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Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain

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One influential strand of public policy-making theory imputes considerable autonomy to civil servants (and politicians) from social pressures; and, in Heclo's variant, conceives of policy makers as engaging in a benign process of social learning, the results of which benefit society. In this article we use the campaign to enact legislation for voluntary sterilization as an example of such a process. The analysis is based on archival records of the deliberations of the Brock Committee (1932–34), established to investigate the desirability of sterilization; it demonstrates how the committee attempted to develop a stronger case for the measure than warranted by the scientific evidence. We argue that the content of the Brock Committee's deliberations conforms in broad terms to the predictions of social learning theory, but that the process was more complicated than this framework would suggest, involving a significant element of interest-group lobbying, thereby weakening the autonomy of state policy makers. Furthermore, the deliberations themselves give cause to revise the laudatory view, more or less explicit in social learning theory, of policy experts' machinations.

Eugenics, the belief that the national gene pool can be altered for the benefit of society, enjoyed significant support among influential British politicians in the late nineteenth and early twentieth centuries, and a number of Mental Deficiency Acts incorporated some eugenist aims.[1] These efforts resulted, in 1932, in the appointment of a special committee by the minister of health to report and make recommendations on the sterilization of the 'feeble-minded' in England and Wales. This committee was designed to generate support for a Royal Commission on the question, an inquiry which would in turn provide the basis for legislation.

This article undertakes two tasks. First, it analyses the context of the committee's appointment, its deliberations and subsequent efforts to create sufficient momentum in favour of eugenist legislation. The papers relevant to the committee have not previously been examined, and in considering them the

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[1] For a history of the Eugenics Society and its aims, see P. M. H. Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society, its Sources and its Critics in Britain* (London: Routledge, 1992). For the movement generally see D. J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Harmondsworth, Midx: Penguin Books, 1986); and Nancy Leys Stepan, *The Hour of Eugenics* (Ithaca, NY: Cornell University Press, 1991).

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article presents new evidence. Secondly, it examines this process with reference to ideas of state autonomy and social learning.

POLICY MAKING AND SOCIAL LEARNING

During the last two decades, students of public policy have emphasized the centrality of institutional variables in the formation, implementation and outcomes of the policy process. Designed to refocus attention on state structures, early accounts emphasized the autonomy of the state's legislature, executive and judiciary from societal pressures.[2] Subsequent contributions broadened the emphasis to include what an influential study refers to as 'intermediate structures', and scholars stressed the importance of 'policy legacies' creating continuities in the evolution of public policy.[3]

Exponents of these approaches argue that 'ideas' play an often central role in the policy process.[4] Although, strictly speaking, institutions and ideas are distinct variables, those sympathetic to institutionalist explanations have cast around for frameworks which incorporate ideas in a coherent account of public policy making. By far the most influential of these has been the work of Hugh Heclo, who formulated the term 'social learning' in his widely cited study of social policy in Britain and Sweden.[5] Theda Skocpol, who has been at the forefront of efforts to (re)turn attention to state structures, noted of Heclo's work that it demonstrated how collectivities of

> administrative officials can have pervasive direct and indirect effects on the content and development of major government policies. His work suggests how to locate and analyze autonomous state contributions to policy making, even within constitutional polities nominally directed by legislatures and electoral parties.[6]

More recently, Peter Hall has concluded that 'the notion of social learning is on the verge of becoming a key element in contemporary theories of the state

[2] According to this perspective, governmental institutions possess interests distinct from the accumulated force of public opinion and interest group pressure; and, furthermore, state actors pursue these interests through supporting policies and positions in the absence of a compelling public demand to do so. See P. Evans, D. Rueschemeyer and T. Skocpol, eds, *Bringing the State Back In* (New York: Cambridge University Press, 1985); and E. A. Nordlinger, *On the Autonomy of the Democratic State* (Cambridge, Mass.: Harvard University Press, 1981).

[3] K. Thelen and S. Steinmo, 'Historical Institutionalism in Comparative Politics', in S. Steinmo, K. Thelen and F. Longstreth, eds, *Structuring Politics: Historical Institutionalism in Comparative Analysis* (New York: Cambridge University Press, 1992); and see P. Pierson, 'The Path to European Integration: A Historical Institutionalist Account,' *Comparative Political Studies*, 29 (1996), 123–63.

[4] See the contributions in P. A. Hall, ed., *The Political Power of Economic Ideas* (Princeton, NJ: Princeton University Press, 1989).

[5] Hugh Heclo, *Modern Social Politics in Britain and Sweden: From Relief to Income Maintenance* (New Haven, Conn.: Yale University Press, 1974).

[6] T. Skocpol, 'Bringing the State Back In', in Evans *et al.*, eds, *Bringing the State Back In*, p. 12.

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and policymaking more generally'.[7] Heclo's model is, as Peter Hall has argued, highly state-centric.

While the term is somewhat ambiguous, social learning can be said to contain three essential elements. The first is the presence of intellectual machinations as components of the policy process. As Heclo writes, 'governments not only "power" … they also puzzle. Policy-making is a form of collective puzzlement on society's behalf; it entails both deciding and knowing'.[8] The ideas, then, are ideas of individuals at the centre of the policy-making apparatus. The second element is the reaction to previous policy: a process of learning may be said to occur when policy makers respond to the failures of a past policy, draw lessons from that experience and incorporate these into the making of new policy. Finally, the model reserves a central place for experts specializing in specific policy areas and working in relative autonomy from politicians and social pressures. As Heclo argues, 'insofar as policy has evolved as a corrective to social conditions, civil servants have played a leading part in identifying these conditions and framing concrete alternatives to deal with them.'[9]

In this article, we consider the Brock Committee as a 'test case' of social learning. It is a suitable instance for two reasons. First, the committee was appointed in part as a reaction to the perceived failings of previous policy – namely, the failure of government policy to address a growing population of geographically concentrated 'mental defectives'. Although we will suggest that the experts' aims and deliberations should be treated sceptically, they did indeed puzzle collectively on society's behalf. Secondly, consistent with Heclo's focus on the importance of specialists, the committee was composed of policy experts and civil servants who attempted to translate eugenic ideas into policy. The committee is a *prima facie* case of social learning.

An analysis of the Brock Committee's deliberations has several implications for social learning. On the one hand, the evidence broadly confirms the precept that policy can be driven by policy experts acting autonomously from societal and political pressure. As the archival evidence demonstrates, the committee members were doubtful about the political feasibility of a eugenist programme in Britain, chiefly because of public opposition and the hostility of the Catholic Church. Nevertheless, convinced of the desirability of sterilizing those whom they felt to be mentally incompetent, despite the inconclusive scientific case in its favour, the committee members saw their deliberations as an instrument for marshalling support for a controversial policy, support which they then hoped to use to sway a sceptical British public in favour of legislation. The committee was thus principally a mechanism for furthering the self-defined aims of certain civil servants and members of the scientific elite, namely the protection of the

[7] P. A. Hall, 'Policy Paradigms, Social Learning, and the State: The Case of Economic Policymaking in Britain', *Comparative Politics*, 25 (1993), 275–96, p. 276.

[8] Heclo, *Modern Social Politics in Britain and Sweden*, p. 305. See also P. Sacks, 'State Structure and Asymmetrical Policy', *Comparative Politics*, 12 (1980), 349–76, p. 356.

[9] Heclo, *Modern Social Politics in Britain and Sweden*, pp. 301–2.

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British genetic pool from the dangers of uncontrolled reproduction. At first glance, then, the substance of the committee's deliberations supports Heclo's elitist interpretation.

On the other hand, a historical analysis suggests that the state-centric basis of the model is exaggerated. Civil servants and policy experts did attempt to implement policies independently of any public demand for them, but the existence of the committee itself resulted in large part from interest-group pressure, a factor traditionally associated with pluralist models. After the Eugenics Society, which led the campaign for sterilization, failed in its efforts to lobby Parliament directly, it sought with success to secure its own representation on the Brock Committee and to use it as a means to advance eugenic aims. By the early 1930s, a specific interest colonized a potentially influential corner of the state's policy-making apparatus and used it to pursue aims which did not accord with those of the British public. Such a dynamic, in an otherwise archetypical case of social learning, implies that the model should be modified to incorporate a greater scope for pluralist variables. The archival evidence demonstrates both that the committee felt the need to justify the case with reference to scientific evidence,[10] and that it was prepared to read into the evidence conclusions which, by the chairman's own admission, the committee had reached in advance of receiving submissions from the British scientific community. These conclusions arose from the prominent intellectual and ideological position attained by eugenics, which enjoyed extensive support in British elite circles. This support was reflected in the composition of the Brock Committee, and it was evinced in the statements of support received by this body. The deliberations of the committee, and the conclusions it reached, cannot be understood outside of this intellectual context.

In discounting the importance of politicians, Heclo's technocratic view of policy produces a laudatory conception of the experts' role. Consider again Heclo's conclusion on the role of policy experts' learning experience: 'governments not only "power" … they also puzzle. Policy-making is a form of collective puzzlement on society's behalf; it entails both deciding and knowing.' He adds: 'this process is political, not because all policy is a by-product of power and conflict but because some men have undertaken to act in the name of others.'[11] They indeed puzzle; but the evidence presented below suggests that the aims and means about which they puzzle may be inadequately analysed and understood.[12] The efforts of the Brock Committee's members to

[10] Much American work, and the forced voluntary sterilization which it recommended, was rejected by the committee ostensibly on the grounds of its inadequate scientific quality.

[11] Heclo, *Modern Social Politics in Britain and Sweden*, p. 305.

[12] Heclo's work adopts the most positive view of social learning's implications. Others view it as a value-neutral process, the unproblematic subject of positive political science. See R. Deeg, 'Institutional Transfer, Social Learning and Economic Policy in Eastern Germany', *West European Politics*, 18 (1995), 38–63; M. J. Oliver, 'Social Learning and Macroeconomic Policymaking in the United Kingdom Since 1979', *Essays in Economic and Business History*, 14 (1996), 117–31; and Richard Rose, *Lesson-Drawing in Public Policy: A Guide to Learning Across Time and Space* (Chatham, NJ: Chatham House Publishers, 1993).

