

with admissions and discharges to and from the State mental hospitals and Caswell training school; and the obtaining of intelligence tests, social histories, and other procedural requirements of the sterilization petitions. In many counties the public welfare department is the only agency existing for all social services, other than those strictly medical.

Referrals to local welfare departments for eugenic sterilization are frequently made from city and county departments of public health, which include maternal and infant care among their general functions—immunization, tuberculosis and venereal disease control, contraception, sanitation, school medical service, public health nursing and education, etc. They may also be active in arranging therapeutic sterilizations on medical grounds for individuals of normal mentality, and in such cases it often happens that additional socio-economic factors are taken into consideration. The obstetric and pediatric departments of general hospitals in the State are likewise concerned in recommendations for sterilization, and their surgeons perform the great majority of operations in both eugenic and therapeutic cases. (We use the term therapeutic here and throughout the study to designate any sterilization operation, however initiated and from whatever motive, which takes place outside Eugenics Board authority. In this sense, and in common parlance, it has broader meaning than that described in the statute. (See page 13.)

This diffusion of interest and responsibility in regard to sterilization has meant that its possibilities, at least, are familiar to health and social workers throughout the community. How far, and how enthusiastically, they have been put into practice we shall examine in a later chapter.

Also helping to spread knowledge about sterilization in North Carolina is a voluntary organization called the Human Betterment League. Founded in 1945 and supported by a number of leading citizens, it aims to promote the study, care, and welfare of the mentally defective, and to educate the public about the need and nature of sterilization. The League has distributed literature widely in the State, provided speakers, and encouraged newspaper discussions; and in general attempts to keep public interest alive and informed.

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*Chapter 2*

**STERILIZATION LAW IN NORTH CAROLINA**

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✓ THE PRESENT STERILIZATION law in North Carolina was enacted by the General Assembly in 1933. This took the place of an earlier law of 1929 which had been held by the North Carolina Supreme Court, following a test case,\* to be unconstitutional since it did not contain provisions for notice of hearing or right of appeal. (According to the Constitution of the United States, "no state shall deprive any person of his life, liberty or property without due process of law, or deny them the equal protection of the laws.") Only 49 persons were sterilized under the earlier statute. The 1933 statute was drafted by experienced lawyers and administrators after careful study of sterilization laws in other States, and is believed to be in accordance with constitutional requirements. Minor amendments since 1933 have increased the effectiveness of the law.<sup>13</sup>

COMPOSITION OF EUGENICS BOARD

✓ As set up under the statute, the Eugenics Board of North Carolina consists of the following specified persons: the State Commissioner of Public Welfare, the Secretary of the State Board of Health, the Chief Medical Officer of the State Mental Hospital at Raleigh (Dix Hill), the Attorney General, and the Chief Medical Officer of an institution for the feeble-minded or insane not located in Raleigh. This latter person is designated from time to time by the four other members of the Board. Meetings are held

\* Brewer and Valk. 204 N. C. Reports, p. 186.

once a month in Raleigh, the State capital; and the Board is authorized to appoint a secretary not a member of the Board to conduct business between meetings, receive petitions, keep records, and generally act in an executive capacity in such matters as are delegated to him.

Looking for a moment to Europe, we see that the composition of this body is not dissimilar to the Board of Eugenics in Denmark, which consists of a Supreme Court Judge as chairman, a psychiatrist and a sociologist. Applications for sterilization are made through the Danish Department of Social Affairs; and in doubtful cases the director of the Institute for Human Genetics is consulted.<sup>54</sup> In England, where no sterilization law has as yet been adopted, the Brock Committee,<sup>108</sup> reporting in 1934, recommended that applications should only be authorized by the Minister of Health, acting in consultation with the Board of Control which has jurisdiction over all mental cases and procedures relating thereto. The Minister should be empowered to appoint: (a) an advisory committee of doctors and geneticists, and (b) lists of approved psychiatrists and physicians throughout the country whose supporting signature would be required on all petitions. The procedure in general appears to have been envisaged as similar to the commitment of mental patients.

