By focusing on the nineteenth and the first half of the twentieth century, historical research may have contributed to the vague idea that «1945» brought the end of eugenics or at least a fundamental change. The end of the Second World War and the Third Reich clearly constituted a rupture in the political, economic and legal development in many European countries. We know by now that the «zero hour» was by no means a completely new beginning – not even in Germany – and especially not with respect to eugenic thinking. Eugenic programs, after all, had completely stopped in Germany with the fall of the Nazi regime. The «Erbgesundheitsgerichte» (hereditary courts), as the courts which decided on sterilization procedures were called, were abolished and a new political and legal order was established. In Switzerland, no such political change had taken place. 1945 was not a turning point in Swiss history, neither in general nor with respect to eugenics. Many economic or societal developments that determined the post-war period started before 1945, and as Switzerland did not participate in acts of war in the Second World War, there is a discernable continuity in political institutions and policies.

With respect to sterilization or other reproductive measures, people in Switzerland were quite convinced that what had happened in their country since the 1920s had little to do with «Rassenhygiene» (racial hygiene) or «Eugenik» (eugenics), as it was usually called by Swiss scientists.¹ These terms were sometimes used synonymously and, after 1933, they were occasionally used for the particular purpose of drawing a line between Switzerland and Germany. Racial hygiene was identified with violence, forced sterilization, the murder of handicapped people, mass killings in concentration camps and racism. Indeed, only in Germany were eugenics and sterilization a precursor to mass murder and genocide.² Thus the conviction that

¹ They as well used the term «Erhygiene» [hereditary hygiene], or – even more euphemistic – «Erbgesundheitspflege» [care for heredity health]. In Scandinavian countries «Racial Hygiene» seems to have been used more frequently.

eugenics was a German problem was able to prevail quite easily. The absence of open violence seemed to indicate the absence of eugenics.

In their preface to the 2005 edition of *Eugenics and the Welfare State*, Gunnar Broberg and Nils Roll-Hansen impressively described the public shock after the publication of newspaper articles comparing Swedish sterilization programmes with those under the Nazi regime. In 1997, *Dagens Nyheter*, one of Sweden’s most influential national newspapers, announced that tens of thousands of Swedes had been forcibly sterilized, thus turning a «well-known fact» (as Broberg and Roll-Hansen described the certainty that between 1935 and 1975 63,000 Swedes had been sterilized according to the law of sterilization, which was enacted by Parliament in 1934 and modified in 1941) into a scandal. Although quite a lot of research had been done since then on sterilization and eugenics in Scandinavia and elsewhere, and the differences between Nazi Germany and other countries had been thoroughly investigated, Broberg and Roll-Hansen contended that characterizing any practise as «eugenic» was tantamount to rendering a verdict since eugenics was still understood in terms of Nazi racial hygiene.

While attracting some attention in the 1990s, the mere fact of involuntary sterilizations – which had not been noticed by the wider Swiss public either before or after 1945 – did not cause the same outcry as in Scandinavia. This was true even after 1997 when research on eugenics intensified in Switzerland as a consequence of growing interest in the country’s role in the Second World War and the Scandinavian case. In 1998 and 1999, the Swiss Science Foundation (SNF) decided against financing a research project intended to throw light on the development of eugenics in Zurich and Basel. It did, however, finance a project on eugenics and sterilization in the French-speaking part of Switzerland, which started in 1998. After parliamentary debates in the Canton and City of Zurich in 1999 and 2000, the Department of Health of the City of Zurich commissioned a preliminary research study on the Zurich Psychiatric Clinic, published in 2002, while the Health Authority of the Canton of Zurich commissioned another study focusing on compulsory sterilization at the psychiatric clinics. Research was finally conducted on a larger scale within the context of the Social Integration and Social Exclusion programme of the Swiss National Science Foundation (NFP51), which began in 2003. The programme intended to bring together research on eugenics and the history of the children of vagrants who had been taken away from their families by a semi-private organization through a project called Children of the Open Road between 1926 and 1973. Such a

4 Broberg / Roll-Hansen, *Eugenics*, IX-X.
research programme on the «dark side of Swiss history», however, was suspected of not gaining enough support, which led to the additional incorporation of research on integration processes. The decision to enlarge the programme’s scope took into consideration that both public and political interest had subsided after the prevailing critical stance towards Swiss history that had followed the investigation into Switzerland’s role during the Second World War. In 2003, the Swiss federal government decided to forego paying compensation to persons who had been sterilized against their will, even though the parliament decided in favour of compensation in 2000 without a single dissenting vote. They argued that federal authorities were not responsible for the «medical» decisions made at that time. In 2004, during renewed debates in both chambers, parliamentarians adopted the federal government’s rationale. Whereas support for compensation came from left-wing parliamentarians, its opponents belonged to the right-wing. Research projects on a cantonal as well as federal level were initiated by left-wing parliamentarians and usually commissioned by left-wing members of the government. In contrast to the Scandinavian case, it was not the (conservative) critique of the welfare state that advanced the discussion, but the left-wing opposition to nationalist and racist tendencies that contradicted the liberal and integrationist model of the Swiss state.

What were Swiss eugenic policy between 1900 and 1970? What were the differences and continuities between the first and the second half of the century? Is there a clear distinction between what is called «old» and what is called «new» eugenics? What is the difference between «mainline eugenics» and «reform eugenics»? In what respects did Swiss eugenics differ from German racial hygiene?

Concerning the later development of eugenics, the fact that 1945 and the conclusion of the Second World War did not bring an end to eugenic politics in Switzerland and the Scandinavian countries had a significant influence on the progress of reproductive medicine and the specialty’s general attitude towards eugenics and genetics. On the other hand, the lack of historical research on «democratic» eugenics until the late 1990s – which was partly due to the misconception that eugenics was uniquely German – was decisive in the discussion on new reproductive technologies. This gap in the research is particularly astonishing given that Switzerland played an important role in eugenics’ international development.

