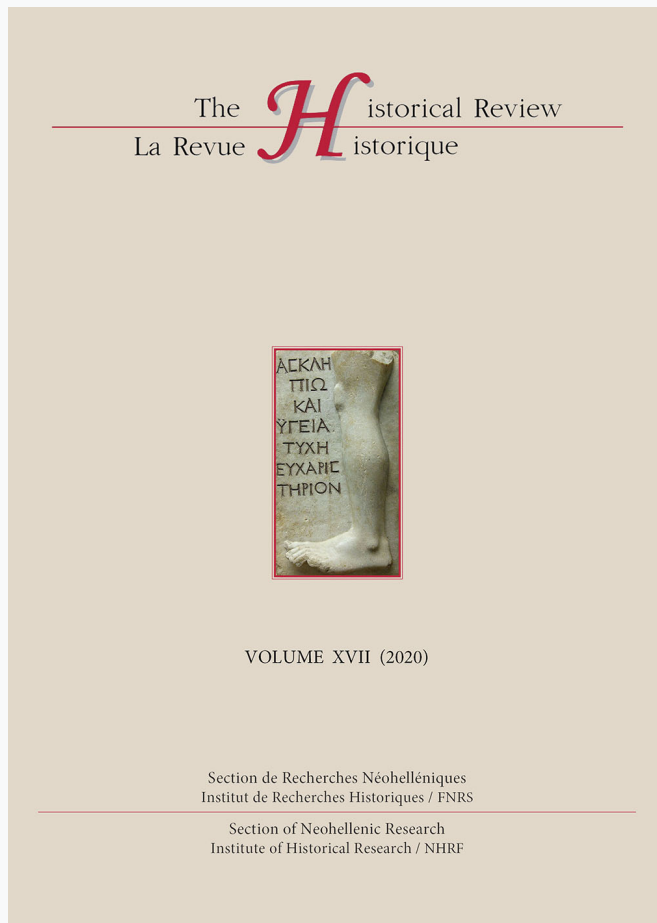


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EUGENIC CONCERNS, POPULATION POLICIES AND
PUERICULTURE IN INTERWAR GREECE

Vassiliki Theodorou and Despina Karakatsani

ABSTRACT: The scientific origins and the development of eugenic and racial theories formulated by physicians, jurists and intellectuals since the early twentieth century have only recently attracted scholarly attention. However, the dissemination of eugenic measures regarding the social policy that Greek interwar governments implemented to protect the health of mothers and children still remains an underresearched topic. Our contribution presents the main points of the discussion about the relation of eugenics and puericulture and traces its development among paediatricians in the 1920s and 1930s. It further looks into the stakes, the ambivalent attitude and the eugenic proposals of both liberal and authoritarian governments concerning the protection of childhood and motherhood as well as into their respective demographic policies during the interwar period.

The study of the demographic policies adopted by interwar governments to increase or secure better birth conditions sheds light on the debate about the social policies on families but also on the scientific origins of the eugenic utopia. The heavy human toll of World War I, in conjunction with the drop in births and the escalation of military antagonisms in its aftermath, sparked a discussion about how to increase the population in postwar Europe that urged governments to adopt measures; some governments initiated a policy of financial incentives for young couples to have more children, while others sought to assist motherhood by establishing consultation stations and health welfare services to help them raise healthy babies.

Apart from the well-studied cases of eugenic policies implemented by authoritarian regimes, which promoted selective procreation along with the sterilisation of the physically and mentally challenged,¹ recent scholarship has focused on the welfare policies that democratic and social democratic governments introduced to prepare a robust young generation. In this latter case, eliminating infant mortality and enhancing the quality of human capital were

¹ Paul Weindling, *Health, Race and German Politics between National Unification and Nazism* (Cambridge: Cambridge University Press, 1989); Michael Burleigh, *Death and Deliverance: "Euthanasia" in Germany, c. 1900–1945* (Cambridge: Cambridge University Press, 1995); Mark B. Adams, ed., *The Wellborn Science: Eugenics in Germany, France, Brazil and Russia* (Oxford: Oxford University Press, 1990).

sought through social control mechanisms and health policies aimed at lower social class mothers and children. Procreational puericulture, a term coined to define the field of special hygienic ante- and postnatal care for mothers and babies, was one of the fields to which the eugenic thinking of the early nineteenth century was applied.

As shown by the in-depth study of various versions of the eugenic movement, the idea of racial improvement appealed to the modernising interwar movements that deemed eugenics as a means of national regeneration as well as a solution to social ills. The internationalisation of the eugenic movement and its various versions points to the possible relations between the biological theory of heredity and political ideologies. The case studies from a wide geographical spectrum show that eugenics was not simply a rigid discursive structure for the improvement of the human race but rather a polysemic system of thought which encompassed many different views.²

One of its aspects concerned the relation of eugenic theories with politics. Many scholars have looked at the way authoritarian and democratic governments sought to address the challenge of racial improvement in the early twentieth century in the light of different economic, social and national priorities. The tools of Foucauldian analysis and social engineering were frequently employed, along with those of intellectual history, either in the studies of national cases or in comparative studies. Studies of the British and mainly the German paradigm, prevalent in the 1980s, were succeeded by others on the reception of eugenics in other European countries and in Latin America, influenced by different scientific traditions.³ Hence, in order to look into the factors that played into the adoption of one or another trend, it is necessary to examine the scientific, intellectual and national traditions within which various versions of eugenics were shaped. Studies on national cases have highlighted the different schools

² Marius Turda, *Modernism and Eugenics* (London: Palgrave Macmillan, 2010); Marius Turda and Paul Weindling, "Eugenics, Race and Nation in Central and Southeast Europe, 1900–1940: A Historiographic Overview," in *"Blood and Homeland": Eugenics and Racial Nationalism in Central and Southeast Europe, 1900–1940*, ed. Marius Turda and Paul J. Weindling (Budapest: Central European University Press, 2007), 1–20; Christian Promitzer, Sevasti Trubeta and Marius Turda, "Introduction: Framing Issues of Health, Hygiene and Eugenics in Southeastern Europe," in *Health, Hygiene and Eugenics in Southeastern Europe to 1945*, ed. Christian Promitzer, Sevasti Trubeta and Marius Turda (Budapest: Central European University Press, 2011), 1–24.

³ William H. Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge: Cambridge University Press, 1990); Marius Turda and Aaron Gillette, *Latin Eugenics in Comparative Perspective* (London: Bloomsbury Academic, 2014).

of thought developed in the heart of the international movement, the major scientific paradigms and the supranational networks.⁴

A number of studies published post-1990 have focused on how eugenics became entangled with such fields as psychiatry, criminology and anthropology. These studies looked into the version of eugenics adopted; the scientific circles that played a prominent role in the implementation of mild or strict eugenic measures in a given country and the way this version was linked to culture and politics; the role institutions played in encouraging procreation; or the policies against infant mortality in the spread of eugenic trends and the way welfare policies were connected with the policy on the size and the quality of population in the interwar period.

In Greece the interest of historians and sociologists of health was initially drawn to the history of science and the reception of eugenic theories and practices by medical and political circles before and after the war.⁵ Lately, the emphasis has been placed on the debate about the introduction of negative or positive eugenic measures such as the prenuptial health certificate and the sterilisation of certain groups of patients; and on the signification of eugenics by doctors and scholars in the early twentieth century with regard to race and nationalism. The writings and the action of certain Greek doctors who studied abroad and transplanted the theoretical approaches of eugenics developed in these countries to Greece offer insight into the scientific origins and the course racial theories took in Greece as well as into the relation of eugenics to other disciplines such as physical anthropology and criminology.⁶ This study sheds light on the scientific formation of certain medical figures that played a leading role in interwar social policy; it also traces influences, resistances and dilemmas and points to the scientific circles that held similar views as well as to the convergence of ideological trends and scientific theories.⁷

⁴ Schneider, *Quality and Quantity*; Anne Carol, *Histoire de l'eugénisme en France: Les médecins et la procréation, XIXe-XXe siècle* (Paris: Seuil, 1995).

⁵ Efi Avdela et al., eds., *Φυλετικές θεωρίες στην Ελλάδα: Προσλήψεις και χρήσεις στις επιστήμες, την πολιτική, τη λογοτεχνία και την ιστορία της τέχνης κατά τον 19ο και 20ό αιώνα* (Heraklion: Crete University Press, 2017).

⁶ Sevasti Trubeta, *Physical Anthropology, Race and Eugenics in Greece (1880s–1970s)* (Leiden: Brill, 2013); Efi Avdela, “Φυλετισμός και ευγονική στη συγκρότηση της ελληνικής εγκληματολογίας: η περίπτωση του Κωνσταντίνου Γαρδίκια,” in Avdela, *Φυλετικές θεωρίες*, 145–75.

⁷ For the doctors that played a crucial role in the reception of eugenic ideas in interwar Greece, see Sevasti Trubeta, “Η επίδραση της φυλετικής υγιεινής στην Ιατρική Σχολή του Πανεπιστημίου Αθηνών κατά τον Μεσοπόλεμο,” in Avdela, *Φυλετικές θεωρίες*, 99–129; Giorgos Kokkinos and Markos Karaserinis, “Μεταμορφώσεις του ευγονικού λόγου στην

Little attention, however, has been paid to the dissemination of eugenic measures in conjunction with the social policy of interwar governments on public health and with the demographic debate. Greece represents a special case since the social policy on motherhood and demography was intertwined with the refugee settlement at the end of the Greek-Turkish War of 1919–1922.

