

Developing Eugenic Consciousness: The Campaign for the Voluntary Sterilization of the Mentally Deficient in Interwar Britain

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Introduction

In the aftermath of World War II, as the world recoiled at the horrific consequences of Nazi race hygiene, eugenic philosophy, the notion that one can eliminate negative characteristics in offspring by sterilization and promote positive characteristics by selective breeding, became universally discredited. Today, most view eugenics as an ideologically driven effort to assert a scientific rationale for racism, prejudice, and, in the case of Nazi Germany, genocide. And yet, in Britain at the turn of the twentieth century, eugenics was widely embraced as a viable strategy for solving many of society's most difficult social problems. The emergence of eugenics was, to a great extent, fueled by revolutionary scientific discoveries, including Darwin's concept of evolution and Gregor Mendel's discovery of the genetic basis of heredity. As such, understanding the social history of eugenics in Britain promises to provide insight more broadly into how scientific knowledge can be used to justify social policies, including social policies that are ultimately considered to be amoral, ranging from mass deportation to forced sterilizations to institutionalized murder. These questions are especially timely, given the recent scientific advances in genetic engineering, such as CRISPR-cas9 technology, that may allow humans in the near future to engineer humanity not only through breeding, but also through direct genetic manipulation.

Eugenics is a social philosophy that aims to manipulate human populations through selective breeding. It has a long history, and its underlying principles are deeply engrained in western civilization. One might consider that prohibitions against marriage between Hebrews and Canaanites in the book of Genesis—"Then Isaac called Jacob and blessed him, and charged him, "You shall not marry one of the Canaanite women." (Genesis 28:1 Revised

Standard Version)— constitute an early form of eugenic practice in which guided breeding served to selectively define the Hebrew population. The Greek philosopher Aristotle, in *The Politics*, argued for the regulation of marriage and a law “to prevent the rearing of deformed children.” He argued that the duty of the legislator was to aim at “the provision of a stock of healthy children answerable to his purposes.”¹ It is clear that the extent to which the state has the right to interfere with an intimate practice such as childbirth has been debated since the birth of political nation-states.

The term eugenics, meaning “good in birth,” was coined by Sir Francis Galton in 1883. Galton, a Victorian statistician and psychometrician, was a cousin of Sir Charles Darwin. Much of his career was spent developing methods to measure a variety of human traits and characteristics. This work led him to conclude that these traits resulted from “nature” rather than “nurture,” from birth rather than from the environment. Galton was profoundly influenced by his cousin’s theories of heredity and evolution. Building on Gregor Mendel’s discovery of the genetic basis of heredity, Galton postulated a biologically based social policy in which reproductive technologies were used to engineer an ideal population. The logic was based on an application of Darwin’s theory of natural selection in politics and larger society, with Galton proposing that the “unfit” not be allowed to reproduce, and that the “superior” races and classes be selected for propagation. The practical application of the ideology could either encourage increased breeding of the selected races, termed “positive eugenics,” or prevent breeding of the unfit, dubbed “negative eugenics.” The Eugenics Education Society, founded in 1907 and renamed the Eugenics Society in 1926, became a mechanism for engendering public interest in eugenics:

¹ Quoted in Stephen Trombly, *The Right to Reproduce: A History of Coercive Sterilization* (London: George Weidenfeld and Nicolson Limited, 1988), 35.

as one charter member stated, “It’s purpose...is to stir up interest and is, on the whole, frankly propagandist.”² These propagandist efforts were aimed at generating a eugenically minded public so that the eugenicists would be successful at implementing social policies.

Despite the Eugenic Society’s efforts and the fact that eugenics found its origins in Britain thanks to Sir Francis Galton, the country never enacted any eugenic programs into law. This stands in contrast to countries like the United States, Canada, Sweden and Switzerland, where compulsory sterilization laws were enacted, or Germany, where genocide was eventually enacted as a eugenic policy.

Historians have long sought an explanation for the legislative failure of eugenic ideology in Britain. The campaign for voluntary sterilization of the mentally deficient from the late 1920s to the late 1930s emerges as an ideal case-study, as this negative eugenic policy, though never passed into law, was officially recommended by a government committee. The reception of this policy by both the popular press and the medical community reveals that the relationship between policy, reception and implementation is complicated and imprecise. Investigation of this campaign thereby offers an example of how the ideology from which a policy is born may be diluted or even transformed during the translation of theory into practice. Indeed, I found that in the process of dissemination, the British public and medical community manipulated the eugenic assumptions underlying sterilization policy in order to fit their own interests. In this manner, eugenic ideology was reformulated and used to justify a range of competing political and social projects.

² Quoted in Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Alfred A. Knopf, Inc, 1985), 59.

Arguably, the first, and possibly only, successful implementation of legislation with eugenic implications was the 1913 Mental Deficiency Act, which passed by a margin of 230 votes to 38. The act gave local governments the compulsory powers to identify, detain and segregate the mentally deficient. Importantly, the definition of this class of persons remained broad and vague, as it included the feeble-minded, the insane and the mentally handicapped.³ Despite their success at segregation, British eugenicists after World War I turned their efforts towards negative eugenic policies of sterilization. Historian Mathew Thomson offers two explanations for this change in direction in the 1920s. First, the “legality of eugenic sterilization was recognized by the United States Supreme Court after Oliver Wendell Holmes passed his notorious judgment on the *Buck v. Bell* case.” Yet more importantly, in 1929 the Wood Report of the Interdepartmental Committee on Mental Deficiency was released and indicated that the incidence of mental deficiency was increasing.⁴ This favorable intellectual climate led to increased pressure on the British Parliament from the Eugenics Society. In 1931, the society tested parliamentary waters by recruiting Labour M.P. A. G. Church to introduce a voluntary sterilization bill, acknowledged by Church in his proposal as “in advance of public opinion.”⁵ However, Church’s rhetoric of eventual compulsory sterilization and a view that the bill was “fundamentally anti-working class” led to its ultimate failure with a vote of 167 to 89.⁶

³ For an extensive overview of pre-WWI British Eugenics and the 1913 Mental Deficiency Act, see G. R. Searle, *Eugenics and Politics in Britain, 1900-1914* (Leyden: Noordhoff International Publishing, 1976).

⁴ Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain c. 1870-1959*, (Oxford, UK: Clarendon Press, 1998), 182-183.

⁵ United Kingdom. *Hansard Parliamentary Debates*, “Sterilization,” 21 July 1931. Parliamentary Debates, Commons, vol. 255, cc 1249.

⁶ Randall Hansen and Desmond King, “Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain,” *British Journal of Political Science* 29 (1999): 85.

The Eugenics Society continued to press the issue and succeeded in creating a Departmental Committee of Sterilization under Sir Laurence Brock in 1932, with the “task of assessing the extent to which mental illnesses were hereditary and to evaluate the utility of sterilization as a way to limit the dissemination of such illness.”⁷ After holding 36 meetings and taking testimony from 60 witnesses, the Committee concluded by recommending voluntary sterilization of the mentally deficient.⁸ Interestingly, this recommendation was never translated into real policy, dying as a legislative issue in the late 1930s.

The historical literature on the eugenics movement in Britain and on the campaign for voluntary sterilization in the interwar years is extensive and remarkable. The authors wrote in profound conversation with each other, with much of the scholarship having been performed simultaneously in the late 20th century. Much archival work has been done with the private correspondences of the Eugenics Education Society, later called simply the Eugenics Society, as well as with documents pertaining to the Brock Committee.

Early historiography in the late 1970s focused on the appeal of eugenic ideology to a wide spectrum of politicians, questioning the assumption that eugenic ideas were only promulgated by right-wing conservatives. Michael Freeden controversially suggested that progressive social reform and eugenics shared much in common, and were not just “two separate but complementary approaches to the improvement of human society.”⁹ He argued that the overlap in these seemingly conflicting creeds derived from the fact that

⁷ Ibid. 87.

⁸ John Macnicol, “Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars,” *The Society for the Social History of Medicine* (1989): 157.

⁹ Michael, Freeden, “Eugenics and Progressive Thought: A study in Ideological Affinity,” *The Historical Journal* 22, no. 3 (1979): 651.

some eugenicists believed that “the provision by the community of economic and social conditions which could create approximately equal opportunities” would lead to “the only valid basis for estimating and comparing the intrinsic worth of individuals.”¹⁰ Freeden argued that these shared goals of equalizing social and environmental conditions were reflected in support for eugenic legislation in the liberal and labour-oriented press, citing *The Nation* and *The Manchester Guardian*.

After facing inevitable criticism for his views, Freeden defended himself by conceding that eugenics was still primarily right-wing and conservative, but arguing that “ideologies are clusters of ideas consisting of one or a few core ideas, some adjacent ideas and some peripheral ones, which together create a unique pattern.”¹¹ With this definition of ideology, Freeden lifted eugenics above political party lines, opening the way for later historians to find more connections between eugenics and divergent interest groups. Stephen Trombley, for example, followed in Freeden’s tradition of questioning the conservative nature of eugenic thought, connecting it more specifically to the media’s response to sterilization legislation of the 1930s: “one must remember that the popular socialist publications of the time gave unreserved support to the movement.”¹²

In Daniel Kevles’ seminal 1985 book *In the Name of Eugenics*, he demonstrated the acceptance of the wide-reaching appeal of eugenics in his history of eugenic thought and policy in both the United States and Britain. He summed up Freeden’s argument succinctly: “Socialist, progressive, liberal and conservative eugenicists may have disagreed about the kind of society they wished to achieve, but they were united in a belief that the biological

¹⁰ Ibid, 651.

¹¹ Michael Freeden, “Eugenics and Ideology,” *The Historical Journal* 26, no. 4 (1983): 959.

