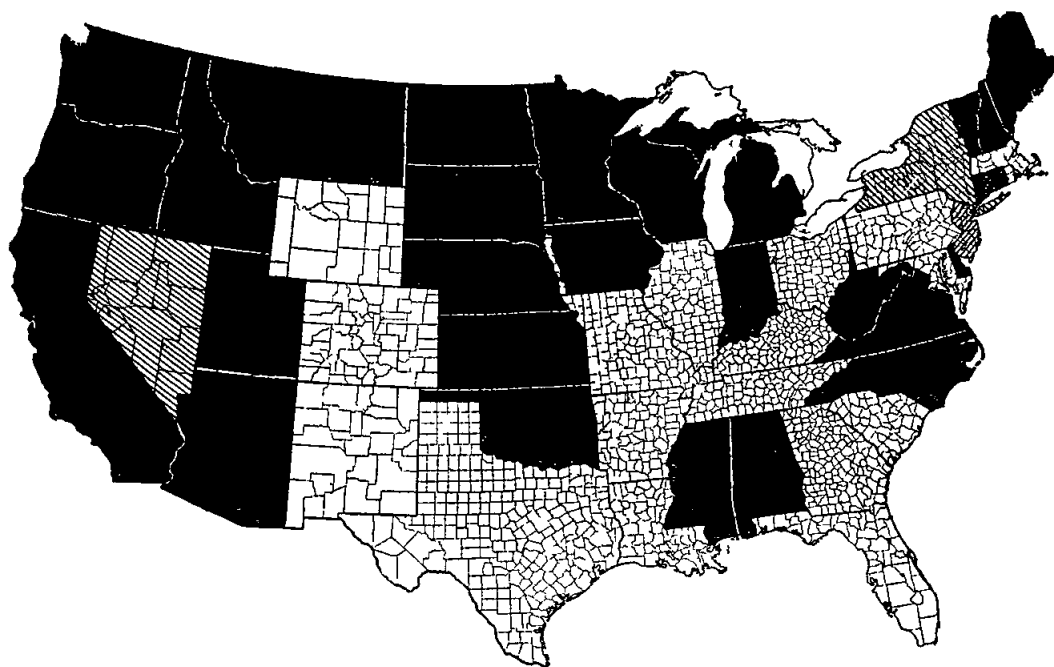


BIRTH CONTROL REVIEW

STERILIZATION NUMBER



STERILIZATION LEGISLATION IN THE UNITED STATES TODAY

NO
LEGISLATION


LEGISLATION
WITHDRAWN


STERILIZATION
LAWS


Opinion of Justice Holmes,

U. S. Supreme Court Decision in Case of Buck vs. Bell, 1927

WE HAVE seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world if, instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.

But, it is said, however, it might be, if this reasoning were applied generally it fails when it is confined to the smaller number who are in the institutions named and is not applied to the multitude outside. It is the usual last resort of constitutional arguments to point out shortcomings of this sort. But the answer is that the law does all that is needed when it does all that it can, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow. Of course, so far as the operations enable those who otherwise must be confined to be returned to the world, and thus open the asylum to others, the equality aimed at will be more nearly reached.

Eugenic Sterilization

By PAUL POPENOE

EUGENIC sterilization is one of the many indispensable measures in any modern program of social welfare. It is an integral part of a general system of protection, parole, and supervision, for those who by reason of mental disease or deficiency are unable to meet the responsibilities of citizenship.

It promotes eugenics by cutting off some of the lines of descent that are spreading mental disease and mental defect throughout the population. It is conservatively estimated that there are approximately 5,000,000 people in the United States who will at some time be committed to state hospitals as insane and that there are approximately 5,000,000 more who are so deficient intellectually (with less than 70% of average intelligence) as to be, in many cases, liabilities rather than assets to the race. The situation will grow worse instead of better if steps are not taken to control the reproduction of the mentally handicapped. Eugenic sterilization represents one such step that is practicable, humanitarian, and certain in its results.

Birth Control Review

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CONTENTS

SELECTIVE STERILIZATION By E A Whitney, M D	85
EUGENICAL ASPECTS OF LEGAL STERILIZATION By Harry H Laughlin	87
SUMMARY OF LEGAL DATA A Table	90
THE TREND IN STERILIZATION By J H Landman	91
TOWARDS RACE BETTERMENT By Theodore R Robie, M.D	93
BIRTH CONTROL AND STERILIZATION By A J Rongy, M.D	96
THE MEDICAL ASPECTS OF STERILIZATION By Robert L Dickinson, M.D	99
WHY I OPPOSE COMPULSORY STERILIZATION By Leon F Whitney	100
EUGENICAL STERILIZATION AN URGENT NEED By Ernst Rudin	102
AN INSTRUMENT IN RACE PROGRESS By Cora B S Hodson	105
MODEL BILLS By E S Gosney	107
SELECTED READING LIST	111

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STERILIZATION as a legally recognized measure is little more than twenty-five years old, but recognition of its possibilities as an instrument for race betterment is active and constructive. Since the first sterilization statute was enacted by the legislature of Indiana on March 9th, 1907, sixty-three different sterilization laws have been passed in the United States. At present there are laws governing sterilization in twenty-six states, in four, New York, New Jersey, Nevada and North Carolina, previously existing statutes are not now in force, the remaining states have no laws whatsoever governing sterilization.

That the subject is a practical issue is evidenced by continuous legislative activity—the North Carolina Supreme Court decision of February 8th, 1933, for example, whereby the existing sterilization law was declared unconstitutional, and the bills now pending in Pennsylvania and South Carolina. One of the most striking recent proofs of the possibilities inherent in sterilization is its recommendation in the Report made to the State of New Jersey by the School of Public and

International Affairs of Princeton University in December, 1932. The recommendation read

The costs of caring for the feeble-minded could be reduced greatly if a law permitting the sterilization of the unfit were enacted. There is abundant evidence to support such Legislation and it has been recommended repeatedly in the past. Not only are the feeble-minded unfit to beget children but they are incompetent to rear them. Sexual sterilization carried out under the direction of the department of institutions and agencies would enable the State institutions to parole and discharge inmates much earlier than is now possible.

Report on a Survey of Administration and Expenditures of the State Government of New Jersey, with Recommendations of Economies for the fiscal year 1933-34

Literature on the subject, both books and periodical articles, is extensive. The medical profession, it should be noted, is concerning itself not only with the surgical technique of sterilization, but with its social implications.

THE most obvious use for sterilization is in preventing the propagation of the feeble-minded, hereditary epileptics and hereditary insane. Census data, given elsewhere in this issue, show that these three classes of inadequates are increasing at an alarming rate. Obviously, sterilization instead of the prohibitively cumbersome method of permanent segregation is indicated in cases of hereditary defect. The criminologist may well argue its use for the habitual criminal, and other groups of hopelessly maladjusted may come within the scope of sterilization. This opens up, however, the complex and vexing question of how accurate and applicable our existing knowledge of heredity is, and of how large a role faulty environment, and the present-day social scheme play in creating the so-called socially inadequate classes. It necessitates elaborate safeguards in legal provisions, and gives rise, as is shown in this issue, to a divergence of opinion as to how and when sterilization measures should be applied.

Over and above the main category, whose objective is race improvement, we have the purely medical one. Sterilization is desirable for women where permanent avoidance of pregnancy is indicated for health reasons. Lastly, there is the advocacy of sterilization as a substitute for birth control by those who have made their reproductive contribution, or who, for personal reasons, wish permanently to be free of fear of pregnancy. This point of view, it is interesting to note, is held by Havelock Ellis. As research gives us better birth control methods, the necessity for sterilization on these grounds will be lessened. Meanwhile the possibility of its use voluntarily, and for purely personal reasons, raises the issue of what legal authority is necessary, and how far the individual should have the right of decision in taking such a step. All authorities agree on the need for sterilization for clear cases of hereditary defect, and on the need for further study both of sterilization and of heredity.

PENNSYLVANIA On March 20th, a Sterilization Bill, Senate 681, was introduced into the Senate by the Honorable Max Aron of Philadelphia, and referred to the Committee on Public Health and Sanitation. The bill was drafted by Dr. E. A. Whitney, Chief Physician of the Elwyn Training School for the Feeble-Minded, and is sponsored by a Committee of prominent Pennsylvania physicians under Dr. Whitney's chairmanship. It provides for selective sterilization of the unfit by proper medical authorities. An early Hearing is anticipated.

The Pennsylvania Birth Control Federation voted unanimously at its last annual meeting to support any proposed measures for sterilization. It is working in close cooperation with Dr. Whitney's committee, and is assisting by contact with organizations and individuals who are interested in this important branch of social welfare work.

WASHINGTON A Bill, Senate 42, has been introduced into the Senate proposing to authorize the sterilization of "the socially inadequate classes," whether inmates of institutions or not. The Journal of the Amer-

ican Medical Association (January 28th issue) characterized the provisions as "probably the most sweeping with respect to sexual sterilization that have ever been presented to an American legislature." The socially inadequate classes regardless of etiology or prognosis, are defined as follows: (1) feeble-minded, (2) insane (including the psychopathic), (3) criminalistic (including the delinquent and wayward and inmates of state institutions), (4) epileptic."

WISCONSIN On March 16th a Bill, No. 672A, to create a new section of the statutes "prohibiting birth control and providing a penalty" was introduced into the Assembly of the Wisconsin State Legislature by a Mr. O'Malley. The provisions of the proposed bill are sweeping and prohibitive. They class birth control with abortion, and exempt physicians and surgeons in prescribing contraception *only* as "a remedy to prevent communication of disease."

At present there is no mention of contraception in the laws of Wisconsin, and no legal restriction on birth control activities, such as the establishment of clinics. Mr. O'Malley's bill would make Wisconsin the first state specifically to limit physicians in giving contraceptive advice when needed. For such advice is, obviously, called for in cases of heart disease, tuberculosis and other ailments which do not come within the classification of "communication of disease."

National birth control organizations are working with Wisconsin welfare groups and individuals to kill this proposed reactionary legislation.

INTERNATIONAL On February 1st, 1933, the Council of the League of Nations adopted the Report of its Health Committee, in which contraception is recognized as a normal part of preventive medicine. The Committee's Report (C. H. 1060) was issued in October, 1931. It raised a storm of protest from Catholics, which resulted in one or two minor changes. As the Report now stands it recommends contraception for health reasons as preferable to abortion, and further recommends its prescription by physicians, either privately or in health centers.

Selective Sterilization

By E A WHITNEY, M D

IT HAS been said that the success of democracy depends upon the quality of its individual elements. This being true it behooves America to do two things. First to encourage the fecundity of those physically and mentally equipped for our civilization, and secondly to restrict the propagation of those physically, mentally and socially inadequate. It is the purpose of this paper to discuss the advisability of selective sterilization as one factor to be utilized in restricting such propagation.

It might be well to mention other methods of limiting propagation, some of which have been successfully used. They are

- 1 Segregation
- 2 Restrictive Marriage Laws
- 3 Eugenic Education
- 4 General Improvement in Environment
- 5 Birth Control

The need for segregation is definite and has a distinct value. It is used to a greater degree in this country than anywhere else in the world, but it is hopelessly inadequate. It would be utterly impossible to segregate all physically, mentally and socially unfit. Furthermore, it is not necessary.

Present restrictive marriage laws are designed to prevent inbreeding by forbidding consanguineous marriages. Some states also have laws regarding marriages of individuals afflicted with social diseases, tuberculosis and other conditions. Restrictive legislation regarding the marriage of the mentally and physically handicapped may be worthwhile, but it would not eliminate such unions.

Eugenic education is of distinct value. The dissemination to prospective parents of knowledge pertaining to human heredity may aid somewhat in restricting the numbers of unfortunate human beings, but such education reaches only a limited number of those who need this knowledge.

A great deal of effort is now being directed towards improving environmental conditions. Plans are made and are being developed both here and abroad which will tend to eliminate slum conditions in large cities. Too much stress can not be laid on environment as a factor in creating inadequacy. Correct living conditions will improve

the mental and physical status of future generations tremendously. The mental hygienists have repeatedly shown how frequently mental disorders are the direct result of faulty environment. However, environment is but one factor in the production or correction of unfitness and can never entirely eliminate the far-reaching force of heredity.