This article looks at the discussion about the relation between eugenics and puericulture after 1922 in Greece and unravels the social policies that liberal and authoritarian governments implemented under the special conditions of the refugee settlement. Some of the questions we explore are the way eugenics were combined with puericulture in the discourse of paediatricians during the interwar period in the context of wider concerns about high child mortality; the schools of thought that impacted their views; the way these theories were adapted to national circumstances; the way these concerns fed into the discussion about the quality of biological capital and demography. We are also interested in examining the stakes and the eugenic proposals regarding the protection of childhood and motherhood, and the general demographic policy, which attracted the interest of liberal and authoritarian governments in the 1920s and 1930s. Tracing the continuities and discontinuities in their policies also falls within the scope of our study.

Eugenic Concerns after World War I

The end of World War I also signified a turn to eugenics in Greece. The annexation of new territories after the Treaty of Sèvres, but mainly the disproportionately large – given the capacity of the Greek state – refugee influx from the Ottoman Empire, following the Treaty of Lausanne, caused alarm about the country's preparation for a future war. The degeneration of the Greek nation and the control of birth, intermarriage with foreigners and the relation of eugenics with puericulture, which pointed to the role that the population's fertility and eugenic practices played in strengthening the "Greek race", also raised concerns.

This eugenic turn manifested itself in public debates and parliamentary discussions but also in contemporaneous medical publications and the daily press. The arguments formulated across these arenas pointed to the different perspectives of the personalities involved, their scientific backgrounds, their

Ελλάδα: από τον Ιωάννη Κούμαρη και τον Δημοσθένη Ελευθεριάδη στον Νικόλαο Λούρο," in Ανδελά, *Φυλετικές θεωρίες*, 129–45; Giorgos Kokkinos, "Όψεις του μεταπολεμικού ευγονισμού στην Ελλάδα," in *Ανδρί κόσμος: Τιμητικός τόμος στον Καθηγητή Κωνσταντίνο Κ. Χατζόπουλο*, ed. Giorgos X. Tsigaras, Eleonora Naxidou and Dimosthenis Stratigopoulos (Thessaloniki: Stamouli, 2019), 213–29.

reservations and, in certain cases, to the change in their attitude during the interwar period. Most of them favoured positive eugenic measures to secure better terms for births, while misgivings were also voiced about negative eugenic measures.

The impact of the new eugenic theories is manifest in the biology-based approach to public health issues. The reform of the public health system, an utmost urgency after the refugee settlement, posed a great challenge for the modernising vision of the liberal governments in the 1920s, but it was also a chance to deal with the chronic ills of the public health system. Eugenic issues drew the interest of scientific societies, scholarly circles and feminist organisations and fed into their respective discourses; besides, the fight against general public health problems such as syphilis, trachoma, tuberculosis and malaria, which escalated after the arrival of the refugees, also informed the discourse on the degeneration of the Greek race. Expert committees set up to combat contagious diseases, especially venereal disease, proposed for the very first time, among other steps, the adoption of eugenic measures, and contemporary governments dealt with their implementation.⁸

Legislation passed in other countries, especially Nazi Germany, as well as the international scientific discussions in the 1930s, offered the necessary arguments to those who favoured negative eugenic measures as a prerequisite for a healthy society. Recent Greek studies have shed light on the major issues that the public debate about eugenics touched on – the prenuptial health certificate and the mandatory sterilisation of certain individuals – as well as on the scientific fields in which similar views were formulated.⁹ Although these discussions did not lead to the institutionalisation of eugenic measures, they provide illuminating insights into the way these proposals were received by doctors and politicians.

Key aspects of the discussion about sterilisation are presented in Moisis Moisisidis' *Ευγονική αποστείρωση*, published in 1934. Moisisidis presented the international moral, social, religious, legal and scientific views on sterilisation as well as the views of Greek doctors.¹⁰ He favoured the voluntary implementation of sterilisation at a time when others expressed serious reservations about obligatory efforts. Stavros Zurukzoglou (1896–1966), a prominent eugenicist

⁸ These concerns are evident in the draft of the 1929 law on combatting venereal disease but also in the anti-trachoma and anti-TB campaigns of the 1920s and 1930s.

⁹ For the views of those in favour of negative eugenic measures, see Trubeta, “Η επίδραση της φυλετικής υγιεινής.”

¹⁰ Moisis Moisisidis, *Ευγονική αποστείρωση: Αρχαί-μέθοδοι-εφαρμογή* (Athens: A. Kasigoni, 1934); Moisisidis, *Ο Μαλθουσιανισμός άλλοτε και νυν* (Athens: Τυπ. Adelfon Geradon, 1932).

active in Switzerland and Germany,¹¹ Kostis Charitakis (1888–1956), director of the Social Hygiene Division at the Ministry of Hygiene and Welfare since 1925, member of the Patriotic Foundation and paediatrician, and Konstantinos Moutousis (1892–1963), professor of hygiene at the University of Athens, were among those who raised objections, not only on scientific but also on social grounds. Yet, sterilisation as an effective means of implementing eugenic policy does not seem to have been of interest to interwar Greek governments.

Presented as a milder measure against hereditary diseases and a deterrent to procreation, the prenuptial health certificate was rather favourably received by doctors.¹² The attempt to institutionalise it sparked a discussion in popular journals during the dictatorship of Theodoros Pangalos; yet, this attempt was discontinued following the overthrow of the dictator in July 1926. A decisive step in the promotion of this measure was the decision of Alexandros Pappas (1877–1942), minister for hygiene in Eleftherios Venizelos' government, to adopt the proposals of the Supreme Health Council regarding two crucial issues: the solemn declaration to be signed by future spouses and the inclusion of certain diseases such as tuberculosis, syphilis, epilepsy and leprosy in the civil code as marriage deterrents. Yet, in the debate about the amendment of the articles in the civil code concerning marriage that took place in the Committee for the Amendment of the Civil Code on 12 March 1931, the jurists who suggested banning weddings between individuals suffering from the aforementioned diseases were the minority.¹³ Although the measure was never adopted, the views held by doctors were indicative of the controversy over hereditary theory as well as over practical issues regarding the implementation of the prenuptial health certificate, that is, the right time to issue it or the diseases to be included as marriage deterrents. This controversy centred on the difficulties of implementing the measure due to shortages in the public health infrastructure, the nonexistence of consultation centres, the incomplete education doctors received and the inability to launch a campaign to convince the public about the need for such a sensitive private issue.

¹¹ Sevasti Trubeta, "Eugenic Birth Control and Prenuptial Health Certification in Interwar Greece," in Promitzer et al., *Health, Hygiene and Eugenics*, 271–98; Trubeta, "Ευγονικές απαντήσεις στην πρόκληση του εκσυγχρονισμού της ελληνικής κοινωνίας (1900–1940)," in *Δημόσια υγεία και κοινωνική πολιτική: Ο Ελευθέριος Βενιζέλος και η εποχή του*, ed. Giannis Kyriopoulos (Athens: Papazisis, 2008), 336–55.

¹² Kostis Charitakis, "Τα ζητήματα της υγείας ως κώλυμα γάμου. Η ευγονία και η συζυγική μόλυνσις. Το προγαμιαίο πιστοποιητικό υγείας," *Δημόσια Υγιεινή*, no. 1 (10 January 1930): 12–16; Nikolaos Drakoulidis, "Η προ του γάμου ιατρική εξέταση," *Υγεία*, no. 22 (15 November 1925): 435–37.

¹³ Trubeta, "Ευγονικές απαντήσεις," 350–51.

Besides, the discussion revealed the constraints that state intervention put on private issues. Although all parties involved agreed on the importance of eugenics as a novel means of combatting disease, objections were voiced about the way the measure was to be implemented: in other words, if it were to be stringent or mild. Some went as far as to propose imposing fines on couples who provided false personal details and waiving taxes were they to present a prenuptial health certificate proving they were healthy.¹⁴ However, most measures aimed to control the lower social classes because it was believed that they were by far the most afflicted by hereditary diseases.¹⁵

Infant and Child Mortality and the Means of Combatting it

Paediatricians, educators, politicians and social thinkers frequently published articles about the quality of the biological capital, seen in conjunction with the health of the young generation, in medical and popular journals in the 1920s. Journals such as *Υγεία* (Health), *Παιδολογία* (Paedology) and *Το Παιδί* (The Child) popularised eugenic views and attempted to link social policy on motherhood and childhood with eugenics.

The high numbers of conscripts who were unable to join the army for health reasons and the high rates of infant and child mortality were the main arguments in the politicians' introductory reports to underline the necessity of establishing welfare institutions for the protection of motherhood and infants. Since the robustness of the nation began to be seen as indispensable owing to Greece's hostile geopolitical environment, the protection of mothers was viewed as a prerequisite for ensuring racially robust descendants. The reduction in infant mortality rates, instructing mothers in their duties and the establishment of social hygiene institutions to strengthen child health were the focal points of medical discourse on the modernisation of social policies and the connection of eugenics with puericulture.

The earliest references to child health in improving the overall quality of the race date to 1921, when a parliamentary discussion commenced about establishing the Ministry of Public Health and Social Welfare. Following the tabling of a relevant bill in parliament in November 1920, the debate on it

¹⁴ See the article by Ioannis Koumaris, a professor of physical anthropology, president of the Greek Anthropology Society and fervent advocate of the prenuptial health certificate: "Ένα εθνικόν ζήτημα: Δια την Ευγονίαν," *Εστία*, 1 March 1931, 1.