¹² Stephen Trombley, *The Right to Reproduce: A History of Coercive Sterilization* (London: George Weidenfeld and Nicolson Limited, 1988), 48.

expertise they commanded should determine the essential human issues of the new urban, industrial order.”¹³ But, in speaking specifically to the 1930s debates on voluntary sterilization, Kevles brought up for the first time an important question about whether eugenic ideology was truly the determining force in sterilization legislation. Kevles argued that the Brock Committee’s 1934 Report “took substantial note of the considerable ignorance and uncertainty surrounding the biological origins of mental deficiency” and yet still recommended sterilization “not only because it would prevent the transmission of heritable disorders but because many of the deficient, though able to care for themselves, were unable to shoulder the responsibilities of parenthood.”¹⁴ Thus, the biological eugenic motivation could not have been the only, and possibly not even the primary, driving force in recommending sterilization.

In the late 1980s, British professor of social policy John Macnicol wrote histories of the interwar campaign for voluntary sterilization that fight against the emphasis on the appeal of eugenic thought to progressives and liberals by earlier historians. While he agreed that “the radical aspects of eugenics held a tantalizing appeal for some liberal and socialist intellectuals,” he held that “this was more than balanced by opposition of organized labour movements.”¹⁵ Indeed, he argued that the main cause of failure of the campaign for voluntary sterilization was the opposition of the Labour Party, who saw the

¹³ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Alfred A. Knopf, Inc, 1985), 76.

¹⁴ *Ibid*, 166-167.

¹⁵ John Macnicol, “The Voluntary Sterilization Campaign in Britain, 1918-1939,” *Journal of the History of Sexuality* 2, no. 3 (1992): 423.

measures as fundamentally anti-working class. This theory is now widely accepted as one of the major causes of sterilization's legislative failure.¹⁶

Macnicol furthered his argument by claiming that the ideological driving force behind the population debates of early 20th century Britain was not eugenics but rather "a seamless web of shared assumptions justifying the existence of class divisions."¹⁷ In this context of class warfare, the opposition of the Labour party to eugenic legislation makes more sense assuming their very purpose is the protection of the interests of the working classes.

However, Macnicol's claim of the relative unimportance of eugenic ideology was disputed by Richard A. Soloway, who, in his influential book *Demography and Degeneration*, warned against underestimating the pervasiveness of eugenic logic in turn-of-the-century Britain. He wrote that "eugenics permeated the thinking of generations of English men and women worried about the biological capacity of their countrymen to cope with the myriad of changes they saw confronting their old nation in a new century."¹⁸ This assertion of a cultural acceptance of eugenics in Britain has wide implications, especially considering that much has been written about how the Nazi embrace of eugenics, particularly the involuntary sterilization of the institutionalized mentally ill and "feebleminded" beginning in 1933, led directly to the death camps.

¹⁶ See Randall Hansen and Desmond King, "Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain," *British Journal of Political Science* 29 (1999): 77-107.; Desmond King, "'Cutting off the worst' Voluntary Sterilization in Britain in the 1930s," in *In the Name of Liberalism*, 65-96 (Oxford, UK: Oxford University Press, 1999); Dorothy Porter, "Eugenics and the Sterilization Debate in Sweden and Britain before World War II," *Scandinavian Journal of History* 24, no. 2 (1999): 145-162.

¹⁷ Macnicol (1992): 437.

¹⁸ Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain* (Chapel Hill, NC: The University of North Carolina Press, 1995), xxiv.

When discussing the Brock Report and the campaign for voluntary sterilization, Soloway argued that its goals and the goals of the Eugenics Society (used here as a proxy for eugenicists generally) were more disparate than previously assumed by historians like Macnicol: “Indeed, a number of Eugenics Society members vigorously opposed the controversial sterilization campaign with its focus on the very poor as unnecessarily provocative and, when compared to the much greater eugenic advantages to be derived from the spread of birth control, wasteful of the organization’s resources and energies.”¹⁹

Mathew Thomson, in his 1998 book *The Problem of Mental Deficiency* continued examining this split between eugenics and the sterilization legislation by maintaining that the medical definition of mental deficiency in the early 20th century conflated the biological and the social: “in practice mental defectives were only placed under care if they were also deemed to be socially at risk, to constitute a social risk themselves, or to be socially incompetent.”²⁰ Thus, in his analysis of the Brock Report, he found that its recommendation for sterilization was located in social reasoning: “Although the [Brock] Report left the genetics of mental deficiency uncertain it concluded that defectives were too socially inadequate to serve as parents and therefore justified sterilization on social grounds, regardless of the genetic argument.”²¹ Like Soloway, Thomson affirmed that this increasingly social argument distanced the legislation from the Eugenics Society.

This historical literature sets important foundations for a study of the translation of ideology into practical policy. It establishes the complexity of an ideology like eugenics, showing that it can appeal to a wide spectrum of actors with different political, social and

¹⁹ Ibid, 203.

²⁰ Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain c. 1870-1959* (Oxford, UK: Clarendon Press, 1998), 8.

²¹ Ibid, 186.

moral motives. Also, it shows that in the process of translation, the ideology itself can be diluted, as in the campaign for voluntary sterilization of the mentally deficient. Historians have questioned whether eugenic thought was actually the determining factor in this legislation, despite the Eugenic Society's heavy lobbying and involvement in Committee deliberations. However, none of these studies have looked into the extent to which public opinion about eugenic policy, specifically the campaign for voluntary sterilization, was driven by eugenic ideology, or how much actual day-to-day implementation of the policy would have been driven by the ideology it was born in. In my thesis, I hope to determine how pervasive eugenic thought was among the British public by looking at their responses to the debates on voluntary sterilization. Also, by examining the views of physicians and others in the medical community, I hope to establish whether the implementation of sterilization would have been motivated by the same eugenic thought that purportedly imbued the policy. I will show that as the eugenic ideology underlying sterilization policy was disseminated among the public and within the medical community, it was not only diluted by other non-eugenic arguments supporting sterilization, but also extended, as its underlying assumptions insinuated themselves into other social beliefs. Rather than rejecting eugenics, the British public was able to manipulate eugenic assumptions to fit a variety of different interests and societal projects. In this way, eugenic assumptions, such as the obligation of the state to promote a healthy and able population, were accepted as established goals across the political spectrum in Britain. While perhaps hard to swallow given the current disrepute of eugenics, this phenomenon reveals the unconscious instinctive appeal of eugenics, as least within the cultural context of early 20th century Britain.

Geographically, I will concentrate on England and Wales, as Scotland and Ireland had separate legal and parliamentary systems and their own eugenic legislation histories. When I refer to Britain, therefore, I am excluding Scotland and Ireland.

Part I. Ideology to Policy

Prior to using the campaign for voluntary sterilization as a case study to ascertain the reach of eugenic ideology in Britain, it is helpful to examine the extent to which the recommendations of the Brock Committee were grounded in eugenic ideology, and thus the extent to which responses to the Brock Report serve as a valid proxy for responses to eugenic ideology. Other historians have studied the overlap between eugenic ideology and the Brock Report, reaching a variety of conclusions. Rather than assuming that the Report was born in eugenic ideology because “key members of the committee—Fisher, Tredgold, and above all Brock himself—were enthusiasts of eugenics”²² or because the Eugenics Society endorsed the conclusions of the Brock Report, historians have uncovered justifications for sterilization within the Report that are as grounded in social rationale as they are in the biological reasoning that defined eugenic ideology.

Historian Daniel Kevles frames this grounding of the Brock Report in social justifications as part of a shift towards “reform eugenics,” in which leaders of the Eugenics Society, such as C. P. Blacker, the General Secretary between 1931 and 1952, “steadily moved their organization a sanitizing distance away from the right—especially pro-Nazi right.”²³ This shift was perhaps instigated by “the inability of eugenicists, after several decades of research and propaganda work, to come up with convincing proof of the mechanics of Mendelian inheritance in human populations.”²⁴ The revelation of a more complicated transmission of mental and physical ability than previously assumed

²² Randall Hansen and Desmond King, “Eugenic Ideas, Political Interests, and Policy Variance: Immigration and Sterilization Policy in Britain and the U.S.,” *World Politics* 53 no. 2 (2001): 246.

²³ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Alfred A. Knopf, Inc, 1985), 172.

²⁴ John Macnicol, “The Voluntary Sterilization Campaign in Britain, 1918-1939,” *Journal of the History of Sexuality* 2, No. 3 (1992): 425.

complicated the logic and implementation of eugenics within the British population, as this new understanding forced eugenicists to acknowledge the influence of environment as well as inheritance on physical and mental ability. Within this context, the Brock Committee's appeals to more social justifications of voluntary sterilization can be understood. However, it is misleading to assume that the Brock Committee completely abandoned its eugenic basis, as historian Dorothy Parker has suggested in claiming that the Brock Report "restricted the question of sterilization to the prevention of incompetent parenthood."²⁵ As I will show, the Brock Report's recommendations for the voluntary sterilization of the mentally deficient, while acknowledging the possible social and egalitarian implications, were driven first and foremost by a eugenic vision of population manipulation and improvement. Both the Report published in January of 1934 and C.P. Blacker's *Voluntary Sterilization* published in November of the same year as an explanation of the Brock Committee's findings for the "layman" reveal this driving eugenic impetus.²⁶ The diverse rationales given in the Report can be attributed to an evolving eugenics and to a government committee anxious to legalize a then criminal procedure, and thus do not indicate that eugenic ideology was diluted on the level of policy creation.

The Departmental Committee on Sterilisation, simply called the Brock Committee after its chairman Sir Laurence Brock, was appointed in order to "examine and report on the information already available regarding the hereditary transmission and other causes of mental disorder and deficiency," and then to "consider the value of sterilization as a

²⁵ Dorothy Porter, "Eugenics and the Sterilization Debate in Sweden and Britain before World War II," *Scandinavian Journal of History* 24, No. 2 (1999): 154.

²⁶ C. P. Blacker, *Voluntary Sterilization* (London: Humphrey Milford, 1934), preface.

preventive measure.”²⁷ This appointment clearly indicates that the mission of the committee was primarily a biological enquiry and thus that the value of sterilization as a practice must have been founded in the genetic basis of mental defect and disease, as a way to prevent transmission of disease to future generations.

