

STERILISATION OF THE UNFIT.

A lunatic has been rather aptly described as 'a house with the roof blown off,' while a mentally defective person is paralleled to a house which has never had a roof at all. These are more than mere analogies, for they have a basis in physical fact. When, after death, the skulls of insane persons have been opened and examined, it has usually been possible to trace signs of damage or degeneration in the cerebral cortex - that area of the brain which is so much more complex and developed in man than in other of the higher mammals, the extent of the damage roughly corresponding with the degree of mental derangement exhibited during life. The same area in mentally defective persons does not show degeneration, but a lack of or faulty development - sometimes a whole layer of cells is missing, sometimes the connecting fibres are too few, or the cells themselves imperfectly developed. Again, the degree of this physical defect roughly corresponds with the degree of mental defect exhibited by the individual during his or her lifetime. While, therefore, the lunatic's brain, after being built up, has broken down, that of the mental defective has never even attained to full development, as his actions show.

These and other biological facts - especially our knowledge of the inheritance of mental disease - justify us in assuming that the mind of man is not a 'special creation,' but a development of his more obvious physical qualities, and that mental disease has a material basis like physical disease. While there are other forms, which I need not here describe, of mental disease, by far the commonest are insanity and mental defect - the latter sometimes more precisely termed amentia. The sufferers from these two diseases, with, perhaps, the epileptic, are the 'unfit', whose sterilisation has been suggested.

A lunatic does not here need definition, but the nature and grades of amentia are not always understood. An idiot cannot even feed himself, while an imbecile cannot avoid ordinary dangers. The highest grade, the feeble-minded, who are much the most numerous, may sometimes appear normal, if 'soft' or 'daft', to the superficial observer. But they are defined as being unable to manage themselves or their own affairs with ordinary prudence, or of competing on equal terms with their fellows. They usually lack control of their desires and emotions. All three grades, which shade into one another, are incurable. In effect, too, the insane are beyond real cure.

The Royal Commission, which was first set up in 1904, reported, after a reliably thorough inquiry, that on January, 1, 1906, there were approximately 149,000 aments in England and Wales. But included in that figures were a number of otherwise mentally normal epileptics; and Dr. A.F. Tredgold estimated that aments alone numbered 138,529 - 4.03 per 1000 of the population, or one person in every 248. This figure

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can be taken as substantially accurate, and so can his estimate (based on the inquiries of the Commission) of the number of insane persons, 125,827 - 3.66 per 1000, or one in every 273. Thus at that date there were approximately 264,000 mentally diseased persons - 7.69 per 1000, or one in 130. Since then our knowledge and control of the insane has continued to improve and it seems probable that there are now not very many unknown to the Board of Control. It is convenient to take the twenty-year period, and to give their present numbers as on January 1, 1926 - 134,000 or 3.4 per 1000, or one in 291. This, however, is the minimum, only representing those insane at the time: the Board cannot take account of those who have previously been under their care and been discharged as 'cured', even though most of them will almost inevitably return from time to time for care and treatment in asylums.

Aments were not legally defined until the Mental Deficiency Act of 1913, a good Act which was sadly hashed at the last moment, and which has never since been put into proper effect. In each successive Report the Board of Control emphasises the failure of local authorities to ascertain and certify the aments in their areas. The number (per 1000) certified ranges from .03 in Swansea to 4.66 in Rutland. The differences are purely due to the variations in the conscientiousness of the responsible local authorities. Consequently the total number known to the Board (January 1, 1928) is 61,522. How absurdly low this figure is may be judged from the fact that when I myself made a rough calculation from the proportion rejected for military service in 1918 I arrived at the very conservative estimate for England and Wales of 155,000 - 4.16 per 1000.

