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# Vasectomy as a Means of Preventing Procreation in Defectives

Harry C. Sharp

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outward, by stitching them together so as to draw their bases in, can not fail to be of service in some cases. In the correction of nasal deformities, however, we meet with such an infinite variety of conditions that the plan which works well in one case will not do at all in another, even though the conditions may seem to be quite similar. Every method has its advantages in certain cases, but the conditions of the case must be studied with a view to ascertaining how and in what manner the deformity can be best corrected, rather than to consider the adoption of any one method for all cases. It is therefore only by varying the different methods to meet the requirements of different cases that we can hope for uniformly successful results.

Dr. C. F. WELTY, San Francisco: I have operated on one patient in this way and am sorry to say my results were not perfect, although the man was very much improved. He had a very severe extensive traumatic injury, having been thrown against a street car. I have not tried Dr. Roe's plan, but apparently that would work also. Two or three years ago, I transplanted a piece of bone for saddle nose and had better results with that than I did with this apparatus and three years after that transplantation the patient's nose was in perfect condition. I believe, however, that the Carter splint is a splendid method.

Dr. R. H. GOOD, Chicago: I have used Dr. Carter's splint with excellent results in a case of marked deformity in which the nose was pushed to one side. I have the pictures both before and after operation. There were several complications which perhaps might have been prevented. For instance, there was sloughing of the cheeks from pressure, which I think could be avoided by having the parts which rest on the superior maxilla flat. Another complication was stitch infection. I used silkworm gut; perhaps if I had used silver it would have been better. I found that the intranasal splint was a little too large for my case, the patient being only 15 years old. The result, however, was very good.

Dr. W. W. CARTER, New York: Dr. Roe states that when the bridge of the broad, flat nose is raised the nose will be too large. Now if this were the case I would have to make tissue; for it requires more tissue to elevate a nose and at the same time retain its original breadth, but it does not require more tissue to elevate a nose if we make its base narrower. This is what is accomplished by this method: the excess in breadth of the nose is added to its height by narrowing the base of the nasal triangle by means of the adjustable wings of the bridge. While I do not claim to have obtained perfect results, still I hope that I have succeeded in impressing you favorably with what can be done for a class of patients for which so little has been accomplished in the past. I believe that the instrument is constructed on proper mechanical lines and that by means of it force can be so applied as to construct a normal nose, provided that there is enough bony framework left with which to work.

The sloughing referred to by Dr. Good will not occur if a proper amount of gauze padding is used on the wings, and if the skin under these is bathed each day with alcohol. Then, too, in applying the instrument too much tension must not be employed. I find that silk is the best suture; it is more easily tied and untied, and by capillary attraction it sustains drainage to a great extent. I have had no trouble with stitch abscess. A certain amount of pus always forms around the stitch, but I keep it washed away with boric-acid solution.

No two noses that I have operated on yet have been of the same size or shape, so I seldom use the intranasal splint that comes with the bridge. I usually make them of guttapercha at the time of the operation and mould them to suit each case. Several men have asked me if there is not danger of injuring the turbinate bodies while we are chiseling off the nasal processes of the superior maxilla: in reply I will say that we are working on a plane anterior to these bodies and do not come anywhere near them.

**The Criminally Insane.**—Dr. James J. Walsh, New York, favors perpetual confinement of the criminally insane. He holds it absurd that a man may have an attack of mental insaneness that will lead him to take human life, and then be expected to get over his mental condition so as not to be likely to do the same thing again.

## VASECTOMY AS A MEANS OF PREVENTING PROCREATION IN DEFECTIVES \*

HARRY C. SHARP, M.D.  
INDIANAPOLIS

The general public is rapidly coming to realize that our public dependents are largely recruited from the defective classes, and that but comparatively few persons become a public charge as the result of disease or adversity.

Neurologists recognize a so-called predisposition to insanity, which in fact is an inherited defect, or perhaps, more correctly speaking, defects, as there are usually several defective conditions in the mental and nervous organization, and frequently very pronounced physical stigmata.

Sanger Brown says, in speaking of this predisposition, that the phenomena which this condition presents may be readily accounted for by assuming a defect or defects in the neurons (the cell units of which the nervous system is composed) of such a nature that stimuli from environment may not reach the neurons of the cortex, or, having done so, the impression made there may not be sufficiently deep and lasting, or, in other words, well elaborated. Keeping in mind this condition of neuronal defects, it is easy to understand how certain individuals fail to respond to educational influences, moral or intellectual, or both.

