

### Social body, racial body, woman's body

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# Social Body, Racial Body, Woman's Body. Discourses, Policies, Practices from Wilhelmine to Nazi Germany, 1912-1945

*Cornelie Usborne\**

**Abstract:** »*Geburtenpolitik in Deutschland, 1912-1945: Diskurse, Politik und Praxis*«. This article compares the responses to the declining birthrate by three very different regimes in Wilhelmine, Weimar and Nazi Germany. In their intent these policies were markedly different: just before and during the First World War a declining birthrate symbolised national decline, sapping national progress and military power and the central aim was to boost fertility almost at any price; eugenics was not yet a major influence on official Wilhelmine policy. In the wake of the devastation reaped by the lost war and also influenced by the depression at the end of the 1920s the democratically elected governments of the Weimar Republic attempted to 'rationalise' reproduction to suit the prevailing socio-economic circumstances and the belief in modernity in industry and everyday life. They favoured 'fewer but better children' but their policies remained fragmented and heavily contested; lawmakers tried to balance individual rights and collective interests, welfarism and eugenic concerns. In contrast, Nazi leaders developed a comprehensive and sophisticated system of selective reproduction based on racial prejudice; legal safeguards to protect the rights of individuals were ruthlessly dismantled. Material and ideological inducements to boost the birthrate benefited only 'Aryans' and healthy Germans. A series of extremely repressive measures were introduced: on the one hand they were meant to curb the breeding of the 'unfit', like Jews, gypsies, or those considered congenitally diseased and, on the other, they aimed to curb individual birth control by those deemed 'fit'.

But of course the picture is more complicated. If we compare official population programmes with their implementation at the local level and also with the reproductive strategies employed by ordinary women and men, a more subtle picture emerges about the regimes which is marked by both fundamental changes but also striking continuities.

**Keywords:** declining birthrate; racial hygiene; eugenics; rationalisation; selection; racism; repressive measures; local implementation; women's reproductive behaviour.

This essay discusses how during the first four decades of the twentieth century three very different regimes in Germany attempted to regulate the size and

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balance of population to accord with their particular economic, social and political beliefs. Throughout the nineteenth century science had increasingly been applied to exploring reproduction, starting with the laws of heredity to patterns of fertility and infertility. Theories of heredity by Charles Darwin and Francis Galton in Britain and August Weismann, Ernst Haeckel a.o. in Germany led to a completely new approach to fertility: while it was formerly ruled by the unpredictable forces of nature it could, at least so it was argued by the end of the nineteenth century, be placed firmly under human control. Such optimistic belief in the progress of science meant that the issue of reproduction became a subject of high politics and the widening sphere of public opinion. The problem of continuity and change in recent German history is always a compelling one, particularly if the authoritarian Wilhelmine Germany is contrasted with the much more liberal Weimar Republic and the latter in turn is compared with the Nazi dictatorship. Yet, despite the obvious ruptures there was also much that linked the different population policies across the chronological divide (Weindling 1989; Osborne 1992). I argue here that it is not sufficient to compare population policies without taking account of their implementation which had often unforeseen, undesired and contradictory effects. Moreover, it would be wrong to think of the population policies of the different regimes as fixed and monolithic; rather they were the object of often fierce contestation and negotiation by various pressure groups and the population at large. Last but not least, I contend that we need to appraise how official programmes affected the procreative practices of young women and in turn were affected by them. Women of reproductive age were after all the main targets of state intervention, yet they are far too often absent from contemporary as well as historians' accounts.<sup>1</sup>

It was the recognition of rapid demographic change at the turn to the twentieth century, especially the fear of a steeply declining birthrate in the years before the First World War which propelled the population question into the arena of high politics. This constituted a remarkable change from a century earlier. At the beginning of the nineteenth century fear of overpopulation dominated the debate on fertility, most powerfully expressed by the Reverend Thomas Malthus in his 1789 *Essay on the Principles of Population* who warned that the rapidly increasing population was outstripping economic resources. He suggested the family size, particularly that of the lower classes should be regulated such that families do not produce more children than they can support. Malthus argued that family limitation would be achieved by either 'positive' checks, which raise the death rate, such as hunger, disease and warfare, or by 'preventative' checks which lower the birth rate, such as postpone-

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<sup>1</sup> For the former, see Osborne (2005); for the latter, see Weindling (1989), a work of well over 600 pages only devotes a few pages to women's views.

ment of marriage and celibacy (moral restraint), or by immoral acts like abortion, birth control and prostitution.

Like most other European countries, Germany had experienced a demographic growth on a scale never before witnessed. Her population more than doubled between 1800 and 1900, from nearly 25 million to over 56 million (Statistisches Reichsamt 1933, 15; Bergmann 1992, 27; Weindling 1989, 242). But at the end of the nineteenth century national fertility was on the decline in Germany like in the rest of Western Europe. Now a high birthrate had come to be associated not with economic misery, as Malthus had warned, but rather with industrial and military power. Between 1876 when it was at its peak and the 1910s the German birthrate had decreased from 42.6 to 31.7; it continued to decline sharply during the First World War and throughout the Weimar Republic until it reached an all time low of 14.7 in 1933, considered the lowest in the world (Knoedel 1974, 5). In less than two generations, but within the memory of only one, the demographic transition from high to low fertility had been completed. The cause was not fewer or delayed marriages nor a decline in illegitimacy but fewer children within marriage. The main differences between the late nineteenth and the early twentieth century was that families were much smaller, children were born later within marriage to older women and, because they bore fewer children, women were younger when their families were complete. Unlike Malthus' suggestions of 'positive' or 'preventative' checks, the new breed of German population planners thought in terms of social policy, economic incentives, health education and legal suppression of birth control to stimulate the birthrate and eugenics to prevent the birth of children considered to be of inferior genetic quality. As we shall see below, the belief in social engineering was to be proven wrong: despite considerable efforts the reproductive behaviour of Germans could not easily be influenced.

