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THE DOERS OF GOOD.
SCANDINAVIAN HISTORIANS REVISE THE SOCIAL
HISTORY OF EUGENICS(1997-2001)

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SUMMARY

Late disclosure of the large scale of sterilization practices in the Nordic countries created an outburst of scandal: did these policies rely on coercion? To what extent? Who in the end was responsible? Sterilization practices targeted underprivileged people first. The mentally retarded and women were their first victims. Operations were very frequently determined by other people's manipulative or coercive influences. Should the blame be put on the Social-Democrats in power throughout the period (except in Finland and Estonia)? Apart from Denmark, perhaps, local physicians and local services, more than governments, seemed to have strongly supported sterilization practices. Teetotalers and feminists shared responsibilities. How can one explain that eugenics finally declined? Based on a sound application of the Hardy-Weinberg law, the science of the eugenicists was correct. Was it politics? But uncovering of the Nazi crimes had only a very small impact on eugenics. Some authors underline the fact that the Nordic scientific institutions were particularly suited to liberal values. Others point to the devastating effect on eugenics once hereditarist psychiatry fell from favor in the middle of the sixties.

Key words: Eugenics - Scandinavia

At the end of August 1997, the scandal was enormous when *Dagens Nyheter*, the large Stockholm daily newspaper, made the damning revelation to its readers: between 1935 and 1976, 63,000 persons had been sterilized in Sweden (by salpingectomy and vasectomy, two techniques perfected during the decade from 1890 to 1900), and many against their will. With evil joy, the foreign press immediately compared social-democratic Sweden with Hitler's Germany. The *Washington Post* talked of a "Nazi-style campaign stretching over 40 years"; the *Times* and *Le Monde* titled (wrongly): "the practice of forced sterilization in Sweden involved 60,000 persons", being careful to emphasize the existence of "certain ulterior racist motives" underlying a "Swedish social model", suddenly brought down from its pedestal¹.

It's true that 70 years ago, the Nordic countries had unanimously adopted laws in which eugenics were triumphant (Table 1), and not without a deep feeling of duty and considerable awareness of their merits. Indeed, it was a question of mastering the reproduction of certain social groups, often in a coercive manner, in the supposed interests of the genetic improvement of the population. In Scandinavia, as elsewhere, when one says "eugenic problem", one means differential fertility. Concerned with well-being and attentive to the education of their offspring, the middle classes had fewer children, while the poor reproduced like rabbits. Wasn't this going to lead to the disappearance of the elites and the elimination of all healthy elements? Morel's theory of degeneration, which, at the beginning of the century, held prominence along with Galton's theories, warned against the unbridled sexuality of the mentally disabled. Compulsory education, which drew attention to poor school performance, the extension of social laws, which increased the care costs for the sick and the physically and mentally disabled, the increasing use of intelligence tests, all these became signs and warnings of the coming invasion of the abnormal. Cataclysms were predicted: in 1927 and

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Table 1 - Eugenics legislation (negative eugenics) in Scandinavia, 1918-1977.

Prohibition of marriage (the insane, the mentally disabled)
Norway (1918), Denmark (1922 and 1937), Sweden (1922), Finland (1929)
Voluntary sterilization (without consent if moderate or severe mental retardation)
Denmark (1929 and 1935), Sweden (1934), Norway (1934), Finland (1934), Estonia (1937), Iceland (1938)
Compulsory sterilization of the mentally disabled (mild retardation)
Denmark (1934), Estonia (1937), Sweden (1941), Finland (1950)
Castration (sexual crimes)
Denmark (1934), Finland (1934 and 1950), Estonia (1937)
Abortion (eugenic)/sterilization
Sweden (1938), Denmark (1938 and 1956), Finland (1950), Norway (1960: no conditions for sterilization)
Prohibition (alcoholic beverages)
Sweden (1913-55), Norway (1916-27), Finland (1919-31)
Repeal of sterilization laws (eugenic, social)
Denmark (1967 and 1973), Finland (1970), Sweden (1975), Norway (1977), Estonia (1944?)

again in 1935, the educational conferences of Riga predicted that a third of the Estonian population carried some sort of defect². It was impossible in this situation to maintain a laissez-faire attitude. Positive eugenics for some (family allowances, study scholarships, aid to families to cover child care and cafeteria costs...; negative eugenics for others (segregation and sterilization) and with State intervention required (Fig. 1).