¹⁵ See, for instance, the 1933 speech by Konstantinos Moutousis entitled "Η Υγιεινή και η Ευγονία εις τας συγχρόνους κοινωνίας: Εναρκτήριο μάθημα εις το Πανεπιστήμιον της 9ης Νοεμβρίου 1933," *Κληνική: Εβδομαδιαία Επιστημονική και Επαγγελματική Επιθεώρησις*, 25 November 1933, 863–74.

commenced in early 1921. The preamble highlighted the relationship between the deterioration of the young and their inability to participate in war, work or have children. It also dealt with social and health problems and included many references to the importance of health as an economic and military asset. As stressed in the text, if the state were unable to equal the “miracle” accomplished in foreign affairs, the Greek people, plagued by various diseases, would languish.¹⁶ Charitakis argued that “if the state does not intervene to protect childhood and thereby strengthen the Greek blood, the vast Greek territories liberated will not contribute to the creation of a new Greek civilisation”.¹⁷

Setting up the Ministry of Public Health and Social Welfare was the very first attempt to unify the health services, which until then had been run by semi-state organisations and charities. Once the bill passed, social hygiene institutions for the protection of childhood and the reduction of infant mortality were planned for the first time in Greece. The new law also provided for the establishment of health services in the fight against contagious diseases (tuberculosis, malaria and venereal disease), as well as public health statistics and publication services. A planned reform of the country’s hygiene services prioritised those services intended to protect motherhood and children, and take care of childhood in Greece from conception to adolescence. It included birth-related protection (pregnancy, labour, puerperium), protection of newborns and infants (foundling homes, nurseries, kindergartens), protection of schoolchildren through school meals, open-air schools, pupil clinics and the protection of adolescents. Yet, on account of major political upheaval, as well as objections by the Medical Association,¹⁸ the law was enacted with a two-year delay, but was never implemented due to defeat on the Asia Minor front.¹⁹ The health services set up by a new law in December 1922 aimed to deal with emergencies brought about by the arrival of the refugees.

It has often been argued that the health problems of the refugees posed one of the major challenges for the Greek state; their settlement revealed the

¹⁶ Kostis Charitakis, “Η ίδρυσις του Υπουργείου Δημόσιας Υγείας και Κοινωνικής Πρόνοιας και η προστασία του παιδιού,” *Παιδολογία*, no. 5 (August 1920): 144–47.

¹⁷ *Ibid.*, 145.

¹⁸ Doctors serving as Members of Parliament probably objected out of fear of turning into state-salaried clerks. For the animosity of the medical world towards the proposals, see Nikolaos Makridis, *Αι Υπηρεσίαι υγιεινής εν Ελλάδι: Από της Ιδρύσεως του Ελληνικού Κράτους μέχρι των ημερών μας* (Athens: Typ. Adelfon Geradon, 1933), 30–32 and 67–72.

¹⁹ Law 2882, “Περί μεταρρυθμίσεως και συμπληρώσεως του Υπουργείου της Περιθάλψεως, μετονομαζομένου εις Υπουργείον Υγιεινής και Κοινωνικής Πρόνοιας,” *Εφημερίς της Κυβερνήσεως (FEK)*, no. 122A (22 July 1922): 577–82.

inadequacies of the public health system. The high refugee mortality rate testifies to the adverse conditions of their movement and living. Because of the appalling living conditions in refugee shanties, epidemics broke out frequently and decimated many refugees but also posed a threat to locals' health. Starvation, hardship and disease were the main killers in lazarettos.²⁰ Typhus, smallpox and dysentery epidemics claimed many victims while malaria and TB led the exhausted refugees gradually to their death. Mortality rates peaked in 1923 because of typhoid fever and smallpox epidemics.

Infant and child mortality were also on the rise in the areas where refugees settled. Between 1922 and 1928, deaths from diphtheria, scarlet fever, measles and whooping cough increased, especially among the rural population due to poor hygiene care.²¹ Most victims of diphtheria and smallpox epidemics in 1923 and 1924 were children up to nine years old. Refugee children were the first victims that the dysentery, measles and smallpox epidemics claimed since morbidity rates due to these diseases in refugee settlements had risen dramatically.²²

The societal health crisis was also reflected in childbirth indices. There were 3.1 percent more births than deaths in 1921, while births in Athens and Piraeus dropped between 1922 and 1924. In 1923 and 1924, infant mortality rates rose, dropping only after 1926 and rising again after 1929.²³ Infant mortality between 1930 and 1932 reached 30–33 deaths in every thousand, which was six to nine times higher than in central European countries.²⁴ During the same period there was a rise in child mortality, especially in 1923, 1924 and 1927.²⁵ Although the accuracy of the statistics is questionable since many deaths went unregistered,

²⁰ League of Nations, *L'établissement des réfugiés en Grèce* (Geneva: League of Nations, 1926), 4; Antonis Liakos, *Εργασία και πολιτική στα χρόνια του Μεσοπολέμου: Το Διεθνές Γραφείο Εργασίας και η ανάδυση των κοινωνικών θεσμών* (Athens: Emporiki Bank Research and Education Foundation, 1993), 321.

²¹ Kostas Katsapis, "Δημόσια υγεία, πρόσφυγες και κρατική παρέμβαση στην Ελλάδα του Μεσοπολέμου," in *Πέρα από την Καταστροφή: Μικρασιάτες πρόσφυγες στην Ελλάδα του Μεσοπολέμου* (Athens: Foundation of the Hellenic World, 2003): 41–74; Vassiliki Theodorou and Despina Karakatsani, *Strengthening Young Bodies, Building the Nation: A Social History of Child Health and Welfare in Greece (1890–1940)* (Budapest: Central European University Press, 2019), 154–59.

²² See the tables for 1923 to 1931 published by Fokion Kopanaris, *Η Δημόσια Υγεία εν Ελλάδι* (Athens: Τυπ. Ch. Chronopoulou, 1933), 160–61.

²³ Agapoula Kotsi, *Νοσολογία των παιδικών ηλικιών (20ός αιώνας)* (Athens: Institute of Neohellenic Studies, 2008), 98–103.

²⁴ Vassilios Valaoras, "Το πρόβλημα της θνησιμότητας εν Ελλάδι," *Πρακτικά της Ακαδημίας Αθηνών* 7, no. 15 (1940): 205–8.

²⁵ *Ibid.*, 207.

especially in the countryside, other sources confirm the deterioration in general mortality indices. In the 1920s, 30 percent of newborns died, a rate that reached 50 percent in the case of the lower classes. Compared to other countries, maternal mortality was also high, especially in the countryside, due to complications and the non-attendance of doctors at birth.²⁶

Institutions for the Protection of Motherhood and Childhood in the 1920s

In the first two years after the arrival of the refugees, state services placed emphasis on fighting epidemics, mass vaccinations and setting up lazarettos and refugee hospitals. In late 1922, after it received appeals from the government for support in monitoring refugee health, the League of Nations Epidemics Committee sent doctors and nurses to carry out mass vaccination against smallpox, cholera and typhoid fever in the refugee shanties and in surrounding areas. The Patriotic Foundation for Welfare²⁷ undertook part of this colossal task by setting up soup kitchens and carrying out vaccination. Starting in 1924, in collaboration with international charities such as the American Red Cross, the Patriotic Foundation focused on mother and child welfare. It set up orphanages and the first baby nursing centres in Athens, where doctors and volunteer nurses advised young mothers on cleanness, clothing, food and medical care. The centres also supplied mothers with necessities and instructed them on how to raise infants. Nursing centres were run thanks to the voluntary contribution of women who had attended public health classes held by eminent doctors. As the institution gradually spread, paid staff took the place of volunteers, directed by graduate nurses who had received theoretical and practical training in the Greek Red Cross nursing school.

In order to encourage mothers already involved in the education campaign launched by the foundation, two modern institutions were established in 1924: the award for healthy babies and children's week, which took place in the last week of the year. Based on US models, these institutions presented an opportunity for the foundation to publicise its goals and development, primarily by giving doctors the chance to communicate directly with young middle- and working-class mothers. The reason for the introduction of these institutions, according to

²⁶ Vassilios Valaoras, "Η μητρική θνησιμότης εν Ελλάδι," *Δελτίον Ιατρικής Εταιρείας Αθηνών: Πρακτικά* (1941): 194–99.

