

Science and pseudo science: racist eugenics in Italy

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Summary

In the present article we briefly discuss the historical premises of eugenics. Differences and some analogies between the Latin and the German way of eugenics in the 20th century are presented, until the tragic antisemitic turn. The fate of some children in the South Tyrol border region is also discussed, as well as the role of several anatomic-pathologists as willing executors of autopsies on the victims of the eugenic project of eliminating mentally and physically disabled people.

Key words: eugenics, pathology, jewish, children, psychiatry

Introduction

An article from *Pathologica* of the 1st of July 1909, entitled "On the hereditary transmission of acquired characteristics and diseases", enables us to focus on the debate on evolution and human diseases, which was very heated at the time and was to continue for decades. The author, Director of the Institute of General Pathology at the University of Naples, argued that "structural changes in a somatic tissue" can be accompanied by circulating protein changes that "reach even the sexual cells" and "imprint new traits destined to appear in the offspring" ¹.

The debate on environment and heredity was rich in interventions and fitted into the broader conflict of ideas and currents of thought triggered by eugenics, which emerged in England with Francis Galton in the last decades of the 19th century ². Within the eugenic framework, conceived in the late positivist era as an instrument to strengthen the population and developed in the decades when "social Darwinism" was discussed in philosophical circles, both progressive and socialist-inspired demands were made, along with increasingly repressive demands for the defense of the "race" or, as it was preferred to say in Italy, the "stock" (*stirpe*). The contribution of physicians and biologists to the debate was enormous, and as is tragically well known, the responsibility of physicians in the eugenic programmes of the Third Reich also proved significant ³.

In the decades before the rise of Fascism in Italy and National Socialism in Germany, there was debate in educated circles about the artificial selection of the human species and the strengthening of "races", defined in the broadest sense by skin colour and physical traits. After all, the risks of degeneration of family strains and inheritance of diseases were

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already discussed as early as in the 19th century with the alienist B.A. Morel⁴.

In Italy, however, at the beginning of the 20th century, physicians, hygienists and demographers had a more Lamarckian inclination to believe in the role of the environment in modifying genetic heritage, as is also attested in the *Pathologica* article¹. Accordingly, a “social medicine” was advocated and at most preventive measures were proposed against the diseases of the time.

These views were also held in the 1920s and early 1930s, when the state had a firm control of health policy. They were shared by influential statisticians, such as Corrado Gini, who was, among other things, president of ISTAT and president of SIGE (Italian Society of Genetics and Eugenics), and by eminent figures such as the neurologist and neuropathologist Ettore Levi (founder of the Italian Hygiene Institute) and the elderly but always highly respected psychiatrist Enrico Morselli. These figures were involved in the eugenic debate and, along with others, emphasised the role of the environment in the rehabilitation of the most fragile, then called “misaligned” (*tarati*), strains of the population.

In the 1930s, Giuseppe Montalenti, author of the first Italian university textbook entirely devoted to genetics⁵, cautiously described the expectations of nordic eugenics, highlighting how genetic traits are in fact modulated by interaction with the environment (“*genetics has in no way legitimised the concept of heredity, which is presented as an inevitable destiny...*”), an environment that must therefore remain the first effective target of the “*social doctor*”. The limitations of any approach aimed at “eliminating deleterious genes” or “improving human genes” were also highlighted, limitations that are intrinsic to the laws of genetics, stressing that such strategies can at best only achieve a partial reduction of deleterious genes and that the constant occurrence of new mutations must be taken into account.

The chapter is indeed very extensive and rich in positions that are very different in the world of culture outside medicine. But numerous clinicians also felt compelled to take a stand on this issue, more or less spontaneously, at a time when the role of the state in health planning was imposing itself, urban diseases were spreading and the sick veterans of the First World War needed to be helped physically and mentally. Debates about sterilisation and premarital certificates became common, and for a complete picture we refer to the essays by Claudia Mantovani⁶ and by Francesco Cassata⁷.

