

Sexological Deliberation and Social Engineering: Albert Moll and the Sterilisation Debate in Late Imperial and Weimar Germany

THOMAS BRYANT*

Ramlerstrasse 32, D-13355 Berlin, Germany

Abstract: The physician and sexologist Albert Moll, from Berlin, was one of the main protagonists within the German discourse on the opportunities and dangers of social engineering, by eugenic interventions into human life in general, as well as into reproductive hygiene and healthcare policy in particular. One of the main sexological topics that were discussed intensively during the late-Wilhelminian German Reich and the Weimar Republic was the question of the legalisation of voluntary and compulsory sterilisations on the basis of medical, social, eugenic, economic or criminological indications. As is clear from Moll's conservative principles of medical ethics, and his conviction that the genetic knowledge required for eugenically indicated sterilisations was not yet sufficiently elaborated, he had doubts and worries about colleagues who were exceedingly zealous about these surgical sterilisations – especially Gustav Boeters from Saxony.

Keywords: Albert Moll, Castration, Gesetz zur Verhütung erbkranken Nachwuchses, Gustav Boeters, Sterilisation, Sexology

Introduction

In Germany, an interdisciplinary discussion about medical possibilities and socio-technological opportunities, as well as the ethical *legitimacy* and political *legality* of sterilisation operations, began at the end of the nineteenth century. It culminated with the National Socialists coming to power and introducing compulsory sterilisations.¹ Undoubtedly, the sterilisation discourse that had been taking place, mainly in the Weimar Republic, provided the eugenic and racial policy of the Nazi state – willingly or not – with a, theoretically, quite well elaborated basis for practical measures. The conspicuously

* Email address for correspondence: post@thomas-bryant.de

¹ For details about the German sterilisation debate, see Gisela Bock, *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik* (Opladen: Westdeutscher Verlag, 1986); Gabriele Czarnowski, *Das kontrollierte Paar: Ehe- und Sexualpolitik im Nationalsozialismus* (Weinheim: Deutscher Studien-Verlag, 1991); Wolfgang U. Eckart, “‘Ein Feld der rationalen Vernichtungspolitik’: Biopolitische Ideen und Praktiken vom Malthusianismus bis zum nationalsozialistischen Sterilisationsgesetz”, in Maïke Rotzoll (ed.), *Die nationalsozialistische ‘Euthanasie’-Aktion ‘T4’ und ihre Opfer: Geschichte und ethische Konsequenzen für die Gegenwart* (Paderborn: Schöningh, 2010), 25–41; Reiner Pommerin, *Sterilisierung der Rheinlandbastarde: Das Schicksal einer farbigen deutschen Minderheit 1918–1937* (Düsseldorf: Droste, 1979).

vigorous manner in which the different pros and cons were applied to the process of eugenic agenda-setting in the case of – voluntary as well as compulsory – sterilisations must be seen as a clear indication of the special interest in these operations. Not only post-, but also pre-1933 they were seriously considered as a conceivable measure for the solution of various social problems – eg. poverty, crime, and ‘racial degeneration’.

The Jewish-born physician and sexologist Albert Moll (1862–1939),² from Berlin, was one of the most prominent – but, nevertheless, nowadays nearly forgotten – representatives of this discussion. By analysing the most relevant publications, this paper reconstructs how, during the first third of the twentieth century, Moll positioned himself within the sexological deliberations about the legalisation of sterilisation as either a voluntary or compulsory intervention on the basis of medical, social, economic, criminological and, especially, eugenic indications. Accordingly, the central questions are the following:

- (1) What was Moll’s impact on the sterilisation debate in late Imperial and Weimar Germany before the Nazis enacted the so-called *Gesetz zur Verhütung erbkranken Nachwuchses* [*Law for the Prevention of Hereditarily Diseased Offspring*] in 1933?
- (2) Why did Moll not agree with the suggestions about sterilisation made by his Saxon colleague, Gustav Emil Boeters (1869–1942), in his so-called *Lex Zwickau* [*Zwickau Bill*]?³
- (3) Did Moll see any chance of reconciling the possible applications of social engineering by methods of modern eugenics or racial hygiene – eg. preventing undesirable reproduction of ‘inferior’ or ‘degenerated’ progeny – with the demands of medical ethics?

Ethics and Eugenics

By the end of the eighteenth century, the physician Johann Peter Frank (1745–1821) from Vienna, one of the pioneers in the field of public hygiene and social medicine, had already pleaded for the ‘extraction of all those, who only sow the common field with bad seeds’.⁴ This could be understood as a kind of ‘marital hygiene’ (*Ehehygiene*) with a firm accent on qualitative population policy. At first glance, Frank’s recommendation seemed to run the risk of becoming ignored or forgotten without any further influence. However, in the course of the nineteenth century, when the ideas of eugenics and racial hygiene – coupled with the concept of Social Darwinism – occurred, the plea made by Frank several decades earlier experienced an unexpected revival.

² Moll converted to Protestantism in 1895. For biographical details about Moll see Heinz Goerke, *Berliner Ärzte: Selbstzeugnisse* (Berlin: Berlin-Verlag, 1965), 236–63; Hans-Jürgen Mende and Bernhard Meyer (eds), *Berliner jüdische Ärzte in der Weimarer Republik* (Berlin: Luisenstädtischer Bildungsverein, 1996); Volkmar Sigusch, ‘Albert Moll (1862–1939)’, in Günter Grau and Volkmar Sigusch (eds), *Personenlexikon der Sexualforschung* (Frankfurt/Main: Campus, 2009), 511–21.

³ For details about Boeters’ biography and sterilisation propaganda, see Teresa Cave, *Gustav Boeters: Der Prophet aus der Provinz oder Amoklauf eines Einäugigen* (Norderstedt: Grin, 2005); Günter Grau, ‘Gustav Boeters (1869–1942)’, in Grau and Sigusch, *op. cit.* (note 2), 72–3; Alfons Labisch and Florian Tennstedt, *Der Weg zum ‘Gesetz über die Vereinheitlichung des Gesundheitswesens’ vom 3. Juli 1934: Entwicklungslinien und -momente des staatlichen und kommunalen Gesundheitswesens in Deutschland*, Vol. 2 (Düsseldorf: Akademie für Öffentliches Gesundheitswesen, 1985), 385–6.

⁴ Johann Peter Frank, *System einer vollstaendigen medicinischen Polizey*, Vol. I, *Von Fortpflanzung der Menschen und Ehe-Anstalten, von Erhaltung und Pflege schwangerer Mütter, ihrer Leibesfrucht und der Kinder-Betterinnen in jedem Gemeinwesen*, 2nd edn (Mannheim: C.F. Schwann, 1784), 379. This and all subsequent translations, unless otherwise stated, are the author’s own.

In particular, the reflections of the physician Paul Näcke (1851–1913), from Hubertusburg (Saxony), on marital hygiene with respect to demographic, economic and criminological objectives, reiterated Frank's call for impediments to marriage for people in a poor state of health. However, while Frank had expressed himself rather cautiously, Näcke found quite clear words for his position in 1899: according to him, 'the state has the holy duty to intervene... prophylactically and to prevent through legislation the increase of the most degenerated elements.'⁵ Such an intervention would aim at the 'removal of a big cancer in our national body'.⁶ He asserted that only castration could guarantee that this task was fulfilled both effectively and in 'the easiest, cheapest way'.⁷

Thus, the debate on eugenics in Germany was provoked before the turn of the century.⁸ However, the suggestion to carry out *castrations* – ie. the surgical removal of both testicles in the case of males or of both ovaries in the case of females – was dropped very fast. Nevertheless, *sterilisations* – ie. either 'vasectomy', wherein the male *vasa deferentia* are surgically severed and sealed, or 'tubal ligation', in which this happens correspondingly with the female Fallopian tubes – were taken into consideration instead. As far as it is apparent, Albert Moll gave his opinion on this subject for the first time before the First World War. In his *Handbuch der Sexualwissenschaften [Handbook of Sexology]*, published in 1912, he emphasised that it would be legitimate for a doctor to recommend permanent sterilisation if there was no doubt about a serious medical indication. Cases of contraception without a *medical* reason but rather based on an *economic* indication, Moll continued, had to be judged quite differently. He was however fully aware of the fact that it was not always easy to make a clear distinction between medical and non-medical reasons.⁹ This was the case, for example, if a woman in ill health already had several children. A further pregnancy would be a risk for them, for the woman, and also for a further child because the expense of healthy nutrition might not be covered by the family's income. So Moll conceded: 'I do not believe that anybody may accuse the doctor for giving his advice in such a case.'¹⁰

Although this could be seen as a quasi-medical 'prophylactic hygienic indication',¹¹ Moll advised doctors to be very careful about facilitating sterilisations. This would also be necessary if a doctor wanted to avert fertilisation in order to prevent pathological descendants. Moll was sceptical about legislation on this matter because he could not see any reliable probability of being able to prognosticate the descendants' actual state of health in each case. Although he did not speak of sterilisations in this context, Moll

⁵ Paul Näcke, 'Die Kastration bei gewissen Klassen von Degenerirten als ein wirksamer socialer Schutz: Sociologische Studie', *Archiv für Kriminal-Anthropologie und Kriminalistik*, 3 (1899), 58–84: 77; Florian Mildnerberger, 'Paul Näcke (1851–1913)', in Grau and Sigusch, *op. cit.* (note 2), 540–2.