²⁷ The name of the foundation underwent various changes. In 1929 it was renamed the Patriotic Foundation for the Welfare of Children and in 1936 Patriotic Foundation for Social Protection and Relief.

foundation president Apostolos Doxiadis (1874–1942),²⁸ was not only “to give pleasure to children”, but also to systematically and scientifically organise the protection of destitute children to improve the Greek race by instilling in people a sense of responsibility towards children; “to support children in every possible way, in every possible direction” so as “to secure the physical, social and mental capital which would allow the nation to perform its role”.²⁹

In the 1920s, the government encouraged women to give birth to more children, while it opposed abortion sternly. This ideology of motherhood was a crucial factor in determining the “nation’s well-being” and acted as a deterrent to the deterioration of future generations. Since politics during this period were understood mostly in terms of military confrontations and national survival, the physical well-being of mothers and their familiarisation with children’s hygiene became increasingly important for the state. The collaboration of mothers with state agencies seemed more necessary than ever since their health was closely associated with their children’s health, leading the state to attempt to regulate the attitude of mothers towards reproduction through childbirth policy. Besides, training women in their maternal duties was a fairly easy and inexpensive method to accomplish “the reduction in biological losses” and the restoration of family life.³⁰

The decline in childbirth after World War I gave rise to international concerns about the nation’s well-being, though, in the case of Greece concerns about women’s willingness to respond to their natural reproductive calling sprang from the high rates of infant mortality and child abandonment after 1922. This phenomenon was the result of the forced movement and terrible living conditions in the refugee settlements. Contemporary press and medical journals gave three reasons for the imbalance between birth and death rates: high infant mortality, which doubled from 1921 to 1926; the rise in the number of abortions; and premature labour caused by abject poverty and hardship. Doctors classified the “inhumane work of the pregnant mother” in the same risk category as syphilis and alcoholism. Concerns about the possible repercussions of these phenomena on the “eugenic progress of the young generation” were expressed at the Third Pan-Refugee Congress in 1925: “abortions are on the daily agenda. Women’s fertility has fallen to such a degree that serious attention to

²⁸ Doxiadis served as president of the Patriotic Foundation from 1924 until 1935 and deputy minister for hygiene from 1928 to 1929.

²⁹ Anonymous, “Η εβδομάς του Παιδιού,” *Ελληνίς*, no. 1 (January 1926): 5–6.

³⁰ Mark Mazower, *Σκοτεινή Ήπειρος: Ο Ευρωπαϊκός Εικοστός Αιώνας*, trans. Kostas Kouremenos (Athens: Alexandraia, 2001), 88–91.

this matter is required; in general, the situation is utterly hopeless.”³¹ Apart from women’s sexual exploitation, the hardships many families faced were blamed for infanticide and the increase in the number of abandoned children. In order to sell their breastmilk, some mothers either abandoned their infant-babies or left them in the maternity clinic. These babies ended up in the Municipal Foundling Home, where congestion and deplorable hygiene conditions sooner or later killed them. The fact that infant mortality in the foundling home reached 90 percent around 1925 is revealing.

In order to contain this malpractice, the authoritarian Pangalos regime enacted the first law on “the protection of the nursling” in March 1926.³² Following the respective Italian and French laws, the state took under its protection babies up to the age of two along with their destitute mothers. The law provided for the registration of births and the control of mothers working as wet nurses. Doctors and midwives had to register the births they had attended to the nearest police station within 24 hours of the delivery; otherwise, the state could withdraw their license for a period of six months to two years. In practice, this protective but also preventive legislation resulted in the establishment of local committees “for the protection of infants”. These committees, assisted by the police, would attend to birth registration in their assigned areas, monitor poverty among mothers and offer financial aid to destitute ones. The aforementioned would be given the opportunity to work as wet nurses in the foundling home, provided that they would breastfeed other infants, following the “instructions of the home’s authorities”.

In a period when the state was in need of births, the registration and medical observation of pregnant women became a national policy tool. The network of professionals involved in childbirth was also placed under supervision. Doctors and midwives could face homicide charges for failing to register a birth while individuals who hired wet nurses without a police certificate were fined. The law also imposed prison sentences on mothers who abandoned their infants. In order to fully protect mothers, the state drafted a law a few months later that provided for the popularisation of puericulture knowledge and the establishment of a model nursing station and a Eugenics and Puericulture Museum. The establishment of a National Puericulture Institute would serve all these goals.³³

³¹ Anonymous, “Το Γ’ Παμπροσφυγικόν Συνέδριον του Νομού Σερρών: Πώς Εμφανίζεται η Κατάσταση των Προσφύγων εις την Μακεδονίαν,” *Παμπροσφυγική*, 3 February 1926.

³² Legislative Decree “Περί προστασίας του θηλάζοντος βρέφους,” *FEK*, no. 137, 26 April 1926, 1025–26.

³³ Legislative Decree “Περί οργάνωσης Εθνικού Παιδοκομικού Ινστιτούτου,” *FEK*, no. 391, 6 November 1926, 3139–40.

After the fall of Pangalos' regime, these ideas did not materialise. However, due to the reforms of Venizelos' last liberal government (1928–1932) they took on a more systematic and complete form.

As can be inferred from the electoral campaign of its leader, curbing infant mortality and protecting children were the main priorities set by the liberal government. Many of the issues concerning the scientific community and voluntary organisations were regulated by a series of laws. The liberal government sought to accomplish the goals it set with regard to hygiene living standards for school-aged children through a series of works: modern hygienic school buildings, open-air schools, schools for special groups of students (the blind, the deaf and the “abnormal”), student summer camps, student soup kitchens and introducing hygiene as a subject at all levels of education.³⁴ Within ten months, from August 1928 till June 1929, parliament passed 17 laws protecting children and attempting to reduce infant mortality.

The two most important laws for the welfare of mothers and childhood were Law 4061/1929 “on hygiene and protection of motherhood and childhood” and Law 4062/1929, which changed the name of the Patriotic Foundation for Welfare into Patriotic Foundation for the Welfare of Children. The latter provided for the transition of the foundation into a semi-state body for the protection of children under the deputy minister for hygiene. Childcare centres run by the foundation in major cities were to provide expectant mothers with advice and healthcare; distribute food and milk to destitute mothers; monitor infant health; and organise soup kitchens and camps for young children. The main aims of the foundation were to reduce infant mortality and disseminate new hygiene practices among poverty-stricken women; to attain this goal, home visits by volunteer visiting nurses were planned, with expectant mothers' classes to be run by the foundation. Educating mothers on their maternal duties was deemed crucial to spreading eugenic ideas. At the same time, the National Council for the Protection of Motherhood and Childhood was established in the Ministry of Hygiene. Its mission was to supervise and instruct institutions that dealt with the hygiene and welfare of infants and pregnant mothers. The council, presided over by the deputy minister for hygiene, played a key role in the organisation of childcare in Greece and was similar to that of other European countries, especially its Italian counterpart, *L'Opera Nazionale Maternità e Infanzia*, set up by Mussolini's regime. The Greek council was responsible for legislation regarding motherhood, the

³⁴ For the educational philosophy behind these changes, see Alexis Dimaras, “Χαρακτηριστικά αστικού φιλελευθερισμού στα εκπαιδευτικά προγράμματα των κυβερνήσεων Βενιζέλου,” in *Βενιζελισμός και αστικός εκσυγχρονισμός*, ed. Giorgos Mavrogordatos and Christos Hadziiosif (Heraklion: Crete University Press, 1988), 21–32.

coordination of the institutes targeted at mothers, the compilation of morbidity statistics and the appointment of committees at these institutes.

During this period, two paediatricians, Charitakis and Doxiadis, seem to have played a crucial role in these efforts. Having paid frequent visits to social hygiene institutions for children in various European countries in the interwar period, they attempted to import certain European social policies on motherhood to Greece and suggested a number of steps for the refinement of “the Greek race”: the establishment of consultation services, the dissemination of public health propaganda to mothers and the training of visiting nurses. To some extent, they contributed to the improvement in the living standards of women and reinstating the value of motherhood. Paediatricians and obstetricians such as Charitakis, Doxiadis, Angeliki Panagiotatou and Moisisdis, published articles on the role of eugenics in the reduction of infant and child mortality in interwar feminist magazines like *Ελληνίς* and *Ο Αγώνας της Γυναίκας* that attempted to communicate new scientific concepts to women.³⁵

Eugenics, Puericulture and the Circle around Παιδολογία

Doctors affiliated with high government positions advocated mild eugenic measures for the amelioration of mother and child health. They played a key role in setting up the Greek Paedology Society, which published *Παιδολογία* (1920–1921), and attempted to highlight the common goals of puericulture and eugenics. According to the editors, the term paedology denoted the science that examined “all knowledge referring to the child and its development”.³⁶ This broad scientific field included paediatrics, pedagogy, child physiology, school hygiene, child criminology and baby care. The society’s main aim was to raise awareness among Greeks about the significant advances in child sciences; promote paedological sciences through lectures, lessons and conferences; publish a scientific journal; establish a paedological laboratory and museum; and communicate with respective foreign societies.

During its short life, the journal attempted to highlight the close connection of puericulture and eugenics, deriving from Adolphe Pinard (1844–1934), a

³⁵ See, for example, the articles published between 1924 and 1928 in the magazine *Ελληνίς* by Kostis Charitakis, after he had visited social hygiene institutions in Germany, Italy and Austria. Kostis Charitakis, “Κοινωνική υγιεινή,” *Ελληνίς* 6, no. 11 (November 1927): 233–35; *Ελληνίς* 6, no. 12 (December 1927): 259–62; *Ελληνίς* 7, no. 1 (January 1928): 10–12; *Ελληνίς* 7, no. 2 (February 1928): 40–42; *Ελληνίς* 7, no. 3 (March 1928): 63–65.

