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THE CASE FOR STERILISATION

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THE CASE FOR STERILISATION

by

LEON F. WHITNEY
Director of the American Eugenics Society

With an Introduction and Notes by
NORMAN HAIRE, Ch.M., M.B.
and two diagrams

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EDITOR'S INTRODUCTION

The menace of the unfit is not a new problem, nor confined to any one country. It is age-old and world-wide. At some periods, and in some places, it is solved by the crude method of infanticide—the destruction of the child after birth. This solution being out of consonance with our ethical views, we have to consider whether we are to accept as inevitable the burden which has to be shouldered by the rest of Society if unproductive, and often actively anti-social, individuals are permitted to be born without Society making any attempt at all to check their numbers, or whether, on the other hand, we are to make some attempt to check them.

Prudent sociologists have always interested themselves in population questions, but in the modern movement, which began with Malthus at the beginning of the nineteenth century, the emphasis was laid on quantity rather than quality. An active attempt to deal with the problem of excessive reproduction began in the 70's of last century, and led up to the Birth Control movement as we know it to-day. In most European countries the decline in the birth rate went on more or less slowly until the War in 1914, but post-War conditions, economic and international, have speeded up the decline to such a point that, in many of the most highly civilised coun-

tries, the birth rate is no longer very much in excess of the death rate, and it is already necessary for sociologists to take into account the fact that within comparatively few years some populations will become stationary or actually begin to decrease. Some people view the prospect of a stationary or decreasing population with alarm, though for my part I am prepared to welcome a considerable decrease in the population of Great Britain.

The modern birth control movement has been strikingly successful in bringing about a decrease in the birth rate, but unfortunately, as its opponents quite rightly point out, the decrease has not been properly distributed. I do not believe that the financially richer classes of Society are necessarily innately superior to the poorer; but there is no doubt that many stocks which have for a number of generations been financially poor, have suffered from the physical and mental environment which poverty inevitably imposes. This does eventually bring about a certain measure of physical and mental inferiority in the poorer classes of a population as compared with the richer classes, though it must be emphasised that the coincidence of a higher income with physical and mental superiority is neither exact nor universal.

The richer classes have had much easier access to birth control information, and their circumstances have made it much easier for them to take contraceptive precautions, so that the decline in the birth rate has been much more marked in the richer, and very broadly speaking superior, strata of Society, than among the poorer, very broadly

speaking inferior. This has had a certain dysgenic effect. As contraceptive information becomes more widely disseminated, it is probable that the difference of birth rate between the richer and the poorer classes will become less marked, and improved economic and social conditions may wipe out mental and physical inequalities between the classes. It is possible that modifications in our economic system might bring about a better distribution of national resources, and so improve the environment, and eventually the physical and mental equipment, of many of our poorer stocks.

In the meantime the burden of the unfit, unproductive, and even anti-social members of Society is becoming ever more difficult for the rest of Society to carry, and to me it seems urgent that something should be done to limit the burden, by encouraging unfit people to abstain from parenthood, or at any rate to keep the number of their children within limits which shall not impose too great a handicap on their superior fellow-citizens. In general, this end may be attained by contraception, but for stocks which are so unfit that complete childlessness is desirable, sterilisation is the best solution.

The author of this book, who is the Director of the American Eugenics Society, has in this volume treated the whole question in a way which, I think, places all the essential information in an attractive form before the reader. In general, I am in substantial agreement with him. I have not hesitated to use an editor's privilege to emphasise some of the points he makes, to add comments which I think may be helpful, and to mark my dissent where I find myself differing from him.

I have anglicised his spelling, and removed one or two of the less familiar, and to English readers less pleasing, American idioms, but have otherwise left his writing untouched. This English edition contains some additions to the bibliography which appeared in the American book.

NORMAN HAIRE.

HARLEY STREET
LONDON, W.1
January 16th, 1935

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Choose good grandparents.

—*Dr. Oliver Wendell Holmes*

Three generations of imbeciles are enough.

—*Justice Oliver Wendell Holmes*

THE CASE FOR STERILISATION

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THE STUDIES MADE IN CALIFORNIA BY GOSNEY AND POPENOE

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APPENDIX A

The following technical papers represent the work of Mr. E. S. Gosney and Dr. Paul Popenoe. They deal with the workings of the California eugenical sterilisation law and are fundamental source-material for any one interested in sterilisation.