In Europe (Switzerland, Denmark, Sweden, Norway, Finland, Estonia) and in the USA, laws were enacted

for the (almost always voluntary) sterilisation of carriers of a range of diseases, as were laws on premarital certificates of absence of diseases considered hereditary in future spouses and their respective families^{6,7}; in Germany, a law on the forced sterilisation of psychiatric patients was in force from July 1933, immediately after Hitler came to power (in total, some 350.000 physical and/or psychiatric patients were sterilised), an eloquent prelude to the tragic developments that followed⁸.

In Italy, on the other hand, there was an abundance of public intervention by doctors on these issues, but they hesitated only with recommendations on premarital visits and compulsory reporting (Unified Text of Health Laws of July 1934) of tuberculosis and venereal diseases among certain categories of workers (food industry workers, prostitutes, employees in crowded environments such as hotels, barracks, etc.)⁶.

The reasons why Italy stayed away from eugenically inspired birth control policies can be traced back to both the fascist regime and the Church. Fascism advocated expansive demographic policies (tax on celibacy, allowances for large families, etc.) in the belief that the “regeneration of the stock” would come from an increase in fertility, because “number is power”, as the eugenicist and statistician Corrado Gini said⁹. For its part, the Church, far from an utilitarian vision of human life, was traditionally opposed to birth control, as set out in Pope Pio XI ‘1930 encyclical “*Casti connubii*”¹⁰ and supported with the usual energy by the Friar Minor Doctor Agostino Gemelli. Eventually, the idea spread even among clinicians that the environment, in conjunction with medicine, could have a curative effect on disease and that eugenic policies were therefore unnecessary. These were the decades of state intervention to combat the main infectious diseases such as tuberculosis and malaria: dozens of sanatoria were built in Italy and vast swamplands in Lazio, Polesine and Puglia were cleared of malaria¹¹.

Fear of diseases and degeneration of the stock

In September 1924, the first national congress on social eugenics was held in Milan, opened by Luigi Mangiagalli with these words: “*Human selection will be the only remedy and the great effort of future generations*”¹². Mangiagalli was referring to social measures that could realise the dream of improving the human species. In fact, there was much discussion about disease prevention (work environment, maternity and childhood, etc.), little about preventive eugenics as sterilisation, and nothing about selective eugenics in

the sinister sense that the word later took on in Germany³. In the proceedings of the congress there is a contribution by the neuropsychiatrist Ugo Cerletti with the significant title “The biological necessity of diseases”, who argued that the treatment of sick people after their recovery leads to a hereditary transmission of acquired immunity to the offspring¹³.

However, since immunity was believed to be transmitted, diseases could also exert their pathological influence on the chromosomes or, more realistically, bypass the placental barrier. For some doctors, neurologists and pathologists, hygienists and biologists (including the most prominent Angelo Zuccarelli, Paolo Enriques, Carlo Foà and Gaetano Pieraccini), the fear of the heritability of diseases surpassed any other consideration.

It is a fear that tests the limits of the “Latin way to eugenics”, and at least in its intention to advocate sterilisation in the name of collective interests. Which diseases were most concern? Syphilis, for good reason, but also tuberculosis, epilepsy, goitrous hypothyroidism, alcoholism and, in general – and more than any other because they were less known – mental illness. The fear of degeneracy did not stop there, however, and for many included antisocial behaviour and prostitution^{6,7}. If the inclusion of epilepsy, which is rarely hereditary, in the list may have been influenced by ignorance of the long-term neurological consequences of post-traumatic stress disorder, which was largely unknown at the time but still common among survivors of the trenches of the First World War, as far as goitrous hypothyroidism is concerned, the concept of degenerative heredity has persisted despite being refuted by neurologists such as Perusini and Cerletti¹⁴. Among the “poisons of the race”, tuberculosis played a pivotal role. Several experimental and clinical articles appear in *Pathologica* on the transplacental transmission of tuberculosis and on a so-called tuberculosis ultravirus¹⁵⁻¹⁸, which was allegedly able to penetrate the pores of bacterial porcelain filters, whose relationship to Koch’s bacillus was unclear, but which could be responsible for hereditary tuberculosis by transplacental transmission. The existence of a tuberculosis ultravirus had also been hypothesised by Calmette himself in view of experimental cases of atypical tuberculosis¹⁹.