Besides, the idea of controlling the reproduction of the population appealed to all kinds of reformers, from the left and from the right. And “the compact silence” which later fell upon this policy was in proportion to this wide consensus of opinion³, to which all the parties subscribed, except the communists (in Sweden) and some Christians

(in Denmark) and a handful of leftwing intellectuals (in Finland and Estonia). There had been a sort of collective amnesia, fairly common in postwar Europe. But now, there was a flood of memories. The victims had, for the most part, been women: 93% for the entire period in Sweden⁴. An old woman, born in the countryside to a family of six children, described to *Dagens Nyheter* how, with visual problems but too poor to buy glasses, and therefore unable to follow along in the

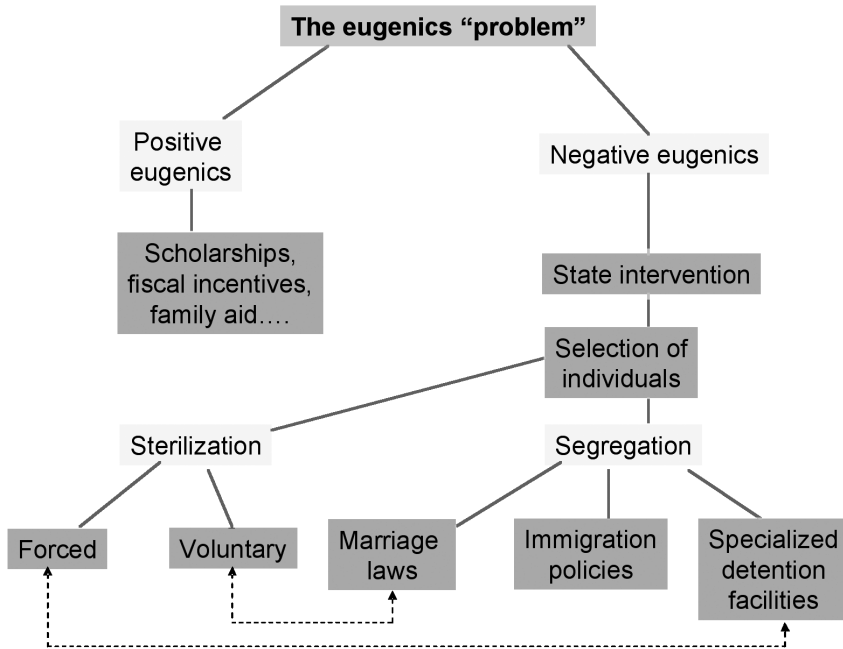


Fig 1 - *Eugenics measures*. The eugenics “problem” was defined by Galton along with its two solutions, “positive” eugenics for the middle classes (financial support for births and large families) and “negative” eugenics for the poor and deviants. For the latter solution, the intervention of the State was required, assisted by the scientific selection of individuals from school age on (mental tests). Sterilization and segregation are two associated strategies (dotted lines): the lifting of the marriage prohibition may be conditioned by a “voluntary” sterilization of the mentally deficient person. On the other hand, the vast majority of forced sterilizations were carried out on institutionalized persons (following Radford, 1991).

classroom, she was sent to a reformatory from which she was told she could leave at the age of seventeen, if she got an ovariectomy⁵. The sterilization laws cannot be blamed solely on the experts (psychiatrists and public health physicians) because history and even the very identity of Scandinavian society are also implicated.

Thus, in September 1997, the government of Stockholm hurried to name a commission composed of physicians, jurists and historians, with responsibility for illuminating the policy background as well as the responsibilities of physicians and of those who governed, to estimate the number of forced sterilizations and to propose indemnities. A preliminary report was submitted in January 1999. A law taking up the report's recommendations was voted the following summer. Consequently, at the end of 2001, an initial lot of 3000 claims was recognized and accepted for a total of 4.5 billion kronor (495 million Euros)⁶.

None of the Scandinavian countries escaped the shock wave, which, among other effects, reoriented the historical debate. In 1988, the tabling before the European parliament of a proposed law on predictive medicine raised a series of hypotheses about the relationship between medical genetics, Scandinavian eugenics and German racial hygiene⁷. It was felt that sterilization policies in Scandinavia were nothing more than a parenthesis. Around 1930, with the secularization of society having swept away traditional ideas, eugenic sterilizations had apparently been included in a general program of health and well-being. By 1950, facilitated by progress in genetics, this policy evidently was put into question. Far from being a logical outcome of programs for human betterment, Nazi eugenics appeared to have been no more than a political deviation of legislation that had been taking shape throughout Europe since the 1920s. In addition, there seemed to be general agreement on the chronological as well as the ideological relationship between sterilization laws and the building of an essentially social-democratic welfare state.

It's on this second point that the debate was to be taken up again, with the Swedes and the Norwegians being much more inclined than the Danes to review the association first suggested between sterilization and social democracy⁸. The first phase had been that of *Schuldfrage*, the question of guilt (1991-1996). By reopening a new round of investigation into the archives, by initiating interviews by anthropologists with some of the victims, the Swedish commission would allow historians to dig even deeper into the empirical domain of the problem (1997-2001). After having summarized the historical facts, which we have published elsewhere⁹, it is to this second phase of the debate which we would now like to turn our attention.