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mobilize support for a national programme of voluntary sterilization conforms to the predictions of social learning theory. The substance of these efforts implies a re-evaluation of state autonomy: its aims may be benign, but equally they may be pernicious.[13]

BRITISH EUGENICS AND THE CAMPAIGN FOR VOLUNTARY STERILIZATION

Eugenics attracted support from an eclectic group of scientists, Fabians,[14] upper-class conservatives and civil servants.[15] Its aims were reflected to a limited degree in the Mental Deficiency Act 1913[16] and the Mental Deficiency Act 1927. Its organizational focus was the Eugenics Society, which led a campaign for voluntary sterilization from the late 1920s until the late 1930s. Sterilization was one of four strategies embraced by eugenists, the others being marriage regulation, birth control and segregation of the unfit. A long-running argument amongst eugenists over whether defectives should be segregated or sterilized was won by the proponents of the latter[17] (the 1913 legislation signalled a rejection of segregation).[18] The eugenics movement united in its

[13] While it is true that theories designed to illuminate the policy process are often simply neutral on normative questions, Heclo's laudatory view of the consequences contains an implicit, if not explicit, normative element.

[14] Fabians, rather than liberals, found the eugenic views about improving the race through systematic and putatively scientific measures most attractive, though they were unpersuaded about claims resting on individual moral failing or inherited inadequacy. Fabians advocated social policy – such as family or child allowances – rather than sterilization. See M. Freeden, 'Eugenics and Progressive Thought: A Study in Ideological Affinity', *Historical Journal*, 22 (1979), 645–71.

[15] The precise composition of what can broadly be called the 'eugenics movement' is a matter of some scholarly debate. See in particular, Freeden, 'Eugenics and Progressive Thought'; G. Jones, 'Eugenics and Social Policy Between the Wars', *Historical Journal*, 25 (1982), 717–28; G. Jones, *Social Hygiene in Twentieth Century Britain* (London: Croom Helm, 1986); D. Paul, 'Eugenics and the Left', *Journal of the History of Ideas*, 44 (1984), 567–90; D. B. Paul, 'Eugenic Anxieties, Social Realities, and Political Choices', *Social Research*, 59 (1992), 663–83; and G. R. Searle, *Eugenics and Politics in Britain 1900–1914* (Leiden: Noordoff Publishing International, 1976).

[16] The Act was a watered-down version of legislation recommended by the *Royal Commission for the Care and Control of the Feeble-Minded* (1908). The powers realized in the Act diluted those initially proposed, as legislators worried about the implications for individual liberty of the eugenic project. The final bill included no direct use of the term 'eugenics', and the definition of the persons 'defective' was circumspect. It did, however, retain the right to impose mandatory institutionalization of certified mental defectives. On the 1913 Act, see D. Barker, 'The Biology of Stupidity: Genetics, Eugenics and Mental Deficiency in the Inter-War Years', *British Journal of the History of Science*, 22 (1989), 347–75; and E. J. Larson, 'The Rhetoric of Eugenics: Expert Authority and the Mental Deficiency Bill', *British Journal of the History of Science*, 24 (1991), 45–60. The debate, Larson concludes, revealed a clear distrust of eugenics and eugenists.

[17] On this division over strategies, see D. Barker 'How to Curb the Fertility of the Unfit: The Feeble-Minded in Edwardian Britain', *Oxford Review of Education*, 9 (1983), 197–211, pp. 201–5; and Larson 'The Rhetoric of Eugenics'.

[18] Nevertheless, the Mental Deficiency Act of 1913 did give a role to involuntary institutionalization, which constituted *de facto* segregation.

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campaign for sterilization. Recent scholarship has suggested that the Eugenics Society executed a three-phase plan: (i) the gathering of data establishing a clear hereditary basis to mental deficiency and the use of this evidence to create scientific, political and popular support for eugenics; (ii) the organization of a lobbying effort directed at Parliament to secure the passage of a bill legalizing voluntary sterilization in an (appropriately regulated) manner which would satisfy a suspicious public; and (iii) securing the passage of legislation providing for the compulsory sterilization of all people defined by eugenists as being socially 'inefficient'.[19] The campaign for sterilization peaked in its unsuccessful efforts to complete the second phase, the subject of this study.

The context in which the Brock Committee was appointed was one in which eugenist arguments commanded considerable sympathy among the political and intellectual elite. At the turn of the century, British intellectuals were exercised by fears of a deterioration in the nation's physical health,[20] and they sought a model of 'national efficiency'.[21] The commitment to improving efficiency was linked with arguments about the 'national racial stock': racial improvement could be achieved through wise marriage choices and selective breeding, the information for which could be provided by eugenists.[22] The Charity Organization Society expressed alarm in the 1890s about degenerate children and the Elementary Education (Defective and Epileptic Children) Act was passed in 1899. Francis Galton coined the term 'eugenics' in 1883, and the Eugenics (Education) Society was founded in 1907.[23]

The impact of eugenics on public debate is suggested by Winston Churchill's decision, in 1909, to circulate, as a Cabinet paper, an address by the eugenist Alfred Tredgold[24] (who was to be a member of both the Wood (1929) and Brock (1934) Committees). Churchill was himself supportive of eugenic principles to address the problem of poverty.[25] Although Churchill's interest was not universally shared, Harvey Simmons maintains that

one cannot overestimate the influence of the eugenics movement [in the decade before 1914], for the work of Sir Francis Galton on the inheritance of ability, the

[19] J. Macnicol, 'The Voluntary Sterilization Campaign in Britain, 1918–39', *Journal of the History of Sexuality*, 2 (1992), 422–37, p. 428.

[20] See *Report of the Interdepartmental Committee on Physical Deterioration* (London: HMSO, Cd 2175, 1904).

[21] G. R. Searle, *The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899–1914* (Oxford: Basil Blackwell, 1971), p. 54.

[22] See M. Freeden, *The New Liberalism* (Oxford: Oxford University Press, 1978), pp. 185–94; and Searle, *Eugenics and Politics in Britain 1900–1914*.

[23] The society's foundation was part of an international trend: the German Society for Racial Hygiene was founded (in Berlin) in 1905, the Eugenics Record Office in the United States in 1910, and the French Eugenics Society (in Paris) in 1912.

[24] Cited in Freeden, *New Liberalism*, pp. 188–9.

[25] 'I am convinced that the multiplication of the Feeble-Minded, which is proceeding now at an artificial rate, unchecked by any of the old constraints of nature, and actually fostered by civilised conditions, is a very terrible danger to the race. The number of children in feeble-minded families

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growing fear of physical and moral deterioration of the English race and the work of the Royal Commission [on the Care and Control of the Feeble-Minded] all combined to spread eugenic ideas among the English political elite.[26]

Eugenists were exercised by the high birth rate of the lower classes compared with the middle and upper classes:[27] most advocates of eugenics believed the working class innately inferior and in need of control.[28] E. J. Lidbetter, another eugenist and witness before the Brock Committee, wrote in 1932 that the group suffering from mental illness together with paupers, sufferers of hereditary blindness and lunatics formed 'a race of sub-normal people, closely related by marriage or parenthood, not to any extent recruited from the normal population, nor sensibly diminished by agencies for social or individual improvement.'[29] These characteristics implied, logically, that 'Britain was breeding a race of degenerates. In this mood of hysteria, the Eugenics Movement made considerable headway and catch-phrases, like "the sterilization of the unfit", found their way into general political controversy.'[30] Soloway argues that the influence of eugenic ideas was manifest well beyond the limited purview of the Eugenics Society: 'rooted deeply in a tradition of hereditarian determinism and qualitative ideas of class, eugenics permeated the thinking of generations of English men and women worried about the biological capacity of their countrymen to cope with the myriad changes they saw confronting their old nation in a new century.'[31]

In 1924, the Wood Committee was appointed with the prosaic task of reviewing the procedure for ascertaining the number of mental defectives.[32] Its

(F'note continued)
is calculated at 7.4; whereas in normal families it is but 4.2 … [There are] 12,000 feeble-minded and defective children in the Special Schools; many others are in residential homes… The girls come out by the thousand at 16, are the mothers of imbeciles at 17, and thereafter with surprising regularity frequent our workhouse lying-in wards year by year. The males contribute an ever broadening streak to the insane or half insane crime which darkens the life of our towns and fills the convict prisons.' (In *The Asquith Papers* MSS Asquith 12, letter from Churchill to Asquith December 1910.) See also the Public Record Office (PRO), Kew, London, HO144/1098/197900, and P. Addison, *Churchill on the Home Front 1900–1955* (London: Jonathan Cape, 1992).

[26] H. Simmons, 'Explaining Social Policy: The English Mental Deficiency Act of 1913', *Journal of Social History*, 11 (1978), 387–403, p. 395.

[27] On the social bases of the British eugenics movement, see D. MacKenzie, 'Eugenics in Britain', *Social Studies in Science*, 6 (1976), 499–532; D. MacKenzie, 'Karl Pearson and the Professional Middle Class', *Annals of Science*, 36 (1979), 125–43; and L. J. Ray, 'Eugenics, Mental Deficiency and Fabian Socialism between the Wars', *Oxford Review of Education*, 9 (1983), 213–22. For an authoritative and cogent critique which locates support for eugenics in a narrow occupational group, see G. R. Searle, 'Eugenics and Class', in C. Webster, ed., *Biology, Medicine and Society 1840–1940* (Cambridge: Cambridge University Press, 1981).

[28] Barker, 'How to Curb the Fertility of the Unfit', p. 207.

[29] *Eugenics Review*, 24 (1932), p. 9.

[30] Searle, *The Quest for National Efficiency*, p. 61.

[31] R. A. Soloway, *Demography and Degeneration* (Chapel Hill: University of North Carolina Press, 1995), pp. xxviii–xxiv.

[32] *Report of the Mental Deficiency Committee* (Wood Report) (London: HSMO, 1929).

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membership included prominent eugenists – Sir Cyril Burt, Evelyn Fox, Dr A. F. Tredgold, Dr Douglas Turner; the committee soon associated itself with the then-widespread fear that mental deficiency was accelerating.[33]

The Wood Committee reported in 1929, and it specified three ascending types of deficiency: idiocy, imbecility and feeble-mindedness, the last defined as

> the mildest grade of defect. They are superior to the Imbeciles in that they can be trained to perform work which will contribute materially towards or entirely pay for their keep. They are inferior to the lowest grade of the normal inasmuch as they cannot adapt themselves to circumstances outside their previous experience; they are lacking in certain features of intelligence, such as the capacity to look ahead and to make sensible plans for their future, and also in the control and common sense needed to achieve such plans and to maintain an existence independently of external supervision.[34]

The language of the Wood Report was frankly eugenist. The 'science of eugenics' was praised, and the report deployed its terminology:

> if, as there is reason to think, mental deficiency, much physical inefficiency, chronic pauperism, recidivism are all parts of a single problem, can it be that poor mental endowment manifesting itself in an incapacity for social adjustment and inability to manage one's own affairs, may not be merely a symptom but rather the chief contributory cause of these kindred social evils? If so, then the problem of mental inefficiency of which mental deficiency is an important part assumes a yet wider and deeper significance and must indeed be one of the major problems which a civilised community may be called to solve.[35]

The Wood Committee's report was a catalyst for the Eugenics Society, which intensified its lobbying efforts in favour of sterilization: the Committee for Legalizing Eugenic Sterilization was formed to draft a sterilization bill and to build a coalition of support, drawn from the social work, public health and mental care communities.[36] Eugenic ideas were, therefore, influential in the early 1930s, and the 1929 Wood Report contributed to an atmosphere which Greta Jones characterizes as one of 'moral panic': the hereditarily inferior, although a minority, threatened to overrun society.[37] The Brock Committee was a response to these fears.