Birth control is of importance when it advocates birth selection by encouraging reproduction of the mentally, physically and socially adequate and the birth restriction of those not so equipped. It is to be regretted that birth control instruction does not, as a rule, reach those who need it most. Dr. Albert E. Wiggam when addressing the New York Association of Biology Teachers said that morons are multiplying more rapidly than college professors. He stated that at the present rate of birth there will be but 50 descendants in six generations of 1000 Harvard graduates whereas a like number of unskilled workmen will have 100,000 descendants in six generations. It is easily seen that birth control to be of real worth needs to reach all sections of society.

All of the above mentioned measures are useful in their respective fields in curbing the increase of mental, physical and social degeneracy. But it is an unfortunate fact that those who should not reproduce are of such low mentality that they cannot adequately grasp the ideas and meanings of restrictive marriage laws, eugenic education and birth control. Therefore selective sexual sterilization has a distinct place in our efforts to better humankind.

The present conception of the need of human sexual sterilization is of recent origin. The use of this procedure to treat many of the cacogenic people in our midst in order to reduce inadequacy dates back in legal circles to the 1897 Session of the Michigan Legislature. At this time a bill was presented proposing sterilization but it failed to be enacted. It was not until 1907 that a statute for sexual sterilization was passed and approved, the Indiana law of March 9, 1907. Although the legal aspect of the present conception of selective sterilization is but thirty-four years old, it has been advocated and used by various institutions for

nearly fifty years One of the first to advocate sterilization as a means of lessening the number of incompetents was Dr Isaac Kerlin of Pennsylvania

The term "Selective Sterilization" is used advisedly Not all of the mental, physical and social inadequates of our population need such measures to prevent the propagation of their kind Considering the group of degenerates as a whole it is but a relatively small number to whom such a procedure need be applied

Reference is made throughout this discussion to the mentally, physically and socially inadequates One might ask who are included in this group, since it is for those so afflicted that sterilization is suggested as a desirable measure Those classed as inadequate include

- 1 The Mentally Defective
- 2 The Mentally Diseased
- 3 The Epileptics
- 4 Those afflicted with certain physical disorders, such as Leprosy
- 5 The Defective Delinquents
- 6 The Moral Degenerates
- 7 The Drug Habituates
- 8 Those afflicted with social disease, such as Syphilis
- 9 The confirmed Criminals

The present valid statutes in the United States provide for the human sterilization of the following groups of people

32	affecting the Feeble-minded	
18	" " Insane	
18	" " Idiots	
18	" " Epileptics	
16	" " Imbeciles	
7	" " Rapists	
7	" " Moral Degenerates	
7	" " Hereditary Recurrent Insanity	
6	" " Habitual Criminals	
2	" " Hereditary Criminals	

Besides these there is one statute providing for sterilization of each of the following classes

- 1 Confirmed Criminals, 2 Two times sex criminals with present moral depravity, 3 Lifers with one previous crime and present moral depravity, 4 Syphilitics, 5 Incurable Chronic Manias, 6 Dementias, 7 Hereditary Criminals, 8 Diseased and Degenerate People, 9 Sodomists, 10 Those guilty

of crimes against nature, 11 Habitual Sexual Criminals

The claim has often been made that the sterilized individual knowing that he cannot reproduce will develop sex promiscuity If such were the case it is claimed that these individuals would be a potent factor in the spread of social diseases However, from the best available data on the subject, namely the studies of Gosney and Popenoe in California, there seems to be no foundation for this fear

Objections have been raised because of religious doctrines However, many individuals of all creeds and denominations have been sexually sterilized with the consent of their religious advisers Each case must be considered separately and when facts warrant the advisability of sexual sterilization the religious adviser rarely objects

The question of proper administration of sexual sterilization laws is often raised At the present time there is no uniformity in the methods of control of these statutes In order to obtain uniformity in administration it is necessary to have a general underlying motive for sterilization As has been shown the present valid statutes provide for sterilization for a variety of reasons The three principal motives for sterilization are hereditary, therapeutic and punitive If the individual proves to be mentally, physically or socially inadequate, and the underlying cause of his condition is heredity, he should have the benefits of sterilization Therapeutic sterilizations are performed in the surgical practice of all hospitals They are done for a variety of reasons, such as heart disease, kidney disease, pelvic disorders and following a second caesarean section, and no question is ever raised in the legality of the procedure for such conditions The punitive human sterilization acts have rightly been criticized by the opponents of selective sterilization At one time seven states had laws punishing convicts by sterilization, but many of these are now declared unconstitutional Except where the one convicted is definitely an hereditary or moral criminal sterilization is never justified

If the basis for such procedures is to be primarily heredity, there is a need for a better system of determining pedigrees There are but few individuals who know their own family trees intimately At the present time our Public School systems are so organized that they can and do

gather a great deal of statistical data concerning each child in their care. These organizations could easily undertake scientific pedigree studies and such records might be filed in each State's welfare or eugenic office. These records would be of value for many purposes and would serve as an ever-ready reference for physicians and sociologists as well as eugenists. Such facts as they might establish would be the foundations for the recommendation of selective sterilization, for non-institutionalized physically, mentally or socially inadequate individuals. Whenever the evidence of the inheritance of undesirable qualities through successive generations is potent, and whenever the individual exhibits these traits, then authority for his sexual sterilization should be given.

The question as to who should give such authority is often raised. The physician in attendance is the one best fitted to judge as to the need

After complete medical examination of the individual and careful survey of his history the physician should have the right to request the legal authority for sexual sterilization. In cases where the individual is an institutional charge it should be within the authority of the head of such institutions to have all inadequate sexually sterilized before their release from his custody. Parole would be of greater value and fraught with much less danger were all the mentally, physically and socially inadequate, who might be eligible to parole, sterilized.

The time has arrived when all forward-looking citizens should seriously consider the necessity of dealing with the rising tide of degeneracy. One factor of proven worth is selective sterilization. Its greatest field of usefulness is in selected individual cases of mental, physical or social inadequacy of hereditary origin.

Eugenical Aspects of Legal Sterilization

Abstracts from Studies by HARRY H. LAUGHLIN

THE problem of hereditary inadequacy is a major one. The states have thus far used eugenical sterilization very cautiously, and only in extreme cases, but such work has served to acquaint the American people with the usefulness of the experiment, and has paved the way for a more extensive application in full accord with a most conservative program. Sexual sterilization of degenerates is not a cure-all for the problem, it will not uproot degeneracy forthwith, but it is one of the most effective instruments which the several American states can now use legally in promoting race betterment on its negative side, that is, by preventing reproduction by its most degenerate families.

It is of especial value to note that, of the 15,156 operations which have been performed up to December 1, 1931, under the several sterilization laws of the different states, no one has yet suggested that in a single instance has the state made an eugenical error, that is, that it has by legalized sterilization prevented reproduction by an individual whose offspring would, by any token of biology or statistics, probably have been a credit to the state.

Eugenical sterilization statutes accept, as a

demonstrated fact, the important role played by human heredity in the determination of quality of offspring. This acceptance does not in any manner tend to depreciate the tremendous influence of environment—training, education, sanitation, medical care and the like—but it is an honest step forward in getting at true values. In one of his early lectures on eugenics Dr. Charles B. Davenport contrasted the Greek and the Roman ideals. "The Greek," he said, "looked upon man as a splendid animal and, as such, was subject to the rules of heredity, while the Roman looked upon man as a God, who was therefore immune from the rules of heredity and environment." It is generally agreed that biologically—physically, mentally and emotionally—the Greeks were perhaps the finest product of human breeding since the advent of the human species.

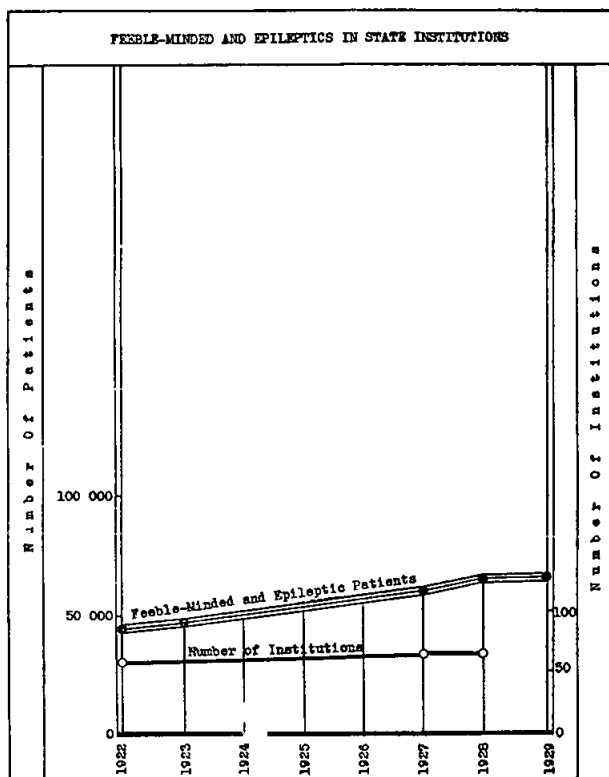
The new sterilization statutes supplement the long established marriage laws in the now proven legal right of an American state to prevent reproduction by those of its citizens who are so poorly endowed with hereditary qualities that their offspring would, in high probability, be unable to function as socially adequate individuals. It is no denial of the divine element in man to recognize

the demonstrated features of his biological inheritance

In the future the several states may well look toward the establishment of a still higher biological standard for the legalization of parenthood. Race betterment, whether in plants, animals or man, is never achieved without radical elimination from parenthood of those strains which show hereditary degeneracy on the one hand and, on the other, without the encouragement of fit matings and high fertility by those strains which possess those qualities which are desired in successive generations. Segregation and eugenical sterilization are sound and legal instruments for preventing reproduction by the most defective strains, while better marriage laws, and a growing appreciation of fine heredity as a marriage asset, will be depended upon to develop the constructive side.

THE NEXT STEP RESEARCH

The way in legal procedure is now clear. The next task of the courts, in the development of eugenical sterilization as a useful agency of the state in preventing hereditary degeneracy in future generations of its citizens, consists in building up a body of knowledge and of legal practice for evaluating evidence of hereditary degeneracy. Such an achievement is reached only by study and practice.



On the side of science the big task ahead is the development of eugenical diagnosis—the determination of hereditary quality. Given a certain individual, an intensive study of his nearest blood-kin is a most practicable way to determine whether the offspring of the particular individual would, in great or low probability, function as socially inadequate persons. It must not be assumed that research workers in this field are neglectful of the powerful influence of environment, and of the great advances made in training and in the medical treatment of handicapped individuals. Eugenical diagnosis calls for weighing all environmental factors, then in computing the limitations of development of the individual due to hereditary endowment. Even if the exact rules of inheritance of the specific qualities are not known, but it can be demonstrated that, after making due allowance for environmental influence, certain individuals are essentially degenerate or defective, and that such essential condition “runs in the family” with a frequency many times greater than that found in normal families, undesirability of reproduction by such person may be considered as amply demonstrated.

Meanwhile students of human genetics must seek still more exact knowledge concerning the specific rules of inheritance of all human qualities, physical, mental and emotional—normal and abnormal—both sound and pathological. An extension of the knowledge of the inheritance of specific traits through the study of human pedigrees, and a general increase in the technique of pedigree analysis are the immediate needs. With the advance of more precise knowledge and skill in these lines, and the extension of such to the administrative officers of the several states, who are charged with handling the socially inadequate classes, eugenical sterilization can, with assurance, be used more frequently.

In securing and evaluating evidence of hereditary degeneracy many agencies are now available. Among these there should be mentioned especially

1 Social workers who have biological training, and who have made many studies in the collection and analysis of the pedigrees of socially inadequate families. Such investigators have become known as “eugenical field workers.”

2 Many departments of biology, genetics, sociology and psychology in the colleges and universities of the country which have devoted much research to the study of human heredity with particular relation to social adequacy.

3 Those scientific organizations which are devoted to the study of population with particular relation to hereditary quality, such as the Eugenics Research Association. Many members of this group of workers can be called upon by state administrative officers, and by the courts for securing, and analyzing biologically, the evidence of hereditary quality in reference to specific traits.

4 The Eugenics Record Office and other institutions which have organized and developed as their particular work the collection and critical examination of human pedigrees.