⁶ Näcke, *ibid.*, 84.

⁷ *Ibid.*, 74.

⁸ For details about the German debate on eugenics see Kurt Bayertz, Jürgen Kroll and Peter Weingart, *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland* (Frankfurt am Main: Suhrkamp, 1992); Jakob Tanner, 'Eugenik und Rassenhygiene in Wissenschaft und Politik seit dem ausgehenden 19. Jahrhundert: Ein historischer Überblick', in Michael Zimmermann (ed.), *Zwischen Erziehung und Vernichtung: Zigeunerpolitik und Zigeunerforschung im Europa des 20. Jahrhunderts* (Stuttgart: Steiner, 2007), 109–21; Paul Weindling, *Health, Race and German Politics between National Unification and Nazism (1870–1945)* (Cambridge: Cambridge University Press, 1989); Maria A. Wolf, *Eugenische Vernunft: Eingriffe in die reproduktive Kultur durch die Medizin 1900–2000* (Cologne: Böhlau, 2008).

⁹ Albert Moll, *Handbuch der Sexualwissenschaften: Mit besonderer Berücksichtigung der kulturgeschichtlichen Beziehungen* (Leipzig: Vogel, 1912), 455.

¹⁰ *Ibid.*

¹¹ *Ibid.*

admitted that there might well be some instances in which a genetic prognosis was possible and, if so, the doctor was entitled to recommend birth control. However, the doctor was *not* entitled to help women who did not want a baby out of self-seeking sluggishness. For Moll, birth control was also a legitimate interest of the state. If absolutely no compelling medical indication for sterilisation existed he asked his colleagues not to serve the dishonest purposes of others – young and healthy women, for instance, who considered sterilisation to be a comfortable substitute for repeated abortions, although there was no medical necessity for such a prophylactic operation. A physician should always pay respect to the reputation of his profession and should take the responsibility not to carry out medically unnecessary operations.¹²

Moll's understanding of physicians' professional ethics – a subject with which he had dealt in detail in his book *Ärztliche Ethik [Medical Ethics]*, published in 1902¹³ – was not only limited to the different indications; he also declared himself in favour of or against particular kinds of medical methods of treatment. He strictly opposed castrations – either as a palliative or a symptomatic means – that were desired by 'some perverts for ethical reasons'.¹⁴ Castrations must not be considered at all, 'because a certain diagnosis can be made only for sexual perverts relatively advanced in years'.¹⁵ Apart from the fact that castrations had to be carried out as early as possible – as Näcke stated for instance –¹⁶ it could not be proven with any degree of certainty whether impotence would really be the result and whether the *libido sexualis*¹⁷ would disappear permanently as well.

For a better understanding of Moll's reasoning behind his opposition to sterilisation, let alone castration, it has to be mentioned that he made a clear distinction between physicians' class duties on the one hand and physicians' professional ethics on the other hand. 'Most [physicians] are not at all aware of the fact that they mix up... class duties, especially questions of etiquette, with professional ethics. These terms are... often mingled with each other',¹⁸ Moll complained about the majority of his oblivious colleagues. While the first-mentioned duties were seen as changeable and concerned with the elevation of the medical profession's social prestige and the alleviation of intra-professional competition, medical ethics were classified differently. They included the fundamental principles for any conscientious physician entrusted with healthcare and accurate medical reports for his 'clients' – which Moll used to call his patients.¹⁹ This, in particular, also included the

¹² *Ibid.*; regarding the veiled implementation of social engineering through the justification of controversial social and eugenic indications – eg. concerning individuals under psychiatric treatment – as supposed requirements of medical prophylaxis and therapy, see Roswitha Dubach, 'Zur "Sozialisierung" einer medizinischen Maßnahme: Sterilisationspraxis der Psychiatrischen Poliklinik Zürich in den 1930er Jahren', in Brigitta Bernet *et al.* (eds), *Zwang zur Ordnung: Psychiatrie im Kanton Zürich, 1870–1970* (Zürich: Chronos, 2007), 155–92: 165.

¹³ Albert Moll, *Ärztliche Ethik: Die Pflichten des Arztes in allen Beziehungen seiner Tätigkeit* (Stuttgart: Enke, 1902); see also Andreas-Holger Maehle's article in this issue; S. Hahn, 'Die ärztliche Ethik im Leben eines Arztes der Seele: Überlegungen zur medizinisch-ethischen Konzeption Albert Molls (1862–1939)', *Zeitschrift für die gesamte innere Medizin und ihre Grenzgebiete*, 39 (1984), 558–61.

¹⁴ Moll, *op. cit.* (note 9), 673.

¹⁵ *Ibid.*

¹⁶ Näcke, *op. cit.* (note 5), 77.

¹⁷ Albert Moll, *Untersuchungen über die Libido sexualis*, 2 vols (Berlin: Fischer, 1897).

¹⁸ Moll, *op. cit.* (note 13), 6.

¹⁹ Andreas-Holger Maehle, 'Zwischen medizinischem Paternalismus und Patientenautonomie: Albert Molls "Ärztliche Ethik" (1902) im historischen Kontext', in Andreas Frewer and Josef N. Neumann (eds), *Medizingeschichte und Medizinethik: Kontroversen und Begründungsansätze 1900–1950* (Frankfurt am Main: Campus, 2001), 44–56: 46; Florian Bruns, *Medizinethik im Nationalsozialismus: Entwicklungen und Protagonisten in Berlin 1939–1945* (Stuttgart: Steiner, 2009), 24–5.

rejection of medical treatments carried out against the will of the patient because Moll's system of values was based on a contractual relationship between physician and patient.²⁰ Seen from this point of view, Moll could be called a pioneer of a quite modern biomedical concept committed to patients' autonomy – despite the fact that in this contractual relationship the physician had to take the main responsibility – which reflected a kind of 'medical paternalism'.²¹

Moll also expressed his fundamental reservations about some suggestions of racial hygiene and eugenics at that time; or to be more precise, suggestions concerning surgical sterilisation. However, while the exact basis of heredity was seen as still extremely uncertain, some of his colleagues had already called for artificial infertility by means of castration and sterilisation for particular kinds of people. For example, Näcke, who demanded these operations for epileptics, mentally ill patients, habitual criminals, incurable alcoholics and other (groups of) people that were commonly stigmatised as 'undesirable', was criticised by Moll: 'We shall hope that in Germany these suggestions will not be put into action and that our race reformers do not obtain too much influence on our legislation.'²² However, this was exactly what happened some years later.²³

During the Weimar Republic the relationship between ethics and eugenics became increasingly important to Moll. In 1926, for instance, he gave three lectures at the *Internationaler Kongreß für Sexuälforschung* [*International Congress for Sexology*], held in Berlin and organised by Moll himself. One lecture, as he mentioned ten years later in his memoirs, dealt with *Indikationen der praktischen Eugenik* [*Indications of Practical Eugenics*].²⁴ It is apparent from the proceedings of this conference, which were published in 1928, that Moll tried to make a distinction between eugenics as a *theoretical science* on the one hand and eugenics as a *practical measure* on the other. The scientific knowledge of hereditary factors had to be distinguished from the conclusions drawn by enthusiasts. So 'if we see eugenics as a practice', Moll warned his audience, 'we must very carefully distinguish knowledge from pseudo-knowledge'.²⁵ Studying the laws of fertilisation and heredity – eg. by a profound analysis of genealogical trees of both 'valuable human beings' and 'capital criminals' –²⁶ he expressly appreciated, might lead to knowledge about the genetic conditions under which inferior progeny might arise. Nevertheless, Moll raised the objection that some of his colleagues tended to jump to conclusions for practical purposes and thereby hindered the geneticists in driving forward their essential research. Moll's call upon the audience was combined with his trust in the gradual achievement of 'valuable progeny'.²⁷

In order to sensitise his audience to the problems of eugenic sterilisation, Moll continued his explanations with the following warning: 'The fact that alcoholism and syphilis are regarded as inherited factors, just as other diseases, must not lead straight away to

²⁰ Maehle, *op. cit.* (note 19), 52.

