

PREFACE TO THE 2005 EDITION

The science of human heredity is unavoidably tied to social politics. In our experience, this also very much applies to the historiography of the subject. A year after this book was first published, its story—the practice of sterilization in the Scandinavian welfare state—was sensationalized in the world’s mass media. This media event in the autumn of 1997 demonstrated both how historical interpretation can be a powerful weapon in political struggles and how a combination of political fashion and media attention can distort historical accounts. The event raised, in a sharp and interesting way, questions concerning truth, honesty, and appropriate behavior for scientists and politicians as well as for journalists. This time the focus was not on the social responsibility and moral integrity of natural science (in this case genetics), but on that of humanistic sciences. Perhaps the event can be taken as a reminder of the close interdependence of natural and humanistic sciences: that they will fall or stand together and that the widening ideological gulf between them is a serious threat to a productive social role for the Western scientific tradition—taking science in the broad continental enlightenment sense including the natural as well as the humanistic sciences.

On 20 August 1997 *Dagens Nyheter*, one of Sweden’s most influential national newspapers, announced that tens of thousands of Swedes were sterilized under compulsion; across Europe only Nazi Germany has exceeded these numbers.¹ The somewhat more restrained article substantiating this claim was based on the well-known fact that 63,000 Swedes were sterilized in the period between 1935 and 1975 in accordance with the sterilization law that was enacted by parliament in 1934 and modified in 1941, and that similar laws and policies were typical of Denmark and Norway. This story and the comparison to Nazi Germany caught like wildfire during the following weeks. The *Wash-*

X EUGENICS AND THE WELFARE STATE

ington Post wrote about “a 40-year Nazi-style campaign of forced sterilization.” A Reuter telegram asserted that “Social democratic Swedish governments sterilized 60,000 women to rid society of ‘inferior’ racial types and to encourage Aryan features.” “The laws . . . could have come out of a Nazi text book” declared the *Guardian*. The *Times* explained that “Most damning of all was the Swedish government’s willingness to sterilize women because they did not conform to the Aryan image of blonde hair and blue eyes.”²

Apparently the willingness to associate Scandinavian social democracy with Nazism was inspired by a trend of criticism of the welfare state, exposing its authoritarian and anti-liberal aspects. The political message impacted more than a transitory public opinion; the view that Scandinavian countries, led by social democratic regimes, carried out large scale compulsory sterilization as part of a eugenic population policy is now widespread in scholarly literature.³

The spectre of Nazi eugenics hovers over today’s public debates on genetic technologies in human reproduction. Since the 1970s the word eugenics has become strongly associated with Nazism. To characterize a practice or idea as eugenic has been to condemn it as totally unacceptable. Only recently have many philosophers, medical doctors, and others begun to argue for a broader view of eugenics. They have pointed out that new techniques that are now rapidly being introduced have effects, more or less consciously aimed for, that can properly be called eugenic. Some have claimed that policies and practices that improve the genetic quality of a population can be for the greater good, provided they are based on a well-informed free choice by the individuals involved.⁴

But so far the willingness or interest among historians to approach the complexity in the history of eugenics has been limited. An influential exception is Daniel Kevles, who wrote a 1985 treatise on eugenics in America and Britain.⁵ He emphasized the difference between what he called mainline and reform eugenics; he defined the former as the segment dominated by authoritarian politics and negligent of the new science of genetics, and the latter as more liberal and observant of individual rights as well as eager to base its policies on the most advanced genetic knowledge.

In America mainline attitudes and laws about sterilization dominated from the early twentieth century until eugenics went out of fashion by the late 1930s, and in England no sterilization laws were enacted. Scandinavian sterilization laws were introduced mainly in the 1930s under Social Democratic regimes in close consultancy with scientific experts, and the practice of sterilization continued at a high rate there well after WWII. This raises important questions about the nature of the eugenics that was associated with Scandinavian sterili-

zation laws and about the nature of Scandinavian sterilization practices. Were sterilizations there based on free choice or coercion? Were the criteria for them primarily eugenic in a biological sense or were they primarily social, linked to central goals of welfare policy, like proper care and upbringing of children, family planning, and women's liberation? It seems obvious to make a comparison with Nazi Germany, where a sterilization law was introduced in 1933. How did the content of laws and the practice of sterilization in these places differ? What was the effect of different political and legal regimes—liberal democracy versus authoritarian dictatorship?

