

per case. This ranged from \$25 to \$75 per case with the average being \$47.42.) (19 counties gave the average cost per day in the hospital without reporting the total cost per case. This ranged from \$2 to \$6 per day with the average being \$3.72 per day.)

6. What changes would you suggest in the sterilization law to make it more effective?

A. Summary of comments.

- (1) Sterilization should be made compulsory for selected groups of the "mentally unfit."
- (2) Change in requirement that consent of person to be sterilized and next of kin be secured when they are feeble-minded or mentally ill.
- (3) Provision for abortions, if recommended by a physician, when sterilization is authorized. (Should, perhaps, be change in abortion law rather than in sterilization law.)
- (4) Provision for consent by guardian in case of county wards.
- (5) In order to expedite the handling of cases provide for authorization to be given by local boards with right of appeal to State board.
- (6) Mandatory provision for county or State to meet medical costs.
- (7) Coverage of persons having hereditary physical defects, habitual criminals and persons with borderline mentality.

7. What changes, if any, would you suggest in Eugenics Board procedures?

A. Summary of comments.

- (1) Quicker action by Board.
- (2) Waiving of psychological tests for persons obviously feeble-minded.
- (3) Eliminate time limit during which operation can be performed.
- (4) Simplify language on forms.
- (5) Extra copy of authorization for hospital files.

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## APPENDIX D

### ILLUSTRATIVE CASES

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#### CASE 1.

————— General Hospital

STERILIZATION NOTE

1946

Patient Mrs. A. B.

#### FAMILY SITUATION

Patient, age 25 and husband age 27 and 3 children 5, 3 and 20 months, live in a small overcrowded house with Mr. A's sister and her family. Pt. seems to be a fairly attractive person, interested in her family. She gives the impression, however, of extreme lethargy which is perhaps due to poor health. Her husband is a mill worker, recently discharged from the Army. The 2 older children are essentially normal. The youngest child is a hydrocephalus, who is a great care. He was in this hospital for 9 months.

#### FAMILY BACKGROUND

Pt's husband comes from a family of 10 children. He completed the 5th grade in school and has never done anything but textile work. His family is known to a number of social agencies. Among the members of his immediate family there is a history of illegitimacy, drinking, irregular employment and juvenile delinquency.

Pt. herself appears to come from a slightly superior family to her husband. She is one of 11 children. She finished grammar school and did mill work before her marriage. She has bilateral cataracts, which seem to run in the family. She has 3 sisters who also have cataracts on one or both eyes.

#### PATIENT'S ATTITUDE TOWARDS CONTRACEPTION AND STERILIZATION

Pt. has requested a sterilization operation partly because of the fear that she would have another defective child. She and her husband

have tried various methods of contraception, and at the time she became pregnant with this child her husband was using a protective device. Pt. seems to have absolutely no conflict in her mind over her desire for sterilization.

Some of the possible objections were discussed such as its permanence and the fact that she herself might change her mind or might later marry someone else who wished to have children of his own. Pt. seems quite determined, however, to have the operation if it can be performed. She understands that this note is being attached to the chart, and that the doctors will decide on the basis of this information as to whether or not they are willing to sterilize her.

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Director, Medical Social Service

## CASE 2.

## NOTES ON A VISIT TO A TENANT FARMER'S HOME

April 1947

Home five miles out in the country. Client, Mrs. X. is a Negro woman, mid-30's, with eight children. Suffers from hypertension. Has supernumary fingers and toes; abnormality also appears (in differing degree) among children. All Mrs. X's front teeth are missing. Only furniture three double beds covered with rags and patchwork quilts, one rocking chair, bench of planks, kitchen table, upturned boxes. All conveniences lacking. Clothes hanging on walls—no cupboards or dressers.

*Insecurity of tenure*—Mrs. X. says they have been there a few months, don't know if they will be remaining after the crop is in. She is cheerful and laughing in spite of the situation and her own ill-health.

Husband and eldest son out in field ploughing with a mule team, preparing to plant cotton. Nurse F. takes over the sterilization papers, but the husband seems reluctant to sign; smiles, says nothing. (What are his real thoughts?) Nurse F. explains that he must attend hospital with his wife and sign the form of consent in front of clerk or doctor.

Visit ended on a promise that "next week" Mrs. X. would prepare to go to hospital for operation.

