SCOTTISH ARCHIVES 2012 Volume 18

Sexual Snapshots: Departmental Committees and their Value to the Historian of Sexuality[1]

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Within the historiography of Scottish sexuality, the proceedings of official enquiries on moral and sex-related issues have begun to be recognised and exploited as rich historical sources which provide important snapshots of the country's sexual past, in terms of both attitudes and behaviours. Using the archives of the 1958 Feversham Committee – a Departmental Committee on Human Artificial Insemination – as a case study, this article will consider the historical insights which can be gleaned from such primary source material, as well as offering some closing reflections on their potential pitfalls.

In recent decades, the modern history of British sexuality has become an intellectually and methodologically vibrant field, where the concept of sexuality has been deployed as a prism through which a rich range of social, cultural and political issues have been explored.[2] Historians have had to tread carefully in such sensitive and secretive territory, and have recognised that evidence has tended to be much more plentiful for forms of sexual behaviour regarded as 'transgressive', though oral testimony has begun to be exploited as a means of capturing more 'everyday' sexual attitudes and sexual behaviours.[3] Much of the existing scholarship centres upon England and its policy-making process, and displays an undue focus on the metropolitan attitudes and behaviours of London, which are unlikely to have been representative of England as a whole, let alone Britain. Historiographical progress was slightly later in advancing north of the Border,[4] where scholars have recognised the need to take into

[1] My scholarship on the history of sexuality and reproductive health has benefited enormously from my collaborations with, and the constant support of, Professor Roger Davidson (University of Edinburgh), as well as the generous financial support of the Wellcome Trust. I would also like to thank the staff of the National Records of Scotland for facilitating access to their tremendous collections.

[2] See, for example, Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800*, 2nd edition (London, 1989); Lesley Hall, *Sex, Gender and Social Change in Britain since 1880* (Basingstoke, 2000); H. G. Cocks and Matt Houlbrooks (eds), *Palgrave Advances in the Modern History of Sexuality* (Basingstoke, 2005).

[3] See especially Simon Szreter and Kate Fisher, *Sex Before the Sexual Revolution: Intimate Life in England, 1918–1963* (Cambridge, 2010).

[4] See especially Roger Davidson and Gayle Davis, *The Sexual State: Sexuality and Scottish Governance, 1950–80* (Edinburgh, 2012).

account Scotland's separate traditions in law, local government and medicine, as well as an arguably distinctive civic and sexual culture where religion appears to have continued to exercise considerable social significance.[5]

Records generated by institutions of governance and surveillance have been used heavily by historians on both sides of the Border. The proceedings of Departmental Committees and the evidence submitted to them have, for example, proved valuable to historians of sexuality in twentieth-century Britain. Most notably, the deliberations of the Wolfenden Committee on Homosexual Offences and Prostitution (1954–7), whose September 1957 Report famously recommended that homosexual behaviour between consenting adults in private should no longer be considered a criminal offence, provide rich insights into a range of important themes. These include the extent of both prostitution and homosexual encounters in mid-twentieth-century Scotland, the social geography of those encounters, attitudes towards soliciting and homosexuality in lay, medical, legal and religious circles, and the level of interaction between a range of pressure groups – including the churches and women's organisations – and the State in relation to sexual policy-making.[6] Through such sources, historians have also been able to gauge the degree to which attitudes, behaviours and policies were distinctive to Scotland. Thus, by focusing specifically upon the Scottish members of the Wolfenden Committee and the written and oral evidence submitted by Scottish witnesses, Davidson and Davis argue that Scotland 'does not conform to the innovative and transitional picture' advanced by many English scholars, who emphasise the important distinction drawn between private morality and public decency, and that Scotland instead remained heavily influenced by a 'fundamental attachment to conventional values and perceptions' and operated within a 'quintessentially "moral" framework', despite the socially disruptive effects of the Second World War and the cultural impact of the 'swinging sixties'.[7]

Similar source material has been used by historians to explore the social politics surrounding abortion in twentieth-century Britain. The Committee on the Working of the Abortion Act, otherwise known as the Lane Committee (1971–4), was the first and only thorough review of the contentious 1967 Abortion Act, which clarified and liberalised the law relating to termination of pregnancy by a registered medical practitioner in England, Wales and Scotland. The records of the Lane Committee's proceedings offer significant insights into how the legislation was implemented and with what associated

[5] Callum Brown, *The People in the Pews: Religion and Society in Scotland since 1780* (Glasgow, 1993).