A main goal of our 1996 book was to shed some light on these questions and to stimulate further research.⁶ A number of substantial new studies on Scandinavian sterilization and eugenics have been published since, but unfortunately they have so far been published only in Scandinavian languages; only summaries have been published in English. In *Racehygiejne i Danmark 1920–56* Lene Koch outlines the history of Danish lawmaking and the involvement of scientific and social institutions in sterilization practice, in particular in the sterilization of the mentally retarded. On the scientific side Tage Kemp played a central role. He became head of the Institute of Human heredity at the University of Copenhagen when it was established in 1938, and in 1956 he organized the First International Congress of Human Genetics in Copenhagen. Koch also describes and discusses extensively the relation of sterilization to social causes other than eugenics, as well as the problematic and changing balance between free choice and coercion. The paternalist moralism that still reigned in the 1930s gradually gave way to a liberal emphasis of individual rights that by the 1960s and '70s produced new sterilization laws and quite different practices.⁷

Steriliseringar i folkhemmet (Sterilizations in the peoples home) by Maja Runcis focuses on the situation of women. More than 90 percent of the 63,000 people sterilized in Sweden were women. Runcis shows how sterilization was linked to the social status and role of women, and in particular to the suppression of female sexuality. She presents gripping and tragic stories about young women who were sterilized. Runcis also argues that there was a strong connection between the rise of the Swedish welfare model, on one hand, and the sterilization program, on the other.⁸

In 1997 a Swedish government commission was set up to investigate sterilization practices between 1935 and 1975. This led to a parliamentary decision in 1999 to give restitution to persons who had been subjected to compulsory sterilization. As part of the commission's investigation Mattias Tydén conducted a thorough historical study *Från politik till praktik. De svenska steriliseringslagarna*

XII EUGENICS AND THE WELFARE STATE

1935–1975 (From politics to practice: The Swedish sterilization laws, 1935–1970). Tydén claims there was a gradual change in attitude starting in the 1950s. A widespread culture of paternalistic coercion gave way to free individual choice, and motives shifted from eugenic and biological to individual and social: “sterilizations in the interest of society were replaced by sterilizations in the interest of the individual.”⁹ Mental retardation often was a main criterion in cases where a person was deemed not capable of making a voluntary decision or where coercion was applied to a degree that today is considered unacceptable. Tydén points out that officially the Swedish sterilization laws were based on voluntary consent. Forced sterilization like that in Nazi Germany was repudiated by the Swedish parliament, and the National Board of Health in its regulations emphasized voluntary cooperation. But clearly the standards for voluntary consent nevertheless were different in the 1930s and '40s, with less emphasis on protecting the rights of the individual, than they were toward the end of the twentieth century. For instance, in the earlier period sterilization was frequently set as a condition of release from institutions for the mentally retarded.¹⁰ A central theme in Tydén’s study is the way in which the sterilization policy was transformed throughout the policymaking process. In part, the personnel at the National Board of Health implemented the laws at their own discretion, as did various officials and groups and individuals at the local levels.

A similar study was commissioned by the Norwegian government. In *Sterilisering av taterne 1934–1977* (Sterilization of traveling people, 1934–1977) Per Haave presents a corresponding description and analysis of Norwegian lawmaking and sterilization practice that contains a similar story of change from sterilization as a means of social control to sterilization as a means of individual freedom. From the 1960s there was a very rapid increase in Norwegian sterilizations as they became a popular method of birth control. This trend was not limited to Scandinavian countries; in the United States in 1988 close to half of all women between the ages of 35 and 44 either had themselves been sterilized or had partners who were.¹¹ One conclusion of Haave’s Norwegian study is that at no point had there been a government policy of eugenic sterilization: “there was never a systematic sterilization of mentally retarded based on political decisions or political administrative instructions.”¹² Tydén similarly concluded that “the sterilizations in Sweden in 1935–75 cannot be understood as the outcome of one specific political program or goal.”¹³ Consequently, both Haave and Tydén reject the now common view that Norwegian and Swedish sterilization practices were the result of eugenic policies launched by Social Democrats in the 1930s and the post-war period.¹⁴