³⁶ Anonymous, “Ο σκοπός της Ελληνικής Παιδολογικής Εταιρείας,” *Παιδολογία*, no. 2 (May 1920): 73.

respected obstetrician, professor of paediatrics and chairman of the French Eugenics Society. Pinard revived the term puericulture, introducing it to the Académie de Médecine in 1895. This was an ambitious plan, one that included medical checks at three stages: before procreation, during pregnancy and after birth; In fact, in the early twentieth century, the French Eugenics Society, shaped by Pinard's positions, turned towards "la puériculture avant la procréation" (puericulture before procreation), with Pinard defining the former as "knowledge relative to the reproduction, conservation and amelioration of the human species".³⁷ Having spent many years working on issues relating to pregnancy, prenatal care, infant mortality and especially those associated with the effects of alcoholism, tuberculosis and venereal diseases, he underlined the importance of hereditary as well as environmental influences. Yet, he argued that the well-being of infants did not depend exclusively on the health of the pregnant mothers, but rather it was intertwined with the health of the progenitors. Thus, his formulation "la puériculture avant la procréation" denotes the dominant influence procreators could exert on the health of their offspring.³⁸ This entailed the acknowledgment that both environmental and social influences, subject to improvement, played an important role in heredity.

The union of puericulture and eugenics in Greece was attempted mainly by three medical experts in the interwar period; Moisisdis, Charitakis and Emmanuel Lambadarios (1885–1943), who had been educated abroad, studied the organisation of similar institutions in other European countries and played an indispensable role in the establishment of scientific societies for children's health. Lambadarios had studied medicine in Athens and Berne and was the first to introduce the term "paedology" in Greece.³⁹ He headed the School Hygiene Service from 1911 and was later director of the same service in the Ministry of Education until 1936, when he became professor of school hygiene and paedology at the University of Athens. Apart from organising the health

³⁷ Adolphe Pinard, "De la dépopulation de la France," *Revue Scientifique* (30 July 1910): 30; Anne Carol, "Médecine et eugénisme en France, ou le rêve d'une prophylaxie parfaite (XIXe–première moitié du XXe siècle)," *Revue d'histoire moderne et contemporaine* 43, no. 4 (1996): 618–31; Moisis Moisisdis, *Ευγονική και παιδοκομία παρά τοις αρχαίοις Έλλησιν: Συμβολή εις την ιστορίαν της παιδοκομίας* (Athens: Τυρ. K.G. Makridou kai I.A. Alevropoulou, 1925), 5.

³⁸ William H. Schneider, "The Eugenics Movement in France, 1890–1940," in Adams, *Wellborn Science*, 69–109. For the French Eugenics Society, see also Schneider, *Quality and Quantity*; Andrés Horacio Reggiani, *God's Eugenicist: Alexis Carrel and the Sociobiology of Decline* (Oxford: Berghahn, 2007).

³⁹ For his contribution to the development of paedology in Greece, see Theodorou and Karakatsani, *Strengthening Young Bodies*, 74–77.

inspection of schools and pupils, he took initiatives to establish institutions of wider social intervention aimed at improving the health of sickly schoolchildren (student polyclinics, children's summer camps, school meals and an open-air school for children prone to consumption). Based on anthropological measurements conducted by the School Hygiene Service and the Paedological Institute, which was founded in the 1920s, Lambadarios intended to record "the body development of the Greek child", classifying measurements according to sex, race, nationality and age,⁴⁰ and determine the development indices of the Greek child such as the vitality index and the robustness index. Converting biological phenomena into figures and mathematic formulae, then recording the results on growth charts and body indices, made the objective calculations of means and variations possible; that is, it allowed for the introduction of criteria to distinguish healthy children (the "eugenics") from those affected by diseases or physical deformities (the "dysgenics").⁴¹

In a series of lectures entitled "The eugenic views of paedology" delivered to the Lyceum Club of Greek Women in 1922, Lambadarios examined the importance of hereditary factors for the physical and mental development of children as well as the ways in which the birth of "defective children" could be prevented. He was the first to raise an issue previously taboo in Greek society; namely, how "it would become feasible to hold in check the reproduction of individuals who gave birth to children that were delicate, degenerate and thus harmful to society".⁴² He also stressed the eugenic origins of paedology, suggesting the diagnosis of defective children with the use of special tools, some already in use at paedology centres. An ardent admirer of Pinard, Lambadarios

⁴⁰ These findings were comparable to measurements conducted on children in northern, southern and eastern European countries, as well as in North America. Nikolaos Exarchopoulos, "Οι Ελληνόπαιδες εν συγκρίσει προς τους παίδας ξένων λαών ως προς την σωματικήν των κατάστασιν και την εξέλιξιν της νοημοσύνης των," in National and Kapodistrian University of Athens, *Εκατονταετηρίς 1837–1937: Επιστημονικά Συμβολαί* (Athens: National and Kapodistrian University of Athens, 1938): 155–77.

⁴¹ Emmanuel Lambadarios, "Η σωματική ανάπτυξις του παιδιού και ιδία του έλληνοσ μαθητού," *Παιδολογία* 1, no. 8 (November 1920): 241–47; See the continuation of the previous article, *Παιδολογία* 1, no. 9 (December 1920): 274–79; and *Παιδολογία* 2, no. 1 (January 1921): 2–7; also, by the same author, "Η σωματική εξέλιξις του Έλληνοσ μαθητού: Ανθρωπολογική αυξησιολογία," *Ιατρικά Χρονικά*, no. 6 (December 1928): 354–56.

⁴² Emmanuel Lambadarios, "Αι ευγονικά απόψεισ της παιδολογίας," in *Αρχείο Εμμανουήλ Λαμπαδάριου*, Hellenic Literary and Historical Archive (ELIA), unclassified archive. See also Vassiliki Theodorou and Despina Karakatsani, "Eugenics and Puericulture: Medical Attempts to Improve the Biological Capital in Interwar Greece," in Promitzer et al., *Health, Hygiene and Eugenics*, 299–323.

adopted his views on the role puericulture could play in Greece's racial improvement. Furthermore, Lambadarios did not make major distinctions between puericulture and eugenics, as the former was defined as "a science whose purpose was to seek and apply the relevant knowledge for the proliferation, preservation and improvement of the human species".⁴³ Included therein was the study of inherited traits; the implementation of new eugenic theories; hygiene during gestation; and hygiene during both nursing and early childhood. In 1925, at the first Women's Congress he argued for the dissemination of the principles of puericulture by introducing a relevant course to all levels of education.⁴⁴ He also suggested that the state constitution should include an article on child protection, following the modern views on puericulture and the example of other European states. He further argued that eugenic practices should include the establishment of puericulture centres for the better care of expectant women and their better preparation for childbirth, and the instruction of the staff. He took as a model the Institute of Puericulture of the University of Paris, a French-US institution for the theoretical and practical instruction of doctors, midwives, and visiting nurses.⁴⁵

Moisisdis had studied obstetrics and gynaecology in Paris.⁴⁶ Influenced by the French eugenics tradition, he worked actively to popularise eugenic ideas and published many works on callipedy and puericulture. As a member of the Gynaecological Society of Paris, the French Eugenic School and the International Institute of Anthropology in Paris and editor of *Υγεία*, he promoted the popularisation of eugenics among mothers. In a lecture to the Greek Archaeological Society in 1929, he expressed the view that Greek society was not yet ready to institutionalise the "best eugenic measure", that is, the prenuptial health certificate, and he favoured the adoption of mild eugenic measures such as the establishment of consultation centres.⁴⁷ He further identified the aims of puericulture with those of eugenics, citing Pinard: "Eugenics is puericulture before procreation" (puériculture anté-conceptionnelle).⁴⁸ In his work *Ευγονική και παιδοκομία παρά τοις αρχαίοις Έλλησιν: Συμβολή εις την ιστορίαν της*

⁴³ Lambadarios, "Αι ευγονικαί απόψεις της παιδολογίας."

⁴⁴ Α' Γυνακείον Συνέδριον, in *Αρχείο Εμμανουήλ Λαμπαδάριου*, ELIA, unclassified archive.

⁴⁵ Lambadarios, "Αι ευγονικαί απόψεις της παιδολογίας."

⁴⁶ Isidor Fischer, ed., *Biographisches Lexikon der hervorragenden Ärzte der letzten fünfzig Jahre* (Munich: Urban & Schwarzenberg, 1962), 2:1057–58.

⁴⁷ Anonymous, "Ευγονία," *Ο Αγώνας της Γυναίκας*, no. 105 (November 1929): 7.

⁴⁸ Adolphe Pinard, "De l'Eugenique," *Bulletin Médical*, no. 26 (1912): 1123–27.

παιδοκομίας,⁴⁹ he attempted to prove that eugenics and puericulture could be traced back to ancient Greece. Examining the goals of the two disciplines, he concluded that it was, in fact, the same discipline. For him, puericulture was a social and humanist science of utmost importance which was part of social hygiene. Like eugenics, puericulture set new moral laws for the improvement and regeneration of the human race. As a result, “not only the future of the race but also the future of humanity was contingent on puericulture”.⁵⁰ Citing a talk that Pinard gave to the Académie de Médecine in 1911, he repeated that the perfect health of the progenitors was a prerequisite for giving birth to healthy children. In his aforementioned work, Moisisdis detected similar concerns among the ancient Greeks about the relation of race with puericulture before birth. Adopting the division of puericulture into three phases – before conception, during pregnancy and after birth – he pointed to the similarities between ancient Greek thinking and contemporaneous biological theory, especially as regards the rigour of the Spartan laws to secure young and healthy parents.⁵¹

Charitakis also diligently tried to organise the first state institutions for the protection of mothers in 1925. In his capacity as head of the Social Hygiene Division of the Ministry of Health, Charitakis had visited infant care centres in many European countries.⁵² In his book *Κοινωνική υγιεινή*, he argued that eugenics constituted a branch of puericulture in conjunction with social hygiene. Considering puericulture as the best means to prepare a robust young generation, he favoured a puericulture policy that would include procreative puericulture, pregnancy and puericulture proper. Like the aforementioned paediatricians, Charitakis considered that care for infant hygiene should begin even before conception. Securing healthy infants raised a series of considerations bearing on politics, economics and the feminist movement, including the investigation of parents’ hygienic condition before marriage; the age of spouses; family allowances and pregnancy leave for working mothers; medical care during labour; education for mothers; and the establishment of puericulture centres.

