

Chapter 22 — Borderland Defectives

from *Race Decadence:*
An Examination of the Causes of Racial Degeneracy in the United States (1922)

by William S. Sadler, M.D., F.A.C.S.

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Sources for Chapter 22, in the order in which they first appear

- (1) William Healy, A.B., M.D., *The Individual Delinquent: A Text-Book of Diagnosis and Prognosis for All Concerned in Understanding Offenders* (Boston: Little, Brown, and Company, 1915)
- (2) William S. Sadler, “Endocrines, Defective Germ-plasm, and Hereditary Defectiveness,” in *Eugenics in Race and State, Volume II: Scientific Papers of the Second International Congress of Eugenics held at American Museum of Natural History, New York, September 22-28, 1921* (Baltimore: Williams & Wilkins Company, 1923)
- (3) Paul Popenoe and Roswell Hill Johnson, *Applied Eugenics* (New York: The Macmillan Company, 1918)
- (4) C. E. de M. Sajous, M.D., LL.D., Sc.D., “Our Duty to Mental Defectives of the Present Generation,” in *New York Medical Journal*, Vol. CIII, No. 14, Apr. 1, 1916
- (5) Charles Benedict Davenport, *Heredity in Relation to Eugenics* (New York: Henry Holt and Company, 1911)

Key

- (a) Green indicates where a source author first appears, or where he/she reappears.
- (b) Yellow highlights most parallelisms.
- (c) Tan highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.

- (d) An underlined word or words indicates where the source and Sadler pointedly differ from one another.
- (e) **Bold type** indicates passages which Sadler copied verbatim, or nearly verbatim, from an uncited source.
- (f) **Red** indicates an obvious mistake, in most cases brought about by Sadler's miscopying or misunderstanding his source.

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XXII: BORDERLAND DEFECTIVES

22:0.1 IN ORDER to complete the picture of Race Decadence from the mental and nervous standpoints, we will, in this chapter, present a group of so-called “borderland” ailments which are on the whole hereditary, but which are not all so serious from the eugenic viewpoint as the more grave mental defects already considered.

I: HEREDITY (Healy 188)

22:0.2 In a general way, these numerous inheritable defects and diseases follow the laws of Mendel just as does feeble-mindedness; although we must recognize now and then that even mental defectiveness presents a case that seems not exactly to follow Mendel’s laws.

Case 7.—We have studied four members of a fraternity of nine,

five of whom are defective.

The father and mother are both honest, fairly intelligent and reliable people.

They utterly deny the existence of mental defect on either side.

In neither family has any one been in an institution.

All brothers and sisters of the father and mother are self-supporting and their few children are all said to be normal.

I recently studied a family of eight children,

four of whom were markedly defective.

The father and mother both seem to be honest and are fairly intelligent and reliable people.

They absolutely deny the existence of any mental defect on either side.

In neither family has anyone been in a public institution.

All brothers and sisters of the father and mother are self-supporting, and their few children are all said to be normal.

SOURCE

We can imagine no reason why, in the face of other frank revelations they have made, the parents should conceal family facts,

and they corroborate each other.

Certainly if one were to go by Mendelian proportions,

one would expect a trait which shows itself in five out of nine children to be prepotent in the ancestral history,

to be well known as family characteristics,

and therefore to be well known as family characteristics (H 199).

[Note: Sadler and Lena K. Sadler discussed birthmarks, maternal impressions and prenatal influences in their 1916 book, *The Mother and Her Child*. See Chap. 3: "Birthmarks and Prenatal Influence."]

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We can conceive of no reason why these parents would want to mislead us, in view of their otherwise frank and full statement of all the family history.

Certainly if one were to go by Mendelian ratios,

we would expect a trait which shows itself in four out of eight children to be discoverable somewhere in the ancestral history,

and therefore to be more or less well known as a family trait or characteristic.

MATERNAL IMPRESSIONS

22:1.1 Many of the defects noted in this chapter will be connected in the reader's mind with the old subject of "birthmarks," "maternal impressions," and "prenatal influences."

The effect of so-called prenatal influences or maternal impressions (some condition or activity of the mother's mind) in influencing in any way the mind or body of the unborn child has yet to be proven. This is in no wise controverting the well-known serious effects of disease, sorrow, or worry shown in maternal nutritional disturbance, or the effects of lack of food, poisoning, etc., during pregnancy.