However, the committee found that the hereditary basis of mental disorder and defect was uncertain. First, the failure to differentiate between different types of mental defects and the vaguely descriptive nosology that followed made generalizing about the genetic basis of different diseases next to impossible. For example, without the ability to accurately and reproducibly differentiate mental retardation from schizophrenia, how could one discern the distinct genetic transmission of each condition? Indeed, the Brock Committee reported that, “the witnesses who gave evidence were not in agreement as to the method of transmission of mental defect and disorder”²⁸ and thus, “it is impossible in the present state of our knowledge about the causation of mental defect to forecast with certainty whether a child of any given union will exhibit mental abnormalities.”²⁹ Given this uncertainty, the Brock Committee went on to consider sterilization as a social policy. In so doing, the committee implicitly raised doubts about the eugenic drive behind sterilization: if mental defect is not due to “morbid inheritance,” can the purpose of sterilization still be the eugenic eradication of disease from future generations?

This line of questioning gave rise to social justifications for sterilization. In contrast to the vast controversy surrounding the question of genetic transmission, the question of the ability of the mentally ill to handle the demands of parenthood was less contentious.

²⁷ Minister of Health. (1934). *Report of the Departmental Committee on Sterilization*. (London, U.K. His Majesty's Stationery Office), 5.

²⁸ *Ibid*, 10.

²⁹ *Ibid*, 21.

The mentally ill were seen as socially inadequate, as articulated in the language of the 1928 annual report of the Board of Control:

Though it does not necessarily follow that the children of defective parents will themselves be defective, they are liable to be exposed to the miseries and hardships of being brought up by a mother or father incapable of self-control who will almost certainly neglect them, and who may, by reason of mental instability and ungovernable temper, aggravate by cruelty the results of ignorance and neglect.³⁰

The patronizing view that the mental defective, willingly or unwillingly, harmed their children (regardless of their genetic endowment) justified the interference of the government in the previously private sphere of the home. The Brock Committee's recommendations for sterilization proposed to interfere in an even more intimate sphere, that of sex and childbirth, and they used the same rhetoric of the social inadequacy of the mentally ill. They went so far as to say that the prevention of parenthood would be welcomed as a relief to mental defectives because "mentally defective and mentally disordered parents are, as a class, unable to discharge their social and economic liabilities or create an environment favourable to the upbringing of children," and while they "may be able to run a household with a fair measure of success," they are unequipped when "faced with the added strain involved by the care and upbringing of children."³¹

In considering a policy of compulsory sterilization, the committee even implied that if social reasons were the only deciding factor, they would have recommended compulsion: "Defectives make inefficient parents; if only for social reasons they should not have children."³² However, they did not advocate for compulsory sterilization of the mentally ill precisely for the reason that their recommendations were not primarily based on social

³⁰ Board of Control, "Annual Report," (1928) quoted in Blacker, *Voluntary Sterilization*, 11.

³¹ *Report of the Departmental Committee on Sterilization*, 39.; *Ibid*, 32.

³² *Ibid*, 31.

justifications: “But we interpret our reference as asking us to say whether there is on scientific grounds an unassailable case for compulsory sterilisation.”³³ Under these auspices, and given the uncertainty of the genetic transmission of mental defect, the answer to their reference was a resounding no.

The Brock Committee also suggested that sterilization could be an avenue for social justice, a way to extend the rights of the rich to the other classes of Britain: “The rich can always secure sterilisation and the poor cannot, however great their desire.”³⁴ The Brock Committee’s recommendations can thus be seen as egalitarian rather than eugenic in nature, as a compassionate extension of limited legislation. In 1931, when the Eugenics Society had Labour M.P. A. G. Church introduce a bill for voluntary sterilization, the primary objection voiced by fellow Labour M.P. Dr. Hyacinth Morgan was that the proposal was fundamentally “anti-working class” and founded in the “intellectual snobbery” of the eugenicists.³⁵ The Brock Report’s implication that legalizing the sterilization of the unfit would be a solution to an injustice emerged as a counterargument against this view of eugenic policy as just a scientific veil for institutionalized classism.

Perhaps for this precise reason, C.P. Blacker seized upon this aspect of the Brock Committee’s recommendations in his book *Voluntary Sterilization*, stating that, “The social injustice which arises from the present uncertain state of the law about sterilization is one of the strongest arguments in favour of the whole subject being cleared up by the passing of a carefully drafted sterilization law.”³⁶ He argued that because of this “present uncertain

³³ Ibid, 32.

³⁴ Ibid, 43.

³⁵ United Kingdom. *Hansard Parliamentary Debates*, “Sterilization,” 21 July 1931. Parliamentary Debates, Commons, vol. 255, cc 1254.

³⁶ Blacker, *Voluntary Sterilization*, 38.

state of the law,” physicians were more likely to risk a lawsuit if the patient were able to pay fully for the operation, thus making it next to impossible for a poor patient to receive the same treatment. Blacker even published in full within his book a letter he received from a man with an unspecified “deformity” who was unable to get sterilized and then had a child with his same deformity. This sympathetic figure wrote that, “I think your readers ought to know that the Eugenics Society in trying to get voluntary sterilization legalized is only trying to make available for the poor what is now the privilege of the rich.”³⁷ This statement thoroughly distances the campaign for voluntary sterilization from any hint of eugenic ideology. Rather than the goal of voluntary sterilization being the genetic improvement and eradication of mental defect from the British population, Blacker and this letter conceived of eugenics as a contributing to a more equitable and democratic society.

Despite the emergence of social justifications of the voluntary sterilization of the mentally unfit that were perhaps more palatable to the public, examination of the Brock Report reveals that eugenic ideology and population improvement persisted as a paramount impetus for their recommendations. First, in the face of the ambiguous evidence about the genetic basis of mental defect, the Brock Committee maintained that “the prime aetiological factor is some inherited peculiarity, and that this peculiarity shows a strong tendency to be transmitted.”³⁸ They still acknowledged the role of environment in activating mental defect, but argued that “the antithesis between heredity and environment is logically convenient, but it is misleading in so far as it suggests that these two causes are mutually exclusive.”³⁹ Following this logic, they went so far as to suggest that the

³⁷ Ibid, 37-38.

³⁸ *Report of the Departmental Committee on Sterilization*, 27.

³⁹ Ibid, 14-15

concentration of mental defectives in the “lower social stratum” could be explained by genetics rather than, or in conjunction with, environmental conditions:

In this stratum there appears to be an unduly high incidence of mental defect, insanity, intellectual dulness [sic], epilepsy, as well as tuberculosis and other physical defects. Cause and effect of the conditions found in the social problem group are debatable but it is possible that selective mating may to a large extent account for this concentration of physical defects and mental defects and disorders. There is evidence that in the poorest districts neighbour marries neighbour, and like marries like.⁴⁰

Ignoring the question of whether their logic was error-ridden or if their evidence was sufficient, the Committee argued that slum conditions do not create defectives, as the anti-eugenic social reformer may argue, but rather that defectives drift to the slums, marrying each other and transmitting their bad genes to later generations. While this perhaps implicitly offered another social benefit to voluntary sterilization—that reduction of the propagation of mental defects would eventually reduce the incidence of slum conditions—the underlying logic was firmly guided by a eugenic belief that biological and genetic manipulation could lead to better breeding of humans because the environment played a subordinate role to that of inheritance. C. P. Blacker defends this view of the slums, saying that, “snobbery and class bias are not exclusively responsible for the view that the qualities which make for social failure are partly due to poor hereditary equipment.”⁴¹ By dismissing the role of the environment as secondary to a genetic predisposition, Blacker and the Brock Committee circumvented the uncertain genetic data they received from expert witnesses.

Historians have attributed the Brock Committee’s stubborn adherence to the concept of morbid inheritance to a bias towards eugenics among the committee

⁴⁰ Ibid, 21.

⁴¹ Blacker, *Voluntary Sterilization*, 75.

members⁴², and this bias reveals itself in the process of negotiating eugenics in the face of contradictory evidence. The committee did not ignore the fact that some aspects of mental deficiency were determined by purely environmental reasons, such as injury, accident or diseases such as syphilis, and therefore not transmissible to future generations, although they claimed that, “this proportion is comparatively small... 9 to 20 per cent.”⁴³ Taking into account these cases, they argued that sterilization would not be appropriate for certain mental defectives. Blacker argued that it was this very consideration of the diverse causes of mental defect that distanced the Brock Committee’s recommendations from the sterilization laws in Germany and the United States that garnered criticism from the public, claiming that, “it is of the essence of the recommendations of the Brock Committee that sterilization is to be voluntary and selective, and that no fixed principles are laid down as to its application.”⁴⁴ While this “voluntary and selective” nature of the recommendations could be seen as diluting the eugenic impetus behind them, it can also be viewed as supporting the belief that eugenics provides the only valid justification for sterilization: sterilization should only be a legal option for those mental defectives who would transmit their morbid genetics, not for those who would simply be bad parents.

Indeed, perhaps the most convincing argument for the eugenic basis of the Brock Committee’s recommendation of voluntary sterilization is their focus on what they called “normal carriers.” These carriers do not “themselves manifest the particular abnormality,” but do pass on their abnormal genetic makeup to their progeny.⁴⁵ The way to reduce the

⁴² See, for example, Randall Hansen and Desmond King, “Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain,” *British Journal of Political Science* 29 (1999): 89.

⁴³ *Report of the Departmental Committee on Sterilization*, 19.

⁴⁴ Blacker, *Voluntary Sterilization*, 108.