#### JURISDICTION AND POWERS

Under the North Carolina law, the Eugenics Board has jurisdiction only in cases of feeble-mindedness, epilepsy, and mental disease. It may not authorize the sterilization on physical or social grounds of any normal individual; and it is likewise precluded from dealing with cases of transmissible physical defect, such as hereditary blindness, haemophilia, deaf-mutism, etc., except where some mental condition is also present. An Intelligence Quotient rating of 70 and below is taken as the definition of feeble-mindedness, but on rare occasions sterilization may be authorized in borderline cases of slightly higher intelligence where personality factors—psychopathy, neurotic symptomatology, etc.—are found to be unfavorable.

Within the cited three classes of persons, the Eugenics Board

is specifically directed to act when it is believed that the operation would be for the "best interests, mental, moral or physical, of the individual concerned; or for the public good; or where children who might be born would have a tendency to serious physical, mental or nervous disease or deficiency." The medical and social histories attached to petitions provide a basis for the Board's decision.

#### INITIATION OF PROCEEDINGS

The duty to institute sterilization proceedings is mandatory on "the responsible head of any State penal or charitable institution," (In practice, this means the correctional schools, county homes, and mental institutions.) or on the county superintendent of public welfare when, in his or her opinion, the previously-mentioned circumstances exist or when he or she is requested to do so in writing by the next of kin or legal guardian of the patient or individual concerned. In this latter category, it is likely that the institution or welfare department has been responsible for bringing the possibility of procedure to the relatives' notice. The cost of the operation, when the individual is not an inmate of any State institution, is directed to be met by the Board of County Commissioners in the county where the individual resides.

#### REQUIREMENTS OF PETITION

The requirements of a sterilization petition are as follows: (See Appendix A, for copy of petition form.)

1. A statement of the mental and physical condition of the person, verified by the affidavit of at least one registered North Carolina physician who has actual knowledge of the case. In mental illness and epilepsy, a specific diagnosis is to be given; in feeble-mindedness the results of a mental test are to be stated on the petition. This test, however, may be waived in emergency circumstances when the person is obviously in the imbecile class (mental age of 3 to 7 years). In institutional cases, the mental test is carried out by the resident or visiting State psychologist. For non-institutional cases, tests are arranged on request through the Division of Psy-

chiatric and Psychological Services, State Board of Public Welfare, which employs two full-time clinical psychologists and also makes available on a fee basis the services of eight consultant psychologists in different parts of the State. Tests can also be arranged in co-operation with the psychiatric department of teaching hospitals or with child guidance and mental hygiene clinics.

✓ 2. A social history, giving information about such circumstances of the person's life as would indicate the need for sterilization, and a statement about the attitude of the person and his or her next of kin towards the proposal for operation. The case work on this, as on the securing of consents, is carried out by the county departments of public welfare, both for their own petitions and co-operatively for a large number of those from institutions.

✓ 3. The sworn consent of the person to be sterilized, except where he or she is under 21, or an inmate of one of the five State mental institutions, or has been declared mentally unsound by a court of competent jurisdiction, and the sworn consent of the person's spouse, parent, next-of-kin or guardian. In cases where there is no legal guardian, or where near relatives cannot be traced, a guardian ad litem is to be appointed for the purpose of representing the person's interests in the Eugenics Board proceedings.

✓ 4. The name and address of the surgeon who will perform the operation; and whether sterilization or asexualization is recommended. The latter procedure, though specifically permitted under the statute, is but rarely made use of and then in exceptional circumstances. Some reference will be made to these later.

✓ When a petition is approved, a period of time is specified in which the operation is to be performed—usually 6 months, but 9 when the individual is pregnant. Abortion is nowhere sanctioned by the law. Extensions can be granted, if for any good reason, such as subsequent pregnancy, illness of person, it has not been possible to comply within the time limit.