That Sanger Brown is correct there is no doubt; and it is equally true that the same condition accounts for the large majority of cases of inebriety, pauperism, crime and drug habit. While defectives fail to respond to moral or intellectual influences, there is another fact that figures very largely, especially in the criminal class. It is that the centers of self-restraint are most defective. These persons may have full knowledge of the nature of their offenses and may fully comprehend that these offenses are morally wrong; still they have not the will-power to resist the impulse to commit a wrongful act when the opportunity presents itself. It is possible that such an individual, who would commit a crime under certain conditions, would be the first to reach the mourners' bench at a Methodist revival. He is as a ship at sea without a rudder, wafted about and changing his course with each variation of wind, all being well if the sea is calm and the weather fair; but a disastrous shipwreck is imminent in the event of a storm.

It does not necessarily follow that a defective person is to become a public charge, for included within this class are to be found the most gifted as well as the most vicious, weakest, and ordinarily, the most unhappy of mankind. Chatterton, Goldsmith, Coleridge and Charles Lamb are but a few instances of the class of gifted defectives. Invention, music and art are sometimes of high order among these persons, but desultory, half-finished work is decidedly more common. Concentrated effort is often impossible to such persons. Executive or business faculty and judgment are seldom developed.

Persons of this character who appear on life's stage and play their part contribute much to the world's beauty and pleasure. They fill a place in history, though history often fails to mention the legacy they leave to succeeding generations in the way of defective children, which become a misery to themselves and a charge on society.

There is no disputing the fact that mental as well as physical defects are transmitted to the offspring. If a

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defective marries a normal person, frequently the departure from the normal is much less marked in the offspring than it was in the parent, while, on the other hand, if two defective persons marry their children inherit the stigmata of both mother and father, thus becoming a more defective type than either parent.

Naturally the tendency is for the abnormal to mate with their kind—to seeking their own level; then, too, one of this type seldom finds a normal person who would be attracted to him. This condition favors the rapid increase of defectives as well as the accentuation of the type. This class of individuals is very prolific, from the fact that in the matter of sexuality, as in everything else, they know of no self-restraint. They indulge their selfish lust, ad libitum, with no thought whatsoever as to what the result may be; they absolutely refuse to take into consideration their own ability to take care of their offspring. They simply know that they want gratification, and gratification they are going to have.

This is the condition at the present time, and will continue to be so long as this class is permitted to remain fertile.

In addition to the foregoing causes for the rapid increase of defectives, we find that the ranks are being contributed to by persons suffering of some mental, nervous or physical disease or exhaustion, begetting children while suffering from one or more of the above-mentioned conditions. Nature punishes those who violate her laws, and the punishment is visited unto the third and fourth generation. It is very possible that the children of physically exhausted or mentally disturbed parents will manifest a degree of defectiveness.

The children of syphilitics are almost sure to be defectives. Alcoholism, drug habits, immoral excesses are some of the common causes of mental and nervous exhaustion that render a person incapable of begetting normal children. Overwork and many physical maladies which produce in the sufferer a profound mental depression are frequently responsible for defective offspring. Thus it is that we frequently find that the children of ministers, lawyers, doctors and other professional and highly respected business men have pronouncedly disorganized minds, manifesting the same by immoral, criminal or insane acts.

Prenatal impression plays its part in the production of defectives.

Many of you know or have seen physical deformities as a result of profound mental impression during the period of gestation. As the mental faculties are much more highly organized, they are a great deal more susceptible to such impressions. Hence mental markings are more frequent than physical ones. It is very probable that a child of a woman under a mental strain during this period will show some evidence of nervous disorder early in life, and, if not carefully cared for during the critical periods of development, will be the subject of an outburst that will establish it as an abnormal being, beyond the peradventure of doubt.

Several years since a woman who was the mother of a boy at that time serving a sentence in a penal institution told me that during the time she was carrying the boy a man holding a mortgage on her property, taking advantage of her inability to settle the same at the time of maturity, forced a foreclosure, and it excited in her an intense hatred for this creditor. She could think of nothing save his physical repulsiveness and the unprincipled manner in which he had treated her. He was a homely man with very red hair, and she looked on him

as a thief and a scoundrel, having robbed her of her equitable right. When this boy was born he had red hair, notwithstanding there was no such thing known in any of his ancestors, and he had always been apparently criminally inclined, although of a respectable lineage. This was undoubtedly the result of a prenatal impression.