This contribution will first provide an overview of the development of eugenics in the Swiss cantons until the 1940s. It will then address the question of change and continuity in the post-war period, comparing it to specific Scandinavian developments to highlight the defining set of circumstances in Switzerland.
1. Switzerland: the Legal Development

Research on Swiss eugenics has intensified since the first comprehensive projects were undertaken in the mid-1990s. Yet due to the fact that – unlike in the Scandinavian countries – there was no national regulation of eugenic measures, no overview of this work exists. Measures were implemented on a cantonal level and mostly carried out by the cantonal or private clinics. In the absence of synoptic national statistical evidence, what is known about Swiss eugenics stems from a research project and publication about the French-speaking part of Switzerland, the research programme «Integration and Exclusion» of the Swiss Science Foundation on several cantonal and urban developments in the German-speaking part of Switzerland (Basel, Bern, Zurich, St. Gall), undertaken between 2003 and 2006, and some more recent research focusing on Basel and Zurich. As to archival records, this paper focuses primarily on the research done in the German-speaking cantons.

The development of eugenics in Switzerland may serve as one example of a non-totalitarian approach. Much like other European countries and the US, Switzerland also decided to introduce eugenic measures to prevent a «degeneration» of the population and to improve the «quality» of the people – an attitude that spread quickly and widely. The ideology of eugenics, which comprises different objectives and motives, entered the collective political imagination of the authorities and political decision-makers. The range of measures conceived in Switzerland included voluntary (marriage) counselling at public institutions, a prohibition on marriage for the «mentally ill» based on eugenic arguments in the 1912 Swiss Civil Code (ZGB), eugenics-based provisions for naturalisation proceedings (an argument against naturalisation if a person or a person’s relatives had previous contact with a psychiatric clinic) and sterilization. Contrary to the Scandinavian countries where sterilization laws were implemented in the 1930s, Swiss sterilization politics were not based on national or cantonal laws (the Canton of Vaud, which introduced a law on compulsory sterilization in 1928, was the only exception). The fact that the adoption of the policies varied widely within the country, and even within the scientific community itself, caused physicians, psychiatrists and politicians to refrain from attempt-
ing to introduce a relevant law. In Switzerland, any national law might be overturned by a referendum, and even those who would have preferred the umbrella and protection of a law feared that a law would not pass due to the opposition of the catholic cantons. Another important consensus among physicians, psychiatrists and gynaecologists was that eugenic measures would only be accepted by Swiss society as a means of preventing hereditary diseases if they were voluntary. Thus the formal consent of the person involved, or of his or her legal guardian, was considered a necessary prerequisite.

The most important measures that were devised with regard to reproduction – such as sterilization, abortion, marriage counselling or the eugenic ban on marriage – had diverse origins that resulted in different legal solutions. They were nonetheless often discussed in reference to each other. Essentially, all eugenics (and the prevention of offspring suffering from hereditary diseases) at the level of cantonal or federal law was regulated only in connection with the prohibition on marriage in the Swiss Civil Code (ZGB) for the «mentally ill». Sterilization was not regulated at this level and abortion remained prohibited, with the sole exception being «medical reasons» (e.g. if the pregnancy and birth were thought to endanger the life or health of the future mother and if the abortion was carried out by a licensed physician). Eugenic arguments were not incorporated into the legislation on abortion.¹³

In the political debates on these issues, however, eugenics and hereditary diseases played an important role. The question of whether sterilization was an appropriate means of contraception either for those who were thought to be at risk of giving birth to a child that might suffer from a hereditary disease or for those who did not want children had been discussed in Switzerland ever since the surgical procedure became common towards the end of the nineteenth century. Auguste Forel, a famous psychiatrist and former director of the renowned Zurich Burghölzli Clinic, recommended abortion for those he called «degenerates». In his famous book from 1905, Die sexuelle Frage (The Sexual Question), he stated in rigorous and radical language that he had castrated a 14-year-old girl because of her abnormal sexual activities and because her mother and grandmother had been «whores» and «bawds».¹⁴ He generally recommended sterilization for those he considered «hereditarily afflicted» such as the «mentally ill», «epileptics» and «alcoholics» but also for those he called «psychopaths», «congenitally sick individuals» or «cripples».¹⁵ He was an ardent advocate of the separation of sexual activities and reproduction: sterilization could allow those who should not reproduce the satisfaction of fulfilling their sexual urges. As reproduction was not bound to matrimony, he argued that

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¹³ Schweizerisches Strafgesetzbuch 1937/1942 (Swiss Penal Code).
¹⁵ Ibid., 427.
the ban on marriage for the mentally ill was not sufficient to prevent a degeneration of the population.

Anton Good, a Bernese psychiatrist, took up the question in the first decade of the twentieth century. He discussed it in the context of the drafting of the Swiss penal law, a process that lasted until the law was finally enacted in 1942. The question of whether sterilization should be regulated by law was discussed for as long a duration: there were divergent opinions in the scientific community of physicians, gynaecologists and psychiatrists who took part in the legislative process as experts. From the start of the debate, arguments in favour of sterilization were cited in cases where pregnancy might have aggravated the psychotic traits of the inmates of a clinic or where existing children showed signs of a «psychopathic or nervous heritage», as Anton Good stated in a lecture at a meeting of the Psychiatric Society in 1905.16 His position seems to have been widely accepted. A commission was established to devise guidelines for the sterilization procedure, which was simultaneously considered to be cost-effective and also a way to prevent overcrowding in the asylum and to help patients and their relatives.

