



Methods and Objectives of Birth Control. A Relational Analysis of the Field of Medicine, Argentina (1930-1940)

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Abstract. This paper analyzes the ideas and practices regarding birth control promoted by the field of medicine. Employing a relational and gender perspective, differences are found in approaches to contraceptive methods, abortion, and sterilization in Argentina from 1930 to 1940. In a context of demographic transition and the rise of eugenic ideas, voluntary birth control was a problem for the medical elite. In contrast, marginal positionings spread knowledge about access to sexual pleasure without worrying about reproduction.

Key Words: birth control, field of medicine, contraceptive methods, abortion, sterilization

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Introduction

During 2018, there was debate in Argentina about decriminalization and legalization of abortion in which different arguments were presented for and against legalization. Among the latter, the most common were: the idea that life begins at conception, the alternative of adoption, and the idea that “freedoms imply responsibilities that must be fulfilled”² (Red de Acceso al Aborto Seguro, 2019, p. 24). These ideas were in opposition to what conservative and religious sectors called a “birth control mentality” (Kaszak, 2004), referred to, from the perspective of the arguments in favor, as the right to “sexual enjoyment.” As Dora Barrancos notes: “in the patriarchal order, coitus has reproduction as its only object and it is the mandate related to generative death framed in this way that is behind the penalty for the voluntary interruption of abortion” (2018, p. 374). Historically, different discourses have contributed to the construction of this order. Since the end of the 19th century, medical discourse was established as an authorized voice for controlling the sexual and reproductive lives of women.

Concerns expressed by the state in relation to increasing population growth, together with a concern about the “quality” of this population, reached their climax from the beginning of the 1930s, when an atypical demographic change took place that was characterized by simultaneous decreases in the birth and death rates (Otero, 2004, p. 80). This contrasted with Europe and the rest of Latin America where the classic model predominated.³ The fertility rate (the number of children for every thousand women of reproductive age) decreased from 201 at the beginning of the 20th century to 103 between 1935 and 1939 (Pantelides & Moreno, 2009). Studies that explained these changes on the basis of economic variables have been problematized by socio-cultural research into the behavior of the population and the goals of the populationist discourse, primarily in relation to women (Nari, 2004; Miranda, 2005; Barrancos, 2007; Di Liscia et al., 2000; Ramacciotti & Valobra, 2004; Biernat, 2004).

Voluntary birth control (in addition to a decline in European immigration) (Novick, 2008), was considered to be one of causes of the decline in both rates, and conservative and Catholic sectors concentrated their criticism and

2 All translations from Spanish texts are by *Apuntes*.

3 In the classic model, a decline in the level of mortality takes place as a result of the process of modernization. At the same time, the birth rate remains high for a long period, which leads to demographic growth until, because of social and cultural changes, the fertility rate begins to decline. In contrast, in Latin America the fertility rate remained high until the end of the 1960s. In Argentina, on the other hand, the rate declined early and coincided with a decrease in the mortality rate (Felitti, 2012).

efforts on this issue. Susana Novick maintains that, in general, “the population policies of the time had one characteristic in common: a growing concern for regulating and controlling the conduct of citizens” (2008, p. 337). In the current study, we take into account the contributions of socio-cultural studies and are interested in analyzing the ideas and practices related to this subject that were deployed by the field of medicine; our goal is to historicize the construction of the patriarchal order as well as resistances to it.

To this end, we examined the ideas and the representatives of the medical elite, including the obstetrician Josué Beruti and doctors from the Association of Catholic Doctors (Consortio de Médicos Católicos) as well the expositions of anarchist doctors Juan Lazarte and Manuel Martín Fernández on birth control methods, abortion, and sterilization that we found in cultural magazines, books, and specialized publications. We examined both dominant and marginal positions in order to present a more complex perspective that contrasts with homogenizing views about the field of medicine. On the issue of birth control, relational analysis (Cleminson, 2008) and gender perspectives allowed us to find divergencies. In this sense, demonstrating that normative concepts are the result of conflict and not consensus, as Joan Scott points out, allows us to contribute to their deconstruction and to think in terms of alternatives (2011). While the eugenics doctrine was present throughout the field of medicine, for the dominant discourse, birth control was a medium through which to achieve the “perfection of the race,” but only through medical indications. These discourses opposed voluntary control on the grounds that feminine identity was linked to maternity, and heterosexual sexual union was only allowed within marriage with the goal of procreation. For anarchist doctors, birth control was also related to eugenics goals but also something that liberated women. By disseminating information on birth control, they sought to separate sexuality from reproduction and, as a consequence, allow women access to sexual pleasure.

This article is divided into three sections. In the first, we discuss professionals’ ideas about birth control methods, emphasizing what was known at the time and the positions taken regarding the dissemination of this information. We then go on to explore opinions on abortions, and finally, we analyze ideas related to sterilization and its basis in eugenics.

1. Knowledge about and access to birth control methods: from restrictions to dissemination

According to historian Raquel Álvarez Peláez, eugenics in Latin American countries, in contrast to other regions, was characterized by little experi-

mentation and implementation (1999). She notes that professionals linked eugenics with pediatrics, maternity care, and childhood, just as they did in Spain. In relation to birth control, “the discussions were centered on the prenuptial medical certificate and how it should be established and implemented. Genealogical studies of families were considered desirable but few seem to have been actually carried out, and forced sterilization was not generally allowed, except in countries that were very dependent on the United States” (Álvarez Peláez, 1999, p. 7). Catholic culture and conservative sectors impeded discussions about birth control and above all, the dissemination of information about it.

