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JANUARY, 1936.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY MEETING.

THE usual Quarterly Meeting took place at the Association's headquarters, No. 11, Chandos Street, Cavendish Square, London, on Friday, November 22, 1935, Dr. Reginald Worth, *O.B.E.*, President, in the Chair.

The minutes of the last meeting, having already been published, were taken as read and approved.

OBITUARY.

The PRESIDENT remarked that his next duty was always a painful one, namely, to refer to the deaths of members since the last meeting. They were: Dr. H. W. Parnis, Dr. David Rice, Dr. L. Gavin.

He had also to mention Dr. George Kirby, Professor of Psychiatry in Columbia University, a Corresponding Member, and a very old friend, Dr. L. O. Fuller, who died in March last year, but mention of him had been omitted at the following meeting.

Dr. A. A. W. PETRIE said that Dr. Parnis was a colleague of his in the London County Mental Service. He was of the best type of mental hospital medical officer. He always worked conscientiously, and did his best in co-operation with his colleagues. He was a son of Judge Parnis, of Malta. He unexpectedly died when he went into hospital for some quite small operation. He was a thoroughly good man, one who had the affection of both colleagues and patients, and nobody could earn a better appreciation than that.

Dr. W. F. MENZIES said that David Rice came to Cheddleton Mental Hospital when it was opened in 1899. He was then clinical assistant at Bethlem, and the speaker wrote Dr. (afterwards Sir George) Savage, asking if he could recommend anyone for the post, and he named Dr. Rice. He remained there with the speaker many years, i.e., until he was appointed Medical Superintendent at Hellesdon. Dr. Rice was brilliant in many ways. He was the best mimic he, Dr. Menzies, had ever heard; he could mimic natives from all parts of the world—Canadian, Yankee, Blue-nose, Australian, Irishman, Scotsman, not to mention French and German. He took charge of all the amusements when he came to Cheddleton. Patients had been doing only country dances, and he taught them other and more modern ones, taking himself tutorial classes in dancing for the nurses so that they might be in a position to teach the patients. He directed the choir, played the organ for church services and the 'cello in the orchestra. He had a magnificent baritone voice, and was a batsman and wicket-keeper above the average. He had seen little of him, but he often heard how much he was doing to develop Hellesdon.

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Then, some weeks before his death, came a letter from his daughter to say he had developed malignant disease of the larynx, and that the outlook was pronounced hopeless. His loss was a great one, and left the speaker with a sense of bereavement.

Dr. R. B. CAMPBELL said that the late Dr. Lawrence Gavin had acted as his Assistant Medical Officer thirty years ago at Inverness District Mental Hospital when he was Medical Superintendent there. From Inverness Dr. Gavin went to Horton Mental Hospital, where he remained for some years, until his appointment, over twenty years ago, as Medical Superintendent of Mullingar Mental Hospital. Dr. Campbell stated that he was greatly esteemed by the committee, staff and patients at Mullingar, and as a member of the Association he had latterly taken an active interest in its affairs and had acted as Chairman of the Irish Division. Dr. Gavin was a fine type of Irishman, a delightful companion, who was held in high regard by all who knew him.

Those present stood in silence for a period as a mark of respect to the deceased members.

MATTERS ARISING OUT OF THE COUNCIL MEETING.

The PRESIDENT said there was little arising at the meeting of the Council to report to the general meeting.

With regard to the Mental Health Services, it was hoped to arrange a joint meeting between the British Medical Association and this Association at a date in the near future. He was aware that a similar statement was made at the last meeting, but it had not been possible to arrange the joint meeting, owing to many of the British Medical Association Executive having gone to Australia. The subject was a delicate one and would need to be dealt with tactfully. It was hoped to get the British Medical Association to agree with the views held by members of this Association.

At the Fourth Biennial Conference on Mental Hygiene next January, Dr. Collins would represent the Association.

A very kind invitation had been received from the Scottish members to hold either the next February or May Quarterly meeting in Scotland. The May meeting was usually the one at which the Maudsley Lecture was delivered, but admittedly Scotland was a better place to be in during May than during February. If the date for the Maudsley Lecture could be altered it was hoped that the invitation from Scotland could be accepted. It would probably be either in Glasgow or Edinburgh. The thanks of the members generally were due to the Scottish members for having sent the invitation.

Dr. Abdy Collins, the President-Elect, had decided that the Annual Meeting of the Association would take place at Folkestone in 1936, commencing on Wednesday, July 1.

ELECTION OF NEW MEMBERS.

LALKAKA, KAIKHSHREW ARDESHIR, M.B., B.S.Bombay, Consulting Psychiatrist to Bai Jeman Hospital, Bombay; "Nishat", Darabohaw Road, near Nepean Sea Road, Bombay.

Proposed by Drs. J. E. Dhunjibhoy, R. Worth and G. Warwick Smith.

SANDS, DALTON ERIC, M.R.C.P.Edin., Assistant Medical Officer, Claybury Mental Hospital, Woodford Bridge, Essex.

Proposed by Drs. G. F. Barham, M. A. Walsh and W. J. Lascelles.

BROWN, ROGER CROSBIE, M.R.C.S., L.R.C.P., Medical Officer, H.M. Prison, Wormwood Scrubs.

Proposed by Drs. A. A. W. Townsend, J. K. C. Liddell and T. C. Smith.

CROWLEY, TIMOTHY, M.B., Ch.B.Edin., Assistant Medical Officer, Caterham Mental Hospital, Caterham, Surrey.

Proposed by Drs. T. Lindsay, K. Paddle and C. J. C. Earl.

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HORSLEY, JOHN STEPHEN, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer, Dorset Mental Hospital, Herrison, Dorchester.
Proposed by Drs. P. W. P. Bedford, J. J. B. Martin and R. Worth.

BLACKER, CARLOS PATON, *M.C.*, M.A., D.M.Oxon., M.R.C.P., General Secretary, Eugenics Society; 69, Eccleston Square, S.W. 1.
Proposed by Drs. R. Worth, G. Warwick Smith and H. C. Beccle.

DISCUSSION ON THE REPORT OF THE DEPARTMENTAL COMMITTEE ON STERILIZATION.

The PRESIDENT said that the discussion would be opened by Dr. C. P. Blacker, whom he had welcomed on his election as a member of the Association. This Report of the Departmental Committee on Sterilization was concerned with a very controversial subject, and was so extensive that he thought it wise to limit the discussion to the terms given on the agenda, namely, the proposed Voluntary Sterilization Bill, the provisions of which were known to most of the members present.

Dr. C. P. BLACKER said he would first like to thank members of the Association for having elected him a member, which he felt to be a great honour. Dr. Worth had told him he would be allowed ten minutes, and he would do his best in that time.

He expected that most of those present had read the Report of the Committee on Sterilization, and many had probably seen the draft Bill which had been drawn up by certain interested societies and individuals who had formed a Committee. The object of the Bill was to implement, in legal form, the recommendations of that Committee. He had brought with him for distribution at the meeting a few copies of the draft Bill.