1. *What happened?*

The Swedish government required an accurate report from its commission on three questions: 1) the true extent of sterilizations; 2) the criteria used to carry them out (eugenic, medical, social); 3) the relative share of responsibility borne by politicians and experts. Let's examine the first two points.

From the early 1990s, empirical studies had shone a bright light on these two questions¹⁰. In Sweden, where the law did not allow the use of force (it only permitted waiving the consent of the person when a severe disability was concerned¹¹), nearly 9000 operations (14% of all sterilizations) were performed on persons in institutions, most before 1955. From 13 to 14,000 were sterilized for "mental deficiency", and 4000 women had to undergo the mutilating operation after an abortion for "eugenic" reasons (a practice officially prohibited in 1964)¹².

In Norway, the law was also based on free choice; it did not authorize force but, for the mentally deficient, the operation could be carried out at the request of a guardian (director of an institution, police commissioner...) and without the consent of the patient. Out of the 44,000 sterilizations done between 1934 and 1977, around 16,000

concerned persons with deficiencies or mental illness, individuals with moderate or severe mental retardation, a majority being women. In addition, to the 28,000 “normal” women sterilized according to the law, it is necessary to add an extra 40,000 women operated on outside the legal framework for medical or therapeutic reasons not requiring an authorization (in fact, mothers worn out by multiple pregnancies or living in difficult situations), primarily during the years from 1950 to 1960¹³.

In Denmark, 7000 persons, again a majority of women, were sterilized within the framework of the 1935 law (on voluntary sterilization). During the same period, 6000 operations were carried out in conformity with a 1934 text, which envisaged the compulsory sterilization of the mentally disabled. While no examples of the use of force are known, the dividing line separating free choice from coercion remains rather blurred. Almost all the persons operated on according to the 1934 law had consented to the operation...but before being released, or unless they were mothers with many children and subjected to various forms of covert pressure (blackmail concerning the authorization to have an abortion, or the withdrawal of the right to care for children...)¹⁴.

Sterilizations (those reported) involved 3.3 persons per 10,000 inhabitants in Sweden, 1.1 in Denmark, 0.8 in Norway, and 1.2 per 10,000 individuals in Finland (nearly 58,000 acts between 1935 and 1970). In the latter country, provided with very strict legislation, the proportion of the disabled out of total operations proved high, even though eugenic reasons are rarely invoked¹⁵.

It has been said that eugenic considerations played no more than a secondary role in the Nordic policies of sterilization and that the majority of diagnoses were social (persons unable to provide for their own needs or those of their families) or moral in nature (sexual immorality)¹⁶. This is an important point in the eyes of Scandinavian historians, since it prevents any confusion between Northern Europe

and Nazi Germany. However, it is necessary to make a distinction according to the different periods. In Sweden, eugenic goals culminated in the 1940s when this motive was most important, accounting for nearly 85% of cases. On the other hand, around 1955, there was a complete reversal of tendencies: 85 to 90% of acts were then decided for medical reasons, even if certain eugenic indicators were sometimes hidden behind medical motives¹⁷. After 1947, the ministry stopped directing hospices to sterilize the mentally disabled (sterilizations which remained fairly frequent into the 1960s, however), and more and more exceptions were made to the 1938 law which made sterilization mandatory after a eugenic abortion. A similar movement can be found in Norway, but not in Finland, where the law is based on the use of coercion (strengthened in 1950) and where the peak of the sterilizing trend was between 1956 and 1963¹⁸, with a decline in the rate of sterilizations beginning only during the 1990s.

Denmark also demonstrated a distinct evolution. From the end of the 1950s, nearly 80% of sterilizations were done for medical reasons. This is perhaps why the sex ratio for sterilizations during the 1980-1994 period was still more egalitarian in Denmark and Norway than in Sweden and Finland, with the latter being particularly unfavorable to women (Table 2). However, and although the statistics do not provide an exact picture of the groups of patients involved, an important proportion of these acts in Denmark concerned a very different category than the disabled. Far from decreasing, on the contrary, the importance of eugenic indications increased. Thus, the law of 1956 reforming the legislation on abortion (1938) explicitly authorized sterilization *post-abortum*¹⁹.

It is obvious that the concept of sterilization evolved throughout the period under consideration. From protecting society against the expected explosion of imperfection and deviancy, sterilization, at the end of the 1950s, became a means of contraception, an indi-

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Table 2 - Rate of sterilization by sex (for 1000 persons aged 15 to 49) in the Nordic countries (1980-1994). The total (male rate plus female rate) corresponds to the rate for 1000 couples with one member having been sterilized, Hemminki et al., 1997.