The majority of local studies agree with this interpretation and argue that the Latin neo-Lamarckian eugenic position predominated in Argentina.⁴ In the field of medicine, almost all professionals prescribed “methods of prophylaxis, hygiene, and ecological sanitation more in accordance with tradition and the sensibility of Italic and Catholic culture” (Biernat, 2005, n.p.), which limited the use of negative measures such as sterilizations and eugenic abortions (Nari, 1996; Vallejo & Miranda, 2011). At the same time, some studies have put more emphasis on the coercive or voluntary character of eugenics as viewed by elites (Vallejo & Miranda, 2005; 2012) and have also examined the practices of some professionals at centers for maternal assistance, such as sterilizations and abortions for eugenic reasons (Eraso, 2007; 2008). In general, researchers agree that women were the central subject of eugenics proposals since they were considered directly responsible for the reproduction of the species, as well as indispensable for improving and teaching eugenic ideas to their offspring. At the same time, the low birth rate was related to the activities of the “new woman” or the “modern woman,” who was taking her place in the public sphere through jobs and education (Nari, 2004, p. 191). For this reason, in this period new policies were proposed to protect maternity: “monetary subsidies, medical assistance, the prohibition of working 30 days before and 45 days after giving birth, time for breast feeding, etc.” (Novick, 2008, p. 338) and the National Office

4 Jean Baptiste Pierre Antoine de Monet, chevalier de Lamarck (1744-1829), proposed his theory of transformation at the beginning of the 19th century. The main point of the theory is that changes induced in an organism from the outside produced changes in future generations, thereby causing transmutation. Later when Darwin published *The Origin of the Species* (1859), Lamarckism gained in popularity as an alternative explanation to Darwin's theory of evolution. Clashes with other theories, in particular the “germ plasm” concept, forced Lamarckism to develop more precise explanations to provide a contrast to the laws of inheritance. Thus, at the beginning of the 20th century, Lamarckism was transformed into neo-Lamarckism and continued to be employed, given that it provided a reasonable alternative in a context of uncertainty regarding genetics (Stepan, 1991).

for Maternity and Infancy (Dirección Nacional de Maternidad e Infancia) was created in 1936 (Biernat & Ramacciotti, 2008).

One of the doctors who advocated for these ideas was obstetrician Josué Beruti who, starting in 1931, held the Chair for Clinical Obstetrics in the Faculty of Sciences of the University of Buenos Aires and participated in different organizations such as the Argentine Association of Biotypology, Eugenics and Social Medicine, the Argentine German Cultural Association, and the Society of Obstetrics and Gynecology of Buenos Aires. Beruti's ideas were disseminated beyond medical circles through the commercial press including the newspapers *La Nación* and *La Razón*, as well as in the so-called feminine press, including the magazine *El Hogar*. His project to improve the race followed a pedagogical strategy; nevertheless, he also supported interventionist measures. In relation to birth control, he recognized that the questions of limiting or regulating pregnancy were difficult, and therefore noted that their discussion "should not go beyond, in my opinion, the silent and discreet circle of scientific researchers" (Beruti, 1932, p. 489). Woman, in particular, should not have access to birth control information; this vigilance was based on the presumption of their "ignorance of their biological life." For Beruti, voluntary control of birth was proof of this, and the solution to this and other problems could be achieved through eugenics applied together with "health education" (Beruti, 1941, p. 370), which included a eugenic "maternal campaign" whose basic principle was to establish "the indestructible pairing" of mother and child (Beruti & Zurano, 1934a, p. 573).

Particular attention was given to poor mothers, who, according to Beruti, were "without sexual ethics" and weak, and transmitted this weakness to their offspring. He argued that "it is not possible to do eugenics work" with them, a situation that was of fundamental importance for two reasons: the first "because the conditions of ignorance and lack of education of the mothers makes it impossible for them to consider the larger medico-social problems: that of misery and all that derives from it" (1934, p. 578); second, "because the much debated and highly complex problem of propagation of the species immediately arises, a problem that should be first in line in every maternal protection plan." In relation to the last issue, which Beruti referred to as "thorny" (Beruti & Zurano, 1934a, p. 578), he stated that instead of trying to limit reproduction, future mothers should be educated to alter "the influential or determining causes" (1934a, pp. 577–578) that impeded the improvement of the population. At the same time, he did not exclude the possibility of intervention in reproduction if necessary, unlike his colleagues in the Association of Catholic Doctors. Invited to respond

to a questionnaire on the subject of limiting fertility by the journal *Acción Médica*, Beruti presented his position regarding the motives that can affect the decision to prescribe the practice.

In response to the first question “are there cases in which a doctor is obliged to prescribe the restriction of fertility and to prevent it?” Beruti stated that there must be intervention—as set down in the penal code starting in 1921—in cases where the health or life of the mother was at risk as a result of a pregnancy. The second part of the questionnaire was intended to provide information on the methods that should be recommended in the case that the answer to the first question was affirmative. Here, the certainty that Beruti expressed in his answer to the first question gave way to an evasive discourse. Speaking in a roundabout manner, he delayed his response and, finally, did not answer, stating that the subject is “very complicated” given the issue of “the deliberate interruption of conception.” As yet, he said, there was no “infallible” method, except castration or abstinence, and no specific procedure could be prescribed. The choice, he went on, depended on “opportunity” and the “particular aspects” of the case, so what was necessary was to “proceed with great caution” and to exchange experiences with colleagues (1934b, p. 452).