[6] See Weeks, *Sex, Politics and Society*, 239–42; Frank Mort, 'Mapping Sexual London: The Wolfenden Committee on Homosexual Offences and Prostitution, 1954–57', *New Formations*, 37 (1999), 92–110.

[7] Roger Davidson and Gayle Davis, '"A Field for Private Members": The Wolfenden Committee and Scottish Homosexual Law Reform, 1950–67', *Twentieth Century British History*, 15:2 (2004), 174 and 200. See also Davidson and Davis, *The Sexual State*, chs. 2–3.

difficulties, and, more broadly, allow scholars to explore legal, medical and religious attitudes to abortion in the early years of the Act's operation, given the wide range of witnesses consulted. Historians have noted the rather different issues which critics of the legislation focused upon, depending on where they resided. English witnesses to the Committee most deeply criticised the role of the private sector, access by foreign women to British abortion services, and the advertising of British abortion services abroad.[8] These concerns were, however, relatively insignificant in Scotland, where the vast majority of abortions were performed under the NHS and upon women residing in Scotland. Instead, Scottish criticism focused upon the practical pressures that abortion work imposed on hospital gynaecological services, geographical variations in how the Act had been implemented, the appropriateness of the Act's 'social' criteria in determining who merited a termination, and the twenty-four-week time limit for the procedure.[9]

This article aims to extend the existing scholarship to provide further insights into the history of sexuality and reproductive health in later twentieth-century Scotland, once again exploiting the archival riches of the Departmental Committee. The history of infertility has received surprisingly little attention from social historians, with the notable exception of Naomi Pfeffer's 'political' history of reproductive medicine, which focuses predominantly upon England.[10] The rich vein of information embedded within the proceedings of Departmental Committees has not hitherto been adequately explored by historians seeking to chart the cultural and medical history of infertility. The Departmental Committee on Human Artificial Insemination, chaired by Lord Feversham, was appointed by the British government in 1958 to investigate the legal, medical and moral circumstances surrounding infertility and its treatment through artificial insemination. The wide range of legal, medical and religious witnesses approached to give evidence, and the voluminous written and oral evidence received, provide rich insights into the complex social politics and anxieties surrounding reproductive health and sexuality in 1950s Britain.

This article will focus upon the evidence of the Scottish witnesses, and confine itself to their discussions of artificial insemination by donor (AID), since the issues surrounding artificial insemination using the husband's semen (AIH) differed to some extent, and elicited far fewer responses from witnesses. It will consider what can be gleaned from such primary source material, as well as offering some concluding reflections on the potential weaknesses of that material. Each of the principal groups of witnesses – legal, medical and religious – will be taken in turn, exploring the significant themes which emerge from their evidence to the Committee.

8 Ashley Wivel, 'Abortion Policy and Politics on the Lane Committee of Enquiry, 1971–1974', *Social History of Medicine*, 11 (1998), 109–35.

9 Davidson and Davis, *The Sexual State*, 110–16.

10 Naomi Pfeffer, *The Stork and the Syringe: A Political History of Reproductive Medicine* (Cambridge, 1993).

It seems appropriate to begin by focusing upon legal evidence, since the major impetus for the establishment of the Feversham Committee was a single legal case. Indeed, it was a Scottish legal case, and one which threw up a range of important questions on the legal status of artificial insemination and those produced by it. In 1958, a divorce action in the Court of Session, MacLennan versus MacLennan, considered whether a woman who had received AID without her husband's consent could be said to have committed adultery. While the judge, Lord Wheatley, noted that such insemination without the husband's consent constituted 'a grave and heinous breach of the contract of marriage', he ruled that it did not strictly amount to adultery because penetrative sexual intercourse with a man other than the husband had not taken place, and he thus denied the husband the divorce he sought.[11] Referring to the Royal Commission on Marriage and Divorce, which two years earlier had recommended that AID should be made a ground for divorce, but to no effect, Wheatley emphasised that legislation would be required to facilitate a divorce on these grounds.[12]