There was also a considerable fear of transmission through inhalation of infected amniotic fluid¹⁸. On the other hand, in the pre-antibiotic era (isoniazid was introduced in 1954), concern for maternal health was understandable, although the literature has subsequently shown that pregnancy has no negative impact on disease progression²⁰. These articles could certainly be a useful support for those who, like the

anthropologist Giuseppe Sergi when the CNR was founded, argued that “*genetics must be associated with eugenics through Pathologists and serve the preservation of the human race*”⁶.

Eugenics heated up the debate among some doctors and psychologists in the late 1800s and early 1900s when it came to mental illness. In 1909, the psychiatrist Zuccarelli declared that “*sterilisation should be extended to the severely feeble-minded*”²¹. Fear of the hereditary nature of psychiatric diseases was high and proposals to sterilise patients were unsuccessfully introduced into parliament^{6,7}. Prominent doctors, first in the socialist and then in the anti-fascist movements, also took very firm positions, as in the case of Gaetano Pieraccini. He argued that “*manic-depressive psychoses and early dementia (the old term for schizophrenia) have a high degree of heritability*”. The proposed solution to the problem was drastic, in a reality where asylums were overcrowded and the 1904 Act, which was in force for most of the the twentieth century, recommended the discharge of patients with so-called “quiet” mental illnesses. The mentally ill patient “*leaves the asylum (...) and freely engages in procreation. Under these circumstances, discharge from the psychiatric hospital could be made conditional on sterilisation by X-rays, which was to be extended even to the examination of the lucidly insane*”²².

Although these views were in the minority, they were shared by other academics such as Paolo Enriques^{6,7}. Certainly there was a widespread demand for a census of mentally ill individuals, including a family medical history⁶, facilitated by the requirement in Rocco’s 1930 Penal Code for hospitalised mentally ill individuals to be entered on the criminal register. Ultimately, the idea prevailed that the mentally ill should be kept, if not sterilised and free, at least fertile, but “incarcerated” on the basis of the legal principle of “social danger”. With regards to the general population, the local sections of the Italian League for Mental Hygiene simply recommended that “*parents have the duty to find out if there are nervous or mental illnesses in their respective families before allowing their children to marry*” and that “*anyone who has suffered or is currently suffering from nervous or mental illnesses or has had or currently has them in his family has the duty to consult a specialist before marrying*”²³.

The tragic anti-semitic turn

The theme of psychiatry and heredity takes on shades that will later prove particularly dark when focused on Jewish communities. From a mixture of data and prejudices in which scientific, social and historical ar-

guments are confused (where religious explanations, the character of the communities perceived as closed, the existence within them of some individuals with outstanding intellectual abilities, observations on the mercantile and urban vocation also find space), positions emerge at the turn of the 19th and 20th centuries in France with Jean-Martin Charcot and in Germany with Emil Kraepelin that others – when a few decades later in Europe nationalism will dictate the law – will exploit to marginalise Jews. Two of the most important founders of modern neuropsychiatry, at a time when Jews were still quite well integrated into the city societies, express themselves in very clear terms. For Charcot, Jews are “especially prone to neurosis.” For Kraepelin, “*Jews are predisposed to mental illness much more than Germans. (...) in them, disorders that are generally attributed to hereditary degeneration are particularly pronounced.*”²⁴

These are views also shared in Italy, where Augusto Giannelli, chief and then director of the large Roman psychiatric hospital Santa Maria della Pietà, wrote in 1905 that “*a neurasthenic trait runs through the whole race of Israelites*”²⁴. The Roman psychiatrist and the Milanese psychiatrist Andrea Verga speak of a higher statistical frequency of admissions to psychiatric hospitals among Jews. Phobias, obsessions and depressive states as well as frenasthenia are the terms that recur, while psychiatrists agree on the lower frequency of alcoholism compared to the general population²⁵. Enrico Morselli also agreed, adding that the reason lies in the “*painful history of this scattered people on earth*” These arguments are also echoed by Jewish scholars such as Cesare Lombroso and Edgardo Morpurgo, who, while condemning the creeping anti-Semitism and calling for greater integration of Jews, do not fail to point out the marked tendency towards neurosis that would affect Jewish communities²⁴.

