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## STERILIZATION IN WISCONSIN

FRANK C. RICHMOND<sup>1</sup>

Compulsory human sterilization was authorized in Wisconsin by Chapter 693, Laws 1913. The law appropriated such amount not exceeding two thousand dollars annually as its execution required. The only change made in the law is that in 1931 the amount annually appropriated for its execution was increased to two thousand five hundred dollars. Following is the law incorporated into the Wisconsin Statutes 1931 as Section 46.12:

*Sterilization of Defectives.* (1) The state board of control is hereby authorized to appoint, from time to time, one surgeon and one alienist, of recognized ability, whose duty it shall be, in conjunction with the superintendents of the state and county institutions who have charge of criminal, insane, feeble-minded and epileptic persons, to examine into the mental and physical condition of such persons legally confined in such institutions.

(2) Said board of control shall at such time as it deems advisable submit to such experts and to the superintendent of any of said institutions the names of such inmates of said institution whose mental and physical condition they desire examined, and said experts and the superintendent of said institution shall meet, take evidence and examine into the mental and physical condition of such inmates and report said mental and physical condition to the said state board of control.

(3) If such experts and superintendent unanimously find that procreation is inadvisable it shall be lawful to perform such operation for the prevention of procreation as shall be decided safest and most effective; provided, however, that the operation shall not be performed except in such cases as are authorized by the said board of control.

(4) Before such operation shall be performed, it shall be the duty of the state board of control to give at least thirty days' notice in writing to the husband or wife, parent or guardian, if the same shall be known, and if unknown, to the person with whom such inmate last resided.

(5) The said experts shall receive as compensation a sum to be fixed by the state board of control, which shall not exceed ten dollars per day and expenses, and such experts shall only be paid for the actual number of days consumed in the performance of their duties.

(6) The record taken upon the examination of every such inmate shall be preserved and shall be filed in the office of said board of control at Madison, Wisconsin, and semi-annually after the performing of the operation, the superintendent of the institution wherein such inmate is legally confined, shall report to said board of control the condition of such inmate and the effect of such operation upon such inmate.

<sup>1</sup>Director, Psychiatric Field Service, State Board of Control of Wisconsin.

(7) The state board of control shall report biennially in its regular biennial report the number of operations performed under the authority of this section and the result of such operations.

Compulsory surgical human sterilization without limit or discrimination has been exploited as a eugenical panacea or cure-all for prevention of procreation of the mentally unfit. No such sweeping program has been considered desirable, necessary or practical in Wisconsin. Surgical sterilization without compulsion is applied in a restricted field. As a eugenical and social welfare measure, it is practiced on a selected group of about one quarter of the admissions to the two colonies and training schools maintained for the care, custody and treatment of mentally deficient (feeble-minded) and epileptic persons.

The terms feeble-mindedness and mental deficiency are used synonymously. Neither is defined by statute. Mentally deficient persons are those who, by reason of arrested mental development, existing from birth or an early age, are considered incapable of competing on equal terms with their normal fellows or of managing themselves and their own affairs with ordinary prudence, such arrested development being at a mental age of less than 12 years or its proportionate equivalent, using 16 year limit.

The use of sterilization among the insane as a eugenical and social welfare measure is limited to persons whose inherent mental weakness is mental deficiency or other inheritable infirmity, or as a therapeutic aid for female patients whose recurrent psychotic attacks are precipitated by pregnancy or childbirth. Otherwise, insane have not been sterilized except in two cases which were approved for the operation at the solicitation of relatives with patients' consent.

Sterilization of criminals has not been practiced.