⁴⁵ *Report of the Departmental Committee on Sterilization*, 41.

prevalence of mental defect was to identify and sterilize anyone who would pass on defective genes, regardless of their class or their social competence as parents. This strategy was reflected in their final recommendations:

Subject to the safeguards proposed, voluntary sterilisation should be legalised in the case of: (a) A person who is mentally defective or who *has suffered* from mental disorder; (b) a person who suffers from, or is believed to be a carrier of, a grave physical disability which has been shown to be transmissible; and (c) *a person who is believed to be likely to transmit mental disorder or defect.* (italics my own)⁴⁶

As seen here, voluntary sterilization was intended for people not currently suffering from a mental disorder and for anyone “likely to transmit” a pathology regardless of their current state of mind. While the Brock Report admitted that, “in the present state of knowledge, these [normal] carriers cannot be identified with certainty,” Blacker wrote authoritatively that these carriers are “likely to become more recognizable in the future as our knowledge grows.”⁴⁷

This notion of delayed gratification, of the effects of sterilization legislation appearing in the future, is repeated throughout Blacker’s book. Blacker recognized that a common criticism from eugenicists of the Brock Committee’s recommendations was that simply legalizing voluntary sterilization for the mentally defective would not “achieve any appreciable reduction in the incidence of mental deficiency,” and thus that no eugenic results would follow.⁴⁸ Blacker responded to this criticism in contradictory ways. First, he argued that as genetic knowledge advanced, sterilization would “in the course of several generations, have appreciable effects on the transmissible qualities of the race.”⁴⁹ While

⁴⁶ Ibid, 57.

⁴⁷ *Report of the Departmental Committee on Sterilization*, 41; Blacker, *Voluntary Sterilization*, 107.

⁴⁸ Blacker, *Voluntary Sterilization*, 53.

⁴⁹ Ibid, 54.

this argument maintained the eugenic motivation behind the sterilization legislation, Blacker undermined himself by offering another retort to this objection: the framing of voluntary sterilization as a public health intervention on par with venereal disease clinics and tuberculosis vaccination. In this line of argument, Blacker claimed that the goal of these provisions was never complete eradication but rather the reduction of “incidence of certain grave disorders.”⁵⁰ Thus, sterilization would be successful if even one case of mental defect was prevented. As such, this barometer of success for sterilization legislation is not eugenic, since the prevention of one incidence has no effect on the level of defect in the population as a whole.

Blacker’s *Voluntary Sterilization*, though intended to be a translation of the Brock Committee’s report for the layman, should not be equated with the Committee’s intentions. Blacker was at the time the general secretary of the Eugenics Society and thus a spokesperson for eugenic ideology. While clearly written with the intention of garnering public support for the legislation, evidence of more radically eugenic motivation appears in the book. For example, the argument that access to sterilization was a social justice issue can be rendered null and void by Blacker’s treatment of differential fertility. Though the Brock Report has no mention of it, Blacker refers to the fear that the contemporaneous “lowering of the birth rate has particularly affected those elements in the population who are able to make use of contraceptive methods,” that is, the rich.⁵¹ The democratic extension of the rights of sterilization can then be seen as a way to simply lower the fertility of the poor—a clearly conservative and anti-working class sentiment.

⁵⁰ Ibid, 54.

⁵¹ Ibid, 71.

This confusion of intent and motivation behind the Brock Committee's recommendation of the legalization of voluntary sterilization of the mentally ill, shown in both their Report and Blacker's *Voluntary Sterilization*, does not reflect an abandonment of eugenic ideology within the committee. Rather, it displays the changing dynamics of eugenics in the 1930s, the shift to what Daniel Kevles referred to as "reform eugenics." Additionally, the various social and biological justifications offered can be read as the results of a government committee and Eugenics Society eager to amass public support for their legislation, offering potential benefits that would appeal to a wide variety of political actors. However, as shown, despite the acknowledgement of possible social advantages, the primary driving force behind the Brock Committee's recommendations was eugenic ideology, with the goal being the eventual eradication of mental defect from the greater British population. This implies that, at the level of policy, eugenic ideology was less diluted than assumed by some historians. What requires further investigation is whether responses to this policy by the press and British public, supportive or not, were driven by eugenic thought or by other non-biological justifications.

Part II. Policy to the Public

In April of 1937, three years after the release of the Brock Report, Wing-Commander James called for the implementation of the Brock Committee's recommendations in the House of Commons. In the debate that ensued, conservative M.P. Sir Kingsley Wood, the head of the Wood Committee (which found in 1929 that the rate of mental deficiency in Britain was increasing), warned against enacting policy too far ahead of public opinion: "I think it is desirable that ample time should be given for consideration and to get public opinion developed as I believe it is developing, so that whatever action may be taken may follow generally the desires of the country and the dictates of the public conscience."⁵² This concept of an uncertain public opinion was used to delay legislation not only on this occasion, but also during other parliamentary debates on the subject of sterilization.

It is not my intention to determine whether the public was in fact in favor of voluntary sterilization, though the historiography on the subject is quite mixed. Some historians, such as Desmond King and Randall Hansen, have cited the fact of hostile public opinion towards sterilization as a key reason for the failure of sterilization legislation in the interwar period, claiming that their archival research demonstrates that, "the public was highly suspicious of sterilization for eugenic purposes" and that, "the committee conceived of its role as partly one of educating the uninformed British public into seeing the virtues of this policy."⁵³ However, other historians have found evidence indicative of a public quite in favor of sterilization. For instance, John Macnicol cites a letter from the private

⁵² United Kingdom. *Hansard Parliamentary Debates*, "Voluntary Sterilisation," 13 April 1937. Parliamentary Debates, Commons, vol. 322, cc 850.

⁵³ Randall Hansen and Desmond King, "Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain," *British Journal of Political Science* 29 (1999):105.

correspondence of Mrs. M. D. Silcock and C. P. Blacker, in which she informed the secretary of the Eugenics Society that, "In 1935 the *Morning Post* published a poll of readers purporting to show that 78.7 per cent were in favour of the sterilization of mental defectives."⁵⁴ This evidence of a British public enthusiastic towards sterilization has deep implications, considering that eugenic policies such as sterilization are now seen as amoral and equated with the Nazi regime. It would imply that the British public was not somehow unique and immune to the ideological forces that infiltrated German science. It is quite possible that the reactions towards sterilization policy may have been divided along class lines, with the wealthier and less vulnerable classes more in favor of the eugenic policy. Given the mixed historiography, there is room for extensive research into the public opinion towards eugenic sterilization.

However, my intention is not to assess the level of public support for sterilization, but instead to determine the extent to which the conversation surrounding the sterilization of the mentally deficient in interwar Britain, whether in support of the Brock Committee's recommendations or not, was driven by eugenic ideology. In 1929, C. J. Bond, a eugenicist and surgeon at Leicester Royal Infirmary wrote to the *Times of London* in support of sterilization, arguing that its legislative passage depended on "an enlightened public opinion and the arousal of a 'racial conscience' among our citizens," thereby implying the necessity of a public that understood and believed in eugenic philosophy.⁵⁵ The Brock Report itself offered a plethora of justifications for sterilization, only some of which were born in eugenics. Did the popular press of the time, used as a proxy for public opinion more

⁵⁴ John Macnicol, "Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars," *The Society for the Social History of Medicine* (1989): 153.

⁵⁵ C. J. Bond, "To the Editor of the Times," *Times of London*, June 26, 1929.

generally, discuss sterilization of the mentally deficient in terms of eugenics or as a policy with non-eugenic intentions and motivations? Was there a developed “racial conscience” among the British public? Inspection of periodicals of the time reveals a public aware of eugenic philosophy and rhetoric. While some individuals did base their opinion of sterilization on non-biological social reasoning, overall the eugenic impetus of the sterilization policy recommended by the Brock Committee was not lost or diluted in its reception by the public. However, even the fact that some people were able to remove the discussion of voluntary sterilization from eugenic ideology reveals the flexibility of ideologically based social policy.

Eugenic ideology was introduced to the British public long before the campaign for the voluntary sterilization of the mentally deficient. Having begun in Britain with Sir Francis Galton in the late 19th century, eugenics and its assumptions were familiar to the British public. In February of 1909, a cartoon by W. K. Haselden entitled “In the Eugenic State” (Figure 1) ⁵⁶ was published in the *Daily Mirror*, which illustrates one early attitude towards this new science of eugenics. For Haselden, and presumably his readers, eugenic science aimed to create parodies of humans, to create public speakers with large mouths and chauffeurs with large hands. Eugenics was seen as a science distanced from humanity, a science that cared more about efficiency than human values, one that could only deal with measurable quantities and not intrinsic qualities. In 1920, the *Daily Mirror* published another of Haselden’s cartoons entitled “The Eugenic Proposal: Some Examples,” (Figure

⁵⁶ British Cartoon Archive, University of Kent: WH5516, W.K. Haselden, *Daily Mirror* (London, England), February 11, 1909.

2)⁵⁷ which elucidates another cultural value seen as lost to eugenics, that of love and marriage. For Haselden, eugenics was changing how and on what criteria people chose their mate. Love's role was superseded by good genetic endowment. The discussion of sterilization threatened to interfere even more intimately with the mating process by physically preventing procreation to a subset of the population.



Figure 1. "In the Eugenic State" by W. K. Haselden, 1909.



Figure 2. "The Eugenic Proposal: Some Examples," W.K. Haselden, 1920

Much of the discussion in the press about sterilization took place in 1929, after the release of the Wood Report warned of the exponential increase of mental deficiency in

⁵⁷ British Cartoon Archive, University of Kent: WH3171, W.K. Haselden, *Daily Mirror* (London, England), November 8, 1920.

