

# The League of Nations and Eugenics: an Overview of Transnational Activity

R O S E R C U S S Ó

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**1. Eugenics, yesterday and today.** As has been noted in Danièle Carricaburu's and Marie Ménoret's (2004) work on the development of modern medicine, the prevalence of degenerative diseases, especially in Northern countries, has led to health research priorities given to the identification and prevention of the endogenous causes of illness. Without neglecting environmental factors, medicine is thus focused on heredity and genetic manipulation. In addition, we are witnessing the development of the assisted human reproduction movement, stemming from liberal-oriented demands from both heterosexual (freedom of choice) and homosexual (non-discrimination) associations and individuals. While health-based justifications, such as infertility, are not necessarily evoked, state intervention is sought in order to establish a legal framework and even to help finance certain practices (surrogacy, for instance). What international position can be identified in this regard? The World Health Organization's (WHO) approach may be partly inferred from its definition of health, adopted in 1946: «Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity» (WHO 2006).

Firstly, while it eludes identifying institutional responsibility for public health, this definition seems to be implicitly based on individual and social 'outcomes'. The field of education constitutes an analogous example of this approach as regards the evolution of statistical indicators; since the 1990s, pupils school achievement has been at the core of political and scientific debates and studies, to the detriment of the development of school resources (expenditures, pupil-teacher ratios...). This can be interpreted as a sign of a shift from Keynesian policies (based on public planning and structural data) to neoliberalism (based on microeconomics and individual and social performance) (Cussó, D'Amico 2005).

Secondly, the WHO's definition of health also raises questions on the potential perfection of human beings. Is «complete physical, mental and social well-being» possible without eugenics? The common definition of eugenics concerns both organized political and medical movements and independent social and individual practices. It is a philosophy advocating the improvement of human genetics developed at the beginning of the 20<sup>th</sup> century. Its supporters promoted decreasing the reproduction rates of people, and of traits, deemed less desirable, as the result of a deliberate policy conducted by the state. As regards independent and more liberal practices, eugenics may be taken as the collective result of convergent individual decisions by future parents, in a society encouraging the search for the 'perfect child' or, at least, a child free of serious illness and conditions.

The definition of ‘reproductive health’ at WHO’s website, without directly addressing the search for human flawlessness, is not in contradiction with it, being directly linked to the ideas of responsibility and choice, both reinforced by the liberal dimension of human rights:

reproductive health addresses the reproductive processes, functions and system at all stages of life. [It], therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will [...] provide couples with the best chance of having a healthy infant<sup>1</sup>.

This article is about the transnationalization of eugenics at, and by, the League of Nations (LoN), a subject little studied by historiography. As noted by Alison Bashford «If we know a good deal about the international eugenic congresses, we know far less about the place of eugenics in the two flagship international organizations of the twentieth century, the League of Nations (1919-1946) and its successor, the United Nations (1945-)-» (Bashford 2010, 155). As a political international organization (IO), the LoN is at the centre of several innovations. The acceleration and the reinforcement of the transnationalization of knowledge as well as established practice is one of them (Haas 1992; Clavin 2005). Also referred to by the expression ‘international political opportunities’ (Barrett, Kurzman 2004), this global interaction could take place without official decisions being adopted by the Assembly, but rarely without governmental representatives and experts informal approval. It is this flexibility of transnational activity which may help to better understand both LoN’s lack of official eugenic recommendations and its tolerance of eugenic doctrine.

As regards our hypotheses, the first is that the LoN played a role of ‘passeur’ of some eugenic ideas and practices, the main reason being that the latter were often intertwined with social and medical hygiene. Our second hypothesis is that the LoN’s indirect participation in the dissemination of interwar eugenics had a major role in the presence of eugenics-oriented views in the WHO as well as in the United Nations (UN) more broadly. This article is mainly based on selected LoN internal documents (archives) and publications, which prepare a second phase of research on a specific Health Organization committee and its transposition to the WHO<sup>2</sup>. To keep within the limits of this article, and as this has been analyzed at length by historians, State eugenic policies and institutions will be characterized here only by some of their main features.

**2. A LoN without eugenics?** The history and the characteristics of LoN’s Health Organization (HO)<sup>3</sup> have been well studied notably by Iris Borowy (2009) in her comprehensive book. She considers that eugenics did not influence HO’s activity:

An even more remarkable omission was the issue of eugenics. The question arose in 1924, when the Eugenics Education Society in London tried to introduce the issue into the

LNHO agenda. The proposal was politely turned down under [the] pretext of Rajchman's temporary absence from Geneva. Two years later, a Cuban suggestion to include 'problems of eugenics' into studies into infant mortality and an Uruguayan proposal to study nutrition 'from the standpoint of race improvement'. In both cases, the HC backed away from the idea for being 'not opportune' at the time being, without, however, completely excluding the possibility of later studies. This remained the standard reaction to similar requests (Borowy 2009, 457).

Actually, «the LNHO never had a Eugenic Section» (Borowy 2009, 458).

In contrast to the HO's 'silent abstinence', «All countries, though in different degrees, had eugenic programs, which perceived health as a tool to strengthen the 'valuable' elements of their populations at the expense of those believed to 'damage' the nation» (Borowy 2009, 457). That is probably why, in Paul Weindling's opinion, the HO contrasted with «the racialisation of health in fascist and kindred authoritarian states during the 1930s» (Weindling 1995a, 9).

But is it possible that such a unanimous eugenic perspective was completely absent at the HO? How to explain then that the HO did not explicitly fight against «racialisation of health»? We explore two intertwined channels of both the tolerance and the expression of eugenic ideas in LON's activity. First, we note the existence of studies, data and experts' exchanges related to eugenics. In our parallel study treating the Minorities Section, we documented how the LON's 'silence' covered up the construction of practices that supported majorities' interests and weakened those of the minorities (Cussó 2013).