Fortunately the Board is fully alive to the problem, and has recently been engaged in an inter-departmental inquiry with the Board of Education; and their Report, which I believe will shortly be published, should yield a fairly accurate estimate of the total number of aments in England and Wales. Meanwhile, certain unofficial investigations are of value. The highest number which the authorities have hitherto admitted to be possible is 190,000. But these very cautious and reliable investigators Professor A.M. Carr-Saunders and Mr. D. Caradoc Jones estimate the number as between 300,000 and 350,000, while some have put it as high as 380,000. The

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1 Local authorities are apt to reply, with some reason, that it is little use going to the trouble and expense of ascertaining and certifying aments as long as it is impossible to house, sterilise, or otherwise control them.

calculations are based on the number of mentally defective children in the schools, and are therefore open to two possible errors. Firstly, the death rate among the defective, mentally as well as physically, is high, and there are therefore fewer aments at the later than at the earlier periods of life. Secondly, there are some children whose inability to profit by book-learning classes them as aments, yet who are sufficiently adaptable in other ways just to escape certification when they grow up and take their places in the bread-winning world. Carr-Saunders and Caradog Jones make allowance for these factors in their estimates, but it is an allowance which is bound to be largely guess-work.

While I have not seen the forthcoming Report, I have little doubt that it will give the total number of aments circa January 1926 as not less than 250,000 - possibly over 300,000 - and that the figure will represent not merely improved ascertainment, but a genuine increase in the number of mindless folk in our midst. On the basis of the lower figure it is an increase of 81 per cent. in twenty years, while the normal population has only increased by not quite 14 per cent. - from 34,349,000 in 1905 to 39,067,000 in 1926. The insane and aments together must number not less than 384,000 - 0.0 per 1000, or nearly one person in every 100. I cannot even make a guess as to the number of epileptics and 'neuropsychics' who should be added to this total in order to arrive at a final figure including all forms of mental disease.

Whatever effect the war - and it is too slight to merit consideration - may have had in increasing insanity, it does not even enter into the problem of amentia, which, as we have seen, is due to a failure to build up a complete brain. It is defined, legally as well as practically and biologically, as existing from birth or from an early age. It is sometimes thought, it is true, that the air raids and the food shortage may have combined to arrest the development of war children. But air raids practically only affected London, and certainly had very little effect on the few children who did experience them. The food shortage was more apparent than real; and most of the nation's mothers received, many for the first time in their lives, allowances which were more than adequate for themselves and their families. One of the strongest arguments put forward by the advocates of 'family endowment' is the real improvement in the care, feeding, and health of children during the war, as a consequence of the liberal 'separation allowances' made to the wives of men at the front. One of the main findings of the Colwyn Report, moreover, was the improvement in the wages and conditions of the working classes during and since the war. But perhaps the most conclusive test is that infantile and child death rates continued during and since the war that steady downward movement which commenced about 1860, and which has been most marked since 1900. Conditions cannot have deteriorated when fewer were dying.

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The layman, therefore, might at first be puzzled to know why the mentally deranged have increased during a period not only of general improvement in social and living conditions, but also of better understanding and care of the mentally diseased. Those all-round improvements in the environment, of course, are themselves responsible for the increase; for they have lowered the selective death rate, particularly among children, and so have enabled more of the mentally and physically defective to survive and breed. It is the only result to be expected from an era of social selection which runs contrary to, instead of developing the methods and aims of natural selection.

A few concrete instances will illustrate the social and biological aspects of mental disease. I take my first instance from those quoted in the Report of the Board of Control for 1926.

Mr. and Mrs. A. were born before the passing of the Mental Deficiency Act, and are therefore not certified. But the relieving officer describes them as feeble-minded and as 'filthy in person and home'. Her brother and nephew are in institutions.

The A.'s had twelve children, of whom only three can traced:

(1) Mrs. X., married daughter, an ament with five children - one died at three weeks, one in Poor Law children's home, one ament, one in tuberculosis colony, and one disputed ament who has been placed on probation for theft. All four that lived attended special classes for backward children.

(2) Mrs. Y., another married daughter, also an ament with five children. No particulars of two (one too young). One at seventeen married an 'unsatisfactory' youth, another is at a special school for aments, and the last attends special classes. Four had to be adopted by the guardians.

(3) Mrs. Z., married daughter, 'not so obviously feeble-minded as her sisters,' had three illegitimate children before marriage by as many fathers.

The whole family has cost the rates some 6000 £. already, and many of the descendants are alive and still dependent on the community.'