In this instance, individual, social and eugenic arguments were combined to justify and legitimate sterilization. The publications and articles written by scientists for a wider public, moreover, maintained the special importance of eugenics. At the same time, there is an observable tendency against «burdening» the penal code with an elaboration on the reasons for allowing sterilization. This was partly because it was considered «too early» and likely to provoke public opposition, especially in the Catholic cantons. The scientific community also partly opposed it out of the fear that it would lessen the profession’s autonomy. When the former director of the Basel Clinic, Ernst Rüdin – then a professor in Germany and one of the advocates of the German law on sterilization – presented the German legislation to Swiss psychiatrists in 1934, Hans Wolfgang Maier, an ardent proponent of eugenic sterilization, argued against legal regulation because «for the time being» it did not seem possible to list conclusive indications for sterilization. Such indications would eliminate the possibility of making decisions about patients on a case-by-case basis.17 At the same meeting, neurologist Mistislaw Minkowski, director of the Neurological Clinic of Zurich, opposed eugenic sterilization on principle and called into question the validity of research on heredity. In fact, he specifically opposed the sterilization of schizophrenics because, in his opinion, both schizophrenia’s heritability and its diagnosis were highly uncertain and far from being verifiable. Minkowski seems to have been

16 Verein Schweizerischer Irrenärzte, 37th Annual Meeting, Minutes of 36th Annual Meeting, Geneva 1906, Paper of A. Good about the «Sterilma- 

https://doi.org/10.17104/1611-8944_2012_4_519
Das Erstellen und Weitergeben von Kopien dieses PDFs ist nicht zulässig.
the only participant at the conference who spoke out openly against eugenic measures in general, because they contradicted the profession’s self-image, which was based on offering help rather than enforcing compulsory treatments. It was the Nazi-German developments, however, that made his colleagues more cautious. The importance of distancing Switzerland from Germany seemed obvious. The effort ultimately rendered the enactment of a provision on sterilization in the penal code unfeasible.

On the other hand, there was a clear tendency in this complicated and sometimes very emotional and fluctuating discussion to tie the measures in question to the profession’s internal regulations. The rules established by the commission of the Psychiatric Society at the beginning of the century culminated in the Basel guidelines of the Medical Society of 1937. These guidelines explicitly defined the medical indication (danger to life and health), the eugenic indication (hereditarily endangered offspring) and the conditions under which surgery was permitted. This included the consent of the person or legal guardian (in the case of a married couple the consent of the spouse) and the expert opinion of a licensed physician.¹⁸

Still the guidelines went even further. While they declared a couple’s desire to have children «a private matter», the Medical Society would permit sterilization under the following circumstances: the existence of healthy children and the written and signed consent of both spouses. Thus the wording that it was a «private matter» actually went further than the concrete definition of the prerequisites. This can be taken as a sign that, at least in the Protestant cantons and especially in the larger cities of Switzerland, sterilization slowly became accepted – whether for medical or eugenic reasons or as a means of contraception. It was regulated under the same guidelines, though it was still considered inappropriate for incorporation into the penal code.

Unlike sterilization, the prohibition on abortion became part of the penal law of 1942. There was one exception: the law allowed abortion to take place for «medical reasons». Whether «medical indications» alone were justifiable and also whether eugenic indications and «forensic» reasons (i.e., abortion after rape) should be included as well was a matter of intense controversy from the beginning of the twentieth century. Psychiatrists tended to support the inclusion of eugenic reasons, while some gynaecologists opposed it. «Forensic reasons» seemed to have encompassed eugenic arguments, as they would have allowed abortions for «idiotic, imbecile or mentally defective women»¹⁹. Another heavily discussed issue was whether an abortion automatically entailed sterilization. The profession was divided over these matters, and the potential for compromise seemed to lie in the meaning of the word

¹⁹ Ritter, Psychiatrie, 202–204.
«medical». Thus the interpretation of «medical indications» shifted to encompass social as well as medical, eugenic, and forensic indications. Pregnancy could – so the argument ran – worsen the physical or mental health of the mother for reasons relating to social or economic conditions or if she were afraid of giving birth to a defective child or, finally, if she suffered from psychological diseases such as depression, schizophrenia or other mental defects. It seemed impossible to make clear distinctions between medical, eugenic and social indications. During the course of the long discussion of the penal code, the interpretation of «medical» slowly shifted until it was tainted with a eugenic understanding of health and permeated with social arguments. The decision about whether «medical indications» allowed for an abortion had to be made by a physician and required a second opinion. This became the domain of the psychiatrists, even though the penal code of 1941 only required a «competent medical specialist». The legal circumstances remained unchanged until 2002.

2. The Social Impact of the Legal Development

The legal situation allowed Swiss experts to continue handling the issue in the preferred grey zone. After all, the decision about an abortion or whether the pregnant woman who wanted an abortion was «fit» for motherhood was always left to the experts. The individuality of the decision that the profession had successfully fought to maintain did indeed allow abortion to take place in regard to a wide range of so-called «medical» indications.

While this might have helped those who sought to have an abortion, the question of whether an abortion had to be followed by a sterilization procedure remained. The request for an abortion could be – and in fact was – taken advantage of as an opportunity to put pressure on women to accept sterilization. Ever since the 1920s and 1930s and in cities like Basel and Zurich, one spoke of what has been called a «policy of junctim». Women who consulted medical experts at polyclinics (outpatient clinics) in the 1920s and 1930s for a legal abortion were – according to the clinics files – often confronted with the demand for sterilization. The prevailing argument was that, if one wished to eliminate the risk of another unwanted preg-

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22 Dubach, Verhütungspolitik, 147–150.