The decidedly defective individual is very easily recognized, as the mental abnormality is usually accompanied with prominent physical defects, described by Lombroso, Wiesmann and others as morphologic stigmata. There are quite a number of these stigmata which indicate with considerable certainty the extent and nature of the mental defect. I shall not dwell on the various physical abnormalities that are found in the defective. I do wish, however, to call attention to the two that are found most frequently and the least dwelt on by writers on this subject, namely, imperfect refraction and color-blindness. It is very rare that we find a defective who does not have one or the other of the above-named conditions, though possibly to so slight a degree that the defect may be entirely overlooked. There are persons of this class in whom the only indications are temperamental, the most common being selfishness, ingratitude, inconstancy, egotism, inability to resist an impulse or a desire.

The disposition to permit all classes to procreate without restriction has brought about a condition shown by statistics, the study of which will prove very interesting.

Taking Indiana for the past eighteen years we find the following:

In 1890 the cost of maintaining the inmates in the state institutions, county poor asylum and orphans' homes was \$1,201,461.24, while in the year of 1908 the cost was \$2,443,140.55, or an increase of \$1,241,679.31, which is considerably over 100 per cent. This is for maintenance alone, as none of the appropriations for the purchase of additional property, erecting new buildings or permanent improvements are included in this estimate. Nor is the cost of maintenance of county jails or workhouses included, as I was unable to procure accurate data for this period. But I did learn that in the year 1892 there were 600 jail inmates, as against 1,275 for the year of 1908.

In 1890 there were 8,670 inmates confined in state institutions and asylums for the poor; in 1908 there were 14,398, an increase of 5,728. This relates to such state institutions as those for the insane and feeble-minded, reformatory and penal institutions, poor asylums and Soldiers' and Sailors' Orphans' Home. It does not show the total increase, as the Soldiers' and Sailors' Orphans' Home, which is an institution that in no way should be considered as an institution for the care of defectives, shows a material falling off in its population, while the school for feeble-minded youths, whose entire population consists of the most pronounced defective class, shows an increase from 358 in 1890 to a population of 1,054 in 1908, an actual increase of 696, or over 172 per cent. in the course of eighteen years. The asylums for the poor do not show anything like such an increase. But these abodes, like the soldiers' and sailors' orphans' homes, hold many persons who are there as the result of adversity and not degeneracy.

Beginning with the Soldiers' and Sailors' Orphans' Home, whose population is made up almost entirely of normal persons and which shows a decrease in population, on up through the county poor asylums, county orphans' homes, prisons, insane hospitals, epileptic village, and institutions for the feeble-minded, each insti-

tution shows an increasing percentage in proportion to the extent that it depends on defectives for its population.

In view of the above-described conditions, it seems to me it is race degeneration and not race suicide that should fill us with apprehension. History teaches that the fall of powers and principalities in the past has been due to the weakness of the people and not to the scarcity in numbers. Shall we follow the example of past ages or shall we learn from them a lesson and profit thereby?

Herbert Spencer says that to be a good animal is the first requisite to success in life, and to be a nation of good animals is the first condition to national prosperity. We may become a nation of good animals if we direct the same intelligence to the breeding of human beings that we do to the improvement of the breed of our domestic animals.

Restricting propagation seems to be universally agreed on as necessary for the relief of the downward tendency. The difficulty lies in deciding on the proper method to bring about this restriction. Some have advocated the education of public opinion so that those who are from defective parentage shall, in the face of such public opinion, abstain from marriage. This seems to me even worse than absurd, for I believe that we shall never be able thus to prevent the sexual intercourse; while there might be fewer marriages there would be more bastards.

Restrictive legislation has been advocated and many states have passed restrictive marriage laws. Minnesota has a law providing that within the bounds of the state no marriage shall be permitted either party to which is epileptic, imbecile, feeble-minded or afflicted with insanity, unless the woman be over 45.

Michigan, Delaware, Connecticut, Indiana, New Jersey and North Dakota have also passed laws for the purpose of preventing marriage among defectives, but unfortunately matrimony is not necessary to propagation, and the tendency of these several laws is to restrict procreation only among the more moral and intelligent class, while the most undesirable class goes on reproducing its kind, the only difference being that illegitimacy is added to degeneracy, and thus the children enter on life's battle doubly handicapped.

Dr. R. W. Bruce Smith of Toronto asks:

What avails the continuous increase of hospitals, asylums, and similar institutions if the number to occupy them grows faster than the accommodations? How can we possibly leave the world better for our work if we do not, at least, begin some action to stop this vicious stream at its fountain-head?