1. THE INSANE. *Journal of Social Hygiene*, XIII (5): 257–268, May, 1927.
2. THE FEEBLE-MINDED. *Journal of Social Hygiene*, XIII (6): 321–330, June, 1927.
3. SUCCESS ON PAROLE AFTER STERILISATION. *Proc. American Assn. for the Study of the Feeble-minded*, 51st annual session, 1927, pp. 86–103.
4. CHANGES IN ADMINISTRATION. *Journal of Social Hygiene*, XIII (8): 466–477, November, 1927.
5. ECONOMIC AND SOCIAL STATUS OF STERILISED INSANE. *Journal of Social Hygiene*, XIV (1): 23–32, January, 1928.
6. MARRIAGE RATES OF THE PSYCHOTIC. *Journal of Nervous and Mental Diseases*, LXVIII (1): 17–27, July, 1928.
7. FECUNDITY OF THE INSANE. *Journal of Heredity*, XIX (2): 73–82, February, 1928.
8. MENSTRUATION AND SALPINGECTOMY AMONG THE FEEBLE-MINDED. *The Pedagogical Seminary and Journal of Genetic Psychology*, XXXV: 303–311, 1928.
9. VOLUNTARY STERILISATION. *Proceedings of the 3rd Race Betterment Congress*, Battle Creek, Michigan, 1928.

10. ATTITUDE OF THE PATIENT'S RELATIVES TOWARDS THE OPERATION. *Journal of Social Hygiene*, XIV (5): 271–280, May, 1928.

11. ATTITUDE OF PATIENTS TOWARDS THE OPERATION. *Journal of Social Hygiene*, XIV (5): 280–285, May, 1928.

12. SOCIAL AND ECONOMIC STATUS OF THE STERILISED FEEBLE-MINDED. *Journal of Applied Psychology*, XII (3): 304–316, June, 1928.

13. MARRIAGE AFTER EUGENIC STERILISATION. *Proc. of the 52nd annual meeting of the American Assn. for the Study of the Feeble-minded*, 1928.

14. THE NUMBER OF PERSONS NEEDING STERILISATION. *Journal of Heredity*, XIX (9): 405–411, September, 1928.

15. THE LAW AND HUMAN STERILISATION. *Proceedings of the 51st annual meeting of the American Bar Assn.*, 1928 (by Otis H. Castle).

16. STERILISATION AND CRIMINALITY. *Proceedings of the 51st annual meeting of the American Bar Association*, 1928.

17. EFFECT OF SALPINGECTOMY ON THE SEXUAL LIFE. *Eugenics*, I (2): 9–23, November, 1928.

18. EFFECT OF VASECTOMY ON THE SEXUAL LIFE. *Journal of Abnormal and Social Psychology*, 1929.

APPENDIX B

TABLE I

INHERITED CHARACTERISTICS IN HUMAN BEINGS (PARTIAL LIST)

Dominance of One Character and Recessiveness of the Corresponding, in the First Generation of Offspring; and Segregation in the Second and Subsequent Generations.

Body size and shape.

Certain fœtal deformities (achondroplasia). Dominant over normal.

Normal size. Dominant over true dwarfs.

Skeleton.

All the following traits dominate normal condition.

Short digits and limbs (brachydactyly).
Absence of distal phalanges.
Extra digits (polydactyly).
Fused, webbed, or fewer digits (syndactyly).
Fused joints of digits (symphalangy).
Abnormal outgrowths of long bones (exostoses).
Fragility of bones (osteopsathyrosis).
Double-jointedness.

Skin.

Pale thin skin. Dominant over coloured thin skin.

Brunette complexion. Dominant over intermediate and blonde.

Spotted white (vitiligo). Dominant over uniformly coloured.

Excessive formation of blisters (epidermolysis). Dominant over normal.
Hairiness, congenital (hypertrichosis). Dominant over normal.
Skin thickening, nail marking. Dominant over normal.

Hair.

White forelock. Dominant over normal solid colour.
Dark brown. Dominant over light brown to tow and light reds.
Black. Dominant over all other colours.
Patchy greying of hair (canities). Dominant over normal, solid colour.
Curly, flat cross-section. Dominant over straight, round cross-section.
Beaded, non-uniform cross-section. Dominant over normal section.
Digital hair. Dominant over absence.

Eyes.

Brown or black. Dominant over blue.
Hereditary cataract—this and following all dominant over normal.
Internal pressure and swelling of eyeball (glaucoma).
Displaced lens (ectopia lentis).
Retina pigmentary degeneration (retinitis pigmentosa).
Absence of crystalline lens, congenital (aphakia).
Drooping of eyelid from paralysis, congenital (ptosis).