NUMBER OF STERILIZATION OPERATIONS

July 1, 1913 - March 15, 1933

1913 .....	None	1925 .....	26
1914 .....	None	1926 .....	14
1915 .....	1	1927 .....	28
1916 .....	16	1928 .....	66
1917 .....	15	1929 .....	5
1918 .....	29	1930 .....	70
1919 .....	None	1931 .....	53
1920 .....	17	1932 .....	98
1921 .....	None	1933 .....	18
1922 .....	18		
1923 .....	16	Total .....	499
1924 .....	9		

MENTALLY DEFICIENT GROUP

*Disposition*

Male Female

12 185—197 cases in institution, of these 11 females represent cases who were returned because of delinquency—4 females represent cases returned from placement.  
 7 113—120 on parole to relatives.  
 0 9— 9 on placement and employment.  
 3 15— 18 died—one accidental drowning; the others from natural causes.  
 7 51— 58 transferred to other institutions.  
 8 3— 11 escaped—1 male discharged later.  
 1 2— 3 discharged directly to relatives.  
 0 36— 36 were on parole and discharged because of favorable adjustment.  
 0 37— 37 were on parole, married and then discharged.  


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 38 451—489 which includes 14 female mentally deficient epileptics—10 morons and 4 imbeciles.

*Diagnosis*

	<i>Male</i>	<i>Per Cent</i>	<i>Female</i>	<i>Per Cent</i>
Morons .....	22	73	323	71.6
Imbeciles .....	16	27	128	18.4
	<hr/>		<hr/>	
	38		451	

*Social Adjustment*

	<i>Per Cent</i>	<i>Male</i>	<i>Per Cent</i>	<i>Female</i>	<i>Per Cent</i>
Successful .....	42.1	9	23.6	197	43.6
Unsuccessful ....	3.0	0	0	15	3.3
Unknown .....	2.3	7	18.4	3	.9
Dead .....	3.6	3	8.1	15	3.3
Institutionalized ..	11.8	7	18.4	51	11.3
Undetermined* ...	37.2	12	31.5	170	37.6
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	489	38		451	

\*Includes cases awaiting placement, convalescing from operation, etc. Present economic conditions are unfavorable to placement. Such a considerable part of these will become successful as to raise the 42.1% to more than 50%.

INSANE GROUP

*Disposition*

4 cases in institution (1 male and 2 females were not paroled and 1 female was paroled and returned).  
 1 on parole to relatives (female).  
 4 transferred to county asylums (females), of whom 3 were temporarily paroled subsequent to sterilization.  
 1 on parole and discharged because of favorable adjustment (female).  


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 10 of whom 9 were Northern State Hospital for Insane patients and 1 was Wisconsin State Hospital for Insane patient.

*Diagnosis*

	<i>Male</i>	<i>Per Cent</i>	<i>Female</i>	<i>Per Cent</i>
Manic depressive, manic phase.....	0	0	2	23
Dementia praecox, hebephrenic.....	1	100	0	0
Dementia praecox, hebephrenic on basis of mental deficiency .....	0	0	1	11
Dementia praecox, paranoid on basis of mental deficiency .....	0	0	1	11
Psychosis with mental deficiency.....	0	0	1	11
Epileptic psychosis .....	0	0	1	11
Mentally deficient .....	0	0	3	33
	<u>1</u>		<u>9</u>	

*Social Adjustment*

	<i>Male</i>	<i>Per Cent</i>	<i>Female</i>	<i>Per Cent</i>
Successful* .....	0	0	2	23
Unsuccessful .....	1	100	5	55
Institutionalized .....	0	0	1	11
Undetermined .....	0	0	1	11
	<u>1</u>		<u>9</u>	

\*1 manic depressive and 1 mentally deficient.

EPILEPTIC GROUP

*Disposition*

(All females)

7 cases in institution, of these 1 psychotic was paroled and later returned.  
5 on parole.  
2 transferred to other institutions.  
1 discharged.