The Eugenics Society's parliamentary campaign for voluntary sterilization began, and largely ended, with the request by a Major A. G. Church, Labour MP (and a member of the Society's Committee for Legalizing Eugenic Sterilization) in 1931, for leave to introduce a Private Member's Bill legalizing

[33] Macnicol 'The Voluntary Sterilisation Campaign', p. 429.
[34] Wood Report, Part I, pp. 11–12.
[35] Wood Report, p. 83.
[36] Macnicol, 'The Voluntary Sterilisation Campaign', p. 429.
[37] Jones, 'Eugenics and Social Policy Between the Wars', p. 726. There were critics of the Wood Report (notably the Distributist League which characterized the study as a 'gratuitous advertisement of the eugenic theory'). See PRO, MH58/103, Letter from the League to the Minister of Health, Arthur Greenwood, September 1929. These were, however, a minority of elite opinion makers.

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the operation. The request, which was portrayed by its opponents as fundamentally anti-working class, was defeated by 167 votes to 89.[38] Systematic attempts by the Eugenics Society's secretary, C. P. Blacker, to recruit Labour party supporters to the cause in order to refute this charge were mostly unsuccessful.[39] The failure of this direct parliamentary pressure led the society to turn instead to civil servants in the Ministry of Health and its Board of Control.[40] Through lobbying, and through deputations by ostensibly less partisan bodies such as the Central Association for Mental Welfare,[41] the Association of Municipal Associations and the County Councils Association,[42] the eugenists' movement succeeded in securing the appointment of a Departmental Committee on Sterilization under the chairmanship of Sir Laurence Brock.[43]

The movement was aided by the presence of sympathetic listeners within the Ministry of Health. The permanent secretary, Arthur Robinson, wrote to the minister, in April 1929, that,

I am myself of the opinion that the time is coming when this question of sterilisation of the mentally deficient will have to be very seriously considered and the appropriate machinery will be a Royal Commission, with strong expert representation to advise on the heredity factors and strong lay representation on the moral and social factors.

[38] *House of Commons Debates* (Hansard) 5s, vol. 255, 21 July 1931, cols. 1245–58; the supporters included Sir Donal MacLean, Lieutenant-Colonel Walter Guinness and Lieutenant-Colonel Freemantle. Macnicol argues that Church was an untypical Labour party member, holding his seat briefly (in 1923–24 and 1929–31) and representing a white-collar union. He cites the Roman Catholic Labour MP, Dr Hyacinth Morgan – who led the opposition in the Commons to the bill – as more representative of the Labour party's stance on sterilization, particularly of the party view that such measures would be concentrated on a single class of citizens. See J. Macnicol, 'Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars', *Social History of Medicine*, 2 (1989), 147–69.

[39] R. A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth Century Britain* (Chapel Hill, NC: University of North Carolina Press, 1995), pp. 198–9.

[40] The Board of Control was established, in 1913, as the successor to the Lunacy Commission (in existence since 1845), with responsibility for pauper lunatics; all other responsibility for public health was assumed by the Ministry in Health when, in 1919, it replaced the Local Government Board.

[41] The association passed a resolution in July 1929 calling for an enquiry into sterilization (see PRO, MH58/103, Resolution passed at meeting of the Executive Council of Central Association for Mental Welfare, 8 July 1929). The association had links with the Eugenics Society, and it was an active promoter of sterilization.

[42] The County Councils Association (CCA), the Association of Municipal Corporations (AMC) and the Mental Hospitals Association (MHA), had lobbied for well over a year to be seen by the minister; see, for example, PRO, MH58/103, letter from the Mental Hospitals Association to the Secretary, Ministry of Health, 27 November 1931. For the eventual deputation in February 1932, see PRO, MH58/103, Deputation from CCA, AMC, and MHA, Brief for the Minister's reply.

[43] Macnicol, 'The Voluntary Sterilisation Campaign', p. 430. The influence of the Eugenics Society in the appointment of the committee is beyond doubt. C. P. Blacker, the general secretary of the Eugenics Society in the 1930s, stated in private correspondence that the society attempted to create the impression that the demand for an enquiry originated in these groups, when in fact it led the campaign (see CMAC, SA/EUG/D. 219, 2 January 1936).

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He dilated further that,

> it has seemed to me for some time repugnant to common sense that, if a mentally deficient parent or parents on the average produce or reproduce similar children, the state should allow them to continue to do so and thereby throw on the next generation problems of segregation or supervision which this generation has conspicuously failed to solve.[44]

He thought it too important to be 'tackled in the last months of a government.'[45] Writing two years later, the same official stressed the complexity of a sterilization policy to the minister and the need for systematic study before enactment:

> it is emphatically the sort of problem which needs full enquiry by the strongest Royal Commission which can be got together – medical experts, sociologists, ethical and religious persons and ample ballast in the way of common sense view. A very detailed expert enquiry into the facts will anyhow be needed.[46]

In securing the appointment of the Brock Committee, the influence of the Eugenics Society in the British state's policy-making apparatus is demonstrated, and from this point forward the campaign was led by a partnership between eugenists in Whitehall and in Parliament, and eugenists in British society. The ambition of both groups, by the committee's own admission, was to create sufficient support for sterilization to secure the appointment of a Royal Commission and, ultimately, the enactment of legislation.[47]

THE BROCK COMMITTEE

In 1934, the Brock Committee recommended in favour of voluntary sterilization. A Royal Commission was, however, never appointed, and Brock's recommendation, as well as the committee itself, was quietly forgotten as the cruelty of compulsory sterilization in Nazi Germany was exposed from the mid-1930s. What is of scholarly interest is the content of the committee's recommendations and the role of these proposals in the extra-parliamentary campaign for a sterilization bill. The committee overstepped the putative objectivity of such exercises, and it violated bureaucratic neutrality by actively supporting the eugenics movement. As Hugh Heclo observed in another context, 'some men [undertook] to act in the name of others.'[48] They did, but the manner in which they acted revealed a disdain for the 'ignorant' public, while the ends to which they acted were, if not malevolent, certainly dubious.

[44] PRO, MH58/103, Minute from Arthur Robinson to Minister for Health, 18 April 1929, p. 2.
[45] PRO, MH58/103, Minute from Arthur Robinson to Minister for Health, 18 April 1929, p. 2.
[46] PRO, MH58/103, Minute to Minister by Arthur Robinson, 14 January 1932.
[47] PRO, MH58/103, Minute at the Ministry of Health, 8 December 1931.
[48] Heclo, *Modern Social Polities in Britain and Sweden*, p. 305.

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The Departmental Committee on Sterilization was assigned 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. In a remarkable instance of departmental partiality, civil servants at the Ministry of Health expressed the hope that the Brock enquiry, by its specialist nature, would be buffered from the fears of public opinion which a Royal Commission would face.[49] The Brock Committee held thirty-six meetings, took evidence from sixty witnesses, received a plethora of statistical data[50] and reported in 1934.[51] Its terms of reference were:

> To examine and report on the information already available regarding the hereditary transmission and other causes of mental disorder and deficiency; to consider the value of sterilisation as a preventive measure, having regard to its physical, psychological and social effects and to the experience of legislation in other countries permitting it; and to suggest what further enquiries might usefully be undertaken in this connection.

Sir Laurence Brock was a senior civil servant who had spent much of his career dealing with health matters (serving as assistant secretary at the ministry in 1919–25) and then was chairman of the Board of Control from 1925 to 1945; he had close contacts with eugenics activists. The other committee members were: Dr Alfred F. Tredgold, chairman of the Medical Committee of the Central Association for Mental Welfare, consulting physician in psychological medicine, University College Hospital, and a member of the Consultative Council of the Eugenics Society; Dr (Sir) Ronald A. Fisher, vice-chairman of the Eugenics Society, a member of the statistical department, Rothamsted Experimental Station, and an internationally honoured scientist; Mr Wilfred Trotter, consulting surgeon at University College Hospital and a member of the Medical Research Council; Dr Ralph Crowley, who rose to be senior medical officer at the Board of Education; Dr E. O. Lewis, an inspector at the Board of Control; and Miss Ruth Darwin, a senior commissioner at the Board of Control from 1932 to 1949. Two members of the committee – Crowley and Tredgold – had served on the 1929 Wood Inquiry into mental deficiency and committee member Dr E. O. Lewis had undertaken that study's empirical research.

The evidence considered and commented upon by the Brock Committee is massive, yet it is bound together by one striking feature: the bias of the committee's members. Key members of the committee – Fisher, Tredgold and above all Brock himself – were not even in a weak sense actuated by a desire to consider dispassionately the contradictory and inconclusive evidence

[49] PRO, MH58/104A, Minute, Ministry of Health, 21 March 1932.

[50] A letter was sent to each health and local authority (that is, the Clerk to the County Council, the Town Clerk and the Clerk to the Mental Deficiency Committee) requesting it to fill in a form about defectives' children in its area. See PRO, MH51/209, draft letter and questionaire, 28 October 1932.

[51] *Report of the Departmental Committee on Sterilisation* (Brock Report) (London: HMSO, Cmd 4485, 1934) in *Parliamentary Papers*, 15 (1934), p. 611.

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emerging from British scientific inquiry. They were enthusiasts of eugenics; Brock regularly supported the Eugenics Society, while Fisher belonged to the Committee for Legalizing Eugenic Sterilization.[52] Reflecting on the committee's work after the enquiry was complete, Brock remarked:

> no one can approach a controversial question with an entirely open mind, and I confess that I began with a slight prejudice in favour of sterilization in theory, and a doubt of its efficiency in practice, combined with a strong dislike of the controversial methods of certain eugenists of the baser sort.[53]

Though this shows Brock to have been one who doubted the practicality of sterilization, in a letter to Robinson he stated that 'while there is a great deal which is repellent in what one might call positive genetics, I believe there is a strong case for what one might call negative genetics; or, in other words, cutting off the worst',[54] and Brock felt notably able to aid the campaign for a sterilization bill. He gave the Eugenics Society advice on drafting its bill for voluntary sterilization. Brock was instrumental in having the committee appointed under his own leadership as a means to serve the sterilization cause, and he dominated the proceedings.[55] Brock was in personal correspondence with C. P. Blacker, general secretary of the Eugenics Society. After the failure of Major A. G. Church to secure leave in Parliament, Brock was informed that what he called 'formidable and well-organized' opposition to a sterilization bill could be weakened by breaking the alliance of the Labour party and Roman Catholics and by convincing the labour movement that 'sterilization was not anti-working class'.[56]

The autonomy enjoyed by Brock in the appointment of the committee was in all likelihood responsible for the partiality of its investigation. As Collingridge and Reeve have argued, 'bias exists in the process of policymaking when failure to challenge interpretations placed on data by others is impossible, for whatever reasons.'[57] Brock's commanding role in the committee left little room for serious challenge, and it increased exponentially the potential for the committee to act as little more than a validation of the pre-existing views of its key members. A more widely drawn committee membership, or the establishment of an advisory body, might have avoided this problem, as Collingridge and Reeve recommend: 'the only way to ensure a genuine, healthy debate between

[52] Macnicol, 'Eugenics and the Campaign for Voluntary Sterilization' pp. 165, 157.