*Second visit, 10 days later.* Mrs. X. not ready, although Nurse F. had made careful arrangements the previous week and confirmed them by letter. Husband asks for postponement—farm work urgent, no one to do cooking, get children off to school, etc. Wife's arrangements for care of baby said to have fallen through. Both appear unconcerned. Say "yes" to reminders about danger to wife's health should another pregnancy occur, but are obviously untouched. Wife jokes "will try to take care"—and in same breath says (laughing): "think I'd like

another lil' girl." Husband asks "come back in July"—he'll be pleased to go along then.

*Comment.* Living from day to day. Country people everywhere alike, but these on the lowest level. Lack of education, passive resistance. Sterilization seems a hopeless task. (Nurse F. says she has had 5 similar cancellations in a month, and hospital beds arranged for all of them. No wonder she despairs.)

## CASE 3.

ADA T.

Ada T., an unmarried Negro woman of 31, has had eight illegitimate children, all of them by different fathers. She lives with her mother and has no employment and no income. The family have been known to the welfare department for 16 years and are dependent on relief. Ada's father deserted some eight years ago, her mother is partially blind, and one brother is serving a sentence for larceny. The father of Ada's eldest child is also in prison; another father (of twins) is 18 years old, tubercular, unable to work. His family also live on relief.

In 1939, when Ada had had four illegitimate children, the welfare department attempted to get her sterilized. In a letter to the psychiatric clinic the superintendent wrote as follows:

"Ada is dull, stupid and listless. . . . In the matter of her illegitimate children, she seems to accept this fact as quite all right and does not show any interest in attempting to get help from their father, nor does she seem to have any desire to get married."

Psychological testing then carried out showed Ada to have C.A.24, M.A. 10.10, and an I.Q. of 70.

Following the examination it was reported that Ada, previously agreeable to sterilization, had changed her mind, and a visit was paid to the home. Ada's mother was present and found to be the cause of her daughter's changed attitude. The case record continues: "She [mother] looked at sterilization from a religious viewpoint and said she thought it 'was a sin' to have such an operation. Case worker tried to show Mrs. T. that it was apparently just as much a sin for her daughter to continue having children and not to be able to provide for them. She replied that she should have more self-control, adding that she was tired of her daughter's bringing children into the world for her to take care of."

The next entry was in 1940, when a further attempt was made to get Ada to go to hospital to discuss sterilization with the doctor. The case worker reports: "Ada apparently realized that she would continue to have children unless she was sterilized. She is very childish at times

and her ideas about the operation changed frequently." Two months later the case worker paid another home visit and talked with Ada's mother, who on this occasion made one of the illegitimate granddaughters recite a chapter from the Bible. The mother mentioned her own strict religious upbringing and said she was training her grandchildren the same. After this visit, the attempt at sterilization was given up and the case closed.

Seven years later, Ada reappeared at the agency to ask for milk for a month-old baby (her eighth). The father had helped financially from time to time, but was now unemployed. A milk order was given, and the subject of sterilization was again broached by another case worker: "Before Ada left the office we asked her had she ever thought of being sterilized. She said she had, but had not given it much serious thought. We asked her why, did she want to continue having children, and then be faced with the problem of trying to care for them by herself? We pointed out the fact that she already has eight children and still does not have a husband. She smiled in a half-hearted manner, and said yes it was true, but she had always been afraid of being sterilized. We tried to explain to her that it was a simple operation and did not usually have any serious effects at all. She told us she would think about it."

Next month, when Ada came back for another milk order, the case worker asked her what she was going to do about birth control. She said she had not done anything about it yet, but thought that she would very soon. She was given the address and times of the local clinic, and she promised to go and report.  
(Case still current. June 1947)

CASE 4.

MARY LOU J.

(Extracts from case record of agency)

CASE SUMMARY: Mary Lou J., 14 year old Negro girl, first became known to the agency when it was reported by an interested person that she had recently been pregnant and that the mother had brought about an abortion. Some visits were paid to the home and it was learned that the mother is a ——— preacher with a church in X. We attempted to explain to Mrs. J. the necessity of having Mary Lou sterilized because of her feeble-mindedness, ascertained when she was examined at the psychiatric clinic. (Diagnosis: I.Q. 40. Tonsils, adenoids, tumor in nose.) Mrs. J. finally decided it would be against her religious beliefs to have this operation performed.