Interestingly, it was not statisticians but doctors who first raised the alarm in Germany. Demographers had registered a declining birthrate since the 1890s but they either took this to be a positive development or as nothing to worry about. The medical profession, however, thought differently. They adopted the notion that low fertility was a pathology which had attacked the social body and that doctors were the one to determine the cure. With the shift from prevention of epidemic diseases to maternity and infant welfare, many doctors working as family practitioners or as state officials had first-hand experience of changing reproductive behaviour. In contrast to economists who tended to offer often contradictory interpretations, doctors were less reluctant to prescribe measures to influence individual sexuality. This was part and parcel of the process of medicalisation of all social strata which had accelerated with the introduction of compulsory health and accident insurance schemes in the 1880s. Family doctors had witnessed their patients increasingly using birth control and feared that Germany was now adopting the 'two-child system' (*Zweikindersystem*) of France where it had aroused official panic ever since the

census of 1856 had so starkly revealed its effects (Bergmann 1992, 28). What is more, doctors also worried that artificial birth control, formerly the privilege of the professional classes, was increasingly also adopted by the working classes. Proletarian families used contraception, especially *coitus interruptus*, but more and more also sought to terminate their unwanted pregnancies and did so despite heavy legal sanctions (Usborne 1997; Polano 1917; Marcuse 1913). The imperial penal code of 1871 prescribed penal servitude for all forms of abortion and in 1872 advertisements and display of contraceptives were also outlawed. As a response to the rapidly expanding black market of contraceptives the latter law was strengthened in 1900 (Bergmann 1992, 30; cf. Woycke 1988, 137-139).

In the climate of international competition in the decade before the First World War there was not only an arms race among Western European nations but also a race to increase the birthrate. According to the Social Darwinist ideology so prevalent at the time, the concept of the 'survival of the fittest' demanded a high national fertility which in turn signified the ability to win at war. In Germany doctors were determined to contribute to the national task of reversing the *Geburtenrückgang*, the declining birthrate. To this end they suggested a plethora of social policy schemes to stimulate fertility ranging from special child insurances and other financial incentives to strengthen the 'will to a child'. Left-leaning medics championed social hygiene which departed from a liberal concept of individual health and instead held collectivist notions of a healthy family, society and the future generation. In this scheme preventive medicine and an environmental approach to health were key. But the idea that the state should take at least some responsibility for family expenses pervades most medical literature on the fertility decline. It was a radical departure from previous ideology held by economists and Malthusians who considered family fortunes to be the responsibility of the individual and failing that, charity (Usborne 1992, 10 onwards). The medical profession had their first chance to influence state policy directly when in 1911 the Prussian Minister of the Interior charged the Prussian Medical Council to examine whether there were any 'signs of physical degeneration in our population' to explain the fertility decline and if so how to reverse this trend. This initiative led to a far-reaching inquiry into causes of and remedies for the decline of the birthrate. It established Prussia as the leading state to formulate a national population policy. The initial report of 1912 and the final version of 1915 framed the approach and the language of future official responses to the declining birthrate by Wilhelmine, Weimar and National Socialist governments. But in their intent these policies were markedly different: the central aim of the Imperial government was to boost fertility almost at any price. Less important was eugenics, or racial hygiene, as it was also called in Germany. It was hailed as a new science of heredity and was based on the belief in a hierarchy of human worth and in the possibility to improve the race biologically through selective breeding. It was

energetically pursued by the medical professions and a number of other populationists, supported by a number of national and international organisations; yet it did not yet constitute a major influence on official policy (cf. Dienel 1995, 84). Only in the wake of the devastation wreaked by the First World War and again by the economic depression at the end of the 1920s did the democratically elected governments of the Weimar Republic attempt to 'rationalise' reproduction to suit the prevailing economic hardship as well as accord with the belief in modernity in industry and everyday life. They favoured 'fewer but better children'; but because of a lack of consensus their policies remained fragmented and heavily contested. Weimar lawmakers tried to balance individual rights and collective interests, welfarism and eugenic concerns. In contrast, Nazi leaders developed a comprehensive and sophisticated system of selective reproduction based on a racist ideology; legal safeguards to protect the rights of individuals were ruthlessly dismantled and material and ideological inducements to boost the birthrate benefited only healthy 'Aryan' Germans and discriminated against all others who were considered undesirable. A series of extremely repressive measures was introduced: on the one hand they were meant to curb the breeding of the 'unfit', like Jews, gypsies, or the congenitally diseased and, on the other, they were designed to stop any attempt at interfering in the reproductive process of the 'fit'.

### Wilhelmine Germany – Children at Any Price

Despite the rapidly declining birthrate the population was still growing fast on the eve of the First World War which was mostly due to a significantly decreasing mortality rate. Between 1900 and 1910 the population had grown from c. 56 to c. 65 million and the mortality rate fallen from 22.3 in 1891/1900 to 15.0 in 1913 (Marschalck 1984, 146, 156). But the medical profession who was gaining more and more influence in official policy-making construed the declining birthrate as a social disease affecting the body politic and called for determined action. The result was the 1911 Prussian official inquiry into causes of and remedies for the decrease in fertility. It was driven by a new enthusiasm for population statistics and influenced by the optimistic belief that fertility trends were susceptible to external influence. The official report was not published until July 1915 but a semi-official publication in 1912 revealed the most important proposals, a mixture of incentives, coercion and moral directives against the 'pernicious' influences of Neo-Malthusians, socialism and the women's movement (Bornträger 1912). Incentives included an array of economic aid for marriage and large families, such as tax relief, housing schemes, child allowance, nursery care and an additional vote for fathers of many children. Sanctions ranged from a bachelor tax to an extended military service for single men, from confinement of 'inferiors' to asylums to sanctions against prostitution, sexually transmitted diseases (STD) and contraception and abor-

tion. Between 1915 and 1917 a Prussian inter-ministerial commission worked on the development of a detailed programme to reverse the fertility decline. It laid considerable emphasis on improving public health by promoting social hygiene and maternal and child welfare measures, thereby giving a strong stimulus to social policy.