	Finland	Denmark	Norway	Sweden
1980				
Women	2.3	5.5	5.3	3.6
Men	0.1	3.8	2.2	1.7
Total	2.4	9.3	7.5	5.3
1985				
Women	6.9	4.6	7.5	3.2
Men	0.4	3.3	2.4	0.8
Total	7.3	7.9	9.9	4.0
1990				
Women	10.2	3.9	5.8	3.1
Men	0.5	2.6	2.3	0.8
Total	10.7	6.5	8.1	3.9
1994				
Women	8.4	3.7	4.5	3.0
Men	0.5	3.3	2.1	0.7
Total	8.9	7.0	6.6	3.7

vidual choice²⁰. For all that, the first period of legislation appears as a pure product of the eugenics doctrine.

Everywhere, legislation proposed a dual system. In Denmark, a law (1934) authorized the compulsory sterilization of the mentally disabled under the supervision of a commission including non-physicians (municipal councilmen, judges), in parallel to the law of 1929 (amended in 1935) that permitted the voluntary sterilization of persons without deficiencies, under exclusively medical supervision. Similarly, in Norway, the law of 1934 offered people who were “healthy from a mental point of view” a means of freely mastering their reproductive behaviors, while aiming at “an increased control of the reproduction of inferior individuals”, according to the terminology

of the commission for reforming the penal code, which was assigned the job of preparing the proposed law²¹. It was only later, in 1967 and 1973 in Denmark, and 1975 in Sweden, that this dualism was finally replaced by a right to sterilization for all (persons over 25 years old), with the twofold exceptions of Norway (1978) and Finland (1970), which maintained the principal of sterilization without consent of mentally retarded persons in their new legislation²².

2. *The persistence of coercion*

This eugenicist label is an even more sensitive issue as that legislation had to do with the politics of social class. What were their targets? In 1941, during discussions on revising the 1935 law, the deputies of Riksdag considered the “nomads”, a “swarthy” people ravaged by drunkenness, violence and crime, as perfect candidates for sterilization. There were 7600 of them listed in Sweden. Following the example of eminent experts of all kinds, the Minister of Health himself considered them to be genetically distinct from the Swedish population and of course, absolutely inferior. We don't know how many *Tattare* were thus sterilized; they were never targeted as a group²³. In Norway, while around one hundred persons had to undergo the operation, “nomad” women were compelled to accept this harsh measure more often than others were²⁴. In fact, even more than race, social category constituted the ideological basis for eugenics in Scandinavia.

In the beginning, the mentally disabled were the first targeted. In 1952, Dr. Karl Evang, director of the Norwegian public health services from 1938 to 1972 (except during the Occupation period), continued to request that physicians sterilize as many individuals with intellectual deficits as possible (in fact the number of sterilizations decreased). However, nowhere did the law define mental deficiency. Reputed to be more affected by hereditary factors, mild mental retardation constituted the major target. And yet, the mecha-

nisms of its hereditary transmission being unknown, the administrative guardians decided most of the time, as in Denmark, on the basis of social factors, rechristened as eugenics in 50% of cases. In Norway, up until around 1968, the sterilization of the mentally disabled was decided following both social and eugenic indications, the former becoming more important starting in 1950. In addition to class factors, regional disparities also suggest the existence of links between eugenics and modernization. It is possible that elevated rates of sterilization noticed in certain rural zones were related to an accelerated migration towards the cities, leaving the weakest and most dependent persons in the countryside²⁵. Under these conditions, it was scarcely surprising that, until the 1960s, mothers of numerous children or unwed mothers, most often from the underprivileged classes and whose children had been placed in other homes, were the ones primarily affected²⁶. On the other hand, and starting at the same time, as sterilizations evolved towards preventive medicine and contraception, there was a shift that took place, from the poor urban and rural classes towards those in more favored milieus²⁷. It is easy to imagine that this “classist” (and sexist) aspect of sterilizations played a role in the extended duration of the use of coercion. Indeed, it was not before the 1970s that the coercive measures were revoked (except in Finland where sterilization in case of abortion remains mandatory for disabled women). The subject caught the attention of all authors.

In Sweden, the law authorized sterilization “in the interests” of patients on the advice of a third party up until 1975. Altogether, 50% of sterilizations in this country may be considered as imposed, practiced with direct force (minors and institutionalized individuals) or indirect force (in order to leave an institution, to obtain the right to have an abortion, through a threat of losing parental rights)²⁸. Note that this proportion is identical to that of inmates of asylums sterilized by force in Germany during the first two years of enforcement

of the law of July 14, 1933 relative to the “prevention of the reproduction of inherited diseases”.