The terms of reference related specifically to hereditary disorders and defects of the mind; but the Committee went beyond that, and included recommendations relating to hereditary abnormality of a physical character. The latter, however, did not come into the present discussion. He would, therefore, confine his remarks to mental disease and defect. It was repeatedly stressed throughout the Departmental Committee's Report that the recommendations in regard to sterilization were voluntary. Indeed, the whole Report was permeated by the voluntary principle, and the safeguards which were recommended were carefully devised so as to protect that principle. The two categories with which the Association was concerned that afternoon were persons who were mentally defective, and persons who had suffered from mental disorder. Considering, first, the category of mental defectives, there was no time, the speaker said, to go into the extent to which these defects were hereditary; but he wished to draw attention to the first Appendix of the Report of the Departmental Committee. Here was described the most important investigation on this question which had yet been made. He did not think that the medical and scientific public, or even students of eugenics, had appreciated the importance of that investigation. The Committee had instituted an inquiry into the condition of the *children* of mental defectives instead of into that of their parents, thereby, for the first time in the history of such genetic investigation, working downstream instead of upstream. The Committee had particulars of 3,650 children, and their conclusion was that just under half of them were either mentally defective or retarded; in other words, nearly half of them were subnormal. That was a striking fact, especially when taken with the finding that 22% of the children had died. To what extent did this finding suggest the importance of hereditary factors? If 22% of the children had died, one at least of their parents having been mentally defective, it was legitimate to infer that the environment of those children must have been bad. It was admittedly difficult in this connection to dissociate the effects of hereditary and environmental influences —a point very well made by the Committee's summary of the researches of Dr. Penrose. Many authorities believed that heredity played only a small part as

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compared with environment; but the following consideration, which was elementary, seemed important, and it was surprising that it should have been so much overlooked. Environmental conditions had improved out of all recognition in recent years. Two or three hundred years ago the country used to be ravaged, and on occasions almost depopulated, by diseases of environmental origin, such as typhus, smallpox, enteric fever and cholera. These diseases no longer existed in this country. They were the outcome of bad environment—of dirty conditions and dietetic deficiency. There still existed certain diseases which had a greater incidence among the very poor than on others, such as rheumatic fever. But if bad environment was the primary cause of mental defect in general, one would have expected to see the number of mental defectives decreasing as the environment improved, in the same way that the number of victims of these environmentally-caused physical diseases had diminished; instead of which, as had been pointed out by the Wood Committee, the number of mental defectives seemed to be increasing slowly, despite improved environment.

The subject of heredity in connection with mental disorders was a more complicated one, and the diagnostic labels were more elastic; thus, when Germans talked of manic-depressive insanity and schizophrenia they might not mean quite the same as their colleagues in Britain. The Annual Reports of the Board of Control showed, in seven years, an average of 20,000 to 23,000 admissions into mental hospitals. These consisted of first admissions and readmissions, and it was interesting to observe that the relation of the two sets of figures had been constant. The first admissions were 16,000 to 17,000 (79% to 80%), and the readmissions 4,000 to 4,500 (20%). It was possible that among the 4,000 or 5,000 cases readmitted there might be found some who would be glad to avail themselves of voluntary sterilization. It could not be said that the psychosis in all these cases was due to hereditary causes, or that sterilization would be appropriate to them all; it was to be remembered, however, that in their absence the burden of looking after the children was left to the normal spouse, who, together with the afflicted individual, might be grateful if the facilities for sterilization recommended by the Brock Committee were available.

How ought that term "mental disorder" to be understood? Was it to be taken to mean those who had been certified, or should it include people who were suffering from the severer neuroses, alcoholism, etc.? The Committee which drafted the Bill thought it would be a pity to restrict the term to those who had been certified. They considered it should be made possible for chronic neurotics, etc., to be sterilized if they so wished. This would considerably widen the scope of the measure, especially as the Brock Committee had recommended that facilities for voluntary sterilization be made available *irrespective of whether or not the mental disorder was hereditary*. While in the case of *physical* disabilities they had recommended that sterilization be limited to *hereditary* cases, there was no such limitation in regard to mental abnormalities. Irrespective of the causation, sufferers from these made bad parents. It was therefore difficult, at present, to estimate what the scope would be of the measure relating to those who had suffered from mental disorder, and to know how many people would avail themselves of it. In order that the public should not come to believe that to enter a certified institution or a mental hospital was an inevitable preliminary to sterilization—which had to a certain extent happened in Germany, according to accounts—the Committee recommended that the operation itself should *not* take place in the institution in which the applicant was being, or had been, detained, but should be performed, in all cases, elsewhere. It would obviously be deplorable if people were to feel that entry into a certified institution was a preliminary to sterilization, and if it were believed that they would not be released from the institution until they had been sterilized. If it were decided to include, in the category of mental disorder, neurotics who wished to avail themselves of sterilization, as well as persons who had been certified, it would be important to exclude neurotics or early psychotics, who might, in one way or another, suffer from the operation. All present had

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come across hypochondriacs who declared that their scrotal or abdominal pain dated from an accident; and in like manner it would be quite easy for a depressed or hypochondriacal person to say that his affliction dated from a sterilizing operation. Therefore the Committee had recommended that any person offering himself for sterilization who had suffered from a mental disorder should be examined by a competent psychiatrist, who could state that the operation was not likely to have a harmful effect on the person's mind.

How ought one to proceed when a patient asked to be sterilized? It was a fact, the speaker said, that he had spent more time trying to deter from being sterilized people for whom the measure was inappropriate than in persuading people to have the operation who needed it. The proposal tended to attract people who might, for various reasons, be anxious or timorous, who were alarmed by the uncertainties of the future or about remote abnormalities in their pedigrees, or, indeed, by many other more or less absurd preoccupations. Many people asked: "If I get married and have children, what are the prospects of their inheriting my disabilities or the disability which appears in my family?" The first thing which the medical man thus consulted should ask for was an exact pedigree of the family, showing the incidence of abnormalities or alleged abnormalities. The speaker drew attention to a schedule he had devised which greatly facilitated this inquiry, copies of which were made available for distribution. Something of the sort, he said, would have to be used if the recommendations of the Departmental Committee were to be implemented, because the doctor would be required to give the grounds on which he would recommend the operation.

Dr. Blacker's last point was the following: There were two things which nobody expected the recommendations of the Departmental Committee would achieve. First, nobody was under the impression that it would save money to the ratepayer. If the measure was to be a voluntary one, it was difficult to assess how many would come forward to avail themselves of the procedure; and it was probable that in the early phases, when people confused sterilization with castration, only a few would come forward. Only a fraction of those for whom it was appropriate would ask for the operation to be done. Hence it was difficult to see how there could be any economy for the ratepayer. Nor was it reasonable to expect in the near future any drastic reduction in the incidence of hereditary mental abnormalities. He thought it desirable, indeed, that the measure should start slowly; it would be unfortunate to pass drastic and ill-considered legislation, such as had been adopted in some American States and in Germany, which at a later stage would have to be repealed. It was much better that such a measure as this should start slowly, and gradually gain momentum as the safeguards were found feasible and workable. He would himself be surprised if more than fifty to a hundred people were sterilized during the first year after the Bill were passed. Hence one would not be justified in expecting rapid or drastic improvements in racial quality as a result of this measure being legalized; it should rather be looked upon as the thin end of a wedge, of which the thick end was, not compulsory sterilization—which was quite unpractical in this country—but rather the alleviation of much personal suffering and social misery. Indeed, voluntary sterilization might, in our lifetimes, be the beginning of what might become, in course of time, an instrument of considerable value in the sphere of preventive medicine.