... Those who have faithfully and patiently wrestled with this perplexing problem have concluded that the only course to be taken is to separate all true degenerates from society and keep them by themselves in carefully classified groups, under circumstances which will insure that they shall do as little harm to themselves and their fellows as possible, and that they shall not entail on the next generation the burden which the present one has borne.

This method of segregation would necessitate the expenditure of enormous sums of money to establish and maintain colonies or industrial refuges which, I believe, would be a disappointment in the end. The colonists would necessarily live under restraint and, unless guarded like actual prisoners, many would escape. In their effort to escape detection these unfortunates would naturally realize that they could not engage in legitimate trade, and therefore would resort to crime, becoming a further menace to society. This plan, moreover, means life imprisonment for a large army of men and women who should be given the opportunity to enjoy life and liberty.

Castration is another means that has been suggested for the purpose of preventing procreation in the unfit. A superintendent of a Kansas institution for the feeble-minded thus operated on forty-eight boys in that institution about the year 1898. He has since severed his connection with the institution and if there has been any further report of his work I know nothing of it. This operation is, as I have repeatedly stated, of too much gravity and causes entirely too much mental and nervous disturbance ever to become popular or justifiable as a medical measure; but I heartily endorse it as an additional punishment in certain offenses.

It can readily be seen that one subjected to castration would in all probability become very morose and downcast on account of the deformity alone. Besides, the testicle has a double function, that of providing an internal as well as an external secretion, and the organism cannot maintain a normal condition when robbed of this internal secretion. This is manifested by the perceptible change in the eunuch.

Since October, 1899, I have been performing an operation known as vasectomy, which consists of ligating and resecting a small portion of the vas deferens. This operation is very simple and easy to perform. I do it without administering an anesthetic either general or local. It requires about three minutes' time to perform the operation and the subject returns to his work immediately, suffering no inconvenience, and is in no way hampered in his pursuit of life, liberty and happiness, but is effectively sterilized. I have been doing this operation for over nine years. I have 456 cases that have afforded splendid opportunity for postoperative observation and I have never seen any unfavorable symptoms. There is no atrophy of the testicle, no cystic degeneration, no disturbed mental or nervous condition following, but, on the contrary, the patient becomes of a more sunny disposition, brighter of intellect, ceases excessive masturbation, and advises his fellows to submit to the operation for their own good. And this is the point in which this method of preventing procreation is so infinitely superior to all others proposed—that it is endorsed by the persons subjected to it. All the other methods proposed place restrictions and, therefore, punishment on the subject; this method absolutely does not. There is no expense to the state, no sorrow or shame to the friends of the individual, as there is bound to be in the carrying out of the segregation idea.

There is a law providing for the sterilization of defectives in effect in Indiana and it is being carried out at the Indiana reformatory. I regret very much that it is not being followed up in the other institutions of the state; but there is no doubt that it will come about in a very short time.

Brown-Séguard, one of the earliest observers of the effect of the secretions of the reproductive glands, said that an extract from the fresh testis, when injected under the skin or into the blood current, had a remarkable influence on the nervous system, mental and physical vigor; that the activity of the spinal centers were greatly improved, not only in cases of general prostration and neurasthenia, but also in the case of the aged. Brown-Séguard maintained that the general dynamogenic effect was due to some unknown substance formed in the testicle and subsequently passed into the blood. Although many of the more recent investigators as Poehl, Zath and others assert that it is found in the external secretion, my own observations lead me to endorse the opinion of the latter.

After observing nearly 500 males in whom I had severed the vas deferens I am prepared to state that there is not only a diminution of the muscular and nervous fatigue resulting from muscular exertion, but also a lessening of fatigue sensation and a decided increase of energy and well being. I have observed splendid results in cases of neurasthenia.

That severing the vas deferens or the oviduct does not arrest the sexual development has been proved by doing the operation on young animals before they reached the period of puberty. That there is no atrophy or cystic degeneration has been satisfactorily demonstrated by ten years' observation. It was on account of these facts that I suggested that the vas deferens in the male and the oviduct in the female be severed as a means of preventing procreation in defectives, as the operation has no deleterious effect on the subject, but the contrary. The operation in no way endangers life.

After cleansing the scrotum with soap and water I bathe the part in alcohol, then grasp the spermatic cord between the thumb and the index-finger of the left hand, defect the vas, hold it firmly and fix it with a pair of bullet forceps, then cut down on it, draw it through the scrotal wound by means of a Tenaculum hook, strip it of all membranes and the accompanying artery, ligate above and sever, cutting away any portion from the vas that may have been damaged in the manipulation. This is done in order that the end next to the testicle may not become closed. It is very important that it shall remain open, in order that the secretion of the testicle may be emptied around the vessels of the pampiniform plexus and there absorbed, for it is through this process that the economy receives the tonic effect of the secretion; also where the end closes there is likely to be cystic degeneration. The action of the muscle closes the skin wound and no stitch, collodion or adhesive plaster is needed. The patient returns to his work immediately and suffers but little inconvenience.