In Norway as well, force became commonplace, most often indirect force. Up until 1965, midwives, family doctors or health services were behind numerous “voluntary” sterilizations. Because the medical profession was very reticent towards abortion, “normal” women really had no other choice than to have a tubal ligation. In spite of the law on abortion adopted in 1960, and which did not consider sterilization a necessary condition for obtaining a eugenic abortion (contrary to the Swedish and Danish laws), numerous *post-abortum* sterilizations continued to be practiced, contrary to the advice of health authorities. As for persons with mental retardation, their fate depended on various maneuvers carried out by third parties. The archives have thus shown that hardly any requests came from the patients. Ignorance about contraception, and institutional pressures of all kinds maintained an atmosphere of coercion²⁹.

But let’s not blacken the picture too much. The operation was rarely carried out in case of protest. In Sweden, 40% of requests between 1947 and 1958 were never met following the resolute opposition of the persons concerned or their families³⁰. In Norway, the ministry increasingly opposed requests concerning individuals with moderate or severe retardation; from 7-8% in 1945-1950, the number of requests refused reached 38% by the end of the 1950s. And policy became more prudent and reticent as well concerning requests regarding mildly retarded persons³¹.

Over all, the continuation of coercion did not prevent a certain evolution. In the wake of the law of 1934, Denmark saw a strong increase in forced sterilizations up until 1943, then a phase where things stabilized at a high level followed by a spectacular drop between 1951 and 1959, with the practice gradually disappearing from 1960 on. And Sweden had an identical curve, with the 1950s being a pivotal period as well. Was it a question of principle? It was more likely

a question of fear; the fear felt by the authorities and the medical community confronted with increasing complaints, the first of which appeared in the 1930s in Denmark, and in the middle of the 1950s in Norway.

How had all this been possible? Should certain sectors of the administration or the social services be incriminated, or should the entire society be held accountable? With the exception of Sweden, the rate of sterilization remained high until 1990 (*Table II*). What is its importance today and can one talk of a decrease in eugenics in Northern Europe?

3. How had this been possible?

Among the various hypotheses envisaged by the historians, first and foremost was of course the one relating to the responsibility of the State.

Let's use the example of Dr. Karl Evang, the irremovable director of the public health services at the Ministry of Health in Oslo. In memory of the author of *1984*, we would gladly award him the George Orwell Prize for Doublethink. Indeed, returning to his functions following the Liberation, he encouraged physicians to practice sterilizations for social reasons. Again, in 1952, he pleaded the cause for increasing their numbers. At the same time, however, he took a strong position against coercion, and declared himself the enemy of State interference in the area of human reproduction. Two years later, he was frightened by the too high numbers of "normal" women being sterilized, an "absurd" policy in his eyes. From 1945 to 1968, he rejected 7.4% of requests, a proportion that historians qualify as considerable. And he made recommendations to the medical community, three years before legislation on the pill, in 1967, enjoining them to suggest other means of contraception to women. This did not at all prevent him from considering mental disability as primarily genetic, and the law on sterilization as fundamentally a eugenics law³².

A champion of the rights of women and the underprivileged, Evang had always been a militant socialist; in 1934 he published an unequivocal condemnation of German racial hygiene. Many apostles of eugenic sterilization throughout Scandinavia were also militant social-democrats. Of course, the Nordic countries did not wait for the socialists in order to become infatuated with eugenics. However, it was the socialist Norwegian psychiatrist Johan Sharffenberg who announced in 1911 that the duty of society to care for the alienated and the mentally deficient gave it the right to prevent their reproduction³³. In 1920, the social-democrat K. K. Steincke declared eugenics to be an essential component of Danish social policy. As early as 1922, the socialist psychiatrist Alfred Petrén submitted a proposal for a law, before the parliament of Stockholm, favorable to the unconstrained sterilization of the mentally disabled.

When the scandal erupted in the summer of 1997, there was no doubt that the sterilizations were first and foremost a policy of the social-democrats in power (Table 3). They were “an integral element for building a united society, the *folkem*”, the home of the people (socialist slogan from the 1920s), an instrument of discrimination between those who could legitimately pretend to the advantages of social laws and democratic reforms, and those who were excluded from them – between first class citizens and the others³⁴.

When the storm had passed, Nordic historians disputed this verdict. The defense is based on three arguments: first, eugenics was an ideology widely distributed in all Nordic political groups; next, it played no role in the welfare State program put in place following 1945; and finally, it was less governments than physicians and medical-social services on the local level who wanted, supported and defended sterilizations.

Did eugenic sterilizations fit into prevention policies put in place by social-democratic administrations from the mid 1930s? If so, this was not without the active support of other political and social forces.