²¹ *Ibid.*, 53.

²² Moll, *op. cit.* (note 9), 918.

²³ Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie: Von der Verhütung zur Vernichtung 'lebensunwerten Lebens' 1890–1945* (Göttingen: Vandenhoeck & Ruprecht, 1987), 99.

²⁴ Albert Moll, *Ein Leben als Arzt der Seele: Erinnerungen* (Dresden: Reißner, 1936), 234–5.

²⁵ Albert Moll, 'Über die Indikationen der praktischen Eugenik', in Max Marcuse (ed.), *Verhandlungen des internationalen Kongresses für Sexuälforschung, Berlin vom 10. bis 16. Oktober 1926*, 5 vols, Vol. 4 (Berlin and Cologne: A. Marcus & E. Webers, 1928), 146–55: 146.

²⁶ Albert Moll, 'Sterilisierung von Verbrechern', *Kriminalistische Monatshefte*, 3 (1929), 121–6: 126.

²⁷ Moll, *op. cit.* (note 25), 147.

forbidding the fathering of progeny in these cases out of consideration for this very offspring.²⁸ If all regulations concerning the reproduction of hereditarily diseased persons that were too far-reaching had been translated into action long ago, today's society might indeed 'have thoroughly rid itself of those individuals',²⁹ as Moll conceded. Either way, he asked his audience to take into account the fact that this would also have led to an almost complete extinction of the population – at least in Europe.³⁰

With these remarks Moll did not yet feel content. He came up with the urgent question of how 'undesirable progeny' could be defined at all; or, to put it another way, how can genetic researchers claim to be sure that parents with a serious hereditary disease will bring a child into the world that is a genius, a criminal or a psychopath? If this were possible, someone like the world-famous composer Ludwig van Beethoven (1770–1827), for instance, would never have been born because he 'was the son of a drunkard and a tuberculous mother',³¹ as Moll emphasised.

The anthropologist and human geneticist Fritz Lenz (1887–1976), who held the first German chair in racial hygiene at the University of Munich in 1923, and called for mass sterilisations of at least ten per cent of one generation, or even one third of the entire German population – ie. all those who were considered 'antisocial', 'inefficient', 'inferior', or 'unworthy' – contradicted Moll vehemently.³² 'Race hygienists have never stated', Lenz retorted, 'that Beethoven's father would have had to be sterilised – on the contrary. The Beethoven family usually serves as an example for the heritability of excellent musical talent.'³³ In view of the fact that Beethoven's father started drinking *after* his ingenious son was born and that there existed no indication for a sterilisation *beforehand*, this case, Lenz emphasised, was 'no factual objection at all, but rather far-fetched because of an emotional aversion to racial hygiene and for the purpose of evoking further repugnance amongst the uncritical audience.'³⁴ Hence, the 'social legitimacy of eugenic sterilisations' remained untouched because 'not racial hygiene itself, but short-sighted hostility against it is a threat to civilisation', Lenz believed.³⁵ He found it 'typical for the individualistic attitude of some contemporaries' – such as Moll – 'that they always consider possible exceptional cases without taking the public weal into account.'³⁶ According to Lenz, and in obvious contrast to Moll, it would be better to take advantage of the still-ambiguous legal situation and to carry out as many sterilisations as possible – even in cases of 'physical weakness and sickliness' as well as 'pronounced ugliness'.³⁷

In this context Moll also mentioned criminality because hitherto – in spite of what the self-appointed experts in eugenics used to say – any proof was missing that the greatest criminals were descendants of those parents who were supposed to be excluded from reproduction.³⁸ Rather the opposite was true, as Moll underlined:

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ *Ibid.*, 147–8.

³¹ *Ibid.*, 151.

³² Fritz Lenz, 'Menschliche Auslese und Rassenhygiene (Eugenik)', in Erwin Baur, Eugen Fischer and Fritz Lenz (eds), *Menschliche Erblichkeitslehre und Rassenhygiene*, Vol. 2, 3rd edn (Munich: Lehmann, 1931), 272–86; Schmuhl, *op. cit.* (note 23), 46–9.

³³ Lenz, *op. cit.* (note 32), 288.

³⁴ *Ibid.*

³⁵ *Ibid.*, 289.

³⁶ *Ibid.*, 288.

³⁷ *Ibid.*, 290.

³⁸ Moll, *op. cit.* (note 25), 152.

Is it not... a completely known fact that the gravest criminals mostly do not come from a family of criminals at all? In particular, the fathering of the most serious criminals could probably not be decreased in any direction to any recognisable degree, if someone wanted to sterilise certain criminals.³⁹

Astonishingly, it was just his opponent Lenz who backed up Moll's statement. Lenz felt uncomfortable about any attempts 'to combine sterilisations with criminal justice', because 'racial hygiene... cannot be based on bans and threats of punishment'.⁴⁰

Obviously, Moll wanted to demonstrate the disastrous consequences of extensive artificial sterilisations that were often approved by 'some uncritical dilettantes'.⁴¹ He tried to draw attention to 'the fact that we find so many valuable human beings – in spite of hereditary diseases', which 'derives from the fact that in countless cases... regeneration has taken place, not progressive degeneration'.⁴² Moll therefore reproached eugenicists for overstressing *degeneration* while being ignorant about *regeneration*. If only this were to change, eugenics might be able to solve the riddles of heredity and, moreover, would then be able to give practical advice for social engineering.⁴³ Thus far, Moll made no secret of his hopes that eugenics might become a 'chance to improve humankind' and that it was worthwhile to 'appreciate it with the greatest pleasure and gratitude' – otherwise, he added, 'it would be better to relinquish this option'.⁴⁴

Undoubtedly, the establishment of marriage guidance councils (*Eheberatungsstellen*) would be a further constructive, and even necessary, step to improve progeny, as soon as the study of genetics were advanced enough to provide married couples with a reliable genetic prognosis.⁴⁵ For the moment, however, Moll considered these institutions to be 'completely superfluous', whereas the exchange of 'marriage certificates' (*Ehezeugnisse*) via the respective general practitioner was 'perfectly sufficient for today'.⁴⁶ With this concession it was possible for him to reconcile his ethical values with the increasing capabilities of modern eugenics, as they were promoted by his Berlin colleague Alfred Grotjahn (1869–1931), among others.⁴⁷ However, he could not agree with Wilhelm Schallmayer (1857–1919), one of the leading authorities on racial hygiene, who called

³⁹ Moll, *op. cit.* (note 26), 126.

⁴⁰ Lenz, *op. cit.* (note 32), 304.

⁴¹ Moll, *op. cit.* (note 25), 155.

⁴² *Ibid.*, 147–8.

⁴³ *Ibid.*, 150–1.

⁴⁴ *Ibid.*, 155.

⁴⁵ For details about the 'Eheberatungsstellen' see Egbert Klautke, 'Rassenhygiene, Sozialpolitik und Sexualität: Ehe- und Sexualberatung in Deutschland (1918–1945)', in Claudia Bruns and Tilmann Walter (eds), *Von Lust und Schmerz: Eine Historische Anthropologie der Sexualität* (Cologne: Böhlau, 2004), 293–312; Kirsten Reinert, "'Daß der richtige Mann auch die richtige Frau findet': Ehehygiene in den zwanziger Jahren', in Regina Löneke and Ira Spieker (eds), *Reinliche Leiber – schmutzige Geschäfte: Körperhygiene und Reinlichkeitsvorstellungen in zwei Jahrhunderten* (Göttingen: Wallstein, 1996), 258–78; Cornelia Osborne, *Frauenkörper – Volkskörper: Geburtenkontrolle und Bevölkerungspolitik in der Weimarer Republik* (Münster: Westfälisches Dampfboot, 1994); Kristine von Soden, *Die Sexualberatungsstellen der Weimarer Republik 1919–1933* (Berlin: Hendrich, 1988).

⁴⁶ Moll, *op. cit.* (note 25), 153–4.