5 The psychopathic laboratories of hospitals and courts of the country.

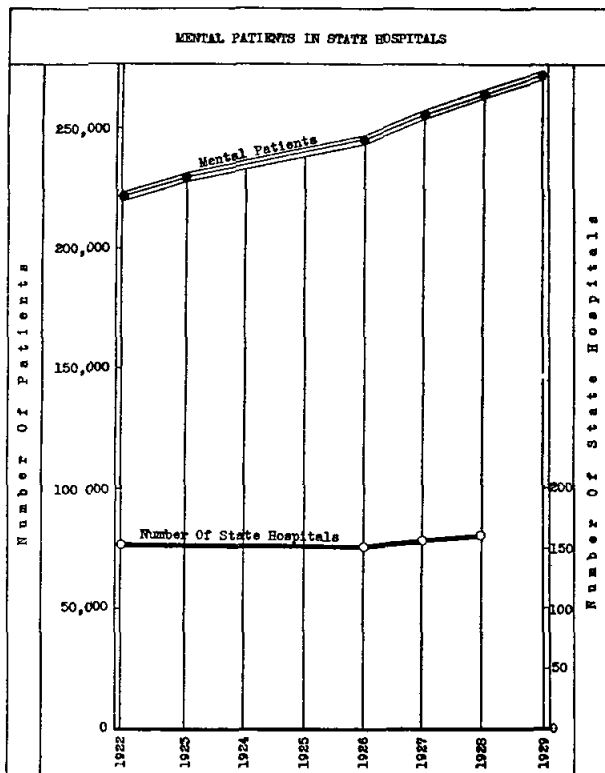
6 Many physicians who have devoted themselves successfully to human pedigree study. Although physicians occupy a high legal standing, and their license presumes a certain skill in pathological diagnosis and in the healing art, such license does not presume skill in human pedigree analysis, and it is a mistake on the part of the law and of the courts to make such presumption in the sterilization statutes and in court practice. Skilled physicians, of course, must diagnose individual ailments of members of the family whose pedigree is being studied, a skilled surgeon must perform the operation of sexual sterilization when

such is ordered by the courts, but such skill does not necessarily carry—nor does it preclude—skill in the judgment of hereditary quality. The law and the courts should seek evidence of hereditary degeneracy from persons of proven—not presumed—skill in human pedigree analysis. The old family physician who treats three generations of a family under consideration is, as a rule, much better equipped to furnish reliable evidence on quality of family-stock than is the specialist whose patients and their kin are personally unknown to him.

In many modern medical schools, and in the best group-clinics which are concerned with the special immunities, resistances, susceptibilities, weaknesses, strengths, defects, talents and capacities of individuals, an increasing attention is being paid to the heredity of the patient. An analysis of heredity throws great light upon the diagnosis and prognosis in the particular case. The physician is better equipped than anyone else to diagnose the particular mental and physical condition of the individual, but we must not take his knowledge of heredity for granted. The science of human genetics has learned a great deal about the inheritance of given qualities, both good and bad. An ability to diagnose the individual on the one hand, and possession of the knowledge of human genetics on the other, are necessary in order to make the greatest use of the element of heredity, both in prognosis of the particular individual case, and in rating the particular individual as a parent in reference to hereditary quality of his offspring.

From whatever point viewed, we learn that in the practical application of eugenical sterilization two technical services are required. First, that which determines the quality of the individual. This service is represented by the work of the physiologist, the anthropometrist, the psychometrist, the psychiatrist and the general physician. The second service is that of human genetics which secures the ratings of individual diagnosis and measurement for each of the nearest blood-kin of the central figure of the pedigree and, by the analysis of the pedigree in the light of known principles of genetics, determines the hereditary quality of the particular individual in terms of the probable traits—abilities and limitations—of the offspring. It is one of the major tasks of eugenics to co-ordinate these two technical services.

—The Legal Status of Eugenical Sterilization
 Supplement to the Annual Report of the
 Municipal Court of Chicago 1929



Sterilization Laws in the Various States

States	Date of First Law	Citation of Law (b)	Citation of Adjudications	Nature of Decision	Number of Sterilizations Dec 1, 1931 (c)
Indiana	1907	Laws of 1907 Chapter 215	Williams v Smith (1921) 190 Ind 526	unconstitutional	385
California	1909	Statutes of 1909 Chapter 720			7,939
Connecticut	1909	Acts of 1909 Chapter 209			282
Washington	1909	Sess Laws 1909 Crim Code Sec 3	State v Fellen (1912) 70 Wash 65	constitutional	15
Iowa	1911	Acts of 1911 Chapter 129	Davis v Berry (1914) 216 Fed 418	unconstitutional	64
Nevada	1911 (a)	Rev Laws of 1911 Par 6293 Sec. 28	Mickel v Heinrichs (1918) 262 Fed 688	unconstitutional	0
New Jersey	1911 (a)	Acts of 1911 Chapter 190	Smith v Board of Examiners of Feeble-minded (1918) 85 N J L 46	unconstitutional	0
New York	1912 (a)	Laws of 1912 Vol II Chap 415 Article 19	In re Thomson 169 N Y Supp 688 (1918)	unconstitutional	200
Kansas	1913	Sess Laws 1913 Chapter 805	Osborn v Thomson (1918) 171 N Y Supp 1094	constitutional	805
Michigan	1913	Acts of 1913 Act No 84	State v Schaffer (1928) 270 Pac 604	unconstitutional	965
North Dakota	1913	Laws of 1913 Chapter 56	Haynes v Lapeer (1918) 201 Mich 188	constitutional	97
Wisconsin	1913	Sess Laws 1913 Chapter 693	Smith v Command (1925) 231 Mich 409	constitutional	422
Nebraska	1915	Laws of 1915 Chapter 287	In re Salloum (1926) 236 Mich 478	constitutional	451
New Hampshire	1917	Laws of 1917 Chapter 181			167
Oregon	1917	Laws of 1917 Chapter 279	Chine v Oregon State Bd of Eugenics (1921)	unconstitutional	801
South Dakota	1917	Laws of 1917 Chapter 236			76
Alabama	1919	Laws of 1919 Act No 704 Sec 1			95
North Carolina	1919 (a)	Laws of 1919 Chapter 281	Brewer v Valk (1933) 204 N Car 186	unconstitutional	42
Delaware	1923	Laws of 1923 Chapter 62			290
Montana	1923	Laws of 1923 Chapter 164			73
Virginia	1924	Laws of 1924 Chapter 394	Buck v Priddy (1925) 148 Va 210	constitutional	1,211
Idaho	1925	Laws of 1925 Chapter 194	Buck v Priddy (1925) 47 Sup Ct Rep 584	constitutional	9
Maine	1925	Laws of 1925 Chapter 208	Board of Eugenics v Troutman (1931) 299 Pac 608	constitutional	25
Minnesota	1925	Laws of 1925 Chapter 154			621
Utah	1925	Laws of 1925 Chapter 82	Davis v Walton (1929) 276 Pac 921	constitutional	91
Mississippi	1928	Laws of 1928 Chapter 294			12
Arizona	1929	Acts of 1929 Chapter 44			11
West Virginia	1929	Acts of 1929 Chapter 4			0
Oklahoma	1931	Session Laws of 1931 Chapter 26 Art 3			0
Vermont	1931	Acts of 1931 No 174			7

(a) No statute now in force

(b) Legal data taken from *Human Sterilization*, by J H Landman Appendix C

(c) Data from Harry H Laughlin *Eugenical News*, September-October 1932

Total—15 156

The Trend in Sterilization

By J H LANDMAN

OF THE 125,000,000 people in our country, over 25,000,000 are socially maladjusted or unadjusted. These people include the mentally diseased, such as the manics and the dementia præcoxes, the dependents such as the unemployed, the deaf, the deformed and the blind, the delinquents such as the wayward and the criminals, the mentally deficient such as the morons and the idiots, the degenerates such as the sadists and drug fiends, and the infectious such as the tuberculous and the syphilitics.

What is the cause of this social pathology? There are those who contend that our complicated order of society conditions this wastage of mankind. On the other hand, there are those who contend that many of these classes of social unfits have inherited their insufficiencies and are thus condemned to social perdition. I do not deny either the influence of environment or inheritance in the development of the human personality but I cannot agree with the exaggerated claims of environmentalists and hereditists. Many propagandists have prostituted what very scant scientific knowledge we have of human heredity and eugenics to justify ancestor worship, race superiority, snobbery, class distinction, intellectual aristocracy and race prejudice. The science of eugenics warrants no such conclusions. Its future is promising but at present it needs debunking, it needs more research and less propaganda. Until that time, those scientists, who are much too certain of the hereditability of many of our social ills, should hold in abeyance their elaborate schemes of immigration regulation, birth control, restrictive marriage legislation, state infanticide, and human sterilization legislation.

Human sterilization is distinctly a eugenic and therapeutic agency, intended to improve the quality of the race and the health of the individual. The question as to whether the individual's mental or physical health is improved by sterilization still remains mooted. More sound biologic knowledge for such a drastic program is still wanting and much of our existing biologic knowledge needs correcting. It is not true that celebrated individuals necessarily beget celebrated offspring. It is not true that idiotic individuals necessarily beget idiot-

ic children. It is not true that the Jukes and the Kallikaks beget only criminal and idiotic children. It is not true that the Edwards family begets only superior children. It is not true that a mental trait, like high intelligence or idiocy, is transmissible in accordance with the Mendelian theory. It is not true that there are more children in the families in which both parents are idiots or feeble-minded than in which both parents are normal mentally.

However, the legality of our recent human sterilization legislation is definitely established. Unfortunately, it is predicated on insufficient and at times incorrect biologic knowledge. These laws should therefore be suspended in many cases until we have better biologic and hereditary justification. At least we should be certain of the hereditability of the ailment of the persons we are about to sterilize.

Twenty-six states may legally practice human sterilization in the United States today. Sixty-three different human sterilization acts have been enacted since the legal inception of the movement in this country in Indiana on March 9, 1907. More than 15,000 individuals, about one-half of whom are residents of California, have been sterilized within the contemplation of this legislation. Many more individuals have been sterilized but these cases have not been recorded for fear of legal complications.

The judicial history of the human sterilization legislation is interesting. Under the barrage of criticisms of religionists, humanitarians and legalists, this legislation has run the gauntlet of the higher courts of the states. On eight different occasions, the respective state human sterilization laws were declared unconstitutional because they violated the Fourteenth Amendment to the Federal Constitution in that they denied "due process of law," and/or "equal protection of the laws" to all classes of people, and because the surgical operation was "a cruel and unusual punishment" and therefore constituted a violation of their respective state constitutions.

In nine instances the constitutionality of the acts were upheld. Especially has this been true since the eventful *Buck vs Bell* case (1927) 47

Sup Ct Rep 584 in the United States Supreme Court. The court held unequivocally that the Virginia law, authorizing the sterilization of mental defectives and others, under careful safeguards, is not void under the Fourteenth Amendment to the Federal Constitution since Carrie Buck was given an adequate trial and that she was not discriminated against arbitrarily as over against similar hereditary idiots at liberty. By virtue of this Federal Supreme Court decision, many new human sterilization laws were enacted and the Kansas and the Idaho supreme courts upheld the legality of their state laws.

On February 8, 1933, the supreme court of North Carolina rendered its state human sterilization law unconstitutional in the *Brewer vs Valk* case, 204 *N Car* 186. By this decision the human sterilization movement suffered a legal setback. The court held that the North Carolina statute was illegal in that Mary Brewer had been denied "due process of law." In reality she was given adequate opportunity to defend herself at the trial court of specialists which recommended sterilization. However, if ever there was an instance where the practice of human sterilization might have been abused it was in this case. The wildest eugenicist could not honestly deduce from a study of the record that Mary Brewer has a bad inheritance. The record discloses that "Mary Brewer was born in Greensboro, in 1905. She was the oldest of a family of 12 children, one of whom died of meningitis. She went to work at the age of ten years in

a hosiery mill, from there to a cigarette factory and then to a knitting mill. Mrs. Brewer states that before Margaret was born she went hungry often, and that the family are often hungry now. She married early in life and is the mother of five children." As to the husband and father, it is reported that he rarely worked and at times drank and gambled. There is absolutely no evidence in the record to indicate that Mary Brewer has a bad inheritance. It might well be concluded from the testimony that society is at fault. The Brewer family is dependent on the support of the state, but not because of a bad inheritance. What Mary Brewer needed was some sound birth control advice earlier in her married life. Furthermore, society should be so constituted that there should be no lack of employment for those who want it. It might well be that the court declared the North Carolina statute illegal because it could not see a virtuous woman sterilized for no good cause.