#### SAFEGUARDING OF INDIVIDUAL RIGHTS

The law provides ample safeguards for the protection of the individual. Where all necessary consents have not been secured, a copy of the petition, exclusive of detailed social history informa-

tion, and notice of time and place of hearing must be served upon the person to be sterilized and his next-of-kin not less than 20 days before the Eugenics Board meets to consider the case. At this hearing, reasons for and against the operation will be put forward. The Board may approve or deny the petition; and there is right of appeal to the Superior Court of the county in which the person resides if he or his representative are for any reason dissatisfied with the decision.

In practice, perhaps as a result of careful selection and interpretation beforehand, no case has ever been contested since the 1933 statute, and similarly, few petitions are presented without consents attached. Of 276 petitions authorized during the two-year period ending June 1946, only 10 lacked consents of next-of-kin; and though due notice of opportunity for hearing was given to the parties concerned in all cases, none appeared before the Board which accordingly acted on the information provided in the petitions.<sup>83</sup>

#### THERAPEUTIC STERILIZATION

It must be emphasized that all this legal machinery applies only to sterilizations carried out by authority of the Eugenics Board on mentally diseased, feeble-minded, or epileptic persons. Sterilization for physical reasons, such as cardiac dysfunction, toxæmia of pregnancy, repeated cesarean section, is not governed by legislation and is left entirely to the discretion of the medical profession. The law in fact specifically states that "nothing contained in this act shall be construed so as to prevent the medical or surgical treatment for sound therapeutic reasons of any person in this State, which treatment may incidentally involve the nullification or destruction of the reproductive functions." And "that nothing in this act shall, in any way, interfere with any surgeon in the removal of diseased pathological tissue from any patient." In sterilizations done through the Eugenics Board, the surgeon is legally authorized to perform the operation and is exempted from any liability, civil or criminal, which might occur as result of his participation in the proceedings except where negligence in the actual operative procedure can be shown. As we shall see later, this pos-

sibility of suit following therapeutic sterilization together with the absence of defined legal protection accounts to some extent for the reluctance of many surgeons to undertake the operation (in cases where the medical indications are not so acute as to require immediate action).

#### PLACE AND COSTS OF OPERATION

Eugenics Board sterilizations may be performed in the State mental institutions on persons who are inmates thereof or in any of the general hospitals in North Carolina. An amendment to the statute in 1937 provided for the temporary admission of persons to the State institutions for the purpose of sterilization, where such had already been authorized. Owing to shortage of accommodation and medical staff at these institutions it has rarely been possible to take advantage of this provision, and the sterilization of persons living in the community is a matter of arrangement between the county welfare department and the local hospital. The county, as previously stated, is responsible for the cost. In non-Eugenics Board sterilizations performed on indigent or poorly-off clients of health and welfare departments, the cost may be met from a variety of sources—contributions from the clients themselves, payment from sickness insurance plans, assistance from welfare department funds. Some surgeons are prepared to operate without charge in such circumstances.

#### TYPES OF STERILIZATION PERFORMED

Regarding actual operative procedure, the type of sterilization usually performed in uncomplicated female cases is bilateral salpingectomy or bilateral tubal ligation, neither of which involves unsexing. Should the patient be pregnant, an attempt is made to carry out the operation within a few days after delivery, since this offers less surgical risk and is more convenient for the patient herself, obviating return to the hospital at another time. In males, unless asexualization has been ordered, vasectomy is performed, a comparatively simple procedure which can be undertaken in the doctor's office or out-patient department.

#### PRE-MARITAL HEALTH CERTIFICATE

Though not part of the sterilization law, mention should be made of another North Carolina eugenic measure, the pre-marital health certificate (N. C. Public Welfare Laws, Chap. 51, Art. 1, Secs. 51-9, 51-12).<sup>89</sup> All applicants for a marriage license are required to present a certificate from a North Carolina physician showing not only that they are free from venereal disease and tuberculosis in the infectious stage, but—and here is our special interest—that they are neither epileptic, mentally defective nor of unsound mind. License to marry, however, will be granted in certain cases after a sterilization has been performed. This attempt to prevent mating of handicapped individuals is at least a recognition of eugenic values, but in practice the effectiveness of the measure is extremely limited. We discuss the reasons for this limitation in Chapter 3.

