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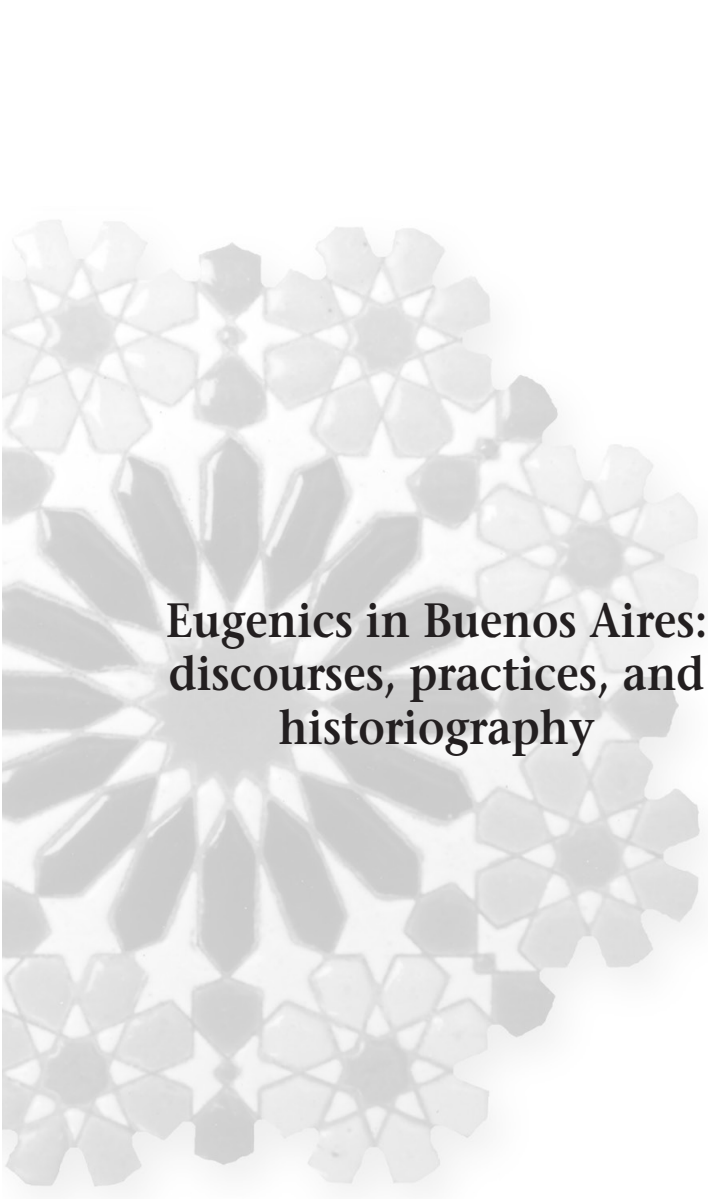


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Eugenics in Buenos Aires: discourses, practices, and historiography

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Abstract

Since the early 1990s, a series of studies underscored the overwhelming presence of positive eugenics in modern Argentina. These works emphasized the marginal role which discourse on eugenics took on violent methods for selection. In recent years, this point of view has shifted, emphasizing the conceptual viscosity of eugenics as well as the presence of negative eugenic discourses. This paper discusses these historiographic trends, and also dwells on the narratives that those perspectives articulated in relation to the question of sterilization and regulation of marriage of those who had tuberculosis in Buenos Aires during the first half of the twentieth century. This example stresses the need to examine discourse as well as practices in understanding and making sense of the past.

Keywords: historiography; discourses; practices; tuberculosis.

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Five lines of a T.S. Eliot (1925) poem may sum it up better than historians, philosophers, political scientists, or politicians ever could:

Between the idea
And the reality
Between the motion
And the act
Falls the Shadow.

This paper is about that shadow.

The past is open. Open to new views and interpretations that mark the development of historiography with varying degrees of sophistication. And also open to new themes that enter into the narrative of history. The historiography on eugenics in Argentina illustrates both of these issues at work while also providing an example to confirm Eliot's idea.

If for a long time eugenics lacked any historiographical relevance, since the early 1990s, some studies have emphasized the dominant presence of a so-called positive, environmentalist, and educational eugenics that has been something of a Latin tradition. These works noted that in both discourses and practices, only a marginal role – if any role at all – was taken up by the sterilization and violent selection methods that were tied to the negative, gene-based and “sterilizing” eugenics strongly present in the Anglo-Saxon and North American world. In recent years, an effort at historiographical revision has been taking shape, focusing on three key issues: first, the detailed study of eugenic discourses; secondly, a search for areas where these two strains of eugenics – “positive” and “negative” – blend in an effort to organize society based on the establishment of biological hierarchies, using both open and hidden forms of coercion; and finally, the study of the tensions between these two discourses of eugenics and the somewhat limited way in which they materialized into initiatives and policies.¹

The emergence and consolidation of eugenics as a subject of study

Eugenics stood at the intersection of biology and politics and was, undoubtedly, an idea of its time. It was not a pseudoscience but rather, a rationalized manifestation of the need and desire to control and dominate the population – a priority for the many modern ways of thinking that emerged at the end of the nineteenth century and the first half of the twentieth. It was largely a way of talking about social problems in biological terms. With remarkable speed, eugenics was defined as “the science of improving primal material,” or the science that distinguished between promoting the reproduction of the “fittest” and limiting or preventing the reproduction of the “less fit.”

Contemporary historiography on eugenics has produced a range of interpretations designed to explain a concept as well as processes aimed at addressing problems, which despite their varying scopes, were relevant to individual and social life. Whether thematically focused or with wider-ranging ambitions, these studies deployed an agenda centered on a series of issues: technologies that aimed to control individual bodies and “improve the race” using resources of identification, classification, hierarchy and exclusion; the identification

of ideas and perspectives that called for the formalization of professional networks beyond the scope of a single nation; local discourses that looked to intervene in real life; the implementation – if such a thing even occurred – of specific policies and their results at the individual and social levels.

