

A Preliminary Examination of Official Statistical Surveys on Psychic Disorders in Italy During the Fascist Era

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1. Psychiatry, statistics and eugenics between 19th and 20th century. A complex relationship. By the end of the 1970s in many European countries the methods of the historiography of psychiatry had been updated. Since then psychiatrists' memoirs as well as histories of asylums became more and more marginal within historiographical production (Guarnieri 1991). Many factors led to this renewal: the development of social history and history of science, the birth of anti-psychiatric movements and finally the appearance of new contributions by psychiatrists who studied the history of their discipline (Peloso 2008; Giacanelli 2009). This historiographical cleavage also involved Italy, but over the last thirty-five years, despite of the increasing interest in the history of Italian psychiatry, the specific issue concerning the contribution of statistical instruments for the measurement and treatment of psychic disorders has been neglected, also with regard to the problem of eugenic control (Guarnieri 1991; Fiorani 2010). This may appear a paradox, considering the close-knit relationship – according to Foucault – between statistical tools, government and biopolitics, as a specifically modern form for exercising power (Foucault 2007; 2008). Also within the historiography on Italian statistics – as a political institution, as a science, as well as an instrument for the identification and resolution of social problems – the specific topics of health statistics and psychiatric statistics were given only a small amount of space (Prévost 2009; Favero 2010). Conversely, outside Italy several studies have analyzed the nexus between medical treatment of insanity, statistics and eugenics, trying to explain the relationship between the history of psychiatry, the history of eugenics and the history of statistics. Let's summarize the main results of this historiography in the following lines, finding the main questions to be explored with reference to the Italian case.

In modern Europe, a growing attention to the insanity and to the hereditary nature of mental illness, from a medical and a statistical point of view, dates back to the 19th century, and was probably a consequence of the growth of the new urban and industrial society. Between the 19th and 20th century many observers stressed the rise in mental illnesses caused by the growth of the new modern ways of life. The interest of psychiatry in the treatment of insanity was often associated with the birth of eugenics as a theory and also as a new field of public intervention. The existence of an eugenic purpose is evident if we consider that in many cases during the 19th century the purpose of the asylums was not only to treat or segregate the patients, but also to prevent insanity, by detaining people and preventing them from reproducing.

As many historians have stressed, statistical measurement has played a crucial role in the development of psychiatry and eugenics. Data collection was a characteristic of medicine even before the 19th century, but only around the middle of this century numerical descriptions extended gradually to psychiatry and to other areas of psychopathology. In the same period psychiatry emerged as a specific field of medicine, as a science independent from moral or religious issues. There is little historical evidence to suggest that before 1850s any serious efforts had been made to measure personality traits (Wallace, Gach 2008, 359). Recent research by Theodore M. Porter (forthcoming)¹ argues, conversely, that during the 19th century, within medical science, psychiatry was probably the most statistically-oriented field of medicine. There was a great move towards quantification in psychiatry: according to Porter, who focused on some western countries of northern Europe and North America, mental asylums produced a great deal of statistical data from the mid-19th century. This aspect became more evident from the end of the century. The reason for this is the development of two different purposes for the asylums: the cure of patients and the prevention of hereditary diseases. According to Porter, heredity theory and eugenics developed first of all within the asylums and schools, where data on the insanity and health conditions of schoolchildren could be collected. Porter's idea is that mental asylums were interested in the inheritance of insanity 80 years before eugenics became a movement. Originally, heredity was not a scientific discipline, but an indigenous practice of asylums and clinics. Mendelism and biometry, in other words, continued the research originating within the asylum institutions².

On the international scene eugenics as a science developed between 19th and 20th century from the contributions of Francis Galton, who was also a statistician. According to Galton, eugenics is the science of the biological improvement of humankind. Eugenics was founded on the idea that a wide range of human physical, mental, and moral traits were inherited. Human progress depended on social measures able to select the transmission of the population's hereditary endowments to future generations. Eugenics was an international movement: as Mark B. Adams claimed,

between 1890 and 1930, eugenics movements developed in more than thirty countries, each adapting the international Galtonian gospel to suit local scientific, cultural, institutional, and political conditions. In some places eugenics was dominated by experimental biologists, in others by animal breeders, physicians, pediatricians, psychiatrists, anthropologists, demographers, or public health officials (Adams 1990, 5).

In many countries, e.g. Italy, eugenics was not an autonomous field, and developed at the crossroads between different disciplines (Mantovani 2004; Cassata 2006). In this issue Angelo M. Caglioti writes about the invisible nature of Italian eugenics, «which have been concealed in texts about public health, demography, anthropology and statistics» (Caglioti 2016).

The fascist period is an interesting case in point, showing the complex relationship between statistics, medical knowledge and eugenics, and the mutual influence

between these fields. During this era many changes emerged in the statistical field, in eugenics, in psychiatry and in health policies. During the interwar period a transition emerged from the charity and assistance conception of hospital institutions to a more modern idea of social and health insurance (Preti 1984; Vicarelli 1997). The increase in the number of mental hospitals, in particular, had a crucial role in the results of the official measurements of insanity. During the period under examination many psychiatrists stressed the importance of a new approach to psychiatric assistance, from a eugenic standpoint. The development of statistical knowledge concerning mental disorders and a new prevention policy were elements of this new perspective. Nevertheless, a gap between scientific and political plans and the actual reality persisted. Despite the intentions and the hopes of statisticians, psychiatrists and scientists, a complete and regular statistical survey on mental diseases was not possible during the fascist period.

