of the Brock Committee.

Meanwhile a sub-committee was appointed to draw up a draft Bill which has been considered and approved by various organizations, including the County Councils Association and the Association of Municipal Corporations. It is hoped shortly to put the draft Bill in its final form for presentation. Thanks mainly to the work of the Joint Committee there is a growing interest in the subject and some approach to unanimity is to be perceived. The medical world is tending to the same opinion: the Royal College of Physicians recently passed a resolution at which there was a large majority in favour of voluntary sterilization.

These organizations have a considerable contact with

those persons for whom legislation is sought. It is worthy of note, however, that the Central Association for Mental Welfare, the society with the greatest personal knowledge of the conditions calling for remedy, has been the chief instigator of this action. The Brock Committee was also unanimously in favour of voluntary sterilization.

Is it ignorance and a consequent lack of sympathy in the general public which leads to their inaction? The Brock Committee itself implies that ignorance plays a great part, as may be seen in the following passage: "We believe that few who approached the question with an open mind and listened week by week to the evidence we have heard, could have failed to be struck by the overwhelming preponderance of evidence in favour of some measure of sterilization. Among sixty witnesses representing many different points of view there may be, as the evidence showed, much difference of opinion as to the results which would be attained by sterilization and its usefulness as a measure of social hygiene; but it is a striking fact that out of this large number, including psychiatrists, biologists, leaders of the medical profession, representatives of local authorities and social workers, only three witnesses were definitely opposed to it in principle." We can only conclude that the apathy of the general public is responsible for our failure to have legislative measures sanctioning sterilization and that that apathy is born of ignorance, an ignorance which in so serious a matter must be termed culpable. It is a well-known fact that no one appreciates the value of good health until it is taken from him. Perhaps if we could all suffer for a brief period the handicaps and drawbacks of all kinds which stand in the way of physical and mental defectives we should be more ready to consider their case.

In the long run we suffer from our negligence, though

we are too preoccupied with immediate and pressing affairs to see this clearly. A fit and healthy nation is wealthy in more ways than one: in the first place there is not the immediate outlay on those who are now born to be a lasting expense for the community. It is obviously difficult to estimate the almost immediate financial benefit which would result from the legalizing of voluntary sterilization, but however small the immediate result were, we should have the satisfaction of knowing that there was a saving of capital, with interest, as the years went by. For among the unborn there would surely not only be a certain percentage of idiots and imbeciles whose condition would demand institutional treatment, but there would also be potential defective parents of varying degrees of feeble-mindedness, besides others suffering from periodic mental disorders, instability and physical diseases, increasing the necessity for increased accommodation, for all kinds of hospitals, institutions and mental and physical health services. It is estimated¹ that whereas it costs the London County Council £17 1s. 8d. per annum to educate a normal child in a Council School, the cost per head in Day Special and Open-air Schools is £46 18s. 10d. The "nipping in the bud" of comparatively few cases means considerable saving in the long run.

Social expenditure is ever increasing; let it increase in constructive work and not in bolstering up the unfit to breed more of their type. There is no lack of opportunity for constructive schemes: much more money can safely be spent on mental deficiency institutions for at least another sixth of the total number of defectives.

¹ This is the estimated gross cost per head for 1934-5. In Residential Special and Open-air Schools (Resident) the cost per head is £87 11s. 10d. per annum.

The Wood Report on Mental Deficiency expressed a conviction which is gradually receiving more and more support as evidence accumulates; namely, that the neglect of the problems of mental deficiency has contributed liberally to the evils of the social problem group—that section of the community which comprises approximately the lowest 10 per cent in the social scale. It is not possible, of course, to make sweeping generalizations and assert that the majority of persons forming that group are mentally defective according to the standards now commonly used, but it is a fact that “their social and economic failure is primarily due to their poor mental endowment; and if in addition they are temperamentally unbalanced, they become failures that are dangerous to the community.” There seems to be every reason to suspect their mental inefficiency is, as the Wood Report suggests, not merely a symptom but the “chief contributory cause” of those evils which are so often found side by side, evils which include insanity, epilepsy-pauperism, crime, recidivism, unemployment, and unemployability, habitual slum dwelling, prostitution and drunkenness.

There is without doubt a linking together of crime, poverty and insanity. In a group where one finds mental defect there also will one find more temperamental instability and insanity than in the rest of the population. This accumulates from generation to generation and the group of victims, huddled together in some foul slum, sink lower and lower unless they are relieved (they can scarcely be rescued) at the public expense. Sterilization aims at attacking the root of the evil. There are found to be familial groups of mental deficiency; the best way to work seems therefore to be to break up the familial concentration of mental defect in the hope that the social problem group

will benefit not only by reduction of mental defect but also by a lessening of the kindred evils. It seems useless to spend vast sums of money on rehousing this particular group of people if supplementary constructive work is not at the same time carried out. One can see, from the deplorable condition under which some of the tenants at Dagenham or Norris Green, Liverpool, are now living, that the provision of clean new houses with garden space around does not in itself constitute the clearance of the slums. We must do more or we shall only have succeeded in moving the slums.