There were many forms of eugenics – to judge by the rich range of adjectives used on the subject, both in the past and today. As usual, the more malleable and fluid a concept is, a wider array of adjectives is used in an attempt to reduce this malleability and viscosity. Hence there has been talk of a difference between “Anglo-Saxon” and “Latin” eugenics – “positive” or “negative;” soft or hard; environmentalist or geneticist; preventive or selective; openly or slyly coercive. These are just some of the adjectives used over the course of the first half of the twentieth century, by contemporaries and, more recently, by historians.

There were, however, two versions – which, although putting themselves forward with different nuances and emphases – tended to dominate opinions on the subject during the first half of the twentieth century in the Western world. One was so-called Anglo-Saxon eugenics, as understood and applied in Germany, the Scandinavian countries and the United States. In all its various initiatives, this type of eugenics returned to a distinctive theme: the sterilization, castration, and euthanasia of undesirable beings or those who would presumably conceive children with serious hereditary diseases. On the other side, “Latin” eugenics was committed to encouraging the reproduction of individuals or groups considered to be superior with the purpose of modifying the average quality of the population – through campaigns of eugenic education, laws regulating marriage, initiatives for mothers’ health and childcare, and general and specific public health measures.

As in other countries, Argentina saw the production of various versions of the eugenic ideas circulating in the West. These ideas were localized as a result of the contributions of a heterogeneous intellectual and professional group that included liberal and conservative, socialist, radical and anarchist, nationalist, fascist and philo-nazi politicians, doctors and psychiatrists, lawyers and criminologists, writers and essayists. Their emphasis changed over time, but its recurrent themes were: health problems in the city; selection of immigrants; the fight against “racial poisons” – primarily syphilis, tuberculosis and alcoholism; improvement of working conditions; protection for motherhood and childhood; creation of an awareness of eugenics that drew on individual self-discipline; the declining birthrate among the white population and the downtrend of European immigration after 1930; and isolation and sexual segregation of individuals who were seen as irretrievable (certain types of the insane, criminal, sick or other “abnormal” individuals). All of these processes were seen as a way to avoid contagion and unwanted procreation, and they were discussed as parts of a project which – if put into effect – would perfect what was loosely called the “Argentinean race.”

A historiography emerged around these topics in which authors of different generations coexisted, all influenced by changing, and varied agendas, approaches and manners of interpretation. On one hand, there are pioneering works and some revisionist readings based on the history of eugenics as a history of discourses. On the other hand, there are interpretations that look at both the history of discourses in addition to the history of the materialization of these discourses in individual and collective experiences.

The history of eugenics as a discourse

Eugenics created a place for itself in Argentinean historiography in the pioneering work of Nancy Stepan (1991). Her work, *The hour of eugenics*, which focuses on three Latin American countries, effectively illustrates the unity and diversity that has characterized the modern history of the region. With less detail and problematization than in her discussion of the Brazilian and Mexican cases, she discusses Argentinean eugenics by concentrating on the aforementioned themes. She concludes that there is a dominant – though not all-encompassing – presence of discourses framed in the positive, environmental and “Latin” manner of approaching eugenics, but also a strong influence of the Italian biotype on Argentinean eugenics. Thus, from the 1930s onwards, “negative” eugenics began to be expressed with renewed force, though primarily among criminologists rather than among doctors and health professionals, and without successfully displacing the central place that positive eugenics had continued to enjoy. Stepan’s book was never translated into Spanish, and had only limited circulation in Argentinean academic circles. Retrospectively, however, it is certainly appropriate to point out that her work heralded an agenda considered by historiography in the two decades following its publication: expanding the period covered, delving into topics that were barely suggested, reviewing some of her assumptions, and using eugenics as an entry to discuss other questions.

Much of this historiography is tributary, extending a slant that marks *The hour of eugenics*, a book that discusses discourses and ideas not so much effectively articulated policies as such, and much less as to their impact on daily life. This historiographical slant may be due to various causes, including the inclinations of the author, the availability of sources, and – a decisive factor in the history of eugenics in Argentina – the greater or lesser materialization of those eugenic ideas.

Héctor Palma (2016, 2002) took up some issues introduced by Stepan, but focused his discussion on the symbols that placed Argentinean eugenics in line with Western discourses throughout the twentieth century, not only in the decades when it enjoyed an unconcealed presence. He emphasized the ideological and professional diversity of Argentinean health professionals, their early concerns about health and hygiene issues as tools to improve the race – broadly understood as the population – and emphasized the impact of Italian fascism and German Nazism over Argentinean eugenicists as early as the 1930s. Perhaps oversimplifying sometimes, he summarized recurring themes in the agenda of Argentinean eugenics: immigration, marriage, contraconception, crime, alcoholism, syphilis and tuberculosis. He reaffirmed that despite a variety of discourses, Argentinean eugenics rejected the strategy of sterilization, identifying the State as the key protagonist of the effort to regulate human reproduction – by encouraging the reproduction of those who were fit and limiting that of those who were not. In a cursory description, we can say that Palma suggests a conclusion that I am interested in highlighting: that the field of ideas surrounding eugenics was much richer and reached much further than its expression in initiatives, interventions and policies. Many years later, after comparing the trajectories of eugenic discourses in relation to physical culture in France, Great Britain and Argentina, Andrés Reggiani (2014) also underscored, in very general terms, the modest materialization of these discourses into practices and initiatives.

Sergio Cecchetto (2008) continued Palma's perspective, discussing eugenics not only as an idea in Western thought, but also its location in Argentina and over the century. It is clearly a contribution to the history of eclecticism that has shaped the history of ideas in modern Argentina, particularly when he traces the reception of Mendel's genetics. The opinion Cecchetto expresses in an overt Foucaultian reading, is that eugenics is a way of accounting for the process of medicalization of society, focusing on efforts of governance designed to model behaviors, induce consensus and generate individual and social consent.

Several other works, with more historicist aspirations, and discussing eugenics not so much as a problem in itself but in relation to some specific questions of the Argentinean experience, facilitated the transformation of the subject into a topic if not recurrent, at least increasingly relevant in study of the formation of modern Argentina.