There is no diminution of the sexual power or pleasure. The discharge at orgasm is but slightly decreased.

The operation in the female is more difficult, but, if skilfully done, no more hazardous. The oviduct is reached through a median incision, the tube ligated near the uterus and severed beyond the ligature.

There are over 300 girls in the institution for the feeble-minded in Indiana who, if treated in this manner, would be able to leave the institution and be self-supporting, as the only reason for detention is for the purpose of segregation, as they have not the character to resist the importunities of unprincipled men when thrown on their own resources. The result is that when they are released from the institution they shortly return in a state of pregnancy, or marry some one unable and unfit to rear a family. In either event there is an addition to the dependent class. With the oviduct severed this danger is absolutely obviated. In case of the male the desire for the opposite sex is in no way diminished; his mind is strengthened and his nervous system benefited from the reabsorption of sperm. It has a decided effect on the centers of self-restraint, besides improving the physical condition, as the masturbator refrains from excessive indulgence in this practice. Almost wholly as the result of increased will-power, the rapist or criminal will be aided in resisting his pernicious impulses. Thus we have a means of preventing procreation in the unfit, at the same time improving the condition of the unfortunate individual.

316 Board of Trade Building.

#### ABSTRACT OF DISCUSSION

DR. L. H. MONTGOMERY, Chicago: If the stigmata of a defective or degenerate are transmitted to the children in many instances, as I firmly believe, how are we going to be entirely satisfied, scientifically and otherwise, that tuberculosis is never transmitted to the offspring? We are all aware that syphilis, insanity, epilepsy and other neurotic conditions are handed down and—due to prenatal influences or otherwise—even alcoholism is inherited or transmitted sometimes. We all see instances of these influences transmitted to the offspring. How are we going to do away, entirely, with this question the author has just raised?

DR. F. C. VALENTINE, New York: Every specialist in genitourinary diseases must agree with the important physiologic and surgical points brought forth by Dr. Sharp. For emphasis it may be permitted to elaborate them by separate discussion. He says that vasectomy is easy to perform; to this one may add that it is the simplest operation in genitourinary surgery. It is well known that the health of the testicle is not impaired by severing its excretory duct, as the testicle does not suffer from occlusion of the duct, as occurs in epididymitis. Moreover, within the last few years many vasectomies have been performed, at White's suggestion, in the hope of thereby relieving prostatic hypertrophy; the testicle, so far as literature shows, was in no wise affected thereby. Two objections to the operation at once occur to the mind, namely: Most, if not all, those operated on were prisoners, therefore the power to procreate was taken from them under duress; it remains questionable that we have a legal right thus to deprive them. On the other hand, the public will soon learn that vasectomy does not influence the power to perform sexual intercourse, but does away with the risk of impregnation. This would lead many sexual profligates to importune physicians for this preventive operation, which involves practically no pain, and, if carefully done, is without danger. To say that no practitioners would be found thus to subvert the purpose of marriage, would be expressing a faith in the morality of the profession even greater than that which I possess. In mitigation thereof, it is but proper to admit that should the person operated on desire the restoration of his procreative function, the continuity of the severed vas and its patency can be restored by a second operation. The restoration of the vas is by far a more delicate and difficult operation; nevertheless, when properly performed, it has proved successful. That vasectomy can impart stamina, moral strength, the ability to resist immoral impulses and temptation, as suggested by the author, is, I must confess, an entirely new idea. While no explanation presents itself for this peculiar psychologic victory, the author merits inexpressible credit for the results he has obtained. His essay will doubtless lead many other surgeons of reformatory and penal institutions to test the question. If the reduction of criminals results his name will go down in history as a notable pathfinder.

DR. W. FORREST DUTTON, Walker's Mills, Pa.: It is not clear to me what is meant by the defective classes and their limitation. We know that with the increase of population the defectives are bound to increase. We cannot yet deny the part played by hereditary influence. I think we have discovered the efficacy of educational factors in many cases, and that instruction should bear a great deal on these things. If we get at the root of all this evil, we will have no trouble at all in preventing the defective classes. In the adoption of so many radical remedies for wrong conditions in the past, I think the educational feature is the factor that should be paramount in dealing with defective classes, whatever they may be.