But during the First World War and martial law repressive measures were easier to implement and also considerably cheaper. Military authorities prohibited not only the display and advertisements of contraceptives but also their import and sale which had previously been attempted but had proved impossible. Moreover, police surveillance was increased. In a continuation of the double standard, however, men as soldiers were issued with condoms, which were exempt as a prophylactic against STD whereas female appliances such as the diaphragm were banned. The Prussian Medical Council and the Reich Health Council worked together to publish guidelines for general practitioners and clinicians restricting terminations of pregnancies. These were henceforth only acceptable on very narrowly defined medical grounds, if the pregnancy constituted an immediate and serious risk to the woman's health or life and if this risk could not be averted by any other means. This did, however, not mean that therapeutic terminations were now declared legal (Usborne 1992, 21). The core of war-time pronatalism was undoubtedly three government sponsored bills: firstly, to strengthen the control of prostitution and increase penalties for spreading STD; secondly, to suppress the use of contraceptives and abortifacients, i.e. means to induce an abortion; and thirdly, to tighten the laws concerning voluntary sterilisation and criminal abortion.

The first bill was tabled because STDs was believed to be rampant amongst the troops and to contribute to the declining birthrate since they could cause infertility and infant mortality (cf. Sauerteig 1999). The second bill sought to outlaw not only advertisements for birth control but also their manufacture, import and sale, except when pharmacists supplied doctors for bona fide reasons. For the first time, abortifacients were included in the ban, as was publicity for abortion services and any publication which contained any reference to birth control. The third bill was hurriedly tabled in June 1918 as a direct response to two sensational trials in the previous years. One involved a well-known professor of medicine from the university of Jena accused of carrying out multiple sterilisations on his women patients, the other pertained to a much loved Munich woman gynaecologist for routinely and openly inducing miscarriages on a great number of her women patients. The authorities also believed that the upsurge in abortions during the war meant that they contributed most to the decline of the birthrate.

There was an important ethical dimension to the population question, especially since both the established Protestant and the Roman Catholic Church had strong links to the government and took an active part in the formation of official policy. So also did a whole plethora of pronatalist and moral right societies

which sprang up before and during the war, an indication of the extent to which fertility decline was seen as a political/moral problem (cf. Osborne 1987, 99-112). Uppermost was the concern that birth control would promote promiscuity and persuade women to seek pleasure or pursue careers in preference to their patriotic duty of child-bearing (Osborne 1988, 389-416). But in general, Wilhelmine pronatalism had no perceptible successes. Needless to say, the First World War destroyed any hope of concerted government action to maintain a high birthrate and thereby secure a strong population number. Fritz Burgdörfer, who headed first the Bavarian, later the Reich Statistical Office claimed that the first total war in history had cost the German nation between 12 and 13 million people, or one fifth of the total population. According to his calculations this deficit was made up as follows: the demographic impact of territorial losses (c. 6.5 million); 2 million killed in action; the effects of the blockade (0.75 million); influenza death of 1918 (100,000); and children never born (3-3.5 million) (Burgdörfer 1929, 13-15). None of this could be compensated by a pronatalist welfare programme which, at any rate, had largely been discarded when the war broke out; nor could it the declining fertility be reversed by social discipline and punitive measures like the war-time ban on contraceptives. In Germany, as elsewhere circumstances were simply not conducive to increased reproduction. If anything, the experience of the violent destruction of men's and women's bodies and the disruption of the gender order during the war mobilised many women to fight for reproductive rights.

### Weimar Germany – Fewer but Better Children

In the social and economic upheaval after the First World War and buoyed by the influence of Social Democracy in the Weimar Republic maternal and child welfare programmes largely replaced the previous crude pronatalist policies. This happened despite a moral panic in the wake of the lost war which centred on a perceived radical change of sexual mores and a widespread alarm, especially among the political right, at the wartime losses on the battlefield and the continuing fall of fertility which, it was feared, could not make up for them. The political left shared some of these concerns but most socialists rejected the old repressive approach and instead favoured positive measures to help social reconstruction. A well-known socialist slogan proclaimed that there could be no *Gebärpflicht* (an obligation to reproduce) without the state's *Nährpflicht* (an obligation to feed its children). Thanks to the campaigns of left and left-leaning pressure groups an impressive network of private and state sexual advice centres opened their doors all over Germany and provided birth control information as well as contraceptives, often free of charge (Osborne 1992, 121 onwards; cf. Von Soden 1988). Numerically more important, however, was a popular movement for birth control organised by lay leagues for sex reform. They consisted of a bewildering array of political activists belonging to anar-

cho-syndicalism, sex reformers, Neo-Malthusians, pharmacists and other small-time entrepreneurs who were adept in avoiding police surveillance, able to work underground and trading itinerantly. In terms of its size and working-class membership this movement was probably unparalleled anywhere in the world. These lay leagues had mass appeal because of their shrewd commercial exploitation of the restrictive legal and medical practices and because they were able to provide a cheap and non-judgmental proletarian self-help network which was a real alternative to academic medicine (Usborne 1992, 123f; cf. Grossmann 1983, 265-293; Grossmann 1995). In 1926 members of the left with the support of liberal members of the Reichstag achieved an important reform of the 1871 anti-abortion law. The amendment increased penalties commercial abortions and those performed without consent or which had ended in death. But a woman who had her unwanted pregnancy terminated no longer faced penal servitude but simple gaol, often just a few days or even just a small fine. In 1927 the Supreme Court permitted abortion on strict medical grounds, making Germany, together with the Soviet Union, the country with the most liberal abortion policy in the developed world (Usborne 2005).