⁴⁹ In this work, awarded by the Athens Medical Society in 1924, Moisisdis argued that ancient Greeks had discovered the principles of both eugenics and puericulture; Moisisdis, *Ευγονική και παιδοκομία*, 5; Sevasti Trubeta, “Anthropological Discourse and Eugenics in Interwar Greece,” in Turda et al., *Blood and Homeland*, 123–36.

⁵⁰ Moisisdis, *Ευγονική και παιδοκομία*, 5.

⁵¹ On the same issue, see Konstantinos Saroglou, “Η προστασία του παιδιού εν Ελλάδι,” *Το Παιδί* 1, no. 4 (November–December 1930): 59–79.

⁵² Charitakis, “Κοινωνική υγιεινή” (see n. 35 above).

The influence of neo-Lamarckian eugenics on Greek doctors, paediatricians and gynaecologists who had studied in France is quite discernible. The neo-Lamarckian approach opposed its Darwinian counterpart, holding that both social and environmental effects (nature vs nurture) shaped hereditary characteristics. Social hygiene measures and education of parents, neo-Lamarckianists believed, were decisive in childbirth and development. They emphasised the duty of the individual towards their society and race, and the need of the state to instruct families, especially women.

Contributing to the public debate on the prenuptial certificate, Charitakis underlined the importance of informing future parents about the dangers hereditary diseases posed.⁵³ For him, eugenics was considered a form of “acculturation for the reproductive drive”, without the necessity of imposing mandatory medical checks on would-be parents: “Just as a florist or an animal breeder manages through successive cultivation to produce a superior breed of flowers or animals, in the same way eugenicists intend not only to avert morbid heredity but also further support the refinement of human beings.”⁵⁴

To bring about this “refinement”, Charitakis accentuated the role mothers could play in the campaign for racial refinement; mothers had to be informed of their eugenic duties to society, but mainly to realise the value of breastfeeding and hygiene. In his view, the lack of hygienic knowledge and proper nutrition largely accounted for high rates of infant mortality from dysentery; meaning that mothers were seen as illiterate and their superstitious beliefs led them to treat medical advice with suspicion. To a great extent, Charitakis adopted positions previously put forward by Sicard de Plauzoles (1872–1968), a French public health physician well-known for his eugenic views, reprinted in 1931 in *Υγεία*. Here, de Plauzoles argued that “a child has the right to a hygienic life and thus our duty to that child is to ensure the best possible conditions for childbearing, which depend on its parents’ health”.⁵⁵ State intervention, deemed necessary for the “production of a healthy young generation”, extended to mandatory medical examinations for all couples intending to marry; medical supervision of pregnant women, with social protection provided by the state from the fifth month of pregnancy; enforced rest for pregnant women – at least

⁵³ Kostis Charitakis, *Τα νεώτερα δεδομένα επί της κοινωνικής υγιεινής: Αρχαί και κριτήρια οργανώσεως της δημόσιας υγιεινής* (Athens: National Printing House, 1929), 82, 167.

⁵⁴ Kostis Charitakis, “Κοινωνική υγιεινή,” *Ερευνα*, no. 2 (April–May 1928): 18.

⁵⁵ These are proposals put forth by Sicard de Plauzoles to the Committee for the Protection of the Right to a Healthy Life and the central committee of the French League for the Rights of Man, reprinted in de Plauzoles, “Ευγονισμός και παιδοκομία,” *Υγεία* 7, no. 7 (July 1931): 153–54.

during the final stages of pregnancy – child benefit payments; and “biological education for parents”.

Apostolos Doxiadis and the Hereditary Capital of Children

During this period, Doxiadis, a prominent paediatrician educated in Vienna, Berlin and Paris, played a crucial role in shaping public views on eugenics. In an article “Paedology and Eugenics”, published in *Παιδολογία* in 1921, Doxiadis expressed for the first time his views on issues linked to eugenics such as the relation of environmental and hereditary factors, the reasons for the hereditary predispositions to disease among children, citizens’ biological duties, the factors impacting the quality of a nation’s biological capital, the relation of puericulture with eugenics and the taxation of bachelors.⁵⁶ Some of his views shifted across time or were reformulated, depending each time on the audience he was addressing.

Regarding the relation of environmental and hereditary factors, Doxiadis stressed that a child’s development was contingent not only on the impact of the environment but also on the hereditary capital it received from its progenitors during conception. Doctors should make sure that this capital was healthy and therefore with no defects that might cause physical and mental problems in the child and thus contribute to the decline of racial vitality in the long run. In order to improve the race, Doxiadis suggested that a health card be introduced containing each citizen’s genetic history. He attached great importance to collecting the hereditary data of the young generation. He argued that just as an engineer takes an interest in the factory where a machine was manufactured, likewise it is necessary for the teacher who is responsible for shaping the child’s body and mind to be familiar with its hereditary background. The health card was a type of identity card that would accompany the individual for life. By means of that card, the state could monitor citizens’ health. Given that this card was necessary for marriage and procreation, it could contribute to the development of a young generation with healthy biological capital indispensable to the vitality of the race.

Doxiadis believed that procreational puericulture could accomplish its goal, namely the improvement of future generations, if it was based on statistics going back many generations. Approaching eugenics with the lens of procreational puericulture, he argued, just like Pinard, that the health policy on the young generation should be uniform, starting in conception and extending to conscription. In a 1928 interview, he noted that “nothing can be accomplished

⁵⁶ Apostolos Doxiadis, “Παιδολογία και ευγονία,” *Παιδολογία* 2, no. 12 (April 1920): 14–22.

unless we lay the foundations for a healthy policy starting from childhood which is the very foundation of our society. If foundations are to be eroded, our state and national edifice will have nowhere to rest.”⁵⁷

Following de Plauzoles, Doxiadis claimed that progenitor diseases – such as syphilis, alcoholism, malaria and TB – were responsible for the degeneration of youth. He also drew attention to both moral depravity and intermarriage with foreigners, which became all the more frequent after World War I. For the first time, Doxiadis stressed the need to raise awareness of biology and popularise the biological duty of the individual to the community. In order to dispel superstitions about hygiene during pregnancy and infant rearing, he published special books and popular pamphlets with advice to young mothers. In his *Γράμματα προς νεαράς μητέρας*,⁵⁸ he attempted to eradicate superstitions concerning child-rearing, and to imbue society with a sense of biological duty.⁵⁹ Written in epistolary form, the book attempted to convince mothers that their contribution was crucial to both preparing a robust nation and creating an inheritance able to play a major role in the competition between nations. “In this fight that group shall win which excels both in terms of numbers and robustness,” Doxiadis underlined.⁶⁰ This social Darwinist struggle was exceptional in the case of Greece, as “after the recent terrible disaster in the Asia Minor front, nature must be reconstituted, able both to heal the wounds of our nation and imbue us with new strength”.⁶¹

Infant Mortality, Demography and the Quality of Biological Capital

Doxiadis introduced the notion of “biological capital” to Greece in the 1920s, connecting it with infant mortality and the policy on motherhood and childhood. Interestingly, the joint preamble to the two laws on motherhood of 1929, drawn up by Doxiadis, highlighted the relationship between social hygiene measures, population fertility and the “nation’s viability”. Given that child health was held to be vital to the nation’s biological quality, the state was obliged to secure

⁵⁷ For this interview, see Πατρίς, 14 November 1928.

⁵⁸ Apostolos Doxiadis, *Γράμματα προς νεαράς μητέρας* (Athens: Greka, 1926).

⁵⁹ According to him, pregestational child-rearing advice enlightened future mothers on their role in the well-being of the nation. The role of motherhood thus gained a historical mission: “As mothers you must contribute to increasing the prestige of our country, which means having good citizens who will be able to go forward and proceed with its intentions.” Doxiadis, *Γράμματα*, 19.

⁶⁰ *Ibid.*, 21.

⁶¹ *Ibid.*, 22.

optimum conditions for expectant mothers. Doxiadis highlighted the importance of health and child-rearing knowledge for mothers, since “man’s health depends on the hereditary and acquired vital capital gained during his/her childhood. Between the two, the acquired is mainly influenced by environmental conditions. And it is our debt to render these conditions favourable to childhood.”⁶²

Aiming to improve health conditions, Doxiadis proposed that eugenic measures be introduced to increase viability and reduce mortality among Greeks. Reducing infant and child mortality was to be one of the main measures for reinforcing “the Greek race”.⁶³ He stressed the fact that high rates of infant and early childhood mortality posed a risk to the Greek race; one fifth of all children died before reaching the age of 12 months, and childhood diseases, though curable, plagued the population. In Greece, infant mortality accounted for 20 percent of all births but only 7 to 10 percent in other European countries.⁶⁴ The repercussions of child mortality were becoming all the more obvious in the case of conscripts; in 1925, 47 percent were deemed unfit to join the army.