SOURCE

[Compare: Scientists and physicians are coming to recognize the fact that fears and frights do not in any way act as causes in the production of monstrosities and deformities (*The Mother and Her Child*, pp. 17-18).]

“ENDOCRINES, DEFECTIVE GERM-PLASM, AND HEREDITARY DEFECTIVENESS” (Sadler 341)

Question 1. ... Do you think it is possible that deficiencies in the ductless gland system or internal secretions of the pregnant mother could contribute, directly or indirectly, to either mental or physical defectiveness or retardation in the offspring?

Seventy-four percent of those replying believed that endocrine disturbances in the mother were responsible for hereditary defectiveness (S 341).

IX: THE DYSGENIC CLASSES (Popenoe&Johnson 176)

In addition to these well-recognized classes of hopelessly defective, there is a class of defectives embracing very diverse characteristics, which demands careful consideration. In it are those who are germinally physical weaklings or deformed,

22: RACE DECADENCE

22:1.2 Science does not credit the belief that fright or other strong emotion can frighten an expectant mother and thereby mark or disfigure the unborn child.

Some authorities maintain that the mother can influence the mental and physical development of her child by some derangement in the internal secretions of the ductless gland system of her own body.

But this is not the place for the full discussion of this most interesting subject. More attention will be given it at another time; meantime we should rest assured that the defects noted in this chapter are true hereditary defects and that they have no connection with the question of “maternal impressions.”

22:1.3 In this class of minor defectives are those who are germinally physical weaklings or deformed,

SOURCE

those born with a hereditary diathesis or predisposition toward some serious disease (e.g., Huntington's Chorea),

and those with some gross defect of the organs of special sense.

The germinally blind and deaf will particularly occur to mind in the latter connection.

Cases falling in this category demand careful scrutiny by biological and psychological experts, before any action can be taken in the interest of eugenics;

in many cases the affected individual himself will be glad to coöperate with society by remaining celibate or by the practice of birth control, to the end of leaving no offspring to bear what he has borne (P&J 180).

22: RACE DECADENCE

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ABNORMAL PHYSICAL CONDITIONS

VIII: STATISTICS (Healy 126)

§97. Group II. Analysis of Abnormal Physical Conditions. (Healy 135)

[Note: The study involved 823 repeat offenders in the psychopathic department of the Juvenile Court of Chicago.]

22:2.1 Among the various abnormal physical conditions which may contribute to delinquency, the study of a group in the psychopathic department of the Chicago Municipal Court gives the following as the leading possible physical factors or causes:

SOURCE

	Major.	Minor.
General excessive over-development for age	4	33
Marked overdevelopment of sex char. for age	5	18
Puberty markedly prem.	9	53
Exc. poor gen'l devpt.	7	42
Very poor nutrition .	3	24
Puberty much delayed		8
Gen'l poor phys. condition	5	23
Anemia	5	7
Heart disease	1	6
Exc. enlargement thyroid	1	2

Diseases or defects in nose and throat	10	41
Exc. carious teeth	3	19
Marked defective vision	13	72
Marked defective hearing	1	13
Phimosis	5	5
Local irrit.cond. genitals	1	5
Venereal disease		1
Pregnancy		1
Ptosis		1
Defective control of bladder		3
Deaf-mutism	1	1
Stammering in excess	2	4
Headaches in excess	3	11
Gen'l nervous manif. (neurotic types)	2	15
Gynecological ailment		1
Chorea		3
Epilepsy		1
Ringworm		1
Tuberculosis		2
Recent injury		1
Migraine		1
Boyish type of physique in girl		1

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Tuberculosis		2
Recent injury		1
Migraine		1
Boyish type of physique in girl		1

22:2.2 The director of the Psychopathic Laboratory comments as follows:

[contd] It is only when physical conditions have appeared themselves directly as causes, irrespective of mental conditions, that we have included them in the above enumeration.

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SOURCE

For example, epilepsy was a factor in the delinquency of one individual who did not have any accompanying mental symptoms, and thus it is counted as a physical cause.

Then ring worm caused the rejection of a boy from school and his consequent life with bad street companions.

Of course, in many more cases than given above, carious teeth were found, but only in the 22 instances could the condition be counted in anyway related to the delinquency.