The literature of the time²⁴ also contains numerous references to an increased incidence of astigmatism, diabetes, arthritis and flat feet, which led to the true stereotype of the limping Jew, “*Claudicatio intermitens*” (a disease of the nervous system with a specific, albeit unknown, organic cause). In France, the (pseudo)scientific debate was particularly heated, and we find claims of an increased incidence of eczema, epilepsy and other diseases²⁶, often within the framework of a degenerative hereditary interpretation.

With the rise to power of fascism, things do not change at first, apart from a progressive affirmation of a new “*Italic type*,” i.e. the idea of a strong and patriotic warrior, which is poorly compatible with the stereotype of the Jews²⁷ and thus sets the stage for their later exclusion from the body of the nation. Finally, neurosis is a pathology of urbanised and democratic societies,

and for the regime Italy must recover its rural roots¹¹. As is well known, the racial demarcation of what is authentically Italian and what remains outside of it is completed by the new discipline of biotypology, founded by the endocrinologist and senator Nicola Pende. To this new constitutional discipline, Pende will dedicate manuals and articles that will be widely disseminated in other countries²⁸. For Pende, there is no doubt that races exist, they are a combination of biological and cultural data, which he calls the “*spirit of the Italic race*.” For Pende, the “*Mediterranean race*” has its epicentre in Romanity and it is clearly distinguished from the Nordic races - individualistic, materialistic and animated by a purely biological racism - because of its strong sense of solidarity and its attachment to the land^{6,7,24}. Therefore, the Jews are definitely left out.

This is a different racism from the purely biological racism of Telesio Interlandi and his journal “*The Defence of the Race*,” around which the adherents of the German line of racism rally and with which Nicola Pende will polemicise. But in any case, biotypology will be one of the reference points of the 1938 *Manifesto degli scienziati razzisti*, the “*Manifesto of Race*”²⁹, signed and later rejected by Pende himself and by other doctors such as the psychiatrist Arturo Donaggio, among others. It is significant that a scientific society, the Italian Society of Psychiatry (SIP) led by Donaggio, approved the manifesto. A manifesto full of internal contradictions, as the historian of science Giorgio Israel noted³⁰, precisely because of the different souls of Italian racism, but anticipating and preparing the start of the racial laws and the beginning of the persecution of the Jews in Italy too by a few months. A persecution of rights soon turned into persecution of lives.

On the fate of some Italian-born children

The horror of the deportations of the Jews and the uniqueness of the holocaust don't allow us to neglect a lesser-known chapter that was confined to the border regions where eugenics was able to exercise its inhuman power and where pathological anatomy also played a role. The alliance with Germany established by the Steel Pact of 1939 paved the way for the *Option in Südtirol* or *Option für Deutschland*, through which the citizens of German-speaking South Tyrol were offered the opportunity to become Germans in every respect and to move to the Third Reich. This choice, which was officially accepted by the majority of the South Tyrolean population (almost 200,000 people), also opened a eugenic wound in the border regions.

The issue is huge and formidable when placed within the eugenic project of oppressing mentally and physically disabled people who were mainly adults and therefore dangerously fertile as well as economically unproductive. It is estimated that between 250,000 and 300,000 lives were extinguished in this way. A project that began in Germany as part of "Aktion T4", so named after the Berlin address Tiergartenstrasse 4, the planning headquarters of the Nazi "euthanasia programme", in which doctors played a central role³ and where the first gas chambers were put into operation. The programme, which was contested by part of the German Church, was officially stopped in 1941; however the extermination, rather hidden and undisturbed, continued until the end of the war³.