But the evils of mental deficiency and disorder are not by any means confined to the social problem group; they are sapping the vitality of the nation. Apart from the estimated 310,000 defectives there are numbers of dull, sub-normal persons who only differ in degree of intelligence from the defective. With difficulty they struggle to keep their place in society and only too often sink to a lower level. Often they intermarry or marry with defective stock with disastrous results. But in any case they are lowering the level of efficiency throughout the community. Their standards of work and those of the high grade defectives in ordinary employment cannot be expected to be as high as those of normal people. Both quality and quantity of work suffer though these unfortunate men and women are incapable of anything better and must earn a living wage. If they existed in small numbers they would be ousted from employment and be forced to accept poor law or other kind of relief, but they are so numerous that the market absorbs large numbers: in these days of fixed minimum wages the worst worker generally sets the standard, so that the standard of efficiency in many occupations at the present is that of the sub-normal worker. Living

wages must however be paid and the general public has to pay for the inefficiency of the work done.

This is an age of nationalism. Let the nationalism in this country not be misdirected. We can concentrate our attention on national improvements which will not be detrimental to other countries. Until the nations take steps to control the quality, if not the quantity, of their population, their chances to be masters of their own destinies are slight. No Briton would like to contemplate a future C3 nation, yet it is in that direction that we are now heading. It seems impossible to deny, with the information available, that mental deficiency is increasing or that defectives and the lower strata of the population tend to increase more rapidly than those gifted with greater intelligence. If this is the case, we are not fulfilling our duty to posterity. Now is the time to act before the situation is too hopelessly out of hand for action to be taken. It is not supposed that sterilization in itself is a remedy, but it seems that if voluntary sterilization were available for those who wished to use it, the State would not at least be guilty of leaving people, whose self-control and powers of resistance are not strong, a prey to temptations which are too much for them and which, in the existing circumstances, they cannot avoid. Such neglect would have to be censured if the results were unimportant, but when the consequences of such neglect are so disastrous, involving the happiness of large numbers of the population, and imposing a burden of disadvantage and heavy expense on the fit members of the State, then the State's inaction is tragic. There will not be legislation in this country permitting sterilization until the community realizes its responsibility to its weaker members and to itself. There must be a general awakening to the seriousness of the

situation and when this is realized Parliamentary action will soon follow. The latter is useless unless the public understands the benefit conferred by opportunities for voluntary sterilization; evidence of this may be seen in the small number of operations which have been performed, after legislation has been passed, in some other countries. The community must feel the need for sterilization, and, having obtained legal sanction, must, by sheer force of public opinion, see that advantage is taken of the opportunity thus gained.

iii. *For the Christian*

Having thus measured the responsibility in this matter of the individual and of the community, we would consider whether there is any special obligation binding the individuals of the community who are also Christians. We have tried to show in the previous chapter that there is nothing contrary to Christian thought and practice in sterilization, but it is not enough to develop our tradition to meet a modern problem; we must not remain content with thinking out solutions and acquiescing with our minds only. As Christians we have the further burden laid on us of giving our intellectual decisions the support of our wills and affections. If the love of Christ really constrains us, then our imaginative insight should be keener than that of our non-Christian neighbour who may have reached a similar decision. If love of the brethren is anything more than a hollow phrase it should enable us to see and feel much more acutely the real need and hardship of those sufferers from defects whom we have in mind. Moreover, our compassion should be translated into action. The reverse of apathy gave Wilberforce the support which

eventually succeeded in making strenuous attacks on slavery. The people's imagination was enkindled and with it its conscience, and having reached that stage it demanded that this thing should be no more; thereupon action followed. But there is no need to await reports from overseas as to suffering entailed through hereditary defect; the problem is here on our doorsteps. The danger is that we should become so hardened to the sight that we ignore it. Neither can we excuse ourselves on the score that the small part we can do individually will never serve any purpose: surely it is the Christian hope that each example does, in the long run, have its effect. Nor yet again dare we shelve our responsibility by saying that the early Christian attitude to sex, so far as we know it, does not allow us to ponder over such a question as this. In the first place, the early Christians did not have a population question to deal with, neither was the problem of heredity a major one; there is no evidence that it was ever a pressing point of conscience. Infanticide was rightly condemned, as it is to-day: none but a warped mind, however, will ever take the view that the prevention of the fertilization of the ovum is an act of murder.