In a study of eugenics in Finland, *Kansamme parhaaksi* (In our nation's best interest), Markku Mattila points out that eugenic sterilization there peaked around 1960, considerably later than in the other Nordic countries. Different socio-political conditions could be one explanation. A civil war after the Russian revolution where "whites" suppressed "reds," followed by wars with the USSR in 1939–44, shaped a more authoritarian political climate there than in the other Nordic countries.¹⁵

All the Nordic countries introduced quite similar sterilization laws in the period from the late 1920s into the 1930s. But there are important differences in the practice of these laws. For instance, sterilization for medical reasons was included in the Swedish law but not in the Norwegian law. And while the Norwegian law allowed sterilization for purely personal purposes, like birth control, the Swedish law did not. Denmark had two laws: one for sterilization of the mentally retarded, and one for sterilization of people with normal mental faculties. This pluralism makes it difficult to compare statistics in the four countries, but it also provides interesting comparative insights.

An important statistical investigation of Danish sterilizations of the mentally retarded has been carried out by Lene Koch and published in her book *Tvangsterilisering i Danmark 1929–67*. The 1934 law about treatment of the mentally retarded included rules for sterilization, and altogether 5,579 sterilizations were registered under this law from 1934 to 1968. Koch classified these sterilizations into three categories according to motivation: purely eugenic, partially eugenic, and non-eugenic. Eugenic was defined in a restrictive sense as referring to assumptions about possible hereditary properties of potential offspring. Non-eugenic motivations were "too many pregnancies, poverty, exhaustion, amoral or asocial behaviour, etc."¹⁶ The analysis showed that the number of purely eugenic sterilizations was very low throughout the period. The number of mixed cases ("partly eugenic") grew until around 1950, remained at a level of about half until 1960, and then fell to about a quarter by the end of that decade. The total number per year was relatively stable until 1950 and fell quickly from then on. These two developments together indicate an increasing belief in hereditary causation of mental retardation as well as belief in the practicability of eugenics as social policy up to around 1950, which apparently corresponds with developments in Sweden and Norway.¹⁷

Sterilization was not the only field of social policy where eugenic considerations played a role. The effects on legislation about marriage and abortion in Norway has been studied by Øyvind Giæver. The Norwegian marriage act of 1918 contained a clause prohibiting marriage for the insane. This clause

XIV EUGENICS AND THE WELFARE STATE

appears to have been based mainly on social considerations. Medical expertise had warned that eugenic arguments were highly uncertain and should not be taken into serious consideration. But when the law came up for revision in the 1950s, the government commission preparing the law proposed a prohibition clause that included the mentally retarded and drug addicts in addition to the insane; exceptions could be made on condition of sterilization. This proposal was supported by a statement from the commission's psychiatric expert, demonstrating a strong belief in the important role of heredity in various forms of insanity and mental retardation. By the time the law was passed in 1969, skepticism about sterilization and eugenics, as well as paternalistic health and other social policies, was growing, and as a result the sterilization proviso was dropped and the marriage ban remained virtually unchanged. In a 1991 revision the marriage ban for the mentally ill was finally discarded.¹⁸ A parallel paper on abortion legislation claims that arguments about eugenic effects were largely absent from Norwegian abortion debates but appear to have been more important in Sweden and Denmark.¹⁹ However, a high point in the belief of hereditarianism among psychiatrists around 1950 appears well documented. An extreme example is a project launched in 1945 that attempted to reveal detrimental hereditary dispositions among traitors and others disloyal to the country during the 1940–45 war with Germany.²⁰

Switzerland has special comparative interest because of similarities to Scandinavia. It shares cultural as well as geographical borders with Germany and has a strong liberal democratic tradition. In the 1990s political concerns about abuse of sterilization on eugenic grounds resulted in a number of government-commissioned studies of sterilization practices. News from Sweden had a stimulating effect on public debate here as it did in other countries. The lack of comprehensive national statistics of the kind that exists in Scandinavia is a serious limitation in assessing both the total number of sterilizations and their distribution on different motivations. Nevertheless, there are indications that total numbers as well as the distribution of indications were comparable.