Doxiadis’ views on the value of people as biological capital bear the distinct mark of de Plauzoles. Besides raising the citizens’ consciousness of their eugenic duties, according to Doxiadis, successful eugenic policies depended on the state making use of the biological capital produced by the Greek race. The view held by de Plauzoles – that the future of the race was not a matter of numbers but rather a matter of the quality of the biological capital – can also be detected in Doxiadis’ concern over the racial decline in interwar Greece.⁶⁵ According to him, the nation’s future rested on the biological ability of the families comprising

⁶² Apostolos Doxiadis, “Εισηγητική έκθεση επί του σχεδίου νόμου περί Πατριωτικού Ιδρύματος Προστασίας του Παιδιού και περί Εθνικού Συμβουλίου Προστασίας της Μητρότητος και των Παιδικών Ηλικιών,” in *Αρχείον της Βουλής της Α’ συνόδου της Β’ βουλευτικής περιόδου από 17 Οκτωβρίου 1929 έως 30 Δεκεμβρίου 1929* (Athens: National Printing House, 1930), 2833–44. In 1926, Dr Nikolaos Makridis also referred to the relationship between the population’s health and the nation’s ability to wage war; Nikolaos Makridis, “Η υγεία του ανθρώπου ως κεφάλαιον,” *Υγεία* 3, no. 7 (July 1926): 149–51.

⁶³ Doxiadis, “Εισηγητική έκθεση,” 2833.

⁶⁴ *Ibid.* The high infant mortality and its consequences for the population were mentioned by other doctors who held public offices in articles published during this period. See, for example, Emmanuel Lambadarios, “Το υγειονομικόν πρόγραμμα,” *Εργασία* 1, no. 28 (19 July 1930): 21–23; and Solon Veras, “Η προστασία του βρέφους,” *Εργασία* 1, no. 35 (1930): 12–13.

⁶⁵ In another article, Doxiadis noted that people living in urban areas were biologically inferior to those living in rural areas; furthermore, the fertility and biological value of individuals depended on their social class; “Βιολογική πολιτική με βάση την αύξηση του πληθυσμού της χώρας,” *Ελληνικά Γράμματα* 3, no. 27 (16 July 1928): 96–97.

the nation. He argued that the domestic demographic issue was a matter of quality rather than quantity; Greece's problem was not a low birth rate, as was the case in other European countries in the aftermath of World War I, since the refugee influx from Asia Minor had infused new blood into the population.⁶⁶ In his 1921 article in *Παιδολογία*, he stressed the contribution of refugees to the improvement of the quality of the Greek nation's biological capital since mixing the good hereditary qualities of individuals from different areas would result in a future superior race. Similarly, in a 1924 lecture to an international audience, at a crucial period for public health in Greece, he pointed out that the crossbreeding of the refugees' good hereditary "nuclei" with those of the locals in different areas would result in the emergence of a stronger race.⁶⁷ A few years later in a speech in Thessaloniki, he contended that the defeat in the Asia Minor front "proved that we do have biological capital which can render our race very strong indeed".⁶⁸ The generation that survived so much deprivation and adversity proved resilient since it succeeded, despite war and destruction, in maintaining its strongest traits. Yet, in his later writings he emphasised the repercussions of the plight of refugees on the quality of the population. "Refugees are biologically strong and give birth to many children. But what does this population consist of? Of individuals mentally and physically wretched, biologically vulnerable, living in unfavourable conditions and therefore their biological value for future generations is not that valuable."⁶⁹

Given that the lower classes were severely afflicted with tuberculosis, malaria and malnutrition, child mortality rates remained high. Although Greece had a 25 percent surplus of births over deaths, many children never reached productive age. According to Doxiadis' estimates, if the nation were to remain racially viable, each family needed to have an average of four children, and be able to sustain

⁶⁶ For his views on fertility rates in Greece, see Apostolos Doxiadis, "Η προστασία της μητέρας και του παιδιού," *Εργασία* 1, no. 38 (20 September 1930): 9.

⁶⁷ "Cette génération est donc bien trempée, physiquement et moralement très résistante. Ce sont les plus forts parmi les prisonniers et les otages qui restent en vie. Ce sont les plus forts parmi les blessés, ce sont aussi les plus forts parmi les réfugiés. Et ce sont les organismes puissants qui seront producteurs de la future génération ... Les alliances des familles qui vont suivre, entre originaires de diverses régions, donneront lieu au croisement entre elles de toute la race grecque; et cela fortifiera tous les bons noyaux héréditaires qui se trouvent au sein de chacune d'elles. Et je ne doute pas que, dans quelques générations, une nouvelle race bien supérieure à l'actuelle en sortira, qui prendra de nos mains le flambeau de la paix et de la civilisation." Apostolos Doxiadis, "La situation des réfugiés en Grèce," *Revue Internationale de la Croix-Rouge* 6, no. 69 (September 1924): 724–34.

⁶⁸ Apostolos Doxiadis, *Ελεύθερον Βήμα*, 15 September 1928, 8.

⁶⁹ Apostolos Doxiadis Archive, File/Box 18/256, Benaki Museum Historical Archives.

them in hygienic conditions until the age of five. His research found that infant mortality in the working and agrarian classes reached approximately 30 percent, while it only ranged from 10 to 12 percent in the middle classes. Therefore, in his view, the quality issue had been negatively impacted after 1922. Henceforth, the lower classes with lesser biological value became ever more dominant, while the upper classes began to dwindle.⁷⁰ In 1939, he highlighted that “strong and perfect biological capital is being continuously destroyed”.⁷¹ Doxiadis believed that the state should intervene to improve the biological value of reproduction and a hygiene policy be drawn up on a racial basis. In other words, he suggested the reconstruction of society based on race rather than class. He believed that the biological value of families was indispensable to eugenic reconstruction and its value could be estimated by means of family statistics. To return to the health card which he proposed in 1921, he argued that it could take the form of a personal file with information about the health of family members, congenital and contagious diseases, use of drugs and alcohol, the profession, residence and age of parents, number of births, and possibility of incest. With this information, the impact these factors had on health could be estimated and families could be classified according to their biological value. According to this Taylorist-like register, depending on the individual, reproduction could be either subsidised or hindered by the state.

Plans to Tax Bachelors

In order to avoid the risk of degeneration, the state needed to offer financial support to poor families of high biological value to encourage them to have no less than four children. Doxiadis argued that when states and governments wanted increased childbirth, favourable conditions for births needed to be secured. He envisioned a society of physically eugenic and mentally healthy workers with many children who would display a strong sense of responsibility towards the race, be aware of its value and control their sexual urges tightly. Doxiadis suggested taxes be imposed on entertainment, bachelors and the childless, which could thus help reform and reconstruct society.⁷² Besides, it was a means to increase the meagre finances of the Patriotic Foundation for the Welfare of Children.

⁷⁰ Apostolos Doxiadis, “Βιολογική πολιτική με βάση την αύξηση του πληθυσμού,” *Ελληνικά Γράμματα* 3, no. 2 (July 1928): 49–51; Trubeta, *Physical Anthropology*, 217–22.

⁷¹ Apostolos Doxiadis, “Το δημογραφικό ζήτημα,” *Νέα Πολιτική*, no. 5 (April 1939): 419.

⁷² Anonymous, “Η επιβολή φορολογίας εις τους αγάμους: Τι λέγει ο δαγκειολόγος κ. Δοξιάδης,” *Η Παμπροσφυγική*, 22 September 1928, 1.

Doxiadis spearheaded a large-scale press campaign to popularise the taxation of bachelors. According to him, bachelors over 35 years old would be the first to be taxed, to be followed by married couples with no children. This taxation policy, he estimated, would bring in 30–35 million drachmas annually, which could then be allotted to financially support poor large families. The taxation of bachelors should be regulated according to their family obligations, “on the basis of biology”, as was the case in other European countries. According to Doxiadis, bachelors “had to pay money so that the nation could reap the benefits from the blood of the children of those who raised a family”.⁷³ Social policy should be entirely revised, as well as tax obligations and wage scales, all in order to take into account not only numbers and materials, but also the biological value of each family.

He further suggested that people without a family, who thus did not help sustain society, pay money into a fund that would support poor families with stipends. In addition, the fund would compulsorily inherit the property of the childless when they died. Doxiadis also asserted that the childless and bachelors should not inherit property; their share of an inheritance should go to a childhood protection fund. This fund would enable a wide array of a large-scale social works, like medical care, the provision of nutritious and healthy food to children, and the establishment of summer camps.⁷⁴

Similar measures for funding the policy on the protection of motherhood had been adopted in other countries such as Italy, France and Germany.⁷⁵ Doxiadis followed Mussolini’s example, who in 1926 passed a law which stipulated a tax be imposed on bachelors, in an attempt to strengthen the fertility of the population, especially of the poorest families, and to secure resources for the Opera Nazionale Maternità e Infanzia. The same law provided for rewards to women who had given birth to more than five children, the state’s target for each family. The regime associated motherhood, children, family and virility with maintaining national greatness.⁷⁶ France, also, had passed similar legislation for unmarried couples in the 1920s.

⁷³ Anonymous, “Φορολογία των αγάμων,” *Η Ελληνική*, 20 September 1928, 1.

⁷⁴ *Ibid.*, 2.

⁷⁵ On social policy in Italy, see Aristotle A. Kallis, “Racial Politics and Biomedical Totalitarianism in Interwar Europe,” in Turda et al., *Blood and Homeland*, 389–416; Victoria de Gracia, *How Fascism Ruled Women: Italy, 1922–1945* (Berkeley: California University Press, 1993), 69–71; Maria Sophia Quine, *Population Politics in Twentieth-Century Europe: Fascist Dictatorships and Liberal Democracies* (London: Routledge, 1995), 40–41.