The fate of more than 5,000 children³ was instead decided in the depths of legislation and administration. The victims came under the *Kindereuthanasie* project, which started from the letter of a father (or a grandmother)³ who wrote to Hitler in 1939 asking that his child receive the *Gnadentod*, a "merciful killing". What was to be done with children and young people who suffered from incurable diseases and were carriers of a genetic heritage that was considered degenerate and dangerous? The children were "put to sleep": "Those selected for killing were prescribed very high doses of Luminal... They were spastic children..., they had polio..., they were idiots..., they could neither speak nor walk. As we say today, give them a sedative because they are restless. And with these sedatives... the child sleeps," says a doctor who was directly involved in the project³. Over the years, many other children were suppressed with carbon monoxide or simply by malnutrition^{3,31}, others were subjected to unspeakable medical experiments^{3,31}. For these doctors, cure and eradication were not incompatible concepts: the aim was to cure society by eliminating carriers of defects that were considered hereditary or simply an unnecessary economic burden on healthy society. Thus, a utilitarian ethical concept prevailed, through which the subject became the object: those unworthy of life were made available to science and ultimately to humanity.

Victims of this project were also Italian children from Silandro, Merano, Senales and other South Tyrolean centres whose parents chose German citizenship, thus condemning them to death. One of the authors (A.C.) traced the data of more than ten of these children and adolescents³², aged between 6 and 18, and the medical records of 10, containing the main clinical and demographic informations. They report children who are sometimes agitated and sometimes quiet, sometimes aphasic and apathetic, but occasionally interacting and talking, often incontinent, and with a

clinical diagnosis of *dementia precox* or schizophrenia, sometimes microcephaly or epilepsy or outright idiocy. They were killed in the paediatric department of Kaufbeuren³². The pathological reports of the autopsies performed (Figs. 1, 2) sometimes describe a normal brain picture, sometimes cerebellar or cerebral atrophy. Some cases of hydrocephalous are also reported. The deaths were attributed to bronchopneumonia, in about half of the cases to tuberculosis (in concentration camps the tuberculosis in children was sometimes the result of vaccination experiments with live bacilli)³.

In some reports there is also evidence of a few histological findings, such as chronic gastritis and chronic colitis. Some of the brains were sent to the Kaiser-Wilhelm-Institut in Munich for further studies (Fig. 3).

None of the documents mention whether the pathologists refused to perform autopsies or whether there were toxicological investigations into the causes of death. One of them stated: "(Performing autopsies) allows one to soothe one's conscience, so to speak, especially because one is interested in finding out what is wrong with a person. What is happening here? Why is this child sick? What is the problem? Why is this child an imbecile? Why is it paralysed? This presented a high scientific interest, I must insist on this point."³. The hypocrisy of this justification – which is itself absurd – is also revealed by the superficiality of the autopsy reports.

What happened to the histological material of these autopsies on the bodies of children and adults? The anatomical collections were examined and cleaned up immediately after the war by Allied officials in response to complaints from the relatives of the missing³¹. But the paraffin blocks were in demand, and papers based on this material were published even in the post-war period. Neuropathological researches were carried out on hundreds of victims by many Institutions^{31,33} and doctors who belonged to the "Reich Commission" continued their studies in the 1950s on the brains of suppressed patients³⁴. Investigations on the destiny of the paraffin blocks, in order to pay tribute to the victims, are still in progress³⁵.

In his commemorative speech in 1990, the neuropathologist Professor Juergen Peiffer from Tübingen, declared that all paraffin blocks and slides that were still in the archives and could be attributed to the Nazi euthanasia programme were to be removed according to extensive criteria that were also to be applied in cases of doubt. The blocks were to be buried in the city cemetery. The same thing happened in Munich in the same years.