The new spirit of caring in the republic was the result of socialists working with the impressively large number of women politicians in the Reichstag, *Land* diets and local councils to replace the old-style repressive pronatalism with welfarism. Proposals for a comprehensive social policy included improved wages, working conditions, maternal and child welfare, health care and the legal status of unmarried mothers and their children. Despite the volatile economic and political climate a surprising number of these schemes were actually realized. The war-time maternity allowance was made permanent as early as December 1918 and family allowances, on the agenda already during Imperial Germany, became a reality in the republic in as far as they were paid to all public sector employees. Other policies implemented included a 'family wage' according to family status (but this had to be disbanded after the inflation period); a comprehensive state programme of maternal and child care; maternity benefit; and protective legislation for women workers. The statutory right to maternity leave was introduced in Germany in 1927 in accordance with the recommendations of the Washington Convention of 1919 of the International Labour Organisation. This had been first considered in October 1922 but was delayed because of lack of funds. But the government was driven to act by a petition presented to the Reichstag in 1925 by the German Textile Workers' Union, representing the largest female German workforce. They pointed to very serious effects of industrial work on pregnant women or mothers and their young children. The law of 1927 extended maternity leave from eight to twelve weeks (more if there were medical complications), allowed two half-hour periods per day for breast-feeding and, crucially, protected expecting and recent mothers from dismissal during the time of maternity leave. This was the most important welfare law in the area of family policy of the republic; it meant that

Germany was the first industrial country to ratify and implement the Washington Convention. The law, however, proved less effective for women in practice than in theory, especially as it did not cover women employed in agriculture, domestic service or as home workers but also because many women could simply not afford to take their full entitlement when benefits payments were lower than the usual wages. Nevertheless, the significance of this regulation should not be underestimated, both in the way it signalled how seriously policy makers engaged with maternal and child welfare and because of its undoubtedly positive effects on thousands of women. Most other European countries lagged far behind Germany's provisions in this area (Usborne 1992, 49-50).

Advances in other welfare schemes, such as ante-natal, infant, youth and family care were also impressive during the Weimar Republic. They were helped by the new municipal health initiatives, often driven by the socialist ideals of a modern system of democratic health provision. Open health care dispensed from clinics rather than hospitals proved cost effective and reached a much wider public. For example, in 1926 the progressive health insurance funds in the socialist municipality of Berlin opened their state-of-the art polyclinics (*Ambulatorien*) for expectant and recent mothers. They provided the kind of comprehensive services social reformers could elsewhere only dream of, ranging from organising home or hospital deliveries to providing advice on birth control (both contraception and terminations), from helping with housing to child care, even job provision for unemployed parents. Thus these clinics' care began with the pregnant woman and ended caring for the entire family (Usborne 1992, 51; Grossmann 1995, 46 onwards; Weindling 1989, 350-351). The principle that prevention through education was the best form of social medicine also informed the many official initiatives of health education initiated by socialist doctors and politicians who believed in social hygiene to solve the population problem. A newly founded Reich Committee for Health Education promoted publicly funded exhibitions often travelling from town to town. Endowed with the most up-to-date technology of visualising medical issues including films and slide shows they were to alert especially the younger generation to the dangers of STD, TB, alcoholism and hereditary diseases. In 1926 the socialist doctor and member of the Reichstag, Julius Moses, organised a National Health Week aimed at public hygiene and health education and in the same year a hugely successful exhibition in Düsseldorf, the *Gesolei*, informed about the role of health care, social welfare and physical education for the well-being of the individual and the community at large. These enterprises stressed not only the rights of individual citizens to proper health provision but increasingly also their obligations to maintain their health in the interest of society, a development which had important implications for subsequent eugenic schemes (Weindling 1989, 378-80, 411 onwards; Usborne 1992, 107-108).

The new emphasis on 'fewer but better children', i.e. on a qualitative rather than a quantitative population policy, meant that many welfare measures were

targeted especially at healthy mothers and their children and could therefore be rated as positive eugenic measures. In fact, during the republic the conviction that advances in scientific medicine and hereditary science could improve the genetic quality of the future generation, was very popular among widely differing social groups ranging from the political left and right and the medical profession to civil servants, and from the Churches to feminists and sex reformers. They all espoused eugenics as a modern, progressive scientific and humanitarian solution to the population question in difficult times. As a counterweight to social welfare measures which benefited all, whether considered of 'desirable' stock or not, the adoption of negative eugenics was debated, e.g. policies to prevent the births of children born with congenital conditions such as venereal diseases. In the event only two significant schemes were officially implemented: firstly, from 1920 onwards leaflets were handed out by registrars to encourage prospective couples to obtain certificates of a clean bill of health before marriage. They warned of the congenital nature of TB, STD and mental diseases as well as abuse of alcohol, morphine and cocaine. Secondly, from 1923 eugenic marriage centres were established to carry out the appropriate medical examinations. These clinics were sponsored by local authorities but also by welfare organisations. It was typical of Weimar population policies that the original intention of such clinics to promote eugenic awareness, especially amongst the 'feckless proletariat', was subverted by the recipients of such advice. The working classes much preferred sex advice centres where they could get hold of the information they really wanted, namely help with birth control. By the early 1930s most municipal marriage clinics, except those run by the Catholic Church, succumbed to popular pressure and gave contraceptive advice. It was also symptomatic of Weimar policy that schemes like the above invited cooperation rather than enforced conformity. This was despite considerable pressure from various factions to ensure selective breeding by compulsory measures. The inherent tension between the interests of the individual and of the community was never resolved in the Weimar Republic. This meant that negative eugenics remained fragmented and entirely voluntary. For example, as early as 1921 Max Hirsch and Agnes Bluhm, both medical members of the Prussian Advisory Committee for Racial Hygiene, convinced the Prussian Health Council that those suffering from certain hereditary conditions should be prevented from reproduction. Hirsch specified these conditions as dementia praecox, epilepsy, feeble-mindedness, blindness, deaf-muteness and haemophilia. He also asserted that alcoholism, syphilis and TB could damage the future generation. He and Bluhm argued for the legalisation of eugenic abortion, sterilisation and contraception, even for the 'destruction of worthless life'. Their argument was both informed by economic as well as a populationist concerns. Like a number of other eugenicists Hirsch asserted that the number of 'incapable' and 'unfit' people had dramatically increased during and after the First World War. As a result, so Hirsch contended, welfare provisions were