The following is the least gloomy of six cases given in the next (1927) Report:

Father 'in and out' of mental hospital (i.e. periodic insanity). Mother feeble-minded. One daughter, feeble-minded, with two illegitimate children - too young for the state of their minds to be known. Has been in institution for eight years. Another daughter, also feeble-minded and in institution for eight years - previously sent to industrial school for/.....

for consorting with prostitutes. Third daughter an imbecile, recently admitted, at age of seventeen, to institution when found wandering round Army camps. Two sons are 'unemployable'.

The records of the other five families given are somewhat worse. Altogether the twelve original parents have produced thirty-four children and (so far) three grandchildren. Practically all that are known are feeble-minded, the few remaining being not much better. During the same period the most fertile normal parents ('casual labourers') would have produced not quite twenty-four children.

While these are quoted in the Reports as typical instances, they are probably somewhat worse than usual; and, to give a fair idea of the position, I must turn to an investigation in which I have been much interested, and which is the only one of its kind. Eighteen years ago the relieving officer of a large East End parish was struck by the fact that many of the people he relieved were related to one another. So he started to trace the individual and family records of every person who applied for relief. His access to official records was of great assistance, and he was further fortunate in the comparatively stable nature of the population of the parish: there had been little migration, so that it was usually possible to go back three or four, and sometimes even six, generations. One family, which may fairly be quoted as representative, contained 336 individuals. Of these 161 have nothing against them, as far as can be traced. The remaining 175 - well over half the total - are: ninety-eight occasional paupers (on and off out-relief), six chronic paupers (always in the workhouse or dependent on out-relief), fifteen reared in Poor Law schools, thirteen insane, nine blind, four insane and blind, six imbeciles, four tubercular, and sixteen born in the workhouse. Four brothers of another large family with almost as high a percentage of defects were (1) chargeable on the rates for eight years in all, (2) for twenty years, (3) for fifteen years, and (4) for nearly twenty-one years.

Since only lack of funds is checking the completion and publication of this investigation, I naturally do not wish to give more than a foretaste of it. But I should add that the investigator also traces the families of 100 children selected at random from those going to the elementary schools in the same neighbourhood. Since this group, therefore, has to contend with precisely the same difficulties as the defective group, it affords a fair comparison in biological terminology, a 'random control'. Among the 'controls' mental disease is almost non-existent, physical disabilities are rare, and paupers (chiefly)/.....

2. To see whether slum surroundings were at all responsible. In fact, they are not: and amentia is commoner in the country than in towns. Probably this is the result of migration.

(chiefly hospital cases) constitute about 1 per cent. of the total of individuals investigated. The proportion of diseased, defective, and paupers in the other group is between 30 and 50 per cent. The 'controls' are probably representative of casual labourers throughout the country, and they, as I have said, are the most fertile normal class with an average size of family of just under four children. There are between eight and nine children in the completed families of the defective group.

This excessive fertility of defectives is sometimes resentfully regarded as a sort of wantonness on their part. In fact, it is an essential and inherent part of their make-up. Defectives of all types are common throughout the world of life; but only those whose fertility is sufficiently high to compensate for their high death rate have a chance of racial survival. Human defectives can only exist in the same world with normal people as long as they have more children: if fertility fell even to average, they would die out in a few generations. It is also frequently assumed that they have unusual sexual vigour. This is a mistake: they are less vigorous sexually, as in other ways, than normal men and women; and their fertility is the result, not of a strong procreative instinct, but of a defective control over that and other instincts.

It is now less difficult to see with some precision why the numbers and proportions of the mentally diseased have increased during the last twenty years. For over half a century, and especially during the last two decades, the birth rate of the normal population has been falling steadily, while the defective has still been producing as many children as ever. At the same time the death rate has been falling, but in a patchy fashion. It is true that more normal people than formerly are now living on to old age; but the chief change in the death rate has occurred in the early age-periods, so that far more infants and young children live to grow up. These, who would not have survived without the improved living conditions, are, of course, the more sickly and defective section of the population, and include a very high proportion of aments. They and other defectives derive more benefit than do the normal population from the all-round better environment, and have the added advantage of special care in schools and institutions. It is now almost true to say that every fall in the death rate entails a corresponding rise in the defective rate.