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Table 3 - The social-democrats in power in Scandinavia

Denmark	Finland	Norway	Sweden
1924-1926		1935-1940	1932-1976
1929-1940		1945-1961	
1940-1942		1961-1965	
1945	1948-1950	(minority)	
1947-1950	1956-1957	1971-1972	
1953-1968	1958-1959	(minority)	
1971-1973	1968-1970	1973-1981	
1975-1982	1972-1975	(minority)	

In Sweden, interest in eugenics harked back to the “social-liberalism” of the 1910s to 1920s, and was already in line with the development of the relief and good works movement. Very soon, from the 1940s, the theme disappeared from reformist discourse, as social policies evolved towards universality and the enhancing of individual rights. It was the same in Finland. In Norway, sterilization did not figure in any debates or opinions expressed by the Labor Party: from 1920 to 1977, no mention of it was ever made in electoral declarations of policy.

In power, the social-democrats show the same distrust. Thus, parallel to the warning by the director of the public health services, in 1954, the Labor Minister of Social Affairs qualified as “alarming” the sharp rise in the number of sterilizations in Norway³⁵. Neither the law budgeting the sector for disabled children in 1949, nor the national plan for the care of the disabled in 1952 mentioned sterilizations, whose eugenic effect seemed doubtful, to say the least. In Norway, as in Sweden, it is impossible to confirm the existence of deliberate policies advocating the *eugenic* sterilization of the disabled or of women worn out by multiple pregnancies³⁶.

Even more than the socialists, Scandinavian feminists and the teetotalers, who were powerful in these regions, supported sterilization

policies with all their might. The parliament, which, in 1913, had voted the Swedish law on the mandatory social treatment of alcohol-dependent persons, was composed for one-fourth by members from the pietistic churches and for two-thirds by militants of prohibition. And then the norms defined by the law – social incompetence, dangerousness, compulsory internment – would later be used to select candidates for sterilization. In Estonia, in Finland, prohibition and eugenics, teetotalism and feminism were one and the same thing. Specialists of public morality (the struggle against prostitution and the licentiousness of the streets, the struggle against alcoholism), the militants were often the mothers, sisters, wives or daughters of physicians who were members of various pro-sterilization commissions. Their campaign in favor of castrating pedophiles, in line with the biological doctrine universally accepted at the time (the heredity of degeneracy), won the approval of public opinion, the parliament and the government in Finland³⁷.

Similar campaigns were behind Danish and Norwegian sterilization laws, more part of a reform of penal law than of health policy (however, this aspect disappeared from Norwegian legislation following its adoption by the Oslo parliament). In fact, in Norway, sterilizations were never within the framework of the social insurances programs of the Labor Party. An important element in the prevention policy of mental disability, chronic mental illness and disability, sterilizations are more part of social medicine than of social policy³⁸. Its roots are to be found less in the history of political parties than in that of the many people working in charitable and welfare organizations³⁹. The many socialist deputies who were partisans of sterilizations (psychiatrists, physicians from medico-social services...) were motivated more by their professional backgrounds than by ideological reasons. Most local administrations in Norway funded welfare payments and works for large families in difficulty, prior to the establishment of universal social security coverage in

1967, and they had a decisive influence in favor of eugenics policies. The case is not unique. In all of Northern Europe, with the exception of Denmark, where they were key to social-democratic programs, sterilizations had primarily been the means for local governments to decrease pressures on limited resources.

Far from being the result of a preconceived plan, sterilizations were the product of three kinds of policy: a State eugenics policy supported by experts (from the late 1920s to the 1940s); a coercive policy emanating from local assistance institutions and services whose motives were more economic than eugenic; and finally, a medical and contraceptive policy starting in the late 1950s. It was not reform mindedness, but deep-rooted mentalities peculiar to the aid system, reactionary concepts of sexuality and reproductive health, the necessity of safeguarding social budgets, or even the insufficient development of medico-social services and family planning, which explain the maintaining of eugenics policies. And it was the modernization of municipal administrations, the increasing of State subsidies to local governments, the improvement of living conditions and the concomitant reduction in poverty that partially explain their decline.

Sterilizations? In sum, a failure, and not some bizarre flowering of the Welfare State.

4. Why the decline in eugenics?

From an ideological viewpoint, Nordic eugenics is highly influenced by Germanism. The Swedish Eugenics Society (1910) was the third to have been created, after the German (1905) and British (1907) ones. Affiliated from 1910 with Alfred Ploetz' International Society for Racial Hygiene, the Swedes accounted for 65% of its foreign members. Ernst Rüdin, one of the future authors of the Nazi law of 1933, traveled to Sweden in 1907 and 1909, to Norway in 1907 and to Finland. In the latter country, there was a strong German imprint on Swedish language eugenics, concurrently with American

(Californian) and Nordic (Sweden, Denmark) influences⁴⁰. Can we say that, between Nazi eugenics and its Scandinavian counterpart, there was a common inspiration?