draining the public purse and the potential children of 'degenerates' would undermine the genetic health of society (Usborne 1992, 142-148; Weindling 1989, 361-365). The repeated airing of what were portrayed as 'progressive' medical measures to bring about a solution to the population question and the welfare costs eroded much of the opposition to negative racial hygiene. It was finally the depression at the end of the Weimar era which ensured that proposals to legalise eugenic sterilisation and eugenic abortion received increased backing, particularly from members of the medical profession, including many women doctors.<sup>2</sup> In 1923 and in subsequent years, a district health officer from Saxony campaigned for the legalisation of compulsory sterilisation of children born to parents who suffered from a variety of congenital problems, including controversially single mothers who could not identify the fathers of their children. His proposals were consistently rejected by many of his medical colleagues, as well as by high-ranking civil servants and politicians who rated them as an unacceptable intrusion into the personal right of the individual and the family because of the act per se but also because of the uncertainty of eugenic diagnosis.<sup>3</sup> But by the end of the 1920s, partly as a desperate measure in desperate times, partly because of the belief that eugenics had become a precise science, the idea of eugenic sterilisations was winning more support and the focus shifted away from the operation itself to the vexed question of consent. In 1929 even Catholic newspapers saw the value of such a measure and the operation seems to have been carried out in Saxony and elsewhere with impunity (Usborne 1992, 153). In July 1932 the Committee for Population Policy and Racial Hygiene of the Prussian Health Council proposed to the Prussian government that they legalise voluntary eugenic sterilisation. Similar proposals from other quarters reached the Reichstag. As a result the government drafted a bill on eugenic policy which proposed the legalisation of voluntary sterilisation for people with congenital physical or mental illnesses. But before the Reichstag could seriously consider it in committee stage Hitler had assumed power. It took the newly established National Socialist government only six months to permit compulsory sterilisation on eugenic grounds as part of the law to 'prevent hereditarily diseased offspring' (Usborne 1992, 155; Woycke 1988, 152-153; Weindling 1989, 388-393). Despite the widespread support for negative eugenics towards the end of the republic many historians now agree that such a compulsory measure was unlikely to ever become law as long as Germany was still a democracy. Although the concepts of 'voluntary' and 'compulsory' sterilisation were not clear-cut in the discussions surrounding

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<sup>2</sup> Cf. Usborne 2002, 73-94, 87-88; women doctors showed that their first allegiance was to the profession, which had espoused eugenics, rather than to their, predominately female, patients.

<sup>3</sup> The president of the Reich health office, Bumm to the Reich Minister of the Interior, 1923, cited in Usborne 1992, 152.

the 1932 Prussian bill for eugenic sterilisation, in that it was meant to outlaw all voluntary sterilisation as birth control by those considered 'fit', the bill provided for at least formal consent of patients to be sterilised or their legal representative. Only under the Nazi dictatorship and with 'the combined forces of medical, police, and legal powers in a terrorist state' could such a bill become official policy and the procedure be carried out forcible on thousands of victims (Grossmann 1995, 145; cf. Weindling 1989, 344; Bock 1986, 55-57; Noakes 1984, 75-94).

In the face of innumerable economic and social problems, especially at the beginning and at the end of the republic, Weimar's progressive welfare system could not persuade women and their partners to have more children. It was, however, not only economic pressure that dictated reproductive decisions. Easier access to contraception and abortion, increased social opportunities for women and New Women's growing confidence in demanding fulfilment and a chance to make their mark as citizen of the new republic played their part. The size of families was becoming steadily smaller. The average number of children born per marriage fell from 4.7 after the First World War (for couples who had married before 1905) to a mere 3.1 during the Depression; and couples who married in the period of 1925-9 produced on average only 2.0 children (Spree 1984, 62). The determination of most young women and their partners to limit their fertility was helped by the liberal attitude towards sexuality; it was certainly not hindered by the various and mostly lukewarm negative eugenic schemes. These were widely discussed but had comparatively little impact since they remained resolutely voluntary. The public discourse of and official propaganda for racial hygiene, however, had a more important long-term effect. They fed directly into the racist policies of the Nazi government. Unfettered by democratic concerns it could convert existing campaigns and the Prussian sterilisation bill into compulsory racist and racial hygiene measures which proved fatal to all those who fell foul of the Nazi goal to create a pure and Aryan national community.

## Nazi Population Policy – The Apotheosis of Racial Hygiene

Some continuities notwithstanding, 1933 constituted a radical policy break. Every single area of family policy was affected by Nazi racial ideology – from the regulation of marriage and divorce, maternity protection and birth control to guardianship, foster care and adoption.<sup>4</sup> Most of the concessions for reproductive freedom granted during the Weimar Republic were reversed. Civil liberty

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<sup>4</sup> To cite just a few prominent examples of the vast array of publications: Czarnowski 1991; Czarnowski 1999, 238-256; Bock 1986; Weindling 1989, 489-490, 514; Schoppmann 1991; Pine 1997; Heinemann 1999; Mouton 2007; various articles in Herzog 2005.