Secondly, the compatibility between 'positive eugenics' and social medicine and health can be underlined. In Seth Amiel Rotramel's words, before World War I,

Social hygiene and racial hygiene were both varieties of eugenics. Eugenics was a way to mobilize various fields of study toward the improvement of human health and overall fitness. These fields included, biology, medicine, statistics, education, psychology, genetics, anthropology, and hygiene. [...]. Negative eugenics included compulsory sterilization, birth control, and forced euthanasia. Positive eugenics concentrated on welfare measures, mandatory vaccinations, the policing and prevention of illness through state-run outreach programs, and the improvement of the living conditions of the poor (Rotramel 2010, 209).

«Eugenics in Germany and France had followed a similar trajectory, [i.e.] German and French proponents espoused both positive and negative eugenics». However, «after the [World War I] slaughter of millions and the degradation of the health of civilian populations, the majority of both German and French eugenicists turned to social hygienic measures to increase birth rates and to promote health» (Rotramel 2010, 246). This brings us to the period that concerns LON activity.

**3. LON's health missions and the three spheres of power.** The LON was created in 1919, after World War I. The Allies decided to delegate to the organization the capacity to develop programs in different fields of action: economy, finance, health, education, social affairs, minorities, mandates... The Covenant signed in 1919 included several articles describing the framework for these future activities. Article 23 underlined that «Subject to and in accordance with the provisions of interna-

tional conventions existing or hereafter to be agreed upon, the Members of the League: [...] (f) will endeavour to take steps in matters of international concern for the prevention and control of disease». Article 25 sets up that «The Members of the League agree to encourage and promote the establishment and co-operation of duly authorised voluntary national Red Cross organizations having as purposes the improvement of health, the prevention of disease and the mitigation of suffering throughout the world» (*Covenant* 1923).

To implement its missions, the LON articulated, at the outset, three spheres of power. The LON had its own permanent Secretariat which prepared different programs and recommendations and ensured their follow-up. It was the international(ist) and technical dimension of the LON. But the Secretariat's work was not completely autonomous. Programs and recommendations had to be discussed and approved by the representatives of governments. This was the intergovernmental (political) sphere of the LON's power, the source of its legitimacy. And there was a third dimension: the transnational. In order to define the programs, discuss them, decide about studies to be conducted, etc. different committees were defined. They were regulated by a resolution of the Assembly: «The technical organisations of the League [...] are established for the purpose of facilitating the task of the Assembly and the Council by the setting up of technical sections on the one hand and on the other to assist the Members of the League, by establishing direct contact between their technical representatives in the various spheres, to fulfil their international duties» (*Société des Nations* 1920). That is why HC's members were medical scientists of considerable status, but also public health officers, many of them heading public health services in their respective countries. In Martin Dubin's words, it was an «elite of biomedical and health specialists» that «served as a coordination body» (Dubin 1995, 56). The transnational sphere provided a link to the political sphere while it developed an 'independent' expertise. The interaction of these three spheres constitutes the original basis of IOs (Cussó 2012) and allows us to examine the role of eugenics in LON's transnational activities at a crossroads of expertise and government-oriented positions, and under the influence or tolerance, of the internationalist secretariat.

**4. Transnational activity: exchanging information, people and practices on eugenics.** HO's main objectives were to better coordinate epidemiologic information, share medical knowledge, implement vaccination, promote preventive medicine, produce technical studies, harmonize the classification of causes of death, define health statistical indices... While the HC (see note 3) discussed and approved these general activities, the HS had the mission to implement them, translating them into more specific actions. Ludwik Rachjman, a Polish doctor, was the director of the HS from 1921 to 1939. Under Rachjman's direction, HS's work concentrated on epidemiological programs and medical and social hygiene. More specifically, Rachjman supported the development of public health policies. He is considered to have been a socialist activist for social rights, interested in the social determinants of health rather than in the biological or racial ones. In this context, it is not surprising that

eugenics does not directly appear in the forefront of HS's activity. What about HC's and more largely HO's activity?

According to Borowy, «LNHO formed part of political, scientific, medical, personal and ideological networks and inevitably their expertise and expectations reflected these spheres. The work of the LNHO reflected what they could agree on» (Borowy 2009, 33). It is precisely what was not officially agreed on but nevertheless discussed and practiced which will be of interest to the analysis here. In other words, we focus on the exchange of experts, ideas and information that an international arena made possible whether those ideas were formally adopted or not.

*Publications, written exchanges, personal contacts: more than gathering information.* One of the first references to eugenics in HO's archives (Palais des Nations, Geneva) is a letter of 1924 from the Eugenics Education Society in London addressed to Rajchman<sup>4</sup>. As also reported by Borowy, the HS did not follow-up. Nevertheless, we can assume that some relationship (or expression of interest) existed or was established between the League and such societies since some of their journals, *The Eugenics Review* or *Annals of Eugenics*, were collected and available in LON's library; from 1925 to 1929 for the second; from 1926 to 1958 for the first, surpassing the World War II period. The list of publications on eugenics which was available in the League's library is shown in box 1 below.

Such publications could have been consulted by the HS to prepare its works. Patrick Zylberman notes that «a 'short bibliography about the causes of decreasing mortality due to tuberculosis' (drawn up by the League of Nations' Health Section<sup>5</sup>) still maintained [in 1925] a balance between the two [hereditary and infectious causation]». Zylberman considers this hesitation as the consequence of «social medicine [being] under the dominance of heredity» (Zylberman 2001, 263).