⁴⁷ *Ibid.*, 148; Michelle Mouton, *From Nurturing the Nation to Purifying the Volk: Weimar and Nazi Family Policy 1918–1945* (Cambridge: Cambridge University Press, 2007). For details about Alfred Grotjahn see Ursula Ferdinand, 'Der "faustische Pakt" in der Sozialhygiene Alfred Grotjahns (1869–1931): Sozialhygiene und ihre Beziehungen zur Eugenik und Demografie', in Regina Wecker (ed.), *Wie nationalsozialistisch ist die Eugenik? Internationale Debatten zur Geschichte der Eugenik im 20. Jahrhundert* (Vienna: Böhlau, 2009), 173–85; Florian Mildemberger, 'Alfred Grotjahn (1869–1932)', in Grau and Sigusch, *op. cit.* (note 2), 249–51; Dietrich Tutzke, *Alfred Grotjahn* (Leipzig: Teubner, 1979); Paul Weindling, 'Soziale Hygiene: Eugenik und medizinische Praxis – Der Fall Alfred Grotjahn', *Jahrbuch für kritische Medizin*, 10 (1984), 6–20. For details about the relationship

for sterilisations of ‘socially inferior’ men in need of a marriage certificate. Depending on the respective case, these sterilisations with social indications should be carried out either voluntarily – in order to receive a certificate – or compulsorily – if offspring had already been fathered without state-certified permission – as Schallmayer demanded.⁴⁸

Furthermore, Moll thought of another eugenic question which might be a link to allow followers and opponents of sterilisation to come together. Given that he considered the available results concerning some hereditary conditions – for example, Huntington’s disease – to be already sufficient, Moll pronounced himself in favour of sterilisation in such cases: not only for an already diseased father, but also for his still healthy children who would, sooner or later, end up as ‘miserable cripples’ because of their contaminated genotype.⁴⁹

To sum up his reflections, Moll – in spite of a few concessions to the faction of promoters of sterilisation – came to the final conclusion: ‘For all these reasons I am extremely sceptical about any attempts to indicate today in which cases reproduction should be hindered.’⁵⁰ Following his suggestions, therefore, it would be better to promote the rise of the diligent middle classes in order to give them the chance to develop their talents and abilities to the full. ‘For an improvement of our people’, as Moll put it, this would make a more sensible contribution ‘than if a few thousand persons were robbed of their fertility’.⁵¹ So within the heterogeneous spectrum of eugenicists, Moll was, by and large, closer to Grotjahn’s faction of *social* hygiene than to the approach of *racial* hygiene as it was promoted by his medical colleagues Max von Gruber (1853–1927), Fritz Lenz, Alfred Ploetz (1860–1940), Wilhelm Schallmayer and others. Grotjahn called for large-scale detentions (*Asylierungen*) as ‘a humane and effective means to influence the progress of the human species favourably by hindering entire groups of inferiors from reproduction on a large scale’ – along with ‘weeding out physical and mental inferiors’ who were currently housed in hospitals and sanatoria.⁵² Indeed, in comparison with coercive sterilisation, social marginalisation by compulsory detention, as suggested by Grotjahn – and further radicalised especially by Schallmayer, who also recommended this measure for ‘the big droves of mentally ill, epileptic, idiotic, cretinous, criminal, blind, deaf-mute and crippled children’ – could be seen as a somewhat milder alternative treatment.⁵³

Social hygienists, on the one hand, were mostly interested in investigating the social causes of illnesses – eg. alcoholism, tuberculosis, venereal diseases – hence, they believed that improvement of the social environment was the most effective intervention in the field of healthcare policy. This ought to be achieved, for instance, by ‘medical observation and control of groups being in a poor state of health, diagnosis and analysis of susceptibility to diseases, supply with treatments, and extensive educational work for the people concerning

between the (middle-class) women’s movement and eugenics, see Ulrike Manz, *Bürgerliche Frauenbewegung und Eugenik in der Weimarer Republik* (Königstein: Ulrike Helmer, 2007).

⁴⁸ Wilhelm Schallmayer: *Vererbung und Auslese: Grundriß der Gesellschaftsbiologie und der Lehre vom Rassedienst – für Rassehygieniker, Bevölkerungspolitiker, Ärzte, Anthropologen, Soziologen, Erzieher, Kriminalisten, höhere Verwaltungsbeamte und politisch interessierte Gebildete aller Stände*, 4th edn (Jena: Fischer, 1920), 461.

⁴⁹ Moll, *op. cit.* (note 26), 126.

⁵⁰ Moll, *op. cit.* (note 25), 152.

⁵¹ *Ibid.*, 155.

⁵² Alfred Grotjahn, *Soziale Pathologie: Versuch einer Lehre von den sozialen Beziehungen der menschlichen Krankheiten als Grundlage der sozialen Hygiene*, 3rd edn (Berlin: J. Springer, 1923), 463, 479.

⁵³ Schmuhl, *op. cit.* (note 23), 40–9; Schallmayer, *op. cit.* (note 48), 426.

medical matters'.⁵⁴ Without any fundamental problem Moll could agree with that. Racial hygienists, on the other hand, dealt with the presumed 'contra-selective' impact of medicine and social policy on demographic processes seen from a qualitative point of view. They were subdivided into advocates of two different approaches: 'positive' – ie. promoting *reproductive* concepts, for the most part based on 'völkisch' grounds – and 'negative' – ie. promoting *preventive* concepts such as racial hygiene.⁵⁵

In fact, however, the boundaries between these respective fields often overlapped.⁵⁶ It was Grotjahn whose scientific approach of 'reproductive hygiene' – ie. the synthesis of social hygiene and eugenics – provided a link between *social* and *racial* hygiene. Eugenic ideas became extended by various pre-emptive instruments of social policy, such as bans on marriage and the issuing of marriage certificates, but also compulsory confinements and sterilisations; the latter, in particular, met with Moll's disapproval. The 'völkisch' orientated branch of racial hygiene, as it was propagated chiefly by Max von Gruber – from 1910 to 1922 head of the *Deutsche Gesellschaft für Rassenhygiene* [German Society for Racial Hygiene] – became more and more marginalised by Grotjahn's conglomeration of social hygiene and eugenics.⁵⁷

Pros and Cons: The Sterilisation Dispute between Albert Moll and Gustav Boeters in the Weimar Republic

While in the very beginning the pros and cons of the sterilisation question had been no more than a quite marginal special topic among a few committed medics, this question rapidly rose to a widely discussed political issue during the 1920s. This growing interest was owed, above all, to a man whose name remains inextricably linked with the sterilisation debate in the Weimar Republic, Gustav Boeters.⁵⁸ The medical officer of health from Saxony did everything to make sure that his ideas became very much a talking point, now increasingly also beyond the small community of medical experts. Early in 1924, Boeters had formulated a draft bill with a corresponding decree, also known as the *Lex Zwickau*,⁵⁹ denying that sterilisations were an offence against the German Penal Code then in force.

In his *Aufruf an die deutsche Aerzteschaft* [Appeal to the German Medical Profession], which preceded his later campaigning, Boeters maintained that 'the surgical sterilisation of idiots, the mentally ill, epileptics etc. is legally permitted, as soon as the legal representative consents'.⁶⁰ Since Boeters was not afraid that he or any other physician might come into conflict with the law by taking this opinion seriously, he insistently called upon his colleagues 'to search for mental inferiors etc. . . . and to operate on as many as

⁵⁴ Lutz Sauerteig, *Krankheit, Sexualität, Gesellschaft: Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. und frühen 20. Jahrhundert* (Stuttgart: Steiner, 1999), 42.

⁵⁵ *Ibid.*, 43.

⁵⁶ Labisch and Tennstedt, *op. cit.* (note 3), 144–81.

⁵⁷ Sauerteig, *op. cit.* (note 54), 43–4; 'Leitsätze der Deutschen Gesellschaft für Rassenhygiene', *Archiv für Rassen- und Gesellschafts-Biologie*, 14, 3 (1922), 372–5; Schmuhl, *op. cit.* (note 23), 100, 102.

⁵⁸ Joachim Müller, *Sterilisation und Gesetzgebung bis 1933* (Husum: Matthiesen, 1985), 60–72.

⁵⁹ This name derived from the fact that Boeters worked in the city of Zwickau (Saxony). For the wording of the 'Lex Zwickau' see Gustav Boeters, 'Zur gesetzlichen Sterilisierung', *Deutsches Ärzteblatt*, 63 (1933), 24–6: 25–6.