It is the same with defective vision, and other conditions.

The number of instances in which phimosis was a factor will to some appear very small, but it is as we have found it with very careful observation.

Venereal disease is very common among the young women we have seen, but in itself could only be regarded as a causative factor in one case.

Pregnancy once was a factor when there was an accompanying minor psychosis.

Possession of a boyish type of physique was an incentive in one case to the girl pursuing a life of adventure, suitably attired as a boy (H 135-36).

§106. Group I. Statistics of “Stigmata of Degeneracy.” (Healy 146)

22: RACE DECADENCE

For example, epilepsy was a factor in the delinquency of one individual who did not have any accompanying mental symptoms, and thus it counted as a physical cause.

Then ringworm caused the rejection of a boy from school and his consequent life with bad street companions.

Of course in many more cases than given above, carious teeth were found, but only in twenty-two instances could the condition be counted in any way related to the delinquency.

It is the same with defective vision and other conditions.

The number of instances in which phimosis was a factor will to some appear very small, but it is as we have found it with very careful observation.

Venereal disease is very common among the young women we have seen, but in itself could only be regarded as a causative factor in one case.

Pregnancy once was a factor when there was an accompanying minor psychosis.

Possession of a boyish type of physique was an incentive in one case to the girl pursuing a life of adventure, suitably attired as a boy.

22:2.4 That the so-called stigmata of degeneracy play but a small part in identifying the criminal type is shown by the fact that

SOURCE

Well-marked stigmata were found in 133 of the 1000 cases as follows:

Anomalies of external ear	67
Anomalies of palate and jaws	63
Anomalies of shape of head (inc. facial asymmetry)	55
Anomalies of teeth	5
Body asymmetry	5
Anomalies of eye	4
Gynecomastia	2
Anomalies of hands	2
Supernumerary mammae	1

The writer offers the above facts without comment, except to state that if the cases of mental abnormality were taken out of our series,

the proportion of marked stigmata would be little, if any, larger than in the general population (H 146).

[Note: Sadler discussed dementia praecox in Chap. 17.]

22: RACE DECADENCE

in 1,000 cases of criminals examined and reported by Healy, only 133 showed these stigmata in any form.

Anomalies of external ear	67
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Anomalies of shape of head (inc. facial asymmetry)	55
Anomalies of teeth	5
Body asymmetry	5
Anomalies of eye	4
Gynecomastia	2
Anomalies of hands	2
Supernumerary mammae	1

22:2.5 It appears that if the cases of mental abnormality are taken out of a criminal series,

the proportion of marked stigmata will be little, if any, larger than in the general population.

DEMENTIA PRAECOX

22:3.1 This is a form of inherited insanity or nervous disorder of a very grave character, usually making its appearance in the early years of adolescence, but sometimes not appearing for many years subsequent. At present, it must be regarded in general as an incurable disorder. Heredity has considerable to do with it, though it does appear, like Mongolian idiocy, now and then in families which represent fairly good stock, and its hereditary nature is not so fully understood as that of some other insanities.

SOURCE

[*Note:* In “Endocrines, Defective Germ-Plasm, and Hereditary Defectiveness,” Sadler writes: “Many authorities believe that dementia praecox is a symptom complex, ... while other authorities hold with Lessing of Berlin, that dementia praecox is a disorder due to polyglandular endocrine disturbance.... Sajous thinks dementia praecox is partly caused by decreased secretion of the thymus gland too early at puberty ...” (345).]

“OUR DUTY TO MENTAL DEFECTIVES OF THE PRESENT GENERATION” (Sajous 625)

Much of the same process prevails in dementia praecox—owing primarily, from my viewpoint, to

inhibition of the thymus too early at puberty, i.e.,

before the completion of the development of the brain.

The thymus being also a participant in the antitoxic processes of the body, with the thyroid and adrenals, its untimely deficiency entails likewise the accumulation of toxics which produce the morbid mental phenomena.

Kraepelin, Tyron and Pierce Clark, Benedik and Deak, Laignel-Lavastine, and others have held that the disease was of toxic origin—again, however, without accounting for the process (S 627).

[contd] **Even the pineal gland has imposed itself upon the psychic field,**

22: RACE DECADENCE

22:3.2 It may be possible that dementia praecox, in common with numerous other nervous disorders of doubtful nature and origin, is largely due to disturbances of the internal glandular system of the body.