Dr. DAVID BLAIR said he would like to make a few remarks from the average asylum medical officer's point of view. For all their working lives they were up against this very difficult and disconcerting problem.

Twenty-five or thirty years ago he thought his colleagues had more definite ideas about it; but they had gradually allowed their opinions to be side-tracked and undermined by various considerations, which made them doubt and hesitate. No doubt this arose from the very nature of their work. They had a double duty—their duty to their patients and their duty to the community and to posterity.

The medical officer's first duty was to his patients, and this was a very

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sympathetic, intimate and personal relationship. All their patients were their friends, and they knew that those patients whom it would be most desirable to sterilize were probably those who most desired to have children. His experience had been that a certain class of insane person who had begun to recover was very desirous of having children. He thought, for instance, that women of twenty-five or over—especially if they had never had a child—were even more anxious to have one than were their normal sisters. They might be less able to look after them, but probably for that very reason they had a great desire to be as others are. He thought it would be a great blow to these—in fact to some a knock-out blow—to be told they should be sterilized and never have children. So that from the human side he thought the mental physician disliked having his name associated with any measure which to the simple mind might seem to be inhuman or unkind.

On the other hand, one had to face one's duty to the community and posterity, and he would ask his fellow members to consider what they all know from their own experience.

His own experience extended over a period of about forty years—always in large asylums containing between 2,500 and 3,000 patients. That experience had left him with the strong impression of how many of his fellow creatures should never have been born, and how many were unjustified in breeding their species. Like most of those present he had lived in insane communities, knowing that 60% of them would never recover or be discharged. Some were paralysed. He had seen patients bedridden for twenty or thirty years who had never been able to attend to the calls of nature and had always to be washed and dressed and fed. Could they wonder that members of committees should sometimes ask them, in tones of semi-indignation, "Can you men do nothing to check this deplorable state of things?" Yet they knew that it was not with the 60% that the danger lay. The real danger lay with the 40% who were discharged, or with those outside who had never been certified or come in.

To illustrate the value of this voluntary measure he would like to mention one or two extreme cases.

Many years ago he had a girl patient suffering from acute cataleptic automatism. For two years she had to be fed by the nasal tube, and for two more the nurses managed to feed her with great difficulty. For four years she could do nothing for herself; but she recovered, i.e., she returned to her own normal—which was subnormal. She was one of three sisters, all of whom had been insane. While she was ill one of the sisters visited her and reminded him that she (the visitor) had been a patient of his ten years before in the Consumption Hospital of the asylum. She reminded him that she had recovered from her tuberculosis and her insanity; that she had been discharged, got married and had ten children in ten years.

He did not know that this woman would have accepted voluntary sterilization if it had been offered; but if it had been possible, surely it would have been the reasonable thing to have done.

At the same time there were in the hospital four defective brothers, all sons of a subnormal mother. When the mother was sent for on one occasion she was unable to identify her children by name. Had it been possible to offer sterilization to this unfortunate woman, surely it would have been the sane and wise course to have pursued.

Perhaps the chief reason for apathy on this question among medical officers is their appreciation of the vastness of the problem. They realize that measures such as those advocated in the Report are so hopelessly inadequate to deal with the problem, while, on the other hand, any recommendation of drastic measures would never be tolerated. He thought this was a state of mind that should be earnestly combated. The measures advocated were a distinct step forward. The wisdom and strength of the Report were in its moderation; there was nothing to object to and he, personally, welcomed it. He hoped the Association would accord it its blessing and the unanimous advocacy of its members.

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Dr. W. A. POTTS said he would like, first, to thank Dr. Blacker for his extraordinarily interesting, able and sane exposition, which had been tremendously helpful to him personally; he did not doubt it had been equally helpful to many of the members present.

One point which was much emphasized in the Brock Report had not, he thought, been sufficiently stressed in Dr. Blacker's opening speech, yet it was a very important one. It was, that one of the difficulties which those who favoured sterilization were up against in the case of mental defectives was the very imperfect ascertainment of the number of mental defectives in the country. It had been estimated that there were something like 8 mental defectives to every 1,000 of the population, yet the actual ascertainment in any district scarcely ever exceeded 4 per 1,000; in other words, only half the number estimated to exist had been ascertained, and in many districts the proportion was much less than that. Some districts were holding back from ascertainment because they hoped that sterilization or some other drastic measure would be introduced, which would relieve them of the expense of providing for mental defectives in institutions. Three years ago he made a special investigation of all the mental defectives in Birmingham who had been placed in institutions during the year, to see in how many cases, if there had been a Sterilization Act, the community might have been saved expense in providing for them in institutions. In Birmingham 34 females were certified and placed in institutions for mental defectives during the year; of those 34 only 12 had sufficient intelligence to be able to manage outside an institution, i.e., there were only 12 in whom sterilization could have been an alternative. But there was not one of those 12 who was fit to live outside an institution if she had been sterilized. Several had no home; one was a truant from home and immoral; another was bad-tempered and quarrelsome; another was an epileptic, who had fits once a week. If a Sterilization Act was going to be made use of there must first be more accurate ascertainment. He hoped that one of the advantages of discussing the question of sterilization would be far more complete ascertainment. Although there might be more expense to the community in the first instance, that procedure was bound to be an advantage.

He had already mentioned the females in Birmingham who in one year were placed in institutions. In the same year 47 males were certified and placed in institutions; only 10 of those had sufficient intelligence to be able to manage outside an institution. After investigation it was found that only one of the 10 could have lived outside an institution; some were epileptic, some were criminal, and so on.

If a satisfactory Sterilization Act was passed and complete ascertainment carried out, something would have been done towards reducing the number of defectives; there were certainly some defectives who might be left in their homes, if it were not for the sex problem. There was lack of agreement as to how far heredity was responsible, but all were agreed that heredity was an important factor in some cases.

With regard to cases of mental disorder, it had been said there was great difficulty in deciding whether they should be sterilized or not. One advantage would be that if there was a Sterilization Act, it would be necessary to make more thorough examination with the object of making a diagnosis and ascertaining the fundamental causes. In the case of a mental patient who had been in an institution and who was much obsessed by the idea of heredity—as some were—he thought that anxiety might help to precipitate a recurrent attack, while sterilization might save him from this.