#### NUMBER AND DETAIL OF OPERATIONS

Under the present sterilization law, during the 14-year period, July 1, 1933 to June 30, 1947, 1852 eugenic sterilizations have been performed. Exclusive of the first year of working, when only 31 sterilizations were done, the average annual number has been approximately 140. (See Table I, Appendix B.) Adding the 49 sterilizations during 1929 to 1933 under the earlier law, we have a grand total of 1901. Of this number, 407 have been males, 1494 females. 169 of the males and 770 of the females were less than 20 years of age at the time of the operation (Table II, Appendix B). 1141 or more than two-thirds of all sterilizations originated from State institutions. Of the remainder 72 were from county institutions\* and 688 from public welfare departments (Table III, Appendix B).

The majority (1260) of sterilizations were authorized on grounds of feeble-mindedness while 409 were authorized for mental disease,

\*"County institution" usually refers to a home, equivalent to the former English poorhouse, where vagrants, the aged, persons without means of support, mental cases awaiting admission to the State institutions, etc., are cared for. Many feeble-minded women eventually drift into these homes.

and 232 for epilepsy (Table IV, Appendix B). Single individuals have been sterilized more frequently than the married—1472 to 348 respectively—and almost a third of the unmarried fall within the feeble-minded category. Only 58 males have been castrated, compared to 349 cases where vasectomy was performed; and this radical measure is being decreasingly authorized. Ovariectomy—17 cases—shows a similar decline from the early years of practice (Table V, Appendix B).

Turning to the racial distribution of operations, we find that 1437 whites and 464 Negroes have been sterilized, a proportion which corresponds closely to their ratio of 27.5 percent in the general population of the State (Table VI, Appendix B). Further breakdown of figures shows that this correspondence is not maintained where the sex distribution within the races is concerned, since Negro females are sterilized about half as often as would be expected (271 Negro: 1,223 white); but Negro males, on the contrary,  $2\frac{1}{2}$  times more often (193 Negro: 214 white). Castrations, included in the previous figure, are proportionately higher again for Negro than white (28 Negro: 30 white). This racial contrast appears even larger when we take into account the fact that, for reasons connected with shortage of medical staff at Goldsboro Hospital for Negroes, there has been only one operation on a Negro male during the year June 1946-47. However, it seems that explanation is to be looked for in terms of certain selective factors, rather than discriminative intent on the part of white administrators. The matter will be further discussed in a following chapter.

#### ILLUSTRATIVE CASES

To mitigate the statistical aridity of the preceding paragraphs and to give some idea of the human problems to which they relate, we shall now present the details from several sterilization petitions which have been approved by the Board.

A married woman, 24 years of age, who is the mother of five children ranging in age from six years to four months. She has been in court several times for sexual promiscuity, and has also been guilty of maltreatment and abandonment of her children.

Diagnosis: Epilepsy with frequent convulsions. Consent forms signed by herself and her husband.

A married woman, 36 years of age, who is the mother of a 12 year old son, born illegitimately. She was admitted to the State Hospital with a history of psychosis developing three months previously, and had a former attack 18 years ago. She is neglectful of her personal appearance and habits, continually talked and quarreled with her family, and displayed hallucinations, delusions, and destructive tendencies. She has poor judgment and insight is lacking.

Diagnosis: Dementia praecox—paranoid. Consent form signed by her husband who does not wish to have any more children.