Ears.

Normal condition. Dominant over deaf-mutism.
Normal condition. Dominant over hardening of ear tissue (otosclerosis).

Nervous system.

Chronic muscular twitchings (Huntington's chorea). Dominant over normal.

Muscular atrophy, progressive neural, both dominant over normal.
Spontaneous (idiopathic) epilepsy. Recessive to normal.
Constitutional feeble-mindedness. Recessive to normal.
St. Vitus' dance (Sydenham's chorea). Recessive to normal.
Lack of muscular tone (Thomson's disease). Recessive to normal.

Kidneys.

Excessive urination (diabetes insipidus). Dominant over normal.
Excessive sugar in urine (diabetes mellitus). Dominant over normal.
Urine dark after oxidation (alkaptonuria). Recessive to normal.

TABLE II

CHARACTERISTICS TENDING TO "RUN IN FAMILIES"

Defective hair and teeth
Extra teeth
Double set of permanent teeth
Hare-lip and cleft palate
Retention of testes in abdomen (cryptorchidism)
Absence of certain teeth (dental agnesia)
Bilobed ear
Dent in forehead
Human protein sensitisation
Double crown of scalp
Stiffening of joints (ankylosis)
Degeneracy of the cornea
Longevity
Handclasp
Constitutional predisposition to certain diseases, such as cancer, pneumonia, abdominal hernia, inguinal hernia
Stuttering or stammering
Anæmia in young women (chlorosis)

Nosebleed (epistaxis)
Dilatation of capillaries (telangiectasis)
Splenic anæmia
Gout
Goitre
Exophthalmic goitre (Graves' disease)
Ability: (*a*) literary, (*b*) mathematical, (*c*) mechanical, (*d*) artistic, (*e*) intellectual
Heart defect
Pernicious anæmia
Hardening of arteries (arteriosclerosis)

Table III

INHERITED CHARACTERISTICS DOMINANT IN MALES AND RECESSIVE IN FEMALES

Fissure of parts of eye (coloboma)
Atrophy of optic nerve
Near sight (myopia)
Colour blindness (Daltonism)
Night blindness
Rolling of eyes (nystagmus)
Scaly skin (ichthyosis)
Pattern baldness
Degeneration of nerve tissue (multiple sclerosis)
Grower's muscular atrophy (dystrophia muscularis progressiva)
Tendency to abnormal bleeding (hæmophilia)
Wanderlust
Deficiency in sense of smell
Sea-lust (thalassophilia)
Toothlessness
Webbed toes
Abnormal smallness of eyes (microphthalmia)

APPENDIX C

NUMBER OF STERILISATIONS, BY STATES

The following table shows what many of our States are doing in regard to sterilisation in their institutions. It shows the number of operations in each State performed up to January 1st, 1921; between then and January 1st, 1928; between then and January 1st, 1932; and between then and January 1st, 1933. The first column shows the year when the law was passed or when the latest amendment was passed to the existing law. A dash means that in this year there was no law; a cipher means that there was a law but that no operations were performed. The table does not, of course, show the many operations performed privately.

State	Last Law Passed	Jan. 1, 1921 *	Jan. 1, 1928	Jan. 1, 1932	Jan. 1, 1933
Alabama	1923	—	0	76	131
Arizona	1929	—	0	0	20
California	1917	2,558	5,820	7,548	8,504
Connecticut	1919	27	158	158	538
Delaware	1929	—	77	141	296
Idaho	1929	—	0	0	13
Indiana *	1931	120	120	120	217
Iowa	1929	49	57	57	94
Kansas	1917	54	647	657	976
Maine	1931	—	5	42	41
Michigan	1929	1	106	629	1,083
Minnesota	1925	—	232	508	693
Mississippi	1928	—	0	0	12
Montana	1923	—	35	35	81
Nebraska	1929	155	308	386	229
New Hampshire	1929	—	46	85	165
New York	—	42	42	42	42
Nevada	—	0	0	0	0
North Carolina	1929	—	0	21	46
North Dakota	1927	23	33	33	93
Oklahoma	1931	—	0	0	0
Oregon	1925	127	511	576	882
South Dakota	1927	0	0	37	139
Utah	1929	—	64	79	85
Vermont	1931	—	0	0	30
Virginia	1924	—	27	658	1,333
Washington	1921	1	9	9	20
West Virginia	1929	—	0	0	1
Wisconsin	1913	76	218	248	492
	Total	3,233	8,515	12,145	16,056

* The figures given for Indiana do not include the voluntary sterilisations of several hundred males between 1899 and 1909, the year when Indiana passed its first law.