At least it is to be hoped that additional research and new discoveries in this field, may offer us at least some hope of affording relief to these unfortunate sufferers.

22:3.3 Sajous states that this disorder is partly caused by

decreased secretion of the thymus gland too early at puberty, that is,

... before the completion of the development of the brain.

The thymus being also a participant in the antitoxic processes of the body, with the thyroid and adrenals, its untimely deficiency entails likewise the accumulation of toxics which produce the morbid mental phenomena.

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22:3.4 **Even the pineal gland has imposed itself upon the psychic field,**

a teratoma of this organ having caused, in a 5 year old child whose case was reported by Frankl-Hochwart, so rapid a mental development that he reasoned as would a young man with a predilection for ethical and philosophical questions.

Another boy of 4 years, observed by Ostreich-Slavyk, also showed extraordinary wisdom.

Indeed so remarkable are the evidences of psychic development when this little organ is hypertrophied or the seat of a tumor, that

one wonders whether the great Swiss philosopher and physician, Haller, who, before he had reached his tenth year

had written a Chaldee grammar, a Greek and Hebrew vocabulary, and a large collection of Latin verses and biographies—was not, after all, the happy possessor of a tumor of the pineal gland! (S 627)

The steady increase applies also to cases of dementia praecox, a disease which strikes later in life, i. e., adolescents of both sexes.

These young subjects are committed to asylums in this country alone at the rate of about 20,000 a year.

Their accumulation is such in the institutions for the insane of forty-eight States, that when the last census was taken, about 120,000, over one-half of the total inmates, were cases of dementia praecox.

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SOURCE

All these poor beings are merely stored at present—buried as it were—with death as their only redeemer (S 626).

Dr. M. W. Barr, of Elwyn, states that there are 350,000 *avowed* mental defectives in the United States, and that 328,000 of these are at large “perpetuating unrestrained the defilement of the race.”

The Russell Sage Foundation has shown, moreover, basing its estimate on a study of the schools of thirty-one American cities, that

over one-fifth of all the children in the public schools of the United States belong to the retarded class—to say nothing of those who do not attend school.

Again, in practically every phase of physical degeneracy, from one cause or another, we are forced to recognize a more or less serious increase.

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IS THERE MEDICAL HELP FOR SOME DEFECTIVES?

22:4.1 Are there certain classes of mental defectives which are not such from direct inheritable defects in the germ-plasm? Are some forms of mental deficiency due to lack of internal secretions? If this is really the case—then medical science will, sooner or later, find a remedy for this group—even though it may never offer help to those who are disinherited because of defective germ-plasm.

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Again, in practically every phase of physical degeneracy, from one cause or another, we are forced to recognize a more or less serious increase.

SOURCE

So marked, indeed, in some directions is this increment, that we cannot but agree with Dr. Kehoe when he states that

the time is not far off when “to see an individual of natural poise, normal mind, and healthy body, will be the exception and not the rule” (S 625-26).

How could this evil be stemmed?

How could we, physicians, while supporting the praiseworthy effort of the eugenist on behalf of the child of the future,

protect the child of today and the unborn but doomed of tomorrow, for whose welfare we are, more than anyone else in the world, responsible?

We know that soon after birth, one year, two years at most, the erstwhile plastic material of which the organ of mind is composed, will have been moulded into its permanent shape, that of the feeble-minded;

we know also that puberty may so disturb the psychic equipoise as to transform an erstwhile bright child into an asylum inmate.

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22:4.3 Dr. Sajous thinks that at least some of these subnormal sufferers are going to be helped sometime in the near future, when we better understand the ductless glands of the body and know how to administer these substances as derived from the lower animals. He says:

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we know also that puberty may so disturb the psychic equipoise as to transform an erstwhile bright child into an asylum inmate.

SOURCE

How could we relieve *our* generation of fetters so harmful to its development, so prolific in suffering for innocent victims of the “iniquity of the fathers” visited “upon the children unto the third and fourth generation?”

A searching study of the subject has imposed upon me the conclusion that we have the means for the salvation of a large proportion of the infants of our day from feeble-mindedness and of many children doomed to precocious insanity

through an adequate conception of the meaning of the ductless glands in the morbid process (S 626).