⁶⁰ Gustav Boeters, 'Aufruf an die deutsche Aerzteschaft!', *Aerztliches Vereinsblatt für Deutschland*, 53 (1924), cols 3–4: 3.

possible of them or to refer them to an appropriate professional colleague'.⁶¹ Believing that this was based on 'true humanity and common sense', Boeters hoped that – 'in spite of all niggers [Nörgler]' – his campaign would succeed, if the German people gradually became used to sterilisations.⁶²

One of those 'niggers' was Albert Moll. In an essay published in 1929, he dealt with the 'Sterilisation of Criminals' and mentioned some leading figures of the sterilisation debate in Germany. Moll listed, besides Paul Näcke, the Swiss psychiatrist Ernst Rüdin (1874–1952), the American eugenicists Ezra Seymour Gosney (1855–1942) and Paul Bowman Popenoe (1888–1979), the gynaecologist Ernst Ludwig Alfred Hegar (1830–1914) from Freiburg and the physician Otto Juliusburger (1867–1952) from Berlin, and also Gustav Boeters.⁶³ Although Moll disagreed with Boeters and his plea for an expansion of sterilisation, he nevertheless recognised the discrepancy between practical *application* on the one hand and theoretical *deliberation* on the other. While numerous sterilisations were already being performed, there were still no precise legal rules on permitting or prohibiting compulsory sterilisation.⁶⁴

Moll's position on this legal loophole was ambivalent. On the one hand he, along with Boeters and others, declared himself in favour of clear legal conditions and took the Swiss canton Waadt as a good example.⁶⁵ The amendment to the sterilisation law in the canton 'pledges a considerable security' to contain uncontrolled sterilisations, as Moll pointed out.⁶⁶ On the other hand, he also referred to bad experiences abroad. In the state of California in the USA, for instance, sterilisation was based on a special law already enacted in 1909,⁶⁷ but Moll regarded the guarantees to preclude wrong indications in the case of compulsory sterilisation to be far too weak.⁶⁸

Moll and Boeters had already collided with each other in January 1925. Their common arena was a meeting of physicians and journalists from Berlin dealing with the subject *Die Verhütung unwerten Lebens* [*The Prevention of Unworthy Life*].⁶⁹ The state would no longer be able to cope with so many 'mentally inferior people', Boeters said, because they were well-known for their 'breeding like rabbits', which might end up someday in a

⁶¹ *Ibid.*, cols 3–4.

⁶² Gustav Boeters, 'Die operative Unfruchtbarmachung der Blödsinnigen, Geisteskranken usw., gewürdigt von der rechtlichen Seite', *Münchener Medizinische Wochenschrift*, 71 (1924), 685–6: 686.

⁶³ Moll, *op. cit.* (note 26), 121–2. There are many other prominent protagonists to be mentioned, eg. Robert Gaupp: *Die Unfruchtbarmachung geistig und sittlich Kranker und Minderwertiger* (Berlin: Springer, 1925), 38–9, 41, 43; Hans Harmsen, 'Eugenetische Neuorientierung unserer Wohlfahrtspflege', *Gesundheitsfürsorge*, 5, 5 (1931), 127–31; Géza Hoffmann, 'Rassenhygienische Unfruchtbarmachung', *Archiv für Rassen- und Gesellschafts-Biologie*, 12, 3/4 (1917), 400–1; Walter Jacobi, *Psychiatrie und Weltanschauung* (Berlin: Karger, 1929), 7; Otto Kankeleit, *Die Unfruchtbarmachung aus rassenhygienischen und sozialen Gründen* (Munich: Lehmann, 1927), 33; Ignaz Kaup, *Volkshygiene oder selektive Rassenhygiene* (Leipzig: S. Hirzel, 1922).

⁶⁴ Schmuhl, *op. cit.* (note 23), 102–3. According to Fritz Lenz, the gynaecologist Ferdinand Adolf Kehrer (1837–1937) from Heidelberg was the first to carry out a sterilisation (on 13 April 1897) in order to prevent 'inferior progeny'; Lenz, *op. cit.* (note 32), 270.

⁶⁵ For details about sterilisation in Switzerland see Hans Jakob Ritter, *Psychiatrie und Eugenik: Zur Ausprägung eugenischer Denk- und Handlungsmuster in der schweizerischen Psychiatrie (1850–1950)* (Zurich: Chronos, 2009).

⁶⁶ Moll, *op. cit.* (note 26), 121–2.

⁶⁷ Paul Popenoe, 'Eugenic Sterilization', in Marcuse, *op. cit.* (note 25), 156–62.

⁶⁸ Moll, *op. cit.* (note 26), 122.

⁶⁹ Gustav Boeters and Albert Moll, 'Die Verhütung unwerten Lebens', *Berliner Aerzte-Correspondenz*, 30 (1925), 74–6.

pure ‘mudflow of mental and moral inferiority’.⁷⁰ Sterilisation would be the only way to get this problem solved, as Boeters concluded. Moll criticised these remarks ‘with great sharpness’,⁷¹ as reported in the *Berliner Aerzte-Correspondenz*, the official journal of the Berlin physicians.

As Boeters had submitted several petitions to the German Reichstag, four parliamentarians – Erich Emminger (1880–1951) from the *Bayerische Volkspartei* [*Bavarian People’s Party*], Adolf Lobe (1860–1939) from the *Deutsche Demokratische Partei* [*German Democratic Party*], Johannes Wunderlich (1876–1935) and Albert Zapf (1870–1940), both from the *German People’s Party* [*Deutsche Volkspartei*] – were inspired by his suggestions. Subsequently, in 1926, they submitted a motion to the parliamentary committee for criminal law proposing that if an habitual criminal in preventive detention was to undergo sterilisation, the responsible criminal court should have the option to order his premature release from prison.⁷² Once more Moll expressed his grave doubts because one of the parliamentarians admitted ‘to pursuing predominantly biological reasons with this motion’. Moll warned that there was ‘no need for extensive scientific experience in order to realise the threatening dangers’, as sterilisation would not stop the criminal from committing further crimes.⁷³ In this respect, the motion was only supposed ‘to hinder habitual criminals from bequeathing their asocial features to their descendants’.⁷⁴ Moll could not help but repeat that this motion for an amendment of Section 264 of the German Penal Code was unquestionably everything else but ‘properly thought-through’.⁷⁵ He therefore denied the state any right to legalise compulsory sterilisations that were not based on solid grounds, including those that were intended as a decoy to allow a plea of mitigating circumstances.⁷⁶

It was, in the first instance, his colleague Boeters at whom Moll’s harsh verdict was aimed. While Moll had not much trust in the present capabilities of eugenicists, Boeters strongly believed in the results of their latest research, as well as in his own practical experience with sterilisation. In an article he published in the *Ärztliches Vereinsblatt* in 1924, he stated that ‘someone who claims that *we* still know far too little about the inheritance of mental and moral inferiority in order to be able to approve of the actions suggested by me, uses entirely incorrectly the plural when only the singular is appropriate’.⁷⁷ For Boeters, the empirical fact that a great deal of suffering and disaster was caused by those ‘inferior people’ (*Minderwertige*), who, if not stopped by somebody, usually had more children – being ‘inferior’ as well – than ‘superior people’ (*Hochwertige*), was a good reason to finally proceed to action.⁷⁸ Besides the ‘already unbearable and steadily increasing economic costs’, Boeters feared ‘the annihilation of the German people’s intellectual bloom, its downfall in a high-level flood of mentally and

⁷⁰ *Ibid.*, 74–5.

⁷¹ *Ibid.*, 75–6.

⁷² For details about the discussion in the Reichstag see Anon., ‘Die Sterilisierung vor dem Reichstag’, *Vererbung und Geschlechtsleben*, 2 (1926/8), 98–105.

⁷³ Moll, *op. cit.* (note 26), 121.

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*, 126.

⁷⁷ Gustav Boeters, ‘Zu meinem “Aufruf an die deutsche Aerzteschaft”’, *Ärztliches Vereinsblatt für Deutschland*, 53 (1924), cols 89–93: col. 89.