A single girl, Negro, 25 years of age, both of whose parents are dead. She was pregnant when the petition was filed, delivery being expected at the end of January. She is sexually promiscuous, is a spastic, and has been having convulsions on an average of two or three a day. Her right hand is withered and entirely useless. She is lame on the right side and drags her foot. She started school at 8 years of age, leaving at 18 when in the fifth grade. She is left at home alone during the day while her sister works. She is considered physically and mentally incapable of protecting herself, and neighbors report men regularly making short visits to the house.

Diagnosis: Epilepsy. Consent forms signed by herself and her sister.

Married man, 23 years of age, who is the father of a four month old baby. As result of a mental test he was found to be a borderline mental defective, and he is also epileptic. A sister, who developed a post-partum psychosis, was recently sterilized.

Diagnosis: Epilepsy and feeble-mindedness. Consent forms signed by himself and his wife.

A single girl, 17 years of age who was committed to Samarcand training school for being an inhabitant of a disorderly house. Her mother is dead, and her father an excessive drinker. The father was suspected of incest. Two brothers have prison records for stealing. On a mental test she received an I. Q. of 58.

Diagnosis: Feeble-mindedness. Consent form signed by the girl's grandmother with whom she will live after discharge.

A single boy, 13 years of age, who was admitted to the training school because of delinquency and assault. He created a disturbance in school, had temper tantrums, struck his parents and could not

be restrained or controlled, due to an ungovernable temper. On a mental test he received an I. Q. of 43.

Diagnosis: Feeble-mindedness. Consent form signed by mark by his father.

#### AIMS AND POLICY OF EUGENICS BOARD

The Board interprets its mandate in a conservative manner. Great care is taken to see that all statutory formalities are complied with; petitions inaccurately or inadequately filled in are returned to the petitioner for correction before they are heard; mental test findings are now essential in all feeble-minded or borderline cases. In past years when fewer psychologists were available, evidence from the doctor regarding mental condition was accepted as sufficient. At meetings of the Board, a typed summary of all cases to be heard is before each member and the details are subject to close scrutiny. Though there has been no test of the constitutionality of the present law, the Board is confident that it would stand examination in this respect.

Where public relations are concerned, the Board believes that acceptance of sterilization is best gained at present by educational work with administrators, public health officers, staffs of social agencies and others who may at any stage be involved in the referral of cases or in petition procedure. Though it is recognized that public opinion lags behind scientific knowledge in this matter, an outspoken propaganda campaign would be distrusted as tending to stir up opposition, not hitherto manifest, and possibly to spread mistaken ideas of sterilization as a panacea for all social ills. Progress however is admitted to be slow. To encourage wider use of the law as it stands, in July 1947 a full-time secretary with administrative experience was appointed whose duties, in addition to those specified by statute, would include carrying out the Board's educational program. Up till now work has been done on a modest budget, the total administrative costs for a representative year ending June 1947 being \$1,737. The following year, expenditures increased about three times, being \$5,531.\*

\* Although \$6,005 was budgeted for 1948-49, this amount was not spent since there was a vacancy in the position of executive secretary. The budget for 1949-50, as approved by the General Assembly, is \$7,010.

The aims of the Board are primarily those of social welfare, especially the welfare of children. Eugenic considerations are ever present, and the problem of feeble-mindedness in North Carolina is not minimized, but it is realized that the reduction of future generations of defectives is a long-term and maybe Utopian goal. Race of person to be sterilized does not influence the Board's decision: all cases are considered solely on the social and psychological evidence presented. In fact, care is taken to avoid any action or propaganda which might savor of racial prejudice or class discrimination. As the Attorney-General's representative has expressed it: "We have to throw every safeguard round the least of our people" and for this reason no simplification of procedure can be approved. The Board does not at present favor extension of existing grounds for sterilization.