It should be kept in mind that the journal’s readers were health professionals like Beruti; therefore, his discourse was not controversial nor categorical, as it would have been had it appeared in commercial magazines aimed at women such as *El Hogar*. Finally, the questionnaire asked: “Does the prescription of these methods to prevent fertility pose a danger or is it a social good?” In his answer, Beruti stressed that a medical prescription to limit fertility was in fact “a social good because it not only protects the health of many beings, but because the birth of many who are condemned almost always to a precarious organic life is avoided” (1934b, pp. 452-453). Nevertheless, he hastened to clarify that if the limitation of pregnancy had its origins in social and economic questions, these causes were debatable. He indicated that one first had to deal with “positive socio-medical problems before entering into the thorny and very dangerous terrain of the neo-Malthusians” (1934b, p. 453). Nevertheless, he believed that historical conditions made this an inopportune moment for medically prescribed interventions, given that “in Argentina, there is no reason for negative eugenics. Positive eugenics, which tends not to eliminate the bad but rather to seek and improve the good with patience, perseverance, and wisdom, opens [...] an enormous field for practical action” (Beruti, 1934b, p. 453). Other issues were more urgent: racial hygiene, feminine and masculine eugenics, education, and maternal protection. In his opinion, the country

was not “in the twilight of a race,” but rather, on the contrary, “in its dawn” (Beruti, 1934b, pp. 453-454).

Along with his colleague Alberto Peralta Ramos, Beruti argued that it was not yet time to debate “the problem of the legality or the illegality of birth control methods and, thus, the serious controversy about quantity,” because eugenics had not been settled as a paradigm (Beruti & Peralta Ramos, 1935, p. 507). Those who were convinced of the illegality and immorality of birth control methods and were opposed to their dissemination were the Catholic doctors. While they did not dispute most of the arguments of colleagues such as Beruti, they had disagreements on this issue due to the influence their beliefs had on their views regarding eugenics and birth control. The Catholic doctors agreed with Beruti on the voluntary character of birth control but the question that created tensions within the dominant medical community was that of medically prescribed control of fertility, abortion, and sterilization for therapeutic and eugenic reasons. As various studies have noted, the *Casti Connubi* encyclical (1930) issued by Pope Pius XI—in which he expressed his opposition to any matrimonial prohibition, any birth control method, and abortion—had great importance in the Catholic world (Rodríguez, 2009; Vallejo & Miranda, 2014). The encyclical led those who supported eugenics due to their concerns about the decreasing birth rate—but also about the “quality” of the population—to suggest various strategies to achieve their goals; for example, as Ana María Rodríguez notes, they turned their attention to strengthening “the Christian family” (2009, p. 3).

The use of the term “early sterilization” instead of “birth control measures” made clear the ideological and political position of Catholic doctors in the debate about birth control. Thus, Dr. Benjamín Galíndez (1939) stated that they did not condemn the goals of eugenics but the means through which they were being put into practice. The description of various “early sterilization methods” included surgical sterilization, x-rays, and doses of radium. Other methods that were still under study included the Ogino-Knauss method and biological sterilization through sperm injection. According to Dr. Galíndez, each one of these was legitimate if its use was necessary for medical reasons but noted “it goes without saying that in order to make use of it, it is also necessary for all other therapeutic measures to have been exhausted or that the seriousness of the circumstances do not allow for further delay and in the opinion of the doctor it is the only available remedy” (Galíndez, 1939, pp. 34-35).

In relation to the promotion of birth control methods such as the Ogino-Knauss method—the only measure accepted by the Catholic Church

and based on sexual abstinence during fertile periods (Felitti, 2007)—was considered dangerous in the 1930s. Nevertheless, starting in 1951, the practice became accepted by the Catholic Church (Felitti, 2007). Catholic doctors, in particular, rejected the sale of calendars containing the ovulation cycle because many of the faithful thought that this method did not contradict religious morality. Carlos A. Castaño, gynecologist and president of the Association of Catholic Doctors, warned that “there are those who use the improper practice of the Ogino method to hide a vile, miserable, immoral, and anti-Christian desire to not have children and, for this reason, find pretexts in the teachings of unscrupulous promoters for this method” (Castaño, 1939, p. 39). Another approach used to discourage the practice was to challenge the effectiveness of the practice from a scientific perspective. This was attempted by Dr. Galíndez as well as doctors Enrique Linzoain and Emilio Colombo (1939) from the Institute of Maternity of the Charitable Society. Based on their experience, these doctors stated that this method did not prevent pregnancies; their patients indicated that, for every cycle, more than one follicle matured and it was not possible to clearly define a woman’s periods of fertility and infertility.

In sum, the medical elite disapproved of the use of any method for voluntary control of reproductive capacity without a medical prescription, and for Catholic doctors such methods went against their moral principles. Therefore, they discredited natural practices such as the Ogino method, which, as noted, the Catholic Church later approved. In general, the dominant discourse in the medical profession understood sexual activity as linked to reproduction, and women, in particular, were not to be permitted access to pleasure.

Nevertheless, doctors Juan Lazarte and Manuel Martín Fernández, anarchist militants, took the opposite position and stood out for their distribution of information on the use of birth control methods, among other actions. Both studied medicine at the Universidad de Córdoba. Lazarte was from the city of Rosario, Santa Fe province, and Martín Fernández came from the province of Jujuy. Once he finished his studies, Lazarte returned to his home province and took up residence in the locality of San Genaro in 1923, while Martín Fernández moved with his girlfriend, Lucila Quiroga (Lola), to the province of Santiago de Estero. There, the pair participated in the anarchist movement through the group *Renovación* and, in 1938, they moved to San Fernando, in the province of Buenos Aires, to escape government persecution. One of the issues on which these doctors worked was the dissemination of sex education, including information on the use of birth control methods that would enable the enjoyment of heterosexual

sexuality and thereby also contribute to the eugenic goals of improving the health of the population.