23 Dubach’s analysis is based on a sample out of 1136 files of the «Burghölzli» and 139 files of the Polyclinic. In the project on Basel (Wecker / Küchenhoff et al.) a sample of 1200 files of the Psychiatric Clinic and the Polyclinic were analysed. Ziegler / Hauss analysed ca. 1240 files of the clinic of Wil (Canton of Bern) and 102 files for St. Gallen.
nancy later on, the situation which caused them to seek an abortion – whether medical, social, psychological or eugenic – could only be prevented through sterilization. In the Canton of Zurich, married women nearly always had to consent to sterilization if they wanted a legal abortion. An unmarried young woman had a better chance of getting an abortion without having to consent to sterilization if the expert was able to conclude that she was not permanently incapable of motherhood. In Basel, the distinction between married and unmarried women was not as decisive but the situation of «junctim» was nevertheless comparable. Exactly how many of those junctim sterilizations were in fact forced sterilizations is difficult to say, because for some of the married women who already had more than one child it might have been a long-desired solution to the problem of unwanted pregnancy. For an (unmarried) woman who had unintentionally become pregnant, the situation might have led to an impossible choice: she could refrain from a (legal) abortion and give birth to an unwanted child or consent to a sterilization and relinquish the chance of having children in the future. In the psychiatrists’ reports in the Basel clinics, however, several cases were found of women who insisted on an abortion and successfully refused sterilization. This required an extraordinarily high degree of self-confidence. Up to the 1940s in Zurich, it seems to have been even more difficult to avoid sterilization. If the experts were convinced that abortion and sterilization were appropriate, they would pressure women by pointing out their personal difficulty in raising children, their inability to be «a good mother», the «unfortunate future of the child» or suggest that the women would not get the help they needed later on. They did not, however, make arguments to the women about their obligation to the nation or the damage a future pregnancy might do to the «Volkskörper» or, for that matter, allude to the hereditary disease of the future child. The broad interpretation of the wording «medical indication» allowed for social and medical indications to be conflated.

But the clinics of larger cities, such as Zurich or Basel, were not the only places where the question of sterilization was raised or where the junctim abortion-cum-sterilization played an important role. While women who asked for permission to have an abortion represented the largest group, they were not the only group under pressure. As shown in the administrative guidelines and instructions in the welfare institutions of the local communities which were responsible for poor relief, abortion and sterilization were discussed and enforced as arguments for cost reduction. If the women resisted, their poor relief was at risk of being terminated. The practise of those institutions to ask the clinics to sterilize their clients was mentioned in the «Guidelines Concerning Sterilization» issued by the «Armendirek-

25 Imboden et al., «Abtreibung».
26 Ibid., note 23.
tion» (the Poor Law Board) of the Canton of Berne. Although it was explicitly called illegal by the local authorities, it shows that attempts to require sterilizations obviously existed. Another example of forced sterilization includes women under legal tutelage. In their research on public welfare institutions, Ziegler and Hauss documented cases in Bern and St. Gall, a town of about 60,000 inhabitants in the 1930s where women were forced to accept sterilization at the risk of being denied a marriage permit or being sent to a clinic, workhouse or another public institution. Though the number of cases is small, they show some of the methods and practices used to induce women to give the required written consent.

Interestingly, all the authors of the research studies on sterilization note the consistent absence of explicit eugenic arguments in most of the areas of expertise or reports. The argument that the future child might be «hereditarily diseased» or a risk to the «health of the nation» or the goal to improve the population was not mentioned. Abortion and sterilization were recommended because of the social or economic situation of the woman or because of her «disorderly housekeeping» or because she was a «bad mother».

Can these measures and practices be called «eugenic»? Or as Lene Koch puts it in one of her contributions: «How eugenic was eugenics?»

Although eugenic arguments were nearly absent in the expert opinions for abortion and sterilization, they were nevertheless abundant in public discussions and in reports and papers published by scientists or in the arguments of the politicians and civil servants of different ministries. For instance, the «Botschaft des Bundesrates zur Familieninitiative» (Message by the Federal Council on the Family Initiative) of 1944, a 260-page analysis of the state of the Swiss family compiled by different ministries, was based on eugenic thinking. This may have continued to pave the way for the acceptance of sterilization and abortion by a wider public. It may also partly explain the contradictory outcome of the development, for although eugenic arguments are not part of the clinic files, the continuation of sterilizations and the junctim practice was not threatened. Instead, it was publicly legitimized on the level of political, semi-scientific or popular arguments. The legal situation did not allow sterilization to take place for eugenic reasons alone and arguments for sterilization had to be formulated within the legal framework.

After eugenics came to be identified in the scientific community as Nazi science, it seemed even more advisable to not approach it too closely but rather to distinguish concrete measures from Nazi ideology. When Ernst Rüdin presented the Nazi-German Law on Sterilization to Swiss psychiatrists in 1934 at the aforementioned conference, Maier stated that such a law would have had no chance in Switzerland and...

29 L. Koch, «How Eugenic is Eugenics?», in: Wecker et al., Wie nationalsozialistisch, 39–63.
further added: «Let our German colleagues start that process and let them tell us after a couple of years whether that law is a success.» Did Maier regret that such a law would have had no chance in Switzerland? His words indicate at least some doubt about whether the whole project to improve the human race would be successful.

But the fact that an amalgamation of social, economic, psychiatric and medical arguments predominated does not mean that they were merely pretexts for eugenics, although this might have indeed sometimes been the case. Whereas illegal abortion was a severe health risk and legal abortion in a hospital posed ethical and moral concerns, the *junctim* of abortion and sterilization seemed to solve the problem of repeated abortions or even serve as a prophylaxis for abortion.