Geneviève Heller and collaborators in *Rejetées, rebelles, mal adaptées* investigate public debate and practice of nonvoluntary sterilization through the twentieth century in Francophone Switzerland. They define cases where the proposal to sterilize comes from someone other than the person to be sterilized as nonvoluntary. The typical nonvoluntary case is an inmate of an institution for the mentally ill or handicapped. The canton of Vaux in 1928 adopted a law regulating such sterilizations, which had been practiced for some years before. This was the first such law in Europe, and the only one in Switzerland. Other

cantons, like Geneva, where the problem was also much discussed, introduced no such laws. Here the situation was analogous to England: "Sterilization, even that of persons with limited powers of judgment, was considered an entirely private problem, where the decision falls on the doctor alone." While Geneva tended towards political and medical liberalism, Vaud "was quite favourable to state control of the individual."²¹ It is not sterilization as such that is problematic, state the authors, noting that, after all, it is the most used method of contraception in the world today. It is the motives and procedures leading to the operation that can be problematic.²² They stress that nonvoluntary sterilizations always had multiple motives. Eugenic concerns about the risk of transmitting hereditary disease were important in the interwar period, but even during this period they were neither sufficient nor dominant. Lacking ability to take care of children was a central motive throughout the whole period.²³ It was also found that in the majority of cases of nonvoluntary sterilization the file indicated that the person had agreed—for example, by signing a document. However, the validity of this consent was often contested.²⁴ Altogether, the picture is very similar to the Scandinavian one.

In a study of compulsion ("Zwang") and eugenics in psychiatry and social welfare in the canton of Zürich, Thomas Huonker found that in the period from 1920 to 1934 the maternity hospital of Zürich alone carried out 1,957 abortions, 1,395 (71%) of which were combined with sterilization.²⁵ These cases belong to a different category from the nonvoluntary sterilizations of Heller et al., since it was not the institutionalized, mentally ill, or retarded that were being sterilized. These sterilizations were based on medical indications, ostensibly efforts to protect the life and health of the women. To what extent such operations were voluntary or done under some degree of compulsion or coercion is unclear and disputed. Medical sterilizations were regulated by law only in Sweden and Finland, and they made up more than two thirds of the 63,000 lawful Swedish sterilizations during the period from 1934 until 1975. Huonker's numbers raise questions about the frequency of medical sterilizations in countries other than Sweden and Finland. Haave has estimated that in Norway the number of sterilizations performed outside the law was probably much larger than that of those within,²⁶ and Koch indicates that around 1960 the number of medical sterilizations outnumbered by several times those carried out under the sterilization laws.²⁷ This begs the question how many sterilizations were performed, with medical or other justifications, in countries that had no sterilization law?

In *Eugenics and the Welfare State* we wanted to explore the role of eugenics

XVI EUGENICS AND THE WELFARE STATE

and sterilization in the development of the Scandinavian systems of social welfare in the middle decades of the twentieth century. We felt that comparison with Germany both before and after the Nazi takeover in 1933 would yield interesting insights into the relationship between scientific expertise and politics under both liberal democratic and totalitarian regimes. Comparisons to Scandinavia, in particular between Sweden and Nazi Germany, are frequently mentioned in the scholarly literature, though detailed comparisons are still few. What we find distressing is that the picture of Scandinavia in this literature is so highly influenced by the mass media distortions of 1997 and so little informed by the detailed research briefly reviewed above. There is a language barrier since most of the research is only published in Scandinavian language. But even a careful reading of what is published in English, including our 1996 book, ought to make authors more sensitive of precise information and important differences. This, we think, is a good reason for this reissuing of our book.

