

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 connexion 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 authorized in the case of any person who has not reached physical maturity, pending the results of the further research recommended in this connexion.

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.

## PRACTICE OF EUGENIC STERILIZATION

### SAFEGUARDS AND INDICATIONS

A meeting of the Eugenics Society was held in London on January 16th, Sir HUMPHRY ROLLESTON presiding, for the discussion of safeguards in eugenic sterilization.

Dr. R. LANGDON-DOWN said that when the meeting was arranged it was expected that the report of the Departmental Committee of the Ministry of Health would be available, but it was now announced that the report would be published three days later.<sup>1</sup> The Brock Committee, as it was called, was appointed, he thought, because of the movement of public opinion which arose partly as a result of the propaganda of the Eugenics Society, but particularly as a result of the report of the Wood Committee, another Departmental Committee, which had surveyed the problems connected with mental deficiency. The Wood Committee was very half-hearted in any recommendation as to how the evil arising from the propagation of mental defect might be diminished or prevented. The principal opposition to the proposals for sterilization had come from a body specially interested in the welfare of mental defectives; its hostility dated from early days, when the proposals were very different from those now current. In order to sidetrack eugenic propaganda this body adopted the policy that further inquiry as to the cause of mental deficiency was necessary, and the Government thereafter set up the Brock Committee, on which was included one representative of the Eugenics Society, Dr. R. A. Fisher. Dr. Langdon-Down briefly described the nature of the evidence which the Eugenics Society had brought before the Departmental Committee, in particular its citation of German and other foreign experience, which differed from such meagre statistics as had been collected by British workers. This difference appeared on investigation to be due to the fact that in Germany a standard of mental deficiency was taken which was of wider range than was usual in this country. Here we were rather bound by the criteria set up by the Mental

Deficiency Act, which was based on administrative needs, not on biological principles, and in Germany they were rather more free in this respect.

### NEED FOR SAFEGUARDS

Dr. C. P. BLACKER said that the question of safeguards, which was the one under consideration that evening, inevitably presented itself when anybody got down to the actual practice of sterilization. It soon became obvious in the course of the society's propaganda that it had to steer an intermediate course between two sets of enemies: on the one flank the apostles of individual liberty, who said that it was entirely a person's private affair whether he was sterilized or not; and on the other those whose attitude was well represented by Dr. Hyacinth Morgan, who, when Major Church introduced the society's Bill into the last Parliament, pictured a self-constituted body of eugenicists sitting on the apex of the social pyramid and dictating to the working woman how many children she might have. By these opponents sterilization was viewed as a potential means of class or racial tyranny. At an early stage the society decided that it would be incompatible with what it took to be British psychology to advocate a compulsory measure. This was not wholly a question of tactics, but those concerned were influenced in that direction by the fact that in those American States which had compulsory and voluntary clauses to their sterilization measures it had become clear that the compulsory clauses were used less and less and the voluntary clauses more and more. If there did not exist in a State a sufficiently strong eugenic or social conscience, the application of compulsion to refractory subjects would lead to appalling difficulties. In the Bill which the society had promoted it was laid down that, in the case of a mentally defective person, the consent of the parent or guardian should be required if the person was unmarried, or, if married, the consent of the spouse, and also the consent in all cases of the Board of Control. A good deal of emphasis was placed upon that last safeguard, for it was felt that, in view of the acknowledged scepticism of the Board of Control with regard to sterilization, one could count on the fact that the Board would not give

<sup>1</sup> See page 161.

its authorization in the case of an individual without excellent reasons for sterilization being done. It was also felt advisable to add the additional safeguard that the operation should be sanctioned by a judicial authority. There was a profound mistrust among the general public of any sort of specialist, and particularly of any board which could be accused of bureaucratic behaviour, so that it was deemed advisable to have, in addition to the consent of the Board of Control, the further sanction of a judicial authority. On grounds of strategy or tactics the Bill was confined to mental defectives, and that was the thin end of the wedge. The thick end of the wedge was not the subsequent surreptitious introduction of compulsory sterilization, but the extension of the voluntary principle to mental convalescents, by which was meant people who had recovered from some recoverable form of insanity, and those who exhibited other transmissible diseases and defects. The words were carefully chosen to cover the social problem group, and it was desired to make the provision such that it would become applicable to the subnormal carrier.