A small proportion of lunatics and aments are the victims of injurious circumstances, in particular of syphilis and asphyxia at birth - a fact which sometimes leads those without biological or pedigree experience to question the hereditary nature of mental disease. A short time ago the Surrey County Council investigated the parentage of aments under their care, and, discovering that 'only' about a quarter had ament parents, decided that inheritance was an unimportant factor. If a quarter of the normal population had similar parentage the number of aments in the older generation of to-day would run into several millions! But the real fault of this investigation lay in the failure to go far enough: brothers and sisters, aunts, uncles, and grandparents should also/.....

also have been included if the inquiry was to have scientific value. Other inquiries which at first showed about the same proportion of aments, 25 per cent., with ament parents (which roughly accords with biological expectation) revealed, however, that over 80 per cent. had blood relations who either also were aments or who had some other form of mental disease.

The first important point to realise is the vagueness of the phrase 'mental disease' and even of the more precise term 'mental defect'. There may be as many forms of mental as of physical defect, and each may be inherited in a different way: I have myself seen pedigrees palpably demonstrating three different modes of inheritance, 'criss-cross,' 'dominant,' and 'recessive'. These terms are taken from Mendelian genetics: the first indicates that the character in question is transmitted from father to daughter to grandson: the second that the character 'dominates' its opposite, so that the children of a normal X defective marriage are defective: the third that the character recedes before its opposite, so that the children of a normal X defective marriage are normal. The last is the most important of the three, since most defects and most forms of amentia are recessive to normal; and their hereditary nature is therefore apt to escape notice. The defective birth-factor, or 'gene', is not lost when normal mates with ament, but only latent or semi-latent in each of the children, who are therefore likely to pass it on to their children. If two such apparently normal 'carriers' inter-marry, some at least of their children will be defective. If, as frequently happens, a 'carrier' marries someone genuinely normal, then the defective gene will be scattered about the normal population, only to re-emerge, as opportunity arises, in sound families. It is like the one piece of tainted meat in a butcher's shop; it contaminates the good meat without losing any of its own badness. The children of two defective parents are all defective.

It is a mistake, however, to use this precise Mendelian terminology without qualification. A 'recessive' character may in suitable circumstances become only partially recessive or even dominant to its opposite, or it may be recessive in some matings and dominant in others. In ordinary language, such an unfavourable circumstance as the asphyxia which often occurs at a first birth might turn one who was potentially only a 'carrier' into a definite ament, though it would have little effect on a normal child. Or the ament who would produce normal (though 'carrier') children by mating with thoroughly sound and healthy stock might have backward, semi-defective children if his or her mate lacked mental and physical vigour; while the children might be genuine aments if the mate came of still feebler, yet not ament, family. That, at least, seems the reasonable interpretation of the facts I have examined, and it goes some way towards reconciling the now dying squabble between the modern science of Mendelian genetics and the old and vaguer school of pre-Mendelian biologists.

Though insanity, amentia, and epilepsy are clinically very.....

very different, they appear from the cases quoted and from many similar studies to be strongly linked genetically, one member of a family being insane, another feeble-minded, and so on. Moreover, this polymorphic defect appears only to be 'recessive' in the legal sense, since the 'carriers' are often so very far from normal; witness the chronic and occasional paupers mentioned above and the 'unemployables' who are so frequent in this type of pedigree. The reader will also notice the strong link between mental and physical defect, suggestive of a single cause. I was much struck by the rapid rise in the death rate of the mentally diseased in institutions when the fat ration was cut down during the war. Though they were still better cared for than normal folk, who were unaffected, even this slight hardship materially affected their powers of resistance to disease. Their susceptibility to and death rate from tuberculosis is always very much higher than normal, while the general morbidity rate is high and age of death early. The egg which produces bad brains is likely to produce a bad body.

If all these forms of defect were recessive to normal, it would be safe to assume that for every patent sufferer there would be two 'carriers'. But since some forms of defect are dominant, we shall be on the safe side in calculating that there are as many carriers as there are lunatics and aments. Hence we have to-day at least 768,000 persons - 18.0 per 1000 - scattering the seeds of mental disease, with an unascertained number of epileptics. Half are patent sufferers, while a large proportion of the other half are at best burdensome and undesirable citizens.