[53] PRO, MH51/210, Chairman's Memorandum, n.d.

[54] PRO, MH79/292, Brock to Robinson, 16 March 1932.

[55] PRO, MH79 292, letter of 22 April 1932 from Brock to Robinson about the committee's membership; and Macnicol, 'Eugenics and the Campaign for Voluntary Sterilization', p. 167.

[56] See EUG./D 50, Brock to Blacker, 31 July 1934; EUG./D 214, Blacker to Lord Moynihan, 7 August 1931; and Eug./D 50, Blacker to Brock, 25 May 1936, cited in Macnicol 'Eugenics and the Campaign for Voluntary Sterilization' in p. 163. The claim that sterilization was class-biased dogged the committee throughout and led it to the debatable claim that 'sterilization ought to be regarded as a right and not as a punishment' (Brock Report p. 40).

[57] D. Collingridge and C. Reeve, *Science Speaks to Power* (London: Frances Pinter, 1986), p. 18.

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rival groups of experts is to motivate them to scrutinize their opponents' views critically.'[58]

This official bias had three consequences: a willingness to tolerate imprecision in the terms defining those who would be encouraged to submit themselves to 'voluntary' sterilization; a confused and contradictory understanding of consent; and a need to discount all evidence, which became stronger in the 1930s, that 'mental deficiency' was the effect of environmental, in addition to hereditary, causes, and that the relative significance of each was ambiguous.

The Committee's Proceedings

Speaking at the first meeting of the committee, Chairman Brock noted that pressure for legislation on sterilization had come principally from local authorities and public assistance committees, who urgently wanted an enquiry into 'the sterilization of the mentally unfit'. However, as he explained, sterilization was 'very controversial' and therefore 'it would be difficult to secure legislation unless public opinion had first been prepared by the recommendations of a Royal Commission.'[59]

In an important memorandum prepared after the committee had held its first four meetings, Chairman Brock distilled its purpose and working method. The former reduced to two key questions: 'the causation of mental disorder and deficiency, which is a medical and scientific question'; and, secondly, 'the value of sterilization as a preventive measure, which is partly a scientific question and also partly sociological.'[60] Brock acknowledged the difficulty facing the committee in sifting through the scientific and medical evidence, especially since many experts were divided over fundamental questions such as the relative balance of heredity and environmental factors in determining mental illness.[61] He was, however, confident that, with a 'restricted view of our objective', the committee could side-step these complexities and still deliver a persuasive report:

I submit that we are not prevented from discharging our real task by the fact that the purely scientific problem is still unsolved. *The primary purpose of our enquiry is to advise the Government what sort of case may be made out for sterilisation,*

[58] Collingridge and Reeve, *Science Speaks to Power* p. 17. For an expert committee which did search widely and follow these procedures, see the account in D. King, 'Creating a Funding Regime for Social Research in Britain: The Heyworth Committee on Social Studies', *Minerva*, 35 (1997), 1–26.

[59] PRO, MH51/212, Minutes of the first meeting of the Brock Committee, 23 June 1932, p. 2.

[60] PRO, MH51/216, Chairman's Memorandum, 19 October 1932, p. 1.

[61] A point of context is important here. At this time, it was acceptable and not uncommon to acknowledge that the exact genetic cause of a condition was unknown, but to cite genealogical tables demonstrating that it was transmitted over generations within a family, suggesting that it was inherited.

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not to attempt to reconcile the geneticists with the behaviourists, still less to attempt to decide which is right. We ought to take account of any scientific work which has been done; but we shall have met the first part of the Government's demand if we can show that there is evidence which would satisfy a reasonable body of men that the offspring of defectives is likely to include a substantial proportion who will either be defective in the legal sense or so backward as to be, if not socially unadaptable, at least socially useless.[62]

This strategy assumed that a case could be constructed for sterilization independent of certainty about the causes of mental illness amongst the scientific community. It is further evidence that the committee members saw their purpose as primarily about convincing others of the suitability and importance of sterilization.

To realize the committee's brief, Brock proposed a focus upon the family history method, that is, unravelling the family histories of so-called defectives and determining whether their offspring reproduced feeble-mindedness. Operationally, this approach reduced to extensive consultation with medical superintendents and specialists around the country about their observations and analyses. Despite the poor condition of many mental hospital records and incompleteness or circumspection of this method, Brock argued that such an exercise had instrumental value: 'we have to satisfy public opinion that we have been at pains to hear all the witnesses who had a reasonable claim to be heard.'[63] The greater the 'scientific' gloss the Report ultimately had, however doubtful this would have seemed on closer inspection, the greater the probability of allaying the suspicious and persuading the doubtful.

Clear Aims, Imprecise Categories

The committee concluded that there was a population of a quarter of million who were potentially candidates for sterilization. It believed this group both personally unhappy and a source of *malaise* for the rest of society. In a pungent phrase, the committee was excited by the 'dead weight of social inefficiency and individual misery' implied by the 'existence in our midst of over a quarter of a million mental defectives and of a far larger number of persons who without being certifiably defective is mentally subnormal'; this is hardly neutral, scientific language. Furthermore, 'this mass of defectives and subnormals is being steadily recruited and is probably growing.'[64] This latter view was regularly communicated by expert witnesses such as R. Ruggles Gates, professor of botany in London, who proclaimed: 'the proportion of feeble-mindedness is much higher than it is supposed to be.'[65]

[62] PRO, MH51/216, Chairman's Memorandum, 19 October 1932, p. 2 (emphasis added).
[63] PRO, MH51/216, Chairman's Memorandum, 19 October 1932, p. 3.
[64] Brock Report, p. 55.
[65] PRO MH51/228 31100, Note of the Proceedings of the 16th Meeting of the Committee, 20 March 1933, pp. 1–2.

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The importance of distinguishing between mental defect and mental disorder was stressed by committee member Wilfred Trotter, a doctor and fellow of both the Royal Society and the Royal College of Surgeons. Carriers of the first were the primary focus for eugenists as the committee's Report explained:

> mental defect may be described as arrested development of mind, whether congenital or induced by injury or disease before development is complete. It is in almost all cases a permanent condition and in the present state of knowledge is beyond real cure … Mental disorder is the generic term which includes all the various disorders affecting the mind which prior to their onset has been functioning normally … though both conditions may occur in the same individual they are clinically distinct from one another.[66]

There was considerable variation in the precision and accuracy of most characterizations of mental defects. For instance, 'moron', 'feebleminded' and 'mental defective' were terms employed in different countries, the definitions of which varied. The Brock Committee perceived a clear issue beneath the conceptual fog, however: 'the point we wish to emphasise is that general terms such as "mental defect" and "feeble-mindedness" represent classes or groups of conditions, all of which exhibit one common feature, arrested development of mind.'[67] Yet if such an arrested development of mind could result from injury or disease, as the Trotter quotation suggests, how could sterilization be of assistance in preventing the problem? On this point, the Report was silent.

In attempting to define the target of sterilization, the committee turned to the notion of a 'social problem group', a term adopted by the Wood Report[68] and praised by the Eugenics Society. A memorandum prepared for the Brock Committee located the origin of the term in the 1908 Royal Commission for the Care and Control of the Feebleminded.[69] It was then refined by the Wood Report's investigator, Dr E. O. Lewis (also a member of the Brock Committee), into three categories: idiocy, whose sufferers have a mental age of 1 to 3; imbecility, adults with a mental age of between 3 and 5; and finally, the feeble-minded with mental ages of between 5 and 8. Crucially, the last group were supposed to have been born principally to parents with similar characteristics (thus implying an hereditary factor) and numerically to constitute more than the other two groups combined. The Wood Report believed it comprised a tenth of the population of the social problem group. Lewis found the same families producing the feeble-minded:

> these families who in various ways were useless and burdensome to the community, presented 'social problems'. From these families, it was found, were recruited the

[66] Brock Report, p. 7.
[67] Brock Report, p. 8.
[68] Its genesis lies in late nineteenth-century characterizations of the urban poor: see G. Stedman Jones, *Outcast London* (Harmondsworth, Middx: Penguin Books, 1976), pp. 285–90; and J. Macnicol, 'In Pursuit of the Underclass', *Journal of Social Policy*, 16 (1987), 293–318.
[69] PRO, MH51/228 31100, Memorandum, 'The Social Problem Group', n.d.

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bulk of unemployables, incorrigible slum makers, prostitutes, inebriates, habitual criminals, chronic paupers and *high grade defectives* that exists in the community. This group was christened the 'social problem group'.[70]

Unlike the lower two types of mentally feeble-minded, the third category of feeble-minded could, if suitably dealt with, be expected to live in the community, a possibility unimaginable for the others.[71] The society considered voluntary sterilization an instrument with which significantly to address the problems posed by the presence of such a group in society:

viewed as a preventive measure, we regard the legalizing of sterilization for mental defectives as but a preliminary move towards this wider application of the principle. Members of the Social Problem Group frequently have many children, of whom the later-born are often unwanted. None of the methods of preventing parenthood which have been suggested as feasible for certifiable mental defectives – such as segregation and legal prohibition of marriage – is applicable to members of the Social Problem Group; and by them existing contraceptive methods are largely impracticable.[72]

Eugenists argued that the 'feeble-minded' required sterilization not simply because they were unfit to care for these children (indeed, they often were), but because they were said to have had an increased fertility. This was despite the fact that, according to their own evidence, the claims about the excessive fertility of the feeble-minded were inconclusive.[73]

The committee's scientific problems were compounded by difficulties in isolating the 'carrier', who passed on the hereditary vices manifest in the Social Problem Group. At its first meeting, Dr Alfred Tredgold gave his account of the complexity in identifying the appropriate people to be sterilized. Tredgold,

thought that sterilisation would have to be looked upon as a preventive measure. Mentally defective children were not necessarily children of mental defectives or insane persons. They were the children of carriers and it was these carriers who[m] it might be necessary to look upon as the persons to be sterilised. Many mental defectives are the offspring of parents who are normal but these normal persons may be the carriers of mental deficiency and this thereby makes them possible parents of mentally defective children. If sterilisation is to diminish the number of mental defectives then sterilisation must be applied to these people, i.e., apparently normal people.[74]

[70] PRO, MH51/228 31100, Memorandum, 'The Social Problem Group', n.d.