The Swiss example shows, however, especially from the point of view of gender, that voluntariness may have been an empty promise, at least for a considerable group of unmarried women. If they had wanted an abortion, they were liable to face being sterilized. On the other hand, if they choose to do so, married women could decide (with the consent of their husbands) in favour of an abortion and sterilization to avoid successive pregnancies. The amalgamation of eugenic and social indications and their inclusion under «medical indications» was another reason why most sterilizations in Switzerland were carried out on women, whereas in Germany, according to Gisela Bock, 50 per cent of the victims of the NS law on sterilization were men.

Only women’s health could directly be worsened by pregnancy. The amalgamation of indications made psychiatrists turn from the potentially affected child to the mother. Medical indications such as the presence of a risk to the life of the woman in question or a health risk due to a «weak constitution» or a risk that pregnancy and birth would exacerbate already existing mental or somatic illnesses ranging from epilepsy to schizophrenia – these were all reasons exclusively applied to women. Even if the husband was deemed to be the cause of the (eugenic) indication, the surgery was very often performed on the wife. Of course, there were further reasons for this gender bias, one being that physicians or psychiatrists obviously found it easier to «recommend» a woman for sterilization than a man. For men – physicians as well as patients – sterilization still carried the odium of castration. By contrast, reproduction was clearly considered a woman’s «business», and her fate. And it was considered a man’s right (one might even call it a physical imperative) to have regular sexual intercourse with his wife without being disturbed by the use of contraceptives. Sterilization was recommended if the wife’s fear of pregnancy threat-

32 Dubach, Verhütungspolitik, 306.
34 Wecker, «Eugenik».
ended to interfere with what psychiatrists considered a normal sex life. In this manner the traditional gender regime was sustained, although sexuality and a satisfactory sex life (for the husband) started to play a more important role in the psychiatrists’ considerations.

For women, eugenic measures can be seen as opening up new alternatives, but they may equally be taken as a new form of older control measures that were exercised well into the nineteenth century. Until the nineteenth century, the control of female sexuality was strongly linked to moral control. But control of sexuality was also a means of saving money for the communities and their welfare institutions. The only possibility Swiss communities had in the nineteenth century was to forbid marriage.

The prohibition on marriage for the «mentally ill» based on eugenic arguments in the 1912 Swiss Civil Code can be seen as a continuation of the former regulation of and ban on marriage, which generally impacted the poor until the end of the nineteenth century. The ban, intended to prevent couples from having children whose care they could not afford, was abolished by the Swiss constitution of 1874. A modern legal system did not permit affairs to be regulated that were now considered private. But a substitute nevertheless seems to have been found that allowed for control of the «mentally ill». Eugenic policies in Switzerland cannot be connected with the rise of the welfare state, or the change of the welfare system. The welfare system only expanded after the 1940s and even then responsibility remained with the communal institutions, which continued with the old tradition of «preventing» any offspring of the poor. What was new was that surgery offered new possibilities. The change of the legal system that occurred in 1874 no longer permitted the enforcement of regulations for the general population. Yet the control of outsiders, of «others», was deemed necessary. This also made control of the «traditional other», that is women, once more possible. What’s more, it mostly affected the same range of women: the poor, the uneducated or those not conforming to gender roles. They were now called «feeble-minded», «mentally retarded» or «morally corrupt». But beneath the traditional surface, we can observe a shift from moral criteria and financial arguments to the scientific criterion of «health».

This tradition of control and the fact that it was primarily exercised on women made measures of birth control acceptable in a country like Switzerland, where democratic decisions, individual freedom and the privacy of family life were highly esteemed. It was not women who decided, however, but rather the medical scientist, usually the psychiatrist. He could deny abortion and sterilization, even if a woman wanted it.

36 Imboden et al., «Abtreibung».
37 Extramarital sexuality, designated as Hurerey or Unzucht (fornication), was punishable until the 1870s.
On the other hand, eugenics doubtlessly widened the range of indications for an abortion or sterilization after the 1940s, until eventually no reasons had to be given and abortion or sterilization was acknowledged to be an individual decision as the Basel Guidelines on Sterilization had already stated in 1937. In the strict sense of the law, this change did not take place in Switzerland until 2002, when the new law on abortion was finally accepted on a national level. Only then could an abortion be obtained without any expert opinion and without being obliged to give a reason. The Federal Law on Sterilization came into force in 2005.\textsuperscript{39}

Although there are considerable differences among the Scandinavian countries themselves, it nevertheless seems worthwhile to draw comparisons with the Swiss situation to better understand certain particulars. There are remarkable similarities, for example, with respect to the question of compulsory and voluntary sterilization. The pioneering Danish Sterilization Act of 1929 demanded the consent of the person in question. In 1934 and 1935, sterilization acts including compulsory sterilization were passed in Denmark, Norway and Sweden. But, as Lene Koch states, voluntary sterilization was still considered the basis of eugenic policy. The responsible citizen was expected to undergo sterilization where there was the risk of transmission of a hereditary disease. Compulsory sterilization was reserved for cases where such an act of social responsibility could not be expected.\textsuperscript{40} Although there was no legal basis for sterilization in Switzerland and voluntariness was considered decisive for the acceptance of Swiss policies, the concrete situation may have been quite similar to the Scandinavian in cases where women were pressured to consent. Unlike the situation in Scandinavian countries, most of the victims of sterilization in Switzerland were not inmates of clinics, workhouses or asylums. This constituted a decisive difference. Even if it was the «impossible choice» of either getting the abortion they sought and accepting sterilization or refraining from having a legal abortion, they nevertheless had a choice. The analysis of the Scandinavian development suggests that both abortion and sterilization were often compulsory, which has not been the case in Switzerland.