It would probably be found that there were two groups of patients, one of which had a reasonable anxiety about propagating mental disorder; for some of these sterilization might be desirable. In the second group were certain neurotics and psychotics who might be anxious about having any offspring, but in whose case the anxiety might be due to some psychological abnormality, which could be dealt with. Before those cases were sterilized they would have to be more

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thoroughly examined, both physically and psychologically, than was usual at present. If that was done, it was most important that all aspects should be thoroughly considered; the psychological side should be investigated by those who were properly qualified to make such investigations, and who would be unlikely to overlook possibility of physical factors. This would all be to the advantage of the community in course of time.

Dr. P. K. McCowan said the tenor of his remarks would be that the energy which had been expended, and was still being expended, on trying to get the Government to introduce legislation in favour of sterilization would be better spent in educating the public so that, understanding the matter, they would bring pressure to bear on the Government to vote sufficient sums of money for research into those diseases in connection with which sterilization was being proposed.

As the problem of mental deficiency was probably the chief object of attack, he would largely confine his remarks to that subject.

As the whole argument in favour of sterilization depended on the hereditary nature of the conditions for which it was urged, it was very important that members should remember throughout the debate the fact that we had an extensive knowledge concerning the laws of heredity. For example, we knew that certain traits were handed on as dominant, others as recessive; some, again, were sex-linked. We knew the importance of multifactorial transmission, paravariability, etc. We also knew that these eugenic laws were of mathematical accuracy. If, now, we asked ourselves how much of this knowledge could be applied to mental deficiency, if we were to be honest the answer must be, "practically nothing"; and this was not surprising when we considered how little we knew of mental deficiency itself. An assumption which was commonly made in discussing the sterilization of defectives, and against which he strongly protested, was that mental deficiency was a clinical entity. That was not the case; and, starting from this idea of its being a clinical entity, people proceeded to argue as if there were some gene which controlled the presence or absence of mental deficiency in an individual. This point of view was well exemplified in a recent lecture by Lord Dawson of Penn, which appeared in the *Lancet*. A less naïve, but equally unproved assumption, frequently made in estimating the importance of heredity in mental deficiency was that all mental and nervous diseases, eccentricity, alcoholism, epilepsy, asthma, etc., were related to mental deficiency from the point of view of heredity. That was not yet proven, though he did not deny that there might be some basis for the assumption. The presence of one or other of the above conditions in the family history had certainly been found in 70% of a group of mental defectives investigated from this point of view, but it was very important to know that in a control group of normals the percentage had been 68. It seemed to him as reasonable if in the investigation into the heredity of a physical disease, such as diabetes, one were to ascertain the number of relatives who had suffered not only from diabetes but from any other physical disease. As this would naturally be in the neighbourhood of 100%, it could be used presumably as a strong argument for the sterilization of diabetics. This argument was not really so ridiculous as might at first sight appear, for it must be remembered that, in investigations into heredity of mental disease, any mental disease in a relative was included, although we knew perfectly well that many were acquired diseases, e.g., general paresis or the toxic-exhaustive psychoses, while arterio-sclerotic psychoses were related to diseases of the arteries rather than to mental disease.

As a scientific body he did not think the Association could give this proposal its blessing until something scientifically accurate was known about the subject. Mental deficiency was a conglomeration of separate entities, and the division into primary and secondary aments was admittedly a crude one. He thought it was preposterous to suggest that our present knowledge was sufficient to allow us to say with any degree of accuracy in which cases sterilization was justified. He agreed that there were a few cases in which there was little doubt, but that was

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chiefly where one or more defective children had already been born into a family. It was important to remember that the human race was as capable of regeneration as it was liable to degeneration. Paravariability and the breeding-out of recessive traits were important here. Individual cases meant little in the argument, but he had recently seen a case which showed very well the opposite side of the argument to that which had so far been presented by previous speakers. It was that of a man who came under his care suffering from a paranoid psychosis. He was deaf and had been blind from birth as a result of congenital syphilis. He had married a deaf-mute imbecile, who, at the time of the marriage, was a prostitute. They had had five children. Three of these had won scholarships at school, and the other two were likely to do so in the near future. The two eldest were already married, and each had a child. These grandchildren were certainly still very young, but, so far, they showed no sign of being subnormal mentally. He was aware that one case did not prove anything, but he claimed that the case did show how ignorant we still were, and how presumptuous it was for us to set ourselves up as demi-gods with the right to say that such people should not be allowed to procreate.

He had no moral objection to sterilization, and he agreed that in some cases it would be a boon, but it was all very difficult while cases such as he had just mentioned could be quoted. He felt that sterilization was a very small contribution to the subject. To illustrate the futility of sterilization as a serious contribution to the solving of the social problem, he instanced California, where Sterilization Acts had been in operation for over twenty years. That State was always referred to by the protagonists of sterilization as a shining example of what could be done, but when their record was examined it was found that they had sterilized on an average 70 mental defectives a year, and, incidentally, that one half of those defectives are still in institutions. As there were 300,000 mental defectives in England and Wales, protagonists were misleading the public if they led them to think that voluntary sterilization was in any sense a solution of the social problem of mental deficiency and mental disease. He feared that the agitation for sterilization was delaying attention to the pressing need for research, and it was for this reason that he deplored it. He thought that research, not sterilization, was the aim and policy which the Association should advocate. If the Association as a body agreed with this, he thought they should let it be widely known that such was the case. Various other bodies, the members of which had less knowledge of the subject than those of this Association, had published their views, and, as far as he knew, they all gave their unqualified blessing to the Brock Report. If the Association thought that research was likely to be more fruitful than sterilization, he felt that it was extremely important that they should say so publicly. The religious aspect of the subject might not be their concern as medical men, but he could not help feeling that, if the Roman Catholic Church knew that this Association advocated research rather than sterilization, they of the Association would find a powerful ally in their claim that more money should be spent on research into mental deficiency and disease. He understood that at present some £300,000 a year was spent on cancer research alone, while only £10,000 a year was available for research in psychiatry. He would propose that this meeting ask the Council to put on the agenda for the next meeting a resolution stating that, while not offering an opinion for or against sterilization, the Association thought that research into the subject was more important, and that this was the policy which the Association supported.

Dr. McRae admitted that after forty years as a benighted asylum doctor he was still at the stage of asking questions. As an Association, they had been asked for their views on this subject of sterilization, and he had repeatedly said, and would say it again, that the Association, as such, had not any to give. Perhaps no two persons in the room would be found to have quite the same conception of what was meant by the term "heredity"; each man, as a result of his particular

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upbringing, training and method of thought, had evolved what he considered heredity to be. Disease, like accident, was acquired as one went through life, and could not be passed on as such hereditarily by genes ; it resulted from injury or intoxication derived from the environment.