#### INDICATIONS FOR STERILIZATION

Dr. E. MAPOTHER, medical superintendent of Maudsley Hospital, said that the chief need of the eugenic movement at present was patience. Care had to be taken not to arrest progress and provoke reaction by attempting to replace the present general vetoes by compulsions based on what might be called half-baked science. He confined his remarks to mental disorder, the forms usually called the psychoses. It was only in connexion with the liability to really severe mental disorder or to transmitting such that at present one should advocate the legalization of sterilization. In many instances, he was quite aware, people suffering from neuroses and minor grades of mental inefficiency which quite disqualified them for employment showed an incapacity to limit their families to a size which would be to the interests of the parents, the children, and the State. But the dividing line between minor grades of mental inefficiency on the one hand and normality on the other was almost undefinable, and restriction would be unworkable if the presence of something called a neurosis or a liability to such could be taken as an adequate ground. The first ground for applying sterilization might be called therapeutic, and that included cases in which not only brief periods of strain such as childbirth were apt to produce a breakdown, but also cases in which psychosis arose from severe and prolonged stress, such as fear of pregnancy or the strain of bringing up a family. It was to be hoped that legislation would not interfere with any existing rights to sterilize for therapeutic purposes. The two main grounds for sterilization in connexion with severe mental disorder which really needed discussion had in common the liability of the offspring themselves to be affected with mental disorder. One could be called the truly eugenic ground—that is to say, the tendency to a true inheritance of the psychosis; and there was another possible ground, which consisted in the liability of the offspring to become psychotic rather in virtue of their contact with the psychopathic parent and other stresses occurring during childhood. If one took the evidence for sterilization on these two grounds it rendered the present wholesale veto quite unjustifiable, but the evidence also failed to prove that any form of compulsion would at present be justifiable, and made it plain that voluntary sterilization should be legalized with safeguards. If it was granted that some form of birth control was to be permitted or even encouraged, though not enforced, it would be asked, Why would not contraception suffice for this purpose? The answer was that contraceptive measures to be taken at the time were distasteful to many people, and those who felt in this way, if the permanent sterility of their marriage was desirable, were entitled to have their preferences considered. Moreover, there was no form of contraception which did not at times fail, and the fear of such failure might be prejudicial. Again, contraception was useless in the case of irresponsible persons.

The alleged dangers in connexion with sterilization against which safeguards might have to be provided

were the following: (1) the danger that the application might not be truly voluntary, or thought not to be so; (2) surgical dangers; (3) the danger that one or both of a couple might be sterilized in haste and repent at leisure; (4) the fear that even collaboration between the operator and another doctor, such as was customary in connexion with therapeutic abortion, might not guarantee sufficiently expert opinion as to the chance of psychopathic inheritance; and (5) the danger that if sterilization were legalized in connexion with the liability to the occurrence of severe mental disorder in the offspring this permission might be misused for reasons not within the meaning of the Act. It seemed to him that all these dangers would be met if certain principles were observed. In the first place, the sterilization of one or other party to an actual or intended marriage should be permitted upon the written application of both parties to it, and this on two conditions: the first, that two medical certificates were obtained vouching for the fact that the mating of the two parties was in the light of the best scientific evidence at the time available likely to result in an exceptional proportion of mentally disordered offspring; and the second, that such medical certificates were submitted to an established authority, such as a department of the Ministry of Health or the Board of Control. He believed that in order to ensure that the application was voluntary it should not be permitted in the case of patients under any order sanctioning detention, nor on premises where other certified patients were detained. Not only compulsion, but pressure and the very suspicion of pressure, should be avoided. On the other hand, it should be permitted to those who were carriers of psychopathic inheritance, even though they had never manifested it. The surgical risk could be almost eliminated by giving the central authority power to insist on the operation by a recognized surgeon and in suitable premises. He thought that the operation should be performed on either party to the mating, regardless of which was likely to transmit the tendency. It might be open to the man to be sterilized—the operation being simpler and less dangerous in the case of the man—even though the transmission was through the woman. The danger of frivolous sterilization could be met by the requirement that medical certificates must be submitted to a central authority.