#### COMPULSION AND CONSENT

The law appears to have a compulsory character, since it is made the duty of institution or welfare superintendents to bring forward suitable cases for sterilization; and sworn consent is not required from the individual if he or she is a minor or inmate of a State mental institution. In practice this compulsory power is rarely exercised. An effort is made to obtain the consent of parents or spouse in every case, institutional or otherwise; since otherwise a special hearing must be held; and it is customary, after careful explanation of the nature and purpose of the operation, to obtain informal consent from individuals in institutions who have been selected for sterilization. Conceivably there might be more difficulty if it were institutional policy to recommend sterilization in a much larger percentage of cases; but up till now selection has been limited to the urgent and obvious, including cases where requests from relatives had already been made. And there is always the right of appeal.

In non-institutional cases, if the individual to be sterilized changes his or her mind after the petition has been approved—as occasionally happens—the Board has no power to bring them to a hospital and compel them to submit to an operation; and even if this wider power were available, it is improbable that any surgeon

would agree to operate in such circumstances despite his legal authorization from the Board. As we shall see, it is largely over this question of consent that the law is less effective than its own motives would have sanctioned.

#### COMPARISON WITH OTHER STATES

In the United States, sterilization as an official measure of negative eugenics has been accepted for over forty years. The first law was enacted by the State of Indiana in 1907, followed two years later by California, Connecticut, and Washington. At the present time (1948), 27 out of the 48 States have current sterilization laws on their books (Table IXa, Appendix B).<sup>49, 95</sup> Though varied in language and detail, the common purpose of the statutes is that of racial improvement through limiting reproduction of certain groups of the diseased and defective.

All 27 States designate feeble-minded persons as subject to sterilization; all but one similarly designate the insane, and 19, the epileptic. Habitual criminals are covered in 9 statutes, persons defined as moral degenerates or sexual perverts in 7. The enumeration of these last three categories is confined almost entirely to middle and far-western States. Two States include syphilis; only one includes hereditary physical defects.<sup>49, 95</sup>

The laws apply to persons in institutions in all 27 States, but only cover the population at large in 11. Eleven are of a voluntary nature in that they require the written consent of the individual and/or his relative or guardian. Initiation of proceedings is mandatory on the designated agencies in 13 States, permissive in 14. North Carolina falls in the mandatory group. The provisions regarding hearing, right of appeal, surgical procedure, etc., vary from State to State and will not be discussed in detail here.

Since 1907, a total of 49,207 sterilizations have been performed in the United States to January 1, 1949 (Table IXa). California leads with 19,042, Virginia next with 5,366, then Kansas follows with 3,001, while Michigan and Minnesota record 2,982 and 2,211 respectively.<sup>95</sup> North Carolina at this date ranked sixth with 2,152 sterilizations. All of these States have had a sterilization law for 25 years or more.

Of the total sterilizations performed, 45.7 percent have been for insanity, 50.7 percent for feeble-mindedness, and 3.6 percent for other reasons. Corresponding percentages for North Carolina are 21.2, 67.5, and 11.3, indicating relatively more frequent sterilization for feeble-mindedness, as compared with insanity, than in the country as a whole.