In all these works, the imprint of the agenda announced by Stepan a few years earlier cannot be concealed. Marcela Nari (2004, 1999) discussed the place and weight of eugenics in Argentinean social thought between 1890 and 1940, reaffirming that it was the "positive" version that was dominant. Without altering Stepan's interpretation, but basing her reading on a much wider and more varied collection of references, Nari incorporated sterilization into the narrative. She concluded that the "negative" eugenics was only a marginal component for those who aimed at hierarchizing the improvement of the race, affirming Catholic morality, medical ethics and consolidating of public health, particularly health care for mothers and children. All these initiatives were aimed at the development of a popular health consciousness whose ultimate goal was to strengthen individual self-discipline. These resources – characteristic of positive eugenics – were meant to eradicate degeneration and regenerate and build a new national race. Like Stepan, Nari did not ignore the perspective, starting in the 1930s – when modern genetics began to displace neo-Lamarckism – that it was essential to isolate certain individuals and select, penalize, and make use of negative eugenic resources such as sterilization and abortion. But she insists on the marginal position of these approaches in eugenic discourses. In the end, what seems to have been the most enduring and dominant proposal among eugenicists in the first half of the twentieth century was the idea of eugenic marriage, promoted through legal unions, and conception by individuals considered to be morally and physically healthy. Those who were considered unfit, meanwhile, would be prevented from marrying and, thus would not be able transmit their supposed anomalies to their descendants.

The dominant presence of Neolamarckian interpretations of inheritance and the transmission of acquired characteristics were among the themes of a book focused on the discourses of politicians and intellectuals who were shaping how liberal and conservative elites confronted social issues in the late nineteenth and early twentieth centuries (Zimmerman, 1995). In this context, the elites' project of social and moral reform found in an improved environment – not in inherited factors – the reasons for an optimism oriented to forging the "national race." The book traces these ideas of reform – not their achievements – emphasizing, in very general terms, the importance of public health, health care, sanitation, working conditions, racial degeneration and overseas immigration.

For a later period and focusing attention on the issue of immigration in the early days of the first Peronism, in 1940s and 1950s, Carolina Biernat (2007) highlighted the eugenic roots

of the discourse of foreigners' selection, particularly environmental arguments based on the tradition and sensitivity of Italian Catholic culture. This Italian influence on Argentinean ideas did not remain unchanged over time. If in the 1920s Argentinean and Italian jurists, criminologists and psychiatrists argued for "Latin science" against Anglo-Saxon materialism, in the 1930s the distinctive feature was a very active Italian cultural diplomacy that associated the values of Latinity with those of fascism. Eugenia Scarzanella (1999) had already studied some of these changes which, through the influence of biotipology, ended up reconciling the discourses of science, Catholicism and concerns about motherhood and childhood. It was within this framework that an image of Argentina flourished as a mixture of races that would offer a doctrinal basis to the social and health policy of early Peronism. It is not surprising, therefore, that eugenics also permeated many of the ideas of Ramón Carrillo, the most prominent Peronist public health physician of the second half of the 1940s. Analyzing his ideas, Karina Ramacciotti (2009) underlined that, along with biotipology, Carrillo characterized an "ideal national type," which could be improved through environmental interventions. However, in this point of view, individuals' own hereditary capital defined a limit that could not be surpassed.

The creation of the concept of this ideal national type, a kind of discursive attempt to create the "Argentinean race," was also discussed in relation to individual and collective hygiene. These are works (Armus, 2000, 2007, 2011) that found in the discourse of hygiene not only a resource of environmental eugenics that made it possible to articulate, in technical terms, political concerns of different doctrinal dimensions, but also a value that in the medium term was celebrated by elites and sections of the public regardless of their political-ideological definitions. Beyond the meaning that each individual, social group or political-ideological persuasion could give to personal and collective hygiene, these discourses were encouraged as an instrument that promised purity less than the improvement of the "Argentinean race."

With various emphases, and usually ignoring reasons of nationality, anarchist intellectual groups found in eugenics a topic of reflection linked to their commitment to imagine a radical change in society and culture. Thus, several authors immersed themselves in the libertarian discourse of the first decades of the twentieth century concluding that eugenics and neo-Malthusianism were a tactic of "good living," clearly distanced from the ideologies of progress – with or without profound social change, inside or outside of capitalism. Based on the tactic of "good living," anarchism worked up alternative perspectives on female emancipation, sexual freedom, contraception, and sterilization. This gives an insight into how the ideas of eugenics were framed, reinterpreted and resemanticized by these sectors that were contesting from places far from power different versions of eugenics articulated by political and professional sectors linked to the conservative, liberal and reformist elites (Barrancos, 1991; Ledesma Prietto, 2012; Jimenez-Lucena, Molero-Mesa, 2014).

At the start of the twenty first century, studies began to appear aiming at reviewing interpretations that pointed to the dominant positive profile of Argentinean eugenics. With challenging emphases, they underlined its repressive will, the violent use of social control, its marked racism, classism and sexism. It was in these years that Stepan's legacy began to be questioned by a small but very active group of researchers. One of its departing points was the need to recognize the viscosity of the basis on which eugenics had been built, regardless

of its slant – genetic or environmental, sterilizing or educational, negative or positive, Anglo-Saxon or Latin. That viscosity and its biases were built from the premise of detection of the “other.” Thus, while Anglo-Saxon eugenics encouraged strategies of exclusion based on certain physical or moral traits attributed to the hereditary endowment of the subject, and proclaimed without question the need for the sterilization of the unfit “other,” Latin eugenics operated through a kind of inclusion by assimilation which, with the help of more or less violence, ought to facilitate the inclusion of that “other,” as long as it ceased to be what it was, adapted to become innocuous, and finally became able to generate genetically fit beings. Gustavo Vallejo and Marisa Miranda (2004) proposed to dispense with the concepts of Latin and Anglo-Saxon eugenics and, instead, to distinguish between two types of eugenics: eugenics with explicit coerciveness, and eugenics with disguised coerciveness.