With this goal in mind, Lazarte published a column titled “Significación cultural y ética de la limitación de los nacimientos” (“The Cultural and Ethical Meaning of Birth Control”) in the anarchist journal *Estudios* (Valencia, Spain) between February 1933 and February 1934. These articles were later collated into a book published in Argentina by the Librería Ruiz in Rosario under the title *La limitación de los nacimientos (Birth Control)* (1934).⁵ According to Lazarte, repeated pregnancies were a factor in the degeneration of the species because they weakened the health of women, who became more susceptible to illness. Their children inherited this weakened health, which he considered a violation of their right to be begotten by “parents who were healthy and mentally, economically, and morally fit” (Lazarte, 1936, p. 319).

Lazarte’s work included statistics that he prepared based on data provided by public health institutions in the province of Santa Fe. According to his calculations, there was an increase in infant mortality after the third birth. Out of 1,256 third-born children, only 732 survived one year after birth—that is, 58.3% (Lazarte, 1936). He provided statistics from Dr. Marie C. Stopes of London to bolster his argument, since she had come to the same conclusion. Lazarte maintained that the average life expectancy of a woman who gave birth eight or nine times was much less than one who gave birth to two or three children; at 40, he stated, they were “wrecks of women, ruins of human beings” (1936, p. 34). This state of affairs was also a function of education and economic conditions, and poor, illiterate women were the most affected by multiple births; for this reason, information about birth control had to be provided urgently.

Progress in the fields of physical chemistry and biology had improved the efficacy of various birth control methods. For Lazarte, this made science “a great instrument for human liberation when it comes to love” (1936, p. 138). He classified the methods as mechanical, surgery, x-rays, and chemical measures. The mechanical measures were pessaries or end caps—diaphragms—which are introduced into the vagina before sexual relations. The commercial brand Mesinga was one of the first and was presented as a “pro-race” option, recommended by Dr. Marie Stopes, since it caused no discomfort and its effectiveness was relatively satisfactory. Surgical methods included hysterectomies and tubal ligation. X-rays, according to Lazarte, had

5 Later its title was changed to *El Contralor de los nacimientos*.

the advantage of not being permanent, but he pointed out that they were also expensive and uncomfortable. Finally, Lazarte indicated that chemical methods were undergoing testing in animals and women. He cited various studies carried out on animals and discussed experimentation with women carried out by Alberto Peralta Ramos and Mario Schteingart in Argentina. While he did not provide a source, Lazarte did discuss the results of the research. The experiment included 141 women who were injected with four increasing doses of sheep spermatozoa; of the 62 purportedly sick women who were followed, 80% did not get pregnant in the following six to fifteen months. It was therefore concluded that this was a practical method that conferred temporary sterility and had no side effects in the women who received the treatment. Without commenting on this experimentation on women, Lazarte concluded that it was necessary to make the information available to the “poor classes,” as was the case in England, Russia, and the United States—countries where there were also birth control clinics (1936, p. 146).

Lazarte consistently maintained his position on this issue throughout his career. In 1956, during the First Argentine Eugenics Conference organized by the Argentine Social Museum, he proposed the creation of birth control centers that, in addition to providing information and distributing contraceptives, would carry out abortions (Lazarte, 1956). Meanwhile, before this was implemented, he recommended the Ogino-Knaus method to give men and women the possibility of controlling pregnancies without the use of birth control technologies, which were dependent on access to the necessary economic means, closeness to a health center, or a medical professional who could provide a recommendation. Lazarte exchanged information about this method with Spanish doctors in the journal *Estudios* and dedicated a chapter to the subject in his own book.⁶ There, he explained discoveries regarding fertile and infertile periods, or the genic and agenic periods, in the ovulatory cycles of women. In an *Estudios* article entitled “Agenetic Times” (“Los tiempos agénésicos”) (Lazarte, 1935), which was a copy of an eponymous chapter in his book, he stated without being explicitly polemical that he supported the use of this method. His colleague and companion in thought Martín Fernández also recommended the use of this method; he noted that it was very good if used as recommended, without mixing up or forgetting dates (1939; 1940b). Fernández presented these recommendations in his column entitled “Contestando a los lecto-

6 On the circulation and exchange of information, see Girón Sierra, Hochadel, and Vallejo (2018).

res” (“Answering Readers”) in which he answered questions about “sexual and physical subjects” in the magazines *Cultura Sexual y Física* (*Sexual and Physical Culture*) (1937–1941)⁷ and the column “Problemas psicosexuales” (“Psychosexual Problems”), which included psychosexual consulting in the magazine *Hombre de América Fuerte y Libre* (*Man of America, Strong and Free*) (1940–1945).⁸ Martín Fernández’s purpose in the recommendations that he provided to readers was to combat ignorance about birth control using a pedagogical and informative method. He argued that doctors had the obligation to intervene in favor of women in questions of sexuality (Martín Fernández, 1938).

Other methods recommended by Martín Fernández were intermuscular injections of sperm that sterilized women for around a year according to data provided by Peralta Ramos and Schteingart (1940a). The use of male and female condoms was promoted—the latter were better, he stated—as was the end cap that obstructed the cervix (1940a). Without promising complete protection, he also recommended the insertion into the vagina of a suppository containing various acids and sulphates half an hour before sexual relations (Martín Fernández, 1940b). Some methods were discouraged, including acetic acid or alkaline solutions such as bicarbonate of soda. Fernández noted that while “the acid reaction in the vagina could impede fertilization,” it was incorrect to assume that “acidifying the vagina” could lead to the same result (1939, p. 187).