DR. WOODS HUTCHINSON, New York: Crime is a medical problem in at least half of its extent; and I look forward to the day when the physician will be looked on as the criminologist of the country, and when our police courts and our police administration will be put largely under medical control; and when that time comes we shall save half of the cost of our courts, our prisons, and our poorhouses. We have the humiliating spectacle of the defective criminal insane of the community, 2 per cent., putting to enormous expense and holding in terror



the other 98 per cent. of the community, because we have never taken any steps to stop this at its fountain head by preventing this reproduction of defectives. Those questions of the increase of crime are very difficult of settlement; because, in the first place, we are enlarging our definition of crime constantly, making many offenses which were not considered offenses before; as, for instance, in the prohibition communities it is a crime to buy a drink, and in our new tuberculosis campaign we have taken away our former right to spit. Therefore, it is not safe to judge by the apparent increase in the number of convictions. On the other hand, it seems almost certain that these people are at least holding their own with the rest of the community. They have an enormous fecundity. I had the opportunity, recently, of seeing the family records of defective children who had been committed to the New Jersey home at Vineland. Over three hundred records had been taken for the purposes of correctional care. Most individuals had from one to three, and in some cases six or seven, defective relatives; and the families were large, running anywhere from six to twelve and fourteen. The birth-rate is high among such people; on the other hand, they have a very high death-rate, so that helps to keep matters level. About one-third of all our criminals are born of criminal ancestors, and that reproduction might have been prevented if we had taken the matter in hand. Dr. Sharp has made a valuable practical contribution to this question, particularly the fact that it is an operation which is so painless and produces so few undesirable results that defectives are willing to submit to it of their own accord. That, I think, at first appears almost too good to be true; yet those people are not at all desirous of having children; it is not only the feeble-minded who would be glad to be relieved of that responsibility. One of the objections made to this operation is that it might become popular in other classes of the community. By putting these people in this condition we can allow them to return to outdoor life and to a self-supporting existence. Physicians having anything to do with defectives are aware that the most serious practical problem in the care of the female defective is this question of preventing reproduction. These women have to be kept under custodial care during child-bearing life. A feeble-minded man has to find a feeble-minded woman before he can procreate; a feeble-minded woman has no such limitation. A movement of this sort would immensely increase the production of defectives in the community. Whether it is going to be productive of all the moral and hygienic benefits to the defectives themselves that Dr. Sharp claims for it I do not know. It is only fair that the male gland should be subject to the same assaults as the female gland has for twenty years past, and see what the results are. I can easily believe that the criminal and the defective would be rendered more amenable to discipline by this operation, inasmuch as it has been habitually practiced on horses and other animals for the purpose of making them more amenable to control.

DR. CHARLES A. ROSENWASSER, Newark, N. J.: As vice-president of the Dependency and Crime Commission of New Jersey, I took part in an investigation as to the causes of dependency and criminality, and had occasion to note the important part played by heredity in the development of the defective and delinquent. That there is urgent need of doing something practical and effective to lessen the propagation of the unfit, has been strikingly shown by the investigation conducted some years ago in Illinois, as a result of which it was learned that all the defectives and delinquents in the state at that time, could be traced to one hundred and fifty families. I intend to have introduced into the legislature of New Jersey, this winter, a bill similar to the one introduced in Illinois this year, making the sterilization of habitual criminals compulsory. And, at some later time will take up the defective class. As my work lies largely with inebriates, a class of patients with weakened will power, I am especially interested in the statement that the operation of vasectomy helps to restore the will power, and I hope to be able to test its efficacy in the near future. As to the value of education in lessening the propagation of defectives and delinquents, I am not very hopeful. That education is of very scant value in such matters is seen in the attitude of the medical profession toward

the alcohol problem. Physicians as a class are well informed as to the baneful effects of alcohol on the individual and on society, yet among them we find very few total abstainers. If enlightened persons cannot be brought to total abstinence by education, how can we expect to educate a defective or delinquent to abstain from sexual intercourse or from propagation?