Britain. In response to this data, sterilization emerged as a possible solution to what was seen as the social and biological menace of mental defect. The language of eugenics was used to introduce the idea of sterilization. In February of 1929, the *Daily Mail* wrote that the “stock of every people is poisoned in greater or less degree by the taint of mental deficiency,” and that stopping the procreation of the mentally deficient was a “duty that we owe to all generations of our posterity.”⁵⁸ The author framed mental defect as an illness not only of the individual, but also of the current population and their descendants. In so doing, he lifted the problems of the “poison” of mental deficiency from the realm of personal health care into the realm of politics and social policy. This concept of a “duty” to protect the population from bad genetic endowments, a quintessentially eugenic duty, was repeated in other appeals to sterilization. In a letter to the *Sunday Times*, Chas T. Tate wrote that, “Procreation is not a right but a mighty responsibility to the children.”⁵⁹ He argued that because the “State rightly maintains and educates the mentally and physically unfit... it has a right to demand that these do not add to their numbers or infect healthy stock.”⁶⁰ This conceived eugenic role of the state is in opposition to that of social reform and welfare, which Tate argues “humanely keeps the unfit alive.”⁶¹

The question of the role of the state in procreation was discussed in a legal context as well. The *Citizen* reported in 1932 that at Leeds Assizes, a periodic court, Mr. Justice McCardie argued in his ruling that, “Those who allow a mentally defective child to be born are, in my opinion, guilty of a grave moral crime,”⁶² and thus, presented sterilization as

⁵⁸ “Sterilisation,” *Daily Mail* (London, England), February 21, 1929.

⁵⁹ Chas T. Tate, “Sterilisation of the Unfit,” *Sunday Times* (London, England), March 31, 1929.

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

⁶² “Sterilising the Unfit,” *Citizen* (Gloucester, England), June 10, 1932.

both compulsory and implicitly punitive. Though the Brock Committee was clearly against compulsory and punitive sterilization, which they claimed characterized the German policy, Justice McCardie's ruling suggested that eugenic philosophy served as a potential gage of morality. He criminalized procreation on the part of the mentally ill, and also inherently criticized any state or system that "allow[ed] a mentally defective child" to exist. This example proves that eugenic ideology and population improvement was seen by some as the driving motivation behind sterilization.

Indeed, some individuals even opposed sterilization on eugenic grounds, using explicitly eugenic rhetoric. Though they may have believed in the mission of selective breeding, there was a concern that the uncertainty of the genetic transmission of mental illness could not guarantee as bright a eugenic future as sterilization advocates suggested. Thus, their opposition to sterilization was based on the argument that it might prevent the birth of citizens eugenically useful to the population, rather than simply preventing the birth of the eugenically unfit. In 1929, the Bishop of Exeter wrote to the *Daily Mail* voicing his opinion against sterilization, claiming that though the mental deficient "is little fitted to understand the complication of our modern civilization he might be the progenitor of a vigorous, energetic stock which would be of great value to the nation."⁶³ The Bishop had clearly accepted the concept that different humans had lesser or greater value to the nation, a premise of eugenics, but did not believe that, given the current scientific knowledge, sterilization was the proper way to manipulate or breed a vigorous and energetic population.

⁶³ W. Exon, Bishop of Exeter, "Sterilisation of the Unfit," *Daily Mail* (London, England), February 26, 1929.

In a more personal fashion, Lawrence T. Greensmith wrote to the *Sunday Times* in objection to an article advocating for the sterilization of deaf-mutes. He wrote as “a normal son of such parents,” who believed that deaf-mutes “would strongly resent being considered ‘unfit.’”⁶⁴ A policy of sterilization would have allowed doctors and the government to decide who was fit or unfit, on a purportedly eugenic criteria. Though the Brock Report claimed to recommend a selective process, the uncertain genetic knowledge of the time may have led to the sterilization of those who would not have transmitted their disorder. For Greensmith, sterilization was seen as a threat to his existence, an existence he believed was justified. Interestingly, the justifications he offered were eugenic in nature: not only did he cite his normal hearing but also mentioned that he was “not the only one of such children to be a university undergraduate.”⁶⁵ For Greensmith, as well as for the eugenicists, his life was not valued intrinsically, but rather by his physical and intellectual ability. In this way, the debate around sterilization was still guided by eugenic philosophy and had not drifted far from the roots of eugenic ideology.

One major source of opposition to the sterilization of the mentally deficient was the Catholic Church. Many historians argue that this opposition carried enormous weight in the decision not to implement the Brock Committee’s recommendations, a surprising conclusion given that at the time of the Brock Report, only about 6% of the population of England and Wales were self-proclaimed Catholics.⁶⁶ Regardless of the question of its parliamentary influence, the Catholic opposition was well established by Pope Pius XI’s 1930 *Casti Connubii*, in which he declared that those who perform and support eugenic

⁶⁴ Lawrence T. Greensmith, “Sterilisation of the Unfit,” *The Sunday Times* (London, England), March 17, 1929.

⁶⁵ *Ibid.*

⁶⁶ John Macnicol, “Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars,” *The Society for the Social History of Medicine* (1989): 167.

sterilization “are at fault in losing sight of the fact that the family is more sacred than the State and that men are begotten not for the earth and for time, but for Heaven and eternity.”⁶⁷ In this statement, the Pope completely discredited eugenics as a science and as a philosophy by lifting procreation above analysis, or at least above analysis by humans. By placing family before the State, the Pope expelled politics from the intimate realm of childbirth. Yet, by opposing the fundamental tenants of eugenics, the Catholic Church’s conversation about sterilization was still governed by eugenic philosophy.

However, people also supported sterilization of the mentally deficient for a variety of reasons that had little or nothing to do with eugenics and its philosophy. As displayed in the Brock Report, there was clearly a wide acceptance that mental defectives were socially inadequate as parents, regardless of whether they would transmit their genes to their offspring. The *Devon and Exeter Daily Gazette* reported in 1929 that Mr. B. Crompton Wood, the M. P. for Bridgwater said, “Obviously mental defectives are quite unable to bring up their children adequately.”⁶⁸ Another reason cited for supporting the sterilization of the mentally deficient was not mentioned in the Brock Report, that of saving money. Given the frequency with which the cost of the mental deficient on the state and its tax-paying citizens was mentioned, saving money was, as it always is, seen as a large motivating factor in the support of sterilization legislation. For instance, MacLeod Yearsley wrote to the *Daily Mail* in 1929 claiming that, “the education of a normal hearing child costs approximately £15 10s., while that of a deaf child is £69 18s. 10d.”⁶⁹ Though Yearsley was writing about deaf-mutism, a physical defect, the same cost deferential of mental defect was brought up

⁶⁷ Pius XI, *Casti Connubii*, December 31 1930, sec. 69.

⁶⁸ “Outspoken,” *Devon and Exeter Daily Gazette* (Exeter, England), February 7, 1928.

⁶⁹ MacLeod Yearsley, “Breeders of the Deaf,” *Daily Mail* (London, England), February 22, 1929.

as an argument for sterilization. In 1929, Lord Riddell, a British newspaper proprietor and honorary member of the British Medical Association authored a book entitled *Medico-Legal Problems*, in which, while maintaining that in the contemporaneous state of the law eugenic sterilization was illegal, nonetheless advocated for its legalization. He wrote that “The annual expenditure for caring for 225,000 more or less useless citizens totals £16,000,000...Are you going to penalize the fit for the unfit?...as it is the abnormal citizen receives far more care and attention than the normal one.”⁷⁰ The responsibility of “normal” British citizens to bear the cost of care for the mentally unfit emerged as a leading motivation for sterilization. Thus, even if they did not care about the eugenic fear of race suicide, the cost of mental illness appealed to the human fear of economic burden and loss of resources.

It is also important to note that some people opposed sterilization for reasons that had little to do with the eugenic philosophy behind the legislation. In 1929, Leslie Scott, the Chairman of the Central Association for Mental Welfare, warned against one disadvantage of sterilization: “sterilization without segregation is a remedy with drawbacks of a serious kind; one is that the spread of venereal disease would certainly be aggravated.”⁷¹ The fear of an increase in venereal disease and promiscuity are drawbacks to sterilization that were not eugenic in origin; they would not have affected the transmission of morbid inheritance, as the assailant would supposedly be infertile. One reason for opposition to sterilization legislation that seemed to find more legitimacy on the floor of Parliament than in the popular press was that it was fundamentally against the liberty and individual rights of the

⁷⁰ Lord Riddell, *Medico-Legal Problems* quoted in “Fit Penalised for Unfit,” *Daily Mail* (London, England), October 8, 1929.

⁷¹ Leslie Scott, “Mental Deficiency,” *Times of London*, February 23, 1929.

people. However, this argument can be found in some letters written to newspapers of the time. Namely, K. L. Kenrick wrote to the *Daily Mail* in 1930 that eugenicists, by proposing a sterilization law, were calling “into existence a whole new caste of citizens to be stigmatised as ‘the unfit.’” He nearly prophesied the consequences of sterilization in Germany in claiming that, “The net result of a sterilisation law would be to put power to inflict the gravest injury possible, short of death itself, into the hands of officials from whom there could be no appeal and against whom there could be no redress.”⁷² The Brock Committee addressed this fear of medical and political tyranny against the mentally ill and lower classes by recommending that sterilization be voluntary rather than compulsory, and by proposing numerous safeguards in the case of voluntary sterilization. This effort by the Committee to assuage this fear perhaps signifies the legitimacy of this opposition argument, as well as indicates the shift of British eugenics and sterilization policy away from the eugenics of Germany.

Indeed, the release of the Brock Report seemed to have successfully conveyed to the public the values of this new “reform” eugenics. The day after its publication, the *Manchester Guardian*, a newspaper known for its liberal slant, wrote that the Report’s recommendations for voluntary sterilization represented a new form of eugenics, quite separate from the “outrageous sterilisation law promulgated in Germany”: “Direct control—all those ideas of the ‘human stud farm’ which for too many are associated with the study of eugenics—may be dismissed as idle fantasies.”⁷³ While the Brock Report’s recommendations could have been seen as the epitome of imparting animal breeding science onto human populations, by forbidding procreation of certain unfit individuals, the

⁷² K. L. Kenrick, “The ‘Unfit’ Caste,” *Daily Mail* (London, England), December 1, 1930.