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*Diagnosis*

	<i>Female</i>	<i>Per Cent</i>
Moron .....	10	71.5
Imbecile .....	4	28.1
Epileptic Psychosis .....	1	.4
	<u>15</u>	

*Social Adjustment*

	<i>Female</i>	<i>Per Cent</i>
Successful .....	6	42.8
Unsuccessful .....	1	.2
Institutionalized .....	8	57.0
	<u>15</u>	

Space does not permit analysis of the foregoing data from the standpoint of other factors such as age, length of residence in institution and academic, vocational, delinquency and parole history, etc.,

yet results as above outlined speak for themselves. Favorable effects appertaining to the mentally deficient are impressive enough to warrant continued use of sterilization. Many sterilized inmates of the colonies and training schools have been restored to economic and social usefulness. A small number has been transferred to county asylums for the chronic insane whose transfer otherwise would have been objectionable and impracticable since they are prone to escape from and cause complications at the county asylums. Thus many institutional beds have been freed for use of pressing admissions.

Favorable effects appertaining to the insane are almost negligible. Nevertheless a sterilization law should include the insane if for no other reason than because fundamental biologic factors in some types of insanity such as mental deficiency and Huntington's chorea are transmissible from parent to child; also because of the hopelessness of a differential diagnosis in some cases. Even when observed over a prolonged period there are mental cases in which it is not possible to distinguish praecox from feebleminded. In states reporting a large number of insane as having been sterilized it is a fair assumption that such data are misleading since the diagnostic grouping was made according to the psychosis and not according to the basic biological mental deficiency.

Favorable effects appertaining to epileptics are of no significance apart from those appertaining to the mentally deficient and insane groups into either of which the epileptic cases dovetail. In no case has epilepsy per se as cause for sterilization been approved.

Seven mentally deficient females out of 460 (451 mentally deficient and 9 insane) sterilized or 1.5% have become pregnant subsequent to operation.

Sterilization has not been applied to criminals as such. Many mentally deficient women with history of sex delinquency have been transferred to a colony and training school and sterilized as mentally deficient inmates if considered socially adjustable. Criminality is evidence of maladjustment between the individual and society and not a transmissible biological fault. Human sterilization can, therefore, be said not to have had appreciable effect on the incidence of crime in Wisconsin.

Administrative regulations observed by the Board of Control have made considerable reduction in the cost of executing the sterilization law.

The Director of the Psychiatric Field Service and its physician have been appointed as alienist and examining surgeon during the

past two bienniums in all cases except at the Northern Colony and Training School where the operating surgeon was appointed as the surgical member of the commission and the physician of the Psychiatric Field Service participated as neurologist. Payment of statutory fees for examiners is thus avoided.

Surgical fees per contract are twenty dollars for each salpingectomy or vasectomy. These are the only surgical human sterilization operations used or approved.

All such operations on mentally deficient and epileptic persons are done at the Northern Colony and Training School which provided hospitalization and nursing service.

Personal service of notice of hearing has been dispensed with and service by registered mail substituted. Waiver of notice is acceptable. Silence on the part of parents, responsible relative or guardian is considered to be consent.

The Board of Control refuses to approve or order sterilization when objection is made by parents, responsible relative, guardian or the inmate personally. Detention or segregation continues indefinitely in all such cases. Objection is registered in about 20% of the cases by parents, relative or guardian. Perhaps one inmate out of 25 personally refuses to consent to sterilization.

Twenty years' experience with a compulsory human sterilization law tends to support the following suggestions:

Sterilization alone and by itself has no useful, practical, eugenical or social value. Nor can sterilization, originally held to be a substitute for segregation, be practiced for such purpose. To supplant segregation, sterilization must be associated with adequate indeterminate supervision.

Section 46.12 W.S. is too embracing. Persons are included who should not be sterilized. There is no warrant in biological science for sterilization of criminals, while the law prohibits cruel and unusual punishment. Insane persons should be included in the terms of a sterilization law for therapeutic rather than for eugenical purposes. Most mental diseases are acquired. The only type of insanity appearing to be unquestionably inheritable is Psychosis with Huntington's chorea, which fortunately is rare. There is some warrant in science for the sterilization of epileptic persons especially where the epilepsy is associated with insanity or mental deficiency. The congenitally feebleminded should be sterilized for eugenical as well as social welfare purposes. Persons with acquired feeblemindedness may be properly sterilized for social welfare reasons alone.