safeguards were abandoned in the quest for total control over the individual body to ensure the physical regeneration after the 'decadent era' of the Weimar Republic. Punitive measures were tempered with financial support for those 'fit' to reproduce. Social Democratic welfarism was to be replaced by a carefully targeted pronatalism. As early as the summer of 1933, grants to encourage marriage were issued to assist with new household expenditure; they could be paid back or they could be 'babied off' (*abkindern*). Originally conceived as an economic measure to entice women out of the labour market into the home, marriage grants turned into an eugenic instrument to test the genetic fitness for marriage; a certificate had to be obtained from a doctor proving genetic suitability and 'Aryan' descent. Failed tests could lead to marriage bans and couples prohibited from marrying who lived in a concubinage could be punished (cf. Czarnowski 1997, 78-95, 79-83). Similar preconditions were applied to child allowances to promote large families and to select single mothers for the *Lebensborn*, a network of residential homes for 'valuable' expectant and recent mothers. But at the same time as healthy 'Aryan' Germans were financially rewarded for marrying and having children they also faced more stringent controls and penalties if they opted for voluntary birth control than ever before. In 1933 sexual advice and birth control centres were closed and most of their champions were driven into exile, although contraceptives themselves were not banned until 1941 when only military personnel were exempt (Grossmann 1995, 166 onwards; Stephenson 2001, 38). Moreover, the regime tried every possible route to stamp out the practice of abortion and sterilisation as a method of fertility control among those considered 'valuable'. As early as 1933 newspapers were banned from printing advertisements for abortion services since it was believed that they had helped many thousands of women in the republic rid themselves of unwanted pregnancies. At the same time the liberalisation of the abortion law in 1926 was reversed; longer prison terms were prescribed again for aborting women. Therapeutic abortion, although legalised by the Nazi regime for the first time, was significantly curtailed in 1935 by new restrictions and arduous bureaucratic processes. Furthermore, in 1936 surveillance of clandestine abortions was stepped up by imposing a mandatory registration of all terminations, miscarriages and premature births and introducing new police and Gestapo surveillance methods. In 1943, at the height of the Second World War when losses on the battlefield were mounting dangerously, the regime went as far as introducing the death penalty for abortionists who were 'habitual offenders'. Gabriele Czarnowski has found evidence that this was in fact carried out several times (Czarnowski 1999, 242-243, 248).

While fertility control by 'valuable' individuals was to be ruthlessly suppressed, 'undesirable' individuals like Jews, gypsies, homosexuals, 'asocials' and the 'congenitally diseased' were to be prevented from procreating by a whole array of racial laws: compulsory abortion, sterilisation and segregation on eugenic grounds; marriage was banned for the genetically 'worthless', from

1943 also on account of infertility and age difference within marriage, specifically when women were older than husbands. Compulsory eugenic sterilisation was legalised in July 1933 and eugenic abortion permitted by a simple administrative directive in the same year. Doctors were assured of impunity and encouraged to perform terminations until all hereditarily diseased persons were sterilised. Women's consent was not sought and there was no time limit for the operation to be performed. In 1935 eugenic termination was incorporated into the sterilisation law to enable the two operations to be combined as much as possible. Even though women did in theory have to agree to have their pregnancies terminated, in practice many operations were performed without it. From 1943 mass abortions were also inflicted on Polish and Russian forced labourers in Germany (Czarnowski 1999, 242, 244). During the Nazi rule, as many as 400.000 compulsory sterilisations were performed, roughly half on men and half on women. Operations were carried out on persons suffering from any of nine conditions: hereditary feeble-mindedness, schizophrenia, manic-depression, hereditary epilepsy, Huntington's chorea, congenital blindness, congenital deafness, congenital malformations and alcoholism (Weindling 1989, 525). Moreover, an unknown but probably very large number of sterilisations of 'racial enemies' were also carried out in concentrations camps and other Nazi institutions; the same fate befell an unknown number of forced labourers and ethnic groups such as gypsies and Jews (Bock 1986, 241; Pommerin 1979, 71-79). As Gisela Bock has pervasively argued, compulsory sterilisation affected women worse than men since for women it proved a much more traumatic and risky operation and indeed more women died as a result of it (Bock 1986). Women were also more easily targeted since a deviant sexual behaviour could easily lead to a diagnosis of 'feeble-mindedness'. The majority of female sterilisation victims were single women whose enforced infertility probably diminished their marriage prospects. Moreover, the reasons why they were sterilised in the first place often meant they were handed over to a psychiatric home and after 1937 also to concentration camps or the army of forced labour (Heinemann 1999, 30).

The 1933 law led to a massive state campaign to enlighten the public about the advantages of racial hygiene; it invigorated the careers of many medical men involved in the administration and adjudication in the numerous hereditary courts and created a huge bureaucracy responsible for genealogical surveys and censuses. A central data bank attached to all local health offices was set up to gather hereditary statistics. These were to be collated all over Germany and eventually a biological data bank was to emerge for the whole population. In subsequent years the sterilisation law was radicalised to target other so-called deviant groups and in a decree of June 1935 compulsory castration was permitted for homosexuals. Pressure from anti-Semitic factions led in September of the same year to the infamous Nuremberg laws to 'protect German blood and honour' when sexual relations and marriage between Jews and gentiles was

forbidden. Racial hygiene concerns by the public health lobby led to the decree in October 1935 proscribing marriage of the congenitally 'diseased' with healthy partners. Soon the marriage ban was extended to all those who had been sterilised (unless their partners were also sterilised); those suffering from 'psychopathy' or compulsive criminality; and those afflicted by chronic diseases such as TB or STD. The effort to protect society from an unhealthy future generation led to a growing list of diseases which were considered to be harmful to the family, such as asthma, diabetes, obesity and blood diseases (Weindling 1989, 530-533).

As a result of the pressure of various groups of racial hygienists, racist politicians and bureaucrats it was decided in 1938 to exterminate newborn children and others suffering from congenital diseases. In the autumn of that year the practice was extended to include 'mercy killing of all those considered to be suffering from incurable diseases'. Euthanasia, the most extreme form of negative eugenics was never legitimised by law but solely by order of Hitler as the supreme power deciding on life and death. The SS urged the broad range of racial policies to be extended from the congenitally ill to the incurable, the antisocial and the unproductive as well as to Jews, gypsies and social problem groups, and to subject them also to deportation, forced labour and extermination. But whereas eugenic sterilisation was regulated by tribunals, euthanasia killings were shrouded in secrecy and hidden behind a plethora of euphemistically-named organisations. In the autumn of 1941 the programme was officially stopped because of public protest but medical killing continued under a different guise: the racially 'undesirable' like Jews, mixed race children, the weak and sick, 'antisocials' and 'delinquents' were gassed in what became the death camps, others perished by systematic starvation, hard labour or fatal medicines (Weindling, 544, 548-551; cf. Linton 1986, 45-79).

