

ANALYSIS OF THE BROCK REPORT ✓

By MAJOR LEONARD DARWIN

VOLUNTARY eugenic sterilization has frequently been advocated in the pages of this REVIEW; fire on this subject having been opened by Havelock Ellis in our first volume about a quarter of a century ago. Contemporaneously with this long and somewhat desultory discussion in England, the experiment was actually being made in California, and no doubt the accounts of it reaching here from time to time helped gradually to rub off the crust of our conservatism, a crust not always to be despised.

THIS SOCIETY'S RECORD

By 1926 matters had sufficiently advanced for the *Society* to declare its policy on this subject; for in the "Outline" then published it was stated that when liberty "is socially objectionable only because it would involve the risk of procreation, and when such liberty is permitted, sterilization" should be performed with the consent of all parties concerned (EUGENICS REVIEW, Vol. XVIII, p. 95). The next step, as far as our *Society* was concerned, was the drafting of a sterilization Bill and its appearance in our REVIEW in October 1928 (p. 166).

In order to make a more rapid and practical advance, a Committee of the *Society* was subsequently appointed, which at once proceeded to do much valuable work. What came to be known as the "buff pamphlet" was published, in which the whole subject was discussed, and of which in its various editions more than 20,000 copies have been distributed. It indicated the full programme of the *Society*, voluntary sterilization for mental defectives, mental convalescents and sufferers from or carriers of physical disorders being advocated. Other pamphlets on the same topic were issued, including one by Mr. Cecil Binney on the legal aspects of sterilization. In 1930 a Bill was drafted for the *Society* by a parliamentary draftsman, which was subsequently included in the buff pamphlet.

In the same year Dr. Langdon-Down and Dr. Blacker were received at Westminster by the Medical Committee of the House of Commons, with the subsequent result that, on July 21st, 1931, Major Church, M.P., introduced a Bill limited to mental defectives under the ten-minute rule. It was rejected (by 167 votes to 89), as was anticipated, but it was of great value in convincing Members of Parliament and the public that sterilization was a live issue. This Bill was supported by no other society besides our own.

A UNANIMOUS REPORT

The next step in advance was the demand on the part of a number of bodies, including the Central Association for Mental Welfare, for the appointment of a Royal Commission on the subject. Luckily, this was not exactly the course actually adopted, for such a Commission is, as I have heard an eminent civil servant remark, an excellent device for a government which wishes to shelve a disagreeable subject for some years. Instead, the Minister of Health, Sir Hilton Young, being desirous of making real progress, appointed a Departmental Committee to consider the whole question. The members selected were obviously chosen with the object of obtaining valuable practical results; for the committee consisted of persons of both sexes of very wide and varied experiences. And the results fully justify the selection made.

One of the most remarkable features of this report is that it is signed without dissent by every member of the committee. This result indicates great tact on the part of the chairman, and if it should come to be known as the Brock Report, that will be but a suitable tribute to his skill. Of course, such "complete harmony" does prove a full agreement on all the main issues; but there must have been, we cannot but suspect, many minor points on which it was felt that silence would

be more serviceable than disagreement. Those who are familiar with the history of reform in regard to poor law, divorce, etc., will agree, I believe, that minority reports have often acted as most efficient impediments in the path of progress. The Committee is to be congratulated on the report as a whole, and on having set such a valuable example in this respect.

ANOMALIES IN EXISTING LAW

As to the legal questions involved, we learn that "in practice it appears to be almost universally accepted that" the eugenic sterilization of persons of normal mentality is illegal, though the matter has not been decided in court (p. 6). Nevertheless we are also told that "at present the well-to-do can and do get themselves sterilized if they wish" (p. 43). In fact, the existing merely possible illegality is not a complete deterrent, and this is certainly objectionable both as indicating an apparent injustice to the poor and as resulting in some dysgenic sterilization. But should we not here inquire whether, after the passing of a sterilization Act on the lines indicated by the Report, a medical practitioner might not be prosecuted for an unauthorized sterilization and acquitted? If this should occur it would make the provisions of such an Act useless in so far as they rendered surgeons free from criminal and civil proceedings after performing an unauthorized sterilization. It is also stated in the Report that eugenic sterilization should never "be performed without two medical recommendations" (p. 43); though if things go on as at present, there will sometimes only be one operator concerned. The Committee, who must have realized the situation, may have felt that to suggest the safeguards necessary to make their proposals legally watertight was not their affair. But in any case this matter ought to be considered in advance.