The whole point of difference from the early Christian attitude is that the problem of defectives *has* now struck us with such force that our consciences are stirred. It is useless to affirm that if the burden of defectives has always existed and if previous generations have not dealt with it, therefore their example in the matter binds our action. We may become aware that there is something in our midst which is a wrong, and we may be able to trace its active existence back through many centuries during which it has been ignored as a wrong, but because of our ancestors' defect of conscience in the matter, we cannot ignore the

problem ourselves when once it has become a point for our conscience; it is at that stage that our neglect of the matter becomes a wrong. War is a case in point. Until now, apart from mild exceptional periods, and among a minority, war has always been accepted as a necessary accompaniment of man's existence, but the point of view has changed and it is now regarded more in the light of an evil, and conscience is stirred to find means for its elimination. Thus the fact that the Christian conscience in the past made no radical move to deal with hereditary disorders does not assist us in the slightest. It is the conscience of our age that God has quickened, and who shall dare to ignore the leadings of the Spirit?

We may deny, if we like, that the discoveries of science or the workings of biologists are according to God, but we must be on our guard that such denials have not their root in traditional prejudice: we must assure ourselves that the Spirit of God excludes such men, together with statesmen and artists and others, from His guidance. Even so, we must seek another solution to the problem. We cannot ignore it blindly; it exists just the same.

Should it not be our task thankfully to acknowledge that here God is pointing the way, that our consciences are awakened and a means to action provided at the same time through the activity of His Holy Spirit? Should we not feel it incumbent on us to examine the facts as they are and to bring into the findings of science the leaven of Christian thought? As Christians we cannot allow civilization to march on apace and shun the questions thrown at us because they are difficult. Rather it is our duty to take all that life offers and by the power of Christ redeem and mould it, to meet the circumstance of our time. If we refuse, then we can be sure that secular power will

eventually meet the problems in its own way and so-called Christian thought and practice will fall into well-deserved disrepute. There is the danger that the Christian who has refused to see and welcome the light now may lose the power even to see it.

Dean Inge¹ quotes Sir Francis Galton, who used to say that eugenics ought to be a religion. The Dean adds "It is a religion, and its name is Christianity." If, as we have said earlier on, we could for a time exchange places with some of the unfortunate heirs of defects, and then resume our own minds and bodies, our course of action would be clear. Our imaginations, made vital by Christ's spirit of love, should enable us to see them as clearly as if we had suffered their plight and to appreciate the fulness of life which they can never know. "I came that ye might have life." Yes, and not just life on a common level, but "that ye might have it more abundantly," the richest life possible, physically, mentally and spiritually. The Christian conscience cannot for ever tolerate the unlimited creation of lives wrecked from their first day. No, that is man's work; God created and "saw that it was good." It is only when man blunders along apart from his Maker that life is spoiled. Jesus calls men to work with Him in bringing order out of chaos. We are fellow workers and are not asked to sit down and await a miracle of redemption. It has already happened. With the power thus given us, our duty is to use every faculty we possess and strain every nerve, in order that mankind may once again be recreated in the image of God. A so-called reverence for life which countenances the continual begetting of defective people is a direct negation of this purpose of God.

"A corrupt tree cannot bring forth good fruit" and it

¹ *Christian Ethics and Modern Problems.*

requires a very medieval casuistry to assume that it ever will. Furthermore, no appeal can be made to the teaching of Jesus to tolerate an evil, that out of it good may come. There is no merit in allowing suffering for its own sake, especially when it is borne by others than ourselves. The call comes down through the ages to our generation to save the many that are yet unborn from the lifelong misfortune which is otherwise certainly theirs. Is there anything in the Christian faith which bids us turn a deaf ear to such a call?

APPENDIX I

TABLE I*

SUMMARY OF ASCERTAINMENT

Area	Total Number of Defectives ascertained	Ascertainment per 1,000 of Total Population
Urban Area A	Children† Adults‡ Total	332 268 600
		3·16 2·55 5·71
Urban Area B	Children Adults Total	326 377 703
		3·15 3·65 6·80
Urban Area C	Children Adults Total	457 375 830
		4·19 3·42 7·60
Rural Area D	Children Adults Total	498 468 966
		5·02 4·72 9·74
Rural Area E	Children Adults Total	500 635 1,135
		4·82 6·11 10·93
Rural Area F	Children Adults Total	491 609 1,100
		4·81 5·97 10·78
Six Areas	Children Adults Total	2,604 2,730 5,334
		4·18§ 4·38§ 8·57§

* Wood Report, Part IV, p. 170.

† I.e. all persons who have not attained their sixteenth birthday.

‡ I.e. all persons over sixteen.