Several other proposals related to eugenics reached the HS. The suggestion of internationalizing a pre-marriage medical certificate by a member of the Institut International d'Anthropologie, Dr. Haskovec, was followed in April 1927 by Rajchman's expression of his personal interest: «c'est avec un grand intérêt que j'ai lu votre article et votre proposition» while pointing out that a private or personal propositions could not be directly taken into account by the Section<sup>6</sup>. In Dr. Haskovec's opinion, a medical certificate could help couples avoid transmission of diseases from parents to children and also to protect women from men's infections such as syphilis as well as alcoholism, thus preventing procreation of children with these illnesses. «Il faudrait que chacun consultât le médecin avant le mariage; cette consultation pourrait rester secrète. Le certificat délivré par le médecin indiquerait simplement qu'il n'y a pas d'obstacles sérieux au mariage»<sup>7</sup>. The wife's or husband's own interest and the future health status of children are combined with social interest. While resting fruitless as regards the official internationalization of the certificate, the proposal did not provoke any opposition, as far as we know. In fact, the 'marriage advice' was adopted in Berlin in 1926 under the active pressure of Otto Krohne (Weindling 1993), Prussian eugenicist doctor and health official, who participated in 1927 in a medical exchange financed by the League (see next section).

Box 1. *LON Archives Catalogue: LON/BPC/ENF Eugenisme-Birth Control-Sterilization (Sub-series)*

- Roper, Allen G. (1913) *Ancient eugenics: the Arnold prize essay for 1918...*, Oxford: B. H. Blackwell. Call number: 312.1 R784. Book, 75 p.
- Annals of Eugenics*, Cambridge: University of London, Francis Galton Laboratory for National Eugenics, [1925]-.Serial, Vol. 1, no. 1 (Oct. 1925)-v. 9, no. 4 (Dec. 1939).
- Galton, Sir Francis (1909) *Essays in eugenics*, London: The Eugenics education society. Call number: 614.1 G181. Book, 109 p.: tables, diags.
- Eugenics, genetics and the family...* scientific papers of the second International congress of eugenics held at American museum of natural history, New York, September, 22-28, 1921. Call number: 575:063 I61 1921. Conference: International congress of eugenics (2nd: 1921: New York). Baltimore: Williams & Wilkins company, 1923. Two volumes: ill., tables. Notes: Title varies: v. 2, Eugenics in race and state.
- The Eugenics review*, London: Eugenics Society, [19??]- Frequency: Quarterly. Serial, Vol. 18, no. 3 (Oct. 1926)-v. 49, no. 4 (Jan. 1958) [Articles available in: [www.ncbi.nlm.nih.gov/pmc/journals/1186/](http://www.ncbi.nlm.nih.gov/pmc/journals/1186/)].
- Yule, George Udny (1920) *The fall of the birth-rate: a paper read before the Cambridge university Eugenics society*, 20 May 1920, Cambridge: The University press. Call number: 312(42) Y95. Book, 43 p.: diagr.
- Family council law in Europe: a study undertaken at the instance of the Eugenics society, 1927-1929*, Eugenics society. London, 1929. Call number: 347.64 E87. Book, vii, 86 p.
- Gates, Reginald Ruggles (1923) *Heredity and eugenics*, London [etc.]: Constable and co., ltd. Call number: 575 G259. Description: Book, xiii, 288 p.: ill.
- East, Edward Murray (1923) *Mankind at the crossroads*, New York; London: C. Scribner's sons. Call number: 312 E13. Book, viii p., 1 l., 360 p. : incl. maps, diags. 23 cm.
- Saleeby, Caleb Williams (1909) *Parenthood and race culture, an outline of eugenics*, London [etc.]: Cassell and company, ltd. Call number: 614.1 S163. Book, xv, 331 p.
- Holmes, Samuel Jackson (1921) *The trend of the race: a study of present tendencies in the biological development of civilized mankind*, New York: Harcourt, Brace and company, 1921; London, Constable & Co. ltd. Call number: 910.3 H753. Book, v, 396 p. : 23 cm. «The present volume is the outgrowth of a course of lectures on eugenics... given... in the University of California». - Pref.
- Laughlin, Harry Hamilton (1923) *The second international exhibition of eugenics held September 22 to October 22, 1921, in connection with the Second International congress of eugenics in the American museum of natural history*, New York, Baltimore: Williams & Wilkins. Call number: 312 L374. Book, 155 p.
- Stoddard, Theodore Lothrop, 1883- (1922) *The revolt against civilization: the menace of the under man*, London: Chapman & Hall, ltd. Call number: 910.3 S869r. Book, vii, 255 p.: 21 cm.

Source: LONA (in <http://biblio-archive.unog.ch/detail.aspx?ID=112260>).

While sending its membership list and governing rules for 1929, the International Federation of Eugenic Organizations (IFEEO) asked the HS for the nomination of a League representative in the IFEEO<sup>8</sup>. «The purpose of the Federation shall be to arrange for international conferences or congresses in Eugenics, to consider matters of international import in Eugenics, to assist research and education activities in the field of Eugenics and to act on any other international Eugenic matters that require action in the interval between congresses»<sup>9</sup>. Leonard Darwin was the honorary president, replacing Francis Galton. It is important to note that Corrado Gini was the IFEEO's key-member for Italy. He was both a LON expert and vice-president (1928-1931) of the International Union for the Scientific Investigation of

Population Problems (International Union for the Scientific Study of Population, IUSSIP, from 1947), an organization regularly consulted by the LON<sup>10</sup>. While the HS did not send any representative to the Federation, the LON's International Bureaux Section «would be very glad to keep in touch with the [IFEQ] and I [W.F. Schubert] should be obliged if you could send me further information on the aims, composition and activity of this Federation»<sup>11</sup>.

It is also significant to note that Léon Bernard, member of the Permanent HC indirectly supported eugenic activities, in particular in 1931: «Supported by the Italian Fascist government and by his colleagues from the International Federation of Eugenic Organizations, Gini was able to set up the International Congress for Population Research without the official blessing of the IUSSIP [sic]. [Charles] Davenport, one of the sacrifices to [Raymond] Pearl's angry attacks on the orthodox eugenicists in the United States, in his role as president of the IFEQ was very pleased to give international sponsorship to this International Congress for Population Research in Rome. Other leading members of the IUSSIP [sic], such as Eugen Fischer from Berlin, Léon Bernard<sup>12</sup> from Paris, and Severino Aznar<sup>13</sup> from Madrid, were also not intimidated by Pearl's fears and joined Gini in Rome at the presidential table» (Kühl 2013, 87). The League's Economic section collected the information on this congress<sup>14</sup>.