"We have to remember that there is a dangerous possibility that we bury our guilty conscience along with

Reichenshausen Anlage 1

Registrier Nr.: 54 Monat: April Jahr: 1943

Sterbeort: Kaufbeuren Kreispolizeibehörde: Kaufbeuren

Strasse: Konothorstrasse Hs.-Nr. 16

Pfarze: Kaufbeuren Standesamtsbezirk: Kaufbeuren

Wohnort: Unser Frau i. Schnals Kreispolizeibehörde: Schnals

Strasse: _____ Hs.-Nr. BRUNNEN

Familienname: _____ Vorname: Josef

Sexus oder Beruf: Kind

Alter: 6 Jahre 4 Monate _____ Tage _____ Stunden

bei neugeborenen Kindern: _____

Familienstand: ledig, verheiratet, getrennt, geschieden, verwitwet.
ledig

Bei Kindern unter 15 Jahren ist anzugeben, ob ehelich oder unehelich.
ehelich

Religion: katholisch

Tag und Stunde des Todes: 18. April 19 43 24 Uhr — Min.

Dauer der Krankheit: angeboren

Name der Krankheit (Grundrücken*) Idiotie bei Mikrocephalie

Begleitkrankheiten: _____

Nachkrankheiten: Lungenentzündung

Todesursache*) Bronchopneumonie (1o7)

Nach weissen Angabe: Dr. med. Paltzberger
(Name, wenn möglich Unterschrift des behandelnden Arztes oder Name der Bekannte)

Bei Selbstmord: _____

Art des Selbstmordes: _____

Mutmaßliche Ursache: _____

Bei tödlicher Verunglückung: _____

Ursache der Verunglückung: _____
(z. B. Verkehrsunfälle, Ertrinken, Sturz, Sturz aus der Höhe, Sturz vom Felsen, Sturz aus dem Fenster etc.)

Berufs- oder Betriebsunfall? _____

Tag und Stunde der Leichenöffnung: 19. April 19 43 8 Uhr 30 Min.

Zulässige Beerdigungszeit: Zwischen dem 20. u. 21. 4. 43 vorm. 24 Uhr.

Bemerkungen: Leichenöffnung 19. 4. 43 vorm. 10. 30 Uhr

Josef S.
(Unterschrift des Leichenführers)

*) Unter „Grundrücken“ ist das dem Tode unmittelbar folgende Krankheitsbild zu verstehen (z. B. Gehirnverletzung, Pneumonie, Tuberkulose, Gelenkrheumatismus, Krampfkrämpfe, etc.) liegen unter „Todesursache“ das den Tod letztlich herbeiführende Ereignis (z. B. Schlaganfall, Lungenentzündung, Herzschwäche, Lungenentzündung etc.) Hierbei sind auch Verfall- und Nachkrankheiten. Das erkrankte Organ ist nach Möglichkeit zu benennen (z. B. Krebs des Magens, Herz bei Herz-Kreislauferkrankung, Erkrankung des Blutes etc.). Bei Wund- und Stosstrauma ist anzugeben, ob durch Gegenstände (Schwertschneide und sonstige Waffenteile) oder sonstige Mittel.

Figure 1. Anagraphic data of an eliminated child, Josef S.

these tissue remains," Peiffer said on this occasion, speaking of the need to revisit this past with students at least once a semester ³¹.

In 2010, the German Society for Psychiatry and Psychotherapy (DGPPN) issued a very clear document of historical responsibility and an offer of apology from the psychiatrists of the Third Reich to the victims, which was incorporated into the society's statutes ³⁶. In his speech, the president of DGPPN said that "even until recently, there have been almost no qualms about using specimens taken from patients

murdered during the Third Reich" ³⁶. In recent years, the Italian Society of Psychiatry (SIP) has also reopened the debate on 1920s-1940s psychiatry, eugenics and antisemitism ³⁴, acknowledging racism and ideological support for the wars of the fascist regime. In 2017, an exhibition entitled "Registered, persecuted, exterminated. Mentally ill and disabled people during National Socialism" was held at the Vittoriano in Rome. Part of the exhibition is dedicated to patients, psychiatric institutions and psychiatrists in Italy.