He felt that they, as a profession, were allowing themselves to be pushed along in front of the laity, who held much more convinced views than did doctors. The sooner these ardent reformers were made to realize what utter ignorance surrounded the subject of heredity the better it would be for all. Members had for long been showing conclusively that they, as a profession, did not know enough about the subject to ask for legislation on it. On the previous day they were told that there was being formed a Society, whose sole object was to study human heredity, and that body would like the approval of this Association ; the only objection to the proposition was that this Association might be asked for funds ! That new Society visualized an international " clearing-house " on the subject of heredity in mental diseases. It seemed to him an excellent title, in that, if it effected a clearance of many fallacious ideas so widely prevailing these days, it would serve a most useful purpose.

Another confession of ignorance was the recent institution of scholarships which provided for young men to visit every asylum during the next three years and investigate the question of consanguineous insanity. Whether much of value was to be obtained from such a source remained to be seen.

It appeared to him that human beings had got so conceited as to believe that they knew everything and were even prepared to teach God Almighty how they could be bred true to an ideal type.

It was his common experience to be asked by a distressed father for an explanation of his son's mental illness—" Why is he like this ? We are respectable people. It is a great calamity ". He said to such a man " Are you fond of flowers ? " The reply was that for years he had been a regular exhibitor at the local flower show. Asked what he did before sending in his plants, he said he always picked off the defective buds and only showed the best blooms, as otherwise he could not possibly win a prize. Then said he to the man, " If God Almighty does not choose to produce a single plant with every flower perfect, why should you expect Him to make every human being perfect ? " Such an attitude was often a real comfort to the father, for it showed him that his son's condition need be no reflection on the parents.

In his district, the speaker for nearly thirty years had knowledge of families in three generations. He had seen cases in which a couple had met for the first time as patients in the asylum, to marry after their discharge, and produce a family of normal children and eventually become grandparents with, so far, no appearance of insanity in their offspring. He would not live long enough to see what became of the grandchildren, nor would any of those present live long enough to have an intimate knowledge of how such families fared in three generations.

He had had patients in the asylum for several years showing no signs of recovery till it had been suggested to them that they might become well enough to go home and get married. Many such cases had married after discharge to live perfectly normal lives and had remained well because they were satisfying a natural craving for parenthood. For ten years as Chairman of the County Maternity and Child Welfare Committee at public meetings held throughout the county area with the object of popularising the scheme, he had known many a proud mother step forward to show off her healthy children produced since leaving the asylum. Twenty years ago he asked at a meeting of this Association what was to be done in the cases of two women ; one who entered his mental hospital because her tenth confinement had resulted in puerperal insanity, and six months later he admitted another woman whose first attack of insanity was during her eleventh pregnancy. He was still waiting for the answer !

He thought the whole matter of sterilization of the mentally affected had been put in a nutshell by Dr. McCowan when he said that not enough knowledge was yet

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possessed on the subject to justify legislation. The curse to-day on this, as in other medical matters, was that the laity was always in too great a hurry and clamoured for legislation fifty or a hundred years in advance of scientific knowledge. It was taking up a truly scientific attitude to say " We do not know," and he was not ashamed to declare it.

Dr. W. J. T. KIMBER said it was scarcely necessary for him to stress the fact of the ignorance of the profession on the subject of heredity. He welcomed these provisions for voluntary sterilization which were now put forward, not because he expected it was going to be a remedy or a preventive of the propagation of mental defect and mental disease. He was of the definite opinion that the speciality owed a duty to the public to put that fact before them, because, naturally, such would be expected. To present limited proposals for sterilization was, no doubt, very wise ; they could only be looked upon, usefully, as an experiment until the profession and the general public were used to the idea of it. He assumed that even ten years ago the idea would have been very objectionable to the majority of the nation; very few people would have been found at that date to approve of it. But the application of it on a voluntary footing, in a limited way, was some preparation for the further application of sterilization, beyond what was now being proposed. And, as other speakers had been emphasizing—in fact he felt there was little for him to add about it—that preparation would be useful, because, as an Association, they should stress the importance of research on a very wide scale in this connection before attempting to make any definite recommendations for the extension of sterilization. He was not so pessimistic about the present position of the country with regard to mental disease and mental deficiency as some were. Dr. Blacker had mentioned that in the old days the conditions of environment were very severe, and yet—if he understood that speaker aright—mental deficiency and mental disorder were not so marked as now, and he instanced typhus and other diseases. Such were material conditions, but one could not expect them to have the same effect on the production of mental maladaptations as the more complicated mental stresses to which people were subjected now. Material conditions had improved, but the mental stresses and the more complicated adaptations which had to be made in the present more complex life had increased. He felt that every case which came up was of importance, because a correct decision must be made upon it, and in each case each important factor had to be considered separately. It had struck him that the timorous individual who wished to have sterilization done might rightly be allowed it, as it was the timorous person who was going to be the least suited to bring up a self-reliant family.

But, as Dr. Blair had said, before this was agreed to a very thorough physical and psychological investigation should be made before sterilization was allowed, in order that the readjustment of the individual to make him or her suitable as a parent should be made if possible in preference. He thought the individual must be very carefully considered in each case.

Though he appreciated the reasons which had been given why sterilization should not be carried out in the mental hospital, he personally regretted it. He thought it singled out mental hospitals as institutions where it was to be assumed some unfair pressure would be exerted to have sterilization carried out. He therefore thought this special mention of mental hospitals should not have been made. He agreed that many safeguards should be provided, but did not think any one class of institution should have been singled out in this way. It was hardly likely, he thought, that less pressure would be put on an individual in a public assistance institution ; possibly the officials there were more concerned with the payment for the patients. That probably was not of very great importance ; still, he was sorry it was done, and in any further legislation this might be omitted.

Dr. T. D. POWER said he would like to begin by congratulating Dr. McCowan on his very sane and practical remarks ; his was one of the best statements of the case he had ever listened to.

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Time would not permit him to take up the various points brought forward by Dr. Blacker in his opening remarks, but if, as Dr. Blacker said, this voluntary measure of sterilization would not reduce public expenditure on the unfit, would not achieve for this generation any reduction in the number of insane and defective people, and was not likely to be adopted by more than fifty, or at most a hundred persons in the first year, there did not seem to be much of a case for the introduction of such a Bill as was advocated.