Eight Scottish legal bodies submitted evidence to the Feversham Committee, including the Faculty of Advocates, the Law Society and the Faculties of Law in the four ancient universities of Scotland. Additional related discussion came from various government departments, including the Scottish Home Department and the General Register Office (Scotland). They were not entirely in agreement as to the legality of the practice. While most echoed the views of Committee members that AID was a legal medical practice, T. B. Smith, Professor of Civil Law at the University of Edinburgh, argued vigorously that AID was illegal, constituting the common law crime of fraud in Scotland, and the crime of conspiracy in England.[13] In his oral evidence to the Committee, Smith declared that the publication of his views in a *Scots Law Times* article had received the support of two Judges of the Court of Session, who had declared their views to coincide with Smith's, given the 'element of deception involved' and 'the production of a bastard'.

Scottish legal commentators expressed more mixed views when asked whether or not the practice of AID should be criminalised. While Glasgow's Faculty of Law argued that the law 'should not encourage it', Aberdeen's Faculty of Law felt it would be positively 'dangerous to criminalise' the procedure.[14] Indeed, few legal witnesses to the Committee advocated the outright criminalisation of AID, due mainly to the fear that a legal clampdown would be likely to drive the practice underground, rather than because they approved

[11] National Records of Scotland (NRS), HH 41/1451, Memorandum of Evidence by the Faculty of Advocates, undated.

[12] NRS, ED 11/511, N. D. Walker to Sir Andrew Innes, Lord Advocate's Department, London, 26 September 1958.

[13] NRS, HH 41/1461, Verbatim Report of Oral Evidence by Professor T. B. Smith, University of Edinburgh, December 1959.

[14] NRS, HH 41/1459, Note by R. F. D. Shuffrey, Secretary, 'Summary of Written Evidence', 7 December 1959.

of the treatment. Thus, the Faculty of Advocates suggested 'regulation' rather than 'prohibition'.[15]

Scottish legal bodies were similarly divided on how they would define the 'status' of children born through AID. The majority, including the Universities of Edinburgh and Glasgow, advocated that they be considered 'illegitimate', whereas the Scottish Law Agents' Society, though they 'objected strongly' to the practice, wished resulting children to be considered 'legitimate'.[16] Given the strong existing presumption in Scots law of 'pater est quem nuptiae demonstrant', that is, that a child born of a married woman was legitimate, and the high standard of proof required under Scots law, legal commentators pointed out the significant practical difficulties of rebutting the presumption of legitimacy. As the Lord Advocate's Department argued, it would not suffice to prove the wife guilty of adultery during the period when the child was conceived, or to prove that the wife had received AID, and it would be a complex business to prove the husband incapable of procreating a child.[17] Thus, even for some of those legal bodies who emphasised that they found the procedure socially and morally 'undesirable', the practical difficulties of 'bastardising' these children was recognised as a serious obstacle.[18]

The General Registry Office (Scotland), which bore ultimate responsibility for birth registration, advised that their registrars were 'not bound' by legal presumptions if informants declared that the father was 'unknown' or declared someone other than the mother's husband to be the father, and that the GROS would, in such cases, be advised to register the birth in illegitimate form.[19] However, the question was purely hypothetical, since by 1958 no case of artificial insemination had yet been declared to them. As private GROS correspondence noted, this 'new scientific method of immaculate conception' had not 'reached the primitive fastnesses of Scotland yet; but the time will come!'[20] Legal bodies were similarly lacking in direct experience on this matter, which may partly explain their 'confusion' or lack of consensus on the issues surrounding AID. The Faculty of Advocates pointed out that 'the legal consequences of the practice ha[d] never engaged the attention of the Scots Bench or Bar', and that they could thus offer consideration only of 'the probable implications of the practice as affecting the law of Scotland'.[21] Similarly, the Lord Advocate's