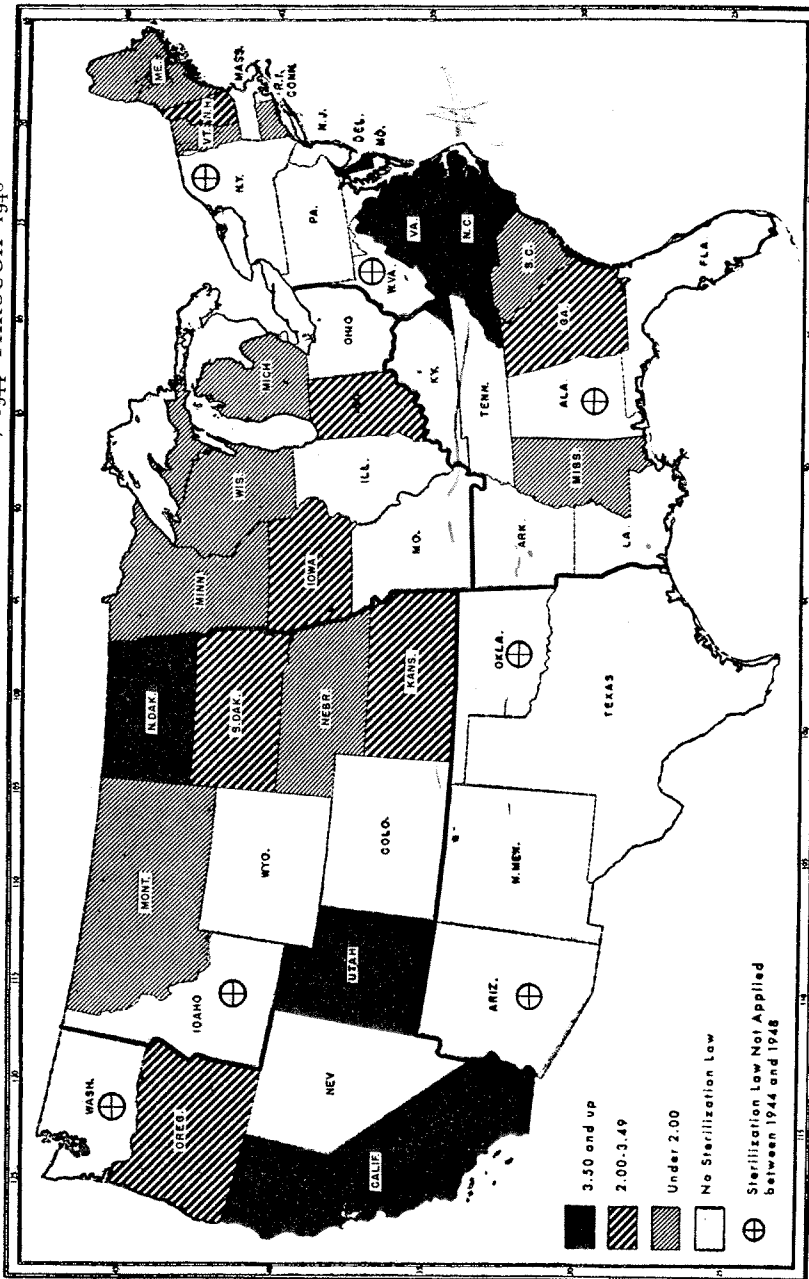
The percentage distribution by sex and by reason for sterilization for the 49,207 cases in the United States and the 2,152 in North Carolina is as follows:

	<i>United States</i>			<i>North Carolina</i>		
	<i>Total</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>	<i>Men</i>	<i>Women</i>
All Cases	100.0	41.3	58.7	100.0	21.7	78.3
Insane	100.0	46.0	54.0	100.0	30.1	69.9
Feeble-minded	100.0	35.9	64.1	100.0	17.9	82.1
Others	100.0	57.2	42.8	100.0	28.3	71.7

It is evident that throughout the country three out of every five sterilizations have been performed on women, while in North Carolina the ratio is four out of five. It will also be noted that feeble-mindedness preponderates over insanity where females are concerned; and more so proportionately in North Carolina.

Due to the wide variation in date of enactment of the various State laws and since some acts were eventually declared unconstitutional, analysis of activity during recent years is perhaps more revealing. For example, in 1948 North Carolina, with 186 cases, had the second largest number of sterilizations among all the States, being exceeded only by California with 326 (Table IXb, Appendix B). Looking at the five-year period 1944-1948 we see that North Carolina has increased its number of sterilizations annually except for 1946, and, in annual average number of sterilizations over this period, ranked third after California and Virginia. Or if we take the same 5-year period and relate it to the total population of a State (Table IXb, Appendix B, and Figure I), we find that North Carolina ranks fifth with a rate of 3.66 sterilizations per 100,000 population between 1944 and 1948 inclusive. Delaware has the highest rate, 9.36, followed by Utah with 6.11, California with 5.88, and Virginia with 5.16.