There is thus a solid foundation for my belief that what in reality a mentally defective child inherits from his parents and ancestry is,

1, a tendency to defective physiological nutrition and development of his cerebral neurons;

2, inability to break down adequately various endogenous toxics capable of awakening active psychical disorders;

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INTERNAL SECRETIONS AND HEREDITY

22:5.1 While it is not generally accepted in the scientific world, it is nevertheless interesting to examine this idea of internal secretions in relation to heredity. Sajous **continues:**

22:5.2 There is thus a solid foundation for my belief that what in reality a mentally defective child inherits from his parents and ancestry is,

(1) a tendency to defective physiological nutrition and development of his cerebral neurons;

(2) inability to break down adequately various endogenous toxics capable of awakening active psychical disorders;

SOURCE

and 3, that both these morbid conditions are traceable back to the degenerative disorders caused in the ductless glands of parents or ancestors by the diseases and intoxications known to lead to the genesis of mentally defective offspring.

Briefly, *the main underlying cause of defective mentality in both parent and offspring is inherited deficient activity of the ductless glands* (S 627-28).

[contd] Under these conditions, a pregnant defective fails to supply her fetus with the ductless gland secretions it requires.

If the father is also a defective, we know that the product of conception, when developed, will prove to be a defective.

Why permit this?

Why seal the child's fate through inactivity?

I believe that with what knowledge we have of the ductless glands even at the present time, *we should start a campaign having in view the salvation of these unfortunate infants*

by supplying, through the intermediary of their defective mothers, and, after birth, through their food, the secretions they lack to complete their development.

This could be accomplished by administering organic products to the mother during pregnancy and while she is nursing her infant, or if, as is the rule, the latter is fed artificially, by the addition of the organic products to the cow's or goat's milk used.

On what ground could we hope to benefit the child by these measures? (S 628)

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On what ground could we hope to benefit the child by these measures?

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[contd] The fact that the ductless glands play an important role during pregnancy is so well known that a brief summary of some of the evidence is all that will be submitted.

As to the pituitary, it was found to be overactive during pregnancy by Comte, Launois, and Mulon, and others.

Swale Vincent states in fact that it may enlarge to two or three times its normal size.

The thyroid is so active also that its enlargement is often noticeable—108 times in 133 cases of pregnancy studied by Lang.

If deficiency of the thyroid is present, convulsions occur, but these may be arrested by administering thyroid gland,

a fact observed by Verstraeten and Vanderlinden, Nicholson, and others (S 628).

Disorders of the pituitary also give rise to psychosis.

As stated by Cushing, referring to his cases, and quite in accord with my own observations,

“One form or another of psychic irregularities have manifested themselves in the larger number of patients.”

Whether we grant that this organ produces a secretion, or accept my own view that it coordinates the functions of the other ductless glands through the sympathetic system, does not modify the fact that it also controls metabolism.

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SOURCE

Here again we meet psychasthenic states of a melancholic type sometimes attended by delusions of persecution, convulsions, etc., all due to defective destruction of tissue wastes (S 626).

[contd] The thymus is so important an organ in this connection that it maybe said to stand, in respect to idiocy and dementia praecox, as the thyroid does to myxedema and cretinism.

It is the gland upon which, from my viewpoint, the brain cells depend for their developmental supply of phosphorus-laden nucleins;

if it fails through organic disease, defective development, or premature involution, to furnish its product, the organ of mind remains undeveloped and idiocy results.

So evident is this connection that Bourneville found the thymus absent in twenty-eight idiotic children examined post mortem, while the organ was found normal in sixty-one children of normal mentality who died of various diseases.

Clear evidences of idiocy are also obtained in animals deprived early of the thymus (S 626-27).

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“FUNCTIONAL DEFECTIVES”

22:6.1 In other words Sajous believes that many of our mental and nervous defectives are “functional defectives”—not organic defectives; and he further states the case as follows:

SOURCE

The thousands of purely functional defectives which the country contains, as we have seen, are not, judging from personal cases, the children of parents in whom, in most instances, clearly defined stigmata can be discerned.

This means that any infant may become a defective unless its development is closely watched by the attending physician. mental development in infants.

At the present time the evil trend is discovered too late to save the child's mind.

Were every infant closely watched from birth, and its development, physical and mental, compared with that of a normal child (standard tables being available in most works on pediatrics),

timely treatment could be instituted and a large proportion of them redeemed.