Another example that goes beyond simple internal acknowledgement of eugenics practices can be noted. In 1931, in the report of a meeting of the HC, it is stated that «The National Council for mental Hygiene [London] is of the opinion that the protection of society against crime can largely be secured by scientific research into its causes, and believing that progress in this direction can most effectively be achieved by international co-operation, it urges the League of Nations to include the study of mental hygiene in relation to crime and delinquency in the sphere of its activities»<sup>15</sup>. In 1932-1933, there was, in this context, a written interchange on mental hygiene in the already existing HO's program to standardize social hygiene instruction. In its contribution, the official of the National council for mental hygiene underlined that eugenics was already becoming a government concern in Great Britain: «Except for the recent diploma for social work in mental health it is only recently that there has been any attempt to give any public instruction on questions such as mental deficiency, eugenics and child guidance. The mental aspect of criminology, alcoholism, prostitution and other social problems is also just beginning to be studied»<sup>16</sup>. The memo includes a list of the principal voluntary bodies dealing with the various aspects of mental health. One of them is the Eugenic Society which «among other things concerns itself with the problem of sterilization and birth control from the mental hygiene aspect»<sup>17</sup>.

*Experts and personnel 'interchanges': a more direct link with eugenics.* The exchange of medical personnel was, among those activities financed by the League, one of the HO's main objectives. This provided opportunities to learn about health policies in different countries. Eugenics was part of these policies. In HC's minutes of a 1927 meeting, we can read that a Japanese doctor, Tsurumi, underlined «the exchange of

health personnel which had taken place in Berlin and at which he had been present». In this context,

Dr. Tsurumi expressed his deep interest in Professor Neufeld's lecture on the results obtained from animal experiments regarding the intimate relationship existing between certain diseases and predisposition. He not only shared this idea, but had reached the same conclusion in regard to certain infectious diseases. The spread of an epidemic of influenza or other similar disease was more easily explained when the existence of such a relationship between diseases, predisposition and constitution was granted». Dr. Tsurumi «had also heard with keen interest the lecture of Dr. [Otto] Krohne, who stated that race hygiene and heredity were problems for future study in Prussia. The problems were particularly important for Japan, where unhappily the health conditions and physical constitution were not satisfactory. His attention had been drawn to the development of physical culture in Germany; the institutions created there and the evolution of the German nation in this direction were indeed remarkable, and proved that Germany attached great importance to this subject<sup>18</sup>.

As already evoked, Otto Krohne was a well-known eugenics activist (Weindling 1993).

An interchange in Great-Britain is reproduced in box 2. Several medical experts' visits to institutes of eugenics were part of the organized program. Besides, in the detailed contents of a course in Paris in 1927, we learn that Lucien March taught statistics to the participants. March founded in 1913 the Société française d'eugénique being quite active in this field, he published twelve papers or studies in *Eugénique* (Armatte 2008)

As also noted by Bashford, with infant health and protection, eugenics came closest to consideration as a field for information and action. As a result of a resolution put forward by the Cuban delegation (Dr. D.F. Ramos, representing the Cuban Ministry of Health and Welfare and member of the IFEO) to the League's Assembly in 1926, the HO was asked to what extent eugenics might shape its work on the protection of infants. The Secretariat's file titled *Protection de l'enfant* became *Eugénisme: Questions générales*. Nevertheless, Bashford (2010, 161-162) thinks that «the Health Organization of the League remained reluctant» as regards eugenics, «avoiding all questions of a purely national character»<sup>19</sup>. The 1927 minutes seems to contradict this «avoidance». The infant mortality by race is considered in scientific exchanges such as that related in the chapter Health Experts on Infant Welfare. These experts met at Vienna on September 1927 where it was agreed that «the detailed discussion should be undertaken on the following lines: I. - Organisation and Difficulties Encountered; II. - Preliminary Results; 1. Social differences. 2. Geographical differences: differences of race, climate, customs; 3. Causes of death: Similarities and differences between the various districts. Special causes of death; 4. 5. Preventive methods: for each individual case. For each separate district»<sup>20</sup>.

More explicit were the recommendations (or what today would be called 'best practices') in the memorandum of 1930 on Health training. The HC's sub-committee on this matter wished to suggest some 'directives' on «l'organisation des nouvelles écoles, dont la fondation est envisagée ou en voie d'exécution dans d'autres parties du monde»<sup>21</sup>. A «Programme minimum pour les médecins hygienists» was



Box 2. *Interchange in Great Britain*

The health officers invited to take part in the interchange in Great Britain met in London on February 21<sup>st</sup>, 1927. They were ten in number and belonged to the Public Health Administrations of Belgium, Czechoslovakia, China, Germany, Italy, Lithuania, Poland, Romania, the Kingdom of the Serbs, Croats and Slovenes, and Sweden. The Assistant Director of the Health Bureau of Bucharest and a second health officer from Czechoslovakia also took part in this interchange at the expense of their respective administrations. Thus the total number of participants was twelve.

The first week of the tour was devoted to a study of the various activities of the British Ministry of Health. Thereafter, a programme of a more practical and more specialised nature was followed [...].

In selecting the districts [Liverpool, Glasgow, Birmingham, Bradford...] for the various participants, attention was paid to the special interests of each. In each of the above centres, all aspects of health work were studied. Attention was paid to school hygiene, industrial hygiene, maternity and child welfare and to tuberculosis work, venereal disease, sanitary engineering work [...], health insurance and the general routine of a health office.

During the last week, participants met once more in London, where attention was paid to meat inspection, the health organisation of the Port of London, and visits were paid to institutes of medical research, of eugenics, of industrial psychology, and of tropical medicine, and to army and navy medical colleges.

After a final meeting at the Ministry of Health in London, the participants came to Geneva for a final conference which was held on April 4th and 5th, 1927.