In what follows I will focus on the Italian context during the interwar period, reconstructing the role played by official statistics in the measurement of mental illness. My attention will focus in particular on the role played by Istat (Istituto centrale di statistica, the Italian Central Institute of Statistics) and on the interdisciplinary debate between statistics, psychiatry and eugenics. The reconstruction of measurement methods takes into account the history and development of eugenic and demographic thinking, as well as the fascist attitude toward deviance. The sources used are published articles, published official statistics, the minutes of the Consiglio superiore di Statistica (Higher Council of Statistics) and, where possible, the related archival documents produced by Istat from its establishment (1926) up to the moment when Italy joined WWII (1940). No archival sources were found within the Santa Maria della Pietà historical archive in Rome, where I supposed there might be documents on the mental illness statistical service.

2. Measuring insanity and improving the race. The Italian context between WWI and WWII. WWI had an important role in the development of sciences, and among them of psychiatry. Violence and shocks produced by the new technological war created new forms of pathology among soldiers, fostering a debate within the scientific community. During and after the war Italian psychiatrists and psychologists – among them Enrico Morselli, Vito Maria Buscaino, Agostino Gemelli – discussed the relationship between body and mind, in order to explain the emergence of new neuroses, thereby enabling a dialogue with psychoanalysis (Babini 2011, 634-636). Simultaneously, important changes also emerged in the field of eugenics. A new kind of eugenic thinking developed in Italy after WWI, as well as in other countries. It was characterized by a coactive State attitude towards individual behavior, in order to favour the collective interest and to improve the population's physical and mental conditions. In this context the psychiatric science made an important contribution to the eugenic debate, as a part of a wholesale renewal of psychiatry: henceforward, its purpose was not merely to act as a mere repressive containment of brainsick people, but a general preventive attitude towards the mental disorders prevailed (Mantovani 2004, 172-187).

Many scholars have highlighted the existence of a specific ‘Latin’ approach to eugenics. Latin eugenics was a scientific, cultural and political program for the biological empowerment of the modern European and American nations described as ‘Latin’, sharing genealogical, linguistic, religious, and cultural origins. As a program for achieving the social and political goals of modern welfare systems, Latin eugenics strongly influenced the complex relationship of the State with the individual. By the early decades of the 20th century, ‘Nordic’ eugenics (essentially Anglo-American and German-Scandinavian), as characterized by the introduction of sterilization laws and compulsory premarital certificates, was opposed to a ‘Latin’ eugenics, present in some countries like Italy, France, Belgium and Latin America, whose precepts generally regarded maternal assistance, preventive social medicine, demographic natalism, and biotypological and endocrinological control (Turda, Gillette 2014). During fascism one of the central figures of Italian eugenics was in fact the endocrinologist Nicola Pende, founder of the Biotypological Orthogenetical Institute, that was established in 1926 (Cassata 2011).

How did eugenics issues intersect the treatment of mental illness? In Italy, at the beginning of 1920s, a debate emerged about the utility of mental hospitals in off-setting mental diseases. The mental hospital system, governed by the law passed in 1904, during the Giolittian age, was simply regarded as an instrument for public security, and not as a tool for actually preventing mental diseases. Many important psychiatrists highlighted the importance of a new approach to psychiatric assistance, from a eugenic perspective. In 1920 Enrico Morselli, an influential psychiatrist and anthropologist, affirmed that a social defense from mental diseases depended on sanitary, hygienic and socio-political concerns, and not only on the activity of the mental hospitals. In 1922 the neurologist Leonardo Bianchi highlighted the need for eugenic legislation, as well as for an amendment to the old 1904 law and for further actions to help prevent mental disorders starting from school. The reform of the asylums was required to guarantee a social defense from insanity, avoiding the reproduction of the so-termed feeble-minded people. Many influential psychiatrists supported an increase in admissions to the asylums, because the damage to the community was not measured only in terms of social disorder, but also in terms of racial contamination (Cassata 2005; Moraglio 2006). A result of this debate was the establishment of the Lega italiana di igiene e profilassi mentale (Italian League of Hygiene and Mental Prophylaxis) in 1924, with the purpose of studying the hereditary diseases and of supporting new eugenic legislation. A central purpose of the League was to gather information on mental disorders:

Ricerca, raccogliere e vagliare informazioni, documenti, ecc.; condurre o provocare inchieste, indagini, ricerche, ecc. sulle cause delle malattie mentali, sui danni morali ed economici che da esse derivano all’individuo ed alla comunità, sulle provvidenze legislative e di medicina preventiva, atte a correggere tali cause e ad evitare tali danni. (*Costituzione della Lega italiana di igiene e profilassi mentale. Resoconto ufficiale della seduta inaugurale*, quoted in Cassata 2005, 23).

Psychiatry had shown a certain amount of interest in the statistical measurement of mental diseases since the second half of 19th century, focusing mainly on noso-

logical classification problems (Salomone, Arnone 2009). Nevertheless, the interwar debate for the first time connected the problem of measurement to the new eugenic program. From this point of view a complete statistical knowledge of mental disorders was also required to study hereditary characters, selecting the best therapeutic procedures and finally improving the racial quality of society (Cassata 2006). Also in this case we can observe the use of statistical data collected by asylums for the validation of heredity theory, along the lines highlighted by Porter. Porter found a relationship between asylum management and heredity research from the mid-19th century, referring to some western countries of northern Europe and North America. At present, it is not possible to verify Porter's hypothesis for 19th century Italy, as further archival evidence would be required. We can however observe the relationship between the treatment of insanity, data collection and eugenics in a subsequent context, i.e. the interwar period.