The United States is the pioneer in the human sterilization movement and is today the foremost champion and advocate of the cause in the world. In 1928 the province of Alberta in Canada, in 1929 Denmark, Finland and the Canton of Vaud in Switzerland, and in 1932 the state of Vera Cruz in Mexico espoused the cause. These foreign governments are the only ones other than our own that have adopted this legislation. Sweden, Germany, England, Norway and Western Australia are seriously considering the use of this social therapeutic agency at the present time.

A Humanitarian Measure

By CLARK E. HIGBEE

TO SECURE a widespread acceptance of sterilization, three things are necessary: first, an educational program pointing out the threat of mental defectives, the economic cost, and the practical difficulty of segregation; second, machinery for a careful investigation of the biological and sociological history of the individual in question; and third, provision for psychiatric and psychometric examinations.

No one who is not actively engaged in social work can fully appreciate the benefits that accrue from sterilization. The writer has had twenty-seven years contact with social problems. Twenty-one years of that period has been spent as judge of a Juvenile Court. He is handling the second genera-

tion of a good many problem families. To see a family casually as one detail of the day's court work is one thing, but to know the family over a period of two generations and to visualize the untold suffering which might have been prevented if one defective ancestor had been rendered incapable of procreation is quite another.

Looked at from a scientific viewpoint they come into the world with a mortgage which no change of environment can lift. Arguments of economy will continue to move a great many people to accept a program of sterilization but the true humanitarian will justify his faith in eugenics rather on the ground of lessened disease and suffering and increased happiness for those affected.

Towards Race Betterment

By THEODORE RUSSELL ROBIE, M D

IT IS a well known fact that scientists will argue endlessly over the question of whether heredity or environment (nature or nurture) plays the greater role in the normal development of the average individual. It is not necessary to quibble over the question, it is enough to realize that *both* play important roles. But when we consider the mentally deficient (feeble-minded) person it is an entirely different matter. All the research that has been made in this sphere points to the following facts: (1) the greatest single cause of mental deficiency (50% to 65%) is poor heredity of a specific nature—namely, mental deficiency in one or both parents, and vice versa, (2) the greater proportion of mentally deficient persons who bear children procreate mentally deficient offspring. Detailed case reports of many generations of hereditary defectives can be found in the extensive researches made by Goddard on "The Kallikak Family" and by Dugdale on "The Jukes Family."

By selective sterilization we mean the sterilization of defective individuals in order to prevent them from procreating their kind. By preventing the birth of mental defectives, we raise the general average level of intelligence throughout the population—since the preponderance of births in the average and superior group is relatively increased. According to the statistics that were secured during the World War upon the members of the U S Army, which drew its members from every walk of life, between one and two per cent of the general population—1,000,000 to 2,000,000—is believed to be mentally deficient to the extent of feeble-mindedness. Another 13% (over 14,000,000 persons) are mentally deficient in sufficient degree to classify below the accepted standard for average intelligence. If all those who classify as feeble-minded were sterilized we would stamp out the greater proportion of the group which prevents racial and social progress. We would at the same time decrease the size of the second group of intellectually inferior individuals, because many of these are the result of unions between an average person and a feeble-minded person, which usually results in feeble-minded or borderline progeny.

It is believed that the need for selectively sterilizing the entire group of hereditary mental defec-

tives will be readily conceded by all students of race culture. In addition, it would also lead to racial improvement to sterilize even those feeble-minded who do not necessarily fall in the hereditary group. Ample justification for this is found in the fact that regardless of our theories of heredity, mental defectives tend to maintain inferior homes in inferior environments, and they quite generally rear their children in an inferior manner. This is readily understandable, for they do not possess the requisite knowledge necessary to train children along normal lines. The rearing of children into normal adults is a much neglected art, and able parenthood is the most important profession on earth, requiring a store of knowledge which is possessed by few parents of even average intelligence. Certainly we can never expect feeble-minded persons to acquire sufficient knowledge to carry out child rearing properly. In this sphere it must be remembered that the faultily reared children of each generation make up the greater proportion of the insane, criminals, prostitutes, paupers, and social misfits of the next generation. An authority on this subject, a superintendent of one of the many larger state institutions for mental defectives, stated the matter very well when he said, "I have yet to see the mentally defective girl or boy for whom parenthood can be recommended."

Where do the social scientists stand in this matter? In 1930 all the members of American Association for the Study of Feeble-Minded (317) were consulted by questionnaire as to whether they approved or disapproved of sterilization of mental defectives. 243 replies to the question were received, and 227 of this number approved the principle of sterilization. 94% of the members of this scientifically minded organization thus expressed their evident approval. The very interesting fact was also learned through this questionnaire that not one of the members living in states that now have sterilization laws wished their present laws abandoned. In a number of confidential discussions of this question which I have had with superintendents of state institutions for the feeble-minded I have encountered none who would not sanction the principle of selective sterilization, though many

Mental Patients in State Hospitals

Source *Report on Patients in Hospitals for Mental Disease, 1923, Reports on Mental Patients in State Hospitals, 1926 and 1927, 1928, Reports of Bureau of the Census, all published by the United States Department of Commerce*

Year	Number of Patients	Patients per 100 000 Population	Number of Hospitals	Patients per Hospital	Cost of Maintenance	Cost per Patient
1880	31,973	63.7				
1890	67,754	107.6				
1904	129,222	158.0				
1910	159,096	173.0				
1922	222,406	204.0	153	1454	\$ 75,154,424	\$338
1923	229,664	207.5				
1926	246,486	217.3	151	1630	82,760,344	335
1927	256,858	219.0	156	1647	90,887,607	354
1928	264,511	222.3	160	1653	95,244,051	360
1929	272,527	225.9				
1930	323,688	236.1	160	2023	105,733,982	302

believe that the electorate is in some states not sufficiently advanced in social science to fully comprehend its far-reaching value.

The actual fact is that in the State of California, where they have the most complete and reliable data on which to base opinions in the matter, we find the most enthusiastic supporters of this measure. Even those persons who have been sterilized are among the group who are enthusiastically friendly to the measure. Their relatives and friends are, in general, equally well satisfied.

From another state, Delaware, where a considerable number of sterilizations have been performed, comes this comment: "The sterilization law, passed at the instance of this Board in 1923 (State Board of Charities) is producing remarkable results. This Board is still of the opinion that *the sterilization law is one of the most important laws on our statute books*."

Many of my own cases seen in mental hygiene clinics conducted throughout New York and New Jersey show most convincingly the need for sterilization of mental defectives. A family of six children, two of whom reached the 4th grade, three only the 3rd, and the patient who is a 13-year old moron showing no school progress, are all apparently defectives. The father is a drunkard and uneducated, the mother definitely defective mentally. She eloped with a Negro after adding this defective brood to the nation's population. They in their turn (if not sterilized) will breed more defectives.

In another family, the father (46) refused to work despite repeated jail sentences for non-support. He is alcoholic and a mental defective of low moron grade, and said to be the father of a number of illegitimate children, three of whom are defective mentally, a fourth is nearly so, and the other two are unknown to the writer. One of the children contracted gonorrhoea at the age of nine.

I have the records of another family in which there were 9 children *all of whom are retarded mentally* and most of whom are definitely mental defectives, another family in which 16 children were born *all of whom* were of moron intelligence or lower, the father being an illiterate mental defective, and the mother mentally retarded as well as epileptic. A study of still another family tree shows the following: From 6 matings there were born 49 offspring, two of whom are dead. Out of this group of 47 individuals there were 20 mental defectives and 10 more who were described as defectives. The other 17 are unknown quantities because of lack of information, but some of these were undoubtedly defectives. One of the couples in this group propagated *thirteen children, all of whom were of defective or borderline intelligence*. Other couples propagated 7, 8, 9 and 10 children respectively. The detailed records of the members of this clan if obtainable would doubtless show a trail of pauperism, illegitimacy, prostitution, and crime similar to that found in the classical study of the Juke's family. Hundreds of similar degener-

ate family trees can be found in the archives of any State Mental Hygiene Bureau

Let us consider the question with a view to the type of population we will have 10, 20 or 50 years hence It is a well known fact that birth control knowledge (even though it is in many cases of unsatisfactory type) is at the present time widely disseminated throughout the general population This is shown by statistics to the effect that the birth rate was 20% less in 1930 than it was in 1920 Undoubtedly with the wider dissemination of such knowledge this rate will come nearer and nearer to giving us a stationary population, quantitatively

But what of the ultimate *quality* of this population? If we go on propagating according to the rules in force at present, the result will be a decrease in the quality of our racial stock The reason for this lies in the fact that the lowered birth rate centers around the more intelligent portion of the population, while the inferior and mentally defective portions of the population are continuing to propagate at the same rapid rate as formerly

We have always devoted much effort to the controlled breeding of animals, witness the pedigreed dogs, horses, etc that are displayed at various shows Yet we have heretofore taken it for granted (quite unwarrantedly) that some Divine power would see to it that only desirable humans would be propagated What more fallacious position would it be possible to assume, considering the fact that man possesses the greatest possibilities of all the animals, so far as fertility is concerned (because of the lack of seasonal or other cestral cycles in the human species), and knowing the extent of human thoughtlessness so far as posterity is concerned We allow the most important group inhabiting the earth, the human species, to propa-

gate blindly and without limit—while we control with the most scientific care the breeding of the lower animals

There are probably very few readers of this magazine who have not heard of the trail of crime, murder, pauperism, prostitution, illegitimacy and incest which is found in the history of the famous Jukes and Kallikak families It was demonstrated that the main factor in these ignoble family histories was mental deficiency It would have cost but \$150 to have sterilized the original couples from whom seemingly endless social sores resulted wherever members of these families have settled Yet the actual cost in relief for only one of these families was estimated at over \$2,000,-000 in 1916, as there were at that time 2,000 members of that socially unworthy clan We have no idea what the cost may have risen to by now, and there are many such clans in our civilized society

It should be kept in mind on the other hand that there are those who believe that our population has already attained a greater number than is necessary for efficient functioning of the race as a whole Certainly our present picture of millions of unemployed would point to the belief that this suggestion is a reasonable one It would undoubtedly be found, if such a research was possible, that a major portion of this vast army of unemployed are social inadequates, and in many cases mental defectives, who might have been spared the misery they are now facing if they had never been born It would certainly be understandable how many of them would prefer not to have been born, if they could have known what was in store for them on this earth, where the struggle for existence and the urge toward the survival of the fittest makes it necessary for all those who would survive to possess a native endowment of at least average intelligence

Feeble-Minded and Epileptics in State Institutions

Source *Reports on Feeble-minded and Epileptics in State Institutions, 1923, 1926 and 1927, 1928 Reports of Bureau of the Census, all published by United States Department of Commerce*

Year	Number of Patients	Patients per 100 000 Population	Number of Hospitals	Patients per Hospital	Cost of Maintenance	Cost per Patient
1922	43,579	39.9	58	751	\$18,114,177	\$416
1923	46,580	42.0				
1927	58,367	49.5	65	899	22,425,135	384
1928	60,412	50.8	67	901	23,812,303	394
1929	64,253	53.2				

Birth Control and Sterilization*

By A J RONGY, M D

TODAY sterilization—of both the male and the female—has come to occupy a new place in the activities of civilized man. It is no longer employed for wantonly sadistic or religious purposes, nor for the creation of a slave class. It is now being utilized chiefly for the improvement of the race and as a method of checking an undesired and undesirable increase of population.

Sterilization for the purpose of preventing reproduction is receiving a good deal of attention at the hands of modern scientists. All over the world there is an increasing use of the practice, which means an operation for the resection of the Fallopian tubes in the female and the tying of the vas deferens in the male. Criminologists and eugenists have both studied the subject as a device for the control of the criminal and the mentally defective. They are almost unanimously agreed that it is for the benefit of society as well as for the very protection of the defectives and the insane that these members of the race shall not continue to reproduce themselves.

Society's interest is evident from the number of laws that have been passed on the use of measures for sterilization of the criminally insane, the feeble-minded, etc. But the law at present forbids a physician to perform the operation on a patient who is in a normal state of health. As in the case of abortion, the law demands that there be definite medical indications of a threat to the parent's life in the event of pregnancy before sterilization measures can be applied. If the patient has heart or kidney disease or pulmonary complications (especially if the patient is of middle age and has already had several children) her condition is regarded as sufficient to justify the cutting of the Fallopian tubes. The law and medical men agree that it is more important to safeguard an already existing life and to conserve the mother of children already born than to be concerned with the birth of still another child.