In the eyes of the Nordic geneticists (Danish), Nazi genetics was not at all pernicious. After all, as in Germany (or in Great Britain), wasn't it mild mental retardation which constituted the true target of psychiatrists and eugenicists? Weren't these the mild forms, "subnormals", that the files on inherited illness sought to identify and map, based on studies of genealogical trees established in Denmark by the Anthropological Committee and reworked in 1937 by Tage Kemp with help from the Rockefeller Foundation, and following the example of those created at the same time in Hesse and Thuringia by the SS eugenicists⁴¹? Generally speaking, work at the Danish Institute for genetics and eugenics, directed by T. Kemp, made numerous references, before and during the war, to Nazi programs and reference books (Bauer, Lenz, Fisher, Just). Research appearing in 1942 on the inheritance of harelip and cleft palate by one of Kemp's students, Paul Fogh-Andersen, was based on the 1935 thesis of Dr. Josef Mengele⁴².

After the war, the rehabilitation of Nazi eugenicists was done principally through the Danish channel. But a common inspiration is not the same as a common ideological or political tendency. This same T. Kemp who, in 1956, sponsored the return of the ex-SS geneticist Von Verschuer into the bosom of international science, had denounced Nazi anti-Semitism prior to the war. Another example is a study on Gypsies in Denmark, carried out for the municipal government of Copenhagen and published in 1943. Drawing on work by Dr. Robert Ritter, director of the Research Center on Racial Hygiene and Population in the Health Office of the Reich, and using a file on Gypsies based on the file created in Germany, this study recommended the integration of Gypsies into Danish society, in place of their extermination perpetrated by the Nazi authorities⁴³.

In addition, the Scandinavian eugenicists were able to draw on German socialist sources: after all, was Alfred Grotjahn not Karl Evang's guiding light⁴⁴? And there was even dissent arising in Scandinavian lands; for example, in Sweden, when, in June 1936, the geneticist Gunnar Dahlberg succeeded Hermann Lundborg (who was awarded an honorary doctorate in 1938 from the University of Heidelberg) as head of the Institute for Racial Biology of Uppsala. Granted, but wasn't it precisely because the Scandinavians had too easily considered German eugenics as belonging to a sort of *Sonderweg* that sterilizations could continue without hindrance after 1945⁴⁵?

In this case, practice perhaps counts for more than ideology. In contrast to a science exploited by a totalitarian State, liberal scientific institutions, of which Scandinavia had excellent examples, allowed democratic control of sterilization policies⁴⁶. This was the idea of Robert Merton. In *Science and Social Order* (published in 1938)⁴⁷ and *Science and the Democratic Social Structure* (1942)⁴⁸, he argued that a gulf separated Western Science from Nazi science, which respected none of the norms of scientific ethics: universalism, communalism, the disinterestedness of pure research, organized skepticism. Soon afterwards, the *British Medical Association* took the same position: crimes committed by Nazi doctors were the direct result of the coercive intervention of the State in medicine and the health system (1947); a *pro domo* plea at the time of the setting up of the National Health Service⁴⁹. Thus, eugenics was considered as a perverted science; eugenics apparently died from being a false science.

And yet, it was based on a completely convincing application of the Hardy-Weinberg principle⁵⁰, and according to historians, the science of the eugenicists was solid⁵¹. From the 1920s on, many of the latter had understood that most of the genes responsible for mental retardation were to be found in a recessive state in apparently healthy carriers. This was the reason that, according to them, it was important to intensify, rather than give up, eugenic selection. It is there-

fore not science, but the definition of individual rights, not scientific progress but a change in values that would explain the progressive disappearance of eugenicist ideas from then on⁵².

Values? Public support doubtless disappeared after 1945, and medical genetics separated henceforth from eugenics, who's evolution towards a "reformed" doctrine (non racist) was slower. However, when all is said and done, the Nazi horrors remained without any impact. The condemnation of racism, first by UNESCO in 1950, then by the European Council in 1953, should have weakened the legitimacy of the eugenics laws in Denmark and Sweden. This wasn't the case⁵³.

This is a pessimistic idea in fact, because values evolve in a contingent fashion. In matters of law, politics, morality, one would have to be naive to think that any return to (apparently) past notions is *a priori* impossible. We are still confronted with the same dilemma. Which powerful drug killed eugenics? Science or politics?

The field of genetics is perhaps not the best to debate the question. Psychiatry offers a better terrain. There is no better confirmation of this than the defeat of hereditarist psychiatry, which was hegemonic in the Nordic countries up until the 1960s. One only needs to think about the eugenic legislation on marriage in Norway⁵⁴.