With this perspective, the emphasis was no longer on whether the eugenicists wished to defend, for example, sterilization: it was a question of exposing the hidden coercion of Argentinean eugenics. To this end, this historiography embarked on an overtly revisionist agenda, revisiting and reinterpreting discourses and institutions – and to a lesser extent initiatives – that had previously been discussed, and are still under discussion, as non-explicitly eugenic issues. Framed in this way, such issues are part of the history of reform and social control that marked the Argentinean experience during the first half of the twentieth century. Thus, the fight against venereal disease, the concept of the prenuptial medical certificate, health control and selection of immigrants, and the breeding of the race become subjects of the biopolitics of the exclusion, “otherness,” and eugenics (Miranda, 2003; Vallejo, Miranda, 2005). At times, they focus on professional groups, on specific institutions of the State and civil society, and also on emerging disciplines (primarily biotipology), closely linked to the project of enforcing such coerciveness (Vallejo, Miranda, 2005). At other times, aiming to reveal the viscosity of Argentinean coercive eugenics that results from both hereditism and environmentalism, they examine external influences, paying particular attention to the Argentinean reception of ideas originating in Nazi Germany or Fascist Italy (Miranda, 2003; Vallejo, Miranda, 2004; Vallejo, 2005). Reggiani (2005) explicitly tried to add to the discourses on coercive eugenics some attention to the “institutional ecology” associated with them. In doing so, he discusses the discourses, the institutional places where those discourses took shape, the international networks that nurtured them, and how – if at all – those discourses adjusted to local ideological contexts. In these works, the local is an Argentina that appears as a homogeneous reality where – with few exceptions – the vast, varied and unequal geography of the nation is subsumed to the worldly social and cultural life of Buenos Aires.

This revisionist agenda, which has played an emphatic role in the viscosity of eugenics, also dealt with Catholicism. Miranda pointed out that the Catholic eugenics discourse emphasized, on the one hand, an environmental and positive posture, reacting against sterilization and, on the other, the dominant place of Catholic morality as a regulating and, if necessary, punitive resource for the sexual and reproductive instincts of those who were unfit for marriage and procreation (Miranda, 2014). To the moral constraints of the Catholic Church was added a radio show that indiscriminately sought to feed the individual self-restraint of its listeners, including both those labeled as normal and as abnormal. Through a transaction that mixed environmental and geneticist measures in the same discourse, the audience itself had to

become co-responsible for a variety of coercions, from the need to obtain the prenuptial certificate to avoiding alcoholism, and from daily hygiene and education to acceptance of the convenient sterilization of degenerates and inferiors (Vallejo, 2008).

Beyond the undoubted – but debatable – productivity and value of these re-interpretations of the question under the lens of whether eugenic coercion was open or dissimulated, one issue is remarkable: the provocative and very timely proposal to examine the emergence and consolidation of discourses aimed at improving public health from a new perspective. This new appraisal was to include – not exclude – a historical-cultural reconsideration of ideas of health and improvement based on the controversial concept of “desirable beings” and “undesirable beings.” In this sense, it is a revisionist historiographic impulse that overlaps with some of the interpretative models of the historiography of social control, in particular those that find in the disciplines and technologies of modernity ways that increase the loss of freedom and that contribute little to agendas for real change and reform. However, and despite this community of approaches, there has so far been no fruitful exchange between this historiography of social control and the historiography of eugenic coercion as concealed or open. The latter, it would seem, is too focused on itself.

The history of eugenics as a history of discourses and practices

How to evaluate the impact of eugenic discourse on any of its targets, and with what emphasis? How much did they influence the daily life of the people, and their vision of the world and their lives? To what extent have the practices of various professional groups been effectively shaped by the eugenics manual? Did the Argentinean state have consolidated institutions and sufficient professionals and resources to effectively improve the population – as positive eugenics wanted, with its enthusiastic encouragement of social policies – or to exclude undesirable and dysgenic people using all available means – as negative eugenics suggested?

These are questions that unveil the risk of examining the past through discourses alone, without making it explicit that often they had no tangible influence in the daily life of the population. I illustrate this with some examples. Although it was tried several times, eugenics was never included as a subject in the school curriculum, since the necessary biotipological analysis and storage of individuals’ somatic, genetic and moral information in personal cards was never a widespread practice. The panoptic project for widespread observation of urban life and space never materialized as expected. Selection of immigrants was not adopted, and proposals to reject, for example, Jewish immigrants happened simultaneously with a sustained inflow of foreigners of that origin from Central and Eastern Europe. The preaching that encouraged populating the countryside and developing popular farms was totally irrelevant to the facts on the ground. The biotipological institutes that were supposed to be founded in the great cities never came into being. Maybe half a million people listened to the broadcast ideas of eugenics, but those numbers hardly make it possible to conclude that they prevented the procreation of supposedly unfit beings.

These initiatives and proposals that did not materialize in practice – and which demonstrate that history is more than discourses – were present in the reports of those who managed the

new state agencies focused on health issues. And it was these tensions that have been feeding a modest historiographic production, attentive to discourses and practices. In perspective, this historiography can be described as a revisionist effort in the history of eugenics discourses, both those of open or concealed coerciveness and those of environmental and positive eugenics. It is a group of works that deal with welfare in its double face – social control and social improvement – and seems to be particularly bent on destabilizing the historiography built on the study of coercive discourses.

Focusing on the history of social policies, María Silvia Di Liscia (2008) pointed out a recurrent problem of Argentinean historiography: the history of social policies and eugenics, in any of its versions that accompanied the emergence of modern Buenos Aires, cannot be assumed to be the history of the nation. In other words, Argentina is not the city of Buenos Aires. The point seems obvious, but it is not, particularly when one considers not only the regional diversity of the country and the presence of different state institutions at different places in it, but also that history is more than the history of concepts, speeches and proposals. Focusing on the tensions between discourses and practices of negative eugenics or Latin eugenics present in the four decades prior to the arrival of the first Peronism, she discusses biotipological records, legislation on the regulation of marriage, and the scarcity of institutional centers to promote and enforce eugenic control of the population. With mixed evidence, ranging from statistics to common sense, Di Liscia underlines the ostensible limitations of those coercive initiatives supposedly aimed at disciplining, segregating and discriminating against the dysgenics. Thus, biotipological records – which were intended to register the population from childhood on the basis of their physical, psychological, moral and intellectual traits – were carried out totally erratically, and only for small groups of students from Buenos Aires and some neighboring locations. The law prohibiting the marriage of spouses with leprosy, and establishing compulsory separation of their children was far from effective: only a few leprosariums were established in the Argentinean northeast and even in the mid-1940s most of the lepers living in Buenos Aires were treated as outpatients in public hospitals and were far from being socially segregated as indicated by the legislation. The law establishing the prenuptial medical certificate for men in order to avoid the marriage of syphilitics also does not seem to have been practiced with the minimal effectiveness: in Buenos Aires, only 2.37% of the spouses testified to venereal disease and in the Interior – and probably also in Buenos Aires – the widespread presence of domestic unions reveals the modesty of the state's achievement in regulating marriage. Further, the Institute of Biotipology, Eugenics and Social Medicine – the most emblematic institutional instance in the attempt to create an Argentinean national biotype – did not achieve any kind of minimally significant implantation outside of Buenos Aires.