As to the danger that the medical evidence might not adequately guarantee the necessity of sterilization, one certificate might be required from the usual medical attendant of the probable transmitter and the other from a psychiatrist of recognized standing—probably one who held a diploma in psychological medicine. Dr. Mapother did not think that any explicit definition as to what constituted an adequate ground for promoting voluntary sterilization should be attempted. The criteria should be elastic, so that the practice might be progressively adapted to increasing knowledge rather than stereotyped to present knowledge. Only voluntary sterilization in the fullest sense should be undertaken, and that not merely for tactical reasons. Voluntary sterilization was the basis of the practice in Switzerland, where sterilization had been taking place for half a century, and represented almost a model of the way in which it should be done. He thought that the way it was carried out in Nazi Germany illustrated how not to do it. The conditions which in Germany were regarded as permitting compulsory sterilization were mental deficiency, schizophrenia, manic-depressive psychoses, epilepsy, severe alcoholism, and a number of others. His own view about the schizophrenia and manic-depressive psychoses groups was that each was a heterogeneous group, and there were cases which were in a high degree hereditary, and others which were in large measure environmental, for which compulsory sterilization would be totally inapplicable, while the question of voluntary sterilization did not really arise. He understood that the results already seen in Germany, even in anticipation of the recent law, which became effective on January 1st, were disastrous. It rendered liable to sterilization, if not segregated, cases of amentia, schizophrenia, manic-depressive psychoses, and other conditions. It made it obligatory on any doctor diagnosing one of these conditions, even in consultation outside an institu-

tion, to notify the case in the way in which an infectious disease was notified in this country, and such notification, if the patient was not segregated, had to be followed by examination by the court with a view to sterilization. At the same time there had been legalized the castration of criminal sexual perverts, with the result that the two things were being confused and sterilization was being regarded as a punishment, so that diagnosis in private practice was being falsified, and cases of mental disorder were being frightened away from recognized institutions and treated in secret wherever possible. All genuine inquiry as to heredity and accurate information of the sort upon which scientific practice might really be based was becoming quite unobtainable.

In the course of some further discussion, Professor RUGGLES GATES expressed the hope that there would not be an over-elaboration of safeguards such as might unduly diminish the value resulting from any legislative measure in the direction of sterilization. Mrs. C. B. S. HODSON, a member of the Committee for Legalizing Eugenic Sterilization—a committee set up by the Eugenics Society—gave some account of the practice in Switzerland, where, she said, for fifty years sterilization had been steadily and regularly carried on. There was no legislation except in one canton (the Canton de Vaud), but a considerable amount of social pressure was applied, without legal compulsion, on persons whom the health authority thought required sterilization. In Zürich, out of a population of 400,000, some 400 or 500 women came forward annually for sterilization. Sterilization, whether therapeutic or eugenic, was always undertaken only by a surgeon if two other specialists, one of whom was the recognized chief of psychiatry for the canton, both gave written advice that sterilization was advisable in the particular case. Miss HILDA POCOCK, a member of the same committee, said that a growing number of people in this country were in favour of a voluntary Bill, especially working-class people who were constantly rubbing shoulders with families of the social problem group. It was unjust, in their opinion, that they should be handicapped by the support of the very large families of the unemployable, and the conviction was growing that the solution was the voluntary sterilization of certain types of people.