The interest of psychiatry for the statistical measurement of insanity grew during the fascist period. During the 1920s, many psychiatrists stressed the lack of a statistical centre for gathering data on mental disorders. In this regard some innovation was possible only in 1925, when the Società italiana di Psichiatria (Italian Psychiatric Society) – on the grounds of a project passed in 1923 – created a statistical office with the collaboration of the Mental Hospital of Ancona, headed by Gustavo Modena³. At the end of the 1930s, the establishment of a National Genetic Centre looked like a real possibility, although a heated debate within the Italian League of Hygiene and Mental Prophylaxis showed the existence of many different stances. According to the young psychiatrist Giuseppe Pintus, the Centro nazionale di Genetica (National Genetics Centre) was supposed to cooperate with the Ufficio statistico (Statistical Office) directed by Gustavo Modena in Ancona. Actually, the complete statistical survey on mental disorders did not materialize. First of all, the opposition of the General Health Management (Consiglio superior di Sanità) put a stop to this project (Cassata 2006, 262-274). Moreover, as I am going to show, many other difficulties – including financial problems – made a regular and complete statistical survey by the Statistical Office of Ancona and by Istat impossible.

The interwar period was also crucial for the development of the Italian statistical 'field'. Jean-Guy Prévost analyzed the emergence of the field, which is defined in accordance with Bourdieu, as a structured and multidimensional set of positions governed by specific criteria of legitimacy. According to Prévost this concept

constitutes an appropriate framework for taking into account the scientific as well as political activities of a given group, the system of norms, incentives, and constraints within which these activities are deployed, and the relations of such a system with others (Prévost 2009, 11).

Between WWI and WWII statistics emerged in Italy as a technical field far different from 19th century statistics. The new Italian statistics became more and more of an esoteric science, requiring a high degree of technical knowledge. During the 1920s and 1930s the Italian statistical field was mainly built upon two different axes: the world of academia and pure science, and the world of government statis-

tics. In those years the general purpose of the regime was to improve the official statistical service, by the establishment of the new Istituto centrale di Statistica (Istat, Central Institute of Statistics) in 1926 (Ipsen 1994). Italian statisticians, moreover, tried to improve their influence on different domains of social and economic inquiry, including sociology, eugenics, genetics, and so on. Marcello Boldrini, for instance, intended to give a statistical basis to the correlations between anthropometric characteristics and psychological tendencies (Boldrini 1934). Alfredo Niceforo, whose scientific profile was essentially interdisciplinary, had also a scientific interest in measuring human characters, producing a quantification of physical, biological and psychological features in order to determine the characteristics of 'normality', in so doing establishing superiority and inferiority among individuals and groups. Niceforo's view was coherent with Nicola Pende's approach to eugenics. As a matter of fact they cooperated in the publication of a *Dictionary of Criminology (Dizionario di criminologia)* in 1943⁴. The very contribution of Corrado Gini, at same time first president both of the Istat (1926-1932) and of the Società italiana di genetica ed eugenetica (Sige, Italian Society of Genetics and Eugenics) (1924-1931) showed a new possible relationship between the eugenic programs, statistical inquiry and health policy (Cassata 2006, 144). Leading the Istat, Sige and Cisp (Comitato italiano per lo studio dei problemi della popolazione, Italian Centre for the Study of Population), Gini tried to give empirical validation to his 'Latin' eugenic approach (Cassata 2011, 139).

According to the general overview of the history of psychiatry during fascism proposed by the psychiatrist-historian Paolo F. Peloso (2008), the Italian interwar debate on mental health problems and asylum management was influenced by the advent of fascism. Fascist ideology and its socio-political theories produced a consolidation of the authoritarian aspects in the field of social control and in psychiatric intervention. The use of internment in asylums as a tool for political repression explains, at least in part, the growth in the number of people interned (Petracci 2014). Most of them were poor people, and according to Massimo Tornabene the hypothesis that during fascism asylums were also a 'container' for poverty needs to be explored (Tornabene 2009, 46). During fascism the number of mental hospitals rose, unlike other hospitals as a whole, whose capacity actually fell (Preti 1984, 382-383). Moreover the concept of 'social perilousness' grew, resulting in a rapid increase in the internments in asylums. Between 1926 and 1941 the number of hospitalized patients grew from 60.000 to 96.000 (see tab. 4). In the following pages we will analyze the origins of this statistical result.

Generally speaking, during fascism Italian psychiatric culture underwent a depletion, due also to the exclusion of psychology and psychoanalysis from the academic world, enhanced by the Gentile reform, in 1924. Most psychiatrists supported the fascist regime, starting with the leading Italian psychiatrist, Enrico Morselli, who underwrote the *Manifesto degli intellettuali fascisti (Manifesto of Fascist Intellectuals)*, together with Giovanni Gentile, Luigi Pirandello and Giuseppe Ungaretti. Only a few doctors actually expressed an anti-fascist stance (Peloso 2008). In 1925, during the 27th Congress of the Italian Psychiatric Society (Società freniatrica italiana), the

Italian psychiatric establishment confirmed its rejection of Freudism. In this context the only innovations were the development of the 'neoconstitutionalism', a field of study connected to endocrinology that developed between WWI and WWII with the contributions of the doctor and criminologist Nicola Pende, and the Italian invention of the electroshock. Within the scope of the Italian eugenic debate, the specific contribution of psychiatry during the 1930s was its strong support for the statistical and genealogical monitoring of mental disorders. The latter characteristic was part of rejection of the German 'negative' version of eugenics, favorable to the sterilization of the brainsick people. Italian psychiatry supported first of all a national statistical survey on mental disorders, to prevent the reproduction of insane people and also to test the hereditary nature of psychiatric diseases.