15 Ibid.

16 NRS, HH 41/1459, Note by R. F. D. Shuffrey, Secretary, 'Summary of Written Evidence', 7 December 1959.

17 NRS, HH 41/1452, Memorandum of Evidence by the Lord Advocate's Department, 3 October 1958.

18 NRS, HH 41/1451, Memorandum of Evidence by the Faculty of Law, University of Glasgow, undated.

19 NRS, HH 41/1452, Note by General Registry Office (Scotland), 29 September 1958.

20 NRS, GRO 5/1838, GROS Internal Note, 29 December 1948.

21 NRS, HH 41/1451, Memorandum of Evidence by the Faculty of Advocates, 3 October 1958.

Department noted that any legal view on this subject must 'be expressed as a tentative opinion, unsupported by direct authority', given that no Scottish court had yet been asked to consider the question of birth registration (and thus the 'legitimacy' issue) and that no legislation on the matter was bearing.[22]

The first recorded case of human artificial insemination which resulted in pregnancy and the delivery of a child was reportedly performed by a Scottish doctor, John Hunter, in London around 1790, but the practice did not become widespread in Britain until the mid-twentieth century.[23] This method facilitated conception where it was not possible by normal sexual intercourse either because of sterility of the husband or because of some other physical or mental disability of husband or wife. In the three decades preceding the Feversham Committee, it was estimated that there had been around two thousand births by artificial insemination in Britain,[24] though such a figure could only be extremely rough, by virtue of the ignorance, shame and secrecy that surrounded the procedure at this time. Indeed, ignorance and secrecy were prominent themes within the evidence submitted by the range of Scottish medical witnesses consulted by the Committee: a handful of individual gynaecologists and psychiatrists, as well as representatives from the Royal College of Surgeons of Edinburgh, from the Faculties of Medicine of the Universities of Aberdeen and Edinburgh, and from the Department of Health for Scotland.

It should perhaps be no surprise that 'ignorance' was a prominent feature of the evidence submitted by the medical witnesses based in Scotland, given the lack of dedicated 'specialists' based there. The Feversham Committee received evidence from six doctors who were practising AID at the time of giving evidence, but these doctors were confined to England. Some of the remaining medical witnesses had practised AID 'at one time or another', including several of the Scottish witnesses.[25] A survey of Scottish hospitals indicated the distinctly patchy use of AID across Scotland, with no evidence of its use in the northern, north-eastern or south-eastern regions, only some private practice in the western region (by Dr Hector Maclennan in Glasgow), and some wider evidence of AID in the eastern region (in hospitals in Dundee and Perth).[26]

Reluctance to practise artificial insemination in Scotland appears to have stemmed from a complex range of legal, practical and moral factors. Several of the doctors questioned by the Committee indicated confusion as to the legal status of the practice. As one surgeon asked, when interviewed by the Committee: 'The medical profession do not at present have the right

[22] NRS, HH 41/1452, Memorandum of Evidence by the Lord Advocate's Department, 3 October 1958.

[23] *Glasgow Herald*, 22 July 1960.

[24] NRS, GRO 5/1838, Notes for Representatives of Government Departments appearing before the Committee on 7 December 1959.

[25] Ibid.

[26] NRS, HH 41/1459, AI (59) 4, Home Office, London, 8 April 1959.

of carrying out AID? Am I wrong there?'[27] Indeed, some doctors claimed to have made enquiries to the Medical Defence Union, only to be told that the organisation 'would not guarantee that somebody who had had artificial insemination with donated semen could not bring a legal action' against that doctor.[28] In its submission to the Feversham Committee, the Department of Health for Scotland claimed that there was 'some uncertainty' as to the legality of the procedure, since the National Health Service had failed to issue guidelines on it, and recommended that the doctor 'seek to safeguard himself by securing the written consent of all parties to the transaction'.[29]