Source: League of Nations, Health Committee, *Minutes of the eleventh session held at Geneva from October 28<sup>th</sup> to November 3<sup>rd</sup>*, p. 80, C.579.M.205.1927.III.

presented including, among others, the teaching of eugenics<sup>22</sup>. While no detail is given as regards its contents, the teaching in question is included in the German country report, for instance.

Finally, though only indirectly connected to the organized interchanges, the international influence of the Belgian doctor René Sand (Borowy 2009, 21) can be underlined here. He was General Secretary of the League of the Red Cross Societies from 1923 to 1925 and a member of the LON's HC from 1934 to 1939. For Zylberman, «Social medicine was triggered with eugenics in French speaking lands»<sup>23</sup> and «René Sand (1877-1953) was one of the more prominent representatives of this social medicine» (Zylberman 2001, 263). In Zylberman's opinion, after the 1930s, when Sand abandoned more explicit references to eugenics, he was nevertheless «still caught» in this approach. «He held that 'a rational eugenics could be based only on genetics, the science of heredity' – 'genetics' was the word he used at that time» (Zylberman 2001, 268). Presenting some eugenics practices in a rather critical way<sup>24</sup>, Sand still believed in 1941 that an «eugenicist conscience» should be spread among the population through education:

l'eugénique éducative recommande qu'un choix judicieux préside au mariage, grâce à l'examen médical prénuptial, portant non seulement sur l'état de santé des futurs conjoints, mais aussi sur leur patrimoine héréditaire. Nous n'avons pas encore acquis le sens de la responsabilité dans la procréation [...]. Il faut cultiver la conscience eugénique inséparable de la morale et du sens social (Sand 1941, 69-70).

Sand participated in the establishment of the WHO in 1946 (United Nations 1948).

*The Cancer Committee.* Borowy cites the works presented to the HC on cancer mortality and morbidity in several countries in Europe in 1925-1926<sup>25</sup>. The socio-economic variables failed to explain countries differences in cancer related mortality rates so the experts pointed out regional and racial divergences: «Studies in the USA suggested that women of British background might have a more pronounced pre-disposition towards cancer than women of Italian origin» (Borowy 2009, 263). The Cancer Commission felt uncomfortable with these results; it would simply note that data were not reliable enough. Nevertheless «Health Section encouraged Polish studies on cancer conditions among the Jewish population and Italian studies on the role of constitution»<sup>26</sup>. One year later, in the HC's minutes of 1927 evoked above, the question of «Regional and Racial Divergences» in cancer diseases is recalled. In the report by George Buchanan one can read:

In [the] face of Italian figures in particular, the Commission had to consider the possibility, at least, that 'racial' influences underlie and furnish the explanation of these differences; influences, that is to say, inherent in race *quâ* race, and resulting in a greater or less[er] liability to any cancer on account of the constitutional elements which determine racial characteristics. Moreover investigations made in the United States from the racial aspect offered some support for the opinion that the mortality from cancer varied with the race of the immigrants, or at least with their country of origin<sup>27</sup>.

The topic as such did not seem to be shied away from; but a problem with the accuracy of the death certificates did not allow for clear conclusions.

*The Rockefeller Foundation.* While intensely sponsoring LON's Hs<sup>28</sup>, the Rockefeller Foundation (RF) was also directly linked to eugenics activities, as noted by Stefan Kühl: «The Rockefeller Foundation played the central role in establishing and sponsoring major eugenic institutes in Germany, including the Kaiser Wilhelm Institute for Psychiatry and the Kaiser Wilhelm Institute for Anthropology, Eugenics, and Human Heredity» (Kühl 1994, 20). Paul Weindling evokes this debate: «Within the United States the RF has been accused [...] of using its priorities to promote an elitist [...] professional imperialism in medicine consistent with corporate capitalism. Moreover, in backing programmes of human biology the RF has been seen as covertly supporting modernised forms of eugenics» (Weindling 1995b, 136).

It is the already mentioned compatibility between social hygiene and 'positive eugenics' that can also be recognized in the RF's activities. RF's collaboration with the LON could be seen as the first step of a transnational leveraging for the Foundation's global health goal: «A special relationship developed between the Rockefeller Foundation and the [LNHO]; the foundation saw the latter as a means of advancing its strategy of raising overall health levels throughout the world by enhancing scientific and medical knowledge and the institutional resources of expert elites» (Weindling 1997, 269). In the second step, the implementation of this broad objective indirectly facilitated those eugenics-related activities which were

not directly developed with the LON (but were certainly known by the League), and this, until the 1940s:

la Rockefeller a continué d'aider tous les Instituts avec lesquels elle était en relation, y compris ceux qui se consacrent à des recherches sur l'eugénisme. Par exemple elle soutient le projet d'enquête anthropologique sur la population allemande d'Eugen Fischer (Institut d'anthropologie et de génétique humaine) et il faut qu'un chercheur s'avère un nazi convaincu pour qu'un 'Fellowship' lui soit refusé. [...] Ce n'est qu'au lendemain du déclenchement de la Seconde Guerre mondiale en Europe que la Rockefeller décide de mettre en veilleuse ses subventions à la recherche allemande (Picard 1999, 98).

**5. Quantification: producing eugenicist figures?** The influence of data on our perception of social problems or topics does not have to be rediscussed (Desrosières 2002). Though presented as being technical, measuring instruments have effects on policy, reflecting the doctrines which underlie them. If it is thought that the causes of a disease are strictly social (industrialization, urbanization, etc.), data on mortality will only be essentially complemented by data on income, on place of residence or on access to health services... If data on mortality or morbidity are presented by race or ethnicity, it can implicitly be inferred that these statistics are, at least, compatible with eugenic studies.

From the earliest international congresses on eugenics, comparative national studies and plans for standardization of data appeared important. We can note, for example, the «International Biological Registration: the Norwegian System for Identification and Protection of the Individual» and the «Plan for Obtaining an International Technique in Physical Anthropology» (Mjøen, Bö 1924; Gates 1934).