[71] This interpretation was reproduced in the Eugenics Society's submission to the Brock Committee. See PRO, MH51/228 31100, Evidence submitted by the Eugenics Society to Mr L. G. Brock's Sterilization Committee, 1 March 1933, 31pp, p. 22.

[72] PRO, MH51/228 31100, Evidence submitted by the Eugenics Society to Mr L. G. Brock's Sterilization Committee, 1 March 1933, 31pp, pp. 25–6.

[73] PRO, MH51/217, Minutes of the 6th meeting of the Brock Committee, 14 November 1932, p. 3.

[74] PRO, MH51/212, Minutes of the first meeting of the Brock Committee, 23 June 1932, pp. 6–7.

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The target for sterilization included not only the recognizably defective, but also the *apparently* normal but actually defective; indeed, the obviously defective – helpless 'idiots' or schizophrenics – were viewed as less of a threat to the human race than the numerically larger, socially more threatening *Lumpenproletariat* which constituted the social problem group.[75]

The Conditions of Consent

The Brock Committee rejected compulsory sterilization, but argued that, for those mental defectives likely to return to the community, there was a strong argument for establishing the opportunity – or what it termed grandly a 'right' – for voluntary sterilization. The rejection of compulsory sterilization is significant and reflected evidence about patterns in Britain and policies implemented in other countries.[76] In fact, the committee's ruling was prompted powerfully by political calculation, as Brock explained at an early meeting of the committee: 'the Parliamentary case for sterilisation is really going to turn on the mental defective rather than on the Mental Hospital case. It would be impossible to get Parliament to sanction sterilisation solely for Mental Hospital cases.' He continued: 'it was doubtless the case that there were many persons discharged from Mental Hospitals as not recovered but improved whose relatives would be much more willing to take them back if they were sterilised first. But this would not provide a sufficient case to place before Parliament.'[77]

As the committee recommended in favour of voluntary consent for strategic reasons, it needed to claim that such consent could be meaningfully given by a 'defective'. Brock firmly believed that the consent of mental defectives could be reliably obtained:

> the fact that many people are easily persuaded by those in whom they have confidence does not mean that they are really incapable of understanding the issues involved. I believe that high grade defectives are perfectly capable of understanding what sterilisation means, and I am confirmed in this view by letters I have seen from patients.[78]

Yet if the individuals could truly understand the gravity of such an irreversible decision, then it is doubtful that they were so mentally incapacitated as to require

[75] Mazumdar, *Eugenics, Human Genetics and Human Failings*, p. 208.

[76] For the United States, see P. R. Reilly 'Involuntary Sterilization in the United States: A Surgical Solution', *Quarterly Journal of Biology*, 62 (1987), 153–70; and J. W. Trent Jr, *Inventing the Feeble Mind* (Berkeley: University of California Press, 1994).

[77] PRO, MH51/216, Minutes of the 5th meeting of the Brock Committee, 31 October 1932, p. 9.

[78] PRO, MH51/210, Confidential, Chairman's Memorandum, pp. 8–9.

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the operation, even by the committee's standards.[79] If they could not, the sterilization lost its voluntary character.[80]

Inheritance or Environment?

The committee's desire to justify its case for sterilization led it to emphasize any evidence of hereditary causes of defects and, conversely, to discount (and almost ignore) evidence suggesting environmental determinants. Even where an environment was so insalubrious as to be an obvious factor in creating defectives, 'enquiries into the family history of such cases show that in the majority there is evidence of morbid inheritance'.[81] The committee was none the less forced to admit that such a pattern could at least be exacerbated by conditions in poor neighbourhoods: 'there is evidence that in the poorest districts neighbour marries neighbour, and like marries like.'[82]

The committee's reluctance to stress environmental factors was challenged by some of the evidence it received.[83] The Portsmouth Branch Inspector of the National Society for the Prevention of Cruelty to Children, for example, reported that 'many who, in their former squalid surroundings, were extremely dull and backward, have shown great improvement [in improved council houses] … the closely confined slum family [was] a prime factor in the product of mental and moral degeneracy.'[84] Even witnesses who claimed a hereditary basis betrayed an implicit assumption of environmental conditioning: thus the

[79] Eugenist arguments tended to belie their claim that the operation would be purely voluntary. Dr C. P. Blacker reported that the Eugenics Society was 'convinced that there are large numbers of people who do not want large families, especially those in the lower grades of society who cannot afford to bring up a number of children. The motives which will lead these people to undergo sterilisation is the desire to limit their families.' Subsequently questioned by the committee about applying sterilization to recipients of out-door relief, Blacker thought that 'if a man was naturally disinclined to work, *pressure in such a case [to sterilise] would be justified*' (PRO, MH51/228 31100, Proceedings of the 17th meeting of the Brock Committee, 3 April 1933, pp. 6 and 10, emphasis added).

[80] One Devon witness argued that any consent given by a 'defective' would be meaningless: 'defectives are so open to suggestion that they would readily adopt the views of someone else and could be persuaded to submit to sterilisation or refuse consent to the operation by any Officer of the Institution whom they respected and trusted.' He added that, 'if defectives saw any possibility of securing freedom through sterilisation they would give consent without any thought for the nature and effect of the operation.' (PRO, MH51/226 31100, Evidence to the Committee on Sterilisation by Charles William Mayer, Superintendent of the Royal Western Counties Institution for the Mentally Defective, Starcross, Devon, p. 4.)

[81] Brock Report, p. 20.

[82] Brock Report, p. 21.

[83] To be sure, the committee succeeded in locating those who argued that mental defect was caused by hereditary factors. Unsurprisingly, this view was endorsed by the Eugenics Society, whose submissions were, of course, taken very seriously. See PRO, MH51/228 31100, Evidence submitted by the Eugenics Society to Mr L. C. Brock's Sterilization Committee, 1 March 1933, 31pp, pp. 22, 25.

[84] PRO, MH58/102, Statement of Evidence by William J. Elliott, Director of the National Society for the Prevention of Cruely to Children, 35pp, pp. 33–4.

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expert on Leeds mental health observed that 'mental deficiency was mainly hereditary. The poor and degenerate class of parent naturally lived in poor and unsuitable areas, e.g., slum districts, and the feeble-minded person was usually found to come from parents of these types.'[85]

The committee itself committed this error of reasoning when it claimed that the concentration of sufferers in an identifiable social problem group was an argument in favour of voluntary sterilization. The danger of two carriers of recessive genes interacting in poor neighbourhoods alarmed the committee. It asserted that 'defectives drift to the slums'. Within the slums, marriage produced defectives, as the Report commented in its toughest sociological section:

> like marries like, and not only is the incidence of defect greater in this group, but the proportion of carriers is correspondingly greater. This means that the chances of two carriers mating is many times greater than it is in any other section of the population. It would be idle to expect of this group, most of whom are of subnormal mentality, a proper sense of social responsibility. But we believe that many of them would be glad to be relieved of the dread of repeated pregnancies and to escape the recurring burden of parenthood, for which they are so manifestly unfitted.[86]

Why, one was left wondering, was there a concentration of defectives in slum conditions if the sole cause was hereditary? About this question, little was said. This characterization of the 'social problem group' – about whom there was 'abundant evidence' that it 'contributes much more than its numerical proportion of the total volume of defect, and an equal or even larger proportion of children of low intelligence'[87] – reveals some of the assumptions under which the Brock Committee functioned.

The committee chose to undervalue the views of experts doubtful of the hereditary argument, of whom the distinguished geneticist J. B. S. Haldane was representative. Haldane told the committee that 'mental deficiency is not due to a single gene defect'. He added: 'we have insufficient knowledge as to the genes in human beings.'[88] Haldane stressed also the ambiguity surrounding the categorization of severity of mental illness: 'different people drew different lines in different places: one would regard a person as normal and one would regard him as mentally defective; yet another would consider him only dull or backward.'[89] He was supported by Lancelot Hogben, professor of social biology at London. A keen anti-eugenist, he believed some mental 'deficiency' to be hereditary but was unwilling to support sterilization: 'the scientific evidence

[85] PRO, MH51/217, Minutes of the 6th meeting of the Brock Committee, 14 November 1932, p. 5.
[86] Brock Report, pp. 41–2.
[87] Brock Report, p. 41.
[88] PRO, MH51/234 31100. Haldane, FRS, was professor of genetics at University College, London. Minutes of the proceedings of the 23rd meeting of the Brock Committee, 27 June 1933, p. 1.
[89] PRO, MH51/234 31100, Minutes of the proceedings of the 23rd meeting of the Brock Committee, 27 June 1933, p. 1. Haldane continued to oppose sterilization, writing in 1938 that 'I do not believe that our present knowledge of human heredity justified such steps' (J. B. S. Haldane, *Heredity and Politics* (London: George Allen & Unwin, 1938), p. 7).

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available is not sufficient to indicate any policy as regards sterilization at present.'[90] Hogben and Haldane were significant opponents of the sterilization zeal.[91]

The difficulty in establishing the hereditarian thesis dogged the committee until its conclusions. Dr Crowley observed of the penultimate draft that

> the discussion of the inheritance of mental disorder seems very inadequate. *If necessary we may have to insert some padding taken from the evidence of the numerous psychiatrists who came before us as witnesses*. In view of the fact that we had on the Committee – rather unfortunately as it turned out perhaps – no representative of psychiatrists practising in Mental Hospitals, it is specially important that we should subject ourselves to no unfavourable criticism from such a body as, for example, the Royal Medico-Psychological Association.[92]

Attentive of the inconclusive evidence, the Royal Medico-Psychological Association had in fact found itself lacking a 'sufficient measure of agreement among their members to enable them to formulate any collective view'.[93] In the Brock Committee's case, by contrast, where the evidence was strongly against heredity, it could be ignored; where the evidence was weakly in its favour, it could be 'padded'. As another committee member put it, 'I have too a good deal of sympathy with Dr Crowley's remark that in our discussion of the inheritance of mental disorder "we ought to say more, even if there is no more to say"!'[94]

The committee's behaviour is confused but strategically explicable. A defensible programme for sterilization required that hereditary rather than environmental factors be paramount in the reproduction and diffusion of mental defect. The contradiction forced Brock into the odd claim that while the committee could not be expected 'to arrive at any definite scientific conclusion' about the hereditary form of mental deficiency, none the less the government 'wanted to know whether there was a risk of certain definite classes of persons having mentally defective offspring'.[95] How the second objective could be achieved without resolving the first is left unspecified (a problem of policy making probably experienced by other 'expert' committees).[96]

[90] PRO MH51/225 31100, Proceedings of the 14th meeting of the Committee, 6 March 1933, p. 6, and 'Summary of the Evidence Given by Professor Lancelot Hogben'.