The fact that a vast majority of sterilizations were carried out on women holds true for the Scandinavian countries and Finland as well as for Switzerland.

3. Two Levels: Discourse and Measures – and a Different Prioritization

In the search for the control of reproduction, two levels can be distinguished: the level of public discourse and political rhetoric, on the one hand, and the level of concrete measures – abortion and sterilization – on the other. The levels went hand in hand at the beginning of the 1920s, but subsequently drifted apart. While at the level...
of discourse, journal articles and public discussions led by scientists and politicians were shaped by eugenic arguments, after 1930 expert opinions and clinic reports, legitimizing abortion and sterilization, rarely based their decision on eugenic arguments. This neither means that they had totally abandoned eugenic thinking, nor that they no longer felt the need to justify their action. Public acceptance of eugenics allowed them to use the full range of the law, even though occasionally sailing close to the wind, and would have assured them continued public support. Though eugenics was losing its reputation among scientists, it remained the background and public legitimation for sterilization, amalgamating social, medical and eugenic arguments.

With respect to establishing a periodization for these arguments, their development varied. We can roughly say that open eugenic arguments for sterilization and abortion prevailed in the 1920s on both levels. In the 1930s, arguments based on eugenics shifted to those presenting a social justification and, on the level of action, the «consolidation» of the abortion-cum-sterilization *junctim*. In cities such as Basel and Zurich, the initiative for sterilization had shifted from the clinics to the polyclinics. About half of the women who had asked for an abortion considered sterilization to be an adequate solution. After the implementation of the federal penal law in 1942, abortions were regulated and only allowed for strictly medical reasons. This led to a change in Zurich, where the director of the «Burghölzli» psychiatric clinic, Manfred Bleuler, enforced compliance with the law against the will of general practitioners. The number of abortions carried out subsequently declined. At the same time, women opposing sterilization stood a better chance. From this moment onwards, we notice a general trend towards a more liberal practice concerning sterilization, which continued in the 1950s. Sterilization became a method of family planning. In Basel, the new Penal Law does not seem to have influenced the actual practice of abortion. While the *junctim* was never as systematically applied there as in Zurich, the same liberalization of sterilization practices in the 1950s are evident. Since then, men began demanding sterilization, which became a socially accepted form of family planning.

On the level of public discourse, a striking example of the longevity of this approach is a leaflet that was displayed at the civil registries. In the leaflet the statement «Glück oder Unglück durch Vererbung» («luck or misfortune by inheritance») was strongly linked to the notion that only healthy partners, «descendents of good families», would have a happy marriage and «healthy and sound («tüchtig») offspring», whereas others would have offspring that were diseased. It notes the statistical occurrence of feeble-minded, epileptic, deaf-mute, and blind persons in Switzerland to be «more than you would expect». It further concludes with a reference to Art 97 ZGB (Swiss Civil Code) that appeals to family members to hinder hereditarily

diseased relatives or friends from marrying and admonishes fiancées to accordingly study their family history. The leaflet was first printed in the 1940s and continuously distributed until the end of the 1950s. The editor of the leaflet, however, was not the civil registry itself or a cantonal authority but the «Schweizerische Gemeinnützige Gesellschaft», a well-known charity.

Only in the 1970s, can both levels – discourse and action – be observed approaching each other. Eugenics was no longer accepted as an argument or type of medical treatment, whereas the right of self-determination became widely accepted, including the right of women to decide whether and when to have children.

A more liberal practice, the abolition of the abortion-cum-sterilization *junctim* in the cities, did not mean however that there were no remnants of the former practice after the 1950s. In the countryside and the smaller villages in particular, young women with «difficult family backgrounds» or hereditary diseases running in the family – that is, the «feeble-minded», and the «sexually promiscuous» – still ran the danger of being sterilized. The biography of a woman published in 2006, who was pressured as late as 1972 to consent to an abortion and sterilization at the age of 18, may serve as an example of a practise which, although increasingly discredited and the subject of a public scandal, still existed.\(^{42}\)

In the 1980s, the case of the sterilizations of mentally handicapped inmates at psychiatric clinics shocked the public. It was later revealed that between 1960 and 1987 five men and one woman had been sterilized. In the 1980s, the Academy of Medical Science passed guidelines prohibiting the sterilization of people legally unable to act or make judgments on their own. Hormonal contraceptives were discussed as an alternative.

In addition, the 1970s saw the end of another black chapter in Swiss history involving the «educational programme» called «Kinder der Landstrasse» («Children of the Open Road»), supervised by «Pro Juventute», a semi-private charitable organization. Since 1926, this organization was responsible for the forced removal of about 600 Yenish (Swiss gypsies) children from their families and their placement in «good families», orphanages, workhouses and psychiatric and penal institutions. The removal was part of the struggle against travellers and «vagrancy», conceived of as a hereditary disease. Pro Juventute was assisted by communal, cantonal, federal and clerical institutions. In the 1970s, a critical Swiss consumer journal, the *Schweizer Beobachter*, made this scandal public and started the fight against this inhuman tort, until the victims were finally recompensed. Though the removal had partly been legitimized on eugenic grounds, the «remedy» – placement in families, orphanages etc. – was a social measure.

This shows once again the typical feature of Swiss eugenics. On a discursive level, argumentation supporting eugenics continued to be found in official publications, such as the message of the federal government of 1944 and its discussion in Parliament in 1945 until the end of the 1950s, and semi-privately within the scope of the «Kinder der Landstrasse» programme or articles and speeches held by scientists.