He would like to say a little more on the subject of heredity. Naturally the Report was largely concerned with the subject of psychopathic heredity, and the Committee concluded that heredity played an important part in the causation of mental disorder and defect. With that conclusion he was in agreement. Nobody who had spent years in a mental hospital, day in and day out in clinical contact with the patients, could have failed to have been struck by the amount of psychopathic heredity in the family histories of the insane. He would go even further than the Committee, and suggest that environmental influences, such as syphilis and encephalitis lethargica, only produced serious mental symptoms in predisposed individuals. But there precise knowledge ended. Except in one or two rare diseases, such as Huntington's chorea, the mode of transmission of the hereditary factor was unknown, and we were in entire ignorance as to its intrinsic nature. It was obviously something very different from such characteristics as " smallness " or " tallness ", which we were accustomed to associate with simple Mendelian traits, for it was protean in its manifestations, as was shown by the appearance of psychoneurosis, epilepsy and mental disorder in the same stock. While the attention of the Committee had been focused on the *undesirable* results of this heredity factor, he was not at all sure that future research would not show that it could operate favourably in certain individuals. On the rare occasions on which brilliant men had crossed the speaker's path he had been struck by the amount of degeneracy in their stock, and a study of biographies tended to support that view. At any rate psycho-analysts would agree with him that it not infrequently transpired during the course of an analysis that social activities of a praiseworthy nature were associated with a neurotic mechanism, and it was a commonplace that many clever men were also neurotics. There was also the latent artistic talent that lurked in the background of the dementia præcox personality. The Departmental Committee recognized these gaps in our knowledge, and yet they sought to introduce so serious a measure as sterilization. He had not seen the proposed Act, but he gathered from the Report that psychiatrists were to be invited to issue on request to the perfectly healthy relatives of insane people certificates to the effect that they (the relatives) should be sterilized when there was inadequate scientific knowledge available for guidance. It was true that in the case of mental deficiency the Committee offered some criterion as to the suitability of healthy individuals for sterilization in that the alleged " carrier " should have given birth to a defective child, but no such guiding principle was available for the use of psychiatrists in dealing with " carriers " of insanity. How, then, was the psychiatrist to make a decision in a given case ? The answer was that he was not intended to do so, but was supposed to refer the matter to a Central Advisory Committee, consisting partly of geneticists and partly of doctors, who would make the decision for him. But from what mysterious source would this semi-lay Committee derive its superior knowledge ?

Next, with regard to the repercussions which this measure would have on the Mental Hospital Service—for he looked at it from the point of view of the asylum doctor. Every psychiatrist knew the difficulty of persuading relatives of mentally disordered persons that the latter needed treatment in a mental hospital. The relatives would regard the illness as anything but a mental one. For this reason fashionable physicians in the West End alluded to the condition as a " nervous breakdown ", while those in the East End called it " nervous debility ". But although the average member of the British working class had this horror of insanity, he had only a vague idea that the taint could be transmitted by normal

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people. If this was brought home to him by Act of Parliament, the stigma associated in his mind with insanity would be greatly increased. Patients suffering from incipient mental disorder would no longer seek early treatment for fear of bringing disgrace and genetic handicaps on their relatives. Psychiatrists would be shunned instead of consulted. The clinics which up and down the country were struggling to justify their inception would be empty, and mental hospitals would once again be regarded with that old suspicion and dislike which was only just beginning to be overcome.

Members ought not to be unduly influenced by the fact that the Report had a blue cover and had been issued by His Majesty's Stationery Office. As a survey of existing knowledge it was invaluable, and it had cleared our minds of many misconceptions and illusions; but he submitted that the recommendations which it made were unwarranted, and were unacceptable to British psychiatry.

Sir LAURENCE BROCK said that he had not come that afternoon with any intention of speaking; he only came to listen. He did not feel that it was any part of his task to summarize, or to repeat, arguments which had already been set out fully in the Report to which he had put his name; but it was, perhaps, worth while saying a word or two about the way in which the Committee came to be composed. It was obviously not possible in a controversial subject of this nature to secure a Committee entirely made up of people who had never expressed any previous opinion on sterilization. To attempt this would have meant excluding such acknowledged experts as Dr. Tredgold and Prof. R. A. Fisher. What seemed to the Ministry the only possible course was to try to form a Committee on which different types of expert opinion were represented, but on which, so far as that could be secured, opinions one way or the other were equally balanced. There were two members of the Committee who had previously expressed fairly strong views, one for and the other against sterilization. There were four other members of the Committee, two of whom were believed, from their previous utterances, to be mildly favourable, and the other two to be rather unfavourable. About the views of the remainder nothing was known at all. But if he had been asked, when the Committee were appointed, whether he thought there was any prospect of a unanimous report, he would have said that it was long odds against it. Indeed, it was remarkable that, having heard evidence for more than a year, when the Committee began to discuss the lay-out of the Report, without having had any previous exchange of views, they found an astonishing convergence of view, although some of them had entered on the inquiry with a distinct prejudice on one side or the other.

He thought that the practical question which confronted the Association was a narrower one than some of the speakers had debated that afternoon. He agreed that it would be a great misfortune, even a disaster, if the public were to get the idea that sterilization was a panacea, or that it was a substitute for the research which all agreed was so urgently needed. But he suggested that the issue before the Association was the question of what attitude they would adopt if and when a Bill on the lines recommended by the Committee came to be introduced in Parliament. He did not know when that would be; possibly it might not be a Government measure at all, but there was every reason to believe that, sooner or later, such a Bill would be introduced, perhaps a good deal sooner than some of those present expected. When such a Bill came before Parliament, he thought that the public would look to the Association for some collective expression of their views; and in formulating a policy—and the Association could hardly refuse to formulate one—he thought that they had got to look not so much to the questions which had been debated that afternoon as to the extent of what was not known, but rather to the extent of what was known. He agreed with much that had been said during the discussion about the gaps in our present knowledge, but he thought that the Committee in their report were very frank on that score. What mattered,

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however, was not ignorance as to the manner of transmission, but whether there was evidence which would satisfy practical men as to the fact of transmission.

With regard to certain physical disorders, he took it that there could be no difference of opinion as to the fact of transmission as, for instance, in the case of hæmophilia. With regard to mental defect, it was fair to say that there was overwhelming evidence that heredity played a large part in the propagation of defect, and he was surprised that the result of the census which the Committee made of children of known defectives had not excited more attention in scientific circles, because it was an inquiry of great importance and had led to startling results. All previous research into the causation of mental defect had worked up-stream; previous inquiries had looked, not at the children of defectives, but at their parents. That was inevitable, because these inquiries had been undertaken by workers with only a limited number of helpers. His Committee were in the fortunate position of being able to enlist the support of local authorities, and, with their aid, had been able to do what had never been accomplished before, and to ascertain the kind of offspring produced by known defectives. He had to admit that the personal factor necessarily entered into the inquiry to a large extent, but many of the children were " vetted " by competent medical men : in London, for example, the majority were subjected to intelligence tests, and the divergence in the results between one area and another was within comparatively small limits. The inquiry showed that, excluding children who were so young that their mental condition could not be ascertained with certainty, out of a large number of cases examined by different local authorities, 40% of the children between the ages of seven and thirteen were either definitely defective or were more than two years retarded, and in the case of children over thirteen years of age the percentage had risen to 45. These seemed to him to be very startling figures, and to support the evidence which had been accumulated from other quarters as to the fact of transmission, whatever uncertainty might attach to the manner of transmission.