It is necessary in this article to neglect the 'carriers' and to consider only how to check and eliminate both by preventing the breeding of the definitely diseased. The segregation of all aments and lunatics who are not already confined could not possibly cost less than 1L. per head per week (22s. is the lowest figure hitherto achieved), or between 16,000,000L. and 17,000,000L. a year, besides very high capital expenditure, which I cannot estimate, on building institutions. But while the sum makes one wince, if properly spent it would only mean the adjustment of an old burden, rather than the shouldering of a new. Since the present cost of the mentally diseased is now spread out over Poor Law, 'dole,' police, prison, health insurance, hospital, and other charges, it would be good business to spend the money lavishly on a policy which would eventually reduce the cost. But, speaking purely as a private citizen, I feel the country would not be justified in incurring the expense when sterilisation would achieve the same end as effectively and more cheaply. Moreover, can one imagine any Government at present facing the problem squarely and enforcing wholesale segregation at that cost?

But there are other objections to wholesale segregation, not the least being that it is almost impossible. Escape for long enough to beget or conceive a child is achieved so often by feebleminded men and women living in institutions that those in charge of them realise that nothing

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short of prison conditions could prevent it. Large numbers of the higher grades would be happier and of some use to the community if living in their own homes, while for others the mild restraint of labour colonies is most suitable.

Quite recently I have seen the suggestion again seriously made that violent criminals and the sexually delinquent should be sterilised. These are the very cases for whom sterilisation is no remedy; and the suggestion can only be made by those who confound sterilisation with castration. The two are quite different. Castration involves the complete removal of the sex organs, testes or ovaries, and results in lack of ability and desire to perform the sexual act. Since the hormonal secretions of the sex organs have a marked effect on both body and brain, castration also results in the mental and bodily changes we see in a fattened bullock. The sterilisation of a man is not nearly so drastic, for it consists simply in cutting a tiny piece out of the channels which convey the spermatozoa from testes to penis. The rest of the organs are left untouched by the operation, which only required a local anaesthetic and takes about five minutes. The patient walks out. Sterilising a woman at present involves a general anaesthetic and an abdominal incision, and is therefore, in a sense a serious operation. Otherwise it is similar, for the two channels which convey the ova from ovaries to womb are just cut in the same way and replaced. The patient takes about a week to recover; and though the operation has been done countless times in this country (owing to risk of further confinements), no ill results of any kind have ever occurred. Reports are precisely the same from California, where it has been done on thousands of women for eugenic reasons. The operation, indeed, is less risky than normal child-birth, from which four in every 1000 mothers die annually. In neither man nor woman does sterilisation have any effect on body or brain, and it leaves sexual desire and enjoyment unimpaired. The only result is sterility.

No individual, therefore, who is likely to be a danger to himself or others (such as those at present in institutions) is a case for sterilisation, except as a supplement to some form of segregation or control. The cases which are eminently suited for sterilisation are (a) the periodically insane, who at present are able to reproduce their kind in between visits to the asylum; and (b) those 'high-grade' aments who have homes or guardians and who are able in some measure to contribute to their own upkeep. The two classes together constitute the bulk of the mentally diseased, are at present under little, if any, control, and will be largely responsible for the next generation of their kind.

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3. Simpler methods, not involving an abdominal incision, are now under investigation.

The Central Association for Mental Welfare is opposed to sterilisation, but chiefly, apparently, because it is feared lest it should lessen public interest in the welfare of defectives. This objection is scarcely worthy of reply, since racial considerations have hitherto had nothing to do with the care we give to these unfortunates. It is also said that the mere fact that the defectives were sterilised would increase their own sexual licence and make them still more the victims of the licentious, thus encouraging the spread of venereal disease. But it is well known to all who have studied the subject that fear of the consequences never acts as a check on immorality - among the lower human types, at least. One need not expect, therefore, that a lessening of that fear would encourage immorality. Sterilisation, it is true, would not materially lessen the risk of spreading venereal disease, as would segregation. But segregation, as I have said, is outside the realm of practical politics, and is not likely ever to be adequate. Meanwhile, half a loaf is better than no bread: sterilisation would prevent those now spreading venereal disease from producing children who are syphilitic as well as defectives or 'carriers'.