On a scientific level, the practice of eugenics disappeared or was explicitly contested. Manfred Bleuler, director of Zurich’s «Burghölzli» psychiatric clinic, wrote in the 1955 edition of his book on psychiatry (Lehrbuch der Psychiatrie) that there had so far been no proof to support the assertion that the mental diseases evident in a family were always hereditary.43

Although certain excesses of eugenic and reproductive policies were criticized, few were ready in the 1970s to acknowledge that even Switzerland had a «eugenic past». The notion that Switzerland had resisted the German influence and was neither a collaborator nor an imitator of Germany’s approach was sustained in the scientific domain. And the Swiss government’s view that eugenic policies were not a political device and that political institutions were thus not liable for their implementation allowed the Swiss parliament in 2005 to decide against financial reparation to women who had been urged to undergo sterilization. The government’s perception was clearly not influenced by the new understanding of «the political», which was identified as being part of modern biological politics comprising biopolitics and, with it, eugenics.44

4. Biopower, Eugenics, Genetics – Choice and Coercion

At about the same time when the benefits of eugenics were strongly contested, a new dimension of reproductive control had already gained normative status: control based on human genetics. In the first half of the twentieth century, molecular genetics was still unable to utilise the knowledge gained in fields beyond genetic counselling. This changed considerably after the discovery of the helical structure in 1953 and the possibilities of genetic prenatal diagnosis for chromosomal anomalies by amniocentesis and other biochemical tests based on human genetics in the 1960s and 1970s. Since the beginning of the twentieth century, genetics started with the assumption that physical diseases and mental disorders were the result of genetic dispositions. The question of stability and change in the «inherited material» 45 and the so-called «nature nurture question»,46 however, had also accompanied the development of eugenics and genetics. Genetics could now offer deeper insight and

43 M. Bleuler, Lehrbuch der Psychiatrie, Zürich 1955, 144.
«remedies» by yielding more reliable results in the process of screening. After 1945, genetics was successfully established as a new science that was apart from eugenics. New geneticists continued to emphasise this distinction by insisting that genetics in general and genetic counselling in particular had nothing to do with eugenic marriage counselling and reproductive politics. Instead of being collective, coercive and prescriptive, it was allegedly non-directive and individualized. It also allowed for choice. This concept of a completely new and «innocent» science could only be successfully maintained if NS eugenics and racial hygiene were taken as the one and only point of reference for what eugenics was about. Any comparison between the Swiss or, in some cases, the Scandinavian characteristics of eugenics and genetics would have led to a different result and exhibited greater similarities between eugenics and genetics. It has been described how women were pressured to accept sterilization by requiring it in conjunction with an abortion. They were also threatened with a loss of financial support or internment. The only choice remaining was often an impossible one. The impact of this predicament should not be underestimated. It is cold comfort that the number of victims, that is those who actually had no choice and were in some way or other forced to accept sterilization, was probably smaller than historians first thought before they began their research. The comparison of «old» eugenics vs. «new» genetics is – however – not a comparison between the authority of the state and the autonomy of the individual. This does not justify the pressure exerted on women, even if some women could resist or indeed benefited from the opportunity offered under the guise of eugenics. Rather it shows that there are more similarities between the social consequences of eugenics and genetics than if we were to simply take NS eugenics as the only point of reference.

Advances in genetic diagnosis – especially the ability to test for a growing number of genetic disorders – have prepared the ground for the idea that society has a desire for, and the mother has a claim to, a child (one that is as healthy as possible) and that the implementation of far-reaching prenatal examinations should enable women to opt for an abortion in cases of a genetic defect. If a woman should decide on an abortion, sterilization is no longer an oppressive threat looming in the background.

Nevertheless, the fear associated with the new genetics was that it might cause eugenics’ resurgence. Public opinion in Switzerland seems to have been very sceptical about the new science’s possibilities. Several organizations – among them feminists, the political parties of the left, religious groups and opponents of genetic engineering – played an important role in influencing the comparatively restrictive legislation of the 1980s in the fields of reproductive diagnosis and genetics in Switzerland. Amniocentesis, which started in the 1970s, did not however lead to public discussions, and when the practise caused a heated debate in the context of the discussion of In Vitro fertilisation (IVF) and was accused of being eugenic in the 1980s,
it had already been well-established. There was some opposition against IVF, but at the beginning of the practise in 1985 there were no applicable federal laws and cantonal regulations varied. The Canton of Basel, for instance, banned it, while other cantons did not regulate it at all. The medical profession introduced its own regulations that varied from year to year, leaving much freedom to its practitioners.\textsuperscript{47} A constitutional initiative «Against abuses of reproductive and genetic technologies» launched by the consumer magazine «Beobachter» in 1985, led to the passing of a constitutional act prohibiting all genetic manipulation in gametes and embryos, embryo donation and all forms of surrogacy in 1993. IVF treatment was reduced to cases of infertility. The act is considered to be comparatively restrictive.\textsuperscript{48} The law of 1996, which came into force in 2001, maintained the restrictive policy and prohibited pre-implantation diagnosis (PID). This prohibition has been challenged and will probably be abolished in a new law.

In the opposition to artificial reproduction technologies (ART), the eugenic argument played an important role and was partly responsible for the restrictive Swiss legal regulation. Discussions and debates in Switzerland were highly influenced by German debates, and this added considerably to the negative Swiss response. Eugenics however always took on the character of NS eugenics, as it was perceived to be on the threshold between the subjects of breeding, extermination, control and racism. The Swiss development of eugenics occurred more subtly. As it was couched in the form of medical advice and not as a state-enforced programme, it was hardly noticed. Contributing to this limited awareness was the fact that the programme was not acknowledged as eugenic – as shown at the beginning of this paper – and there was a lack of research into its mechanisms.