In line with Danish and Swedish laws, the Norwegian law of 1918 prohibited the marriage of the insane, on eugenic grounds. The law was amended in 1959 by a commission under the authority of the psychiatrist Ørnulv Ødegård (1901-1986), professor of psychiatry at the University of Oslo and director of one of the largest psychiatric hospitals in the kingdom. The commission stipulated that the sick and the mentally retarded, as well as persons with an addiction, cannot marry without the permission of the administration, permission conditional on sterilization. The commission largely made reference to eugenics in order to justify its position. A new text bringing reform to the law of 1918 ended up leaving it unchanged.

The commission of experts did try hard, however, to define more narrowly the categories under consideration (the mentally ill, those with mental deficiencies), reserving the marriage prohibition to those persons with an IQ below 56 (moderate or severe retardation), and not below 56-75 (mild retardation) as in the initial proposal, and abandoning as well the condition of sterilization.

By contrast, during the 1970s when psychiatrists from the Ministry of Justice met again to modify the law, they minimized the role of heredity right from the start. To their surprise, Scandinavian research on twins (1963 in Finland, 1964 in Norway) brought into question the dominant theory of Franz Kallmann on the heredity of schizophrenia. This theory reigned supreme from 1938 to 1953. Having concluded that mental illness was a multifactorial state and not simply Mendelian in origin, the experts now announced that eugenics could not serve as a basis for legislation. In the law of 1991, no reference was made to the prohibition on marriage or to eugenics.

Thus, during the 1960s, it was less the rejection of Nazism which changed things in Norway, than it was twin studies. Even if the influence of experts – physicians, judges and various asylum directors – on the political system in Nordic countries should not be overestimated, they did occupy key positions at the Ministry of Health in Stockholm and the Department of Justice in Oslo⁵⁵. It was in fact science, and not politics, research and not the extending of individual rights, which, through a sudden change in paradigm, seem to have finally conquered eugenics⁵⁶. Science or politics? The question has yet to be settled.

5. Twentieth-century humanism

Is this because the point of view of the victims is still an unopened book? The universal condemnation of forced sterilizations sometimes led to a defensive attitude among some writers⁵⁷. But weren't feelings of a clear conscience which spread across Europe just as

unfounded? After all, Nazi eugenics was never condemned at Nuremberg as is sometimes assumed: the July 1933 law was outside the mandate of the Tribunal. And especially, for the Allies, eugenics was not a crime in itself. Leo Alexander, neurologist and principal medical expert for the Tribunal, had belonged to or belonged to medical societies recommending sterilization, such as the *American Society of Human Genetics* (like Von Verschuer, starting in 1954). The July 1933 law was not repealed until 1988 in Germany, ten years after the annulment of the Scandinavian legislation. Although it had become a dead letter, it still continued to prowl about, as witnessed by a report published in 1975 by the mental health commission of the Bundestag, a report which campaigned in favor of the sterilization of “incompetents” in the name of the right to sexuality for all and to integration⁵⁸. Wasn't this the same sort of morbid kindness that underpinned the policies of a Steincke or an Evang? These great humanists imagined themselves as benefactors to their fellow men, whose life-long incarceration they averted, in return for their sterilization.

The treatment of mental disability was divided between segregation (“strict sexual discipline”) on the one hand, for which the *Mental Deficiency Act* adopted by the Commons in 1913 (revoked in 1959) would be the pioneering legislation in Europe, and sterilization on the other⁵⁹. Sterilization or segregation appeared to be the only ways, and the only two, to find a remedy for “the eugenics problem”. In spite of the growth of sterilizing policies between the two wars, segregation remained the dominant method in the United States. Impatient pessimists, the Scandinavians chose the least costly method. But Nordic eugenics was not an isolated phenomenon. United States-Great Britain-Germany-Scandinavia, the sad little merry-go-round kept on turning, without ever stopping⁶⁰.

Conclusion

Some authors presently suggest moving towards historicizing the question. Supported in Northern Europe by the university, medical and scientific elite, eugenics was no more than a stage in the liberalization of the control of human reproduction. Aren't eugenics and medical genetics two comparable ways of governing medical decisions about reproduction? Between these two types of biopolitics, it is as important to point out the differences as to note the continuities. From one to the other, where is free choice to be found? Or coercion? Between the right to information on the one hand and guidance by experts on the other, genetic counseling today opens the way to a reconstruction of the dilemma of individual autonomy confronted with medical decisions. Henceforth, eugenics no longer represents just a symbol of the past. The historical phenomenon weighs as well on the way we think about our own genetic technologies and largely determines the legitimacy of the questions they raise⁷. In France, in spite of two opinions by the National Ethics Committee published in 1996, the problem today still remains confined to "the clandestine life" of the institutions⁶¹. Whoever thinks the matter is closed is highly imprudent.

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