3. The Statistical Office of Mental Diseases of Ancona and the Istat. In 1926, the year when the Istat was founded, the Italian dictator Benito Mussolini stated that «statistics has expanded its jurisdiction over all phenomena of life». In fact, the birth of the Istat and the reorganization of the Consiglio superiore di Statistica (CsS, Higher Council of Statistics)⁵ represented a turning point in the history of official Italian statistics, because it made possible a reorganization and an improvement of the statistical surveys. According to Jean-Guy Prévost, the Istat was a part of the Italian 'statistical field', using the term 'field' in accordance with Bourdieu. With the birth of the Istat, official statistics moved from the status of a General Directorate of the Ministry of Agriculture, Industry and Commerce (and subsequent definitions) to that of an autonomous State institute under the Prime Minister's direct control. This last positioning of the Istat should have fostered the coordination and centralization of statistical activities under its authority. During the following years this process remained far from being completed, due to the resistance of many departments that opposed to the broadening of the Istat's authority. Nevertheless, as compared with the past, the birth of the Istat represented a true 'renaissance' of the Italian official statistics. There was a rapid and significant growth in staff, and there was also a growth in printed output. New periodicals were published, with an extension of the domains that were surveyed (Prévost 2009, 120-123).

In this context, however, despite the great interest of the fascist government in demographic problems (Ipsen 1994), from the birth of the Istat up to WWII, health statistics were characterized by a limited development. The official journal «Annali di Statistica» seldom dealt with health problems, and only as specific issues were concerned (i.e. children mortality, infectious diseases, etc.) (Geddes de Filicaia 2000, 181-182). Except for statistics on causes of death⁶, only a few special studies were dedicated to health statistics. A hospital census was carried out in 1932, and it was the only such example (Preti 1984). As I will show, the statistics on mental disorders proved to be an exception (Leti 1996, 213).

Since its establishment, the Istat focused on the measurement of mental disorders. In 1926 Corrado Gini advised cooperation with the new Statistical Office of Ancona (Istituto di Statistica delle malattie mentali), which was soon to become a

correspondent of the Istat. This purpose was in line with the process of centralization of the statistical surveys, the Istat's true mission. It is important to stress, however, that within the Superior Council of Statistics two discussions on health statistics out of three focused on psychiatric disorders. Both were authored by Alfredo Niceforo. In 1933 Niceforo reported on the use of schoolchildren's biological and psychic files; in 1936, moreover, he reported on the statistics of psychic diseases. In the first case, Niceforo explained the importance of the use of biological and anthropological inquiries on schoolchildren, performed by municipalities since the turn of the century. He highlighted that this material was completely neglected, and he hoped it would be processed by means of uniform criteria. Niceforo suggested also a proper use of the files collected by the Opera Nazionale Balilla, concerning the physical and mental conditions of schoolchildren (Leti 1996, 448-449). His view was coherent with the eugenics theorized and practiced by Nicola Pende, through the Biotipological Ortogenetical Institute (Cassata 2011, 146). Then, in 1936, Niceforo urged another discussion on the cooperation between the Istat and the Mental Hospital of Ancona, highlighting the limits of this cooperation. I will focus on the latter discussion in the last paragraph.

Two questions call for an answer. How was the new Statistical Office of Ancona organized? And what were its relations with the Istat? To answer this question, I will take into account both archival sources from the Istat – in this case very limited – and the official publications published by the Istat in cooperation with Ancona Hospital. Unfortunately, the archive of the Statistical Office of Ancona does not exist, and within the Santa Maria della Pietà historical archive, where the statistical service was moved in 1939, there is no additional archival document regarding the statistical service. Statistical material was probably destroyed during WWII (Modena 1948, 124)⁷.

The Statistical Office of Ancona, created in 1925 by the Italian Psychiatric Society and by the Institute of Hygiene (Istituto di Igiene), operated as a centralized data collector, harvesting information from the Italian psychiatric institutes. It received financial contributions from the General Direction of Public Health (Direzione generale della Sanità pubblica), the Minister of the Interior (Ministero dell'Interno), provincial administrations and charity associations, and it established relationships with similar foreign agencies (Modena 1926). Compared to the beginning of 20th century, when there was a large gap between Italy and the other countries in terms of psychiatric statistics (Levi-Bianchini 1915, 165), the activity of the new Statistical Office seemed to put Italy at forefront on a world level, at least in the opinion of Gustavo Modena (ISTAT 1928, *7). According to Gustavo Modena's project, the office adopted a straightforward organization. Data collection was performed by psychiatric institutes filling in a simple individual form, based on an eclectic nosological classification (fig. 1). The publication of summary tables – according to Modena – was supposed to respect people's privacy. The choice of an individual form, plain in its structure, was finalized to curb mistakes and subjective interpretations. This kind of statistical information was to be processed by the Istat using a mechanical system for counting data.

part of the form was made up of 5 sections:

1. general information: name, date and place of birth, marital status, profession, education, religion, etc.;
2. mental disorders: nosological classification, based on eclectic criteria;
3. family background: data on the presence of mental disorders in the family, in order to study the hereditary nature of diseases;
4. other personal information: other details about the patient's general health status;
5. miscellaneous remarks.