The practical application of the law has been too limited. The main province for compulsory human surgical sterilization is in the field of the criminally mentally deficient. It has been applied for the most part to the non-delinquent mentally deficient. Use of the law has been so restrained because the state had no proper place for the detention of mentally deficient criminals prior to sterilization, nor legal provision for their parole under proper supervision subsequent to sterilization.

Many more females have been sterilized than males because as a rule only non-delinquents have been sterilized while the mentally deficient criminal population has been exempt from such procedure. Were mentally deficient criminals to be dealt with adequately by way of sterilization the number of males sterilized as compared to females would be evened up or reversed.

Sterilization can be used more frequently in the treatment of those insane who are basically mentally deficient when adequate indeterminate supervision is provided by law. The law concerning parole of inmates of the hospitals for insane does not solve problems connected with parole of such of them as are sterilized insane mentally deficient persons.

Section 245.03 W.S. providing that no feebleminded person shall be capable of contracting marriage should be amended to exclude sterilized persons.

As incidental to the use of sterilization, the State Board of Control has endeavored to ascertain how many and which mentally deficient female delinquents, inmates of state correctional institutions, being otherwise socially adaptable, can be exempted from sterilization.

During the biennium, July 1, 1930 to June 30, 1932, tubal insufflation tests were applied in the state correctional institutions to those mentally deficient females having a history of gonorrhoea, with the following findings:

<i>Institution</i>	<i>No. Tested</i>	<i>Sterile</i>	<i>Not Sterile</i>
Prison .....	1	1*	0
Industrial Home for Women.....	18	10	8
Industrial School for Girls.....	27	8	19
Total .....	46	19	27

\*This was a case of "one child sterility."

Tubal insufflation tests are likewise made at the state colonies and training schools in similar cases to avoid doing unnecessary sterilization operations.



Human surgical sterilization may lead to sexual promiscuity and incidentally to spread of venereal disease. Voluntary sterilization tends to promote social evils in this way and answers why sterilization should be practiced only on individuals who remain under indeterminate jurisdiction of law whereby proper supervision can be exercised. That voluntary sterilization promotes sex immorality is well supported by the following statement: "I know the case of a young bachelor, somewhat of a roue, who had himself vasectomized in order to increase his popularity with the young girls. And it did. The absolute assurance that he could give them that nothing could ever 'happen' to them was a powerful argument."<sup>2</sup>

However, to the taxpayer perplexed and burdened by the social problem indicated below, compulsory human sterilization does not appear insuperably objectionable. Here is the problem:

A husband and wife, convicted of killing their infant, were spared from the electric chair for life imprisonment by the Governor who said they obviously are mentally deficient. The state now will have the care of this pair the remainder of their lives. It would be a rare phenomenon if the progeny of two mentally deficient parents were not likewise deficient. Yet in every state there are hundreds such in the pauper class free to bear children of whom a large percentage are certain to have criminal tendencies, murderous proclivities or vicious social traits. The public expense and private property loss they cause is beyond computation, and their presence at large is a menace that grows with the spreading branches of their family tree.

What's to be done? "Well", says Mr. John Average Public, "why not try a safe and sane compulsory human sterilization law conservatively administered as in Wisconsin?"

#### CONCLUSIONS

1. Sterilization alone is not a substitute for segregation.
2. Favorable results appertaining to sterilization of mentally deficient class warrant its continued practice.
3. Favorable results appertaining to sterilization of insane persons are negligible.
4. Epilepsy per se is not sufficient cause for sterilization.
5. Sterilization is not applicable to criminals as such.
6. Sterilization of the criminal mentally deficient class should be extended.
7. Sterilized persons should be permitted to marry.

<sup>2</sup>"Practical Preveption or the Technique of Birth Control" by William J. Robinson, Ph.G., M.D., page 63.