FIGURE I  
NUMBER OF STERILIZATIONS PER 100,000 POPULATION, 1944 THROUGH 1948



Source: Table IX B, Appendix B, p. 194.

In Europe, sterilization laws of a liberal nature are at present in force in Norway, Sweden, Denmark, and Finland, and the Cantons of Vaud and Bern in Switzerland.<sup>93</sup> Estonia also had similar laws previous to World War II. In these countries administration is much more in the hands of the medical profession, and wider discretion is given regarding physical and social indications for sterilization. The Canadian provinces of Alberta and British Columbia have laws similar to those in the United States, both applying only to institutional inmates when eligible for discharge. Proposals for similar legislation have been made in Tasmania and New Zealand, but were not accepted at the time. In England the Brock Committee in 1934<sup>108</sup> reported unanimously in favor of providing for voluntary sterilization which should cover not only the usual mental conditions but transmissible physical disabilities and persons believed to be carriers of defect or disorder. So far no legislation has been enacted.

#### THE GERMAN STERILIZATION LAW

Since Galton first published his studies in heredity some eighty years ago, the importance of hereditary factors in the transmission of mental and physical abnormality has been established without scientific doubt. To review the research which has taken place or expound at length on eugenic theory is outside the scope of our present inquiry; nor do we propose to discuss the validity of eugenic sterilization in principle, since this has been exhaustively set forth in the Report of the Brock Committee<sup>108</sup> and by such authorities as Blacker and Alva Myrdal.<sup>10, 80</sup> But no study of sterilization today would be complete without some reference to the former German eugenic program, which in its racial philosophy and totalitarian methods did so much to antagonize liberal opinion all over the world.

Holding as the Nazis did that individual interest must be subordinated to that of the community, the sterilization law of 1933 was entirely compulsory, applied to the population at large as well as those in institutions, and sanctioned the use of force.<sup>59, 60, 105</sup> It designated as subject to sterilization not only the mentally afflicted and those suffering from certain physical defects, but extended to



classes of persons whose handicap, however socially undesirable, could not be shown to depend on heredity—drug addiction, alcoholism, sex delinquency, “grossly offensive” bodily deformity. Hereditary Health Courts were set up to consider cases, and persons ordered to be sterilized had to report to the hospital within two weeks when the operation would be carried out at state expense. Those objecting on religious or other grounds were given the alternative of segregation in an institution, but had to bear the costs themselves. Appeal to a higher court was allowed if made within two weeks, and decision therefrom was final. Considering the large number of operations performed in a comparatively short time (225,000 by 1937, according to Kopp)<sup>60</sup> it seems unlikely that the right of appeal was much exercised, or that Nazi judges could be expected to make many decisions which would nullify official policy in the matter.

Thus applied in authoritarian manner, the wide coverage of the law and its coercive features combined to exemplify a misuse of eugenic principle, and strengthened the argument of those who believed eugenics to be a potential weapon of class discrimination. Laws providing for voluntary sterilization in democratic countries bear no resemblance to this German experiment. Individual liberty is paramount; the conditions subject to sterilization are conservatively defined; and elaborate safeguards erected which may even curtail the practicability of the law. Yet this preservation of individual rights does more in the long run to encourage acceptance of sterilization as a measure of social betterment and to minimize religious opposition, since it can be pointed out that no compulsion is applied to those who object on religious or other grounds, and that the law has no punitive intent.

In the light of actual North Carolina experience, however, it must be added that theoretical concepts of individual liberty are often remote from the sort of practical situation in which sterilization is usually proposed. This will be evident from some of our illustrative cases, and is a criticism frequently made by social workers and administrators who are dealing at first hand with the problems created by feeble-minded parents living in the community. These persons, many of them public charges, by reason

of their deficient mentality are often socially irresponsible, incapable of the proper care of children, and in no sense fitted for parenthood. In practice, sterilization is most vigorously supported by those who see its immediate social and economic advantages; and more abstract considerations of Mendelian inheritance are rarely the moving force.