For example, a passing reference in a Swiss official report to the fact that “in social democratic Sweden in the period 1935 to 1976 around 63,000 mentally handicapped persons, mainly women, were sterilized”²⁸ is simply not correct. Less than a quarter of this number were mentally handicapped.²⁹ This mistake may be an accidental slip, but it fits the mass media picture of large scale eugenic sterilization. Similarly, a generally very sober and balanced discussion of ethical questions in the application of gene technology to human reproduction mentions the “tens of thousands of Swedes” that fell victim to eugenic sterilization.³⁰

We hope that the strong politicization of the history of sterilization and eugenics in Scandinavia will stimulate new careful scholarly research from a comparative international perspective. It is our opinion that a thorough and nuanced analysis of the disagreements, the general debates, the lawmaking, and the changing practices of sterilization in the Scandinavian countries can provide useful background knowledge for handling parallel problems likely to be raised in the future, such as the problems that arise with respect to the regulation of applications of genetics in human reproduction, in balancing individual rights and interests against common social goals in the distribution of public social welfare, etc. One area where there is a serious lack of data and precise knowledge is the extent of sterilizations, in particular the “medical sterilizations” carried out at the discretion of medical doctors. There are indications that such sterilizations have been common in most countries in Europe and North America. Perhaps the total number of sterilized people, relative to the population, through the period from 1935 to 1975, and particularly in the

period after the second world war, was not so very different in Sweden, England, The Netherlands, France, the United States, etc.? The extensive use of sterilization in third world countries also needs investigation. More generally the history of sterilization and eugenics is a good place for developing an understanding of the interaction between science, ideology and politics—not least the role of liberal democratic discourse as a brake on the distortion and misuse of scientific results and authority.

NOTES

1. The text on advertising leaflets for the paper said: “Sverige tvångssteriliserade 10,000-tals—endast Nazi-Tyskland var värre i Europa” (Compulsory sterilization of 10,000s of Swedes—only Nazi Germany was worse). The title of a prominently placed summary on the paper’s front page was: “Rashygien i folkhemmet. 60,000 steriliserades. I Europa tillämpade endast Nazi-Tyskland en hårdare politik än Sverige mot oönskade medborgare” (Racehygiene in the peoples home. 60,000 sterilized. In Europe only Nazi Germany adopted a harsher policy towards its citizens).
2. For more details see Gunnar Broberg and Mattias Tydén, “När svensk historia blev en värdsnyhet. Steriliseringspolitiken och media,” *Tvärnsnitt. Humanistisk och samhällsvetenskaplig forskning*, no. 3 (1998): 2–15.
3. Peter Weingart in his paper “Science and Political Culture: Eugenics in a Comparative Perspective,” *Scandinavian Journal of History* 24 (1999): 163–77, finds “a virtual identity of the eugenic and race-hygiene discourse in Sweden and Germany as well as a striking similarity in the sterilisation practice.” Weingart’s historical account, particularly his use of statistics, has been critically examined in N. Roll-Hansen’s “Eugenic Practice and Genetic Science in Scandinavia and Germany: Some Comments on Peter Weingart’s Comparison of Sweden and Germany,” *Scandinavian Journal of History* 26 (2001): 75–86. Similar interpretations of sterilization practice in Sweden and other Nordic countries as the result of eugenic social policy promoted by ruling Social Democrats can be found in T. Etzemüller, “Sozialstaat, Eugenik und Normalisierung in Skandinavischen Demokratien,” *Archiv für Sozialgeschichte* 43 (2003): 492–509; A. Spektorowski, “The Eugenic Temptation in Socialism: Sweden, Germany, and the Soviet Union,” *Comparative Studies in Society and History* 46 (2004): 84–106; and P. Zylberman, “Eugenique à la scandinave: le débat des historiens,” *Medicine/Sciences* 20 (2004): 916–25.
4. See, for instance, A. Caplan, G. McGee, and D. Magnus, “What Is Immoral about Eugenics?” *British Medical Journal* 319, no. 1–2 (13 November 1999); A. Buchanan et al., *From Chance to Choice: Genetics and Justice* (Cambridge: Cambridge University Press, 2000); and D. Gems, “Politically Correct Eugenics,” *Theoretical Medicine and Bioethics* 20: 201–213.
5. D. Kevles, *In the Name of Eugenics: Genetics and Uses of Human Heredity* (New York: Alfred Knopf, 1985).
6. See also N. Roll-Hansen, “Eugenic Sterilization: A Preliminary Comparison of the Scandinavian Experience to that of Germany,” *Genome* 31 (1989): 890–95.
7. Lene Koch, *Racehygiejne i Danmark 1920–56* (København: Gyldendal, 1996).

