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is in favor of euthanasia, it is quite within the realm of possibility that that doctor's medical career will be at an end. The preservation of one's life is the strongest tendency present in the life of each individual and patients will become very suspicious of medicines prescribed by a doctor in favor of euthanasia, especially if they be rich and have relatives who are devoutly waiting for their passage from this valley of tears.

BIRTH CONTROL AND EUTHANASIA

The National Moderator of the Catholic Physicians' Guild, the Reverend Ignatius W. Cox, S.J., Professor of Ethics at Fordham University, is the author of two recent pamphlets, one on euthanasia called "Mercy Killing Is Murder!" which contains a feature article written by him for the New York World-Telegram, and a radio talk on euthanasia. The other pamphlet is entitled "Birth Control, Birth Controllers and Pversion of Logic," and contains three radio addresses on birth control occasioned by the controversy on that subject last fall in New York City. Both of these pamphlets may be obtained from the Paulist Press, 415 West 59th Street, New York City.

EUGENIC STERILIZATION vs. FEEBLE-MINDEDNESS

By NORMAN M. MACNEILL, M.D.
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EUGENIC sterilization, provided it were ethical, which it is not, as a human betterment program would not be futile, perhaps, if Mendelian principles were strictly predictable in their application to human genetic laws. At present they are not.

For a period following the rediscovery of Mendel's work, it became fashionable to assume that the transmission of certain somatic defects and particularly mental defects, was the product of a single recessive Mendelian factor or gene; a view which is now held untenable in the light of much research and experimentation in heredity carried on during recent years.

To quote Herd: "When two pure bred individuals showing contrasts in respect of one particular character are mated, the first generation usually shows one of the characters only, this character being called the dominant, the other the recessive. In some cases there is an apparent blend of the characters, but that it is not a real blend is shown when the individuals of the first generation are mated together; for the second generation then shows the two original characters again
in the proportion of three dominants to one recessive. The recessives if mated together go on producing recessive characters perpetually; so also does one of the three dominants, but the two other dominants are like those of the first generation. . . . Mendel knew this, but the explanation in terms of chromosomes and genes is more recent. Chromosomes are conceived as made up of genes, and these genes are responsible for the presence of certain characteristics present in the individuals. In a child's cells, one of any one pair of chromosomes is from the father, one from the mother; so also with genes. If the two genes of any one pair are both alike the individual will be pure bred, so far as the particular characteristic determined by that gene is concerned. If they are different, then the dominant will express itself in that individual but opposite genes may be handed on in inheritance. If, for example (I emphasize the 'if') we can imagine that feeble-mindedness was determined by one gene and that a recessive gene (that assertion has been seriously made) then if a pure normal married a defective the offspring would all be normal but they would carry in their germ cells a pair of genes, one for normality and one for feeble-mindedness, i.e. they would be 'carriers' and in the next generation defectives would again appear, whether they married other similar or pure normals or defectives.”

A complicating factor in the attempt to determine the relationship to or influence of heredity in mental defect is the lack of unanimity of opinion, even among psychiatrists, as to just what extent and in what types it is genotypically conditioned. Add to this the as yet imperfectly understood factor of mutations, with the impossibility of ruling out the so-called blastophthoric agencies, and the subject becomes exceedingly complicated and equally untenable as a theory upon which to justify the some 16,000 sterilizations which were performed in the United States during the past few years upon men and women who were for different and often inadequate reasons “considered” unfit to procreate.

It is safe to say that the great majority of the cases of feeble-mindedness, and this particularly in the more marked defects, are due to some disease or injury to the developing brain and that a much smaller group are genotypic or due to a defective recessive gene; but the latter, to quote Mohr, “have no visible effect whatever in heterozygous conditions, i.e. when present in single dose only,” so that in order to transmit the defect it becomes necessary for two recessive genes to occur in the same pair. While this eventuality is possible, it is admittedly rare, or, to quote Jennings: “If the proportion of feeble-minded in the population is one per thousand, to decrease that proportion to one per ten thousand will require about sixty-eight gen-
erations or two to three thousand years if it is done merely by stopping the propagation of all feeble-minded individuals."

Charles McNeil, Professor of Child Life and Health, University of Edinburgh, in reviewing a series of some 1,400 cases of feeble-mindedness which were studied over a period of twenty-eight years, found that about three-fourths of his cases were non-hereditary, a finding which is in agreement with the classical study by the late Walter E. Fernald, of Waverly, Mass., in which more than half were found to be non-hereditary.

Abraham Myerson, in referring to a study made for the Commonwealth of Massachusetts and published in 1930, says that: "Included in the survey were many families in which feeble-mindedness had occurred for two generations and more, but even among these 'worst' families there were normal branches producing worthwhile persons. And for any one of these families there were a dozen in which the feeble-minded member was a solitary defective occurring in an otherwise normal familial group not in any way to be distinguished from the rest of the population. Any psychiatrist practicing in a community who sees the run of people as they are, knows that successful, ordinary, and defective parents produce feeble-minded offspring."