### Complexities and Continuities

Of course in their inhumanity and ferocity Nazi policies cannot be likened to policies of the preceding regimes. But despite these obvious policy breaks the picture is more complicated. If we differentiate between official population programmes and their implementation, take into account the opposition from feminists and other pressure groups as well as the reproductive strategies employed by ordinary women and men, a picture emerges which is marked by both fundamental changes but also striking similarities and continuities.

To begin with, there was an important gap between policies and their implementation in all three regimes. For example, in the Wilhelmine era many welfare measures were abandoned during the war and the most extreme measures to curb birth control were defeated by the revolution of 1918. Many Weimar social policies were shelved because of socio-economic upheaval; some welfare schemes became almost meaningless during the inflation (e.g. mater-

nity benefit) or Depression (e.g. paid maternity leave). Nazi pronatalism also suffered a serious setback when rearmament and the war economy demanded more women industrial workers and military service. Just as economic and political circumstances affected population policy, so did the difficulties of implementation on the ground. During all three regimes people at every level supported, rebelled against or ignored official rules regarding fertility policy. Even in the Nazi dictatorship when public discussion had been silenced, individual judges, doctors, and social workers ignored orders when they offended their own principles or seemed to undermine communal interest. For example, despite popular support for the 1933 eugenic sterilisation law, Nazi policymakers often met resistance, especially by religious health workers who would not identify candidates for sterilisation (Mouton 2007, 142). Or carers became emotionally attached to patients singled out for 'mercy killing' and protected them. In my own research on *Cultures of Abortion in Weimar Germany* I found a surprising continuity between the three regimes. For example, just like in Imperial and Weimar Germany where the so-called 'dark figure' of abortion was estimated to be many hundred times more than cases that came to light, under National Socialist rule, too, only a small proportion of putative criminal abortion cases was ever investigated because of lack of funds. There is also considerable evidence of many successful lay abortionists operating in Weimar Germany for a number of years; they were shielded from prosecution by the protective silence of the community they served. Similarly, I have unearthed court records of cases of midwives who had been performing terminations successfully for decades until they came to the notice of the police for reasons which are not known (Usborne 2007, chapter 6; Czarnowski 1999, 245). Czarnowski found that a midwife, executed in 1943 as a habitual abortion offender, had similarly been protected by her community for a long while until she finally was detected. Moreover, the harsh Nazi sentencing policy was in practice tempered by a number of amnesties. What is more, I found that during the early years of the Third Reich judicial practice resembled that of the Weimar Republic quite closely. Some judges condoned infractions against the abortion law and handed down surprisingly mild sentences (for aborting women and their accomplices alike) on the grounds of often spurious mitigating circumstances: the crime had taken place during the decadent Weimar years when minds were 'perverted and sensibilities warped' or they had occurred in the early years of the Nazi rule when the new ideology had not yet had time to 'enlighten' the population (Usborne 2007, chapter 7).

### Feminist Responses and Women's Practice

Women's bodies as the carriers of the future generation came to represent the ills of the social body. To cure the latter meant first and foremost policing female bodies during all three regimes. How did women react to this increased

state intervention? And was women's social status enhanced once their reproductive capacities had moved out of the private into the public sphere and become a matter of high politics? As discussed above this process began in the pre-First World War years when, as Elisabeth Domansky put it, states aimed no longer just on 'out-producing' but increasingly sought to 'out-reproduce other nations' (Domanski 1997, 427-464, 431). It continued during the protracted slaughter on the battlefields when the anxiety over Germany's demographic survival produced a flurry of punitive legislation mainly targeted at women's sexual behaviour. And in the wake of the First World War the Weimar welfare state sought to repair the wounds inflicted on the body politic by restoring the body female through improved social hygiene and financial support for mothers and their children. Controversial schemes of selective breeding discussed during the republic were eagerly adopted under National Socialism and focused predominantly on women's reproductive freedom.

In her thought-provoking but controversial article on militarisation and reproduction during the First World War Domansky denied any benefits for women. She argued that the newly gained national importance of women's procreative work 'provided society with a new rationale and new tool for disempowering women rather than endowing them with new power, as some nineteenth-century bourgeois feminists had hoped'. The reason for this was, she contends, that women were excluded from combat (unlike for example British women) and their value now lay exclusively at the home front as producers of weapons and reproducers of soldiers'. Their new role as 'mothers to the nation' had, according to her, increased women's subordination to men (Domanski 1997, 438). Yet, this negative judgement, as I have argued elsewhere and will briefly trace here, ignored women's heightened agency reacting to and shaping the national population discourse and the important civil gains they derived from this and the high profile of their reproductive work (Usborne 2005).