Despite this apparent rule of common sense, there are large gaps in the rational scene. New York state, for example, because of the dominant

Catholic influence, has been a stumbling block to the eugenist. In 1912 a statute was passed by the New York state legislature authorizing the sterilization of state inmates of hospitals for the insane and feeble-minded, for the rapist, and for confirmed criminals in prisons and reformatories. This provision was hedged around with securities against its abuse by requiring that a board consisting of a surgeon, a neurologist, and a physician examine the mental and physical condition of the subject with a view of determining from his life and the record of his family whether the sterilization was advisable. The statute was ultimately held to be unconstitutional by the Supreme Court of Albany County on the ground that it was limited to those who were confined in state institutions, who were therefore denied the equal protection of the law. The statute was finally repealed, and because of the religious and sentimental misunderstandings involved, no other law has since been passed that would avoid the unconstitutional provision.

Sterilization has an advantage over all other contraceptive methods in that it is certain to be effective. All popular methods of contraception require a degree of preparation in order to make them effective. This is true whether the contraceptive device is a chemical or a mechanical one. On aesthetic and psychological grounds a good many people object to the use of preparatory measures to avoid conception. Among women especially, doctors find a high-strung sensitivity, so that if they are required to occupy themselves with the preparation of a contraceptive means, they will become indifferent. Many women (I have found in my years of practice) are willing to forego the pleasure of their sex life because it is surrounded and hemmed in by precautionary details that are repugnant to them emotionally and psychologically. For such women assuming of course that they are already the parents of several children and are certain not to desire any more, sterilization is the safest method and the one that is most helpful in the full realization of a happy life.

Every gynecologist has had occasion to observe a large number of patients who have been sterilized in the course of a major operation. These pa-

*Excerpt from a chapter of a forthcoming book *Abortion Legal or Illegal*, to be published by the Vanguard Press in April.

tients are under careful study, observation has been made of them not only from the standpoint of the altered physiologic functioning of their genital tract, but also as to their mental attitudes and their psychological responses to the normal stimuli of husbands, children, and the family relationships. The results have been most gratifying. Where there has been any difference at all, the change has been for a better, happier, saner life. Some women reacted as if they had received a new lease of life and had won a new and especially attractive freedom. Many adopted a happier attitude in their sex relationships. Because they no longer feared pregnancy they became, for possibly the first time, full and happy mates of their husbands.

Conventional moralists in their opposition to any form of birth regulation do not seem to realize the part that fear plays in the sexual relationships of most men and women. The presence of that fear robs the sex act of most of its joys. It frequently leads the woman to deny herself to her husband, who is led to seek sexual satisfaction outside the home. I have known women who will tolerate the adultery of their husbands rather than incur for themselves the risk of another pregnancy. The demoralization subsequent to such an attitude and the encouragement it lends to the spread of venereal diseases are self-evident.

Sterilization, when it becomes more popular, will go far to decrease the number of abortions that take place. If a physician were given the right to sterilize a woman who asks for it after she has had several children, the larger percentage of criminal abortions would immediately become unnecessary.

But there are at present the same restrictive laws against sterilization as against abortion. How unjust and remote from real needs these may be is indicated by the following examples.

There was a young couple, who had been married for five years and were the parents of one child. The husband, a young university teacher of twenty-eight, had heart disease and suffered occasional periods of decompensation. Both he and his wife were aware that his life span was sure to be short. After the birth of their first child, the woman went to several birth control clinics and tried a number of mechanical and chemical devices to prevent further pregnancies, nevertheless she became pregnant six times. They decided therefore to have one or the other sterilized, until they

were told by a physician that the law tied his hands. She could not be sterilized because she was not sick, he could not be sterilized because, sick though he was, his life was not imperiled by the pregnancies (and abortions) that she endured.

Another case was that of a woman of thirty, who gave birth to two children, both of whom were born deaf mutes. She consulted a number of neurologists as to the probabilities of her giving birth to a normal child, but none of them was willing to give her positive assurances on that score. The woman was desperate, she was determined to have no more children, yet she could not use the contraceptive devices. She asked to be sterilized but her physician had to tell her the sad truth that he was forbidden by the laws of the state to relieve her fears by sterilization.

These cases indicate the need for a liberal law on sterilization. The practice must not be restricted only to the limitation of defective offspring of defective parents. There is no reason why the benefits of scientific discovery should not be extended to relieve the ills of normal mankind.

Sterilization can become a tremendous instrument for happiness. As in abortion, the state can make intelligent use of it and surround the act with safeguards and restrictions against abuse. Its extended use will relieve women of their insufferable burdens in more ways than one. Today the burden of childbearing and birth control is largely a feminine concern. It is the woman who has to make sure of her contraceptive security. When it fails it is the woman who submits to the abortion or undergoes the physical hardships of an unwanted pregnancy. The legalization of sterilization will serve to distribute the responsibility in a larger measure than we have today. Because the male can be sterilized as well as the female, and by a simpler procedure, his will be the task of taking precaution against unwanted children.

As a background to this proposed liberalization, it is, of course, necessary to have the human need imprint itself on public opinion and through that on the legislators. Suffering is often too abstract to have an effect upon the direct activities of those not themselves touched by it. However, if our public leaders were to look into the thousands of case histories, the many of thousands of tragedies, and imagine the even vaster extent of unrecorded suffering, something of an ameliorative nature might result on our statute books.

When it does, it will include measures for population control by contraception, by state-sanctioned abortions, and by the sterilization of those who have already made some healthy contribution to the increase of population

During the past twenty years the question of sterilization has become a real problem to the gynecologist. The modern woman no longer permits the injuries resulting from childbirth to continue indefinitely. In general she has them repaired when she has definitely decided to bear no more children, as it would be useless to undergo a plastic operation on the vaginal vault, which would be undone by subsequent child births. Now, the average intelligent woman, who has given birth to two, three, or more children, requests to be sterilized when she has the genital tract repaired, so that future pregnancies will be impossible. The question arises: What should be the attitude of the gynecologist in these cases? Should he assent to the wish of the patient, or should he be the sole arbiter in each case?

Frankly, I believe that any married couple has the right to decide as to the number of children they should have, particularly if the woman has given birth to two or more children. It is the right of a married couple to decide whether they

are in a position, economically or otherwise, to raise a large number of children.

But somehow this point of view is not entirely accepted either by society, state, or even the medical profession. There are many physicians who still believe in the *laissez-faire* policy. There are many who refuse to perform a sterilization operation at any time and instead continue to subject their patients to numerous caesarean sections. Now, every experienced obstetrician knows that the danger of caesarean section operations increases in direct proportion to the number of times it is performed on the patient. It would seem logical for the obstetrician to assume that the patient is within her full right to demand that she be sterilized after she has had two or three caesarean sections. Nevertheless, he often refuses to do so and thereby exposes the patient to the alternative of additional pregnancies or criminal abortions.

The time is rapidly approaching when our attitude to the entire problem of birth regulation must undergo tremendous changes. Sooner or later we will have to realize that indiscriminate propagation of the human race does not accrue to the best interests of society. We must think in terms of quality instead of quantity when we discuss and deal with problems relating to reproduction.

Defective Families

By C O McCORMICK, M D

Journal, Indiana State Medical Association, May, 1932

Although heredity is not responsible for all social delinquencies, it is seventy-five to eighty per cent accountable for their basic agent, mental defectiveness. Its "workings" are traced scientifically by penology and psychiatry. One of the famous illustrations recorded by these sciences is that of the Kallikak family. Four hundred and eighty offsprings were traced from the illegitimate birth of a son from a normal father and a feeble-minded woman. All but forty-six (*i e*, over 90 per cent) were degenerates of various types. During the six generations following a subsequent marriage of the original father to a normal woman, four hundred ninety-six offsprings were born—only one was abnormal, the remaining four hundred ninety-five developed into successful and highly qualified citizens. Similarly the Jukes family produced twelve hundred defectives in six generations. Ninety per cent of the Nam family descend-

ants were feeble-minded. A fourth and most illustrative family of degenerates was the Tribe of Ishmael, known as the American Gypsies, generated in 1840 in Marion county by the coming of John Ishmael and his bride, a half-breed woman. Their descendants have been in all our penal institutions, have registered heavily in our alms-houses, have borne severely upon township poor relief, and have annoyed peaceful communities by their begging and petty stealing. The tribe is characterized by pauperism, licentiousness and gypsying. Owing to their wanderings their number are now beyond fair estimate, but their germ plasm has been traced throughout seven middle western states. In the files of our [Indiana] Board of State Charities are to be found hundreds of family records where practically every family member is now spending, or has spent, part or most of his life in one or more of our benevolent or correctional institutions.

The Medical Aspects of Sterilization

Abstracts from the writings of ROBERT L. DICKINSON, M.D.

THERE is a large field for sterilizing measures among those fitted for marriage but not for producing children, for the spouse permanently disqualified for reproduction and for those couples who have had all the children advisable for them.

Sterilization does not involve the removal of any organ or the lessening of sex feeling by the methods now generally employed. A categorical statement to this effect is necessary, even in a medical work, because of the fixity of the general belief that mutilating operations are required which result in radical changes in appearance, sensations and behavior. Actually, the importance for bodily function of a sex gland is not hurt by closure of the minute exit for its products, since its endocrine activities remain unaltered. Vasectomy shuts off a vital but very minute portion of the bulk of the seminal fluid. Salpingectomy, the method of sterilization of women by closure of the oviduct, blocks the bristle-sized passage of the fallopian tubes, and leaves an almost microscopic egg to shrivel. The first takes five minutes under local anesthesia, in skilled hands, the second may prove to be no more complicated when reduced to an office method, although it is now usually done by opening the abdomen.

Vasectomy is shown by experience with thousands of patients to require only a couple of quiet days and to be without harmful after effects, or diminution of or handicap on desire or response. Local anesthesia is employed.

Salpingectomy is, or can be made, anatomically effective but opening of the abdominal cavity is not without a small risk to life, and there are a few instances of painful adhesions, while the requirement of anesthesia, hospitalization, confinement in bed for two weeks and abstention from heavy lifting for a couple of months is a serious handicap, except in institutional patients. Moreover, the very persons who most need sterilization, the married women with the permanent disability of incurable organic disease and mental and nervous imbalance, are bad risks for ether and for major operations.

It is the woman for whom a simple method of sterilization is needed, because, in many instances, circumstances might arise in which the husband

would do well to remarry, in case his wife did not live. Sterilization by X-ray or radium has its place in cases of persistent menstruation not curable by simple means, or with certain small fibroids, or in women with heart disease, not good subjects for other measures. As yet the effects, however, are too uncertain for general use, and in younger women too disturbing to the nervous system.

Therapeutic sterilization is indicated wherever the condition of the mother is such that abortion will be inevitable whenever pregnancy occurs. Accidental or temporary and curable conditions do not, of course, call for sterilization, even if abortion may be required on occasion. Especially important are those conditions where operative procedures are extra dangerous, as in serious heart and kidney conditions, and in tuberculosis.

Certain conditions call for sterilization of the mother for both therapeutic and eugenic reasons. For example active tuberculosis where the mother will suffer if allowed to bear, and where the child may be expected to become infected, unless removed directly from the mother. Diabetes is another condition where therapy and inheritance both enter in. The mother may carry the child safely, but it is likely to have diabetes.

In considering sterilization as compared with contraception, the living conditions, economic and social, and the degree of intelligence are deciding factors, rather than the bare question of degree of disease. The feeble-minded and the insane who can be released for self support or family care belong particularly in this category of permanent safeguarding. Another condition in which sterilization is called for rather than the risk of repeated abortion, or the uncertainties of contraception, is where the man or woman has had all the children he or she wishes, whether because of age, general physical condition, economic circumstances or whatever. From England comes the report that vasectomy is increasingly resorted to by men in the professional classes after the birth of three or four children. In our country also, intelligent men are turning to it after the family is completed. Careful study of results enable one to give vasectomy the fullest endorsement.

Why I Oppose Compulsory Sterilization

By LEON F. WHITNEY

VERY few thoughtful people can find any objection to encouraging the birthrate of the best and discouraging the birthrate of the worst elements in our social fabric. Some may disagree as to the means, but in general they are agreed that it should be done and done voluntarily.