Adrián Camarotta (2011) conducted a detailed study of index cards and personal health records used in a secondary school in the metropolitan area of Buenos Aires between 1946 and 1955. María Silvia Di Liscia (2004) had already highlighted the role of teachers – over the role of doctors – in an effort during the first decades of the twentieth century to spread vaccination and typological transfer of schoolchildren as part of a consensual civilizing and socializing discourse that prioritized hygiene and medicalization of bodies and teaching institutions. They were erratic initiatives, with deficient or very modest achievements.

Camarotta (2011) revealed the limits of these efforts with a case study of the first Peronist period, when social policies were expanded more than ever before, taking in a wider range of issues and articulating a clear vocation to spread throughout the country. In those years, and in the heat of biotipological and eugenics discourses, new technologies of health control began to be used that would help to reach vast sectors of the population, such as *abreugrafias*, rapid x-rays of the lungs that made it possible to detect tuberculosis. However, Camarotta refrained from concluding that the availability of a new technology and a discourse meant it was effectively implemented. He illustrated this tension between discourse and reality by examining the scarcity of the specialized personnel who could have made these initiatives and policies effective, and also parents' resistance to subjecting their children to periodic medical checks – although these were carried out only in the first year, for the sole purpose of facilitating the student's entry into a secondary school. At least for his case study, Camarotta concluded that the ambitious biotipological agenda underlying the students' enrollment appears to have been quite modest: sporadic and discontinuous records, a few periodic vaccinations, and limited initiatives to prevent dental caries.

Camarotta's reservations are in tune with those articulated by Karina Ramacciotti (2010) regarding the ups and downs of policies on childhood during the first Peronist period. The creation of a national school population census, based on individual anthropometric records that would allow detection and provision of information to prevent disease as well as identify retarded and abnormal individuals, was intended to facilitate consolidation of a future Argentinean race or ethnic group. Between 1946 and 1949, the initiative was implemented in Buenos Aires and in a few provinces, where there were indeed registers of some tens of thousands of students, involving some two thousand schools. But the effort did not manage to achieve continuity, nor cover the whole of the country. Ramacciotti indicates two reasons for this discrepancy between an inflated discourse, with bio-typological roots, and its limited scope and materialization. First, the lack of trained personnel: in 1950 there were only 136 biopathologists. Second, the Health Ministry policies on children begin with a national vocation but by the end of the fifties were fragmented and in some cases faded with the growth of other State agencies such as the Ministry of Education, or the Eva Perón Foundation. Thus, Ramacciotti frames her reflections on the general achievements of the first Peronist period – modernizing the State and expanding social citizenship – and also on its failures, of which an example is the national census of the school population, which aimed to help in the eugenic effort to model the Argentinean biotype, and also identify abnormal and retarded children.

The case of pregnancy and abortion of tuberculous women: a history between discourses and practice

Since the end of the nineteenth century the contagion of tuberculosis led to proposals for daily rules for prevention. The magazine of the Argentinean League against Tuberculosis referred to the "meticulous effort" to forge "a popular consciousness in which all classes of society, from the most enlightened to the least educated and even the lowest classes, will have an exact idea how tuberculosis originates and how it is possible to avoid it partially or totally" (La Doble..., 1938, p.2).²

The “indirect prophylaxis of tuberculosis” was put in place in the form of a network of specific institutions for care and protection, school and home-based hygiene manuals, brochures and news articles, films, radio programs, public lectures, cartoons, street posters, and laws. Three were their prominent topics: a war on sputum and dust, the dangers of using corsets, and the sexuality of people with the disease.

All sectors of society feared the disease well into the twentieth century. Vast numbers of everyday situations were described as *tuberculizantes*, that is, conducive to the contagion of tuberculosis. This discourse extended into conjugal life and there were those who moralized the medical discourse by condemning, for example, “certain sexual perversions such as bucco-genital relations” or “contagious kisses of prostitutes” (Navarro Blasco, 1934).

The image of “infectious kisses” led to fears of marriage between a person with the disease and a healthy individual. When it came to active, bacilliferous patients, doctors strongly advised against it. Even when the disease had been cured they did not discard it, and so they specified the conditions under which the bride and groom could know “whether they were fit to marry” (Viva..., feb. 1937, p.308). Some doctors presented the issue as a matter of their competence, by right and obligation. Others did not hide their discomfort at having to harmonize the feelings of the patients involved and the medical reasons. In any event, everyone agreed that the couple should be watched if one of their members was sick. The tuberculous man was advised to have “spaced sexual intercourse, as short and remote as possible” and that he kept his mouth “in a state of perfect grooming, carefully inspecting mustache and beard” (Lozano, 1917). Unmarried men or women with tuberculosis were told they could marry only when they were cured and had “sufficient resources to avoid being forced to work excessively” (p.433).

As part of this effort to control the contagion, proposals were launched to regulate marriage and pregnancy among the sick or between a sick and a healthy person. The physician Carlos Bernaldo de Quirós (1943, p.44-45) clearly stated this perspective, in the early 1940s:

Reasons of public order, social morality and home and institutional consolidation prohibit dysgenetic elements – whose freedom is a public danger – from reproducing unthinkingly or criminally, since they may transmit their degenerative defects to their offspring.

This was nothing new – since the end of the nineteenth century there had been no shortage of voices from the widest range of ideologies proposing to implement preventive policies by coercion of the population, including violent selection, and even sterilization, in relation to reproduction by those considered to be unfit.