⁷³ “The Sterilisation Report,” *Manchester Guardian* (Manchester, England), January 19, 1934.

Guardian assigned it value beyond this. The *Guardian* claimed that the Brock Report legitimized the science of eugenics, removing it from a crude image of a “human stud farm.” This view of eugenics as a legitimate science was quite disparate from the image of it as a parody of science presented in the W.K. Haselden cartoons (Figures 1 and 2) only a few decades previously.

The far-reaching benefits of sterilization introduced in the Brock Report presumably made the eugenic science behind the policy more palatable and appealing to British citizens. Newspapers traditionally in the center, such as the *Economist* praised the finding of the Brock Committee for being “marshaled with a sober logic and a scientific caution which will certainly be found convincing by all who are willing to face facts with an open mind.”⁷⁴ Articles on the Brock Report used both the eugenic and non-eugenic justifications introduced by the Committee to support the policy. For instance, the *Guardian* concluded by stating that:

These means will inflict no damage on any liberty of the individual. They will lessen the pressure on the public institutions of the country. They will reduce public expenditure. They will allow many to return to the general world and to a happy and possible useful life in it who would otherwise be for ever debarred from it. And, if maintained, as we know they must be maintained, over several generations for complete success, they will gradually secure a population healthier than any we have known.⁷⁵

In this way, the *Guardian* introduced non-eugenic justifications for sterilization policy, such as the reduction of pressure on public institutions and better quality of life for mental defectives, as compatible with eugenic justifications such as the gradual securing of a

⁷⁴ “Eugenics by Consent,” *Economist* (London, England), January 27, 1934.

⁷⁵ “The Sterilisation Report,” *Manchester Guardian* (Manchester, England), January 19, 1934.

healthier population. These articles reveal that the Brock Report was successful in conflating the goals of non-eugenic social reformers and eugenicists.

This is not to say that opposition to sterilization did not persist after the release of the Brock Report. The fear of medical tyranny expressed before the Brock Report was echoed in an article published by the *Times* after its release. This article claimed that even the safeguards introduced by the Brock Committee, such as the requirement of recommendations by two physicians and the Board of Control before sterilization, intimated that “Medical grounds alone are to furnish justification.”⁷⁶ The author warned against decisions made purely on medical grounds, as “on medical grounds alone a strong case might be stated for the prompt use of the lethal chamber in cases of severe infectious disease.”⁷⁷ That is, though a doctor could claim that murdering contagious patients would save many lives, it was clear to most people that this was an immoral act. By equating sterilization and murder, this author was foreseeing a world in which eugenic philosophy was the moral barometer.

Whether because of Catholic opposition, opposition of the Labour party, negative press about the Nazi’s sterilization policies, or a mix of all three, the move to implement the Brock Committee’s recommendations and legalize voluntary sterilization was dead as a legislative issue by the late 1930s.⁷⁸ Despite the removal of sterilization from the legislative docket, the eugenic consciousness that had developed among the British public, evident from the discourse in the press around sterilization policy, did not disappear. In

⁷⁶ “Sterilization,” *Times of London*, January 19, 1934

⁷⁷ *Ibid.*

⁷⁸ For an in depth history of the legislative failure of voluntary sterilization see Randall Hansen and Desmond King’s “Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain.” *British Journal of Political Science* 29 (1999): 77-107. and John Macnicol’s “Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars,” *The Society for the Social History of Medicine* (1989): 147-169.

1937, the Mass Observation Organization, aiming to create an “anthropology of ourselves,” began collecting personal writings, surveys and questionnaires from citizens all around Britain. In a survey conducted in 1949, years after the revelations of the horrific consequences of Nazi eugenic “racial hygiene,” a 54-year-old company director was asked what he thought the main purpose of birth control was. His response illustrates the thesis of historian Richard Soloway, who claimed that, “eugenics permeated the thinking of generations of English men and women.”⁷⁹ He responds that the main purpose of birth control was “To limit the risk of pregnancy, of course! It should be used from the eugenic point, but I am afraid that not one in 1000 ever think of eugenics, but rather of the added economic burden, risk, and trouble of further additions to the family.”⁸⁰ With this answer, the respondent not only attested to his belief in eugenics, but also demonstrated how the goals of eugenics could overlap with other concerns, an idea that was fully exploited by the Brock Committee.

The articles published in the popular press surrounding the issue of sterilization indicate that the ideational framework that influenced the drafting of sterilization policy by the Brock Committee was not lost in the reception of the policy by the wider British public. Instead, the science and justification behind sterilization were expanded and manipulated to fit a variety of different politics and goals. Arguments both for and against sterilization were fought on eugenic terrain, under the assumptions of inheritable ability and the possibility of scientific manipulation. In this way, the public’s reception of the campaign for the voluntary sterilization of the mentally ill reveals the pervasiveness of eugenic ideology

⁷⁹ Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain*, (Chapel Hill, NC: The University of North Carolina Press, 1995.), xxiv.

⁸⁰ SEXUAL BEHAVIOUR 1939-1950, January 1939 - December 1950, © Mass Observation Archive. University of Sussex Special Collections, Image 4210 from March 5, 1949.

in interwar Britain. Eugenic ideology was evolving and expanding in order to be translated more effectively into social policy. Indeed, one individual wrote to the *Daily Mail* in 1929 claiming that, “there is a strong body of medical opinion which goes to show that sterilisation has a definite strengthening effect on the weak-minded.”⁸¹ With this statement, the author not only offered an additional benefit to sterilization, but also, in doing so, made the operation therapeutic rather than eugenic in nature. This transformation of intent detaches the physical operation of sterilization from the theoretical science of eugenics. As the legalization of the Brock Committee’s recommendations would have led to actual implementation of sterilization operations, it is important to examine whether actual physicians endorsed and performed the operation with eugenic intentions or for other, possibly therapeutic, reasons.

⁸¹ R. A. Walker, “Sterilisation,” *Daily Mail* (London, England), October 9, 1929.

Part III. Policy to Practice

While the discussion surrounding the legalization of voluntary sterilization of mental defectives focused primarily on policy and took place on the floor of parliament and in governmental committees, the passage of the Brock Committee's recommendations would have been translated into operations performed by physicians on patients, quite distanced from politicians and eugenicists. The physicians would have borne the brunt of the responsibility in recommending and performing sterilization operations, and the Brock Committee recognized this vital role of the physician. The *Lancet*, in its article on the release of the Brock Report, notes that "It stresses the point that the real responsibility must fall upon the doctors who sign the prescribed recommendation, and that no subsequent departmental or Ministerial action can relieve him of responsibility for the consequences of his action."⁸² Without the legalization of the Brock Committee's recommendations, legal authorities emphasized that any sterilization procedure performed for non-therapeutic reasons was illegal and would result in criminal prosecution of the operating surgeon: "Mr. Justice Humphreys has stated that, no matter how admirable the motives of surgeon, parent or guardian, the surgeon who operated would certainly be indictable under the Offences Against the Person Act, 1861, and the parent or guardian under the Mental Deficiency Act, 1913."⁸³ Under the Offences Against the Person Act, the operating surgeon would be guilty of "maiming" his or her patient. These legal consequences led to the disparities in access to sterilization commented on by C. P. Blacker in his book *Voluntary Sterilization* mentioned in chapter II, since although the operation

⁸² "Sterilization of Defectives: Departmental Committee's Report," *British Medical Journal* (January 27, 1934): 164.

⁸³ "The Legalisation of Eugenic Sterilisation," *Lancet* (August 16, 1930): 360.

was not permitted or funded in state-run hospitals, there is evidence that sporadic sterilization operations were performed in private practices.

To be penalized for maiming seemed absurd to surgeons, who cited the fact that modern medical techniques had transformed sterilization into a basic and simple procedure without much risk, far removed from castration (which had an unfortunate association with sterilization that both the Brock Report and C. P. Blacker attempted to undo). As physicians pointed out, sterilization entailed uncomplicated procedures in men and women: a vasectomy in the male and division of the Fallopian tubes in the female. In 1932, two years before the release of the Brock Report, the *British Medical Journal* wrote that the “present-day methods of producing sterilization left essential glands and tissues unaffected” and “aimed simply at rendering procreation impossible.”⁸⁴ Though physicians felt confident in the safety of the sterilization procedure, non-therapeutic sterilization was still considered a non-essential surgical procedure.

Indeed, it is not hard to see how the recommendation for and performance of eugenic sterilization could be seen as an abandonment of the Hippocratic oath taken by physicians, which states, “I will take care that they suffer no hurt or damage.”⁸⁵ While not overly invasive, sterilization still involved risks associated with anesthesia or infection. Additionally, while physicians were not planning on castrating their patients, they were still proposing to interfere permanently with their patient’s ability to procreate. In this light, the involvement of physicians in constructing and supporting the push for voluntary sterilization becomes much more problematic. Did their support for sterilization conflict

⁸⁴ “Voluntary Sterilization,” *British Medical Journal* (June 4, 1932): 1045.

⁸⁵ James Copland, “The Hippocratic Oath,” *The London Medical Repository and Review* 23, no. 135 (March 1, 1825): 258.

with their duty as doctors? Historian of Nazi Medicine Robert Jay Lifton grappled with this question, concluding that Nazi medicine could be seen as an inversion of medical practice and giving various psychological explanations for how German physicians began to see “killing as a therapeutic imperative.”⁸⁶ Other scholars of Nazi Medicine have concluded that the epistemology of modern medicine gave way to Nazi’s turning humans into subjects of experimentation, and thus, that racial hygiene in Nazi Germany was seen by physicians as a product of medical research rather than as an imposition of the Nazi dictatorship.⁸⁷

I would like to extend this examination of how social and ideological forces influence medical practices to Britain and the campaign for the voluntary sterilization of the mentally ill. While voluntary sterilization was never legalized in Britain, and thus eugenic sterilization operations were never “officially” performed, British physicians considered its application in articles in leading medical journals of the time, such as the *Lancet* and the *British Medical Journal*. Though the British Medical Association never endorsed the Brock Report, a disappointment to the supporters of sterilization, historian Mathew Thomson has found that, “strong support for sterilization was given by other important institutions within the medical profession: most notably, the *Lancet* continued to give strong backing to sterilization right up to the outbreak of war; support also came from the Royal College of Surgeons and Physicians, reflecting considerable interest among those doctors who wanted to secure the legality of their own surgical work.”⁸⁸ How did these physicians reconcile their role as healers with their support for the legalization of eugenic

⁸⁶ Robert Jay Lifton, “The Nazi Doctors: Medical Killing and the Psychology of Genocide,” (New York: Basic Books, 1986), 15.