Practical reasons for resistance to offering AID to patients were offered by several medical witnesses. Dr Albert Sharman, a consultant gynaecologist, had started a clinic in 1930s Glasgow at the city's Royal Samaritan Hospital for Women which was devoted exclusively to the investigation and treatment of infertile marriages, a clinic which he claimed to have been the first of its kind in the United Kingdom.[30] Sharman's decision to discontinue the practice of donor insemination (though not AIH) at that infertility clinic after five years, two decades prior to the Feversham Committee, stemmed from a combination of three practical factors: that 'success was rare', that there was significant expense involved because the practice had to be undertaken privately 'as no Hospital Board of Management was likely to countenance it', and that 'donated semen was very difficult to obtain'. Lack of success featured, similarly, in the oral evidence submitted by fellow Glaswegian gynaecologist Dr Hector Maclennan, Senior Consultant to the Department of Gynaecology at the Victoria Infirmary, who complained that patients held the 'prevalent' but mistaken idea that those 'prepared to submit to AID' would find success.[31] Given the fact that there was 'an upsurge of requests for AID when anything appear[ed] in the Press',[32] and that this subject matter was appearing in the press with increasing frequency, undue patient optimism was a most unwelcome feature as far as many doctors were concerned.

Difficulty in obtaining semen was the other principal problem discussed by medical witnesses. As Dr Sharman noted, with a rather unfortunate turn of phrase, 'the provision of semen [wa]s entirely in the physician's hands'

27 NRS, HH 41/1455, Verbatim Report of Oral Evidence by the Royal College of Surgeons of Edinburgh, 13 October 1959.

28 NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 11 February 1959.

29 NRS, HH 101/1628, Memorandum of Evidence by the Department of Health for Scotland, undated.

30 NRS, HH 41/1453, Memorandum of Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 6 November 1958.

31 NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Hector Maclennan, 10 February 1959.

32 NRS, HH 41/1455, Verbatim Report of Oral Evidence by the Royal College of Surgeons of Edinburgh, 13 October 1959.

and involved 'considerable difficulty in obtaining suitable material'.[33] For Sharman, the answer was to approach 'personal friends and doctors', though this must surely have proved an awkward business.[34] The word 'suitable' is also crucial here, for it was a question of quality even more than quantity. As Dr Audrey Freeth, who had practised gynaecology in both Birmingham and Glasgow, noted, 'the donor situation [was] distinctly tricky' precisely because women had to be supplied 'with a satisfactory specimen'.[35] The medical evidence submitted to the Feversham Committee suggests that semen, or more accurately its donor, was required to be 'satisfactory' in several key respects: physically, psychologically and morally.

Physical fitness was one element of what might be termed the 'eugenic considerations' which lay at the heart of donor selection, a process 'designed to reduce obvious biological dangers'.[36] There was to be no history of transmissible disease or 'adverse genetical characteristics such as alcoholism, criminality, or tuberculosis'. Donors were to be of 'mature' age (30–45) so that their character could be properly assessed, of good general health and IQ, and should be married men with at least two legitimate children of their own, not only to illustrate the quality of their 'stock' but also so that their 'parental drive' would already have 'an available object'.[37] Dr Sharman noted that donors should lack 'excessively pronounced physical features' which 'might facilitate identification', indicating the fact that infertile couples often wished to be 'matched' to an appropriate donor who could produce children who resembled the husband and wife physically. Thus the donor's hair and eye colour, and their height, were all to be considered in relation to the husband's. Some couples also requested religious compatibility, particularly in Glasgow, with its 'Irish element'.[38] Race was seen as particularly problematic for most of the medical witnesses; indeed, several legal witness recognised its significance. Thus, as the Faculty of Advocates noted: 'The husband might object to his child being coffee coloured, shall we say.'[39] Such was the pressure on some doctors to 'reproduce' the husband 'by a specially chosen donor' that, as one

[33] NRS, HH 41/1453, Memorandum of Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 6 November 1958.

[34] NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 11 February 1959.

[35] NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Audrey Freeth, 10 March 1959.

[36] NRS, HH 41/1453, Memorandum of Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 6 November 1958.

[37] Ibid.

[38] NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 11 February 1959.

