

If the suggestions of the Brock Committee become law, it would affect the entire nation, as there are defective families in every class of society.

Then turning to the recommendations of the Departmental Committee on Sterilisation (the Brock Report), Miss Pocock said that the committee was formed by the Ministry of Health in 1932. It was composed of eight men and one woman, all specialists, and worked for 18 months, giving its report in January, 1934. The terms of reference were to examine the transmission of mental disease and deficiency, to consider the value of sterilisation as a preventive measure with regard to its physical, psychological and social effects and to enquire into what was being done in other countries where legislation was in effect. The committee had examined 60 witnesses from those other countries and a large amount of documentary research evidence sent from distant countries. An impressive fact was that, after an unbiased and careful study of the evidence, they were unanimous in their conclusions and unanimous in their recommendations. Of the 60 witnesses examined, only three were opposed on principle to sterilisation. Amongst the witnesses examined were biologists and scientists who were not in agreement as to the method by which defects are inherited, but after studying the family histories of patients in Mental Hospitals in this and other countries, which show that a substantial proportion of the patients had one, two or more relations suffering from some form of mental disease or defect, also that in some families would be found insanity, psycho-neurosis, mental defect, dullness and epilepsy, which pointed to a family concentration and therefore to an inherited factor.

**THE EFFECT OF ENVIRONMENT.**—Under this heading was put encephalitis lethargica, injuries to the infant's head at birth and some poisonings of the mother during pregnancy. This would account for from 9 to 20 per cent. of the total defect. Bad conditions did not produce these defects, but where they existed in a family, they would be brought out early with increased severity.

**MENTAL DEFECT.**—If sterilisation were available, it would release from 4 to 5 per cent. of those at present in institutions, but owing to the small number of beds, it is only possible to admit the worst types who would always be institutional cases. Of the total number of defectives in England and Wales, 300,000, the Committee suggests that one third should be in institutions, and we are already building accommodation for 100,000. The remaining two-thirds could live safely in the community if sterilisation were available for them. But the stress that the charge of sterilised mentally defective persons would entail, would be unfortunate unless they were under the vigilant supervision that their mental condition requires.

**FEAR OF THE SPREAD OF VENEREAL DISEASE.**—The Committee agrees that this appears at first sight, to be well founded, but taking into consideration what is being done in other countries and the results that they have achieved, shows that venereal disease has not been increased where sterilisation is effective. The speaker quoted California, where the reports show that over a period of 20 years the spread of venereal disease has been decreased.

**NO COMPULSION.**—"The law has long been recognised that a man ought not to be compelled to submit to something which he conscientiously believes to be wrong, but the law has never recognised the right of the individual to impose his scruples upon others who do not share his views." This was the Committee's recognition of the fact that there is a strong religious objection amongst a certain proportion of the population and their recommendations would leave all people free.

The Committee says that any measure which limits sterilisation to mental cases only would leave a stigma

much as certification does now and they are unanimous in the conviction that it is anti-social and inequitable that persons who have good reasons to fear transmitting to their offspring grave disabilities, should be left without any remedy except "the harassing uncertainty of contraceptive methods." The recommendations are that voluntary sterilisation should be available for :

- (a) a person who is mentally defective,
- (b) a person who has suffered from mental disorder,
- (c) a person who is believed to be likely to transmit mental defect or disorder,
- (d) a person who suffers from, or is likely to be a carrier of a grave physical disability which has been shown to be transmissible.

#### Safeguards.

The operation shall only be done under the written authority of the Minister of Health. The application must come from the patient, supported by two medical practitioners, one being the family doctor, the other from a list approved by the Minister of Health. Both must personally examine the patient.

The Minister would be empowered to form a small advisory committee to whom doubtful cases should be referred.

When the patient is capable of giving consent, he should sign a declaration of willingness and state that he understands what it will mean. If the doctor is not satisfied that the patient is capable of understanding then the parent or guardian is the person to ask for the operation.

If the patient is married, the spouse must be informed, but this does not give him power to refuse.

For patients who have suffered from mental disorder, the specialist must state that, in his opinion, no injurious results are likely to follow.

The proceedings should be, in all stages, strictly confidential.

The doctor must be satisfied that a mental defective is fit to live in the community and will have the strictest supervision which the mental state requires.

The operation shall never be performed in a mental hospital or mental deficiency institution. This is a safeguard for the people going in for treatment or training, so that they will not think that they will have to be operated on before discharge.

Persons unable to pay the cost of the operation shall be sterilised free.

The whole Report looks upon sterilisation as a privilege and a right of the individual and not as a punishment.

#### LEAGUE OF SISTER TUTORS.

A representative gathering of Sister Tutors attended the Conference on March 30th, presided over by Miss Ballard, D.N., M.B.C.N. Miss Nelson addressed the meeting and very ably and forcibly brought to our notice the tendency of the profession to let lay people attempt to govern and control our affairs. Many points were brought forward as illustrations, notably the Essex Scheme. "Are you going to let the county councils take this opportunity of applying the thin edge of the wedge towards State control without even protesting? Mrs. Bedford Fenwick, with her usual foresight and sagacity, has protested, with many organised nurses behind her, and we must add our voice to the protest."

Miss Redknapp further addressed the meeting on the employment of assistant nurses. She drew attention to the downward trend if partially trained nurses were allowed to be employed by municipal authorities as freely as at present.

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