⁸⁷ See, for example, Robert Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge: Harvard University Press, 1988)

⁸⁸ Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain c. 1870-1959*, (Oxford, UK: Clarendon Press, 1998), 196.

sterilization? Examination of articles in medical journals of the time reveals that some physicians were able to transform their duty into one that fit the eugenic ideology behind the policy of sterilization by viewing their duty as a physician as serving the community and the nation instead of just serving their individual patients. Others managed to completely separate sterilization from eugenics, claiming that it could be a valid treatment for their individual patient's social and psychiatric needs. In this case, these physicians completely transformed eugenic values into medical and, potentially therapeutic, values, and in the process lost any connection to the ideology driving eugenic legislation.

One argument shared by some politicians and physicians was that the state and medical profession had a duty not only to the individual, but also to the community. Lord Riddell, the newspaper proprietor and author of *Medico-Legal Problems*, said that, "it was generally agreed that lunacy and mental deficiency were serious menaces to the national well-being."⁸⁹ He constructed the nation as an organism, one affected and even damaged by its citizens, which needed healing just as an individual did. The incidence of mental defect in the population was framed as a disease, one worthy of any treatment that may ameliorate it. For instance, the *British Medical Journal* wrote in 1932 that if the sterilization measure "could, even to a slight degree, reduce the incidence of defect, there were sufficient grounds for asking that the legal obstacles to voluntary sterilization be removed."⁹⁰ However, in this light, the goal of sterilization is not the complete eradication or "cure" of the disease of defect from the population, but rather, just its reduction "even to a slight degree." This change of purpose indicated a dilution of the eugenic ideology behind

⁸⁹ "Ethics of Abortion, Sterilization and Birth Control," *British Medical Journal* (Jan. 16, 1932): 106.

⁹⁰ "Voluntary Sterilization," *British Medical Journal* (June 4, 1932): 1045.

sterilization. It also seems to agree more with the physician's mission of medicine to reduce harm and promote health whenever possible.

By extending the boundaries of disease to the entire nation, the psychiatrist or surgeon was transformed into a public health worker—one whose duty was the prevention of illness among a population and not the treatment of illness in an individual. This remaking of the physician put the sterilization of the mentally ill on par with other public health interventions such as quarantine or vaccination. A 1929 article published by the *Lancet* wrote definitively that, "The liberty of the individual is infringed daily to protect the community from infectious disease, but mental defect is a graver thing than small-pox or yellow fever, for it threatens the future of the race."⁹¹ Not only did this statement justify the sterilization of the mentally ill by putting the protection of the community above the rights of an individual, but it also placed sterilization above other public health measures due to its eugenic urgency. In this author's view, not only would the sterilization of mental defectives benefit the health of the nation immediately, it would also continue to benefit the nation for generations in the future. Though an interesting analogy, and one which perhaps persuaded many physicians to support sterilization, the parallel falls apart where thinking from the point of view of individual. In the case of vaccination, the physician is simultaneously helping the individual and the population. Eugenic sterilization, on the other hand, ignores the individual.

Some physicians were able to rationalize this shift from the individual to the population by conflating the needs of the community and individual, stating that what was dangerous for the community was dangerous for the individual. In this way, sterilization

⁹¹ "Sterilisation of the Unfit," *Lancet* (May 4, 1929): 936.

was still seen as a way for the physician to treat his or her individual patient, while simultaneously benefiting the community at large:

The procreative instinct is the race's most potent weapon against death, and to fetter its freedom appears at first to be a dreadful thing. It can be argued, however, that there are few things more really dangerous, either to the race or to the individual, than an unfettered instinct, and that indiscriminate multiplication in the community is no less deadly than cancer in the human body.⁹²

Rather than considering the limitation of procreation as a weapon against individuals, this author saw it as a tool to protect their patient from "indiscriminate multiplication in the community," which he equates with cancer in the body. In this case, acting eugenically to manipulate the population was equated with treatment for the doctor's individual patients.

However, the fact that voluntary sterilization may not have had any appreciable effect on the rate of mental defect in the population forced some doctors to rethink its use as a eugenic policy. For some physicians, even the ability to decrease by a slight degree the incidence of defect was not enough to support the legalization of sterilization. For these doctors, without its eugenic goal of eventual eradication, sterilization lost its use as a treatment. For instance, Dr. Michael Kelly wrote in the *British Medical Journal* that, "As to sterilization itself, nobody can pretend that it would cause any appreciable reduction in this proportion...Against this small decrease we have to balance the evils of the setting free of many defectives at present segregated."⁹³ Kelly still saw his duty as a physician as towards the community, but calculated that sterilization of mental defectives would do more harm to the nation than good.

⁹² "The Legalisation of Eugenic Sterilisation," *Lancet* (August 16, 1930): 360.

⁹³ Michael Kelly, M.B., B.S., "Correspondence: Eugenics and Sterilization," *British Medical Journal* (February 17, 1934): 307.

Other physicians agreed on the limited eugenic use of voluntary sterilization, but found other reasons to support its legalization. For example, Dr. Henry Herd agreed with Dr. Kelly that, "Voluntary sterilisation of defectives is, quite frankly, no contribution whatever to the mental deficiency problem from a national point of view; to think otherwise is to delude oneself."⁹⁴ And, yet, despite acknowledging that any national benefit from sterilization was delusional, Herd maintained his support of sterilization. He stated that, "there cannot be the slightest doubt in the minds of workers among defectives that a measure which would make sterilisation of defectives for eugenic reasons a legal operation would be of individual and family benefit."⁹⁵ Deriving his authority from the fact that he interacted personally with mentally ill patients, Dr. Herd argued that sterilization could benefit the individual and family, despite having no real effect on the larger community and population. Dr. Herd believed that on a highly individualized basis, and using the expertise of psychiatrists, sterilization could have relieved the suffering of some patients. For instance, he wrote of a woman "who produced 17 children, 11 of whom were defective, mostly of imbecile grade" and claimed that her ability to procreate "should have been ended at an early stage."⁹⁶ On the level of the individual, this woman's life and her children's life were impaired, in this doctor's view, by her ability to reproduce.

Many physicians, and indeed politicians, used these individual personal histories to justify their support of sterilization. In Lord Riddell's *Medico-Legal Problems*, he quotes in

⁹⁴ Henry Herd, M.B. Edin., D.P.H., "Sterilisation of the Mentally Defective," *Lancet* (Sept. 30, 1933): 785.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

full five “ghastly histories of mental defectives”⁹⁷ from the 1927 *Report of the English and Welsh Board of Control*. The first list reads as follows:

Case No. 1—Father: Welsh collier. Mother: feeble-minded

- (1) Daughter, born 1895, feeble-minded. In institution for three and a quarter years. Died therein of influenza and pneumonia.
- (2) Son, born 1899, feeble-minded. In certified institution for four years. Died therein of bronchial pneumonia.
- (3) Son, born 1897, imbecile. Under case in institution for mental defectives since August 1915.
- (4) Son, born December 1900, imbecile. Under care in institution for mental defectives since March 1918.
- (5) Son, born August 1904, imbecile. Under care in institution for mental defectives since September 1920.
- (6) Daughter, born October 1908, feeble-minded. Under care in institution for mental defectives since March 1928.⁹⁸

Though clearly an extreme case, families like these demonstrated for Lord Riddell and presumably for other psychiatrists and surgeons that sterilization might be the only way for these patients to limit their families so that they are more manageable, not only for the State and the Institutions, but for the parents themselves. There seemed to have been a widespread belief that mentally ill patients did not have “the foresight and sense of responsibility required to attempt prevention on [their] own initiative,” using birth control or other contraceptive methods. Under this assumption, sterilization was a remedial treatment for patients who could not handle the burden of large families.⁹⁹ To confirm this, British policy-makers and physicians looked towards America, where eugenic sterilization had been taking place since the first decade of the 20th century, and reported that “the operation had been conducive to the welfare of the patients themselves, enabling many of

⁹⁷ George Allardice Riddell, *Medico-Legal Problems*, (London: H. K. Lewis: 1929), 71.

⁹⁸ *Ibid*, 71-72.

⁹⁹ “Sterilisation of the Unfit,” *Lancet* (May 4, 1929): 936.

them to marry without running the risk of producing defective offspring.”¹⁰⁰ With this evidence, sterilization was seen primarily as a beneficial treatment for the patient, regardless of its eugenic consequences.

Historians of American eugenics have uncovered other motivations behind doctor’s choices to recommend sterilization. For instance, Joel Braslow, by looking at the reports of physicians who ordered or performed sterilization procedures in California, found a therapeutic motivation. He argues that psychiatrists believed that severing the vas deferens in men could “increase the production of beneficial hormones that ‘rejuvenated’ the individual’s mind and body.”¹⁰¹ In this case, not only would sterilization benefit the individual’s family situation, but also his health and mental capacity. Though British journals did not discuss this potential therapeutic aspect of sterilization, they were clearly well aware of the practice of sterilization in America and it is possible they had similar understandings of the benefits of the procedure.