[39] NRS, HH 41/1456, Verbatim Report of Oral Evidence by the Faculty of Advocates, 13 October 1959.

gynaecologist cautioned, couples must be warned explicitly that 'no likeness, physical or otherwise, can be guaranteed'.[40]

It was also deemed crucial to ensure that the semen donor was not related to the mother, which could 'lead to an exaggeration of all characteristics of the genetic line, including the bad ones'.[41] Thus, some medical witnesses stressed the necessity of creating a donor register, 'which should record the full medical history of the donors, the number and frequency of donations, and the births resulting'.[42] However, these doctors tended to stress that such records should be 'kept centrally' with 'carefully restricted' access, restricted even from the infertile couple themselves in order to preserve the donor's anonymity. If the donor's identity were revealed, this might discourage would-be donors. Psychological reasons also appeared to necessitate a degree of secrecy. Thus, one gynaecologist feared that the donor and maternal woman would be 'emotionally too deeply involved in procreation to regard their relationship with detachment'.[43] Going further, a Perth-based psychiatrist argued that AID 'must be utterly anonymous, with no records whatsoever being kept', because the issue of who held and had right of access to these records was simply too problematic.[44]

More problematic still were the potential psychological barriers to semen donation. For some doctors, there was a lengthy – and often vague – list of ideal attributes, while for others, the very fact that a man was willing to donate his semen made him unsuitable for the task. Thus, Dr Sharman argued that 'to most balanced men the task of donation [was] unpleasant'.[45] Putting it more bluntly, Dr Hector Maclennan explained to his patients that a donor 'prepared to give semen to a woman, whose mental and physical background is unknown to him, and who is prepared to father children who will be born into a completely unknown environment, so far as he is concerned, is a man whose ethical standards are so unusual as to be of doubtful value from a eugenic point of view'.[46] Maclennan added: 'This simple statement has been sufficient in most cases to discourage further enquiry', but that if the patient insisted on treatment he was 'quite prepared to refer her to a recognized practitioner', which would probably involve a trip to a doctor based in England. This statement is just

40 NRS, HH 41/1453, Memorandum of Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 6 November 1958.

41 *Glasgow Herald*, 1 March 1958.

42 NRS, HH 41/1455, Verbatim Report of Oral Evidence by the Royal College of Surgeons of Edinburgh, 13 October 1959.

43 NRS, HH 41/1453, Memorandum of Evidence by Dr Albert Sharman, Royal Samaritan Hospital for Women, Glasgow, 6 November 1958.

44 NRS, HH 41/1453, Memorandum of Evidence by Dr John McDonald, Murray Royal Hospital, Perth, 28 January 1959.

45 NRS, HH 41/1453, Memorandum of Evidence by Dr Albert Sharman, 6 November 1958.

46 NRS, HH 41/1453, Memorandum of Evidence by Hector R. Maclennan, undated.

one example of what might be considered the 'obstructive' methods used by doctors to dissuade patients from seeking this form of treatment.

Finally, we might consider how doctors characterised the infertile woman seeking AID. While Dr Audrey Freeth spoke, in broad terms, of assessing 'the wife's clinical suitability', she also criticised the wife who 'must have a child at any price', indicating 'a lack of understanding and an emotional immaturity' that did 'not augur well for the future of that marriage'.[47] Similarly, Dr Maclennan described the patients who approached him for treatment through AID as 'generally of a highly nervous disposition', 'nervous people who require reassurance and guidance', and pointed out that he would only send patients to an AID practitioner whose outlook was 'scientific and detached'.[48] While it was normal that a married woman would wish for a family, she could want this too much and thus get 'carried away emotionally', with many doctors considering her wish for AID the unfortunate result. Thus, a group of doctors representing the Royal College of Surgeons of Edinburgh suggested that such patients be placed before an 'independent' committee which consisted of a gynaecologist, a psychiatrist, a minister of religion, a welfare worker with experience in marriage guidance problems, and the applicant's family doctor in attendance.[49] By subjecting the woman to this panel of professionals, they concluded, 'it is our intention to make the whole thing rather difficult. We have not made suggestions to make it easier, quite the contrary.'[50] Such comments and strategies, while appearing to focus on practical and 'biological' difficulties, often betray the sense that moral objections played a part in the formation of medical views on the subject of AID. Indeed, the doctors who represented the Royal College of Surgeons of Edinburgh were unusually explicit, of those providing medical evidence, when they referred to finding 'much that is repugnant in the practice of AID'.[51]