In an attempt to vindicate the new technologies and to change the law, which began shortly after its implementation in Switzerland, genetics was dissociated from the concept of NS eugenics.\textsuperscript{49} Proponents could demonstrate that new reproduction technologies showed no similarities to NS eugenics. In other words, they were not a preliminary stage of murder and genocide; they were not even considered to be discriminatory, as they were neither to be used against the disabled, nor against women or for the purpose of eliminating racial minorities. The technologies also were not tied to applications of force and pressure, but instead was considered to open up new opportunities by addressing the situation of the individual, not society or the gene pool.

In a broader definition of what eugenics was like, however, it becomes clear that pressure and coercion once again became dominant with the new genetics – specifically, the pressure of using reproductive technology and screening techniques. Screening only makes sense if, in case of a «defect», an abortion is actually carried out. The pressure is more diffuse and from a decentralized power. It nonetheless exists because public opinion considers it «unjustifiable» to give birth to an impaired child. Here the question of costs arises once again, both personal costs and costs to the health system.

Today, scientific knowledge and the use of genetic testing allow for a more precise prognosis than methods that only rely on pedigrees and family history. The results, however, are still expressed as statistical probabilities, which are significant for a large group but less so for the individual. This poses severe problems to those faced with making the decision. Furthermore it still seems to be a decision between _lebenswertes_ versus _lebensunwertes Leben_ («life worthy or unworthy of life»). The continuum between old and new is stronger than suspected even when it comes to the question of the discrimination against women. Their bodies are subject to examination and invasive procedures. Since they are expected to optimize the health of their children, they feel guilty and incur the costs if they refuse. Costs, however, do not seem to play a role when it comes to developing all the new means of testing, regulation, perfection and the enhancement of the human species. Compulsion in the area of pregnancy is now manifested in the pressure to use these possibilities and scientific methods to give birth to a child that is as healthy as possible and to improve the gene pool. Petra Gehring has correctly pointed to the fact that the logic of biopower is not the «logic of compulsion» but the «logic of advantage». Discrimination thus takes an indirect but very effective and cynical form against those who cannot leverage the new «possibilities».

In Scandinavian countries compulsion with respect to sterilization and abortion was abolished in the 1960s and 1970s. But it is now exercised in different ways and by different professions. It may take the form of administering birth control pills or removing children from parents considered incapable of rearing children. Discrimination can also take a direct form, especially as the cost of reproductive technologies is covered by public expenditures. The new Danish guidelines require fertility clinics to assess the infertile couple’s commitment and ability to parent. They are authorized to deny treatment to couples considered unfit for parenthood. These are, according to Lene Koch, «the usual suspects, well known from traditional eugenic provisions». In Switzerland, the triage will probably also continue with regard to the question of financial means and who can afford ART. The regulations, however,
exclude homosexuals. The question about whether all this can be called eugenic remains just as it was in the 1930s.

It is the continuity of what Gehring has called the «double red thread», or «the biopolitical double red thread»,\(^\text{52}\) that causes me to doubt whether we can really speak of «two historically specific forms of biopower»\(^\text{53}\) when we compare «old eugenics» and «the new reproductive genetics». After all, society does indeed experience new eugenics – or rather, the old eugenics in a new form – and it even uses the same term. «Soft eugenics» is the expression used for techniques which promise the optimization of human nature, such as the prenatal selection of characteristic traits or selective techniques to prolong life. If you consider the objective, this does not seem so very new.

In their 2005 introduction to «Eugenics and the Welfare State», Niels Roll-Hansen and Gunnar Broberg assumed that the «willingness» of historians to deal with the complexity in the history of eugenics was still «limited». Although historic research has increased since then, eugenics is still conceptualized in the form of NS eugenics in public discussions, political and legal processes and the arguments of the medical institutions.

\(^\text{52}\) Gehring, *Biomacht*, 220. A non invasive blood-test to diagnose trisomy 21 has very recently added to the discussion and critique on prenatal testing.

\(^\text{53}\) Koch, «How Eugenic».

**Eugenics in Switzerland before and after 1945 – a Continuum?**

1945 cannot be considered as a turning point for Switzerland’s history of eugenics. Quite unnoticed, Swiss eugenical measures – including sterilisations, abortions, (marriage-) counselling, marriage prohibitions and naturalisations – remained effective even after 1945. This is also due to the fact that sterilisations could only be realized with the formal authorisation of the concerned subjects. They were considered as individual or rather medical decisions taken by the «patient» and the doctor without any governmental instructions or legal regulations. Nevertheless, some of these authorisations were extorted. However, they were not identified as eugenic in Switzerland because Nazi Germany’s compulsory sterilisations and mass murders were considered as «standards» for eugenic measures.
Eugenik in der Schweiz vor und nach 1945 – ein Kontinuum?

L’eugénisme en Suisse avant et après 1945 – une continuité?
Dans l’histoire de l’eugénisme en Suisse, l’année 1945 ne peut être considérée comme un tournant. De manière presqu’inaperçue, les mesures eugéniques suisses – parmi lesquelles nous pouvons citer les stérilisations, les avortements, les conseils (matrimoniaux), les interdictions de mariage et les naturalisations – demeurèrent efficaces même après 1945. Ceci s’explique également par le fait que les stérilisations ne purent être réalisées qu’avec l’autorisation formelle des sujets concernés. Considérées comme décisions individuelles ou médicales, prises par le «patient» et le médecin, elles ne furent soumises à aucune instruction étatique ni règle juridique; les autorisations restèrent toutefois en partie extorquées. Néanmoins, elles ne furent pas identifiées, en Suisse, comme étant eugéniques parce que les stérilisations forcées et les meurtres de masse dans l’Allemagne national-socialiste servirent de «critères» pour les mesures eugéniques.

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