In addition to the use of organic products indicated by the stigmata discovered, the special senses should be cultivated, external impressions being all-important factors in psychic development.

It should be remembered also that disorders of eyes, ears, nose, and nasopharynx may be the underlying cause of defective mental development in infants (S 629).

[contd] By the phrase "purely functional defectives" I mean infants in whom the ductless glands, though congenitally debilitated, are not the seat of organic lesions,

and in whom also the cerebral tissues, though undeveloped, are susceptible to development through organotherapy.

22: RACE DECADENCE

22:6.2 The thousands of purely functional defectives which the country contains, as we have seen, are not, judging from personal cases, the children of parents in whom, in most instances, clearly defined stigmata can be discerned.

This means that any infant may become a defective unless its development is closely watched by the attending physician.

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SOURCE

Unfortunately, as is well known, a large proportion of idiots, post mortem show lesions of the brain, such as sclerosis, atrophy, softening, etc., which no longer are cultivable soils.

Yet, distinct improvement is often obtainable, even in such cases.

This is because the degenerated areas are seldom bilateral and the corresponding areas on the opposite side of the brain can thus be made, through improved nutrition and oxidation, to compensate, to a remarkable extent sometimes, for the shortcomings of the functionless areas.

Even these lesions are sometimes subject to improvement, Cattani, Klebs, and others having shown that regeneration occurs occasionally when the lesions are comparatively slight and of recent formation (S 629).

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Even these lesions are sometimes subject to improvement, Cattani, Klebs, and others having shown that regeneration occurs occasionally when the lesions are comparatively slight and of recent formation.

22:6.4 With this theory the author can entertain much sympathy—at least in regard to many forms of backwardness, deficiency, and even some forms of insanity, including the dreaded dementia praecox; but when it comes to out-and-out feeble-mindedness, I do not look for much help from such sources.

OTHER HEREDITARY DISORDERS

III: THE INHERITANCE OF FAMILY TRAITS (Davenport 27)

22:7.1 While most of the defects and diseases about to be enumerated would not be sufficient ground for preventing their victims from marriage, and, in many cases, if suitably supervised, would not endanger offspring,

SOURCE

22: RACE DECADENCE

yet on the whole they represent directly inheritable defects which should render marriage doubtful, and would be in most cases, from a eugenic standpoint, a contra-indication to reproduction. Among the disorders which are definitely inheritable may be mentioned:

24. OTHER NERVOUS DISEASES (D 92)

f. Hereditary Ataxy (D 99)

Friedreich's ataxia,

g. Ménière's disease (D 101)

Ménière's disease,

26. SPEECH-DEFECTS (D 105)

speech defects,

27. DEFECTS OF THE EYE (D 107)

eye defects,

m. Night blindness (D 118)

night blindness,

n. Color blindness (D 120)

color blindness,

28. EAR DEFECTS (D 123)

ear defects,

29. SKIN DISEASES (D 131)

skin diseases,

32. DISEASES OF THE MUSCULAR SYSTEM (D 149)

a. Thomsen's Disease (D 149)

Thomsen's disease,

33. DISEASES OF THE BLOOD (D 152)

e. Hemophilia (D 153)

hemophilia,

34. DISEASES OF THE THYROID GLAND (D 158)

a. Cretinism (D 158)

cretinism,

40. SKELETON AND APPENDAGES (D 171)

f. Polydactylism (D 175)

and polydactylism.

SOURCE

22: RACE DECADENCE

[*Compare: 24. h. Chorea (Davenport 101)*]

22:7.2 Chorea (St. Vitus' dance) is an inheritable nervous disorder, partly physical, but more largely temperamental and neurotic. It represents one of the inheritable nervous diseases and is an additional evidence of the increasing nervous instability of some modern races. While it may be quite wholly cured by proper treatment and nervous discipline, and while it could hardly be said to be a disorder of sufficient gravity always to prevent the marriage of those afflicted by it, nevertheless, it does represent a nervous racial instability which should be distinctly recognized as a thing transmissible to future generations.