STERILIZATION BY UNAUTHORIZED PERSONS

In the first place, would it not be advantageous to make it a crime for anyone not a medical practitioner to sterilize anyone at

any time? This would be a valuable safeguard both as to the conduct of the actual operation and as to the nature of the advice given beforehand as to its advisability. The article in our last issue by Dr. Tietze, on the Graz sterilization trial (p. 259), points to the possibility of quacks either making money by sterilizing young men or at all events of unscrupulously advocating such a proceeding. The seriousness of the operation on women, and the strength of their desire for parenthood, would make it unlikely that they would be easily persuaded to consent. Young men might, however, well be tempted by a person in search of a fee, with illicit sexual intercourse as a bait; and whether some extra precaution should not be taken in the case of minors, in order to save them from the shame and sorrow of waking up to the situation when it was too late, is well worthy of consideration. Probably it would be sufficient if, as suggested in the Report (p. 47), the consent of a parent or guardian had to be obtained before the sterilization of a minor would be authorized; for then it would be known that the secret was not confined to the operating surgeons, and the possibility of its becoming known elsewhere would induce caution on the part of the patient.

THE NEED FOR DISCLOSURE

Another danger to be guarded against will be that of the sterilized person marrying without informing the spouse of his sterilization. This possibility would be best dealt with in a separate act concerning marriage, in which it might be enacted that certain certificates should be exchanged between the parties concerned before the ceremony. Irretrievable damage might, however, be done by a sterilized man by merely obtaining the affections of a woman; because if she only found out the fact of sterility after her engagement, more or less serious trouble would generally be inevitable. No doubt as a rule "the procedure should be treated as strictly confidential" (p. 45); but it might be worth considering whether, especially in regard to normal unmarried males, the members of the medical profession should not regard it as part of their duty to point out

these dangers before operating and subsequently on certain occasions. In any case, the doctors concerned have to report the operation, and they should realize that they are acting not merely as doctors, but also in what is nearly a judicial capacity; for they will be administering what amounts to "a kind of case law" (p. 45).

A SAFEGUARD FOR PRACTITIONERS

It might seem illogical not also to make it a crime for a medical practitioner to perform a eugenic sterilization operation without permission; but it is to be hoped that this will not be considered to be necessary. If it lay with the operating surgeon to decide whether a sterilizing operation on a female should be regarded as eugenic or therapeutic, then to make eugenic sterilization only a criminal offence would be useless; for he would always be able to plead therapeutic necessity. If, on the other hand, the surgeon, when he regarded an operation which he was about to perform as being therapeutic, knew that he would subsequently run the risk of legal proceedings on the ground that he ought to have regarded it as being eugenic, the results might be very harmful. Doctors must be responsible for their recommendations, and if they "are reluctant to accept this responsibility, the whole system inevitably breaks down" (p. 45) and many necessary operations would not be performed. As soon as the door to authorized eugenic sterilization is opened, unauthorized sterilization will cease almost entirely. The medical profession must be trusted in this respect, and if any further disciplinary safeguards prove to be necessary, then their administration had better be left in the hands of the General Medical Council.

A PIONEER STUDY

The Report contains a brief but excellent summary of our existing knowledge in regard to the heredity of mental defect, on which, of course, the whole structure of their recommendations is built. I cannot, however, refrain from remarking that the Committee seem to me to be unjustly severe in the tone of their comments on the work of Dr. H. H.

Goddard. Pioneers are practically certain to make some mistakes, whilst after a lapse of twenty years comments can be made on any investigation with little apprehension that they will ultimately turn out to be blundering. There was at the date of its publication no English work at all comparable to Goddard's *Feeble-mindedness*, and to indicate what was at all events possible in the way of systematic research was in itself an achievement of considerable value.

THE "CARRIER" PROBLEM

Before the publication of this Report, we all hoped that it would recommend the voluntary sterilization of mental defectives, whilst many of us feared that it would not open the door to the sterilization of those who are merely carriers of a mental or physical defect. I believe that my memory does not play me false when I recall Dr. Tredgold having said to me some years ago that sterilization would really be more useful in the case of high-grade mental defectives, because in their case it was impracticable to ensure sterility by segregation. Now high-grade defectives, who have relatives who are definitely defective, constitute the type most certain to be carriers of mental defect; and I think that Dr. Tredgold, as an eminent member of this Committee, may well congratulate himself on helping to open the door to their sterilization.

It will be as well, however, here to note that the word "carrier" is somewhat vague in its implication. In regard to certain physical defects, which are known to be dependent on the coming together of two recessive genes, the carrier is obviously he who carries one of them. But very few now believe that the inheritance of mental defect is as simple as this. It is more probable that several factors, some probably completely recessive, but others perhaps not so, contribute to produce mental defect. Assuming for the purpose of illustration that five loci are concerned, then there may exist a very large number of forms intermediate between the normal and the certifiable defective, and any one of this finely graded series might be classed as a carrier. Now a little considera-

tion will indicate that in all cases, however few be the loci concerned, a presumed carrier may be perfectly normal. Hence the decision as to whether sterilization is to be permitted or not will really have to depend entirely on the estimated probability of the offspring or later descendants of the individual in question being defective ; and this probability must, in its turn, depend on statistical research. And if it should in consequence come to be boldly and openly admitted that it is justifiable to act in such matters as sterilization on a mere probability, this will, in my opinion, in itself constitute a great step in advance.