A doctoral thesis of 1880 argued that marriage between people with tuberculosis should be prohibited as it unleashed passions that increased the causes of the disease (Ramirez, 1880, p.41-43). Later, a medical journal praised the vasectomy work being done in the United States indicating that it was necessary to consider these more drastic methods “after the practice of prohibiting marriage between degenerates and criminals as well as between syphilitics and tuberculars had been evaluated ineffectively” (La Semana..., 17 mar. 1910, p.420). A Uruguayan, Paulina Luisi, a known member of socialist circles in Buenos Aires, defended

the so-called “negative procedures” – sterilization, abortion, contraceptive practices – and also prenuptial health examinations:

Orientation on birth control should be usefully applied to achieve births that made the desired conditions of excellence; ... all those who are in transient or permanent conditions of inferiority, and therefore at risk of producing offspring of poor quality, should refrain from procreation. By selection first, by childcare later, man will manage to achieve resistance, strength and vigor for his descendants (Luisi, 1919, p.25).

In this context she believed that abortion was not only “a right but a duty ... particularly when it comes to expelling the unhealthy fruit of a tuberculous person, a madman, a syphilitic, or an alcoholic.” She was convinced that “the germ of tuberculosis” was not inherited, but

what could be inherited was the terrain since the son inherits an organism with little resistance, that makes it easily accessible to the advances of the infection – so that if tuberculosis is not passed on at birth as syphilis is, the child is born, instead, a impregnated by tubercular toxins, ... unflinchingly predisposed to acquire all the infections (Luisi, 1919, p.25-26).

In the face of these risks she proposed sterilization, a procedure “completely harmless in man” and something more “delicate” in the woman, but one which, Luisi thought, would become more and more simple with “the progress of modern surgery” (La Vanguardia, 22 nov. 1916, 15 nov. 1916, 5 jan. 1917). It should not be surprising, then, that some doctors spoke of therapeutic abortions during those years, arguing that tuberculosis progressed more rapidly during pregnancy and that since for poor pregnant women both the sanatorium and feeding were inaccessible, it was advisable to “interrupt the pregnancy” (La Semana..., 6 oct. 1912, p.471).

In the 1920s and 1930s, the enthusiastic discourses on contraception were thought to be a resource for eugenics. *Viva Cien Años*, a health magazine in which marriage was identified as having connotations of social, biological and moral obligations, through the psychology of love and desire, stated that “nobody has the right to generate beings that are uncontrolled in their physical capacity or of diminished human value” (Viva..., nov. 1936, p.133-134). Some tisiologists encouraged temporary sterilization of married tuberculous women, with arguments centered on the negative effects of pregnancy on the health of the sick woman (Lascano, Sayago, 1934, p.57). The libertarian physician Juan Lazarte (1934) recognized not only the need for sterilization – which he said should be considered as a right and not a punishment – but also the convenience of spreading it as a practice among the common people. Lazarte’s position echoed the sustained preaching of anarchist movements from the beginning of the twentieth century in favor of the control of human reproduction, the exaltation of free love and the non-compulsory dissemination of “mechanical and chemical means of preventing pregnancy” (La Protesta, 12 oct. 1915; El Rebelde, 1 mayo 1907; El Obrero..., mayo 1920; Ideas, ago. 1921; Acción..., mar. 1926; Brazo..., 1 mayo 1926).

In those decades, and also in the 1940s, efforts were made to define the circumstances in which sterilization and abortion could be acceptable. Some professional publications talked about sterilization in a state of need. Its legitimacy was not questioned when the mother had a serious illness and the pregnancy or childbirth was risky for her life or when the future mother

or the future father, or both together, suffered from infectious, transmissible hereditary or degenerative disease. In the particular case of chronic tuberculosis, it was recommended by alleging the harmful temptation of successive abortions and the insecurity of contraceptive methods (Jiménez de Asúa, 12 feb. 1941). There were those who advised against sterilization in non-virulent and already healed tuberculosis cases, instead recommending contraceptive methods in order to space pregnancies every two or three years. Others suggested temporary sterilizations when a woman had tuberculosis had prior her pregnancy. And others indicated definitive surgical sterilization when the woman, mother of several children, was close to menopause or prevented from being treated for economic or religious-cultural reasons (Bernaldo de Quirós, 1934; Pérez, 1940).

The subject of sterilization of women with tuberculosis also appeared in widely circulated publications such as *Fertilidad e infertilidad en el matrimonio* (Fertility and infertility in marriage), the second volume of *El matrimonio perfecto* (The perfect marriage), the Dutch trilogy by Theodoor van de Velde, which by the middle of the twentieth century had printed more than twenty editions. He suggested the definitive sterilization of women with tuberculosis, stating that “pregnancy exposed them to grave dangers and even death,” that this was more persuasive than prescriptive, and that sterilization should be done for the sake of the patient herself (Van de Velde, 1940, p.225, 429).

The emphatic discourse in favor of abortions, sterilizations and contraceptive practices – that is, the need to prevent and keep tuberculosis from the world of procreation – also had active opponents. One of them was the Catholic Doctor Ricardo Schwarcz. He added a statistical-quantitative dimension to the ethical and population policy considerations. His study showed that in the maternity ward of the Tornú Hospital – where he served as a doctor – in 1925-1935, there was a steady increase in abortions carried out on pregnant women with tuberculosis. In 1935, with a new medical management in the institution, artificial abortion was formally discarded as a practice, and there was no increase in the mortality of pregnant women with tuberculosis as a result. Further, more than 70% of the children born to mothers with tuberculosis – all participants in a program to prevent any infection by separating them from the mother at birth – were perfectly healthy. Thus, Schwarcz (oct. 1939, p.32) concluded that artificial abortion does not seem to have brought any benefit to pregnant women with tuberculosis, and instead had served, over several years, to “destroy the lives of many children.”