⁷⁸ *Ibid.*

morally inferior individuals, the plebeianisation of our race and thus Germany's removal from the ranks of the cultured nations'.⁷⁹

In order to restore a 'healthy' proportion between 'inferior' and 'superior' people, Boeters was convinced that the circle of the former, who were destined for compulsory sterilisation, could not be drawn widely enough. As long as his aim – that is, the racial regeneration and eugenic advancement of the German people – was achieved, he did not care about the means used to attain it, because Boeters regarded them as deeds of pure and foresighted 'Christian charity'.⁸⁰

However, Moll could not come to terms with the train of thought propagated by Boeters and, therefore, once again renewed his warning against 'all kinds of benefactors of the people'⁸¹ who had not the necessary sense of responsibility. Some of those, he mocked, seemed to believe that 'the next generation was going to consist almost completely of angels', whereas 'criminality would be significantly reduced' if sterilisations for eugenic purposes were legalised.⁸² Given that Moll had already had doubts about performing sterilisation with impunity on 'seriously degenerated' persons (*schwer Degenerierte*) who gave their prior consent, he fought all the more against further plans to extend such an amendment 'to persons who turned to crime or to others who are supposed to be protected from fathering criminals'.⁸³ In his eyes, it was 'not very convincing' and actually 'completely insufficient' and 'almost demagogic' to refer to the public purse for 'criminals, prostitutes, vagabonds, beggars' and other people of that sort.⁸⁴

It should be noted that Moll was not the only one who opposed Boeters. The gynaecologist Albert Niedermeyer (1888–1957), for example, also had grave doubts about Boeters' proposals. In agreement with Moll, Niedermeyer was uneasy about all rash and thoughtless sterilisations of persons presumed to be 'inferior'. Neither a doctor nor anybody else should overestimate the human faculty of judgement as well as the recent level of proficiency of eugenics.⁸⁵ Besides Moll and Niedermeyer the psychiatrists Gustav Aschaffenburg (1866–1944), Karl Ludwig Bonhoeffer (1868–1948), Oswald Bumke (1877–1950) and Karl Theodor Jaspers (1883–1969) did not agree with Boeters either. The forensic psychiatrist and criminologist Aschaffenburg, for instance, supported Moll's point of view because he also believed that eugenics had not yet grown far enough to consider it as a reliable justification for sterilisation.⁸⁶

In spite of his rejection of widespread sterilisations that were not based on solid *medical* indications, Moll nevertheless dealt in great detail with different *supplementary* indications, which would be, at least theoretically, conceivable from a *criminological* point

⁷⁹ Boeters, *op. cit.* (note 60), col. 3.

⁸⁰ Gustav Boeters, 'Die Unfruchtbarmachung Geisteskranker, Schwachsinniger und Verbrecher aus Anlage', *Zeitschrift für Medizinalbeamte und Krankenhausärzte*, 38, 47 (1925), 336–41: 338.

⁸¹ Moll, *op. cit.* (note 26), 122.

⁸² *Ibid.*

⁸³ *Ibid.*, 126.

⁸⁴ *Ibid.*

⁸⁵ Albert Niedermeyer, 'Zu dem Aufruf des Herrn Regierungsmedizinalrates Dr Boeters in Nr. 1298', *Aerztliches Vereinsblatt für Deutschland*, 53 (1924), cols 15–16: col. 16; Antonia Katharina Eben, 'Medizinische Ethik im weltanschaulich-religiösen Kontext: Albert Moll und Albert Niedermeyer im Vergleich' (unpublished MD thesis, Munich, 1998), 102–7; Antonia Katharina Eben and Andreas Frewer, 'Philosophie, Medizin und Religion: Ärztliche Ethik in Leben und Werk von Albert Niedermeyer', in Frewer and Neumann, *op. cit.* (note 19), 247–75.

⁸⁶ Bruns, *op. cit.* (note 19), 50–1.

of view.⁸⁷ As far as he could see, there were three points, in particular, worth mentioning:

- sterilisation of sexual offenders to protect them from relapses, eg. from attacks on children or other crimes of rape;
- sterilisation of criminals with and without signs of incriminating symptoms, if it is to be feared that there exists an hereditary substance which is transmitted as an inclination to crime to the descendants;
- sterilisation of non-criminals if they show incriminating symptoms from which it can be concluded that the fathering of criminal progeny is to be feared.⁸⁸

However, Moll's central problem still remained that there was as yet no sufficiently certain knowledge available about which symptoms of degeneration were actually involved in the process of hereditary transmission. So how, Moll enquired, could anybody prognosticate that the subsequent generation might also have a degenerated genotype and, furthermore, show criminal tendencies as well? Incidentally, it could not be ruled out that the next generation might be neither hereditarily ill nor delinquent because a prior regeneration might have taken place.⁸⁹ Moreover, Moll was even unsure whether Mendel's laws were also applicable to human beings, especially to psychopathological mechanisms of human heredity.⁹⁰ According to Moll, discussing so-called 'antisocial elements', with highly complicated psychological features, was totally different from discussing such an elementary feature as the colour of a flower. Hence, Moll considered it currently impossible to be certain to what extent criminal conduct was *innate* on the one hand and *acquired* on the other.⁹¹

This was the reason why he also felt uncomfortable with the theory of 'born criminals', which had been elaborated by the Italian anthropological criminologist Cesare Lombroso (1835–1909) in the 1870s.⁹² Lombroso assumed, as his basic premise, that criminals could be recognised by particular physical and mental deviations (eg. hysteria). The potentially serious consequences of this hypothesis brought Moll into the arena because 'exactly the same stigmata of degeneration can also be found with exceedingly upright living persons'. So if anybody pleaded for the sterilisation of criminals, 'who are afflicted with

⁸⁷ For details about sterilisations on criminological grounds, see, for instance, Friedrich Ludwig Gerngroß, *Sterilisation und Kastration als Hilfsmittel im Kampfe gegen das Verbrechen* (Munich: Lehmann, 1913); Kathrin Kompisch, "'Zur Verhinderung schwerster Sexualverbrechen". Sterilisations- bzw. Kastrationsdiskurse in bezug auf Kriminelle in der Massenpresse der Weimarer Republik und des Nationalsozialismus', in Justizministerium des Landes Nordrhein-Westfalen (ed.), *Justiz und Erbgesundheit: Zwangssterilisation, Stigmatisierung, Entrechtung – 'Das Gesetz zur Verhütung erbkranken Nachwuchses' in der Rechtsprechung der Erbgesundheitsgerichte 1934–1945 und seine Folgen für die Betroffenen bis in die Gegenwart* (Düsseldorf: Justizministerium des Landes Nordrhein-Westfalen, 2009), 27–38; Jürgen Simon, *Kriminalbiologie und Zwangssterilisation. Eugenischer Rassismus 1920–1945* (Münster: Waxmann, 2001).

⁸⁸ Moll, *op. cit.* (note 26), 123.

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*, 124.

⁹¹ *Ibid.*, 123.

⁹² *Ibid.* For details about Lombroso and the relevance of his theory for the criminological discourse in Germany, see Mariacarla Gadebusch Bondio, *Die Rezeption der kriminalanthropologischen Theorien von Cesare Lombroso in Deutschland von 1880–1914* (Husum: Matthiesen, 1995); Mariacarla Gadebusch Bondio, 'From the "Atavistic" to the "Inferior" criminal type: The impact of the Lombrosian Theory of the Born Criminal on German psychiatry', in Peter Becker (ed.), *Criminals and their Scientists: The History of Criminology in International Perspective* (Cambridge: Cambridge University Press, 2006), 183–205; Florian Mildenerberger, 'Cesare Lombroso (1835–1909)', in Grau and Sigusch, *op. cit.* (note 2), 425–9; Richard F. Wetzell, *Inventing the Criminal: A History of German Criminology (1880–1945)* (Chapel Hill, NC: University of North Carolina Press, 2000).

such stigmata', accordingly, 'also some very good, well-behaved and meritorious fellow citizens could be sterilised for the same reason'.⁹³ Antisocial *behaviour*, Moll repeated, did not derive from antisocial *nature*; it was – from case to case – rather a matter of bad coincidence that made somebody wander from the straight and narrow. Apart from that, criminological experience had shown that many individuals, who appeared 'asocial' to the lay public, were nevertheless conscientious persons in their home life.⁹⁴ Moll believed that, in the end, ill-considered and unwarranted measures promoted by colleagues such as Boeters – though he did not refer to him by name – would have disastrous consequences.