Evidence was received from eight Scottish religious bodies, who were unanimous in voicing their 'strong disapproval' of the practice of AID.[52] Around half, including the Congregational Union of Scotland and the Scottish Committee of the Catholic Union, wished the practice to be made illegal, while the Free Presbyterian Church of Scotland wished semen donation to be made

47 NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Audrey Freeth, 10 March 1959.

48 NRS, HH 41/1458, Verbatim Report of Oral Evidence by Dr Hector Maclennan, 10 February 1959.

49 NRS, HH 41/1453, Memorandum of Evidence by the Royal College of Surgeons of Edinburgh, undated.

50 NRS, HH 41/1455, Verbatim Report of Oral Evidence by the Royal College of Surgeons of Edinburgh, 13 October 1959.

51 NRS, HH 41/1453, Memorandum of Evidence by the Royal College of Surgeons of Edinburgh, undated.

52 NRS, HH 41/1459, Note by R. F. D. Shuffrey, Secretary, 'Summary of Written Evidence', 7 December 1959.

an additional criminal offence. In short, as the Free Church noted, AID should be criminalised 'on the basis that what was prohibited by Divine law should be prohibited by the criminal law'.[53] Indeed, the Free Presbyterian Church warned that, given the 'enormity of this offence', everyone involved must be punished for practising 'this unnatural form of immorality' – the couple themselves, the donor who supplied the semen, and the medical man involved.[54]

The churches' main objection to the practice was that it was tantamount to adultery and thus violated the marriage vows. As the Free Presbyterian Church of Scotland noted, insemination by donor involved the parties concerned in 'gross breaches' of the seventh and ninth Commandments,[55] while the Scottish Committee of Catholic Union argued that the involvement of a third party was adulterous even if the other spouse had consented, and that all AID children 'would, of course, be bastards', which 'in itself should be sufficient to deter any reasonable person from advocating the practice'.[56] Thus, the Baptist Union of Scotland regarded AID as 'sinful, contrary to the Christian conception of marriage, and, from a moral and spiritual point of view, as utterly indefensible',[57] while the Catholic Church in Scotland simply held the practice to be 'intrinsically evil'.[58]

More generally, several churches considered the procedure to degrade and dehumanise those involved, such as the United Free Church of Scotland, which felt that AID 'reduce[d] human beings to the level of breeding animals' and should thus be 'confined to the farm-yard, where it belongs'.[59] The Scottish Committee of Catholic Union argued similarly that the procedure robbed the donor 'of the dignity of his manhood', but also – in common with some doctors – suggested that a willing donor could only be regarded as 'psycho-physically or psychologically abnormal', since 'few normal men, if any, would debase themselves to donate semen'.[60] One of the most degrading elements of the procedure was the fact that it involved masturbation, a 'vile abuse of [the] body' which 'in itself should be enough to show the sinfulness and the immorality

53 NRS, HH 41/1461, Minutes of Meeting held in Edinburgh, 13–14 October 1959.

54 NRS, HH 101/1628, Free Presbyterian Church of Scotland to Ministry of Health, Edinburgh, 1 June 1959.

55 Ibid.

56 NRS, HH 41/1454, Memorandum of Evidence by the Scottish Committee of Catholic Union, February 1959.

57 NRS, HH 41/1454, Memorandum of Evidence by the Baptist Union of Scotland, March 1959.

58 NRS, HH 41/1454, Memorandum of Evidence by the Scottish Committee of Catholic Union, February 1959.

59 NRS, HH 41/1454, Memorandum of Evidence by the United Free Church of Scotland, Glasgow, undated.

60 NRS, HH 41/1454, Memorandum of Evidence by the Committee of the Free Presbyterian Church of Scotland, undated.

of the whole process'.[61] Thus the Church of Scotland asked the infertile to accept 'the mysterious workings of Providence … without resentment and in quiet trust',[62] while the Free Church urged the childless 'to recognise the Divine will' and to 'pray for submission', which would 'maintain the sanctities of the marriage bond and the joys of the marriage relationship in a way that [was] impossible by the methods of artificial insemination'.[63]