He submitted that the practical issue before the Association was not whether a Bill on the lines proposed by the Committee would wipe out defect—no sensible person expected that; it was not a panacea, and it would not realize the expectations of Lord Dawson. What had to be considered was whether, on balance, it was going to do good, whether the advantages would be sufficient to offset the disadvantages, because he recognized that though this Committee had only to consider the matter from the scientific aspect, there were other aspects which required to be taken into account. It was necessary to consider the religious prejudices of the Roman Catholics—prejudices which he felt bound to respect, though he did not share them. They were based on faith, not on reason. But they had to be respected, and that was one of many arguments in favour of a voluntary rather than a compulsory system. It seemed to him that the issue before the Association was the clear-cut issue whether, on balance, taking into account all the evidence summarized in the Report, taking into account also the vast body of personal experience which the members of the Association possessed, a Bill on the lines recommended by the Committee would be a good thing or a bad thing. His submission was that such a Bill would be a good thing, and that it would be worth attempting, even if it only saved a limited number of these unfortunate people from being brought into a world where they could not have, humanly speaking, any possible chance.

Dr. E. J. FitzGerald remarked that it had not been his intention to say anything in the discussion, and that intention he kept until the speech of the Chairman of the Board of Control. He objected to Sir Laurence Brock's reference to the prejudice of Roman Catholics. The word should not be used. [Sir Laurence Brock: I withdraw the word.] Why Roman Catholics should be singled out as the particular opponents of this proposed Bill he did not know. There was in existence a body known as the Council of National Life, on which Catholics were in a minority; to it many distinguished members of the Church of

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England belonged. He welcomed the Secretary of the Eugenics Society to-day–Dr. Blacker. He regretted that some distinguished speaker from the Council of National Life had not been invited to address to-day's meeting. Prof. Fisher had estimated that 82% of the mental defect, especially of definite mental deficiency, was transmitted by carriers. If the question of sterilization was worth tackling it was the carriers who should be concentrated upon, as that was the productive aspect of preventive medicine to-day. As to heredity, if the history of anyone in this room were inquired into, in 80% to 90% of them some defect would be found at some stage. Such an inquiry concerning ordinary people would show some remarkable statistics. He had had some years' experience in tracing and tabulating heredity. At one time great attention was paid to alcohol. It was a great pity there was not a competent psychologist on the Brock Committee. If the teachings of modern psycho-pathology meant anything, if Adler had not written in vain, if there was such a thing as organ inferiority complex, why was not a psychologist included in the Brock Committee? The British Medical Association was protesting against the way in which the women had been scared over the dangers of childbirth; people would now be scared about heredity. Even university graduates were asking, "Is it safe for me to marry, as my grandfather died of apoplexy?" If science was to be anything, it must be the handmaiden of a higher evolution of truth and of practical politics. It was unfortunate that he could not introduce remarks which were published by the President of the Eugenics Society, for in them members would find the real reason behind sterilization. It was economic. When the Brock report came out some mental hospital committee men were very disappointed, and the remark was heard, "We thought sterilization was going to save the rates", and the hope for a Sterilization Bill was used as an excuse for not putting up buildings which had been delayed twenty years. Those who were associated with mental defect knew how difficult it was to say when a person was legally a mental defective, especially a case of so-called moral deficiency. The Board of Control could have at command a large body of legal opinion, and they could produce indemnity bills, which might be necessary, because people might be sterilized on reports of conduct or lack of ability which really meant nothing scientifically provable. Behind sterilization was the dominant idea, "If you are not fit to earn your living, if you are on the rates, be sterilized, and if you have a defective mental or physical history be sterilized". A fellow who had never passed an examination but had been to Eton or Harrow, and was on the borderline, being of the mental age of twelve, would not be brought up to be sterilized. But the girl who conceived and bore a child and was a burden on the Poor Law was said to be a subject for sterilization. In bygone days there were Puritans who objected to pleasure, and there were now those modern ones who objected to the personal liberty or freedom of the subject, the only precious possession left to many in this country.

Dr. BLACKER, replying to the discussion, hoped that Sir Laurence Brock would allow him to say that he was sure that he, Sir Laurence, intended no discourtesy when he used the word "prejudice". He was aware that that gentleman withdrew the word, but members would know that the true meaning of "prejudice" was a judging beforehand; there was no insulting innuendo in that. In the case of Roman Catholics the question had been "judged beforehand"—by his Holiness the Pope.

He had listened to the discussion with great interest, especially to the remarks of Dr. McCowan, who had put his points so persuasively that all were tempted to agree with him. But there was one important consideration, relating to the effect upon research of passing a Bill based on the recommendations of Sir Laurence's Committee, which he thought had been overlooked: that the mere working of the Bill would result in the accumulation of a body of knowledge. Many people had come to him asking for genetic prognoses. He gave them the schedule he had spoken of to fill up, and in that way obtained some valuable pedigrees. The submission

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of a pedigree would be an indispensable preliminary to the Ministry of Health authorizing an operation. In this way would be accumulated, in a short time, a valuable body of knowledge about the relation of heredity to mental abnormalities. It would be accumulated without spending money on scholarships or endowing research on a large scale. Dr. Power had asked how the doctor was to decide about relatively healthy relatives; that was how the matter should be decided. The pedigree should be studied by the doctor, and if he concluded that there were not sufficient grounds for supposing the applicant to be a carrier, he need not recommend him for sterilization. Indeed he *must* not recommend him. Therefore, in due course, Dr. Power might have people who wanted to be sterilized coming and pretending that they were carriers of defect. In such cases Dr. Power would refuse to sign a recommendation for sterilization. He thought, moreover, that Dr. Power had misunderstood another part of the procedure recommended. The Special Committee of the Ministry of Health was not appointed to guide the *doctor* as to how he should deal with applications for sterilization, but only to guide the *Minister*, who had the power to veto the application in doubtful cases.

He thought Dr. McRae exaggerated the degree of the profession's ignorance of hereditary abnormalities. It could be said that, according to any definition, such diseases as hæmophilia, amaurotic family idiocy and Huntington's chorea were hereditary; our knowledge, though not very precise, was statistically considerable. If Dr. McCowan's intention was only to approve the principle of voluntary sterilization when we knew in what Mendelian ratios all forms of mental defect were transmitted, he might have to wait a very long time. [Dr. McCowan: Find cures, I meant, not only further knowledge on inheritance.] It was optimistic even to hope that the majority of the "conglomerate" forms of mental defect or insanity would follow *simple* Mendelian rules. In most cases many genes were involved. It might be impossible to detect how many genes were dominant, how many incompletely dominant and how many recessive. Such multi-factorial inheritance would be very difficult to unravel; but that would not disturb the fact that, viewed statistically, certain forms were recognizably transmitted and, for practical purposes, hereditary.

The President said the Association felt thankful to Dr. Blacker and the other speakers for having put their views before the meeting. Sir Laurence Brock had tried to crystallize the discussion, urging the Association to arrive at a decision and state its policy on the subject. To him it seemed more and more difficult for the Association to have a policy on it. He would like to take a vote of the meeting on it, but it would be unsatisfactory, as this was only a small meeting in comparison with the total membership. It was, therefore, difficult to know what to do. Some time ago a questionnaire was sent out on the subject, and if another were sent now, those who had not the benefit of attending this meeting and hearing the discussion would probably send an answer similar to the last. He was open to receive suggestions, and would be very glad of help from those present. If it was considered that this meeting was sufficiently large to make a vote valuable, a vote would be taken.