DR. J. N. HURTY, Indianapolis: I have watched the progress of this work with a great deal of interest. I do not think that we have any figures as yet showing that much in a direct way has been accomplished; but I believe that this may be termed a higher hygiene, through which we can hope to better the race. It is futile to educate these people with criminal stigmata. You can't do it. Education does not reach them at all. They have little moral sense, little moral force, and while you can tell them, and they can in turn preach to you the morals of the situation, they will go straight off and commit the acts. They have no will power, no force of mind, to withstand temptation. So education will not reach them. The knife only can reach them. I was at Mr. Vanderbilt's estate at Asheville. He raises all manner of animals there—cats, hogs and dogs—of many varieties. I was standing near the man who was in charge of the beautiful collies at the kennels; one of them (a female) came up to me, and she looked so pleasant that she seemed to me to have a laugh on her face. I patted her on the head, and she was duly grateful for the attention. I asked him, "Do you have any vicious dogs here?" He said: "Do you suppose that we would breed from vicious animals? If a vicious animal appears here we kill it; we have nothing to do with them at all; and the result is that we have no biting animals, but only those amenable to instruction." Why cannot we apply this to the human family? It seems to me that the application is possible; and I would not term it inhuman. It could not interfere with man's rights. A person who is morally defective has no right to impose another defective on the human family. We take from them their lives when they are murderers—hang them, electrocute them—and it is not nearly so severe to take from them their right to procreate. It has already been shown that there are many of this class who prefer not to procreate and voluntarily submit to sterilization.

DR. W. FORREST DUTTON, Walker's Mills, Pa.: I should like to have Dr. Hurty define the limits of this class. That is to say, What is meant by defectives in the broader sense of the word?

DR. J. N. HURTY, Indianapolis: That would be difficult, indeed. At the present time I would confine vasectomy, if we adopt that method, to those convicted in the courts. We could not extend it further at present; but science may advance some time in the future so that all could be reached. The law in Indiana says that the man shall be examined; if he is found unfit, and has the stigmata of degeneracy, then he is sterilized. The method is not prescribed; any method may be used. That is about as far as we can go at the present time.

DR. HARRY C. SHARP, Indianapolis: In tuberculosis, of course, we are not dealing with a defect. There are families that have low vitality; and it seems to me to be transmitted from one generation to the other. As to the danger of vasectomy becoming popular with a certain class, I fully comprehend that; and I think we should have on the statute books of every state (and we in Indiana realize this since the matter has become so generally understood) a law attaching criminal indictment to any one submitting to this operation or performing the same without due process of law which would be binding. The statement that no one voluntarily gives up the power of procreating, is, in the face of facts, entirely wrong. Many women in this country, and a great many more in Europe, particularly in France, have submitted to major surgical operations in order to avoid procreation. We are all human beings, and we are all submitted to temptation. The one who is normal withstands the temptation; and the one with weaker powers of resistance succumbs. The present law in the state of Indiana, and the only one I think justifiable now, is the one dealing with people in the public institutions. They may have committed crime; they may be in our poor asylum, orphans' homes, insane asylums,

or institutions for the feeble-minded. I stated in dictation of my paper (its omission was an oversight of my stenographer) that while the apparent increase in France is not borne out by facts, the definition of crime has been materially extended in several fields; law has been more vigorously enforced. Furthermore, regarding insane asylums, heretofore people have kept their afflicted relatives at home, now they put them in public institutions. All those things contribute to show an increase in criminals and defectives; nevertheless, the actual increase is out of proportion to the increase of population.

I began this work in October, 1899, and from 1899 to 1907 this operation was done on 176 men in the Indiana Reformatory on request. The request was solely for the purpose of relief from the habit of masturbation, and I will give as an illustration the story of my first operation, in October, 1899. A boy 19 years old came to me and asked that he be castrated, as he could not resist the desire to masturbate. I first had him put in a cell with a fellow inmate, thinking that perhaps he would be abashed and the sense of shame would prevent him. He came to me again, still insisting on castration, saying it was just as bad as ever. I did the operation, and two weeks afterward he came to me and said I was just fooling him, that I had not operated on him and he wanted the other operation. I asked him to wait two months and then, if he was no better, I would perform castration. In two months' time he came to me and told me he had ceased to masturbate and that he was all right. I asked him if he had lost any desire or pleasures of the gratification. He said: "No, but I have the will power to restrain myself." That institution conducted a school of letters. This patient was unable to make any progress in the school. Three months after that operation he made satisfactory advance in the school. This was true, practically, of every man operated on; every man who has ceased to masturbate has assigned the same reason: practically every man has told me he sleeps better, feels better and has a better appetite. In that institution the men are sent out on parole. We have satisfactory and unsatisfactory paroles. That is, those men who violate their parole and are brought back to the institution, "jump their parole" (as it is termed), which means that they leave their place of employment and run off. About 65 per cent of the average of that population are satisfactory paroles; that is, of the number of men who are paroled, 65 in 100 receive their final discharge as "satisfactory"; 35 are either returned or leave their place of employment. My last report indicated 203 of the paroles in these men who had been operated on in the last ten years, and 5 of that 203 were unsatisfactory. Since this law was enacted, of course, we have been doing the operation by means of a commissioner appointed. The man's ancestry is inquired into. If the man has had syphilis he is not considered a fit subject to procreate, and he is sterilized. Any man in a criminal institution, when told that he is to be operated on, resents it; so that all these men we have operated on resent it at the time; but subsequently they approve. I have operated on three physicians, and they have all assured me that they have a decided lessening of muscular and nervous fatigue.