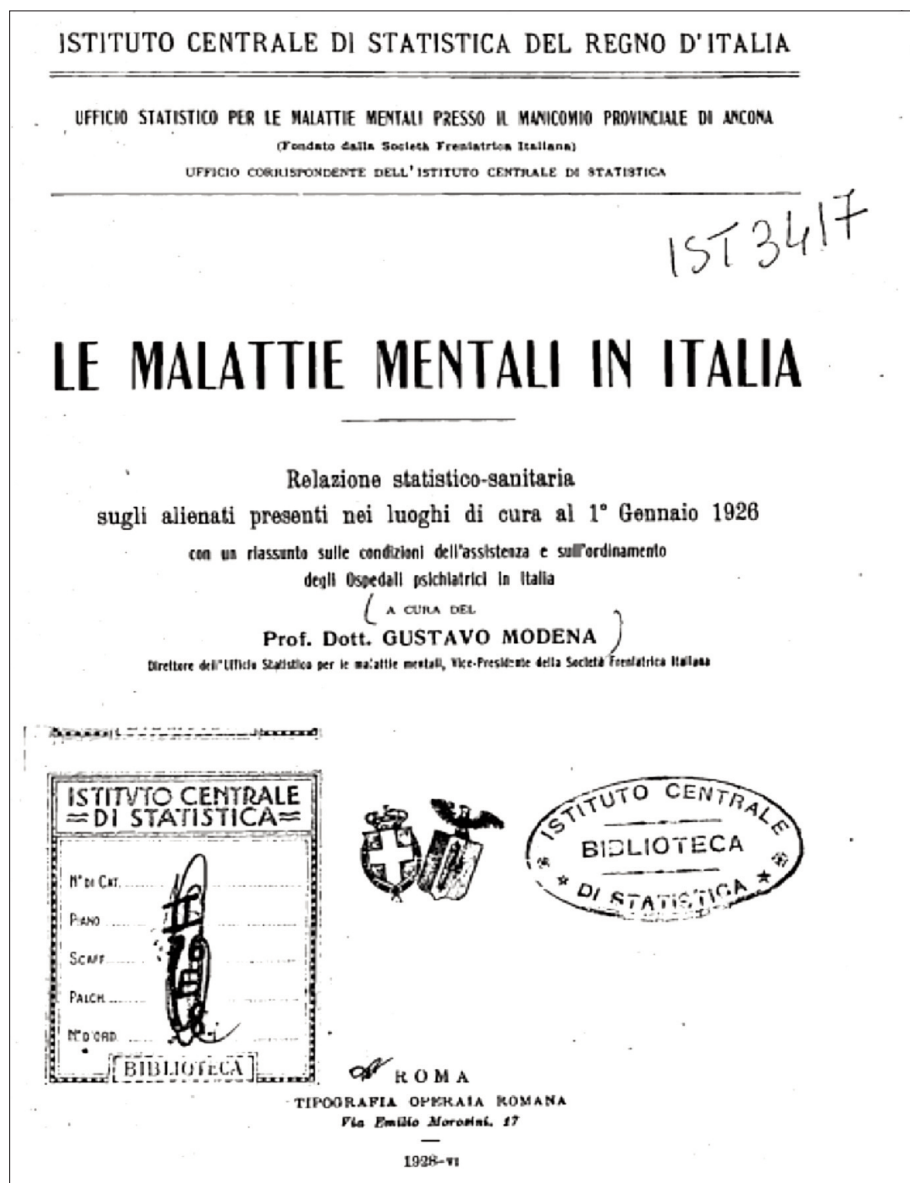
The nosological classification of mental disorders was organized into 11 macro-categories (see tab. 3), introducing some innovations as compared with the previous classification, dating back to 1907. The choice of an eclectic classification criterion was related to the attempt to recognize diverse psychiatric traditions (Modena 1926)⁸.

In order to improve the use of data, the cooperation between the Istat and the Statistical Office of Ancona was defined as follows: the Istat had to provide financial and technical support, computing and processing the individual forms collected by Gustavo Modena, thereby making possible a complete use of the data. From 1927 – and until 1935 with a financial contribution – the Istat prepared and printed also the forms for the inquiry, sending them off to the Italian mental hospitals. From then onwards, and during the following years, the Istat took care of processing these data. They were published in the journal «Rivista sperimentale di Freniatria», with the title *Movimento dei malati di mente negli Istituti di cura*. These data were quoted also in the Istat periodical «Annuario statistico italiano»⁹. Moreover, the Istat gave an institutional support, asking the Prefectures to supply all the information the Statistical Office needed (ISTAT 1928, *5)¹⁰.

At first, cooperation between the Istat and the Statistical Office of Ancona also allowed for the publication of two special issues, edited by Gustavo Modena. A first volume, published in 1928, referred to the brainsick people present in psychiatric hospitals in 1926; a second volume, published in 1933, referred to the period 1926-1928, showing changes over time. The first volume (ISTAT 1928) was indeed a census regarding hospitalized patients in 1926 (fig. 2); the second one referred to the period 1926-1928, limiting the analysis to the patients admitted for the first time. The latter issue thus allowed for a study on the morbidity of mental disorders over time (ISTAT 1933). The importance of this last issue was also highlighted by foreign journals.

The two issues published by the Istat displayed and analyzed data according to the different parameters of the inquiry: gender, age, marital status, education, profession, relapse, as well as other personal and familiar elements. Both of the issues also included a chapter on health assistance in Italy. The Istat computed and processed thousands of individuals forms collected by the Statistical Office of Ancona, taking care of the exposition and illustration of the data. The elaboration was very difficult, also due to duplications of the information. The two issues – the first one published at the expense of the Istat¹¹ – filled a real gap, because the last similar publication dated back to 1909. Both books are very interesting for the historian, as for this period they were the only organic publications on the topic.

Fig. 2. The cover of the first special issue on mental diseases published by the Istat (1928)



Source: ISTAT (1928).

Introducing the first volume, Corrado Gini highlighted the fact that the Istat limited its contribution to a technical support to the inquiry: all the comments and evaluations about numbers, he said, were under the responsibility of Gustavo Modena, and did not involve the Istat (ISTAT 1928, *6). Gini merely noticed the

Tab. 1. *Hospitals that filled in the individual forms (comparison 1926-1928)*

Hospitals	1926	1928
Public hospitals (Ospedali psichiatrici pubblici)	60	61
Psychiatric prisons (Manicomi giudiziari)	5	5
Branch hospitals (Succursali staccate)	37	36
Institutes for retarded persons (Istituti per deficienti)	6	6
Private care hospitals (Case di salute per abbienti)	34	36
Total	142	144

Source: ISTAT (1928, 11*); ISTAT (1933, 14*).