During the time the case was active we were able to persuade Mrs. J.

to have Mary Lou's tonsils removed as recommended by the clinic. Mary Lou was hospitalized for a pelvic infection. John J., the father, has been in and out of the Workhouse several times during the active period of this case (two years) and is at present serving a five year prison sentence for escaping from the Workhouse and shooting up a "juke joint" in ———. There is an older daughter who appears to be normal, but her mother states she has a tendency to be wild. She is unemployed.

NOTES FROM CASE RECORD:

*September 1944.* Reports from neighbors of cruelty and beating by mother. Mary Lou, age 14, doesn't attend school—was "put out." Case worker visits and reports: "Mary Lou does appear to be quite feeble-minded and is quite hideous in appearance. Breathes entirely through her mouth and her nose runs constantly. Makes an animal-like noise when breathing."

*October.* Mary Lou examined at psychiatric and gynaecological clinics. The doctors think she has been violated. Sterilization suggested to mother—she said she thought it would be a good thing and that she would think about it.

*November.* Mrs. J. said she had been thinking about the suggestion to have Mary Lou sterilized and that she wondered whether or not this would be the best thing to do. She asked if we thought it was right to destroy a human life. We told Mrs. J. that our idea was to prevent the beginning of human life so that it would not have to be destroyed. We explained that a girl of Mary Lou's mentality could hardly take care of herself and that she could easily be led astray. We said that we were partly looking out for Mrs. J.'s interests, since if Mary Lou had any children Mrs. J. herself would most likely have to be responsible for them.

Mrs. J. then wondered whether we humans should interfere with God's plan. We pointed out that in this case she should not have had Mary Lou's tonsils removed; and that there was hardly any need for her work or ours if we would sit back and leave things to God. Mrs. J. said she had not thought of the matter in this way; and that she would think seriously of the suggestion about sterilization.

*January 1945.* Mrs. J. said she had not made up her mind about this matter. She feels that God is going to perform some miracle and that Mary Lou's mental condition will be better in years to come. She would hate to give her consent for an operation and then "later in life the girl finds a companion and I will have done this to her." (Case worker explained at length—mother agreed to additional psychiatric examination at clinic.)

*November.* School nurse comes to discuss case. Mary Lou entered

first grade this fall, but was quite a problem for the teacher. She is now menstruating and it is feared she will become pregnant. If she is dismissed from school, the nurse thinks the neighbors will take a [sic] case to the Juvenile Court because the girl will run the streets so much.

*December.* Reported by nurse that Mary Lou was out of school and it was thought she was living in immoral fashion.

*January 1946.* Mary Lou placed in Detention Home following reports from neighbors that she was in the house alone after dark and a man hanging around. When the police came, Mary Lou was found alone. She said her mother was away in ———, New York, attending a ——— Convention. The police ordered the mother to return.

*Some days later.* (On return) When asked about sterilization, Mrs. J. said she would never give her consent to that operation, as it was against her religious principle [sic] and that she would rather care for her daughter's illegitimate child, if she ever became pregnant, than have her sterilized.

Case then closed.

#### CASE 5.

#### 61-YEAR-OLD MAN ACCUSED OF BASTARDY OF FIVE CHILDREN IN RECORDER'S COURT

——— N. Carolina  
January 1948.

Recorder W. yesterday in continuing prayer for judgment for T., 61-year-old Negro of a charge of bastardy of five children, warned the aged man that his sixth allegedly illegitimate child would bring conviction.

T. pleaded guilty and Judge W. asked if he was "bragging or just guilty," and the defendant replied, "guilty."

Fannie M. testified that she had T. brought into court because he did not buy all the groceries she thought necessary. She revealed that the ages of the offspring ranged from two months to nine years.

When Judge W. asked T. if he had ever thought of marriage, the defendant answered, "Yes sir, but the housing shortage kinda stopped that."

"Yes, but one of these children is nine years old, there wasn't a housing shortage nine years ago was there?" Judge W. questioned.

"No sir, but I wasn't thinking about getting married then," T. replied.

Judgment was suspended when T. agreed to do all he could to support the children.

#### CASE 6.

#### THE CASE OF REVEREND X., NEGRO ——— PREACHER

#### INTRODUCTION

A Negro family were referred to the agency by the Juvenile Court, because a daughter, age 15, thought to be feeble-minded, was found pregnant and not receiving prenatal care. The parents were summoned and ordered to bring the girl to Court the following day. Instead, a few hours before the time set for Court hearing, the girl was married in another county to a 65-year old preacher, Reverend X., putative father of the unborn child.