[91] Richard Soloway calls Hogben the 'most devastating' and 'worrisome' critic faced by the eugenists (R. A. Soloway, *Demography and Degeneration* (Chapel Hill.: University of North Carolina Press, 1995), p. 196; on Hogben, see R. Dahrendorf, *LSE* (Oxford: Oxford University Press, 1995), pp. 254–66; and N. Stepan, *The Idea of Race in Science: Great Britain 1800–1960* (London: Macmillan, 1982), pp. 146–53.

[92] PRO, MH51/210 31100, Notes by Dr Crowley on Draft Report, p. 3 (emphasis added).

[93] PRO, MH51/221, Brock in a letter to Mr E. H. Curtis, London Mental Hospitals Department, 2 December 1932.

[94] PRO, MH51/210, Letter from Adams to Brock, 29 September 1933.

[95] PRO, MH51/212, Minutes of the first meeting of the Brock Committee, 23 June 1932, p. 9.

[96] See, for instance, Roger Williams's chapter in Lewis Roberts and Albert Weale, eds, *Innovation and Environmental Risk* (London: Belhaven, 1991).

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The committee's motivation for ardently defending a hereditarian explanation of mental defect arose from politics and propaganda. At its fifth meeting, Brock argued that 'from the Parliamentary point of view it *did* matter if the Committee could show that there was substantial evidence in favour of the view that mental deficiency was hereditary. If the Committee came to the conclusion that there were no hereditary element, then the Parliamentary agitation would drop.'[97] Such opposition, as Brock observed, was most likely to come from Labour MPs: 'it was already being urged in some quarters that, if sterilisation were made legal, it would operate against the poor and would not affect the rich.' He continued thus: 'it was however the case that some of the Labour members were in favour of it. It would be necessary for the Committee to satisfy Parliament that there was a grave risk of mental defectives having mentally defective children, e.g., an appreciably greater risk than with normal persons.'[98]

Opposition would not only be parliamentary. The British public was suspicious of sterilization, and an appreciation of the need to assuage public concern is present throughout the committee's deliberations. In one of the more blatant instances, committee member Trotter observed that 'it would be necessary to visualise considerable opposition if sterilisation were to be permitted. This would come from very ignorant persons who would allege that patients were being "cut up" in Institutions.'[99]

The committee was aided by the fact that the majority of those making submissions, who were approached by Brock and the others, supported at least in part the hereditarian case. Some of these, reflecting the divisions in the scientific community, came from experts. Professor Ruggles Gates argued that since many physical defects and abnormalities were inherited – anticipated in Mendelian laws of inheritance and demonstrated on plants and animals – the same pattern could logically be imputed to mental defects. He maintained that the 'evidence indicates that feeblemindedness is usually recessive in inheritance.'[100] C. J. Bond, a physician at the Royal

[97] PRO, MH51/216, Minutes of the 5th meeting of the Brock Committee, 31 October 1932, p. 6.
[98] PRO, MH51/216, Minutes of the 5th meeting of the Brock Committee, 31 October 1932, p. 10.
[99] PRO, MH51/216, Minutes of the 5th meeting of the Brock Committee, 31 October 1932, p. 10.
[100] PRO, MH51/228 31100, 'Inheritance of Mental Defect', Professor R. Ruggles Gates FRS, 21pp, submission to the Brock Committee. He approvingly cited the Kallikaks and Jukes families: 'I have made no reference to the well-known studies of the Kallikaks, Jukes, Nams, Wins, Hill Folk, Zeros, Tribe of Ishmael and other groups of similar character, whose members through many generations have produced large numbers of paupers, prostitutes, feebleminded and criminals. While convincing as showing the inheritance of mental defect on a large scale through many generations, they have not usually been analysed in such a way as to throw light on the manner or law of the inheritance. In each the descendants, numbering thousands, have been traced back to one or a few individuals, whose sterilization would have prevented an enormous amount of crime, vice and unhappiness and would at the same time have enabled better stocks less burdened with taxation to multiply and fill their places in a happier and more efficient way', p. 20. This is a fulsome statement of the validity of imputing a hereditary source of feeble-mindedness and the potential *beau monde* of preventive procreation.

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College of Surgeons and a member of the Eugenics Society, confirmed this pattern:

> although mental deficiency may be due to the influence of a dominant gene or genes in some cases, and may represent a multifactorial recessive character in others, the fact that the manner of inheritance resembles that of Deaf Mutism, Myoclonic Epilepsy (Rudin), Juvenile Amaurotic Idiocy, Von Sjogren and some form of eye defect suggests that mental defect is, like these, transmitted on Mendelian lines.[101]

Bond was an ardent supporter of voluntary sterilization:

> I am convinced that as genetic knowledge spreads, and a 'racial' conscience is aroused in the minds of our citizens, an increasing number of persons, who, from a study of their family histories, have reason to believe that they are the carriers of serious mental or other forms of defect, will, in the future, regard voluntary sterilisation as a privilege rather than as a privation, and as a means of harmonising conflicting individual, communal, and racial interests.[102]

Other endorsements of sterilization rested on administrators' personal experience. From Somerset, the Brock Committee received a submission indicating a 'definite family history of mental deficiency' amongst the county's records (though since not all defectives were recorded accurately this incidence may have been exaggerated).[103] The Nottingham Education Committee provided similar conclusions from a study of those treated for mental deficiency between 1913 and 1927. From this analysis, its senior medical officer addressed the hereditary factor: 'fairly intimate acquaintance with many of the parents has convinced me that many of them would have been diagnosed as mentally defective or dull and backward if ascertainment had been more adequate in former years. A large number of the parents of defectives are thriftless and lacking in wisdom and forethought.'[104] Such anecdotal evidence is, needless to say, of doubtful reliability.

Professor E. W. MacBride, a zoologist at Imperial College 'thought sterilisation might be justified as a punishment for bringing too many children into the world who would subsequently have to be supported by the State'. He criticized immigrants from 'South Ireland' who were 'large breeders', adding, 'they have swamped Glasgow, Liverpool and even the coal-fields of Durham'. Articulating a common but invidious conflation, he added: 'they may not be mentally defective but they are a very poor type.'[105] These novel views

[101] PRO, MH51/232 31100, Evidence given before Mr Brock's Committee on Behalf of the Eugenics Society, 3 April 1933, by C. J. Bond CMG, FRCS, p. 4.

[102] PRO, MH51/232 31100, Evidence given before Mr Brock's Committee on Behalf of the Eugenics Society, 3 April 1933, by C. J. Bond CMG, FRCS, p. 14.

[103] PRO, MH51/231 31100, Norah L. C. Hurle, Chairman Mental Deficiency Acts Committee, G. W. J. MacKay, Medical Superintendent and C. E. Newman, Secretary, 'Mental Deficiency Act 1913–1927, County of Somerset', 27 April 1933, p. 4.

[104] PRO, MH51/225 31100, Evidence of Dr A. A. E. Newth, Senior Medical Officer, Nottingham Education Committee, pp. 22, 23.

[105] PRO, MH51/224, Minutes of the 13th meeting of the Brock Committee, 20 February 1933, pp. 4–5.

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demonstrate the diverse forms 'enlightened' thought can assume. In MacBride's view, 'broadly speaking stupid people will produce stupid children'.[106] In the light of such rebarbative evidence, it is hardly surprising that Dr Crowley concluded, 'we probably ought to discuss rather more fully, including reference to witnesses and literature, the question of the mental condition of the parents of defectives. *On the face of it*, some of the statistics included in the Report certainly do not justify the conclusion to which we arrive'.[107]

Trammelled by ambiguous evidence, the Brock Committee retreated to the claim that it was right because it knew it was right: 'though there may be no certain prognosis in any particular case, we know enough to be sure that inheritance plays an important part in the causation of mental defects and disorders.'[108] It argued that 'in spite of the paucity of statistics, it would appear to be the general opinion of psychiatrists of experience that, whilst an attack of mental disorder is often the resultant of many factors, the chief and most important single factor is an inherited predisposition.'[109] The evidence was not this decisive, however. On this tenuous foundation, the committee constructed its final conclusion:

> we know also that mentally defective and mentally disordered patients are, as a class, unable to discharge their social and economic liabilities or create an environment favourable to the upbringing of children, and there is reason to believe that sterilisation would in some cases be welcomed by the patients themselves. This knowledge is in our view sufficient, and more than sufficient, to justify allowing and even encouraging mentally defective and mentally disordered patients to adopt the only certain method of preventing procreation. In this view we are unanimous and we record it with a full sense of our responsibility.

There was, it seems, an 'overwhelming preponderance of evidence in favour of some measure of sterilisation.'[110]

In his confidential 'Chairman's Memorandum', Brock conceded that his aim was ultimately to secure legislation on voluntary sterilization and, remarkably, implicitly admitted that the sort of hereditarian case necessary to such legislation was lacking.[111] There was, he conceded, no reliable evidence about the proportion of mental defect transmitted from one generation to another – 'heredity and environment are not mutually exclusive', which implied that 'there are few cases in which it is possible to forecast with any reasonable degree of probability the chances of the offspring of any particular union exhibiting

[106] PRO, MH51/224, Minutes of the 13th meeting of the Brock Committee, 20 February 1933, p. 7.
[107] PRO, MH51/210 31100, Notes by Dr Crowley on Draft Report, p. 1 (emphasis in the original).
[108] Brock Report, p. 25.
[109] Brock Report, p. 25.
[110] Brock Report, p. 39.
[111] PRO, MH51/210, Confidential, Chairman's Memorandum, p. 2–3.

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defect.'[112] Yet somehow the 'overwhelming preponderance of evidence' was in favour of sterilization: 'for myself, I should be prepared to press strongly the desirability of legalising the voluntary sterilisation of defectives.'[113] This is translucent evidence of the partiality under which this committee of experts laboured.