In Martín Fernández’s public record, birth control as a eugenics method is included but to a lesser degree than in the record of Lazarte. In his columns, he recommended the avoidance of pregnancy among women who had had many children in a short period of time and among women who were ill. In such cases, doctors were correct in prohibiting pregnancy, but they also had to provide the tools to prevent women having to give up on having a sex life (1940c). In his interpretation of eugenics, certain pathologies were not hereditary as other doctors, including Lazarte, had claimed, but they did prejudice descendants. For example, in response to a reader’s question about whether alcoholism is hereditary, Martín Fernández answered that it was not but that children of alcoholics—because they were conceived by a father or a mother who was unhealthy—were nevertheless generally born

7 Forty-eight issues were published by Antonio Zamora’s Claridad publishing house. While the magazine published this column from the beginning, it was associated exclusively with Manuel Martín Fernández starting with issue no. 21 in 1939.

8 The members of the editorial committee were Juan Lazarte, Edgardo Casella, Aarón Cupit, Manuel Martín Fernández, and Jorge Hess. Twenty-seven issues were published between January 1940 and October 1945.

“more or less mentally weak,” and for this reason they were predisposed to “acquire this vice or others” (1940c, p. 33). In addition, he stated that venereal diseases were not hereditary but until their treatment was finished, those who suffered from such diseases should not engage in sexual relations.⁹ Fernández also suggested that washes with potassium permanganate after sexual relations did not impede the transmission of the illness, and instead recommended application of a preventive ointment before intercourse.

Coitus interruptus, the most common practice to avoid pregnancy, was questioned by Martín Fernández, not because it was not effective but because of the distress it caused to women’s nervous systems (1940a, p. 25). In the same vein, Lazarte noted that because social pressure made it difficult to access information about birth control, the sexual act resulted in women suffering feelings that impeded pleasure due to uncertainty and fear of pregnancy, leading to mental imbalance (1936).

Knowledge of birth control measures, in addition to being a eugenics strategy, was also understood as a form of liberation. Anarchist doctors were dissonant voices amid the dominant positions within the medical community, who not only restricted access to information but did so in order to control the reproductive capacity of women and impede the free exercise of their sexuality. At the same time, we think that in the context of a decreasing birth rate that sparked concerns among some sectors about increasing population growth—as evidenced, for example, in the organization of the First Congress on Population¹⁰—the proposals of Lazarte and Fernández were disruptive. Although they remained on the margins, they clearly anticipated some of the discussions that took place in later decades and, above all, empowered heterosexual women in particular, but also heterosexual men, to control birth without giving up sexual activity—practices that were already taking place judging by the numbers. In addition to birth control methods, abortion was also practiced extensively as we discuss in the next section.

2. Therapeutic, eugenic, and voluntary abortion

Studies by Marcela Nari (1996) and Dora Barrancos (2007) indicate that the most common practices for controlling reproduction in the 1920s

9 Regarding recommendations and commercialization of drugs for the treatment of venereal diseases see Biernat and Simonetto (2017).

10 Held in 1940 under auspices of the Museo Social Argentino. During this congress, measures were proposed to strengthen the institution of the family, demanding greater state intervention (Ramacciotti, 2004) and a system of prizes and punishments such as that formulated by the Italian fascist regime was also proposed (Miranda, 2011).

and 1930s were coitus interruptus and the use of condoms by men—that is, methods that depended on the will of the male partner. Abortion was “the only measure that women had, especially among the working class, to control their fertility” (Nari, 1996, p. 65). While the practice had been illegal since March 1, 1887, when the Penal Code came into force in 1921 (through Law No. 11,179) two sub-paragraphs of Article No. 86 stated that abortion carried out by certified doctors was not illegal: “1.-If carried out with the purpose of avoiding danger to the life or health of the mother and if this danger cannot be avoided by any other means. 2-If the pregnancy is the result of rape or a crime against decency committed against a woman who is an idiot or insane. In this case the consent of her legal representative is required for the abortion.” For therapeutic reasons (danger to the life or health of the mother) and for eugenic reasons (rape of an “insane” or “idiot” woman), exceptions were established that gave medical authorities a central role (Maffía, 2006).

Professionals such as Beruti and Ramos supported these changes, given their concern about the “quality” of the population. Beruti, in particular, opposed voluntary abortion, which he categorized as “criminal induced abortion.” He thought that the widespread practice of abortion together with “the increase in unwed mothers, late marriages, sterilizing illnesses, neo-Malthusian practices” (Beruti & Iraeta, 1922, p. 528) were the cause of the decline in the birthrate. Thus, Beruti thought that all women practiced abortion, from “married and single” to “rich and needy.” Nevertheless, if a “rich married woman” decided to have an abortion, in his view, she would not change her decision even if offered the possibility of abandoning the child at a foundling wheel (“*torno libre*”).¹¹ In addition, Beruti thought that the “poor married woman” who generally miscarried during her first pregnancy for health reasons would, if unable to care for the baby after her second pregnancy, be unwilling to give up her child because a “maternal sentiment” had already “germinated” in her; therefore, she preferred to abort rather than to give the child to someone else (1922, p. 528). In this discourse, there was another category of women: single women who could use the foundling wheel in order not to lose their honor and not engage in infanticide (Calandria, 2018).