[*Compare: 24.i. Huntington's Chorea (Davenport 102)*]

22:7.3 Huntington's chorea is another peculiar nervous disease which is almost unerringly transmitted to succeeding generations. If victims of this disorder are allowed to marry at will, this comparatively new disease will soon be more or less spread over the entire country. It is a definitely inheritable disorder, and illustrates, in a most graphic manner, the fact that many of these diseases can be controlled, or their spread prevented, if suitable preventive measures are employed.

[*Compare: 26. Speech-Defects (Davenport 105-07)*]

22:7.4 Stuttering and stammering and other speech defects, while not serious from the standpoint of racial decadence are, nevertheless, of interest as being indicative of the widespread prevalence of nervous instability among the American people; and it is enlightening in this connection to know that the experts who deal with these disorders estimate that there are between four and five hundred thousand actual stammerers and stutterers in the United States.

SOURCE

[*Note:* In 17:8 Sadler discussed feebly inhibited individuals, as described in Davenport's 1915 monograph, *The Feebly Inhibited*.]

22: RACE DECADENCE

22:7.5 This country is also cursed with an increasing number of defective and subnormal persons who belong to the class of so-called "feebly inhibited" individuals. This class embraces that large group of nomadic and irresponsible men and women who were characterized by a tendency toward truancy when younger. In this class of the "feebly inhibited" are also to be found those unfortunates who are victims of violent temper, and who possess such a small degree of self-control as to be a source of constant friction as they mingle with their fellows. In a still further subdivision of this group may be found various types of "peculiar" people, the majority of whom while not distinctly dysgenic turn out to be social and economical misfits.

22:7.6 These numerous minor nervous disorders are all just as definitely hereditary as the more grave mental diseases; but, do not so seriously threaten the stability of the race.

SUMMARY OF THE CHAPTER

1. There are numerous "borderland" defectives, not so grave as feeble-mindedness, but which are also more or less hereditary.

2. "Maternal impressions" and "prenatal influences" are not accepted as an explanation for inherited defects and deformities.

3. Science does not credit the belief that you can frighten an expectant mother and thereby mark or disfigure the unborn child.

4. Many of these doubtful defectives, from the eugenic standpoint, are glad to remain celibate and thus give the next generation the benefit of the doubt.

5. Among the physical causes associated with delinquency may be mentioned: malnutrition, disease of the special senses, bad teeth, sex disorders, headache, etc.

6. So-called stigmata of degeneracy were found in only 13 per cent of 1,000 criminals examined by Healy.

7. Dementia praecox, while largely hereditary, does also appear (like Mongolian idiocy) in families which represent fairly good stock.

8. Some authorities think that dementia praecox, in common with other minor mental disorders, is due to disturbances in the internal secretions.

9. Disorders of both the thymus and pineal glands are associated with marked and profound disturbances of the mind and nervous system.

10. Precocious prodigies who astonish the world by their early mental development may simply be the victims of a tumor of the pineal gland.

11. Twenty thousand dementia praecox cases are sent to asylums in this country every year.

12. There are over 120,000 cases of dementia praecox in the asylums of the country—one-half of the total number of inmates.

13. Of 350,000 avowed mental defectives in the United States, 328,000 are at large perpetuating, without restraint, their defective strains.

14. The Russell Sage Foundation finds 20 per cent of school children retarded in a study embracing thirty-one cities.

15. It would seem that the time is not far off when an individual of natural poise and normal mind will be the exception instead of the rule.

16. Science may some day (through ductless gland therapy) effect the cure of some of the non-hereditary forms of both insanity and other sorts of mental defectiveness.

17. Sajous believes that many of these minor cases of defectiveness owe their origin to an inherited deficiency of ductless gland activity.

18. The pituitary gland and the thyroid gland are both active during pregnancy and some authorities think they influence the fetal development.

19. The child deficient in internal secretions is supposed to be helped by feeding the missing substance to the mother both before and after the birth of the child.

20. This group of disordered minds due to deficient internal gland secretions is termed "functional defectives."

21. These methods may some day assist in curing many forms of backwardness and even the dreaded dementia praecox—but hardly out-and-out feeble-mindedness.

22. Other inherited disorders are: Friedreich's ataxia, Ménière's disease, speech defects, eye defects, night blindness, color blindness, Thomsen's disease, hemophilia, cretinism, etc.

23. St. Vitus' dance (chorea), Huntington's chorea, and stammering are also inherited disorders.

24. There are almost half a million actual stammerers in this country.