The LON's HO was also interested in data harmonization as the work on the classification of causes of disease illustrates. Other studies and propositions were developed in different health domains. In the report on tuberculosis statistics submitted, by Dr. Rosenfeld, to the HC in 1925, it can be read that:

Les taux spécifiques sont indispensables à la comparaison internationale. Leur spécificité doit être recherchée pour le sexe, l'âge et la race. Les statistiques américaines montrent bien l'importance de ce dernier facteur sur la mortalité tuberculeuse. Il faut connaître la composition de la population, la proportion dans laquelle chaque race y est représentée, les différences de taux entre individus de diverses races (blanche et noire) et des diverses origines (Américains autochtones, immigrés de divers pays) étant considérables<sup>29</sup>.

Explicitly pointing out the need for data on races to study the correlation of this factor with tuberculosis, this document was published by the League in 1926.

The preparation of common health indices was also one of the objectives of the HO. Knud Stouman, who was the first member, and later the chief, of the Epidemiological information service (1921-1930), wrote several papers on the health indices:

It was therefore a logical development of previous activities when the Health Organization decided to inquire into the possibilities of a further extension of public health statistics in the form of health indices. It obtained in this study the valuable collaboration of the Milbank Memorial Fund of New York, which had already accumulated considerable

experience in collateral field and notably in regard to sickness surveys and the problems of medical care. The Milbank Memorial Fund also generously provided financial support for the technical execution of this enquiry. The study was commenced in Geneva in 1935 under the supervision of the medical Director, Dr. L. Rajchman, but it was decided to transfer it to the United States in order to reap the fullest benefit from the large experience acquired in that country in regard to health surveys (Stouman, Falk 1937a, 7-8).

K. Stouman, with I.S. Falk, presented some of these indices including the demographic and racial characteristics of the population. They refer to part A on «Indices of Vitality and Health [...] 4. Nativity and race» (Stouman, Falk 1937b, 366)<sup>30</sup>.

In addition, we find in the Stouman and Falk (1937a) report the basis of WHO's definition of health, inspired by the idea of 'capacity of survival' and fitness measurement:

Measures for physical fitness should, at any rate theoretically, be an important element in a system of health indices. Perfect health does not mean merely the absence of incapacitating illness – which is only the final breakdown of a physic unable to resist general or specific conditions of its environment (Stouman, Falk 1937a, 35).

HO's statistical indices, factors and data were, at least, compatible with eugenicist inquiries. The point 4 of the HO's working plan adopted in November 1922 is a good example of this tendency. Nothing referred to eugenics but eugenics hypothesis were not excluded: «Comparative study of the incidence of particular diseases in different countries and their public health statistics, with a view to determining the nature and practical significance of observed differences between them»<sup>31</sup>.

Finally, the medical statistician Emil Eugen Roesle, member, with Otto Krohne, of the Prussian Committee on Racial Hygiene, was charged by the HO to prepare a study on comparative statistics on morbidity, issued in 1928. Founded in 1920, the Committee on Racial Hygiene was incorporated into the Prussian Health Committee in 1921. Roesle officially defended the idea of the creation of an Institute for the study of heredity in Prussia, in a 1923 debate (Weindling 1993, 338-340). In his rapport for the HO, Roesle noted that «Il est evident que la documentation des caisses d'assurance-maladie doit se reveler insuffisante lorsque l'on veut déterminer l'importance biologique de la morbidité»<sup>32</sup>. For Roesle, the insurers concentrated on social or external causes, neglecting 'biological morbidity', central to the medical point of view (see box 3). External causes are of interest for medicine, certainly, but especially for prevention oriented entities, insurers or the police.

**6. Conclusion: knowing and exchanging in the context of eugenics.** HO programs and recommendations were not directly related to eugenics but the idea that «the LNHO functioned as a barrier to the international acceptance of eugenics into respectable public health discourse» (Borowy 2009, 458) is debatable. In contrast with the suggestion that «As such, excluding eugenics implied an anti-totalitarian statement» (Borowy 2009, 458), we consider evidence suggesting that the eugenics doctrine, and its (sometimes authoritarian) practice, were tolerated by the League. This attitude, under Rajchman direction of the HS was rather restricted as com-

Box 3. *Nécessité d'une classification plus détaillée des groups de maladies pour la statistique de morbidité*

«La statistique de la morbidité fait ressortir plus nettement encore la nécessité de cette division [between social and biological causes], car cette statistique a, en première ligne, pour objet de déterminer, en ce qui concerne les différentes causes de maladie, la fréquence des *cas de maladie*. Seule une statistique de morbidité ou de mortalité, établie selon ce principe biologique, offre une importance biologique, car, pour une étude méthodologique de ce genre, il est évident que seules les causes naturelles entrent en ligne de compte».

Source: *Essai* (1928, 19).

pared to League's open tolerance of totalitarian policies as regards minorities, such as those of Primo de Rivera and Mussolini (Cussó 2013).

The HO worked as part of a large network of scientists, experts and government representatives that were sometimes connected to eugenic organizations, knew about them, asked for further information in that respect, allowed debates on the topic, and participated in personnel and scientific exchanges. The RF's support of eugenicist institutes could not have been ignored by the HS as well as the nazification of German institutions from 1933. Inclusion of training on eugenics in Health schools and explicit collaboration with known eugenicists before the 1930s can also be noted. That is probably why the HO did not fight against eugenics even when some practices were already criticized. The biological causes of diseases and heredity were the way that some improvements on health conditions of populations could be sought. Today's medical research and practice has clearly adopted the selection of embryos through reproductive health programs.

Furthermore, despite the dominant national-oriented studies on eugenics, this doctrine was (and is) closely related to internationalism (Barrett, Kurzman 2004; Kevles 2004). In Bashford's words, eugenics is also about «the modern history of universalism, internationalism, and cosmopolitanism» (Bashford 2010, 154). She adds «applied science of heredity was widely shared. Eugenic experts from across the globe understood each other, even if they disagreed. Indeed, eugenicists spoke an international language, perhaps more effectively than other internationalists of the period spoke Esperanto».