In their “Ficha eugénica de valuación de fecundidad individual” (“Eugenic factsheet for the valuation of individual fertility”) (1934c, p. 500), Beruti and his team noted that both induced abortion (whether

11 The use of the foundling wheel where babies were left anonymously at a charitable institution was in effect until 1892 when an office for the admission of children was created (Nari, 2004).

resulting from therapeutic prescription or not) and spontaneous abortion had a serious effect on the health of women. This factsheet inquired in detail into abortion practices in order to evaluate the “quality” of the descendants.

We have thus far not encountered evidence of Beruti’s practices. On the other hand, his colleague Alberto Peralta Ramos did leave a record of multiple interventions. Yolanda Eraso explores the practices of this doctor in the area of abortion. An analysis of medical congresses devoted to obstetrics and gynecology shows that in 1928 this doctor carried out a therapeutic sterilization of a woman with leprosy, justified for eugenic reasons. In addition, he carried out 16 therapeutic abortions followed by sterilization between 1928 and 1939, also for eugenic reasons (Eraso, 2007).

The professionals in the dominant group of doctors commented on the difficulty of determining whether the women who arrived at the hospital had suffered a spontaneous miscarriage or whether there had been an attempt to induce abortion. This was the conclusion of Dr. Edmundo Ries based on statistics prepared on the basis of more than three thousand cases of abortion at the Instituto de Maternidad Alfredo Legarde of the Hospital Pirovano in Buenos Aires. Ries called for a public campaign of scientific education that would warn about the dangers of abortion, as well as specialized training for professionals to act rapidly in case of an abortion and thus avoid complications (Ries, 1947).

The Catholic doctors were concerned about the consolidation of a Catholic nation in the context of a declining in the birth rate. According to Omar Acha (2001, p. 169), their actions were guided by “birth control and eugenics” topics raised in the *Casti Connubii* encyclical of Pope Pius XI on December 31, 1930, which concerned Christian marriage. Specifically, the encyclical deals with the indissolubility of marriage; promulgates the Church’s opposition to any matrimonial prohibition, to all birth control, abortion, and to divorce; and instructs priests to “counsel” their believers regarding their choice of marriage partners in order to avoid marriages to those who “could only engender defective children” (Miranda, 2011, p. 49). In relation to abortion, the encyclical objects to the practice under any circumstances, be they medical, social, or eugenic. The influence of this document on the interventions of doctors from the Association of Catholic Doctors can be found in the pages of *latría*, the association’s journal, as well as in the workshops it held at the beginning of May 1939. For a period on one week, these workshops concentrated on the social consequences of birth control methods, abortion, and sterilization; the importance of marriage for procreation; maternity; and the health of youth. Dr. Ángel M. Centeno, Jr., a Catholic Action activist, opposed Beruti’s position in

favor of carrying out an abortion on a woman with German measles. For Centeno, what was missing in this decision were the necessary moral and religious criteria (1952). For all Catholic doctors, there was no justification whatsoever for abortion.

Lazarte and Martín Fernández did not speak much about abortion. The latter failed to mention the issue in any of his consultations or articles. In the case of Lazarte, without actually using the word “abortion,” he referred to the right of women to limit their number of pregnancies and to “perspectives on actions regarding pregnancy” provided these did not affect “the moral essence” of the “collectivity, nor was the life of the mother in serious danger” (1936, p. 32). In the embryonic stage, he noted, maternity was under the charge of “the conscience, intelligence, and science” and not “religion” (1936, p. 32). During the Second Argentine Medical Guild Congress and the First Congress of Social Medicine held in Rosario in 1936, in which Lazarte participated, a declaration was passed and later published in the journal *Cultura Sexual y Física*. The declaration stated that in order to fight against abortion that was “provoked and clandestine,” it was necessary to improve the quality of life of the working classes; provide protection for maternity and infancy; provide information about birth control methods through sex education; fight against clandestine abortion; and eliminate the concept of an illegitimate child (*Cultura Sexual y Física*, 1937).

Later, in his book *Problemas de medicina social* (Problems of social medicine), published in 1943, in which he described the plan for the organization of socialized medicine, Lazarte talked about the need to establish “institutes for the application and study of the laws of inheritance, practical schools for the technique of conception” that should disseminate knowledge to the whole population, without exception (1943, pp. 140-141). At the same time, to complement these institutions, birth control clinics would be established. Lazarte added: “it need not be said that these would be headed by experts, and in hospitals or the appropriate dispensaries, [there would be] surgical clinics to interrupt pregnancy when those involved or society or doctors consider it convenient” (1943, p. 141). Lazarte provided as an example the Consejo de Sanidad y Asistencia Social of Cataluña, which was run by the anarchist doctor Félix Martí Ibáñez between 1936 and 1939 (1946). As General Director of the Consejo, Martí Ibáñez promoted various social programs to combat tuberculosis, leprosy, and venereal diseases, and promoted the reorganization of the psychiatric service (LLavona & Bándres, 1998; Martí Boscá, 2007). However, the most outstanding measure during Martí Ibáñez’s time as director was “the decree on the artificial interruption of pregnancy” in the framework of what he called the “eugenic reform of

abortion” in December 1936. The decree states that “the freedom to practice abortion, regardless of the motive, [...] carried out before the third month [...] only if the mother requests it and her health guarantees the success of the intervention” (Martí Ibáñez, 1937, p. 11). The decision would be accompanied by the creation of centers for the dissemination of birth control resources so that women would turn to abortion as a last recourse; this would lead to a reduction of abortion through women’s access to birth control information. The measure remained in effect until 1941, when the Franco regime issued the Law on the Repression of Abortion (*Ley de Represión del Aborto*) that stipulated a prison sentence for those who were responsible.