After the parents informed Judge Y. of the marriage, they were ordered to produce the marriage certificate and the health certificate. The latter showed that blood tests had both been positive when taken just before the marriage. Judge Y. then ordered blood tests for the parents and sister of the girl, and ordered Reverend X. to take his wife to hospital for pre-natal care and treatment.

#### RELIGION AND MEDICINE

It was learned that Reverend X. was the founder of a religious cult of which his wife's parents and four sisters are members. He lives with them in a house which is designated as "Headquarters of the Church of God in the House of Prayer, Inc." Reverend X. had been married before, but had divorced his first wife a few months previously.

When ordered to take his wife to hospital, Reverend X. stated that it was against his religion to accept medical care, that he had not had a doctor when his first wife was delivered, and that he always "prayed people over their illnesses." In Court he sat on the edge of a chair, keeping his place with his finger inside a small Bible. When asked if he had ever heard of the Seventh Commandment, he admitted he had, but in rebuttal he quoted: "go forth and replenish the earth."

He was told that his wife was under Juvenile Court jurisdiction and would be ordered medical care, so he chose for her to attend Z. hospital. Instead of taking her there, the same day he went to a private doctor and requested anti-syphilitic treatments for himself and his wife. The doctor gave them one injection and subsequently reported to Judge Y. that the girl should be under clinic care. Reverend X. later took his wife to Z. hospital but did not say she had had this injection, and the blood test then was negative. Judge Y. then visited the girl's mother and ordered her to take her back to hospital, which she did.

#### MOTHER'S ATTITUDE

The case worker visited the home and reported as follows: "Mrs. W. showed some slight embarrassment when speaking of her daughter's

marriage to a 65-year old man, but I got the impression that this was not due to any feeling on her part that it was wrong, but rather that she could not help but know how we felt, and that she had been brought up to believe one should not openly flaunt the standards of white people."

#### STERILIZATION CONSIDERED

The girl was given a pre-natal and psychiatric examination at the hospital, when it was found that she had an I.Q. of 69, and a narrow pelvis which would be likely to create difficulty at confinement. She was referred to the social service department to make arrangements for hospitalization. The social worker later reported: "Reverend X. was difficult to manage as he did not believe in needles or doctors and had not really wanted the girl to go to hospital for delivery. In spite of the girl's low mentality, it would presumably be impossible to get her sterilized since her husband would never give his consent."

#### DISAPPEARANCE, FURTHER PREGNANCIES

The girl failed to keep her hospital appointments, and when the home was visited it was found that she and the Reverend X. had gone away. Her parents denied knowledge of their whereabouts. Two months later the Reverend X. returned with his wife and a baby. Eight months later it was reported that she was again pregnant.

A year afterward, Judge Y. informed the agency that the girl's 12 year old sister was pregnant and had been put out of school. This was confirmed on a home visit, and there was strong suspicion that Reverend X. was the father. The girl hoped to go back to school after the baby was born. Her mother refused to allow her to be delivered in hospital, saying she feared publicity. A child was born when the girl was 13, and at this point the case was closed.

#### CASE 7.

##### SARAH J.: CASE FROM AN INSTITUTION

Sarah J., age 14, is one of seven illegitimate children born to a mother before her marriage to the man who is now Sarah's stepfather. Sarah's own father is said to be a married man with three children; and her mother, who was reared in an orphanage, is reported as neglectful, irresponsible, and probably feeble-minded. Home conditions are extremely poor; the stepfather beats the mother and is at present in jail for shoplifting.

Sarah has been in the Juvenile Court on three previous occasions for stealing, bad language, and truancy; and her present commitment is for fighting and staying away from home. She has only reached the third grade in school.

On admission she was found to be malnourished and suffering from leucorrhoea and vaginitis. Her mental age was 7.4, I.Q. 53, and the psychologist reported her as badly maladjusted, in need of supervision to check promiscuous tendencies. Sarah had admitted sex relations and "seemed more unmoral in her point of view than immoral." Sterilization was suggested as a protective measure for the girl and society.

During her stay at the school Sarah was sullen and unco-operative, and made two attempts at escape, being returned from the second of these with a fresh venereal infection. The school did the best they could to stabilize her, found a foster-home placement after discharge, and made a strong recommendation to the welfare department for sterilization. This was not carried out; and a report has recently come in that Sarah is pregnant.