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Sterilisation and Mental Deficiency.

THE conditions which exist in a modern organised community are so exceedingly complicated that ability above the ordinary is demanded of those who would cope with them. The environment which man has created is not the optimal for many biological types, and this is certainly true of the certifiable mental defectives, whose numbers have doubled during the last twenty years, and of whom it is estimated there are now no less than 300,000 in England and Wales alone (Report of the Mental Deficiency Committee of the Boards of Education and Control, 1929). It has long been recognised that these require a special environment of their own in which they are not forced to compete with their normal fellow-men, and where they are out of harm's way; and so, for them, appropriate institutional accommodation has been devised. But the country is not prepared to find the money wherewith to provide such segregation for 300,000. In fact, only about 25,000 are thus sheltered. A further 50,000 are under guardianship, whilst the rest are scattered amongst the general population, relatively uncontrolled and unprotected, to constitute a most serious social problem.

The survey of the Royal Commission on the Care and Control of the Feeble-minded (1908) was necessarily imperfect and incomplete, but this cannot explain away the startling fact that in twenty years the incidence of this incurable condition has increased from 4.6 to 8.56 per thousand. It is certain that there has been an actual increase of appalling magnitude. Since there is evidence to show that in a great many instances mental deficiency is genetic in origin, it is reasonable to assume that the increase is due, partly or largely, to the production of mentally defective offspring by mentally defective parents and by others who, though they themselves are not mentally defective, nevertheless transmit the corresponding hereditary factors. If this is so, then it must be expected that the incidence of mental defect in the population will continue to increase, unless the production of mentally defective children is checked; and the only sure method of reducing it is that of denying parentage to all who are likely to produce offspring exhibiting the condition.

Until we know exactly the genetic basis of hereditary mental defect, we cannot possibly deny parentage to the normal who carry the genetic factors corresponding to it in their hereditary constitutions. We can only teach and plead that any normal couple who have produced a mentally

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defective child should have no more children. But if the condition is genetic in many or all cases, no matter what the exact genetic basis of it may be, we cannot be mistaken in attempting to deny parentage to the certifiable mental defectives. To the eugenicist, who holds the view that the condition is most commonly the expression of a biologically and socially undesirable hereditary constitution, the Report of the Mental Deficiency Committee of the Boards of Education and Control is as writing on the wall, foreshadowing the decay and doom of our human stock: for, since there must be harmony between the size of a population and the resources of its country, if the mental defectives increase, normals must decrease proportionately. No wonder there is a widespread interest in this matter, and that statesman, economist, sociologist, and biologist are in favour of legalising the voluntary sterilisation of mental defectives as provided for in a Bill brought before the House of Commons by Major A. G. Church on July 21; though unfortunately leave was not given for the Bill to be printed, so that it will not have a second reading.

Mental deficiency cannot be cured. The only possible treatment is the segregation of the mental defectives in appropriate institutions. If some or much mental deficiency is genetic in origin, as much care must be given to the children of the next generation as to the mentally defective individuals of this. So long as institutional treatment implies non-propagation, all is well; but if such segregation is insufficient or incomplete, then that portion of society which cares for the future as well as for the present must claim the right to prevent propagation on the part of the certifiable mentally defective. So long as medicine cannot cure the condition, society must claim the right to prevent the repetition of an hereditary blunder which yields individuals who cannot, in virtue of their organic inheritance, adapt themselves to prevailing social conditions, and who, because of their helplessness and lack of restraint and responsibility, hinder the further evolution of man and of society. The majority of rationally-minded people are agreed that every individual, including mental defectives, shall enjoy as much personal liberty as is consonant with the well-being of society, but insist that society can claim the right to protect itself, by all means at its disposal, from all those forces which threaten its existence.

The object of this Bill is to make the sterilisation of mental defectives, by such operative interference as vasectomy or salpingectomy, a lawful act, upon their own application or that of their parents or

guardians. Its purpose is the sterilisation of mental defectives prior to their discharge from institutions; it also makes it possible for a defective to be sterilised voluntarily, with the sanction of the Board of Control, without being sent to an institution. The voluntary nature of the Bill is illustrated by the following safeguards: before an operation for sterilisation may be performed, the patient's consent must be given, if he or she be capable of expressing willingness or otherwise; secondly, the spouse or parents or guardians have to agree; the consent of the Board of Control must be obtained; and, finally, the operation must be approved by some judicial authority, such as a bench of magistrates. Only when these conditions have been observed can the judicial authority authorise the performance of the operation.