Based on hospital cases but without any claim of statistical significance, Juan Munzinger’s thesis also expressed his perplexity in noting that some women with tuberculosis who had several children improved after birth while others worsened (Munzinger, 1920). And with arguments typical of the pronatalist agenda of the 1920s and 1930s, there were many who decried “negative procedures” as “brutal zootechnics” or “procreational irresponsibility in countries in need of population” (Bunge, 1940, p.48-49). Catholics opposed abortion, arguing that it contradicted divine wishes, and that any effort to regulate the reproductive functions of marriage should be considered unnatural (Rodríguez, 2008). However, some acknowledged that the Catholic Church “had not officially defined its position” and that the issue of “special cases” and the possibility of using sterilization was “very complex since it has not been satisfactorily proven to affect or threaten the welfare of the nation” (Boletín..., ene.-mar. 1931, p.94).

Throughout the period there were more or less eloquent voices advocating measures to limit the reproductive capacity of people with tuberculosis, and others who did not find tuberculosis a danger to the “national race” and, consequently, arguing against regulation of their sex life. This was particularly evident in the new political context facilitated by the military coup of 1930, when conservative sectors that began to lose their belief in biological management saw with increasing interest the way modern genetics had found a place in the discourses and practices of Nazi and fascist regimes in Europe, and some US states.

Thus a curious scenario took shape between 1920 and 1940. On the one hand, there were voices proposing regulation of the sexuality of people with tuberculosis using “negative procedures.” On the other hand, there were those who adhered to the dominant soft and positive eugenics, which did not intend to confine people with tuberculosis to a sexless life and prevent them marrying and having children. Consequently, it was only a matter of reaffirming support for general initiatives of progressive improvement, or more specifically, encouraging women with tuberculosis who had just given birth and were hospitalized not to breastfeed and raise their babies. In this contested scenario, abortion for women with tuberculosis appears to have had some presence in institutionalized medical practice for only a few years.

The prenuptial certificate was another of the resources that aimed to regulate reproduction by the “unfit.” The question was not new. The Civil Code, in force since 1871, details premarital proceedings indicating a certificate of good health from both parties. In his *Curso de higiene pública* (Course on public hygiene), Eduardo Wilde (1878) wrote that “men of science today find it indispensable for families to consult physicians to establish their own physical abilities for marriage. Parents should think of the inconveniences they bring to their husbands and to their offspring.” At the beginning of the twentieth century, and in tune with the discourse of national efficiency, Emilio Coni argued that if “cattle are controlled to improve quality” there was no reason not to require the “certificate of sanity of spouses” (*La Semana...*, 25 mayo 1919). Others pointed out that if approval of the conscript’s physical examination was a requirement for incorporation into the military, “the same should be done with those interested in marriage.” Thus, by “legal means or by the least compulsory means that medical advice can offer,” these selective practices should prohibit the marriage of tuberculars when the disease was still at a virulent stage (*La Vanguardia*, 15 nov. 1916).

In the 1930s the prenuptial examination was already a prominent topic on the eugenics agenda; and in 1940, four years after the law on prophylaxis for venereal disease and male prenuptial certification was passed, some public health doctors insisted on the need for a “mandatory, categorical, individualized, official medical certificate, for both sexes, that prevents marriage for those with chronic, contagious or hereditary disease” (*Boletín...*, nov.-dic. 1940, p.376). But tuberculosis was never qualified as a cause legally prohibiting marriage; its regulation remained in a voluntary area in which personal desires, family and social pressures, and medical opinion were balanced. In the case of people with active tuberculosis marriage was totally discouraged. The problem arose with those that had been cured or those who were in the process of recovery. A government pamphlet of 1930 acknowledged that there was a clear “clash between feelings and the convenience of the patient” (*Cetrángolo*, 1930, p.14), a tension that manifested itself in risks “that were different for the two sexes.” Thus, in the

case of men who had been cured of the disease, “family life, by nature, was beneficial,” while in women, “the responsibilities of the household, pregnancy and childbirth [made it] dangerous” (p.14). In the 1940s, Bernaldo de Quirós (1943, p.14-15) called for a more precise legal framework of the problem and argued that foreign legislation should be followed – in which tuberculosis was a cause preventing marriage. He described the content of Law 12.331, which required prenuptial examination, as “preventive and prophylactic but not eugenic.” That is why he demanded inclusion of “all diseases that have consequences for the offspring ... such as tuberculosis, epilepsy, dementia and other nervous and mental conditions” – thus transforming it into a “veritable marriage eugenics law” (p.14-15).

One initiative that was supposed to help identify the “unfit” was personalized eugenics records. Surveillance of those presumably predisposed to tuberculosis required very early diagnosis, monitoring, and follow-up. From the beginning of the century various forms of registration of an individual’s biological development were discussed. Some emphasized material conditions of housing and certain ways of life and their correlation with tuberculosis (La Semana..., 5 dic. 1901). Others promoted the “health file of the tuberculous patient, where the patient’s record of disease should be clearly registered” (Anales..., 1935). The most ambitious and sophisticated of these monitoring proposals was the biotipological record. Children, women and workers were the social groups on which discourse about eugenics most applied. The individual woman’s “eugenic fertility record” was supposed to record information about race, color and religion, monitor their fertility, and educate them in their maternal “obligations” (Anales..., 1934). It revived nineteenth century ideas on maternal and reproductive function, expanded the health booklet that had circulated in some municipal hospitals at the beginning of the twentieth century, and took as reference eugenic records implemented in various political-ideological contexts, from liberal democracies to Italian fascism (Bernaldo de Quirós, 1942, p.99). The discourse of biotipology undoubtedly provided a frame of reference for Law 12.341, of 1936, which promoted the maternal health record.

The interpretations

As one can see, the viscosity of eugenic discourse on the marriage, abortion and sterilization of women with tuberculosis invite speculation and interpretation. There is once again a significant tension between two perspectives in the historiography of eugenics in Argentina: the lasting presence of a positive, environmental eugenics, and the need to recognize a negative, coercive and hereditary eugenic discourse.