While Argentine anarchist doctors either did not deal with this issue or paid it scant attention, the issue of abortion remained on the agenda through their explicit demands for its legalization and their approval for what was happening in Spain. In contrast, the medical elite assiduously expounded on the issue but with other goals that, once again, placed obstacles to the autonomy of women.

3. Sterilization for eugenic reasons

Historiography on eugenics in Argentina, as noted above, is in general agreement that positive eugenics was the prevalent view. Diego Armus (2007) maintains that negative measures such as limiting the reproduction of individuals who suffered from illnesses were rejected, and that those who supported negative eugenics used education to prescribe certain types of conduct—measures that were within the realm of positive eugenics. At the same, he notes that some voices encouraged “methods intended to prevent or impede, through segregation measures, the reproduction of those considered unfit” (Armus, 2007, p. 249), but indicates that this was not the dominant position, even though these ideas had circulated since the end of the 19th century. Between the 1920s and 1940s, he goes on to say, there were efforts “to define the circumstances under which sterilization and abortion would be acceptable.” Indeed, some professionals argued for the necessity of carrying out sterilizations of people who “suffered from diseases that were infectious and contagious, transmitted through heredity, and degenerative” (Armus, 2016, p. 161).

Some studies that deal with discourse on eugenics include the viewpoints of professionals on sterilization, and note that these had not permeated into their practices (Sánchez Delgado, 2012). Other studies emphasize the circulation of ideas (Reggiani, 2009) and provide information on practices carried out by some professionals during this era (Eraso, 2007). We will now analyze the discourses of doctors, and while we consider discourse as

a social practice (Fairclough, 1992), we stress that we do not know to what extent they applied their ideas in their professional practice (Armus, 2016).

At the same time, we subscribe to Richard Cleminson's ideas, which help us to think in terms of new linkages and ways of thinking about eugenics and, therefore, to examine "the least apt connections between anarchism and reglementary discourses" (2008, p. 14) not linearly but relationally. Anarchism is a multi-faceted movement whose contradictions and social processes are intrinsic and fundamental components of its development, and so the coercive measures of eugenics, such as sterilization, should be understood in this context.

Continuing our analysis, we now turn to Beruti's ideas on sterilization. As noted previously, he supported the use of measures considered "negative." He admired the policies that the Nazi regime implemented regarding reproduction and, in particular, the role of the woman in social life. He had direct links with German scientists from the time he studied at Freiburg University and following the creation of the Argentine-German Cultural Institution, where he served as secretary general until 1939 (Buchinder, 2014). This purpose of this institution was to disseminate German culture using various strategies, including study abroad. According to Andrés Reggiani (2005), "it was 'technical' issues that inspired interest in German medicine" (p. 64).

For Beruti, Nazi sterilization laws imposed starting in 1933 were "notable and brave," given that they permitted eugenics work through the sterilization of the "unfit, of the antisocial, of the inferior, of certain mentally ill [individuals], of certain sick individuals, and certain criminals" (1934b, p. 453). Such an official policy should direct, control, and rationally legalize procreation. Without questioning the Nazi regime, Beruti noted that the application of such measures in Argentina was not possible because there was currently no need to discuss "if procreation was a duty or a right" (1934b, p. 454).

Yolanda Eraso's work brings to light the sterilizations practiced by various doctors among which A. Peralta Ramos stands out. Through an analysis of this doctor's presentation at the Fourth Argentine Congress of Obstetrics and Gynecology held in 1940, Eraso found that between 1928 and 1939, he carried out 86 sterilizations justified for therapeutic reasons at the Rivadavia Maternity Hospital. In most cases, the diagnosis was narrow pelvis or sexual ambiguity. Nevertheless, the author noted the salience of the fact that the women who were sterilized because of a narrow pelvis had already delivered children by cesarian section; thus, the reasons for sterilization were eugenic rather than therapeutic. The same was true for sterilization

because of sexual ambiguity (Eraso, 2007). Thus, among the medical elite, sterilization was not a practice accepted by the majority, but it did have its proponents. Those who administered it were a minority but their actions did not affect their academic reputations and they held positions of power within the medical community.

Catholic doctors rejected sterilization just like they did abortion. Armus analyzes the position taken by Ricardo Schwarz, who opposed abortions and sterilizations of individuals who had tuberculosis. In a study carried out in the maternity ward of the Tornú Hospital, he maintained that “artificial abortion” was not necessary because giving birth did not constitute a danger to women who had this illness. According to Armus, “these conclusions were reinforced by the fact that 70% of the children born to mothers who had tuberculosis—all participants in a program that separated babies from their mothers immediately after birth to prevent contagion—were perfectly healthy” (2016, p. 162). María Laura Rodríguez notes that in the case of consumptive women there was “a tendency to continue the pregnancy and the reproductive capacity of the women” (2018, p. 210).

In contrast to Catholic doctors, from the 1930s, Lazarte supported the sterilization of “the mentally feeble, insane, etc.” without this raising, in his mind, any moral questions (1948, p. 26). Lazarte defended eugenic ideas and his concern was for improving the race, understood as the whole species and not in a “racist” sense (1936, p. 69). In his plan for socialized medicine, he maintained that “the sterilization of harmful and incurable individuals will be commonly be done without attracting attention or bad publicity.” He noted that “sterilization should be considered as a right and not a punishment” (Lazarte, 1943, p. 140).