§ These incidence rates are not applicable to the country as a whole.

TABLE II*

PERCENTAGE AND RATIOS OF ADULTS UNDER AND OVER
40 YEARS OF AGE

	Age 16-39 Percentage	Age 40 and Over Percentage	Ratio of Older Defectives to Younger
<i>Feeble-minded.</i>	(a)	(b)	(c)
Urban	74	26	0·35
Rural	60	40	0·67
Mean	65	35	0·54
<i>Imbeciles and Idiots.</i>			
Urban	78	22	0·28
Rural	68	32	0·47
Mean	72	28	0·39
<i>All grades combined.</i>			
Urban	75	25	0·33
Rural	62	38	0·62
Mean	67	33	0·49
All persons over 16 years of age in general population of Eng- land and Wales (<i>Cen- sus (1921).</i>			
Urban	55	45	0·82
Rural	51	49	0·94
Mean	54	46	0·85

* Wood Report, Part IV, p. 194.

APPENDIX II

SUMMARY OF PRINCIPAL RECOMMENDATIONS OF THE BROCK COMMITTEE

1. Subject to the safeguards proposed, voluntary sterilization should be legalized in the case of:

- (a) A person who is mentally defective or who has suffered from mental disorder;
- (b) A person who suffers from, or is believed to be a carrier of, a grave physical disability which has been shown to be transmissible; and
- (c) A person who is believed to be likely to transmit mental disorder or defect.

2. Before sterilization is sanctioned in the case of a mental defective, care should be taken to test his or her fitness for community care.

3. Mental defectives who have been sterilized should receive the supervision which their mental condition requires.

4. The operation of sterilization should only be performed under the written authorization of the Minister of Health; in regard to which the following procedure should apply:

- (a) Application for the authorization should be supported by recommendations in a prescribed form signed by two medical practitioners, one of whom should, if possible, be the patient's family doctor and the other a practitioner on a list approved by the Minister. No medical practitioner should sign

- a recommendation unless he has examined the patient.
- (b) The Minister, on receipt of the recommendations, should be empowered to require any necessary amendment of the forms and to cause the patient to be specially examined if it is considered advisable.
 - (c) In order to deal with difficulties that may arise in connection with applications on behalf of persons suffering from, or believed to be carriers of, inherited disease or disability, the Minister should be empowered to appoint a small advisory committee consisting partly of medical practitioners and partly of geneticists to whom doubtful cases could be referred.
 - (d) The hospital authorities or (in the case of operations performed elsewhere) the operating surgeon should be required to notify the Minister when the operation has been performed.
 - (e) In all cases in which the patient is capable of giving consent, he should sign a declaration of willingness to be sterilized, and one of the two medical recommendations should include a statement that the effect of the operation has been explained to the patient and that in the medical practitioner's opinion he is capable of understanding it. If the practitioner is not satisfied that the patient is competent to give a reasonable consent, the full consent and understanding of the parent or guardian should be obtained. If the applicant is married, he or she should be required to notify the spouse of the application.
 - (f) In the case of persons who have suffered from

mental disorder, sterilization should not be permitted without a recommendation from a competent psychiatrist, who should be required to certify, after examining the patient, that, in his opinion, no injurious results are likely to follow.

- (g) In dealing with cases of mental defect and of mental disorder, the Minister of Health should exercise his functions after consulting the Board of Control.
- (h) The procedure should at all stages be treated as strictly confidential.

5. Medical practitioners, in making recommendations for sterilization should have protection similar to that accorded to them in respect of certificates given under the Lunacy and Mental Treatment Acts.

6. The operations for sterilization which are recommended are vasectomy in the case of males and salpingectomy in the case of females. The latter operation should only be performed by a surgeon competent to deal with any morbid condition which he may find.

7. The operation of vasectomy should not be authorised in the case of any person who has not reached physical maturity, pending the results of the further research recommended in this connection.

8. The operation for sterilization should not be performed in a mental hospital or mental deficiency institution.

9. In the case of persons unable to pay the full cost of the operation, the cost (including the expense of the medical recommendations) should be borne by the Mental Deficiency Authority in the case of mental defectives, by the Visiting Committee in the case of persons suffering from mental disorder, and by the Public Health Committee in the case of persons suffering from transmissible physical

disorders, subject to the right of the authority to recover from the patients or relatives so much of the cost as is reasonable. In all cases, however, where the cost falls upon local funds, the local authority should have the right to require the patient to enter a municipal hospital or any voluntary hospital with which they may have made arrangements for such cases.

10. In addition to the research mentioned in (7) above, further recommendations for research are made in Chapter 7 (of the Report) which do not permit of presentation in a summarized form.¹

¹ See p. 147.

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