Diego Armus (2007) discussed this tension as a chapter in the history of the multifaceted nati-tuberculosis efforts. As such, it forms part of the imprecise but enduring discourse that aimed at spreading modern hygienic health practices. This spread occurred in a variety of ways with a variety of emphases, from rational appeal to social learning, and from coercion to imitation and propaganda. But it is difficult to estimate how much of this discourse on marriage, abortion, and sterilization of tuberculous women became widespread practice, largely because of the scarcity of available empirical evidence. For that reason, this perspective underlines that the abortions imposed, the systematic biotipological tracking of each individual in the population, and regulation of marriage all had a decisive role in shaping how tuberculous people lived. The quantitatively insignificant estimates (research from 1925-1935

at the Hospital Tornú in Buenos Aires, mentioned above, is the only available reference) only allow us to conclude that despite articulating a professional discourse that achieved a presence among physicians coming from very different ideological traditions, negative eugenic proposals for women with tuberculosis had only a marginal effect in practice. The practice of classification by biotype did not materialize, and the role of tuberculosis in regulating marriage was never clarified to the point where it could be legally enforced.

Caution seems to be a mark of this viewpoint. In other words, there are multiple discourses, but the available empirical and quantitative evidence is too scarce to conclude that there is a discrete thread that puts discourse and practice in the same territory. Other discourses and initiatives – which were of an assistentialist nature and contained an element of both care and control, though not violent methods – seem to have had a more visible and lasting presence over time.³ However, it is important to note that many of these discourses were just that: discourses. In this area, both positive and negative eugenics proposals had to deal with a series of challenges. Among them, having enough professional staff, institutions and financial resources to be implemented in practice and keep them from becoming erratic initiatives originated in the spasmodic functioning of the state bureaucracy, relevant for only a few years and without a lasting permanence. Another one of these challenges, perhaps the most difficult one, was materializing these discourses into everyday practices within the private and familiar world of ordinary people. This complex process counts on a kind of resigned acceptance of, or impotence against, the disciplinary initiatives of the modern state, as well as an effort to gain access into the potential advantages and improvements in ordinary people's material life.

Yolanda Eraso (2007, 2013) has developed an alternative interpretation. In line with the active revisionism deployed by historiography in the last decade, her narrative set out to emphasize the blurred panorama of Argentinean eugenics, which she says is erroneously characterized as positive, sanitary and environmentalist – and therefore, ignorant of the violent constraints characteristic of negative eugenics. The novelty of this perspective lies in its explicit commitment to refute the absence of negative eugenics, not only in the academic literature on obstetrics circulating in those years, but also in the practices of obstetricians, particularly in the 1930s and 1940s. It demonstrates the presence of negative eugenics in medical discourses – which Eraso conveniently analyzed through articles published in professional journals – but without qualifying those professional voices and the degree of their significance in the varied world of medical discourses of the time. As for medical practices, Eraso concludes – her interpretation standing in contrast to Armus' – that in the hospital, the doctors managed to practice therapeutic abortions with the argument of preventing the transmission of hereditary characteristics that would degrade “the national race.” This claim is based on the analysis of a few clinical histories, a heuristic resource very little used in the Argentinean historiography that gives this study a certain novelty. However, the very modest number of medical records in a very limited period of time raises questions about whether this conclusion rests on enough of a discrete and respectable empirical basis. Indeed, Eraso (2013, p.83) herself wonders – though in only a single line – how widespread this practice really was.

Marcelo Sánchez Delgado (2012) took the same caution in his study of the Argentinean reception of Anglo-Saxon discourses that supported the sterilization of men and women who had been labeled as dysgenic. He emphasized that the empirical evidence that would make it possible to conclude that these discourses occupied a minimally significant place in the practices of physicians is far from sufficient.

Thus, Sánchez Delgado – who worked with some of the sources used by Eraso in her study on abortion and the sterilization of tuberculous women – produces a reading that is as cautious, as Armus. He does not assume that the existence of a discourse should by itself be understood to mean that the practice existed.

Andrés Reggiani (2009) instead relied on Eraso's interpretation to point out that the discourse of sterilization for therapeutic reasons materialized into fairly widespread practices among Argentinean gynecologists in the 1930s. In fact, his study focuses less on the tension between discourse and practice and more on the enthusiastic Argentinean reception of German and Italian doctors' ideas in times of Nazi-fascism. As a result, it forms another chapter in a history of discourses and of twists and turns that circulated alongside certain pieces of professional knowledge in active international networks (with their inevitable local adjustments). In his reading, Reggiani does not find evidence of these Argentinean doctors adhering to racism, but rather, evidence of their pragmatism. For them, sterilization and abortion were, above all, useful therapeutic resources lacking in the ideological dimensions that underscored the medical circles of Germany and Italy.

Returning to Eliot's "shadow"

As stated in the beginning of this paper, the past is open. It is likely that more specific studies will offer new evidence that will allow further analysis on and review of both the lasting presence of positive, environmental eugenics as well as the violence of negative eugenics, unconcealed to varying degrees. It is also likely that even with more specific studies, the interpretative differences will not entirely disappear, due to the intrinsic viscosity of the subject. These differences are not a problem in and of themselves. The problem – one that goes beyond historiography on eugenics – is confusing the history of discourses with the whole of history.

In this sense, the underlying issue is the distance between discourse and practice or, in the words of Elliot's poem – quoted at the beginning of this article – the "shadow" that falls between ideas and reality, between proposals and action. Even when it is very difficult to incorporate them into the narrative of the past, practices and experiences cannot just be ignored. Rather, when they are present – that is, when these discourses have materialized as initiatives – they require context and support from a convincing empirical framework that demands, among many other things, critical interpretations of their ambivalent role in daily life. When, for whatever reason – a lack of interest from the author, or a lack of empirical evidence – these experiences are not present in the narrative, it seems reasonable and convenient to note that the history presented to the reader is no more than a history of discourses.

NOTES

¹ As is true of any historiographic analysis, it is impossible to cover everything that has been written in relation to eugenics in Argentina over a quarter of a century. These notes do not pretend to offer an exhaustive historiographic panorama, but to indicate those works which, I believe, can provide a satisfactory representation of the dominant tendencies.

² Much of the information included in this section is based on Chapter 5 of *The ailing city: health, tuberculosis and culture in Buenos Aires, 1870-1950* (Armus, 2011).

³ On this subject, see Chapter 4 of *The ailing city: health, tuberculosis, and culture in Buenos Aires, 1870-1950* (Armus, 2011).

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