Over one hundred organisations and individuals were approached to give evidence to the Feversham Committee. The resulting oral and written testimony provides significant insights for the historian of sexuality and reproductive health in twentieth-century Britain, who often has to work hard to uncover suitable sources in this sensitive field. A valuable 'snapshot' is offered by the evidence presented to such Committees, and from a variety of perspectives, from medical thinking and practice to the stance of legal and religious bodies. The 'lay' perspective is much more difficult to capture, as is so often the case within the history of sexuality. Thus, the voices of the infertile patient, married couple and semen donor are silenced; we are, instead, offered 'interpretations' of these individuals, and rather damning interpretations in most cases, even from the supposedly 'detached' doctors. It is also questionable whether a truly representative witness 'sample' has been approached, resulting in a potentially skewed perspective. Finally, one must bear in mind the context within which the Committee was operating – in this case the aftermath of a divorce case which had divided legal opinion and caused 'public outrage', according to some newspapers of the time – which may have influenced both the questions asked of witnesses and the responses given. Nonetheless, the wide range of interests represented by those called to give evidence, and the sheer number of witnesses involved in the process, suggests that much valuable historical evidence is offered and should not easily be dismissed.

With regard to the specific proceedings of the Feversham Committee, some provisional findings have been offered which shed a very useful light on the history of infertility and its treatment through artificial insemination in mid-twentieth-century Scotland. From the medical perspective, we can note a lack of experience in those giving evidence, for a range of legal, practical and moral reasons, but strong views were nonetheless expressed by these medical professionals. We can also see a pronounced tendency to 'pathologise' these patients, considered 'diseased' not simply by virtue of their imperfectly functioning reproductive systems but also because it was psychologically questionable to pursue this form of treatment. Doctors appear to have discouraged or refused to offer this form of treatment where it conflicted with their own moral sensibilities, and used various strategies to repel eager female

61 Ibid.

62 NRS, HH 41/1454, Report of the Committee on Church and Nation of the Church of Scotland, adopted by the General Assembly in May 1959.

63 NRS, HH 41/1454, Memorandum by the Public Questions and Religion and Morals Committee of the Free Church of Scotland, undated.

patients, including questioning the health and motives of willing semen donors. For many physicians and surgeons, eugenic considerations – which arguably blended health and moral concerns – were uppermost. However, legal worries were also a prominent feature of these medical debates, as they were in the testimony of legal witnesses. Another shared feature of these two groups' evidence was debate over the extent to which the treatment of infertility through artificial insemination should be an anonymous practice or one in which accurate and accessible records could and should be compiled. The implications of such debates for the status of resulting children as 'legitimate' or 'illegitimate' were acknowledged but went unresolved. Religious objections to this form of treatment were also considerable in Scotland, due in large part to accusations of 'adultery' and 'illegitimacy', as well as the involvement of the 'revolting' act of masturbation which was a necessary part of the procedure.

As Davidson and Davis have found in so many other areas of Scottish sexuality in this period,[64] many of the Scottish churches were notoriously conservative when discussing infertility and its treatment through AID, and many doctors were, in fact, not far behind. Medical practice and sexual values appear to have been inhibited by Scotland's Calvinistic values, and by the traditional moral agenda pursued by the Scottish churches. In February 1958, a *Scotsman* article quoted the results of a Gallup Poll, which reported that 13 per cent of the United Kingdom population was in favour of AID, but that only 10 per cent of the Scottish population was similarly minded.[65] Although there are hints in the Scottish witness testimony to the Feversham Committee which support those figures, comparative research with the English witness testimony – currently lacking in the historiography[66] – is required to more fully establish that there was a distinctively Scottish socio-medical response to the politics of reproduction.

64 Davidson and Davis, *The Sexual State*, 294.

65 *Scotsman*, 2 February 1958.

66 Pfeffer, *The Stork and the Syringe* devotes two pages to the Committee, but is more concerned with its context than its contents.