It would thus seem that the gene for feeble-mindedness is recessive, in which case all heterozygous carriers may be normal in so far as obvious feeble-mindedness is concerned, though they are "carriers" of the defective gene. There is no known method by which these carriers can be identified; so that the sterilization program as applied to the feeble-minded resolves itself into the anomalous plan of sterilizing individuals who may be circumstantially incapable of transmitting the recessive gene which causes feeble-mindedness, while leaving unsterilized a vast army of carriers potentially capable of transmitting the damaging hereditary factor, but incapable of detection by any means known to genetics in its present state of development; and yet some of our states, as well as Nazi Germany, have adopted and enacted compulsory sterilization laws.

The obvious corollary is that no measure, short of wholesale communal sterilization, would guarantee the non-transmission of defective genes; but even that extreme and ludicrous measure would not be a guarantee that mutations, which are at present imperfectly understood, might not occur, as they probably do occur, to initiate defective changes in existing normal genes, or, as Alexander Fraser so excellently states it: "Even if we could by means of some happy discovery detect all the hidden defective genes in the race, and by some other happy method get rid of them, we have abundant evidence that they are being manufactured in normal individuals perhaps as fast as we could possibly get rid of them."
The methods of eugenic sterilization are vasectomy in the male and salpingectomy in the female. These procedures are not the physiological equivalent of castration or oophorectomy. They do not decrease sexual libido while they do permit of unlimited sexual promiscuity with its attendant increase in the incidence of venereal disease. The sterilized high-grade moron represents excellent material for the white-slave trade, both as to availability for the trader and assurance of continued financial return, because of the ease with which these unfortunates can be dominated by panderers. The diffusion into any community of groups of sterilized feeble-minded youths, whose eroticism is proverbial, would of necessity create a social problem of hideous possibilities.

Much has been said and written about the benefits to the community and the race which would follow the sterilization of that moiety of our population which is incapable of demonstrating, through intelligence tests, its right to reproduce the numerically incalculable group of individuals who perform faithfully and efficiently the thousand and one menial and laborious tasks which are so vitally essential in the conduction of our socio-economic civilization, the lower-bracket laborers who clean our streets, who contribute to the (scientific) disposal of our garbage and in other countless ways make their simple but essential contribution to our modern specialized communal existence. Their contribution to our mechanistic age is very vital and would not, yes, probably could not, be supplied by college graduates.

Certain American cities have recently witnessed the strange spectacle of the members of one of the learned professions summoning to the bar of their own profession, certain of its outstanding members who had allegedly prostituted the professional ethics and ideals which they were pledged to uphold, through aiding and abetting the anti-social machinations of our criminal underworld. If eugenic sterilization aims at racial and communal betterment, why advocate the sterilization of mental defectives with their relatively low potential for communal harm, as compared with that portion of the intelligentsia which contributes its highly trained normal intelligence quotient to anti-social and criminal ends? A saner plan would seem to counsel the sterilization of dictators and other venal intellectuals with their high potential for the genetic transmission of communal harm.

It is noteworthy and indicative of a changing attitude towards the eugenic sterilization propaganda that the British Departmental Committee on Sterilization (Brock Committee) advised against compulsory sterilization and that the Journal of the American Medical Association has recently taken a stand against it.

We live in troublous times and eugenic sterilization would seem to be an appanage of the chaotic and false philosophies through which a distracted world seeks to stabilize itself, whether it be through birth
control, in the face of an alarming decrease in the birth rate, or prohibition enforced on an unwilling citizenry, which ultimately unshackled itself through its rights of franchise, or human sterilization which, to at least a numerically respectable minority of the population, represents itself as a program based on a theory scientifically unproven and eugenically unsound.

REFERENCES
Otto Mohr: Heredity and Disease, p. 63.
Alexander Fraser: LINACRE QUARTERLY, Dec., 1933.

SOME TOPICS FOR GUILD DISCUSSIONS
By DR. JOSEPH A. DILLON
President, Federation of Catholic Physicians’ Guilds

Most worthy and inspiring is the work being done by the Catholic Physicians’ Guilds throughout the country. Notable speakers address our assemblies. The Catholic point of view is elucidated and the spirit of true Christianity pervades. The discussions at the meetings bring all doubts into the open. Each member speaks his mind and all ethical questions are clearly defined. It is unfortunate that it is not now feasible to put into print the many papers read at our gatherings. Suggestions from Guild members should be sent to the officers of the Federation, thus helping to attain our desideratum of united action.

As an aid in opening up fields of thought, the following are offered for consideration:

Medicine and the Catholic Church.
The Doctor and the Sacraments—our duty in the sickroom.
Physician Saints and Holy Men.
Catholic Leaders in Medicine and Related Sciences.
Hygiene and Disease in the Bible.
Ancient and Modern Medical Miracles.
Manifestations by Holy Persons.
Catholic Ethics and Catholic Hospitals.
Medical Missionaries and Nursing Orders.
Catholic Medical Colleges.
The Catholic Medical Student.
The Catholic Intern in Non-Catholic Hospitals.
The Catholic Student in the University—Newman Clubs.
Psychoanalysis—Psychotherapy—Hypnotism—Mesmerism.

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