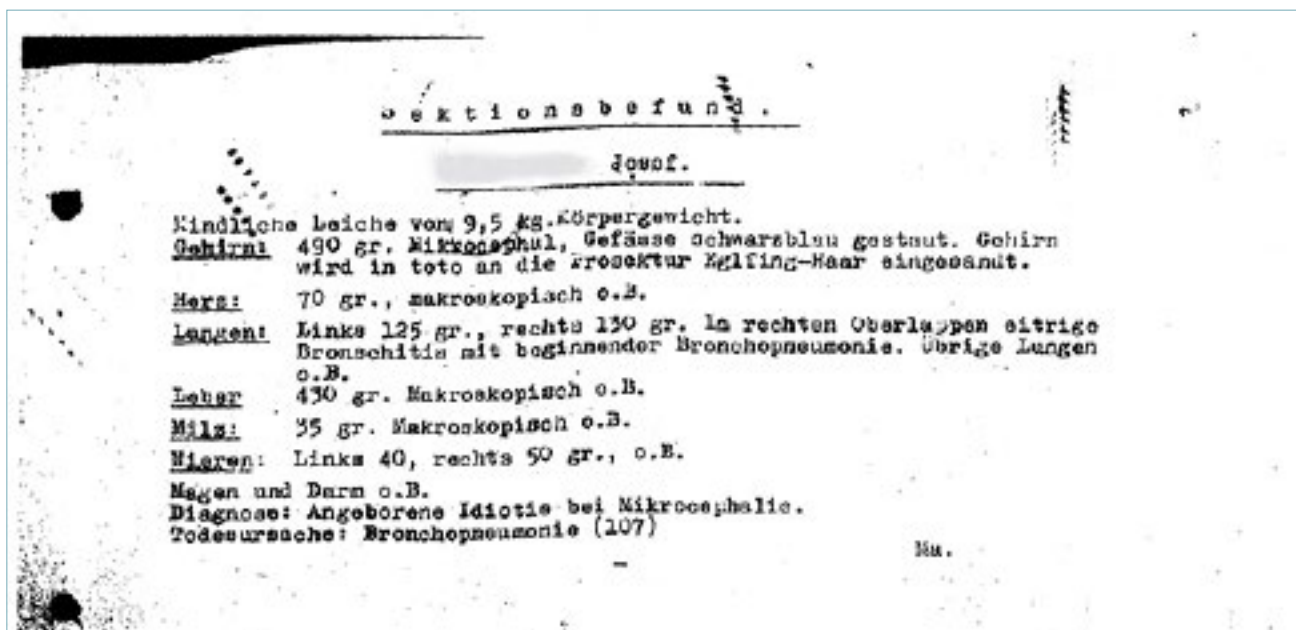


Figure 2. Autopsy performed on the body of Josef S.