XVIII EUGENICS AND THE WELFARE STATE

8. Maja Runcis, *Steriliseringer i folkhemmet* (Stockholm: Ordfront, 1998).
9. Matthias Tydén, *Från politik till praktik. De svenska steriliseringslagarna 1935–1975* Stockholm Studies in History, 63 (Stockholm: Almquist and Wiksell International, 2002), 584–90.
10. *Ibid.*, 528f, 586ff.
11. Tydén, *Från Politik till praktik*, 12, quotes this information from John M. Last and Robert B. Wallace, *Public Health and Preventive Medicine*, 13th ed. (Norwalk, Conn., 1992), 1104.
12. Per Haave, *Sterilisering av tatere 1934–1977* (Oslo: Norges Forskningsråd, 2000), 388.
13. Tydén, *Från Politik till praktik*, 588.
14. This means that Tydén's interpretation partly has changed since the original publication of *Eugenics and the Welfare State* in 1996.
15. Markku Mattila, *Kansamme parhaaksi* (Helsinki: Bibliotheca Historica, 1999), 421–29.
16. Lene Koch, *Tvangssterilisation i Danmark 1929–67* (København: Gyldendal, 2000), 32–33, (English summaries) 343–55.
17. See *Bibliotek for Læger 193* (2001): 190–252 for a discussion of Koch's book.
18. Øyvind Giæver, "Marriage and Madness: Expert Advice and the Eugenics Issue in Twentieth-Century Norwegian Marriage Legislation," *Science Studies* 16 (2003): 3–21.
19. Øyvind Giæver, "Abortion and Eugenics: The Role of Eugenic Arguments in Norwegian Abortion Debates and Legislation, 1920–1978," *Scandinavian Journal of History* 30 (2005): 267–92.
20. Øyvind Giæver, "The Psychiatry of Quislingism: Norwegian Psychiatric Research On the Collaborators of World War II," *Science in Context* 17 (2004): 267–92.
21. Geneviève Heller, Gilles Jeanmonod, and Jacques Gasser, *Rejetées, rebelles, mal adaptées. Débats sur l'eugénisme. Pratiques de la stérilisation non volontaire en Suisse romande au XXe siècle* (Paris, 2002), 414.
22. *Ibid.*, 2, 131.
23. *Ibid.*, 419.
24. *Ibid.*, 420.
25. Thomas Huonker, *Anstaltsanweisungen, Kindewegnahmen, Eheverbote, Sterilizationen, Kastrationen. Fürsorge, Zwangsmassnahmen, "eugenikk" und Psychiatrie in Zürich zwischen 1890 und 1970*, Bericht von Thomas Huonker verfasst im Auftrag des Sozialdepartementes der Stadt Zürich (Zürich 2002), 127.
26. Haave, *Sterilisering av tatere*, 277–81. Haave's judgement is based on a study of medical journals at some of the largest maternity hospitals. It would be interesting to see corresponding studies from countries like France, The Netherlands, England, Italy, Germany after 1945, the United States, Canada, etc.
27. Koch, *Tvangssterilisation*, 312–17, 326, and fig. 29.
28. J. Tanner, M. Meier, G. Hürlimann, *Zwangsmassnahmen in der Zürcher Psychiatrie 1870–1970* (Zürich: Ende Dezember 2002), 5.
29. Broberg and Roll-Hansen, *Eugenics and the Welfare State*, 109–10.
30. A. Buchanan, D. W. Brock, N. Daniels, and D. Wikler, *From Chance to Choice: Genetics and Justice* (Cambridge: Cambridge University Press, 2000), 35. The Eugenics Issue in Twentieth-Century Norwegian Marriage Legislation," *Science Studies* 16 (2003): 3–21.