Circuits of exchange between influential scientific figures developed as the numerous international congresses and meetings on eugenics show. They are quite well analyzed as transnational history develops. Eugenics ideas were also translated into practice in an international manner: «The various migration statutes themselves were remarkably similar across time and national contexts, in their fairly sudden appearance, in their drafting, and in their increasingly eugenic rationales» (Bashford 2010, 155).

Though the HS did not adopt eugenics as an international issue, the transnational exchanges within the organization certainly prepared the leftist and cosmopolitan (Cleminson 2006; Spektorowski 2004) acceptance of eugenics after World War II: «eugenics was explicitly championed and harnessed by key players in the early postwar years of the United Nations» (Bashford 2010, 155). In this

respect, Bashford also considers that «The twentieth-century chronology of the links between eugenics and the formal international organizations is [...] surprising, and in many ways counterintuitive» since she thinks that eugenics was «avoided by the League in the 1920s and 1930s» while this doctrine «was taken up by sections of the UN after World War II» (Bashford 2010, 155).

Actually, Bashford invites researchers to reconsider the chronology of eugenics' decline: «many scholars argue that eugenics became publicly indefensible in the post-Holocaust period» while in fact there was a «postwar uptick». But, instead of this 'counterintuitive' uptick, couldn't we also reconsider the notion that LON avoided eugenics? After an overview of LON's transnational activity, we rather think that the League was not a barrier to eugenics. More research on personal, societies, organizations and international experts links and networks is certainly needed. As regards governments' representatives, we do not know much about the use that they could make of the League's debates for their eugenicists purposes. We saw that the Cuban Dr. D.F. Ramos, key organizer of the Pan-American Eugenics Committee, was an important figure in the LON's discussions on eugenics, for example.

If the LON's tolerance of eugenics is thus acknowledged, the continuity of this doctrine and even its growing strength after the war can be better understood. We can also better understand the international character that eugenics always manifested and still manifests.

Julian Huxley, first director-general of United Nations Educational Scientific and Cultural Organization (UNESCO), placed eugenics at the core of his 1947 document, *UNESCO: Its Purpose and Philosophy*. Huxley wanted to improve «the average quality of human beings [...] accomplished by applying the findings of truly scientific eugenics» (Huxley 1947, 37-38). In Bashford's words, «Huxley was not in the least unaware of the race and even class implications of a science that had problematically assumed superiority and inferiority of certain groups, advocating what scholars subsequently called a 'reform eugenics', which rejected racism. [...] For Huxley, projects that delineated racial difference and that suggested action on the basis of hierarchized difference were unscientific, politically undesirable, and unconscionable». But «There remains the second type of inequality. This has quite other implications; for, whereas variety is in itself desirable, the existence of weaklings, fools, and moral deficient cannot but be bad». This was a global mission, «a major task for the world» (Bashford 2010, 163)<sup>33</sup>.

Another development of the field of eugenics can thus be noted. Part of the interwar 'retreat of scientific racism' and even certain scientists' anti-nationalism and anti-colonialism, lay in a cosmopolitan desire to think about humans as a whole, rather than as racially or nationally divided populations. From the beginning of the twentieth century, some eugenicists had the politico-scientific project of world citizens rather than patriots. As noted by Bashford,

Once eugenics was accepted as part of a larger evolutionary principle, it would and should be understood to govern humans universally. This line of inquiry was sometimes used as scientific ground on which eugenics would become not just an international, but a cosmopolitan science, applicable to all humans. [C.E.A.] Bedwell (1878-1950) [...] approv-

ingly quoted jurist Sir John Macdonell's (1846-1921) 1916 essay in the *Eugenics Review*, which raised the possibility that a dispassionate eugenic science might show that 'unions between certain races' are possible, even 'desirable and propitious'. He might find that 'certain stocks would be enriched and strengthened', and humans might thus, in his opinion, become 'citizens of a better world' (Bashford 2010, 166).

<sup>1</sup> WHO, *Health Topics*, Reproductive Health [in [www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)].

<sup>2</sup> Existing work on international health organizations pays little attention to the continuity between the WHO and its predecessors such as the HO, with the exception of Borowy (2009).

<sup>3</sup> The HO included the Health Section (HS) (Secretariat's personnel) and the Health Committees (HC) (experts).

<sup>4</sup> Correspondence with the Eugenics Society, London, September 1<sup>st</sup> 1924 (LONA-3).

<sup>5</sup> League of Nations, Comité d'hygiène, *Minutes of the fourth session, 20-25 April 1925*, C.224.M.80.1925.III, annexe 51 (Dr. Y. Biraud) - (1935), CH/22 d session/P.V.

<sup>6</sup> Letter to Dr. Haskovec, April 14<sup>th</sup> 1927 in LONA-3.

<sup>7</sup> *Le certificat médical prématrimonial*, Institut International d'anthropologie, Prague, II<sup>e</sup> Session, 14-21 septembre 1925, p. 7, in LONA-3.

<sup>8</sup> Letter sent in March 27<sup>th</sup> 1930, and registered in the HS in April 8<sup>th</sup>, 1930, in LONA-4.

<sup>9</sup> The International Federation of Eugenic Organizations, *Membership list and governing rules*, September, 1929, p. 5, in LONA-4.

<sup>10</sup> Founded in 1928, the Union was a direct outcome of the World Population Conference held at Geneva in 1927.

<sup>11</sup> Letter from W.F. Schubert, member of Section of International Bureaux to Chass. B. Davenport, April 29<sup>th</sup> 1930 in LONA-4.

<sup>12</sup> Bernard considered both heredity and contagion «as a cause of pathology and as a matter of public health» (Zylberman 2001, 261-262). Like many other doctors in France, after World War I, he was focused on the rise of population growth and social hygiene though specifically eugenic ideas weren't condemned.