**The Histology of the Posterior Lobe of the Hypophysis.**—Just behind the posterior lobe of the hypophysis, W. Haberland (*Anat. Anz.* Sept. 1, 1909, xxxv 98) finds in the human fetus a peculiar structure, the persistence of which might cause some confusion in a post-mortem diagnosis of glioma of the hypophysis. On the Cohnheim theory, this group of cells also affords an explanation of the embryonal rest from which a glioma of the hypophysis would arise. It occurs almost constantly in the fetus (in 5 out of 6 cases) and the new-born (10 out of 11 cases), is about one-fourth the size of the posterior lobe, and is usually found behind and a little below the posterior lobe. The body is made up of very typical glia cells and usually contains a lumen lined with ependymal cells that have very fine cilia. There is no sharp line of division between the glia tissue and the ependymal cells. This body has not been found in the adult or in children older than 3½ months.

## THE EFFECT OF INTERCURRENT DISORDERS ON PRE-EXISTING EPILEPSY \*

ARTHUR S. HAMILTON, M.D.  
MINNEAPOLIS

In the summer of 1899 my attention was first directed to the effect which intercurrent troubles have on epilepsy and mental diseases. At that time, a small epidemic of measles appeared at the State Hospital for the Insane at Independence, Iowa, and, among others, six epileptics acquired the disease. These patients were not under my direct charge, but I saw them frequently, and it was my opinion, as well as that of Dr. Joseph Ohlmacher, in whose immediate service they were, that their convulsions were lessened in number. This opinion, however, was based merely on general observation, and there are no definite records to support it.

The next year, during a prolonged epidemic of typhoid fever, a large number of epileptics became ill, and on the study of these patients my paper is chiefly based. As opportunity offered since that time, I have kept a record of other cases so that now I have notes on a considerable number of epileptics who developed measles, scarlet fever, tonsillitis, pneumonia, grip, gastrointestinal disorders, and pregnancy, or who sustained various injuries, but in nearly all the short duration of the illness, the relative infrequency of the seizures, and the lack of any definite knowledge as to the number of seizures when the patient's general health was good, have prevented me from drawing any positive conclusions, and such cases have been eliminated.

Inasmuch as attacks of petit mal, especially in a large hospital for the insane, are not likely to have been carefully observed in individuals during a state of health, not much has been said here about them. The same is true of psychic equivalents. It is worthy of note, however, that during the typhoid epidemic the patients were carefully observed both day and night by more or less competent nurses, whereas their records previously had been kept by attendants who were by no means always competent or careful. Such error, therefore, as may be due to inaccurate observation is wholly on the side of the contention of this paper. In almost every instance, the bromids were discontinued during the period of acute illness and begun again during convalescence. Abstracts only of histories are given.

**CASE 1.—Summary.**—Patient, man, aged 40, single; three cousins were insane. Epilepsy began at 7 years of age; patient sent to the state hospital at 25. Gradual mental deterioration. Severe attack of typhoid in 1896; pleurisy in 1898 and typhoid again in 1900. Previous to latter, three or four major convulsions a month in addition to occasional attacks of petit mal. During forty-six days of typhoid one light convulsion. Toward the end of convalescence, a remarkable diminution in the frequency of respiration. About a year later, another prolonged period of this respiratory disturbance. Subsequent to recovery, convulsions about the same, but mental deterioration more rapid.

**History.**—Family history was little known except that two cousins on the mother's side and one on the father's were insane. The patient's general health was good so far as known. He had a good common school education; never used liquors to any extent.

**Present Disease.**—The patient had epilepsy (both petit and grand mal) since 7 years of age. When 24 years old, his mind began to show signs of failure, and the next year he was sent to

\* Read in the Section on Nervous and Mental Diseases of the American Medical Association, at the Sixtieth Annual Session, held at Atlantic City, June, 1909. Considerations of space compel the abbreviation of this article in THE JOURNAL by giving parts of the case reports in abstract. The complete article may be found in the Transactions of the Section and in the author's reprints.