In the course of his subsequent discussion Moll had a closer look into the already existing experience with sterilisation in the United States. According to him, in most cases of male as well as female delinquents, the sterilisation of sexual offenders did not offer unambiguous evidence that this measure reduced their deviant physical urges.⁹⁵ Moll, therefore, saw no reason why sterilisation should be regarded as a practicable method to contain criminality effectively: 'It would be crucial to first collect reliable evidence before proceeding to interventions devoid of any logical link with criminality and with the doctrine of crime prevention.'⁹⁶ Boeters, by contrast, did not think much of such considerations. In a self-confident manner, he had already presented himself in 1925 as a hardliner when he proclaimed: 'I... want to preserve our fatherland from the sure downfall... I... appeal for self-defence, for a fight to the end.'⁹⁷

This kind of pugnacity, as expressed by Boeters, was quite out of the question for Moll because he feared that sterilisation might also be accompanied by brutal castration; but even such serious operations, Moll stated on the basis of empirical research publications he had collected in the years 1896 and 1897, would lack good prospects of success.⁹⁸ The only advantage, if any, that Moll could see in sterilisation and castration lay in the fact that a relapsing sexual offender would at least be unable to impregnate his victim. Regardless of this, Moll added, the perpetrator would not be kept from committing the crime as such.⁹⁹

Legalisation of Sterilisation: From the *Lex Zwickau* to the Law for the Prevention of Hereditarily Diseased Offspring

To give an impression of how Boeters further radicalised his attitude towards sterilisation after the National Socialists had come to power, one of his articles published in the *Deutsches Ärzteblatt* in 1933 may be mentioned. Here, he openly admitted that more than 250 hereditarily 'inferior' persons had been sterilised in the last ten years on his behalf. Therefore, he spoke in praise of himself for being 'the first pioneer of eugenic sterilisation in Germany'.¹⁰⁰ Boeters, who joined the Nazi Party in 1930, obviously realised that such

⁹³ Moll, *op. cit.* (note 26), 124.

⁹⁴ *Ibid.*, 125.

⁹⁵ *Ibid.*, 123. For details about the history of sterilisation in the USA, see Harry Bruinius, *Better for all the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity* (New York: Knopf, 2006); Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, MD: Johns Hopkins University Press, 1991); Alexandra Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley, CA: University of California Press, 2005).

⁹⁶ Moll, *op. cit.* (note 26), 126.

⁹⁷ Boeters, *op. cit.* (note 80), 337.

⁹⁸ Moll, *op. cit.* (note 26), 123.

⁹⁹ Moll, *op. cit.* (note 26), 123.

¹⁰⁰ Gustav Boeters, 'Die eugenische Sterilisierung nach geltendem Recht', *Deutsches Ärzteblatt*, 62 (1933), 93.

statements would be of great interest to the new Nazi government that was avowedly eager to establish a 'racial state' – what he had been saying and practising for so many years had become both discursive mainstream and official policy virtually overnight.

All in all, the standing of Moll's and Boeters' comments in the sterilisation debate of the Weimar Republic was quite different: Moll's part was not very prominent – in fact he was just one single expert among many others who had objections to such eugenic proposals. Boeters, in contrast, appeared in the role of an unchallenged spokesman within the faction of sterilisation promoters. With his *Lex Zwickau* – to some extent an important step on the way to a draft bill for the legalisation of, at least voluntary, sterilisation, which was substantially elaborated by Ernst Rüdin in 1932¹⁰¹ – he somehow became the 'incarnation' of social engineering by means of sterilisation. Paradoxically, this very difference between the two physicians was at the same time the basis of a similarity that is also worth mentioning. Until 1933, they both represented a minority within public opinion inasmuch as they either demanded compulsory sterilisation very stridently – in the case of Boeters – or denied the already-existing sociotechnological potential of eugenics – in the case of Moll. Indeed, Boeters, on the one hand, seemed to be too radical for many sympathisers from the eugenic faction; Moll, on the other, gave the impression of being out of touch with reality because he underestimated the widespread infiltration by eugenic thinking of various social and scientific discourses, especially towards the end of the Weimar Republic.¹⁰²

In this context, the most famous and influential protagonist within the German sexological discourse of the 1920s should not be forgotten: Magnus Hirschfeld (1868–1935)¹⁰³ was one of the founding fathers of modern sexology in general, and the homosexual movement in particular. The personal and scientific relationship between Moll and Hirschfeld,¹⁰⁴ both working in Berlin, was characterised by several controversies – last but not least concerning the sterilisation debate. Hirschfeld believed that sterilisation – and even castration – could be an adequate means to 'cure' male homosexuals of their deviant sexual orientation. Concerning this matter, it was the Austrian physiologist Eugen Steinach (1861–1944) to whom Hirschfeld referred. Steinach had developed a special method for the rejuvenation of human beings either by sterilisation or by transplantation of 'heterosexual' testicles.¹⁰⁵ While Moll, as a supporter of psychohygiene and psychotherapy, pronounced himself against this dubious somatic 'therapy', Hirschfeld was, to the bitter end, not aware of the fatal consequences of this preposterous sexological approach. Either way, in August 1933, when (the Jew) Hirschfeld had already gone

¹⁰¹ Bruns, *op. cit.* (note 19), 36–7.

¹⁰² Paul Weindling, 'Die Preußische Medizinalverwaltung und die "Rassenhygiene": Anmerkungen zur Gesundheitspolitik der Jahre 1905–1933', *Zeitschrift für Sozialreform*, 30 (1984), 675–87: 686.

¹⁰³ For more details about Hirschfeld, see Ralf Dose, *Magnus Hirschfeld: Deutscher – Jude – Weltbürger* (Tetz: Hentrich & Hentrich, 2005); Rainer Herrn, 'Magnus Hirschfeld (1868–1935)', in Grau and Sigusch, *op. cit.* (note 2), 284–94; Manfred Herzer, *Magnus Hirschfeld: Leben und Werk eines jüdischen, schwulen und sozialistischen Sexologen* (Frankfurt/Main: Campus, 1992); Elke-Vera Kotowski and Julius H. Schoeps (eds), *Der Sexualreformer Magnus Hirschfeld: Ein Leben im Spannungsfeld von Wissenschaft, Politik und Gesellschaft* (Berlin: Bebra, 2004).

¹⁰⁴ Volkmar Sigusch, 'Albert Moll und Magnus Hirschfeld: Über ein problematisches Verhältnis vor dem Hintergrund unveröffentlichter Briefe Molls aus dem Jahr 1934', *Zeitschrift für Sexualforschung*, 8 (1995), 122–59.

¹⁰⁵ Heiko Stoff, *Ewige Jugend: Konzepte der Verjüngung vom späten 19. Jahrhundert bis ins Dritte Reich* (Cologne: Böhlau, 2004); Susanne zur Nieden (ed.), *Homosexualität und Staatsräson: Männlichkeit, Homophobie und Politik in Deutschland 1900–1945* (Frankfurt/Main: Campus, 2005); Sigusch, *op. cit.* (note 104), 134.

into exile, he said to a newspaper published in Prague that he was still sceptical about sterilisation because ‘the secrets of heredity’ had not been fathomed out yet. In this he agreed with Moll, but his further analysis went in a different direction. ‘Hitler’s experiments’, as he called the new Nazi sterilisation policy, might not be motivated ‘solely by eugenic purposes’, but rather could be interpreted as a means by the National Socialists ‘to destroy their enemies’.¹⁰⁶ Obviously this interpretation turned out to be an underestimation.

To complete the picture of Moll’s other main opponent, it has to be mentioned that Boeters himself – in contrast to his ideas – was condemned to insignificance during the Nazi period. He had been sent into compulsory retirement in 1925, and he died in 1942 without holding a responsible key position in public health bureaucracy or anywhere else in the Nazi state – even though he seemed to have been made for just such a job. But while Boeters, at least in 1933, could call very openly for strict sterilisation of those people whom he considered to be ‘subhumans’ (*Untermenschen*) or ‘human weeds’ (*menschliches Unkraut*),¹⁰⁷ Moll’s voice quickly fell silent. In the first six years of the Third Reich, the Jewish-born physician, who was banned from his profession in 1938 and died just four weeks after the outbreak of the Second World War, no longer had the opportunities to attract attention.¹⁰⁸ Thus, all his warnings about an extensive implementation of eugenic sterilisation as a means of negative racial hygiene went unheard: on 14 July 1933, the *Gesetz zur Verhütung erbkranken Nachwuchses* [*Law for the Prevention of Hereditarily Diseased Offspring*], which also permitted *coercive* sterilisation of citizens suffering from a list of alleged genetic disorders, was enacted.¹⁰⁹

This date, however, marked the preliminary official result of the sterilisation dispute that had taken place between the two physicians Gustav Boeters and Albert Moll in the Weimar Republic. It also marked the very beginning of the subsequent Nazi crimes and atrocities in the name of German ‘racial purity’, such as mass sterilisation on the basis of decisions made by the *Erbgesundheitsgerichte* [*Hereditary Health Courts*] in about

¹⁰⁶ Magnus Hirschfeld, ‘Zur Sterilisation’, *Die Wahrheit*, 12 (1933), 16, cited by Volkmar Sigusch, *Anti-Moralia: Sexualpolitische Kommentare* (Frankfurt/Main: Campus, 1990), 204.