Based on his knowledge of Mendel’s laws of recessive or dominant inheritance, Lazarte listed the illnesses that were considered hereditary, including, blindness, short sightedness, dementia, deafness, alcoholism, leprosy, and others. He cited various studies, drawing particular attention to the studies of the “Juke” and “Kallikak” families in the United States, which he felt demonstrated the “relationships between degeneration and inheritance; when the collectivity has no knowledge of birth methods, degenerates have an unlimited possibility of procreating and society pays the consequences for their ignorance” (1936, p. 113).¹² He demanded more

12 Lazarte describes the cases citing word for word paragraphs from Paul Popenoe and Roswell Johnson’s *Applied Eugenics*, published in 1918, though he does not agree with everything the authors have to say. The study of the “Jukes” family was published in 1874. It was authored by Richard Dugdale and titled *The Jukes: A Study in Crime, Pauperism, Disease and Heredity*. Later, in 1912, Henry Goddard published *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness*.

forceful actions to confront the problem in Argentina, where he claimed there were 100,000 degenerates. To this end, he questioned his peers who, for religious reasons, restricted birth control: “what do the hygienists want to do with their *calditos*¹³ and their social assistance, and other reformist and contemporizing therapeutics?” (Lazarte, 1936, p. 116).

Lazarte justified sterilization of “degenerates” as long as it did not harm the sterilized individuals and provided “benefits for the collectivity” (1936, p. 119). In order to provide an overview of the sterilization practices in this period, he gave examples from two countries: the United States, on which he did not comment, and Germany, which he criticized for the “reactionary” character that eugenics had taken on there. In contrast to Beruti, who did not criticize the Nazi regime and admired the sterilization policies they were carrying out, Lazarte, despite favoring sterilization, dissented and questioned the policies. He noted that “under the authority of a class dictatorship, it has become a weapon of political battles, an instrument of party interests and a means of vengeance wielded against those who do not participate in the Hitlerite barbarity. They sterilize Jews, communists, socialists” (1936, p. 122). According to Lazarte, the danger of eugenic practices in the hands of those in power meant that never should “Public Health or Sanitation, [be] subject to the sources of political passions” (1936, p. 123). In this sense, although he relied on the legitimacy and authority of science and medical knowledge to support these ideas, he stood out from his various colleagues, arguing that only those doctors who were not in the service of officials and whose mission was to benefit humanity should be in charge of the application of eugenics. At the same time, it was essential to eliminate the problem of poverty in order to prevent governments—legitimizing their actions on the basis of “degeneration”—from sterilizing peasants and workers who, because of their ideas, make authorities uncomfortable.¹⁴

In addition to these drastic measures, there were norms of social improvement. Consequently, it was necessary to implement “comprehensive medicine that was concerned with malnourished children, abandoned women, unemployed men, alcoholics, those with syphilis and untreated tuberculosis, the work regime, and a good health regime” (1943, p. 21). That is, Lazarte thought that the social question could not be reduced to a question of eugenic inheritance. Thus infant mortality, for example, was due to the influence of the environment; he argued that “hunger, unemployment,

13 Translator’s note: soups that are not nutritious.

14 One Latin American example is the policies carried out by the government of Alberto Fujimori in Peru between 1996 and 2000; see Molina Serra (2017).

misery, ignorance, the tenement house, or the *rancho* profoundly affect the child and the race” (Lazarte, 1936, p. 87).

As we noted in the case of abortion, Martín Fernández’s writings were also silent on this matter. His principal concern was sexual freedom, particularly that of women, and in his consultations he recommended birth control methods for the enjoyment of heterosexual intercourse without worrying about reproduction. Lazarte, on the other hand, was a resolute defender of sterilization. This support brings him closer to the position of elite doctors. Thus, sterilization practices cut across two different positions within the field of medicine. Nevertheless, although views on this procedure were shared, disagreements are apparent when one looks at other dimensions of birth control as analyzed here and which indicate differences regarding the goals of these ideas.

4. Conclusions

The objective of this study was to investigate birth control within the field of medicine from a relational perspective, that allowed us to bring to light both agreements and disagreements on this subject within the medical community. To this end, we analyzed different non-reproduction practices or technologies, birth control methods, abortion, and sterilization. For each, we were able to discover discursive appropriations, continuities, and modulations that make it possible to demonstrate the constructed and provisional character of scientific knowledge as well as adaptations and reappropriations according to the ends sought. This is primarily evident in interpretations of feminine sexuality and the right to control their own reproductive capacity.

In the dominant medical discourse, birth control was a subject that only professionals opposed to voluntary control were authorized to talk about and practice. For the Association of Catholic Doctors this was an issue that went against their moral and religious principles. On the other hand, birth control had two dimensions that were not in conflict with each other: it was both a eugenic and an emancipating strategy that disseminated tools and sexual information in order to guarantee the improvement of the population and the promotion of recreational sexuality. At the same time, we found differences between the two anarchist doctors when it came to abortion and sterilization, which indicates that despite shared political-ideological ideas, eugenics could be viewed differently, even from a marginal position in the medical field.

This study opens up new research questions about birth control, such as: how widespread were these ideas in the daily practices of the doctors who

held different positions on this issue? How were these positions received among different sectors of society? Who were the women who wanted information about birth control? What kinds of debates on the issue occurred outside the spaces of power?

Finally, we would like to note that an intention of this study is to contribute to diversifying conceptualizations of the medical field by providing evidence about its discursive heterogeneity, which the relational perspective allows us to analyze. At the same time, by describing eugenics postulates in the 1930s and 1940s, we endeavor to bring to light the situated character of knowledge and the way that science is permeable to the social, political, and economic conditions in which it develops. In sum, we believe that through a relational approach and from a gender perspective on birth control, we can expand our horizons—most of all, to promote debates and discussions about sexuality and reproduction that increase the rights to pleasure.

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