Tab. 2. *Counted psychiatric institutes. Regional distribution (1928)*

Regions (Compartimenti)	Number of psychiatric institutes
Piemonte	12
Liguria	7
Lombardia	22
Venezia Tridentina	1
Veneto	27
Venezia Giulia e Zara	4
Emilia	14
Toscana	10
Marche	7
Umbria	4
Lazio	11
Abruzzi and Molise	2
Campania	12
Puglie	3
Lucania	0
Calabrie	1
Sicilia	5
Sardegna	2
Kingdom	144

Source: ISTAT (1933, 14*).

increase of mental diseases, linking this fact to the process of urbanization. He also highlighted the lack of proper assistance for the mentally ill in Italy (*ivi*). In the original project, the 1926 census was organized as a starting point, a framework on which a regular survey on mental diseases could be built upon. The collection of individual forms allowed for the updating of information via a straightforward notification of the relapses as well as the transfers. According to Modena, the data collection would not only have been an instrument for studying mental diseases, their regional distribution and the impact of heredity factors, but also for testing the output of each psychiatric hospital, including its welfare instruments.

Tab. 3. *Number of brainsick people admitted for the first time during the years 1926-1928 every 100,000 inhabitants (calculated on the grounds of the 1931 census)*

Disease	M	F	Total
Frenastenia (Phrenasthenia)	4,0	2,4	3,2
Psicodegenerazioni (Psycho-degeneration)	1,7	1,8	1,8
Psicosi epilettiche (Epileptic psychoses)	3,2	1,6	2,4
Psicosi affettive (Affective psychoses)	7,5	10,2	8,9
Demenza precoce (Early dementia)	8,3	6,1	7,2
Psicosi tossiche endogene (Endogenous toxic psychoses)	0,3	0,6	0,5
Psicosi tossiche esogene (Exogenous toxic psychoses)	6,3	1,0	3,6
Psicosi infettive (Infective psychoses)	6,4	3,0	4,7
Psicosi senili (Senile psychoses)	5,3	5,8	5,5
Psicosi da encefalopatie organiche (Psychoses due to organic encephalopathy)	0,4	0,2	0,3
Psicosi non indicate (Non-specified psychoses)	0,3	0,2	0,2
Malati non competenti di ricovero (Sick persons not admitted to hospital)	3,2	1,2	2,1
Malati in osservazione (Patients under observation)	0,4	0,3	0,3
Total	47,3	34,4	40,7

Source: ISTAT (1933, 24*).

Both the issues included a list of all Italian psychiatric institutes that had filled in the individual forms, excluding clinics. This information was obtained with the cooperation of local governments. During the three years 1926-1928 there were no important variations (see tab. 1). Most part of the psychiatric institutes that cooperated with the Statistical Office of Ancona were located in northern Italy (tab. 2). The two issues limited the data collection only to hospitalized patients, who were identified following the definition given by the 1904 law (Legge sui manicomi e alienati). As Gustavo Modena stated in his introduction, it was too difficult to collect other data (e.g. about brainsick people assisted at home). So the information published by the Istat in 1928 and 1933 refer only to a part of the mental patients.

In giving his final comment to the data, Gustavo Modena stated that from 1926 to 1929 the hospitalized patients gradually grew, yet this was not due to a growth in morbidity as much as to an increase of hospitalization. As a matter of fact, the number of patients admitted for the first time was constant. The morbidity of mental disorders resulted higher among males and in northern Italy. The most frequent pathology was «psicosi affettiva» (see tab. 3), and the mortality rate was 16,9% among patients admitted for the first time in the same period (ISTAT 1933, 50*).

4. A discussion within the Higher Council of Statistics. In the post-1929 period, some general data continued to be published in the «Rivista sperimentale di Freniatria» and in the «Annuario statistico italiano». Nevertheless, compared with the first publications made by the Istat in 1928 and 1933, these data are very limit-

Tab. 4. *Mental patients hospitalized in Italy, 1926-1940 (summary data)*

Year	Hospitalized patients	% inhabitants
1926	60,306	0,15
1927	62,127	0,15
1928	64,268	0,16
1929	66,439	0,16
1930	68,777	0,16
1931	72,269	0,17
1932	74,780	0,18
1933	77,724	0,18
1934	81,009	0,19
1935	83,541	0,19
1936	86,449	0,20
1937	89,393	0,20
1938	93,019	0,21
1939	94,946	0,21
1940	95,984	0,21
1941	96,499	0,21
1942	94,677	0,20
1943	86,069	0,19

Source: Moraglio (2006, 17).

ed and of a cursory nature (see tab. 4). More details about the number of patients for each mental hospital were published only in the «*Rivista sperimentale di Freniatria*». After 1933 the Istat continued to cooperate with the Statistical Office of Ancona to sort out and process data, but many reasons made a complete publication of the results impossible.

Why did this change happen? The problem was discussed within the Higher Council of Statistics in 1936, following the initiative of Alfredo Niceforo. As he himself stated, the statistical inquiry into mental disorders carried out by Gustavo Modena and the Istat represented a true innovation, compared with the first censuses of the late 19th century, as the new statistical inquiries, based on individual forms, ensured a continuous survey. Nevertheless, from 1933 on some financial problems emerged, making it impossible to continue with the publication of data, although from 1929 up to 1934 they were still regularly collected. In 1935 the General Direction of Public Health halved the budget for the Statistical Office of Ancona (from 5.000 lire to 2.500 lire), and the Istat was unable to provide the budget for the publication of data referring to the period 1929-1933¹². Niceforo suggested involving the General Direction of Public Health, but the other members of CsS argued that in other countries statistics on mental disorders were funded by provinces, municipalities and the mental hospitals themselves (*Atti del Consiglio superiore di Statistica* 1937, 13*).