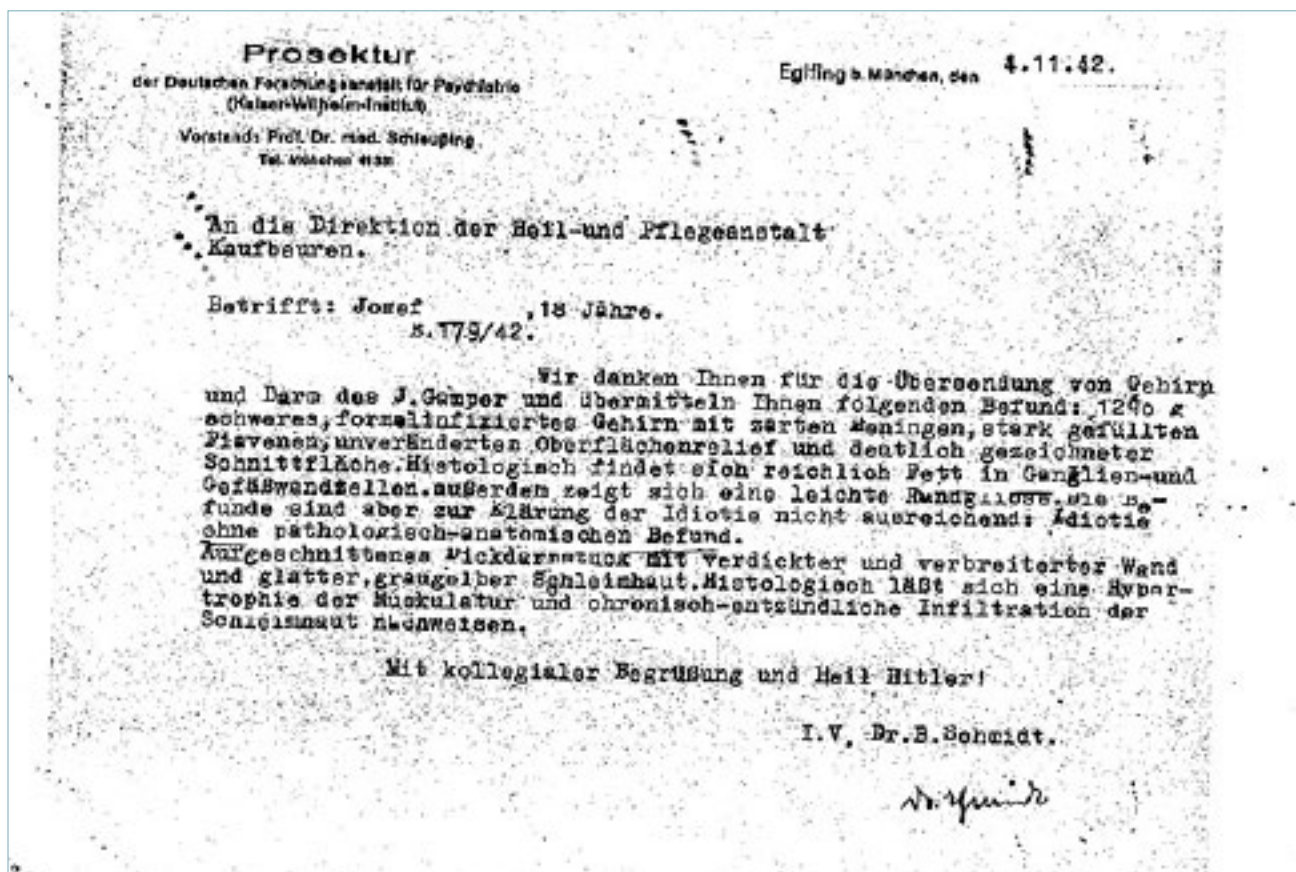


Figure 3. Centralised study on the brain of an other young victim (Josef G.).

Conclusions

“Le radici della nevrastenia sono immerse nella stirpe, come in nuove stirpi appariranno i suoi frutti malefici” (the roots of neurasthenia are immersed in the lineage, just as its evil fruits will appear in new lineages), states the psychiatrist Sante de Sanctis at the beginning of the “short century”³⁷.

The eugenic temptation does not cease with the end of World War II if sterilisation procedures for certain categories of patients continue in some countries, and in a more or less veiled form also in the second half of the 20th century. At the same time, however, the condemnation of these practises will increase, also due to the progressive historical reworking of the decades of European dictatorships and the discovery of the exterminations committed, in which several anatomopathologists played the role of willing executors of autopsies on the victims.

Nevertheless, in the optimistic America of the early 1960s, a father of modern biology – and certainly not an eugenicist – such as Ernst Mayr, in “Animal Species and Evolution”, still voiced the evocative theses of Social Darwinism when he stated, *“It is perhaps not unreasonable to think that a person who has achieved good results in certain areas of human behaviour has, on the average, a more desirable genetic combination than a person whose results are less spectacular. In today’s society, the superior person is penalised by the government in many ways, with taxes and other measures that make it more difficult for him or her to raise a large family.”*³⁸. Therefore, it seems appropriate to continue to remember a past that still casts its shadow on the world today.

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