APPENDIX D

As the tables on page 119 seem to me obscure, and especially as I could not understand how the figures in the third column had been obtained, I wrote to the author asking for further information. In his reply he says, "I don't wonder you didn't find the table clear. I had hoped to publish a more complete table, but space didn't permit. I hope that you may find more room in the English edition so that it may be more fully explained. It was also thought that the more elaborate table would not find such interest among readers as a briefer table would. In the table on page 119 several items are omitted. The figures about which you wonder (column 3) are determined by considering 500 men or women and their wives or husbands, plus the women or men whom they might have married. The number of great grandchildren is estimated without making allowance for the fact that more boys than girls are born. It is based on the children per man or woman, plus the assumption that 10 per cent. of the children in the families reporting children in 'Who's Who,' are omitted because of death in infancy or early childhood, and that 15 per cent. of all children born in 'Who's Who' families died before reaching maturity." At the same time the author sent me the full table, from which the table on page 119 was taken, and I reproduce it here.

N. H.

RELIGIOUS AFFILIATIONS OF PEOPLE IN "WHO'S WHO" COMPARED WITH MARRIAGE, FAMILY, NUMBER OF ADHERENTS, EMINENT PERSONS, AND PROBABLE DESCENDANTS.

PART I. MEN'S TABLE.

Name of Denomination.	Estimated Adherents in Thousands	Estimated Number of Persons in "Who's Who"(1)	Estimated Persons in "Who's Who" Per 100,000 Adherents	Per Cent. Married	Per Cent. of Married Having Children	Children Per Father or Mother	Estimated Children Per Man(2)	Probable Great-grandchildren Per 1,000 Persons(3)
Mormons	616	66	11	100	88	5.3	4.6	10,200
United Brethren	1,050	34	3	100	84	3.3	2.8	2,320
Lutherans	6,910	548	8	94	84	3.3	2.6	1,950
Evangelicals	1,420	66	5	92	91	3.0	2.5	1,730
Brethren	376	27	7	100	90	2.8	2.5	1,600
Reformed	1,530	195	13	96	89	2.9	2.5	1,580
Baptists (4)	14,200	2,213	16	95	84	3.1	2.5	1,560
Methodists (4)	19,750	3,510	18	98	85	2.9	2.4	1,455
Disciples	3,880	410	11	99	87	2.8	2.4	1,450
Christians	288	129	45	89	86	3.1	2.4	1,380
Roman Catholics	18,261	1,220	7	65	74	3.3	1.6	450
(Omitting priests)	——	——	——	92	74	3.3	2.3	1,310
Presbyterians	7,030	4,360	62	96	85	2.8	2.3	1,230
Adventists	392	43	11	88	86	3.0	2.3	1,190
Congregationalists	2,405	2,840	113	98	83	2.7	2.2	1,125
Unitarians	111	1,316	1,185	93	80	2.9	2.1	1,025
Episcopalians	3,160	4,920	156	91	82	2.8	2.1	910
Friends	325	102	31	84	82	2.9	2.0	855
Jews	1,600	312	20	86	87	2.6	1.9	755
Universalists	47	183	390	94	76	2.4	1.7	500
Tabulated as reporting religious belief	——	9,592(5)	——	93	83	2.9	2.2	1,230
Tabulated as not reporting religious belief	——	8,191(5)	——	84	78	2.7	1.8	590

(1) Based on 9,592 men and 688 women who report religious affiliation. This column shows the estimated numbers if 10 per cent. of all the persons in "Who's Who" have no religious affiliations and if the remainder are distrubuted in the same proportions as are those who report.

(2) Without allowance for children not reported because of death in infancy or childhood.

(3) This means 500 men (or women) and the women (or men) whom they married or might have married. For method of calculation, see Note 2, Table 5. Note that in computing this column the original data in preceding columns were carried to one place more of decimals than in the present table.

(4) Omitting coloured churches.

(5) These two numbers make a total which is 4,713 less than the total for the numbers in the same column above them. This is because only a little over a third of the men who do not report children were used in our original calculations. The remainder (estimated at 4,713 who presumably have some religious affiliation, plus 524 who are supposed to have none) have been distributed pro rata to the various religious groups or have been omitted as part of the 10 per cent. whom we assume to be without any religious affiliation whatever.

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