Despite the fact that eugenic sterilization operations were never legally conducted in Britain, many physicians displayed support for its legalization. As they would have been the ones to actually implement the policy by recommending and performing the operation, their motivations were perhaps the only ones that would have mattered. Examination of how physicians argued for sterilization in leading medical journals of the time reveal that they would not necessarily have severed their patients fallopian tubes or vas deferens in the name of eugenics, but rather in the name of therapeutics or in the name of public

¹⁰⁰ “Voluntary Sterilization,” *British Medical Journal* (June 4, 1932): 1046.

¹⁰¹ Joel T. Braslow, “In the Name of Therapeutics: The Practice of Sterilization in a California State Hospital,” *Journal of the History of Medicine and Allied Sciences* 51:1 (1996): 39-40.

health.¹⁰² While some individuals in the medical community were able to rationalize sterilization on eugenic means by expanding their duty to encompass the health of the nation, the inability to prove more than a limited national benefit from voluntary sterilization disfavored this approach. However, other doctors and psychiatrists argued that voluntary sterilization could be very beneficial on an individual level despite its broader ineffectiveness. In this view, the choice to sterilize became highly individualized and selective and depended heavily on the expertise of these physicians. One must not forget that these doctors and physicians had their own agendas. For psychiatrists, the legalization of sterilization would have legitimized their role as physicians. As the science of mental illness was in its infancy, many psychiatrists seemed helpless to their patient's delusions, thought of only as caregivers rather than as healers.¹⁰³ In this light, sterilization "opened up new options to psychiatrists for offering care for defectives in the community" by giving them a tangible treatment method before the psychopharmacological revolution.¹⁰⁴ These various motivations within the medical community to endorse and help construct the effort for the legalization of voluntary sterilization suggest that the ideology of eugenics that drove the Brock Committee's recommendations would not necessarily have been the impetus on the level of implementation. As such, the campaign for voluntary sterilization serves as an important example of the dilution and manipulation possible with social policy, especially haunting given both the retrospectively confirmed amorality of the policy and the permanent medical repercussions of the operation.

¹⁰² Braslow's "In the Name of Therapeutics" is a play on Kevles' book's title *In the Name of Eugenics*, revealing the two historians different takes on the importance of the ideology.

¹⁰³ For a comprehensive history of psychiatry and mental illness in Britain, see Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900*, (New Haven: Yale University Press, 1993).

¹⁰⁴ Dorothy Porter, "Eugenics and the Sterilization Debate in Sweden and Britain before World War II," *Scandinavian Journal of History* 24, No. 2 (1999): 154.

Conclusion

In March of 2003, Gray Davis, the Governor of California, released a statement formally apologizing for the involuntary sterilization of around 20,000 people in his state between 1909 and 1964:

"To the victims and their families of this past injustice," Davis said in a statement, "the people of California are deeply sorry for the suffering you endured over the years. Our hearts are heavy for the pain caused by eugenics. It was a sad and regrettable chapter ... one that must never be repeated."¹⁰⁵

Apologies just like this occurred across the United States and in European countries such as Germany, Sweden and Switzerland in the late 20th and early 21st century. The fact that Britain never officially enacted any eugenic policies and thus, never had to make an official apology does not mean that Britain, the birthplace of eugenics, was impervious to the eugenic ideology that had led her neighbors to forcibly sterilize vulnerable populations such as the mentally ill and the mentally disabled.

In fact, convened by the British Parliament in 1932, the Brock Committee recommended the legalization of voluntary sterilization to limit the incidence of mental deficiency in the nation. Despite voicing a variety of social and egalitarian justifications for voluntary sterilization, the Committee's most strident argument for voluntary sterilization was the hoped-for eugenic goal of eventually eliminating mental illness from the British population. In exploring the public reception of the Brock report, one sees a pervasive belief in the fundamental assumptions of eugenics: namely that ability can be inherited and that an ideal population would be free of mental deficiency brought about by defective inheritance. Importantly, these underlying eugenic assumptions provided a kind of

¹⁰⁵ Carl Ingram, "State Issues Apology for Policy of Sterilization," *Los Angeles Times*, March 12, 2003.

scaffolding of arguments for as well as against the legalization of sterilization. Additionally, we see evidence that the physicians who would have implemented this eugenically motivated policy often supported sterilization by employing a variety of explanations that often ran counter to eugenic ideology and popular beliefs about inheritance.

My research relied upon a large body of historical literature that examined British eugenics in general as well as the interwar campaign for the voluntary sterilization. Historian Michael Freedman's work provided an especially useful starting point for my essay in showing the flexibility of the ideology and how it appealed to a variety of political actors, both progressive and conservative. Both Daniel Kevles and Mathew Thomson examined how the Brock Report's recommendation of voluntary sterilization depended on social, as well as eugenic reasoning.

My essay departs from this previous literature in a fundamental way. By rightfully emphasizing the social and cultural context of eugenics, previous authors err, in my opinion, by suggesting that eugenic ideology was not necessarily the primary motivation of the Brock Committee's recommendations. My examination of the Brock Committee's report, the debates surrounding the report and the discussions found in newspapers and medical journals suggest a different story. Through this analysis, I found that eugenic ideas were not limited to a few enthusiastic policy makers and members but rather were familiar to the wider British public, who were able to manipulate the assumptions of eugenics in order to fit a variety of different interests, including economic, social and therapeutic interests. These findings conform to Richard Soloway's conclusion that "eugenics permeated the thinking of generations of English men and women worried about the biological capacity of their countrymen to cope with the myriad of changes they saw

confronting their old nation in a new century.”¹⁰⁶ I believe that eugenic ideology played such a pervasive role in British thought that it often became simply a part of the conceptual furniture such that even the actors themselves may not have necessarily consciously recognized the eugenic assumptions that shaped their beliefs. In the case of Britain of the 1930s, I believe that the protagonists and antagonists of voluntary sterilization shared a set of eugenically-based assumptions that were taken as natural facts. While their arguments superficially suggested a battle over eugenic ideology, often, the battle lines demarcated not so much fundamental questions about inheritance, disease, and abilities, but instead how to best achieve a healthy Britain. This suggests that uncomfortable or morally suspect (at least when looked at from a historical perspective) ideologies can become so deeply entrenched that they may be invisible not only to the historical actors but, in the case of the historiographical literature on eugenics, may be invisible to scholars.

During the interwar period, biological science and especially the science of heredity was on the brink of one of the most momentous scientific discoveries of the twentieth century; namely, Watson and Crick’s discovery of the double helical nature of DNA. Today, we are likely poised at another major transformation of our understanding of heredity and our ability to intervene in ways undreamt of by eugenicists. Gene editing technologies like CRISPR-cas9 will allow for the direct genetic manipulation of early embryos and germ cells and offer the possibility of therapeutic intervention. However, if these new technologies are as powerful as many have claimed, they also raise deep ethical concerns as well as worries about unintended and unforeseen biological consequences. One especially obvious lesson from the history of sterilization is that the “necessity” of preventing transmission of a gene

¹⁰⁶ Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain* (Chapel Hill, NC: The University of North Carolina Press, 1995), xxiv.

or an inherited illness is subjective. Science proved incapable of “objectively” settling the question. For most eugenicists, it was a crime to let mentally ill people reproduce and, yet, for other British citizens, sterilization was only necessary if it would be beneficial to the individual or their family. This divergence of opinion indicates how difficult it is to create a universal social policy, especially one that deals with such an intimate sphere of human life, that of reproduction.

Even today, with the science of genetics much more certain than in the 1930s, a politician or a doctor must still decide at what point intervention is necessary. Georges Canguilhem, in his seminal book on the history of science, *The Normal and the Pathological*, warned that there is no absolute pathology or absolute health, but rather that the meaning of these words is embedded in social and cultural context and therefore constantly in flux: “It is life itself, through its differentiation between its propulsive and repulsive behavior, which introduces the categories of health and disease into human consciousness. These categories are biologically technical and subjective, not biologically scientific and objective.”¹⁰⁷ Thus, even with the increasingly certain scientific data surrounding us, we must still not depend on science to objectively decide when intervention is necessary and justified. Canguilhem realized that due to the subjective nature of science, “many of today’s truths will become yesterday’s mistakes.”¹⁰⁸

As an example of one of these mistakes, it is important to note that despite the scientific and statistical research behind eugenic ideology, the assumptions of eugenics were retrospectively declared to be products of antiquated racism, classism and bigotry,

¹⁰⁷ Georges Canguilhem, *The Normal and the Pathological*, trans. Carolyn R. Fawcett and Robert S. Cohen (Dordrecht, Holland: D. Reidel Publishing Company, 1978; reprint, NY, NY: Zone Books, 1991.), 222.

¹⁰⁸ *Ibid*, 212.

and thus falsified. Most of the individuals who fought for eugenics were convinced that their perception of statistical data reflected an objective truth. They believed that policies of selective breeding were the moral imperative given the data before them, and did not realize that they were “rationalizing” prejudice. We should not, however, dismiss ardent eugenics as a “product of an unenlightened past superseded by the march of science.”¹⁰⁹ Rather, the success of eugenics above all serves as a warning of the absence of absolute truth due to the subjectivity of human perception. Indeed, to this day, we must continue to be aware of things declared to be true, striving to verify them again and again from different perspectives and in different situations.

This is precisely where the disciplines of science and history intersect. Searching for historical truth from surviving evidence, as I have done in this thesis, is just as plagued by the subjectivity and bias of perception as searching for patterns and truth in scientific data. The production and reception of both scientific and historical knowledge are influenced by cultural and social context. Therefore, the two disciplines are improved by iterative examination of evidence. Though the historiography on eugenics in Britain and on the campaign for the voluntary sterilization of the mentally ill was already vast, I hope that my contribution and perception of the historical data will add to the process of discovering the historical value behind the success of eugenic ideology.

¹⁰⁹ Joel T. Braslow, “In the Name of Therapeutics: The Practice of Sterilization in a California State Hospital,” *Journal of the History of Medicine and Allied Sciences* 51:1 (1996): 51.

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