It is when the state steps in and takes a hand at saying who shall reproduce and who shall not, that disagreement comes. My thesis is that this action on the part of the state is not necessary and that it is positively a hindrance instead of a help.

Let it may appear that I am opposed to eugenic sterilization, let me say that I am entirely in favor of it, but I object to having it made a compulsory process, and here are my chief reasons. The average size of family of inmates of institution is not quite large enough to perpetuate the group. On the average they have had about three children per family. If all institutional cases of mental deficiency were to be confined and their children too confined, they would become a decreasing burden every year. Instead, we know that feeble-mindedness is increasing. All of which means that we must look elsewhere than within our eleemosynary institutions for the source of feeble-mindedness, insanity, epilepsy and so on.

What is the dangerous group? The border line. The great majority of the feeble-minded come from the people outside of institutions who are just intelligent enough to keep out of trouble when times are good, and who have to be helped when times are bad. In New Haven a study has shown that the members of this group are having over seven children per family, and thus doubling every generation, producing children in general like themselves but many of lesser intelligence, who help fill our institutions. This is the dangerous group. Can we reach them to sterilize them? Not for many generations. It takes a long time to educate public opinion.

Hence, it would seem that the few who can be reached by compulsory sterilization will make very little difference anyway, while the great group who cannot be reached will make a vast difference in the ultimate quality of the population.

Let us take a few illustrations. Here is a young man who is now serving a jail sentence, his third. This time he has been in jail for three years. His wife has her old mother living with her so that she can look after the five children while the wife works as often as she can get work. They manage to exist on that inexplicably small amount of money which keeps many of our citizens alive. The children's teeth are very poor, the general health conditions are always at a very low ebb. The husband who can not seem to let liquor alone has seldom been able to keep a job, between jail sentences he is home long enough to assure an addition to the family. Such a man cannot be sterilized. The courts have rightly decided that sterilization, as a punitive measure, is cruel and unusual punishment. What can society do to prevent constant additions to this unfortunate family?

Another case is that of a family of nine children. On one occasion the wife showed her disapproval of the prospective addition to their family by hitting her husband on the head with a large rock, and on another by putting poison in his tea in an endeavor to poison him. The children have always been one of the festering sores of the town. Twenty social agencies have assisted this family. The man admits that he would like to be sterilized, he should have been after the first child was born or even before marriage. But the Connecticut law says a man must be an inmate of a state institution before the operation may be performed. Society is paying for the support of nine morons in this case, and of many thousands in similar cases.

Every state needs a law making it legal for surgeons, paid by the state, to sterilize persons who apply for the operation. And that is all the law on the question they do need.

Many people believe today that it would be most advantageous if every man, woman and child in America were fingerprinted and the fingerprints kept as identification marks as a registry. But suppose that you broach that subject to the average man or woman. It is positively shocking. If you suggested that they sign their names they would smilingly acquiesce, but be fingerprinted? Horrors! Why the horrors? Simply because crim-

mals are fingerprinted This is done because fingerprints are a better mark of identification than almost any other that we know Had we never heard that it is the custom to fingerprint criminals, we could certainly not object, in fact we should probably gladly volunteer

Eugenical sterilization is young, but there is already attached to it the stigma which is associated with fingerprinting If I say "I have been fingerprinted several times" immediately there flashes through your mind the thought, "perhaps he's a criminal" And less intelligent people think of fingerprinting as a mark of the utmost shame It is falsely associated with evil If this be so, with so mild a thing as fingerprinting then what can we say of sterilization, when it is forced upon a person against his will? Every possible effort will be made to evade it

If a man realizes, or can be made to realize, that his growing family is a drag on him and his wife, that he cannot support any more children and has never supported them anyway, that sterilization is among the simplest of operations, and that it can be done secretly, surely he will welcome the operation with open arms

Moreover, it has been demonstrated to work In Indiana before the new law was passed, they sterilized many people on the purely permissive basis A man in an institution would be talked to by one of the physicians He would be shown the advantages and the disadvantages He would ask about the inconvenience of the operation, the pain, the ultimate results and such things as he wanted to know Then he would be referred to Mike and to Jeff and to Bill in the same institution and they would help to sell him the idea because they had had it done and were glad of it He would readily agree and the operation would be performed

We have come to think that the persons whom we call charity cases who so fill our hearts and extract so much from our purses, *want* to have

the big families that they produce They do *not* want them and the great majority would welcome with open arms a simple operation that would make it impossible for them to have children They might want one or two to satisfy their parental instincts, but certainly not seven or ten or fourteen with half a dozen abortions as well If you think they do, you do not know these people

But they would not welcome an operation on which a stigma has come, any more than they would welcome fingerprinting So I repeat that if eugenical sterilization is to spread, then it must come to be a permissive measure, voluntary and not compulsory If it is, it will in time become one of the most useful weapons in the hands of the social worker as well as of eugenicists

Of course the operation is becoming more widely used and in ways we seldom hear There are many feeble-minded who have come from the better families (although the proportion of them compared with those who come from the border line group, is very small) who have been sterilized Their parents have ordered the operation performed on them Many very intelligent men have been sterilized voluntarily when they felt their child-producing days were over, and as I have already said, the great majority of the inmates of institutions who have been sterilized, have consented It is only that small group, so small as to make no appreciable difference eugenically, who have been sterilized compulsorily that is likely to cause trouble Forcing the operation on them may bring it into the same category as fingerprinting or much worse, and we hope that this time may never come

Nor must sterilization be thought of as anything other than a eugenical operation Let us not allow it to be thought of as punitive, but solely for the good of the individual and of society To me the humanitarian aspects of sterilization so far out-weigh all the rest that they seem to be the prime consideration

While I am not advocating wholesale sterilization, I firmly believe that the State is wasting one-third of the money that it spends on the institutions for mental defectives by training and then sending out into the world again the high grade children, with defective family histories, to raise more of their kind, as they invariably do We may study mental deficiency as much as possible but unless we take measures to stop the propagation of this group we shall have an increasingly low intelligence rating in our population

CHARLES S LITTLE, M D
 Superintendent, Letchworth Village, New York

Eugenic Sterilization: An Urgent Need

By PROFESSOR DR ERNST RUDIN

Excerpt from a pamphlet "Psychiatric Indications for Sterilization," issued by the Committee for Legalizing Sterilization, Eugenics Society, London, originally published in *Das Kommende Geschlecht*, Germany, Band V, Heft 3

THE following essay is concerned only with sterilization as a voluntary practice, that is, when undertaken with the consent of the patient himself or his statutory guardians. The reasons warranting the operation (in medical parlance, indications) may be classified as therapeutic indications, which are concerned with the health of the individual, and eugenic indications, aimed at the protection of the race.

Probably our greatest eugenic anxiety is caused by the vast army of *psychopaths*, i.e., of patients so mal-adjusted by reason of their psychological and temperamental make-up that, though they cannot be called psychotic, nevertheless cause unhappiness both to themselves and their relations. Occupational inefficiency, distaste for life, suicidal tendencies, cruelty, sex perversions and grave criminal tendencies all come within this category and contribute in incalculable measure to human suffering. The inextricable tangle of environmental and hereditary factors exhibited by these types has so far prevented any attempt to work out a genetic prognosis for this group. I refrain from giving you any of the numerous family histories which we have collected in this series, as we still lack statistically valid prognosis.

As concerns *mental defectives*, there is, of course, no necessity for accessory methods of preventing procreation in those low grades which require permanent segregation. The public however is insufficiently aware of the results of allowing feeble-minded males the liberty to procreate. The danger to the community of the unsegregated feeble-minded woman is more evident. Most dangerous are the middle and high grades living at large who, despite the fact that their defect is not easily recognizable, *should nevertheless be prevented from procreation*. Here, of course, action should only be taken after careful personal examination and a survey of the family pedigree.

Here, we may interpolate some more general considerations. Quite apart from exigencies of heredity, sterilization might well be advocated in the

case of psychotics, psychopaths and the feeble-minded, for, at best these persons make most unsuitable parents. Their families may too easily become foci of suffering in the present generation and, by reason of the traditionally low standards in which their children are brought up, in generations to come. I will not, however, enlarge on this point, on which I am not prepared to express an opinion. I need only mention that in regard to their genetics and fertility these groups require further investigation before we can arrive at a more clear-cut and definite policy in regard to sterilization.

So far, we have been considering the voluntary sterilization of the individual patient, whether mentally diseased or mentally subnormal.

Consideration should now be given to the case of the individual who, though not himself a sufferer, may be a carrier or potential transmitter of mental disease. The figures given above show that the relatives of mental patients, while not themselves insane in the strict sense of the word, *are frequently psychologically ill-endowed*. If they have children there is an obvious likelihood of their children being abnormal. Every day we recognize more clearly that many of these cases though superficially regarded as normal show some minor deviation from normality by which the type may be recognized. The chief task of scientific geneticists co-operating with clinicians in the near future is the discovery of these symptomatic deviations with the object of facilitating the detection of the carrier.

This still leaves a considerable group of persons who show no abnormality suggestive of their being carriers, but who, as relatives of insane patients, are, nevertheless, suspect in regard to the normality of their offspring. At the moment no clear-cut solution is available in these cases each would be judged on the prognosis of transmission for the particular disease and grade of relationship. We can only look to greatly extended research in the future, in the hope of eventually ascertaining their genetic constitution.

My experience has led me to the conclusion that systematic and careful propaganda should be undertaken where sterilization is advisable. Such propaganda should, of course, be gradual and

should be directed in the first instance at the medical directors in institutions and schools, medical officers of health, and finally at private practitioners. The instruction of the individual patient is even more important than propaganda amongst the medical profession, and I cannot lay too much stress on the necessity for very close personal contact between the medical adviser and the patient and his nearest relatives. It is necessary to go into the details of each individual case with friendliness and patience. The medical man should explain the situation to those concerned and emphasize to them the harmlessness of sterilization as well as its great advantages for the race — assurances which may be given with perfect sincerity. He can further stress the fact that this operation would lessen the burden on the individual. I conceive that the converse propaganda will be much more difficult, namely, the attempt to persuade the well-endowed to have a sufficiently large family. The standard of living which prevails in civilized communities today makes it a very considerable sacrifice for responsible people to undertake the upbringing of children.

There would appear to be no good reason to prohibit marriage to the sterilized party (provided a partner fully acquainted with the situation be found) as it is only procreation which should be avoided. Eugenists would deplore that a normal spouse should be prevented from procreation by mating with a sterilized patient, but it is a contingency unlikely to arise, as those familiar with such cases are well aware. In our experience normal and subnormal rarely mate. This is, however, a point on which further research is being undertaken.

Individual objections to sterilization need really not be feared where careful explanations and advice are given, consent would, however, be obtained more generally if the operation were offered free of cost to those in poor circumstances. In fact, it would be a very wise provision on the part of public authorities to offer facilities for this operation as freely as facilities for therapeutic operations are now offered. The policy would effect considerable economies in expenditure on health services. Certain legal safeguards will, of course, be necessary. Thus, it should be made obligatory to obtain the consent of the partner to a marriage so as to prevent disappointment in cases where children are desired.

Something should be said about the possibility of abuses. From this point of view, birth control is far more to be feared than sterilization. Indeed, I regard this fear of abuses as a bugbear. Where sterilization would become operative amongst the most degenerate group in the community, it could, in some degree, compensate for the widespread use of birth control in the well-endowed and middle-class groups.

There is absolutely no question of using compulsion. Whether in the far future something of the sort might be required cannot be predicted now. I do not foresee any such necessity, despite the suggestion of some people that anti-social qualities such as the carelessness or ill-will of some part of the community might call for such measures.

On biological grounds it is quite clear that many more defects and miseries are due to heredity than those of which the transmission has so far been clearly ascertained, and we should be well advised not to limit ourselves to advocating sterilization in the worst cases, which, after all, show a certain tendency to eliminate themselves. There is no need to sterilize cases which are already psychological wrecks and for most part destitute of any initiative. The public watch unmoved the falling birth-rate amongst the well-endowed, which amounts to a veritable hecatomb and yet raises an outcry at the attempt to eliminate any single clear-cut cause of hereditary misery. We have ample evidence of the suffering entailed both for themselves and the community by the "social problem" group, the desirability of reducing which, to an enlightened public opinion, should amply justify sterilization.