Sterilisation laws have been passed in the Canadian province of Alberta, in the canton Vaud of Switzerland, and (I believe) in Sweden and Czechoslovakia; but they are of too recent date to provide data. They have also been passed in twenty-three of the United States during the last twenty-one years. In some they have never been enforced, and in others they have been declared unconstitutional - hence the canard that sterilisation has there proved 'unworkable.' In the remainder just on 9000 sterilising operations have been performed for eugenic reasons, chiefly in California since the war. The series of Popenoe reports adequately cover the experience of this State, and I can here only very briefly summarise them.

The method has been to refuse to discharge from institutions any unsterilised lunatics and aments, and only then to let out on parole carefully selected cases. This has had the advantage of making room for other cases more in need of institutional care. Of those sterilised and paroled many are happily married. Two-thirds of the marriages have been successful, largely because sterilisation has prevented the families getting too large for small incomes. Sterilisation does not seem to have played an important part in the failures. No ill results have ever been recorded, and practically no friction or regrets. Only a small proportion of the women and none of the men paroled seem to have become promiscuous, while the operation has certainly favoured the stabilisation, through marriage, of many. An increasing number of parents are now sending their defective children to be sterilised, for fear of accidents, and returned to them.

While the insane were below the economic level of the State, the aments seem to have been drawn fairly evenly from all classes (this, I think, would not be so in our more racially sifted and stabilised country). The highly superior group which had produced most of the State's brightest and most intellectual children was scarcely represented at all
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among either aments or insane. This is worth quoting, owing to the belief that genius and talent are allied to mental disease. Practically every pedigree investigation I know runs directly contrary to this belief; and Popenoe directly states that the 'sterilisation of the insane as practised in California will prevent the birth of few, if any, superior children, while it will prevent the birth of many children who would certainly be inferior.' In sterilising an ament 'there is no danger of cutting short a strain of genius, nor even of talent.'

Since there is free migration in and out of California, it is impossible to say what effect sterilisation has had in reducing the proportion of the mentally diseased in the generation now growing up. But Dr. R.A. Fisher has calculated that here adequate measures to prevent reproduction would reduce the number of aments by one-third in the first generation. He assumed that all amentia is recessive, and that mating is completely random. In fact, a proportion of the cases being dominant, the rate of elimination would be faster; while random mating is, fortunately, the dangerous exception rather than the rule. In this particular at least, like strongly tends to mate with like. Indeed, the East End investigator referred to believes that a few thousand family stocks breeding in and through, but not very much with, the normal population are responsible for the whole national burden of disease, defect, and pauperism. If this is so, we could reasonably hope to halve the numbers of both defectives and 'carriers' within one generation. Progress thereafter would probably be slower, unless scientific research develops, as there is every reason to hope that it will.

Legislation should ever be conservative, and compulsory sterilisation in England can wait. But at present even voluntary sterilisation is not permitted for eugenic reasons. This should be legalised, with a clause forbidding the marriage of the mentally diseased as long as they are capable of reproduction: at present there is nothing to prevent the worst defectives from demanding marriage. Perhaps, too, the discharge from institutions of the potentially fertile could be legally forbidden.

I cannot here discuss the sterilisation of deaf-mutes, the blind by inheritance, of those with strong tubercular tendencies, or of the various other sufferers from gross heritable physical defects - though this is a serious problem. With the mentally diseased they constitute at least 2 per cent. of the population - judging by the numbers of those dependent on the guardians ... 'for causes other than unemployment.' I hope the ... will realise that the sterilisation of the mentally diseased must be complementary and supplementary to segregation - (1) as an additional safeguard for the loosely confined; (2) as the only alternative to prevent the breeding of the less severe cases whom we cannot at present segregate, or to make room in institutions for severer cases: (3) as a kinder measure than segregating those with mates or relations who want them at home.

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Unless some such measures are adopted, we must look forward to a constant increase in the now enormous cost, under the head of Poor Law, asylums, and the rest, of the mentally diseased. But money is only a convenient yardstick: that cost represents something bigger. Our national average is being lowered, our sound stocks poisoned, and our racial health imperilled by the growth of mental disease. There must be a fundamental warp in our standard of values if we cannot realise that these poor creatures are less than human, and that to connive at or even tolerate their existence and increase is to humiliate and endanger our race and civilisation.

Elden Moore.

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