Dr. McRae reminded the President that Dr. McCowan suggested a motion at the end of his speech.

Dr. McCowan said he suggested that, "This Association, while not expressing an opinion against the Brock Report, is of opinion that a much more important question than that of sterilization is that of further research into mental disease and mental deficiency". The controversial point was the Brock Report, and if, as an Association, they could not agree on the Brock Report, they should say so; and, further, if they considered research more important than sterilization, they should also make that clear.

Dr. McRae seconded this motion.

Dr. Skottowe said he would like to move an amendment to the effect that, having heard Sir Laurence Brock's very clear statement of the question, especially

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in his final sentences, it appeared that inasmuch as this meeting was convened for the purpose of discussing the merits or demerits of the Report, the meeting had to decide not such a very wide question, but only whether there was more good or more that was bad in the Report, and whether there was any use in promoting a Bill based upon the Report. Surely it would not be a difficult matter to decide that. He did not think that any meeting, no matter whether specifically convened for the purpose or not, would be sufficiently well attended to express the representative opinion of the Association as a whole. But it might be of some value if there could be returned a simple " Yes " or " No " to the question as formulated by Sir Laurence Brock, this to be returned by means of a postal ballot, in the same way as a university vote. Then it would be possible to say to the proper authority that the members had been circularized asking them to say yes or no on the question whether they thought this Bill would be of value, and give the authority the result. That might conceivably be of some practical value.

Dr. DOUGLAS TURNER said that this circularizing had already been done; two years ago the Association Council sent out a post card which set out the suggestions of the Brock Report in detail. Answers were received from about half the members. Was there any object in repeating that procedure ?

Dr. SKOTTOWE said that was not a questionnaire on what had been heard at the meeting to-day.

The PRESIDENT said that on the former occasion it was decided not to go further. No results were forwarded.

Dr. FITZGERALD : I move that the matter be adjourned *sine die*.

Dr. MACDONALD said he would like to second the amendment of Dr. Skottowe. Members had now had time to read the Report, and he was certain that the opinions of some, after hearing this discussion, had been altered. The Association was capable of giving an opinion. A circular should be sent; he did not think it would be fair to take a meeting like this as representative.

Dr. MCCOWAN thought that if it was decided to circularize, members should be allowed to vote yes or no to the Brock Report, and yes or no to the proposition that further research was more important than legislation.

Dr. SKOTTOWE submitted it was not a case of saying yes or no to the Brock Report, but whether, on balance, the advantages in that Report were greater than the disadvantages.

Dr. KIMBER thought the resolution should take this form : " The Association supports the Report, but urges the need of further investigation as regards heredity ".

Dr. MCCOWAN said he was in favour of that, and therefore withdrew his motion.

Dr. TURNER remarked that in that case, if they did not agree with the Brock Report, they would be saying " No " to the question of the need for further research.

Sir LAURENCE BROCK said the question he dealt with was, if a Bill was introduced on the basis of the Report of his Committee, did the Association support it, or did they oppose it ?

Dr. SKOTTOWE said he would vary his amendment accordingly.

Dr. MACDONALD agreed.

Dr. MCRAE said he considered it important that all members should have an opportunity of reading this debate; and in the second place, they should have an opportunity of reading the Bill, before they would be able to express an opinion.

The PRESIDENT said members would not answer the question without having done so. He would now put the amendment, that if a Bill was introduced on the basis of the Brock Report, would the meeting support it, or oppose it ?

Dr. MCCOWAN said that if such an amendment were put and carried, it would prevent members voting for the motion that research should be the policy of the Association.

The PRESIDENT said the proposition he would put to the meeting was—" That the Association supports the Brock Report, but urges further investigation on the matter ".

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Dr. TURNER said there was a proposal to send out a questionnaire.

The PRESIDENT said what he wanted to ascertain was: (*a*) Did the Association support the Brock Report; (*b*) did the Association consider there should be further research?

A MEMBER said it was a question of promoting a Bill.

Dr. C. J. THOMAS said he would like to submit the following wording:

"This meeting requests the Council to circularize all the members of the Association on the following questions:

"(1) Would you support or oppose a Parliamentary Bill on the lines of the Brock Report in favour of voluntary sterilization?

"(2) Do you regard as an even more effective and more important measure the introduction of more intensive research into the problems of heredity in mental disease and disorder?"

Dr. KIMBER said that after conferring with his seconder they would withdraw their wording in favour of Dr. Thomas's.

The PRESIDENT put Dr. Thomas's motion, and it was carried without dissent.

Dr. MCRAE again insisted that each member should have a copy of the Report of the debate, with the questionnaire, and the President undertook to arrange for this to be done.

SOUTH-WESTERN DIVISION.

THE AUTUMN, 1935, MEETING of the Division was held, by kind invitation of Dr. Elizabeth Casson, at Dorset House, Clifton Down, Bristol, on Thursday, October 31, 1935.

Dr. J. L. Jackson was in the Chair.

Apologies for absence were received from Drs. J. R. Benson, A. Guirdham, Irene Yates, E. Barton White, R. Eager and C. Lovell.

The minutes of the last meeting were read and confirmed.

With regard to the nomination of a Chairman for the ensuing year, Dr. J. L. JACKSON pointed out that he had only agreed to carry on this year owing to Dr. J. S. I. Skottowe's appointment to a hospital outside the Division. He now had great pleasure in informing the members that the Management Committee had decided to nominate Dr. J. R. Benson, of Laverstock House, Salisbury, as Chairman for the ensuing year. In addition, the Committee recommended the name of Dr. E. Barton White to serve with Dr. Benson as Representative Members of Council, and Dr. S. Edgar Martin as Hon. Divisional Secretary.

The following were elected as Ordinary Members:

WILLIAM MAURICE PINKERTON, M.B., B.Ch., D.P.H., Assistant Medical Officer, Wilts County Mental Hospital, Devizes.

Proposed by Drs. J. W. Leech, P. W. Carruthers and S. Edgar Martin.

JAMES BAILLIE DEDMAN, M.B., Ch.B.Edin., D.P.M., Assistant Medical Officer, Cornwall Mental Hospital, Bodmin.

Proposed by Drs. W. G. Rivers, F. Dudley and S. Edgar Martin.

In connection with the Spring, 1936, Meeting on April 30 next, Dr. JACKSON reported that at the meeting of the Committee of Management, the Hon. Divisional Secretary, Dr. S. Edgar Martin, had mentioned that, failing an invitation from elsewhere, he hoped to have the pleasure of entertaining the members at Hume Towers, Bournemouth (the seaside convalescent home of The Old Manor, Salisbury), and it was decided to accept Dr. Martin's kind offer.

Dr. ELIZABETH CASSON then read a most interesting paper entitled, **"A Review of a Year's Work in an Approved Nursing Home"**, written in conjunction with Dr. IRENE YATES. The following members took part in the discussion which followed: Drs. P. K. MCCOWAN, LEECH and JACKSON.

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