Leading members of both the bourgeois and proletarian women's movement offered early on a spirited defence of feminist values which were usually at odds with official thinking. The unprecedented attempts to regulate individual sexual behaviour and family life in Wilhelmine Germany provoked a strong protest by the unusually united front of the women's movement in the summer of 1918 when they demanded vociferously that the bill to outlaw contraception be scrapped. Some women leaders did not necessarily disagree that the birth-rate should be stimulated but they sought to capitalise on the new importance of women's reproductive abilities by demanding improved legal and social status for 'the mothers of the race'.<sup>5</sup> For left-leaning feminists, however, the decline in national fertility had many positive implications. It meant a funda-

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<sup>5</sup> Gertrud Bäumer, speech in the Prussian House of Representatives, 1915, cited in Usborne 2005, 135.

mental change in the power relationship between classes and between the sexes. Thus, in 1919, Adele Schreiber, radical feminist and sex reformer and a future Social Democratic member of the Reichstag was all for celebrating rather than bemoaning the demographic change. She called the phenomenon of the declining birthrate 'the greatest, non-violent revolution' by women and one which 'put the key to the control of life firmly into the hand of mothers. Thus a woman enslaved becomes master and determines herself the fate of the family, the *volk* and humanity.'<sup>6</sup> From 1920 she chaired the Reichstag Populational Policy Committee and continued to demand women's right of reproductive self-determination not just on economic or health grounds but as an essential human right. Other women politicians of the left also made access to cheap, reliable and safe contraception and termination of unwanted pregnancies their focus in campaigns inside and outside parliament. Women doctors studied the issues within their associations and publications. Some were cautious about granting unlimited fertility control to women as a right and a small number called for more eugenic measures, including voluntary sterilisation. But many women doctors supported the left-wing campaigns and became determined advocates for women's rights frequently becoming medical advisers in the network of birth control clinics springing up all over Germany after the mid-1920s (Usborne 2002).

Ordinary women, too, took a dim view of any attempt to intervene in their fertility decisions and resisted en masse population planners' pressure to breed more.<sup>7</sup> The birthrate continued to fall and the use of contraception and abortion continued to rise. In the Weimar Republic this trend accelerated and by the end of it Germany boasted the lowest birthrate of any western country. The marriage boom in the post-First World War years did not result in enough children to make up for the wartime losses; the peak in national fertility in 1920 was below that of 1913, the last year of peace. Despite heavy sanctions for abortion prescribed in the penal code of 1871 an increasing number of women continued to rid themselves of unwanted pregnancies. Abortions were estimated between 200,000 and 500,000 p.a. immediately after the First World War and as many as one million by 1930, which meant the estimated number of terminated pregnancies exceeded the number of births recorded. Abortion became one of the most passionately debated politico/moral and health issues in the republic and the slogan used by the second wave women's movement in the 1970s in the USA, Britain and the rest of western Europe, 'My body belongs to me' had its origins in German feminists' battle cry of the Weimar Republic, 'Your body belongs to you!' Significantly for evidence of how women's new sense of citizen rights was linked to reproductive rights, among the very first petitions

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<sup>6</sup> Bundesarchiv Berlin, NI Adele Schreiber-Krieger, no. 60, 1919.

<sup>7</sup> Cf. the interviews conducted by the sexologist Max Marcuse in 1912 and 1916 and by Oscar Polano in 1916, cited in Usborne 1992, 26-28.

sent to the National Assembly in 1919 was that by a group of Berlin women, without any apparent party affiliations, to 'curb coercive procreation in Germany' and to 'decriminalise abortion, for single women and for mothers of three children.'<sup>8</sup> A great number of similar petitions, many of them signed simply 'by housewives', followed suit. The success of the campaign to liberalise the abortion law in 1926 and 1927 was due to such strong grass-root support by the newly enfranchised female population and the pressure exerted on parliament by numerous women politicians, doctors and sex reformers in their wake (cf. Osborne 2005).

My recent research on abortion has also revealed women's vociferous and remarkable *Eigensinn*, their stubborn insistence to reclaim their own body in the face of the attempt by doctors, lawyers, politicians and the Churches to impose their (bourgeois) norms of the meaning of conception, pregnancy and miscarriage and to devise rules for reproductive behaviour. These prescriptions were challenged more or less openly by women and their accomplices by their lifestyles and also their statements during police and court interrogations for criminal abortion. Proletarian women especially displayed alternative forms of knowledge and adhered to trusted older notions of fertility and procreation while at the same time applying modern techniques (Osborne 2007, chapters 5 and 6). In Nazi Germany, too, women managed to control their own fertility in the face of draconian penalties for abortion. This is an important sign of subversion and of continuity as is the fact that the project to reverse the declining birthrate so energetically pursued in Imperial times and the Nazi era was never really successful. In fact, the aim of the Nazi regime to restore fertility to the high levels achieved before the First World War failed since during the Third Reich it never once reached even the levels of the early 1920s (25.9 in 1920, 20.8 in 1925). True, fertility rose after 1933 but almost certainly not because of pronatalist policies; birthrates rose in every country, except France, once the Depression was overcome. The long-term trend was one of relentless decline.

There is also impressive evidence of opposition to official policies by individuals during Nazi Germany. Many women singled out for compulsory sterilisation on eugenic grounds rebelled through so-called *Trotzschwangerschaften*, defiant pregnancies before they were rendered infertile (Mouton 2007, 142). During the Second World War thousands of women, many of them young agricultural labourers, ignored or defied the decrees introduced to protect 'German blood from infiltration'<sup>9</sup> which prohibited association between German women and prisoners of war and which threatened offenders with penal servitude and loss of civic rights. My new research on sexual behaviour in Weimar and Nazi Germany has revealed moreover, that many women when questioned by the local police or Gestapo had the audacity to stand up for their

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<sup>8</sup> Bundesarchiv Berlin, R1501, 9347, Bl.45, cited in Osborne 2005, 139.

<sup>9</sup> Report by the Security Service, 1942, cited in Kundrus 2005, 201-222.

rights to forge erotic liaisons and some even recounted the happiness they had experienced.<sup>10</sup> Such agency by women and their partners challenges the received opinion that under Hitler the private sphere was comprehensively invaded and destroyed (cf. Herzog 2005) and the regime's control over the body politic and body female was total. It also reminds us how important it is for research into biopolitics to take the perceptions and practices of individuals seriously, especially of individual women, and to bemoan the fact that it is still often largely ignored.

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<sup>10</sup> Cf. current research project: Osborne, *Imagined Pleasure, Ambivalent Practice. A cultural history of women's sexuality in Weimar and Nazi Germany*; cf. Boll 1991, 645-678; Heusler 1995, 324-341.

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