Undoubtedly, it is very necessary in this community to assume that any Bill dealing with such a matter as this will meet with considerable opposition, for personal opinions based on emotional bias are commonly more welcome than rational argument in accord with established fact. We may thus assume that the promoters of the Bill are presenting their minimum demands, fashioned in such a way as not to offend those whose opinions on this matter are really of no account but whose votes are important. The Bill is a soft-metalled pocket-knife which is to be used to hack away the steel ropes of mental deficiency which now entangle society. It cannot reduce the incidence of mental deficiency in Great Britain with any reasonable speed. Relatively few of the 300,000 mental defectives will be sterilised until spouses, parents, guardians, judicial authorities, as well as mental defectives themselves, have been persuaded that sterilisation by vasectomy and salpingectomy is to be desired, not only from the point of view of the patient, but also, and especially, from the point of view of society.

It is to be noted that the promoters of the Bill do not suggest that sterilisation should replace institutional segregation. They rightly hold the view that since institutional treatment is not available for all, and is commonly incomplete, sterilisation should be an auxiliary method of preventing propagation by mental defectives. Too much stress must not be laid on the suggestion that sterilisation will greatly diminish, if not entirely eliminate, mental defect. Until we know that mental defectives of one generation are responsible for more mental defectives in the next than are normal individuals carrying the genetic ingredients of this condition, it is impossible to form an accurate

estimate of the reduction in the incidence of mental deficiency which would follow upon sterilisation of all mental defectives in a single generation. Nevertheless, whatever be the size of the contribution of mental defectives of one generation to mental deficiency in the next, so long as there is a contribution, then we are justified in advocating sterilisation of the certifiable mental defective if non-propagation can thus best be ensured.

It is not claimed in this Bill that the wholesale practice of sterilisation would remove the necessity for institutional treatment. Sterilisation would not make a defective more efficient, or lessen in any way his or her social incapacity. It is impossible to contemplate the release of the bulk of mental defectives from a sheltered environment into an unsympathetic world, there to become the prey of the unscrupulous. Sterilised or not, they must drift into crime and destitution. Institutional treatment must be maintained and extended: there can be no return to the evil days when the mentally deficient pursued a wretched existence on the streets or in the workhouse and prison. Sterilisation is to be regarded as a means whereby the accommodation in institutions and the number of mental defectives may be brought into harmony. From the point of view of economy, it is probable that institutional treatment is in the end the cheapest method of dealing with a type that must always be economically a burden. A point of some importance is that it is generally taught that the mentally deficient lead a somewhat uncontrolled sexual life. If mental defectives known to be sterilised were widespread in the community, it is not improbable that promiscuous sexual intercourse would be increased and the spread of venereal disease thereby extended. Is it not possible that vasectomy increases sexual libido? Certainly it does not diminish it.

For these reasons, it is doubtful whether sterilisation as a general policy and as a wholesale measure to be applied to all defectives can command universal approval. Undoubtedly, on economic, humanitarian, and preventive grounds, segregation as a general policy is preferable, and, if complete and continuous, it prevents propagation. No one seems to urge that such institutional inmates should be castrated, yet this is the only method of removing the sexual urge which, according to many authorities, is exaggerated in this condition and must lead to personal distress. But there is no doubt whatsoever that in special cases sterilisation is the ideal treatment. There are many defectives, for example, who are relatively stable, and for whom, after train-

ing in an institution, a suitable place can be found in the general population. In the case of such, there is only one problem—the problem of destroying their reproductive ability.

To the layman the safeguards which surround the Bill would seem entirely sufficient, but it has to be remembered that, if and when sterilisation is legalised, there will be a very considerable increase in the number of applications, from parents and others responsible for maintenance, for the discharge of patients in institutions; and, unless the very greatest care is exhibited, there will be a very real danger of the operation being extended to defectives who are quite unsuited to outside conditions, for the sole reason that someone wishes to save money. Though sterilisation will not reduce the need for further institutional accommodation, when it has been legalised, it will be used as an argument by local authorities for the non-provision of such accommodation.

From many points of view it is to be regretted that this Bill was presented before the conclusions of the presently functioning Mental Deficiency Committee of the British Medical Association have been made known. The medical profession is heavily involved in this projected scheme, and Major Church would be in a much stronger position if, in addition to the support of the Eugenics Society, he knew that he had behind him the official endorsement of medicine.

Unofficial Moments of a Great Archæologist.

A Season's Work at Ur: al-'Ubaid, Abu Shahrain (Eridu), and Elsewhere; being an Unofficial Account of the British Museum Archæological Mission to Babylonia, 1919. By Dr. H. R. Hall. Pp. xxii + 300. (London: Methuen and Co., Ltd., 1930.) 25s. net.

DR. HALL'S last book was published ten days after his sudden and premature death. His friends may derive some consolation, and his readers at large satisfaction, from the fact that here for the first time in his writings he has given the world a narrative which is largely of personal experience. The tragic circumstance may also excuse a reviewer who pays more attention to this aspect of the book than to the scientific.

Practically all the scientific results had indeed been more fully published elsewhere—by Hall himself in archæological journals and the British Museum official publication "Al-'Ubaid" (written in collaboration with Woolley and Gadd), passages