Apart from financial problems, the debate within the CsS also referred to the mental health statistics themselves. Marcello Boldrini, in particular, introduced

some doubts concerning the utility of the last censuses on mental disorders published by the Istat. Statistics of hospitalized patients, he argued, have a limited significance: as a matter of fact, the number of patients first of all depends on the number of vacant beds in the hospitals. This kind of inquiry, in his opinion, was not reliable in studying the temporal and geographical variations of mental disorders. They were important, instead, in studying the composition of the brainsick population (by gender, age, etc.) (Atti del Consiglio superiore di Statistica 1937, 13*-14*).

The President of the Istat Franco R. Savorgnan (who succeeded Gini in 1932) also argued that this kind of census only concerns mental patients hospitalized, who are just a few of brainsick persons. Most of them were living with their families¹³, and it would have been useful to introduce new kinds of statistical measurement, involving also municipalities (Atti del Consiglio superiore di Statistica 1937, 14*). At the end the Higher Council of Statistics approved an item, a rather general one, demanding the cooperation of the General Direction of Public Health and provinces in order to give a financial contribution for the publication of the data collected by the Mental Hospital of Ancona (Atti del Consiglio superiore di Statistica 1937, 15*).

In order to continue the office's statistical activity, in 1937 the General Direction of Public Health and Gustavo Modena started fundraising activities, contacting provincial administrations, universities and mental hospitals. At the end of 1937 a part of the budget was collected, and the Istat received from Ancona the statistical materials to be processed¹⁴. Although the material was almost ready by the end of 1939, nevertheless a new special issue on mental disorders for the period 1929-1933 was not published. The Istat stressed also that the individual forms collected by the Statistical Office of Ancona were not always well-ordered and ready for use, and we can suppose that financial and staff problems prevented the processing of the data¹⁵. The outbreak of WWII and Italy's entry in the conflict produced a general reorganization of official statistics, making it impossible to have a complete publication of the data on mental diseases (Atti del Consiglio superiore di Statistica 1940, 75). The many problems created by the war made the collection and processing of data impossible. As Gustavo Modena stated after the war, the statistical material regarding the period 1929-1933 was destroyed during the war (Modena 1948, 124).

5. Conclusion. The history of psychiatric assistance in Italy during fascism and the role played by quantitative inquiry within the scientific fields of psychiatry and eugenics still need to be explored. In this article I have examined the main characteristics of statistical sources on mental illness produced by the Istat from its foundation, in cooperation with the Statistical Office of Ancona mental hospital. In Italy the first attempt to start a regular survey on mental disorders dates back to the fascist period. With the birth of the Statistical Office of Ancona and the establishment of the Istat for the first time it became possible to coordinate and centralize the measurements of the number of brainsick people. During fascism a special attention to insanity and the increase of asylum institutions also matched the development of mental illness statistics. Within the fascist statistical scenario, health statis-

tics were little developed, whereas statistics on mental disorders grew significantly, as compared with health statistics as a whole. This circumstance might also have depended on the special attention paid by fascism to asylum assistance, as an instrument for political repression and the curbing of poverty.

The statistical measurement of mental illness developed also thanks to the advent of a eugenic purpose within the scientific community of psychiatrists. The cultural and political background of this type of health statistics was the so-called 'Latin' version of the eugenic politics, mainly based on selective therapeutic procedures, selective assistance and subsidies, maternal assistance, preventive social medicine, demographic natalism, and biotypological and endocrinological control. The development of statistical knowledge on mental disorders and a new policy of prevention were part of this approach. According to the new Italian League of Hygiene and Mental Prophylaxis, established in 1924, a study of the hereditary diseases, supporting a new protective eugenic legislation, was crucial. As a matter of fact, a key aim of the League was to harvest information on mental disorders.

Despite of all the efforts made, during fascism a complete and regular statistical survey could not be done. Gustavo Modena, who headed the Statistical Office of the Ancona Mental Hospital, edited two important publications realized with the financial and technical support of the Istat. The two special issues collected and analyzed a great deal of statistical information about brainsick people admitted to the Italian mental hospitals between 1926 and 1928. Data collected for the following years were processed and published only in part, due to the financial problems affecting the Statistical Office of Ancona. In 1935 the budget of the Statistical Office of Ancona was halved, and the Istat could not fully provide the processing and publication of data. Thus, a blend of financial and staff problems prevented a thorough processing of the data by the Istat.

We must remember also the transformations in the general political context. At the end of the 1930s, after the introduction of the racial laws, Italian psychiatry underwent a phase of particular crisis. The scientific community was split in two sides. On the one hand, Arturo Donaggio, president of the Italian Psychiatric Society, signed the famous *Manifesto degli scienziati razzisti*, published in 1938, together with the president of the Istat Franco R. Savorgnan and many other scientists. On the other, many important Jewish psychiatrists were forced to leave the country (Babini 2011, 636-642). Among them, the same Gustavo Modena was directly affected by the racial laws, and was forced to abandon the Ancona hospital (Guarnieri 2011). Finally, the outbreak of WWII and Italy's entry in the conflict made it impossible to reorganize the statistical measurement of mental diseases.

As I have shown, statistical data on insanity published during fascism are limited for other reasons as well. As many observers have pointed out, the surveys realized by the Istat and the Statistical Office of Ancona concerned only the hospitalized patients, who were only a part of all the brainsick persons. Most of them lived with their families, and it would have been useful to introduce other forms of statistical measurement, involving also the municipalities. This problem was discussed within the Higher Council of Statistics in 1936, but no solution was found in the

years that followed. Another problem warranting further study is the influence of the fascist mindset vis-à-vis political opponents and social marginality. One of the reasons for the great growth of asylums and hospitalized patients was probably the use of internment in asylum as a tool for political repression. Similarly, some elements, partly studied by historiography and to be verified, suggest that during fascism asylums could also have served as a ‘container’ for poverty.