IMPLEMENTING THE BROCK REPORT

The Eugenics Society welcomed the committee's work and recommendations. It judged voluntary sterilization as politically feasible:

> we think that, if the general public could be educated to distinguish between sterilization and castration, many members of the Social Problem Group would avail themselves of facilities for voluntary sterilization in order to prevent the birth of unwanted children. This, however, could only happen if a eugenic conscience and a racially conscious public opinion could be created.[114]

Those who would most benefit from sterilization had to be educated into recognizing the appropriateness of such a choice, as the society explained:

> if the community cannot bring the pressure of public opinion, especially of working-class opinion, to bear on members of the Social Problem Group in such a way as to induce them to avail themselves of facilities for voluntary sterilization, it is obviously futile to create such facilities. This is the justification of the propaganda which our Society conducts.[115]

The Report, the Society hoped, would advance such a eugenic consciousness.

The publication of the Brock Committee's report was followed by petitions in favour of legislation on sterilization. At the Ministry of Health, Arthur Robinson suggested to the minister that he should try to get a debate on the report on a private member's motion.[116] The minister, Sir Hilton Young, wrote to Wing Commander A. W. H. James MP, asking him to convince as many MPs as

[112] PRO, MH51/210, Confidential, Chairman's Memorandum, p. 4. This imprecision led Brock to reject compulsory sterilization; it would require 'a degree of certainty as to the results of the union of defectives which at present does not exist.' Yet if the scientific case for compulsory sterilization was weak, then surely it was equally so for voluntary, for sterilization of any sort gained its eugenist justification from the fact of heredity.

[113] PRO, MH51/210, Confidential, Chairman's Memorandum, p. 5. In fact, Brock's enthusiasm for sterilization led him to propose, to his colleagues, its application in areas outside the committee's remit – 'notably certain forms of blindness' – on the grounds that restricting it to sufferers of mental illness gave the policy 'a quasi-penal character' (pp. 5–6).

[114] PRO, MH51/228 31100, Evidence submitted by the Eugenics Society to Mr L. G. Brock's Sterilization Committee, 1 March 1933, 31pp, p. 26.

[115] PRO, MH51/228 31100, Evidence submitted by the Eugenics Society to Mr L. G. Brock's Sterilization Committee, 1 March 1933, 31pp, p. 26.

[116] PRO, MH58/104B, Minute, Ministry of Health, 25 January 1934.

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possible to ballot in favour of a motion on voluntary sterilization.[117] A deputation to Sir Hilton Young,[118] made up of representatives from the Joint Committee on Voluntary Sterilization, the County Councils Association, the Association of Municipal Corporations and the Mental Hospitals Association presented him with a draft bill for voluntary sterilization. It cited the support of an impressive litany of professional bodies.[119] Unable to marshal explicit support from the Church of England, the Joint Committee none the less reported that 'many of the clergy, at present distressed at having to marry couples highly unsuitable for parenthood, would welcome such legislation.'[120]

The government, however, was reluctant to legislate too quickly: 'as regards legislation, the attitude of the Government has been that they must give ample opportunity for all shades of public opinion to find expression on this grave issue; in order that there may be little doubt as to the dictates of the public conscience.'[121] The same official expanded further on the problem of public opinion in this area: 'Can it be said that public opinion has so clearly declared itself that the Government can fairly be invited to decide whether they should introduce a Bill such as the deputation suggests?'[122] It was recommended that the minister assure the deputation that the proposal to legislate on sterilization was 'receiving the active attention of responsible Ministers.'[123] In other words, little was to be done.

Sir Hilton Young listened to the deputation but remained sceptical about legislation. He told the group that while 'much public opinion had undoubtedly been massed in favour of the report', yet 'the effect of the report had also been to intensify the activity of those who opposed, generally on religious grounds, the principle of sterilisation.' As a consequence, Brock's report had 'formed

[117] PRO, MH58/104B, Letter from Young to James, 26 January 1934. To advance health professionals' support of sterilization, the Joint Committee on Voluntary Sterilization (composed of representatives from the Central Association for Mental Welfare, the Eugenics Society and the National Council for Mental Hygiene) was created to apply pressure for legislation. It drafted a Bill for voluntary sterilization (PRO, MH58/100, Letter to the Secretary, Ministry of Health, from the County Councils Association, the Association of Municipal Corporations, the Mental Hospitals Association and the Joint Committee on Voluntary Sterilization, 3 April 1935, enclosing draft bill).

[118] Succeeded, as Minister of Health, in June 1935 by Sir Kingsley Wood.

[119] These were: the Magistrates' Association, the Royal College of Physicians, the Royal Medico-Psychological Association, the Society of Medical Officers of Health, the Association of County Medical Officers of Health, the National Association for the Feeble-minded, the Mental Hospital Matrons' Association, the National Association of Blind Workers, the National Council for Equal Citizenship, the National Council for Women, the Women Public Health Officers' Association, the Conservative Women's Reform Association, the Women's Co-operative Guild, the Women's National Liberal Federation, and other local organizations.

[120] See PRO, MH58/100, Opening Statement of the Deputation to the Minister of Health, 23 May 1935, p. 6.

[121] PRO, MH58/100, Notes for the Minister, 'Deputation on Voluntary Sterilisation', 17 May 1935, p. 4.

[122] PRO, MH58/100, Notes for the Minister, 'Deputation on Voluntary Sterilisation', 17 May 1935, pp. 4–5.

[123] PRO, MH58/100, Notes for the Minister, 'Deputation on Voluntary Sterilisation', 17 May 1935, p. 5.

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fresh opinion in favour of sterilisation but had left the old opposition unshaken.'[124] Young admitted to being persuaded of the 'desirability' of the Brock proposals but was extremely anxious about their opponents:

> it was necessary to build up a case and choose the right moment for action. It would be a mistake to strike too soon, and in his judgement the time had not yet come for the introduction of legislation. Before a Bill could be introduced with any prospect of success, the public would require further reassurance that nothing was to be done which would offend the conscience of the nation.[125]

This line was one adopted from the time of the publication of Brock's Report. A parliamentary question on 13 June 1934 requested that the views of local authorities be ascertained, and the minister told Dr Blacker in July of the same year that public opinion remained unprepared for sterilization.[126] The Report was taken up further in the House in July 1934 by Wing Commander James when his Order Paper motion was heard. He spoke critically: 'I regret that, when we have a unanimous report on this very important subject by so weighty a committee, the Government has not yet found it possible to implement it or to hold out any immediate prospect that they are going to do so.'[127] He maintained that a 'very large number of people' had been stirred by the Brock Report and supported its recommendations: 'if the Government are holding back by reason of imagining that there is not sufficient volume of support in the country for the implementation of the recommendations of the Brock Report, I can assure them that they are mistaken.'[128] This discussion, however, was the extent of parliamentary debate and it did little to bring a bill on sterilization closer.

The deputation marked the high point in the post-publication campaign for sterilization.[129] No proposals were enacted and the imminent election precluded controversial policy. Over the longer term, four reasons account for the failure of the campaign in favour of voluntary sterilization. First, the minister of health, Young, was unco-operative. Although Young may himself have had reservations about sterilization (his comments above are notably noncommittal), it is unquestionably true that a lack of public support undermined the Brock Report amongst politicians.[130] The limits of public acceptability were recognized by the

[124] PRO, MH58/100, Report of the meeting between the Minister of Health and deputation of associations, 23 May 1935, p. 2.

[125] PRO, MH58/100, Report of the meeting between the Minister of Health and deputation of associations, 23 May 1935, p. 2.

[126] PRO, MH58/10, Minute to Miss Sharp, 15 March 1935.

[127] *Hansard* (Commons), 3 July 1934, col. 1825.

[128] *Hansard* (Commons), 3 July 1934, cols. 1825, 1826.

[129] The National Health Service (Family Planning) Amendment Act 1972 legalized voluntary vasectomies; this measure was unassociated with any eugenic ambitions, making the efforts of the eugenists in the 1930s all the more explicit.

[130] Newspaper responses to the Brock Committee were mostly favourable or neutral, however, suggesting that Young's reservations were considerable. See report in PRO MH79/292.

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eugenics movement as early as the 1908 Royal Commission on the Feeble-Minded,[131] and the public remained hostile to sterilization.[132] This opposition reflected a confusion (much bemoaned by eugenists) between sterilization and castration, a belief that sterilization was part of a callous effort to reduce spending on institutions for the mentally ill and a powerful, uncompromising rejection of sterilization by the labour movement, which believed the very idea to be anti-working class.[133]

Secondly, the labour movement was joined in its opposition by the Catholic Church.[134] The Church opposed further enquiries about the treatment of the mentally ill with sterilization at the time of the Wood Report.[135] Its opposition to the Brock recommendations was consolidated with the 1930 papal encyclical *Casti Conubii*, which argued that too little was known about the mechanisms of inheritance for eugenics to have predictive power and that sterilization itself violated a God-given right to reproduce.[136] This concern about the public opinion limits to legislation had long exercised the senior civil servants involved at the Ministry of Health.[137]

[131] *Royal Commission on the Care and Control of the Feeble-Minded* (London: HMSO, Cmnd. 4215, 1908), Vol II.

[132] Though in fact illegal sterilizations were not uncommon as evidence to the Committee indicated.

[133] Macnicol, 'The Voluntary Sterilization Campaign', pp. 431–2. Certain witnesses revealed such a bias. Professor Ruggles Gates expressed the view that 'when feeble-mindedness appears amongst the higher type of family, it is unusual for that child to reproduce. His parents will look after him and protect him for the rest of his life, but in the poorer classes of society the same type of person will marry and will have children who will carry on the taint' (PRO, MH51/228 31100, Proceedings of the 16th meeting of the Brock Committee, 20 March 1933, p. 3). See also Soloway, *Demography and Degeneration*, pp. 200–2.

[134] The Catholic Church's opposition to sterilization was taken as further evidence of the backwardness of anti-eugenism. According to Mrs Hodson, in the United States, the implementation of sterilization programmes in western states, and in particular those in California, 'the most progressive part of the [American] union', contrasted with the dominance of a regressive Catholicism in certain eastern states (PRO, MH51/228 31100, Mrs C. B. S. Hodson, 'General Observations on the Position in the United States', 27 March 1933, prepared for the Brock Committee).

[135] See, for example, PRO, MH58/103, letter from the Catholic Federationist, in Salford to the Minister of Health, 26 February 1929, which concluded that 'sterilisation is immoral, unnatural and inhuman.' The Catholic Church's concern was echoed by the Birmingham based Distributist League (whose president was G. K. Chesterton), which argued that eugenicist calls for an enquiry were confined to a 'comparatively small number of people' and did not emanate from popular demand. See PRO, MH58/103, Letter from the Distributist League to the Minister of Health, 5 March 1929; and PRO, MH58/103, Letter from the Distributist League to Chamberlain's successor, Arthur Greenwood, in the ensuing Labour government, September 1929.

[136] Macnicol, 'The Voluntary Sterilization Campaign', p. 432. Catholics, as Macnicol argues, were only 6 per cent of the population but constituted a group whom ministers did not wish to offend.