## England and Wales

### Robert Jones Memorial

The *Western Mail and South Wales News* of January 16th contained an eloquent message from Sir John Lynn-Thomas in support of the appeal for a national memorial to commemorate the work of the late Sir Robert Jones. In our issue of October 21st, 1933, we recorded the progress that had been made up to that time with the appeal, and announced that the funds would be devoted to the establishment of a Robert Jones lectureship in the Royal College of Surgeons of England, and the institution of a travelling research Fellowship in orthopaedics, to be awarded alternately by the Royal College of Surgeons of England and by the University of Liverpool. "The memorial we want to raise is to the man," writes Sir John Lynn-Thomas. "It was my proud privilege to know him intimately for thirty years, and it is a great joy to realize that Wales is moving to raise a memorial worthy of a noble son." Donations may be forwarded to the honorary treasurers, the Robert Jones National Memorial, Quadrant House, 55, Pall Mall, S.W.1.

### Vital Statistics for 1932

Part II of the Registrar-General's Statistical Review of England and Wales for 1932 (Tables, Civil) may be obtained from H.M. Stationery Office (price 2s.). The chief subjects are: population, births, marriages and divorces, migration, registers of electors in England and

Wales; and vital statistics of the British Dominions. A table is given showing the populations of England and Wales, Scotland, and Ireland, as enumerated at each census from 1821 to 1931, and as estimated for each year from 1893 to 1932 inclusive. The population of England and Wales is now estimated to have passed the 40,000,000 mark, having advanced to 40,201,000 as at the middle of 1932, from the 1931 Census figure of 39,952,377. The number of marriages in England and Wales during 1932 was 307,184, against 311,847 in the previous year. Sixteen males and 758 females married at 16, the lowest legal age at which marriages may be solemnized, but in only four cases were the bride and bridegroom both 16 years of age. The number of decrees nisi made absolute in respect of dissolution or annulment of marriage was 3,894, an increase of 130 over the number for 1931. The births registered during the year numbered 613,972, a decrease of 18,109. The consequent birth rate of 15.3 per 1,000 population is the lowest recorded for England and Wales, being 0.5 below that for 1931, the previous lowest, and 1.0 below that for 1930. The only countries showing a lower rate in 1932 were Sweden (14.5), Germany (15.1), and Austria (15.2). The proportion of the sexes in the births registered during the year was 1,050 males to 1,000 females. The statistics relating to Parliamentary electors give the figures for the 1932 Register for England and Wales as 12,440,109 males and 13,999,604 females.

### Medical Society of Individual Psychology

The annual dinner of this society was held in London at the Florence Restaurant on January 11th, with Dr. J. C. Young, M.C., in the chair. In proposing the toast of the society the chairman gave a gratifying account of progress, there being now 117 members and associates. Professor Langdon Brown, in proposing the health of the guests, mentioned particularly Mr. McAdam Eccles, Dr. Emanuel Miller, and Mr. Daniel. He paid tribute to Dr. Miller's distinguished work for psychological medicine, but bantered him with being the "mysterious censor" who decided the fate of psychological papers presented to the medical journals. Mr. Daniel's unselfish support of the cause of individual psychology was acknowledged with much cordiality. Mr. McAdam Eccles responded in a humorous speech which drew analogies even from the Loch Ness monster. Dr. Miller spoke of the value of the individual psychology method to medicine and particularly to the general practitioner. Mr. Daniel reported increased sales of the pamphlets, and expressed great faith in their usefulness and further success. Mr. Symons, chairman of the Individual Psychology Club, claimed that it was doing very useful work ancillary to, though distinct from, the Medical Society. Dr. A. Baldie, in proposing the toast of "The Chairman," stated that he and others in general practice were finding their usefulness much increased by the knowledge of the methods of individual psychology.

### New Westminster Mortuary

An important public health service has been rendered by the City of Westminster, which has transformed and reorganized its forty-year-old mortuary building at a cost of under £1,500, the design for the conversion having been worked out by the medical officer of health, Dr. A. J. Shinnie. In addition to the improvement of the coroner's court and offices, the largest of the four previously existing rooms has been remodelled as a viewing room and contains the preservation chamber. This refrigerating chamber, of the Kelvinator type, contains nine compartments for bodies. When the doors are closed extracting fans are at once set in motion so that the air is not allowed to stagnate—a very necessary provision in the