And here I may refer to the frequent correlation of physical and psychological defects, both of which are transmissible, in the same stock. Sometimes neither of these alone would be regarded as a justification for preventing procreation, but the two combined clearly call for action. On the other hand, cases arise where the hereditary taint co-exists with some outstanding valuable character and the two tendencies must be carefully balanced one against the other. In short, genetic prognosis will become more and more urgently necessary, and I repeat that birth control is wholly inadequate as a means of preventing procreation in the group where prevention is most necessary.

In my view we should act without delay. Not only is it our task to prevent the multiplication of bad stocks, it is also to preserve the well-en-

dowed stocks and to increase the birth-rate of the sound average population. The oft-encountered objection that genius or talent is frequently associated with insanity has no solid foundation. It is a purely fortuitous correlation. We are now investigating the question whether these cases do or do not lie within the general expectation of insanity. But even supposing that the above proposition could stand, we have to consider how the highest type of intellect can be preserved, without at the same time paying for it by mental abnormality.

Careful and authoritative pronouncements in regard to the laws of transmission are imperatively required. We need a wider appreciation of the eugenic indications for sterilization. Vague general statements as to suitable cases I hold to be of very little use. It is to individual, kindly medical teaching and advice that we must look for results.

Finally, research in hereditary prognosis must be actively stimulated. Appropriate legislative measures will readily follow the acquisition of definite and reliable knowledge.

Birth Control and Sterilization

By HAVELOCK ELLIS

THE necessity of birth control is now generally recognized, not only by those who do not desire to have children but by those who do. The reason is that, both for the sake of the mother and for the health and well-being of the offspring, it is desirable that births should be properly spaced, allowing at the least an interval of two years between births, while there are various legitimate reasons, economic or other, why those who marry early do not see their way to become parents immediately. The child, therefore, however much desired, should come at a time when the parents are best able to receive it and to care for it. Moreover, the day of large families is over. Alike for the sake of the family, and for the interests of the nation and the race, an average of between two and three for each married couple suffices, and under the hygienic condition of civilization is ample to keep up the number of population. When, for any good reason,—such as the health of the mother or the existence in either parent of a bad heredity which should not be carried on,—conception cannot be allowed, then strict birth control is compulsory.

The prevention of conception involves so much care and precaution that of recent years an alternative and more reliable method of attaining that end has received an increased degree of favor—the method of sterilization. By this method all risks are eliminated. It can now be effected, simply and harmlessly, without removal of the sexual glands, by vasectomy in men and ligature and sec-

tion of the Fallopian tubes in women. As a method of treating any psychic condition its value is dubious, and if performed compulsorily it may be pernicious in its mental effects, but, adopted voluntarily, as a method of preventing conception, its advantages seem to be great, while it abolishes the need for those preventive precautions which most people, quite legitimately, regard with disfavor. It is scarcely necessary to add that sterilization, being a permanent contraceptive measure, should not be adopted without due consideration.

It is sometimes imagined, even by medical men, that sterilization is at present illegal. There is no sound ground for this belief. The Eugenic Society has in England attempted to put forward a Parliamentary Bill to further sterilization, not however (as some have supposed) to make it legal (for it is already carried out), but to bring its benefits within the reach of defectives and among the poorer class. The benefits have sometimes been questioned, even, it must be said with regret, in the medical profession. But there can be no reasonable doubt that, whatever the exact proportion of defective children born of defective parents, sterilization would here be personally, socially, and eugenically helpful, although it could not be possible in this way to eliminate the mentally unfit element in the population. It would only be a beginning. In regard to this subject there is still much need for the spread of enlightenment.

—*Psychology of Sex*

An Instrument in Race Progress

By CORA B S HODSON

IT MAY seem unduly bold for an Englishwoman to write on sterilization for American readers, but the observations of an outsider may at times have some value as a bird's eye view. It must, however, be gratefully acknowledged that what English eugenists think they know of sterilization is derived wholly from the experience gained by the various legislative experiments and administrative methods of the different states in the Union.

In Great Britain, insular position and a relatively small and stable population simplifies the possibility of true eugenic work. Another feature of English social life is of great importance, namely, the National Social Services which so cover the life of the working-class and the destitute, that machinery exists for bringing any and every individual within the net of the Public Health Authority. The wage earner from eighteen years upwards has his definite place in Health Insurance, the unemployed or destitute person under the Public Assistance Committee is cared for by the local Health Authority. Such a *terram* is clearly favourable for the entry of Eugenics on the medical side as a major measure in preventive medicine for the improvement of the health of the people, and makes it possible to envisage sterilization as an instrument, not only applicable to those who find their way into institutions, but to any and every individual whose family history points to parenthood as being a danger for posterity.

The legal situation has been a ground of controversy for a number of years. It is clarified, however, by the fact that therapeutic sterilization is legal, and is in fact widely practised amongst the rich, and also the poor at the charge of the Public Health Authority. It is in regard to heredity alone as a ground for operation that any doubt arises, legislative proposals must make the protection of posterity as adequate ground for operation the pivotal point.

The need for eugenic sterilization in England is most urgent, those best acquainted with the physical and mental condition of the mass of the population are only too well aware that the standard of physique and of intelligence on the average is tragically low. Indeed, the Statutory Health Re-

ports have more than once admitted that the high standard of curative work and social assistance operating, as they have done, for several generations, are the main causes of this lack of virility and good intellectual calibre—for the weakly and incompetent, with an undiminished birthrate, have for sometime past, had a survival rate which permitted of their contributing far more than their quota to the birth-rate. These facts explain how it is that British eugenists do not think merely of feeble-mindedness and insanity when they propose the adoption of sterilization, but have also in mind those suffering from physical defects and constitutional weakness tending to diseases. They propose that eugenic sterilization should be legalized for any person "liable to transmit grave disease or defect." Such a wide category is at the same time scientifically valid. Geneticists know that many dysgenic characters are recessive, and must be attacked by preventing parenthood amongst suspected "carriers."

Three other aspects of the project are drawn directly from the experience of the States: (1) No compulsion must be exercised. It has been a revelation to sociologists over here to realize that compulsion in legislation or administration defeats the scheme from its inception. There is no space in this short survey to go into the psychological grounds for this.* (2) When sterilization becomes readily obtainable, there is danger that persons of good stock may seek it on grounds of convenience, economic or otherwise, to the national damage. The safeguard proposed against this danger is that a surgeon performing a eugenic operation must secure in writing the opinion of two practitioners that the case in question is truly one of heredity. (3) The undesirability of admitting criminals to the categories operable is of great importance, not because of any doubt concerning undesirable heredity in many such cases, but because the inclusion of criminals confuses the public mind and causes a certain stigma to attach to the operation. The British objective is to secure full recognition of sterilization as a modern scientific instrument expressive of the sense of good

*See "Eugenics Review" 'Sterilization in Practice,' July, '29

citizenship and of parental responsibility on behalf of the nation at large. Those who have forfeited their civic rights remain outside the scheme. California has shown us how simple it is to secure the operation for a criminal after release by including him as a restored citizen in the category of patients suffering from or "likely to transmit" whatever the particular disability may be.

So much for our hopes. Fortunately, however, we are not only hoping, for the work is beginning here and there. Firstly, amongst the self-supporting and educated part of the community, private operations on grounds of heredity are sought and obtained. Secondly, an occasional operation in the hospital is given where a mother asks for it after bearing defective children. Further, in one area the voluntary Birth Control Clinic secures operations for those women who should have no more children and do not merely require facilities for spacing their families, and lastly, in one area where the National Health Insurance Committee has definitely made work for Eugenics part of its preventive scheme, a few cases have secured an operation at a low cost, largely owing to the moral support of the Committee.

These cases, few as they are, give ample proof that the voluntary system works well, secondly, the voluntary system, evoking feelings of responsibility in the individual, draws from sexual sterilization a reinforcement of the moral life of the nation, not, as at times has been feared, an encouragement of anti-social forces.

STERILIZATION IN GERMANY

THE legislative sanction for sterilization of certain offenders given by some Swiss cantons and more recently by Denmark has brought this question to the fore in Germany. Last summer the International Criminalistic Association (the I K V) at its Frankfurt session devoted considerable time to the sterilization problem, and on June 8-9, of this year, the program of the *Kriminalbiologische Gesellschaft* meeting in Hamburg provides for four papers on "Crime Prevention and Sterilization." The *Zeitschrift für die gesamte Strafrechtswissenschaft*, Germany's leading criminal law journal, which last summer contained several articles on the subject, expects to publish this year an additional series prepared by American authorities.

Progress in South Carolina

By B O WHITTEN, M D

A BILL providing for Selective Sterilization of insane, epileptics, and mental defectives is now on the calendar of the South Carolina House, with a favorable report by the Committee on Medical Affairs. It has already passed the Senate and has the approval of the Governor. The basis for this legislation has been sponsored by the State Training School (for Defectives) over a period of two or three years.

Those sponsoring the Bill do not presume to speak out of the fullness of experience, but on the other hand, they do not admit having attempted to pass such legislation without many years of study and observation. When the certainty of my tenets is questioned I have only to review the cases that come before me and have been coming before me for fifteen years, either through correspondence or personal contacts. Over a period of years, since the opening of this institution, we have, by experience and force of circumstances, reached the conclusion that selective sterilization constitutes a part of our preparation of inmates for successful living as independent citizens, after being returned to their respective communities.

The responsibilities of parenthood have supplied sufficient argument to justify any reasonable type of legislation that would prevent or diminish reproduction of mental defectives and certain others afflicted with mental diseases. The remark one occasionally hears that citizens of low-grade intelligence will always be in demand for certain types of labor harks back to the days of feudalism. The last argument against sterilization that broke down, in my own mind, was not the stigma to be placed upon subject sterilized, nor the inability of defectives, neurotics, and epileptics to assume the responsibilities of normal parents, but the infinitely small percentage of hazards imposed by the law of averages in all major operations where general anaesthetics are administered and abdominal cavities are invaded. When we consider how the rate of mortality may be varied with an infection of a hand or foot, without any known cause, and many other examples of unavoidable death from apparently minor causes, we may logically dismiss the question of the hazards involved. By so doing, I find myself, personally, upon safe ground.

Model Sterilization Bills

THE following two bills were prepared by the Human Betterment Foundation as a revision of the California sterilization laws. President E. S. Gosney of this Foundation states that bills of this type, if adopted in any state, would probably cover satisfactorily for the present the necessity of providing not merely for the sterilization of patients in any state hospital or institution, but also for sterilization of the indigent defectives not committed legally, who particularly need and desire such sterilization.

AN ACT

To Provide for the Sterilization of Selected Persons from the inmates of State Institutions, for the protection of such individuals, the state, and future generations

THE PEOPLE OF CALIFORNIA DO ENACT AS FOLLOWS

Section 1 This Act is severable in its provisions, and the invalidity of any part, section, or provision of the same shall not be construed to affect the validity of any other part, which may be given practical operation and effect without the invalid part, section, or provision.

Where patients or persons are referred to in this Act as of the masculine or feminine gender, the same shall be construed to include the feminine or masculine gender as well.

Section 2 A State Board of Eugenics is hereby created, to be composed of the Director of the State Department of Institutions, the Director of the State Department of Public Health, and the Director of the State Department of Social Welfare, any two of whom may act as such Board. These members shall serve as this Board without compensation, and the clerical and office records of the Board shall be a part of the work of the State Department of Institutions.

Section 3 It shall be the duty of the Board to pass on applications for eugenic sterilization made in accordance with the provisions of the law, and to keep a record of such sterilizations. This record shall not be open to public inspection, except for such purposes as the Board may approve.

Section 4 When it appears to the Superintendent or Managing Director of any state home or hospital for mental disease, or any state colony or institution for the care of the mentally defective, deficient, or diseased, or the warden or superintendent of any state prison or penitentiary, correctional school or reformatory, detention home or camp, that a patient or inmate under the care of such

institution would be likely, if released without sterilization, to procreate a child or children who would have a tendency to serious physical, mental, or nervous disease or deficiency, said superintendent, after consultation with his medical staff, shall submit to the State Board of Eugenics a recommendation that a surgical operation be performed upon said patient for the prevention of parenthood. Such operation shall be vasectomy for males, and salpingectomy for females, or some similar operation that would not unsex the patient.