¹ A previous Porter’s contribution stressed the crucial role played by quantification in the foundation of the scientific idea of objectivity (Porter 1995).

² I refer to a draft version of a new Porter’s book, provisionally titled *The Unknown History of Human Heredity*.

³ At first Gustavo Modena, psychiatrist of the Kraepelinian school, was a pioneer in the diffusion of Freud’s thinking (in 1908 he published the essay *Psicopatologia ed etiologia dei fenomeni psiconevrotici: contributo alla dottrina di Freud*, (Modena 1908-1909). However, in 1923 he refused some Freudian concepts because they were considered to be ‘non-scientific’. See Babini (2011) and Guarnieri (2011).

⁴ See Caglioti’s article in this issue (Caglioti 2016).

⁵ The CsS was an advisory body founded in 1882. After the 1929 reform, it comprised ministerial representatives, statistical experts, and the president of the Istat. The CsS tried to reorganize official statistics and resolve the problem of centralized coordination of the statistical data collection (Marucco 1996; Prévost 2009).

⁶ Generally speaking, before the mid-20th century health statistics were based on data concerning causes of death. This circumstance depended on the fact that mortality statistics were a good index for the spread of diseases, owing to the high mortality rate and the prevalence of infectious diseases (Geddes de Filicaia 2000, 179).

⁷ I wish to thank Giacomo Gabbuti who gave me many suggestions and supported me in the

archival research at the historical archive of Santa Maria della Pietà in Rome.

⁸ After a first classification by Andrea Verga, dating back to the late 19th century, a new classification was developed in 1907, with the purpose of accepting the criteria of Kraepelin’s School of Psychiatry.

⁹ From 1926 up to 1956 the Statistical Office of Ancona published data yearly in the journal «Rivista sperimentale di Freniatria» (from 1947 on «Il Lavoro neuropsichiatrico», edited by the mental hospital Santa Maria della Pietà), using uniform data collection criteria; data concerning the period 1926-1956, therefore, are comparable (Moraglio 2006, 31). See also Modena (1948).

¹⁰ See also ASI STAT-1, Luigi De Berardinis, Promemoria per il sig. Direttore generale, s.d.

¹¹ *Ivi*.

¹² ASI STAT-1, Luigi De Berardinis, Promemoria per il sig. Direttore generale, s.d.

¹³ Recent historiography confirms this fact, especially with reference to liberal Italy. Up to now the historiography has mostly focused on asylum hospitalization, neglecting the crucial role played by familiar assistance (Guarnieri 2005; 2007).

¹⁴ ASI STAT-1, Luigi De Berardinis, Promemoria per il sig. Direttore generale, 25 November 1937; Promemoria per il sig. Direttore generale, 30 November 1937.

¹⁵ Moreover, in 1939 the Statistical Office of Ancona was transferred to Rome, within the psychiatric hospital Santa Maria della Pietà (Guarnieri 2011).

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Summary

A preliminary examination of official statistical surveys on psychic disorders in Italy during the fascist era

This article examines the main characteristics of statistical sources on mental illness produced by the Central institute of statistics from its foundation (1926) to WW2, in cooperation with the Statistical Office of the Ancona mental hospital. During fascism a special attention to insanity and the increase of asylum institutions matched the development of mental illness statistics. Within the fascist statistical scenario, health statistics were little developed, whereas statistics on mental disorders grew, as compared with health statistics as a whole. This circumstance might also have depended on the special attention paid by fascism to asylum assistance, as an instrument for political repression and the control of poverty. The statistical measurement of mental illness developed also thanks to the advent of an eugenic purpose within the scientific community of psychiatrists, under the form of the so-called 'Latin' eugenics, mainly based on selective therapeutic procedures, selective assistance and subsidies, maternal assistance, preventive social medicine, demographic natalism, and biotypological and endocrinological control.

Riassunto

Esame preliminare delle indagini statistiche ufficiali sui disturbi psichici in Italia in epoca fascista

L'articolo esamina le principali caratteristiche delle fonti statistiche sulle malattie mentali pubblicate dall'Istituto centrale di Statistica sin dalle sue origini (1926), in collaborazione con l'Ufficio statistico del Manicomio di Ancona. Durante il fascismo lo sviluppo delle statistiche sulle malattie mentali si associò a una particolare attenzione alle patologie psichiatriche e alla crescita numerica degli istituti manicomiali. Se nel panorama delle statistiche ufficiali del periodo fascista le statistiche sanitarie conobbero uno scarso sviluppo, le indagini sulle malattie mentali, invece, ebbero una fortuna relativamente maggiore. Ciò potrebbe essere dipeso non solo dalla speciale attenzione che il fascismo pose sugli istituti manicomiali, come strumento di repressione politica e contenimento della povertà, ma anche dall'avvento di una prospettiva eugenetica all'interno della comunità scientifica degli psichiatri, nella forma della cosiddetta 'eugenetica latina', basata principalmente su procedure terapeutiche selettive, strumenti selettivi di assistenza e sussidio, tutela della maternità, medicina sociale preventiva, natalismo demografico e controllo biotipologico ed endocrinologico.

Keywords

History of Statistics; Central Institute of Statistics; History of Psychiatry; Asylums; Eugenics.

Parole chiave

Storia della statistica; Istituto centrale di Statistica; Storia della psichiatria; Manicomi; Eugenetica.