Though the Committee definitely recommend that sterilization should be permitted where there is "reasonable ground for believing" that defects may be transmitted (p. 41), yet they seem to suggest as a possible alternative that the criterion should be the actual production of a defective child. The objection to this latter proposal is that, before the defect in a child is noticed, several other children may already have been born. Such a criterion would be most valuable as an alternative but certainly not as a substitute.

THE "RIGHT" TO BE STERILIZED

It may be worth noting that it is held that in the above-mentioned circumstances the "parent should have the right to be sterilized" (p. 41), it having been previously stated that "sterilization ought to be regarded as a right and not as a punishment" (p. 40). Now this word "right" is one which is very convenient to use but very hard to define. One important authority has declared that a right possessed by one person always implies that an obligation is thrown on some other person or persons. No doubt the Committee hold that sterilization should never be performed without a medical report. But a personal opinion cannot possibly overcome a right, and we may therefore conclude that the doctors are to regard themselves as merely judging whether the right has been acquired, not whether they themselves think the operation is advisable or inadvisable. And we may also hold that

an obligation is thrown on the State to see that the individual can freely exercise his right when it has been thus established.

THE NEXT STEP

If, as we hope, an Act is passed legalizing voluntary sterilization on the lines recommended by the Brock Committee, that will no doubt be an end to one chapter of the work of our *Society* ; but it ought equally certainly also to be the opening of a new chapter. All that this reform will do will be to open a now nearly closed door ; and a door, though open, may remain unused. The measure being on a voluntary basis, persuasion will be necessary to ensure beneficial results, and we should, therefore, now inquire who should be the persuaders and who are to be persuaded.

In the first place, as regards certified mental defectives, it is their parents and guardians who will have to be influenced in order to gain their consent. Many of them will belong to the social problem group and many will, therefore, be both uneducated and stupid. The persuaders will need much tact and patience. In dealing with carriers, many of whom will also be of low intelligence, the difficulties to be encountered will be much the same. Turning to the defectives themselves, their consent will as a rule be easily obtainable, and it is indeed chiefly desirable in order to prevent any possibility of violence being used.

Then as to the persuaders, where are we to find them ? Here will be the main difficulty. Large numbers of persons have by now acquired valuable knowledge concerning mental defect as members of local Mental Welfare Associations and as voluntary workers in connection with hospitals and asylums, and here will be the most valuable recruiting ground. Members of local governing bodies must also be approached, whilst the success of the whole scheme will depend more on the attitude of the medical profession than on anything else. Adequate medical facilities, including hospital beds, must also be made available. To set all these balls rolling in the right direction will indeed be a big task.

In regard to these future efforts on the part of our *Society*, I cannot but hope that the results of the inquiry into the characteristics of the children of mental defectives, which was inaugurated by the Brock Committee, will prove to be of especial value. From it we have learnt that, whether the cause of defect be bad heredity or bad environment, or, as is most often the case, both operating together, of such children of mentally defective parents as survive more than 40 per cent. "must be expected to exhibit some degree of mental abnormality" (p. 21), and nearly one-third to be actually defective. Here is a fact which ought to be brought to the notice of all those potential persuaders who care little about eugenics; because it demonstrates the undeniable social benefits now to be obtained by a diminution of parenthood amongst all who can be classed as defective.

Our *Society* ought in my opinion only to concern itself with such reforms as are likely to produce definitely beneficial racial results; but when once we have decided to attack any problem, all the immediate social consequences of our proposals should be carefully studied. Now social influence is never a one-sided process; for, by social contact, the inferior drag down the superior as surely as the superior improve the inferior. This is plain enough as regards what occurs in

everyday life amongst social equals, whilst in no circumstances can it be altogether denied. The social worker, to take an extreme example, will certainly elevate his own character by his noble efforts, yet he will necessarily thus lose some opportunities for his own improvement. Moreover, we must bear in mind the heavy financial cost of attending to the unfit, and the harmful burden of taxation thus necessarily thrown on the more fit. From all this we clearly see not only how great and immediate would be the social benefits resulting from a reduction in the number of the mental defectives in our ranks, but also that if procreation amongst mental defectives were to be reduced these improvements would continue to take place generation after generation for an indefinite time in the future. Let us continue to search for the ultimate causes of mental defect in the hope, rather than in the expectation, of soon discovering some new methods of stamping out this great evil at its source. In the existing state of our knowledge it is at all events clear that both those who believe and those who are disbelievers in eugenics have ample reasons for pulling together in an endeavour to translate the recommendations of the Brock Report into practice and thus to lessen the present "disastrous social consequences of ignoring defect" (p. 56).