¹⁰⁷ Boeters, *op. cit.* (note 59), 24–6; Gustav Boeters, ‘Negative Eugenik’, *Vererbung und Geschlechtsleben*, 2 (1926/8), 201–3: 202.

¹⁰⁸ Bruns, *op. cit.* (note 19), 39; Sigusch, *op. cit.* (note 104), 142.

¹⁰⁹ In its first section, the Law for the Prevention of Hereditarily Diseased Offspring specified that ‘(1) any person suffering from an hereditary disease may be rendered incapable of procreation by means of a surgical operation (sterilisation), if the experience of medical science shows that it is highly probable that his descendants would suffer from some serious physical or mental hereditary defect. (2) For the purposes of this law, any person will be considered as hereditarily diseased who is suffering from any one of the following diseases: a. congenital mental deficiency, b. schizophrenia, c. manic-depressive insanity, d. hereditary epilepsy, e. hereditary chorea (Huntington’s disease), f. hereditary blindness, g. hereditary deafness, h. any severe hereditary deformity. (3) Any person suffering from severe alcoholism may be also rendered incapable of procreation’. *Gesetz zur Verhütung erbkranken Nachwuchses*. Vom 14. Juli 1933, Reichsgesetzblatt, part I, no. 86, 25 July 1933, 529; translated by the author. See also Udo Benzenhöfer, *Zur Genese des Gesetzes zur Verhütung erbkranken Nachwuchses* (Münster: Klemm & Oelschläger, 2006); Gisela Bock, ‘Sterilization and “medical” massacres in national socialist Germany: Ethics, politics, and the law’, in Manfred Berg and Geoffrey Cocks (eds), *Medicine and Modernity: Public Health and Medical Care in Nineteenth and Twentieth-Century Germany* (Cambridge: Cambridge University Press, 1997), 149–72; Ignacio Czeguhn, ‘Das Gesetz zur Verhütung erbkranken Nachwuchses und seine Umsetzung vor den Gerichten’, in Ignacio Czeguhn (ed.), *Eugenik und Euthanasie 1850–1945: Formen – Ursachen – Entwicklungen* (Baden–Baden: Nomos, 2009), 147–59; Claudia Koonz, ‘Eugenics, gender, and ethics in Nazi Germany: the debate about involuntary sterilization 1933–1936’, in Jane Caplan and Thomas Childers (eds), *Reevaluating the Third Reich* (London: Holmes & Meier, 1993), 66–85; Labisch and Tennstedt, *op. cit.* (note 3); Astrid Ley, *Zwangsterilisation und Ärzteschaft: Hintergründe und Ziele ärztlichen Handelns 1934–1945* (Frankfurt am Main: Campus, 2004), 35–120.

four hundred thousand cases – including approximately six thousand fatalities – between 1934 and 1945, the so-called ‘annihilation of life unworthy of life’ – euphemistically also known as ‘euthanasia’ – with roughly 296,000 victims between 1939 and 1945, and last but not least the so-called ‘final solution of the Jewish question’ – ie. the Holocaust – which claimed at least six million victims between 1941 and 1945.¹¹⁰

The legalisation of eugenic-indicated sterilisation had been discussed since the very beginning of the twentieth century, but only in the course of the great economic and financial crisis in the final stages of the Weimar Republic had sterilisation become more and more politically acceptable because they were passed off as an economical alternative to the current system of excessive social benefits. Later on, the National Socialists, therefore, could very easily take up and further radicalise this fateful paradigm shift in healthcare policy, which had been initiated by the end of the 1920s – at least for the most part – in order to protect the overburdened social insurance system from a total collapse.¹¹¹

Conclusion

Saxony was the first German state in which sterilisation was widely discussed. In 1923 the Saxon Health Council had already shown its sympathy for surgical sterilisation. In the same year, the pathologist Martin Staemmler (1890–1974) from Chemnitz and Leipzig came up with a draft bill regarding this matter. During the 1920s, just to mention another example from Saxony, various genealogical research studies – focusing on anthropological, eugenic and criminological questions – were undertaken. With support from the Saxon Home Office, the eugenicist René Rainer Fetscher (1895–1945) from Dresden, for instance, compiled a genetic card index.¹¹²

These few examples illustrate that Gustav Boeters was neither the first nor the only one who was eager to establish eugenic thinking and action, not only in Saxony, but in the whole of Germany. Nevertheless, he was the most fanatical activist fighting for a rigorous sterilisation policy and, therefore, he substantially shaped the eugenic discourse during the Weimar Republic. Taking this into account, it is not surprising at all that Albert Moll, as a firm upholder of scientifically sophisticated analysis and medically justifiable therapy – as formulated in his *Medical Ethics* – felt obliged to interfere in this very discourse. Moll’s understanding of medical ethics – in the sense of physicians’ class duties as well as physicians’ professional ethics – was incompatible with Boeters’ *Lex Zwickau*.

However, to some extent Moll could clearly see a chance of reconciling the possible applications of social engineering, by modern eugenics and racial hygiene on the one hand, with his own demands for medical ethics on the other. It was chiefly Grotjahn’s concept of social hygiene – or to be more precise, ‘reproductive hygiene’ – which provided a kind of link between the sides by suggesting the exchange of ‘marriage certificates’, for example,

¹¹⁰ Gisela Bock, ‘Nationalsozialistische Sterilisationspolitik’, in Klaus-Dietmar Henke (ed.), *Tödliche Medizin im Nationalsozialismus: Von der Rassenhygiene zum Massenmord* (Cologne: Böhlau, 2008), 85–99; Bock, *op. cit.* (note 1), 230–8; Bruns, *op. cit.* (note 19), 48–9, 55; Schmuhl, *op. cit.* (note 23), 104–5, 178.

¹¹¹ Astrid Ley, ‘Nationalsozialistische Erbgesundheitspflege im Spannungsfeld gesellschaftlicher Interessen: Ideologische, ökonomische und medizinische Ziele des Sterilisationsgesetzes’, in Jörg Vögele *et al.* (eds), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der ‘doppelten Staatsgründung’* (Berlin: Duncker & Humblot, 2002), 187–96; Johannes Vossen, ‘Die Umsetzung der Politik der Eugenik bzw. Rassenhygiene durch die öffentliche Gesundheitsverwaltung im Deutschen Reich (1923–1939)’, in Sabine Braunschweig *et al.* (eds), *Wie nationalsozialistisch ist die Eugenik? Internationale Debatten zur Geschichte der Eugenik im 20. Jahrhundert* (Vienna: Böhlau, 2009), 93–106.

¹¹² Weindling, *op. cit.* (note 102), 683–5.

as an adequate means of preventive healthcare for an individual ‘client’ as well as society as a whole. Yet, in the midst of the complex interplay of medical, social, eugenic, economic and criminological indications for sterilisation, Moll voiced his serious reservations about all-too-hasty and far-reaching surgical interventions.

While for the most part one-sided propaganda and, almost revolutionary, claims were the trademark of Boeters, Moll’s commentaries were rather balanced and hence less militant. Because of this, Moll made a contribution towards a rationalisation of the emotionally charged debate. He tried to decelerate further radicalisation; but as it turned out finally in 1933, he was not able to calm it down or even stop it – neither on the level of academic sexological deliberation, nor on the level of practical social engineering.¹¹³ His worst fears became true after the enactment of the *Gesetz zur Verhinderung erbkranken Nachwuchses* [*Nazi Sterilisation Law*]: ‘The eugenical assessment’, as the racial hygienist Otmar Freiherr von Verschuer (1896–1969) declared in 1941, ‘takes precedence over any medical-diagnostic hairsplitting’.¹¹⁴

¹¹³ Jürgen Reyer, “‘Rassenhygiene’ und ‘Eugenik’ im Kaiserreich und in der Weimarer Republik. Pflege der ‘Volksgesundheit’ oder Sozialrassismus?”, in Ulrich Herrmann and Jürgen Oelkers (eds), *Pädagogik und Nationalsozialismus* (Basle: Beltz, 1988), 113–45: 127.

¹¹⁴ Otmar Freiherr von Verschuer, *Leitfaden der Rassenhygiene* (Leipzig: Thieme, 1941), 208.