[137] See, for example PRO, MH58/103, Minute to Minister by Arthur Robinson, 14 January 1932. The public opinion problem did not dilute the deputation's enthusiasm, however, who maintained that in the seventeen months after Brock's report was promulgated, it had 'received a volume of public support sufficient to justify the Government in accepting the responsibility of introducing a Bill into Parliament.' See PRO, MH58/100, Opening Statement of the Deputation to the Minister of Health, 23 May 1935, p. 6.

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Thirdly, although the Brock Report waxed almost lyrical about the compelling scientific case, an absence of sufficient confidence in this evidence further weakened the eugenist case. The British Medical Association refused to endorse voluntary sterilization, and eugenists themselves were unable to agree on the number of defectives whose condition resulted from hereditary factors.[138]

Finally, the Nazi sterilization programme irreparably discredited its proposed British counterpart. The German law, operative from 1 January 1934, quickly became interlocked with pernicious medical practices, including compulsory sterilization and euthanasia.[139] Revelations of the Nazi practice were particularly damaging for the Brock Committee, as it had praised the German arrangements.[140] By as early as the mid-1930s, and certainly by the end of the decade, it was clear that the bill for which the eugenists lobbied would not be placed before Parliament.

CONCLUSION: SOCIAL LEARNING AND EXPERTS AT WORK

The Departmental Committee on Sterilization represented the most coherent case presented by British state actors in favour of eugenic sterilization. That the proposals failed to achieve their supporters' goals is a matter of considerable historical interest, and we have attempted to add to this debate by providing new primary evidence on the period leading up to these proposals. We argue that the substance of the Brock Committee's deliberations conforms in broad terms to the predictions of social learning theory, but that the process was more complicated than this framework would suggest, involving a significant element of interest-group lobbying. The content of the deliberations themselves gives cause to revise the laudatory view, more or less explicit in social learning theory, of policy experts' autonomy.

Generally, the archival evidence confirms the analytical value of Heclo's framework in accurately characterizing a dynamic of public policy formation

[138] Tredgold put it down to 17 per cent, Fisher to 5 per cent, and Mallet (President of the Eugenics Society) to 80 per cent (Macnicol, 'Eugenics and the Campaign for Voluntary Sterilization', p. 159). At the same time, environmentalist arguments gained support (Mazumdar, *Eugenics, Human Genetics and Human Failings*, chap. 5; M. P. Thomson, 'The Problem of Mental Deficiency in England and Wales' (unpublished doctoral dissertation: University of Oxford, 1992), p. 165).

[139] As meticulously explained by Michael Burleigh in *Death and Deliverance* (Cambridge: Cambridge University Press, 1994). Soloway reports that the Eugenics Society's secretary feared that 'Nazi policies might turn the British public against the modest, voluntary sterilisation proposals being evaluated by Laurence Brock's interdepartmental committee,' a concern reproduced in the pages of the *Eugenics Review* (Soloway, *Demography and Degeneration*, pp. 301–9, esp. p. 302). And see C. Webster, 'Introduction', in Webster, ed., *Biology, Medicine and Society*, p. 9.

[140] 'We propose the recommendations in a prescribed form should be required from two doctors, one of whom should, if possible be the patient's family doctor and the other a doctor on a list to be approved by the Minister of Health.' (Brock Report, p. 43.) Ultimately, it was the Minister of Health who would have to approve each individual sterilization of a mental patient. On the problems of involving general practitioners in the decision, see PRO, MH51/210 31100, letter from Brock to E. J. Maude, Solicitor's Department, Ministry of Health, 16 October 1933, and Maude's reply, 30 October 1933.

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which is lacking in pluralist accounts. The members of the Brock Committee, in co-operation with sympathetic listeners in the Ministry of Health, reacted to the perceived failings of previous policy, and their intellectual efforts to construct a case in favour of voluntary sterilization were central inputs in the policy process. The committee acted independently of societal pressure in that it attempted to secure the implementation of a programme which did not correspond to the demands of the public; indeed, the public was highly suspicious of sterilization for eugenist purposes and the committee conceived of its role as partly one of educating the uninformed British public into seeing the virtues of this policy. The Brock Committee puzzled true to Hecloian type, and the evidence about its deliberations suggest that this model captures an important aspect of the policy process.

There are some potential limits to the sterilization campaign as a test-case for social learning. The deliberations of one committee might be said to be insufficiently representative, particularly given that its efforts failed. The committee was not, however, simply one committee among many: it represented the most substantial policy advance, before or since, in the efforts of eugenists to implement a policy of sterilization of 'mental defectives'. Its recommendations were the closest Britain came to adopting such a policy. Given the extent to which eugenic policies were implemented in other Western democracies and the influence this movement achieved in the first four decades of the twentieth century,[141] the content of the Brock Committee is of significance since it represented the most substantial advance in the effort of eugenists in Britain to implement a policy based on these principles. In addition, there remains a question about the nature of the issue. Sterilization might be said to be a very different issue from social security (Heclo's case), far more emotive and normative. While this caveat is true to a degree, the two issues have similarities in that the central actors associated with each believed themselves to be pursuing radical policies for social betterment. Although Heclo is not explicit on this

[141] For the international context, see, *inter alia*, M. Adams, ed., *The Wellborn Science: Eugenics in Germany, France, Brazil and Russia* (New York: Oxford University Press, 1990); G. Broberg and N. Roll-Hansen, eds, *Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway and Finland* (East Lansing: Michigan State University Press, 1996); L. Graham, 'Science and Values: The Eugenics Movement in Germany and Russia in the 1920s', *American Historical Review*, 82 (1977), 1133–64; D. A. MacKenzie, *Statistics in Britain 1865–1930: The Social Construction of Scientific Knowledge* (Edinburgh: Edinburgh University Press, 1981); R. N. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988); P. R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the US* (Baltimore, Md.: Johns Hopkins University Press, 1991); W. H. Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge: Cambridge University Press, 1990); G. R. Searle 'Eugenics and Politics in Britain in the 1930s', *Annals of Science*, 36 (1979), 159–69; and S. F. Weiss, 'The Race Hygiene Movement in Germany', *Osiris*, 2nd Series, 3 (1987), 193–236. Nils Roll-Hansen observes, of Scandinavian experience, that the 'introduction of sterilization laws in the Nordic countries in the 1930s was carried by the ideology of reform eugenics. In public debates more mainline and partly racist views were still influential' (G. Broberg and N. Roll-Hansen, 'Conclusion: Scandinavian Eugenics in the International Context', in Broberg and Roll-Hansen, eds, *Eugenics and the Welfare State*, p. 270.

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point, the evidence in both cases suggests that the possession of a radical social agenda – an attack on the inequity of the poor laws or on the pervasiveness of the social problem groups – is a prerequisite to learning in the policy process.

Secondly, the discussion suggests that the state-centric element of social learning requires revision. While elements within the British state pursued their self-defined interests, they did so partly as a consequence of a campaign waged by the Eugenics Society. A tacit partnership existed between the society and actors in the Ministry of Health, and it was with the aid of the latter that eugenists penetrated the state's policy-making apparatus and used it as the basis for pursuing their programme. The appointment of the Brock Committee, which constituted the pinnacle of the British campaign for sterilization, resulted from a subtle interaction of state and societal interests: for social learning to provide a more comprehensive account of the policy process, it must attend to such dynamics.[142] The Brock Committee was appointed at a period when eugenist arguments commanded considerable elite sympathy, and though it cannot be proved, it is likely that this context shaped the aims and blurred the judgement of its members. Its members' commitment to building an argument for voluntary sterilization biased its assessment of this aim. The influence of eugenics on the Brock Committee is revealed, most obviously, in the close personal and institutional links between Chairman Brock, committee members Fisher and Tredgold, on the one hand, and the Eugenics Society, on the other. These men were not insulated, in their civil association or in their research, from the dominant intellectual and ideological trends of the day.

Analysis of the Brock Committee's work calls for a revision of the perceived neutrality of the social learning process: the possession by relatively insulated experts of considerable policy autonomy may have consequences that are, if not manifestly malevolent, certainly objectionable. Had civil servants and policy experts succeeded, they would have created in Britain a programme which, though practised in North America and Western Europe, is widely viewed today as an intolerable infringement of personal liberty. Such a possibility gives rise to suspicions about expert autonomy in this policy-making instance; and it demonstrates the analytical value of detailed study of the workings of any committee purporting to impartiality and expertise.[143]

This assessment raises, finally, questions about retrospective judgements. It is arguable that political beliefs and policy choices should be judged by the values of their time and not condemned by the retrospective application of

[142] Peter Hall suggests that state autonomy approaches draw an excessively sharp dichotomy between the state and society and ignores the importance of intermediate interests – political parties, committees, certain interest groups – that stand at the interaction of state and society (P. A. Hall, 'Policy Paradigms, Social Learning, and the State: The Case of Economic Policymaking in Britain', *Comparative Politics*, 25 (1993), 275–96).

[143] For related issues in the more general context of public financing of expert research, see D. King, 'The Politics of Social Research: Institutionalizing Public Funding Regimes in the United States and Britain', *British Journal of Political Science*, 28 (1998), 415–44.

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current beliefs.[144] None the less the legacies and effects of eugenics-based sterilization programmes are powerful reminders of the undesirability of these schemes.[145] While it is not within the scope of this article to engage in a discussion of the morality of eugenics, other countries' experiences suggest that Britain was fortunate to resolve against the implementation of a sterilization programme. It is also worth underlining that the values of many in the 1930s, including the Catholic Church and a majority of the British public, viewed sterilization and eugenics with a distaste often lacking in enlightened opinion.

[144] Clearly, though there are limits to such revisionism. The values of the 1930s justified many practices which we would wish to condemn absolutely, and sterilization is, equally arguably, one of these.

[145] See the recent revelations in Alberta, Canada ('Sterilized in Alberta', *The Economist*, 9 November 1996), or Gould's discussion of Carrie Buck, the subject of the US Supreme Court's 1927 case, *Buck* v. *Bell* which permitted sterilization (in S. J. Gould, *The Mismeasure of Man* (Harmondsworth, Middx: Penguin Books, 1981), p. 336), or Edward Larson's investigation of sterilization legislation and practices in southern American states in the 1930s and 1940s (E. J. Larson, *Sex, Race, and Science* (Baltimore, Md.: Johns Hopkins University Press, 1995). For recent revelations about Sweden, where Social Democratic governments coerced over 60,000 women into being sterilized between 1935 and 1976, see 'Sweden sterilized thousands of "useless" citizens for decades', *Washington Post*, 29 August 1997; and 'Outcasts from Nordic super-race', *The Observer*, 24 August 1997.

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