Survival of the Fittest

BY

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This subject has haunted me all my life, but this is the first time on which I have actually dared to discuss it.

Please forgive me if I show signs of vagueness and loose thinking, but I will try to do my best to discuss the subject in the ways in which I have met it.

This phrase was always being hurled about—at first in England—later when I went to Africa—again in Malaya—and at the recent conference of the I.L.O. in Nuwara Eliya—the population problem loomed large.

The complaint of my opponents is always the same— they say—"you people, medical people, child health and welfare people particularly, are interfering with the natural law of the survival of the fittest. You are taking care of weakly children who would naturally die and who will now live to grow up. It is natural for people to have 15 children of which 8 live. The others, the weaklings, are killed if you leave it to nature, and so the race improves. You are in the long run doing a disservice to mankind. And now look how rapidly populations are increasing so that the problems of overcrowding are everywhere serious and shortage of food is more so".

That I think states fairly what they claim.

Well, my answer would be twofold—first from the physical and secondly from the mental standpoint.

In the first place that phrase "the survival of the fittest" was, I believe, first coined by Darwin to explain the evolution of the species. He claimed that the development of varieties of animals was determined by the ability of one kind to attack its victims of another, to run away from its foes and as the forces of nature tended to eliminate those that fell behind in the struggle for existence; so only the fittest survived to breed and propagate.

But it is not only purely physical fitness that counts in the race for survival. There were many animals in the prehistoric era which had large bodies, strong and soft, but their brains were not so clever as those of other varieties and, the beasts that typified pure brute force were defeated by the animals who were more intelligent. And finally man arrived; man has a soft body, unprotected, unlike that of a rhinocerous, who is not nearly as swift as a deer or as strong as an elephant, and has neither teeth nor jaws like a lion. But man has devised methods of dealing with all beasts to his own satisfaction when he meets them on his terms.

Now when, people say that by reducing the infant mortality from 150 to 30 per 1000 we are interfering with "natural laws"—they forget that man has mental functions that are more important to his survival than physical. Even from the physical standpoint the baby that survives an attack of pneumonia at one year old is not necessarily any better as a carpenter or as a lawyer.

The fact that he has only survived with the help of penicillin does not make any difference to his future prospects either as a lawyer or as a carpenter. No doctor in the world would maintain that it is necessarily only the weaklings that succumb to disease.

In a war, it is not only the foolish or the incompetent that are killed or injured, it is many of the wisest and best.

The same thing happens in an earthquake; nature does not necessarily discriminate between the highest forms and the lowest when a catastrophe happens. And the same applies to an earthquake as to a famine or an epidemic, or even to the ordinary everyday diseases like bronchitis and worms. It is true that hardships of a certain degree are of value in forming character. It is

true that the child who is too much coddled and protected grows up soft and comparatively useless. But hardships of any sort are of only limited value. Too many hardships, too much exposure to disease may kill off some of the weaklings, both mental and physical, but it is also liable to make into weaklings those who would otherwise be strong and competent.

The mental point of view is also very important. The Nazis held that it was right to liquidate the unfit and you will find many people upholding this theory. It has always seemed wrong to me. I readily admit there are many people, including children, hopelessly unfit in body or mind, constantly suffering, whom to keep alive seems in itself to be cruel. But we have to remember that one of the most valuable traits in human nature is the instinct to protect the weak and helpless. This is a very strong instinct and it is almost exclusively human. To destroy the weaklings in a community is to outrage these valuable, these priceless instincts.

Everyone who has been in a war-ravaged country realises what a brutalising effect on the whole population war inevitably has—however much the population that may be innocent suffers. In the same way, the elimination of the unfit would brutalise the population and outrage their finest feelings which are also their deeply embedded instincts.

Now the effect of modern medicine and health work has been to preserve the lives of many children who would otherwise have died. What is the effect in countries such as Scandinavia, Australia and New Zealand? There is not the slightest evidence that these places are substandard either mentally or physically. And note this carefully, they are *not* suffering from too rapid an increase of population.

In countries like India and Ceylon and some others, where in the past, the ravages of famines and epidemics were counted upon to reduce the population, the rapid increase is creating serious problems.

This seems to me to be a stage of transition. While medicine is bent on curing disease, on stopping epidemics—activities which are relatively simple and getting simpler every day—these problems are bound to arise.

Any reference to Birth Control is apt to be controversial. It seems to me that there is no one in the world who would approve that a girl of 12 be subjected to marriage followed by 20 pregnancies in rapid succession, and therefore every one really approves of some degree of "family planning"—it is only the method which is open to question. Many people believe that birth control is the answer to all the problems of our population and lack of food. But as a matter of fact it is only a limited answer. The main objection is not religious or other belief, but the fact that no community will employ methods of family planning until it has reached that stage of education and responsibility when it has sufficient regard for the future of its children—*not* to wish to breed recklessly. Any campaign for family planning therefore can only succeed as part of a general programme for health education and health habits.

There are 3 main methods of approach in medicine.—

(*a*) *The Curative*, which has advanced enormously in the last few years, from the development of the antibiotics and the newer forms of surgery.

(*b*) *The Public Health Measures*, which have also advanced enormously through the development of the insecticides and mass innoculation procedures.

(*c*) *Individual Health Measures*, these are forgotten and lag behind. These are concerned with personal and domestic hygiene. These make rational medical and health measures not only available *but acceptable* to the individuals. It is the individual health standards that create the difference between the infant mortality rates of the European and the Maori populations in New Zealand, and the difference between the social class 1, infant mortality rates in England and that of the social class 5.

1942 I.M.R. Social class 1 Professionals 33. 1942 I. M. R. Social class 5 Casual labourers 67.

These factors—the individual health measures, these are the ones that must be developed if the country is to achieve a higher standard of living. Otherwise all these life-saving measures (produced by a and b) will merely result in a vastly increased population that retains its poverty, its malnutrition and its diet. The most devasting diseases are diet and ignorance. They are not susceptible to mass eradication methods.

Now the most ready and the most important method of improving the standard of living and the standard of individual health measures, is through maternal and child health work.

It is neither preventive nor curative. It must be both. It is the essential fact in social medicine that there shall be complete and unstinted "follow up", so that individuals in health and in sickness, in home, in hospital and in their occupations are not only cared for, but are taught and encouraged to care for themselves and for those dependent on them.

Maternal and child health work must be operated through the collaboration of pædiatricians, obstetricians, general practitioners, nurses, public health nurses and midwives—through hospitals, homes and welfare centres. Through the concerted action of medicine, education, agricultural and welfare departments together with voluntary societies.

This aspect has been neglected. Most of the patterns for maternal and child health have been developed primarily in the more advanced countries, where the medical services are already adequate and *acceptable* to the population: where the education and standard of living are already fairly advanced. These patterns are of little use to countries where the basic standard of medicine, education and agriculture are still relatively under-developed.

It is only by considering the local needs and the local facilities and regulating the maternal and child health work accordingly that the best results will be obtained and the application of modern science will lead to increased health and happiness instead of merely creating more problems than it solves.

The best way to ensure the survival of the fittest is to devote all our combined skills and energies to ensure that those who survive shall be fit.

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