Section 5 This recommendation shall be in writing, and accompanied by a certified statement containing the history of the patient as shown in the records of the institution, so far as it bears upon the recommendation for sterilization, and setting forth the particular reasons why sterilization is recommended.

Section 6 If in the judgment of this Board, procreation by said patient would be likely to produce a child or children who by reason of inheritance would have a tendency to serious physical or mental disease or mental deficiency, it shall be the duty of the Board to approve said recommendation within thirty days, and to send to the superintendent a written order, signed by at least two members of the Board, directing him to proceed with the sterilization as provided in this Act. If the Board disapproves of the superintendent's recommendation, the case may not be brought up again except on the request of the patient, his guardian, or one or more of his next of kin, husband, wife, father, mother, brother, or sister, until one year has elapsed. Nothing in this Act shall be construed to empower or authorize the Board to interfere in any manner with the right of the patient or his representatives to select a competent physician of his own choice, for consultation or operation at his own expense.

Section 7 The Board shall also send a copy of this order to the legal guardian or known next of kin of the patient, accompanying it by a certified copy of the superintendent's recommendation, setting forth the grounds on which sterilization is held desirable, and notification that the patient or his representative has the right to appeal to the courts. If no near relative is known, and no legal guardian has been appointed, such notice and copies shall be sent to the Public Defender of the county from which the patient was committed, and it shall be his duty to protect the rights and best interests of the patient, or if no Public Defender exists in

said county, the Board shall ask a judge of the Superior Court in said county, to appoint a guardian for this purpose, to whom such papers shall be delivered

If such next of kin, legal guardian, Public Defender of the county, or guardian appointed by a judge of the Superior Court as above provided, shall consent in writing to the operation as ordered by the Board, such operation shall take place at such time as the superintendent of the institution in charge of the patient shall designate

Section 8 If it appears to the patient or to his or her representative, that the proceedings taken have not conformed with the law, or that the reasons given for sterilization are not adequate or well founded, or for any other reason the order is not legal, or is not correct as applied to this individual, an appeal may be taken from the State Board of Eugenics to the Superior Court of the county containing the institution in which said patient is under care. The patient or representative of the patient shall have ten days after the receipt of the records above mentioned, to file with the Board of Eugenics application for appeal. If no appeal is taken within such ten days, the order of the Board shall be carried out as provided in Section Four of this Act

Section 9 Such appeal may be taken by filing within ten days with the State Board of Eugenics a petition for appeal to the Superior Court of the county in which said patient is detained, setting forth the grounds of the appeal. On receipt of such petition the Board shall send all the records in the case to such court, and promptly notify the superintendent of the hospital or institution involved, of the appeal

In this appeal, the person for whom an order of sterilization has been issued shall be designated as the plaintiff, and the superintendent of the hospital in which said patient is under care shall in his official capacity be designated as defendant. The court shall arrange for a hearing of such cases as early after the appeal as the rules and business of the court will permit

Section 10 The proceedings before the Superior Court shall constitute a trial *de novo*, and upon application of either party shall be heard before a jury. The trial judge shall forthwith certify his findings to the superintendent of the institution in which the plaintiff is a patient, to the State Board of Eugenics, and to the attorney or legal representative of the plaintiff. Said findings may affirm, review, or reverse the order of the said Board appealed from

Section 11 The costs of appeal, if any, to the

Superior and higher courts, shall be taxed as in civil cases

Section 12 The pendency of any appeal shall stay proceedings under the order of the State Board of Eugenics until the appeal be determined. Should the decision of the Superior Court uphold the plaintiff's objection, such decision will annul the order of the State Board of Eugenics to sterilize, and the matter may not be brought up again until one year has elapsed, except by consent of the patient or his legal representative. Should the court find against the plaintiff, then, if no appeal is filed within ten days after such decision, said Board's recommendation shall be put into effect at a time fixed by the superintendent of the hospital or institution in which the patient is under care, and the patient shall be sterilized as provided in Section Four (4) of this Act, whereupon the superintendent shall file a report of the operation with the State Board of Eugenics

Section 13 Neither any of said medical superintendents nor any other party legally participating in the execution of the provisions of this Act, shall be liable either civilly or criminally on account of said participation, except in case of negligence in the performance of said operation

"The above bill," writes Mr. Gosney, "was drawn after an extended study of sterilization statutes and court decisions on the subject, and many consultations with Medical Superintendents of California institutions of long experience in the administration of sterilization laws. These physicians strongly urge that all formal notice to the patients and court proceedings with them present, be eliminated, because in many cases the patient cannot understand it, and the experience is disturbing to his nervous and mental condition. We have tried to adopt their suggestions as far as legally possible, for economy of time and money and the well being of the patient

"Section 2 adapts the law to the state of California and fits into the organic laws of that state. In other states, some other group or department already in existence or the heads of such groups or departments, may be authorized and directed to assume the duties of the Board, with little or no expense to the state

"While in California there are very few sterilizations without the consent of the next of kin or guardian, there are some cases where there are no known near relatives, and sometimes the family, while wishing to have the sterilization performed,

hesitate to sign such a consent or request, fearing that at some future time the patient may make that act the ground of irrational resentment

"The objection to compulsory sterilization may be satisfied, by providing that a written protest in any case by the next of kin or guardian, shall stop proceedings until the consent of such next of kin or guardian is obtained

"Section 7 follows the present practice of California in the matter of notice, with slight changes. It is our opinion, however, that it should be made the practice of every court in making a commitment of any patient to an institution for the insane or feeble-minded, to appoint a legal guardian competent to act for such patient in all proceedings. Such guardian, in most cases, could be the next of kin or a close friend who would act without compensation

"The failure, in drawing sterilization laws, to recognize the right of every person to his day in court, has resulted in judicial repeal of such laws in several states, and has caused other states to include in such laws provisions cumbersome and expensive to the state and damaging to the patient as well. The citizen's right to his day in court, however, does not mean that he must be dragged into court on every occasion, to his detriment. This bill (see Sec 8) is drawn on the principle that every patient shall have that right by a simple, well defined appeal, if he or his representative chooses to take it. If they do not appeal, they waive that right"

AN ACT

To Provide for the Voluntary Sterilization of citizens not in any Institution of the State, who, if not sterilized, would probably procreate children with a strong tendency to physical, mental, or nervous disease or deficiency, and would probably become wards of the state and a menace to society

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS

Section 1 It is hereby declared to be the policy of this state to prevent, as far as possible, the procreation and increase in numbers of feeble-minded, insane, and epileptic persons, idiots, imbeciles, and those so seriously diseased as to become a burden to themselves and to the state, and a menace to society. The provisions of this Act shall be liberally construed to accomplish this purpose

Section 2 Any married residents of this state for themselves, or the husband or wife or parent

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or guardian of any resident of this state who, because of mental or physical disease, defect, or deficiency of such person, child, or ward, would be likely to procreate defective or deficient children, who would be likely to become a charge upon this state, shall have the right to apply to any city, county, or state hospital supported from public funds, for a surgical operation to prevent parenthood

Such application shall be in writing, signed by both husband and wife, if mentally competent, or by both living parents, if mentally competent, or by guardian, and shall state the grounds for belief that sterilization is desirable for the welfare of the patient and the state

Section 3 If the Superintendent of such hospital, after investigation, is satisfied that the reasons set forth for sterilization are valid and sufficient, he is authorized to receive the applicant for that purpose and to have performed the operation of vasectomy if said applicant is a male, salpingectomy if said applicant is a female, or a similar operation which will not unsex the patient. If the patient is unable to pay the costs of the operation and hospital care, upon the patient's satisfying the Superintendent of the hospital or institution of such inability, these services shall be rendered by said hospital without cost to the patient

Section 4 In any case, such Superintendent shall report the application for sterilization to the State Board of Eugenics and shall receive its approval before operation, and shall make to the same Board after the operation such report as may be desired by said State Board of Eugenics, for its records

If the Superintendent declines to accept the applicant for the operation, the applicant shall have the right to appeal to the State Board of Eugenics, setting forth in an affidavit the reasons for which sterilization is believed to be desirable, and the refusal of the Superintendent of the hospital to accept the applicant for such operation. The State Board of Eugenics shall consider the appeal within thirty days, shall call upon the Superintendent for his reasons for refusal of the application for sterilization, and is empowered to demand from the applicant such additional information as it thinks necessary, or to cause to be made such independent investigation of the case as it thinks desirable

Section 5 If the State Board of Eugenics is satisfied after such investigation that the operation desired would be for the benefit of the state of California in preventing the birth of children who would be likely to be public charges, it shall issue an order, which must be assented to by and bear

the signature of, at least two members of the Board, directing the Superintendent of the hospital mentioned, or some other specified state or county hospital supported from public funds, to accept the application for sterilization. The Superintendent of such hospital shall carry out this order within thirty days of its receipt

Section 6 In the case of any operation performed in any hospital under the provisions of this Act, a record shall be kept in the files of the hospital, showing the circumstances of and reasons for the operation, and a copy of this record shall be sent at once to the State Board of Eugenics and kept permanently in the files of said Board

Section 7 Neither said medical superintendent nor any other person legally participating in the execution of the provisions of this Act, shall be liable either civilly or criminally on account of said participation, except in case of negligence in the performance of such operation

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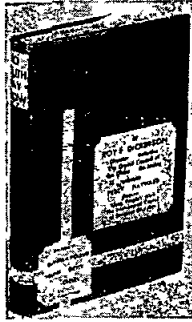
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Selected Reading List on Sterilization

- DAVIES, S Social Control of the Mentally Deficient *T Y Crowell and Co, New York* 1930
- DICKINSON, R L Sterilization Without Unsexing *Journal of the American Medical Association*, Feb 2, 1929 (In pamphlet form National Committee on Maternal Health)
- EAST, E M Heredity and Human Affairs *Charles Scribner's Sons, New York* 1927
- GALLICHAH, WALTER M Sterilization of the Unfit *Laurie, London* 1929
- GODDARD, HENRY H Sterilization and Segregation *Russell Sage Foundation*. 1913
- GOSNEY, E S and POPENOE, P Sterilization for Human Betterment *Macmillan Co, New York*, 1929
- GRANT, M Passing of the Great Race *Charles Scribner's Sons, New York* 1921
- HART, HASTINGS H Sterilization as a Practical Measure *Russell Sage Foundation, New York* 1913
- HUNTINGTON, E and WHITNEY, L F Builders of America *Wm Morrow, New York* 1927
- JELLIFFE, S E and WHITE, W A Diseases of the Nervous System *Lea and Febiger, Philadelphia* 1929
- JENNINGS, H S Biological Basis of Human Nature *W W Norton and Co New York* 1930
- LANDMAN, J H Human Sterilization *Macmillan Co New York* 1932
- LAUGHLIN, H H Eugenic Sterilization in the United States *Psychopathic Laboratory of the Municipal Court of Chicago* 1922
- Eugenic Sterilization *American Eugenics Society, New Haven* 1926
- LEUNBACH, J H Birth Control, Abortion and Sterilization *Paul, Trench and Trubner, London* 1930
- MYERSON, A Inheritance of Mental Diseases. *Williams and Wilkins, Baltimore* 1925
- POPENOE, P and others Collected Papers on Eugenic Sterilization in California Introduction by E S Gosney *Human Betterment Foundation, California* 1930
- POPENOE, P and JOHNSON, R H Applied Eugenics *Macmillan Co, New York* 1926
- STOCKARD, C R Physical Basis of Personality. *W W Norton and Co, New York* 1931
- U S DEPARTMENT OF COMMERCE, Bureau of the Census Feeble-minded and Epileptics in State Institutions, 1928, Mental Patients in State Hospitals, 1928 *Government Printing Office, Washington, D C*
- WIGGAM, A E New Decalogue of Science *Bobbs-Merrill Co, Indianapolis*, 1923
- TREDGOLD, A F Mental Deficiency *Wm Wood, New York* 1929
- WHITNEY, E A and SHICK, M M Results of Selective Sterilization *Proceedings of American Association for the Study of the Feeble-Minded* 1931

This list is in no sense a complete bibliography, but is designed merely to suggest additional material to the interested reader. Periodical writings on sterilization (both lay and medical) are extensive, and may be found in periodical indexes, Dr Landman's book Human Sterilization contains an up-to-date bibliography, and a detailed listing of references has been compiled by Alice Leslie Hill, Vice-Chairman of the Social Hygiene Committee, New Jersey League of Women Voters

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