

## The RCP collections and people with links to the UK eugenics movement

Eugenics, meaning ‘good breeding’, was a pseudo-scientific movement of the late 19th and 20th centuries. Eugenics theories were concerned with controlling inherited characteristics in human populations with the goal of improving the species. Medical eugenics focussed on inheritable conditions which were disabling.

Eugenics ideas were rooted in discriminatory views on social class. The poor and working classes lacked access to formal education and to the resulting skills valued by the ruling class in society. Poor working conditions and lack of access to medical services meant that the poor and working classes were more likely to have disabling medical conditions. This contributed to an endemic societal view of them as being inherently less intelligent, less healthy and inferior. Institutional racism also influenced supporters of eugenics to view minority ethnic groups as inferior to White people.

The emerging scientific and societal movement developed narrow views about the characteristics of a ‘fit’ member of society. Supporters aimed to prevent the birth of ‘unfit’ children (viewed as a burden to society) and to encourage the birth of children with desired characteristics (viewed as a benefit to society). These theories endorsed institutional discrimination against disabling conditions, certain ethnic groups, and lower social classes.

Medical eugenics supporters focussed on identifying inheritable conditions and developing procedures preventing conception. Although there was interest in the development of contraceptive methods and artificial insemination, the primary focus was on sterilisation (surgery that makes a person unable to have children). Some supporters advocated for supposedly voluntary sterilisation. Others endorsed forced sterilisation for specific groups.

The RCP formed a committee in 1934 which produced a report in favour of voluntary sterilisation. The wider RCP membership passed a resolution in favour of voluntary sterilisation, by a significant majority in 1935. A second committee in 1938 endorsed the first committee’s report. However, it concluded that, until a legal framework was in place, there was a possibility that undertaking such procedures could lead to legal action against the doctor. Although the 1935 resolution was never formally retracted, there was no further RCP discussion or endorsement of eugenics ideas during the rest of the 20th century.

Eugenicist ideas have no scientific basis. Yet these ideas have long-reaching impacts that are still felt today. Some examples of this include attitudes towards the prescription of less pain relief to Black people due to inaccurate beliefs that they do not experience pain in the same way as White people. See [here](#) and [here](#) for more information. Eugenicist ideas also persist within the medical model of disability. This is a view that people are disabled by their differences or impairments which make them less able to live full lives. In contrast, the social model of disability, developed by disabled people themselves, states it is not their differences or impairments that disables them, but rather the way society is organised, impacting their ability to live fully.

## The history of Eugenics

One of the founders of the UK eugenics movement, Francis Galton, chose the term. It means 'good breeding'. Galton was Charles Darwin's cousin, and this new movement was inspired by Darwin's theory of natural selection, to apply ideas (considered to be scientific at the time) on desirable characteristics in the human population .

The scientific basis for eugenics was flawed from the beginning. Eugenics ideologies embedded discriminatory views about poverty, social class, health, and race. The majority of eugenics thinkers considered lower social classes, with poor living conditions and less formal education, as inferior by nature; less intelligent and less healthy. Endemic racism in Western Europe and America also influenced supporters to view certain ethnic groups as by nature inferior to others, with White people considered to be the most superior.

Prior to WWII, the focus and interest of the Eugenics movement in the UK among medical professionals centred on exploring the extent to which certain characteristics, conditions and diseases were inheritable, and therefore how the use of sterilisation as a preventative practice was relevant to eugenics. As a result, many mental and physical health conditions, despite being able to be mitigated by contemporary medical and therapeutic treatments, were considered undesirable and not to be passed on to the next generation.

The supporters of eugenics had very narrow views of what characteristics a healthy person, one who made a 'positive' contribution to society, embodied. They wanted to encourage more of such people to be born. Conversely, other people had characteristics and conditions which were considered to have negative impact on society, including being from the lower social classes, because being from a lower social class was also undesirable.

Another prevailing eugenics view was that living with some characteristics, conditions or diseases diminished the capacity for a person to have a full life, to the extent that their survival was not desirable. Many eugenics supporters endorsed euthanasia (intentionally ending life to stop pain and suffering) in such situations. Ideas about certain people being unable to live a full life persist today. This is commonly known as the medical model of disability (people are disabled by their impairments or differences). The social model of disability (the way society is organised, rather than a person's impairment or difference, causes disability) has been developed by disabled people to combat this.

Some supporters of the eugenics movement advocated coercive practices to control populations, including forced segregation and involuntary sterilisation. Others advocated non coercive practices, which still included voluntary segregation and sterilisation; as well as birth control methods. The goal was to encourage the birth of the right kind of children and discourage the birth of children with undesirable characteristics or conditions.

After WWII, the knowledge that the Nazis' justification for many of their atrocities included coercive eugenics ideology resulted in the eugenics movement in the UK losing popularity. It responded by focussing on non-coercive eugenics practices, such as emphasising birth control systems. A focus on birth control was also a part of the rising feminist movement. Some influential figures, such as Marie Stopes, supported both movements, combining ideas from both. ([Wikipedia entry](#))

Racial aspects of eugenics ideas focussed on promoting racial purity and segregation. This was of particular concern to eugenics supporters in the UK, in response to large scale immigration of different ethnic groups, including the Windrush generation.

In 1989, the UK Eugenics Society changed its name to the Galton Institute and rejected both the traditional theoretical basis of eugenics and coercive eugenics practices. ([Wikipedia entry](#))

## Royal College of Physicians

In June and July 1934 an RCP committee was formed to discuss the College's position on voluntary sterilisation within a eugenics context. This committee produced a unanimous report recommending the practice of voluntary sterilisation. There was a wide range of cases where they considered direct consent was not viable. Legal safeguards were proposed for cases where direct consent could not be confirmed. Examples cited mental impairment and low IQ. The College voted to confirm this recommendation as its official position, by a majority, in 1935.

The subject was considered again by a new committee of the same name, over 3 meetings in November and December 1938. Some members of the original committee attended. The implications of the discussion were again that voluntary sterilisation would have the support of membership, relative to a range of conditions. However, having sought legal advice, the conclusion of the committee was that without formal legislation, practicing such procedures could lead to legal action against doctors by patients or their families.

In light of there being no change to either the majority RCP view or national legislation since 1934, no formal report was produced by the 1938 committee. Although the 1935 resolution was never formally retracted, there was no further RCP discussion or endorsement of eugenics ideas during the rest of the twentieth century.

## Sources

RCP archives MS5074-5 - Voluntary sterilisation committee, June and July 1934

English Heritage online exhibition <https://www.english-heritage.org.uk/visit/blue-plaques/blue-plaque-stories/eugenics/>

RCP blog about eugenics <https://history.rcplondon.ac.uk/blog/evil-consequences-may-well-follow-eugenics-and-british-medical-establishment>

Wikipedia entry for the Eugenics Society UK [https://en.wikipedia.org/wiki/Adelphi\\_Genetics\\_Forum](https://en.wikipedia.org/wiki/Adelphi_Genetics_Forum)

The [Eugenics Society papers](#) held at Wellcome:

1908 annual report <https://wellcomecollection.org/works/asqf8kzb/items>

1911 annual report <https://wellcomecollection.org/works/mcz6bk24/items?canvas=3>

1930-1 annual report <https://wellcomecollection.org/works/entj4z5t/items?canvas=2>

1933-4 annual report <https://wellcomecollection.org/works/jg9rfdtt/items?canvas=2>

1949-50 annual report <https://wellcomecollection.org/works/ey9yyb3w/items?canvas=2>

1957 statement of aims <https://wellcomecollection.org/works/mr7av5xy/items?canvas=2>

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