<sup>13</sup> Sociologist, founder of Social People's Party, a member of the National Consultative Assembly during the Primo de Rivera's dictatorship and procurator of the parliament for five terms during the Franco period.

<sup>14</sup> *Population Problems*, International Congress for Studies Regarding Population, Rome, 7-10 September 1931, Economic Section (in LONA-5).

<sup>15</sup> HC's Seventeenth session, May 4<sup>th</sup>, 1931, p. 2, in LONA-6.

<sup>16</sup> National Council for Mental Hygiene, London, 15<sup>th</sup> December 1932 from Doris M. Odlum to M.D. Mackenzie, p. 2 (in LONA-6).

<sup>17</sup> *Ibid.*, p. 4

<sup>18</sup> League of Nations, Health Committee, *Minutes of the eleventh session held at Geneva from October 28<sup>th</sup> to November 3<sup>rd</sup>*, p. 15, C.579.M.205.1927.III.

<sup>19</sup> *Report on the Work of the Health Committee*, 8<sup>th</sup> Session, October 1926, Health Section, in LONA-2.

<sup>20</sup> League of Nations, Health Committee, *Minutes of the eleventh session held at Geneva from October 28<sup>th</sup> to November 3<sup>rd</sup>*, p. 106, C.579.M.205.1927.III.

<sup>21</sup> *Rapport sur les travaux des conférences des directeurs d'écoles d'hygiène tenues à Paris, du 20 au 24 mai 1930 et à Dresde, du 14 au 17 juillet 1930 avec un memorandum sur l'enseignement de l'hygiène dans certains pays d'Europe présenté à la Conférence de Dresde et une Introduction par Léonard Bernard*, Organisation de l'Hygiène, Société des Nations, Genève, 1930, p. 9.

<sup>22</sup> *Ibid.*, p. 15

<sup>23</sup> «Evidence of this [referring to actions concentrated on family life] were the anti-tuberculosis dispensaries and 'positive' eugenic measures, such as early screening for defects and educating mothers about the danger or germs» (Zylberman 2001, 263).

<sup>24</sup> The sterilization «soulève des objections d'ordre moral» (Sand 1941, 69).

<sup>25</sup> She refers to *Annuals reports for 1925 and 1926*; April 1926 A.17.1926.III (C.H.442) and February 1927 A.9.1927.III (C.H.529).

<sup>26</sup> *Present position of Research into Heredity in Cancer*, Note prepared by professor H.F. Deelman (Groningen) with the Assistance of Dr. Jitta, C.H./Cancer/66, 1 May 1929, LONA; *Extrait des procès-verbaux provisoires de la 14<sup>eme</sup> session du Comité d'Hygiène*, C.H.800, 23 May 1929, LONA, R 5872/8A/12397/2559.

<sup>27</sup> *Report on the work of the Cancer Commission for the years 1923 to 1927*, Presented to the Health Committee on behalf of the Commis-

sion by Sir George Buchanan (President), November 1927, Geneva, November 1<sup>st</sup>, 1927, p. 154, in League of Nations, Health Committee, *Minutes of the eleventh session held at Geneva from October 28<sup>th</sup> to November 3<sup>rd</sup>*, C.579.M.205. 1927.III.

<sup>28</sup> «In 1933 the LNHO had a staff of 53, 25 of whom were paid by the RF» (Weindling 1995b, 136).

<sup>29</sup> *Les statistiques de tuberculose*, Résumé analytique du Docteur S. Rosenfeld (Vienne) soumis

au Comité d'hygiène de la Société des Nations en avril 1925, p. 40, C.H.284(1).

<sup>30</sup> Also on *Health Indices. A Study of Objective Indices of Health in Relation to Environment and Sanitation*, in League of Nations (1936, 901).

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<sup>32</sup> *Essai* (1928, 9).

<sup>33</sup> On UNESCO's science policy, see Brattain (2007).

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## Summary

### *The League of Nations and Eugenics: an Overview of Transnational Activity*

While it is commonly considered that the League of Nations did not develop eugenics programs, transnational activities related to such a doctrine can nevertheless be identified throughout the organization. Several official representatives and experts reported studying links between racial or biological factors on the one hand, and some diseases and behaviors, on the other. Exchange programs for experts, organized by the League, were also an occasion for sharing eugenics knowledge. Thus, though the LON's main health activities and discourse concerned the social determinants of disease (working conditions, urbanization, etc.), identification and avoidance of the biological sources of illness were not completely set aside. Not only was the latter compatible with social policy but it has nowadays become an implicit part of WHO's definition of health.

## Riassunto

### *La Società delle Nazioni e l'eugenetica: una rassegna sull'attività transnazionale*

Nonostante sia comunemente riconosciuto che la Società delle Nazioni non abbia sviluppato programmi eugenetici, è possibile riconoscere alcune attività transnazionali legate alle dottrine eugenetiche nell'attività di questa organizzazione internazionale. Numerosi rappresentanti ed esperti ufficiali presentarono rapporti concernenti ricerche sul collegamento tra fattori razziali e biologici, da un lato, e alcune malattie o comportamenti, dall'altro. I programmi di scambio di esperti, organizzati dalla Società delle Nazioni, furono anche un'occasione per diffondere le conoscenze eugenetiche. Di conseguenza, sebbene il linguaggio e le principali attività della Società riguardanti la salute si concentrassero sulle determinanti sociali di malattia (condizioni di lavoro, urbanesimo, ecc.), l'obiettivo dell'identificazione e dell'eliminazione delle sue cause biologiche non fu completamente accantonato. Tale obiettivo non solo era perfettamente compatibile con le politiche sociali, ma è divenuto oggi implicitamente parte della definizione di salute data dall'Organizzazione mondiale della Sanità.

### *Keywords*

League of Nations; Eugenics; Transnational; Social hygiene; WHO.

### *Parole chiave*

Società delle Nazioni; Eugenetica; Transnazionale; Igiene sociale; Organizzazione mondiale della sanità.