⁷⁶ Lauren E. Forcucci, “Battle for Births: The Fascist Pronatalist Campaign in Italy, 1925 to 1938,” *Journal of the Society for the Anthropology of Europe* 10, no. 1 (2010): 4–13.

Similar attempts had been undertaken in Greece in 1890⁷⁷ and 1926, the latter by the authoritarian Pangalos regime. According to the press, the ministers for justice and finance were to draft a law on the taxation of bachelors. Men aged 24–40 were to pay 3,000 drachmas annually while those over 40 years old were to pay 1,000 drachmas. These governmental plans were received by the press rather critically. The implementation of the law was considered unfair for the lower classes in a country where citizens had experienced enough hardship in the previous years.⁷⁸ A special committee set up to draft the new law failed to complete its task due to technical difficulties or, most probably, due to the fall of Pangalos' regime.⁷⁹

In autumn 1928, a new attempt was made to complete the legislation, particularly regarding the imposition of the tax. Following the example set by Fascist Italy – which had introduced a taxation policy based on the biological value of each citizen – Doxiadis, in his capacity as deputy health minister, tried to convince Prime Minister Venizelos to impose additional taxes on bachelors in order to effectively fund social policy on motherhood.⁸⁰ Senior Ministry of Finance officials examined the possibility of setting up a register of bachelors;⁸¹ In a meeting with Venizelos, Doxiadis discussed the issue. In fact, the relevant bill had been drawn up and approved by Venizelos; yet, this law was never enacted for reasons that remain unclear. Doxiadis' withdrawal from the ministry in 1929 postponed the bill. Others argue that this was the reason Doxiadis resigned from the government. It should be noted though that, after 1932, political unrest and related events did not allow the Liberal Party to implement its social policy on public health reform. Yet, Doxiadis never abandoned the idea of using the income of bachelors to fund the social policy on large poor families. In the early 1930s, when the international financial crisis broke out, he resurrected his proposal. Presenting the financial measures taken in Germany to ease the crisis (curtailing expenditure, salary

⁷⁷ In 1890 a law was proposed which stipulated the taxation of bachelors and men frequenting brothels. The measures aimed to increase marriage, the population but also state revenue so as to fund the health policy on the fight against infectious diseases. Theodoros Vellianitis, “Ο φόρος των αγάμων, άλλοτε και τώρα,” *Εμπρός*, 6 July 1926.

⁷⁸ Anonymous, “Η φορολογία των αγάμων,” *Σκριπ*, 3 July 1926.

⁷⁹ Anonymous, “Η φορολογία των αγάμων,” *Σκριπ*, 4 July 1926.

⁸⁰ For Doxiadis' opinion about this subject, see Anonymous, “Φορολογία των αγάμων,” *Η Ελληνική*, 20 September 1928. As is clear from this article, Doxiadis' taxation policy was strongly criticised and mocked in the press.

⁸¹ See the 1929 correspondence between Doxiadis and the deputy minister for finance; Doxiadis Archive, File 12/256, Benaki Museum Historical Archives.

reductions), he suggested the tax be imposed without delay, combining this measure with the welfare of motherhood and the improvement in public health.⁸²

The dialogue regarding the taxation of bachelors led large families to mobilise and set up Omonia, the Pan-Hellenic Association of Large Families, in the late 1920s.⁸³ Local organisations of large families were established in the late 1920s in order to make various – mostly financial – claims on the state. A major boost for the organisation of large families was article 24 of the 1927 constitution, which dictated that marriage, as the foundation of family life, enjoyed the protection of the state and large families deserved the right to special care. The grave public concerns about the danger of depopulation in Europe voiced after 1920 gave rise to the movement of large families in Greece, which developed in parallel with similar movements across Europe.⁸⁴ It seems that the government responded to the pressure from large families and in August 1930 Law 4733 “on the protection of large families” established their rights.⁸⁵ The term “large family” was defined as a family of more than five children up to the age of 16. A series of measures was taken to facilitate the life of needy large families. Among them were, for instance, tax relief, exemption of the eldest child from army service, relief from school registration fees in vocational schools, exemption from court costs, free hospitalisation, loans for working-class housing and discounts on public transport.⁸⁶

Metaxas’ Policy on Motherhood and Childhood

The social policy implemented by the authoritarian Metaxas regime, established in 1936, focused on the protection of motherhood and childhood mainly for two reasons; first, in order to enhance the regime’s political capital and, second, because Metaxas believed that the nation’s biological and historical future was contingent on the health of mothers and children. While authoritarian European

⁸² See Apostolos Doxiadis, “Ευγονία,” *Το Παιδί*, no. 28 (November–December 1934): 5–15.

⁸³ The Pan-Hellenic Association of Large Families started the publication of the newspaper *Φωνή Πολυτέκνων* in 1929.

⁸⁴ Christophe Capuano, “La construction des politiques natalistes et familiales durant l’entre-deux-guerres: modèles et débats transnationaux,” *Revue d’histoire de la protection sociale*, no. 5 (2012): 31–45.

⁸⁵ Law 4733 “Περί προστασίας πολυτέκνων,” *FEK*, no. 270, 5 August 1930, 2293–94.

⁸⁶ Large families were not satisfied with the government as the law was not accompanied by implementation circulars and, for that reason, they went on lodging claims in the 1930s.

regimes sought to materialise imperialist aims through demographic policy,⁸⁷ in Greece the efforts of the Metaxas regime to create a robust young generation were presented in its propaganda as a guarantee for the country's cultural superiority and as proof of the leader's affection for the youth.⁸⁸ The proliferation of welfare works for children and mothers was undoubtedly a source of positive publicity for the regime as these efforts made it appear more child-centred and considerate compared to previous governments.

Some of the changes introduced to welfare services for mothers and children can be detected in the organisation of the Patriotic Foundation for the Welfare of Children, which served as the regime's executive arm for the implementation of its policy on motherhood and childhood. Changes in the institutional framework of its operation, the increase in state funding, and the tight control of the Ministry of Welfare point to the new role assigned to the foundation for the dissemination of the regime's ideology among the lower classes. As can be gleaned from the special publications of the regime, the main goal of the foundation was to improve the race.⁸⁹ *Το Παιδί*, the official organ of the Society for the Protection of Childhood and Adolescence, which was dissolved and replaced by the Popular Enlightenment Bureau, became the main tool of the regime's propaganda targeted at lower-class mothers.

The regime emphasised the welfare of schoolchildren, namely the improvement of their nutrition by expanding the institution of soup kitchens, setting up summer camps and providing healthcare to sick children by establishing sanatoria, trachoma schools and summer camps in the mountains. The establishment of two therapeutic child towns, or children's villages, to strengthen the constitution of tubercular children and provide them with treatment was a novelty. The proliferation of student summer camps and soup

⁸⁷ For Nazi Germany, see Gisela Bock, "Antinatalism, Maternity and Paternity in National Socialist Racism," in *Maternity and Gender Policies: Women and the Rise of the European Welfare State, 1880s–1950s*, ed. Gisela Bock and Pat Thane (London: Routledge, 2008): 233–55. For Fascist Italy, see Chiara Saraceno, "Redefining Maternity and Paternity: Gender, Pronatalism and Social Policies in Fascist Italy," in Bock and Thane, *Maternity and Gender Policies*, 196–212; Carl Ipsen, *Dictating Demography: The Problem of Population in Fascist Italy* (Cambridge: Cambridge University Press, 1996); Maria Sophia Quine, *Italy's Social Revolution: Charity and Welfare from Liberalism to Fascism* (New York: Palgrave, 2002), 129–72. For Spain, see Mary Nash, "Pronatalism and Motherhood in Franco's Spain," in Bock and Thane, *Maternity and Gender Policies*, 160–77.

⁸⁸ For the cultural connotation the notion of national regeneration acquired in the eugenic discourse, see Turda, *Modernism and Eugenics*, 100–7.

⁸⁹ Anonymous, "Πώς σκέπτεται ο νέος Υπουργός μας κ. Ηλίας Κριμπάς," *Το Παιδί*, no. 59 (September 1939): 1.

kitchens served the spread of the regime's propaganda and the enhancement of Metaxas' paternalistic image. Apart from strengthening the constitution of sickly or undernourished children vulnerable to tuberculosis, the regime officials in charge of these welfare works attempted to instil in children the notion of discipline towards their superiors, the worship of the leader and respect for the state. As propaganda leaflets often highlighted, children who were in regular contact with state-run institutions would feel gratitude and express their respect towards society and the state. In this way, they would promote "not only their health that was in serious danger of malnutrition but also raise their consciousness as citizens, [showing them] that the state today is a benevolent power and Greek society [is] a mother figure for all its children".⁹⁰

The policy on the protection of mothers and infants initiated by the Liberal government before 1920 was continued. New nurseries and consultation stations for parturients were added to the existent ones, especially in the refugee and poor neighbourhoods of Athens, and the Alexandra Maternity Home was completed. Parturients were obliged to visit weekly the consultation station with which they were registered so as to be examined by obstetricians. After giving birth, they visited their nursery on a regular basis, where paediatricians and nurses examined the infants, weighed and measured them and gave advice on nutrition and care. Although the number of women who visited the consultation stations and the maternity homes had increased, in 1939 a high number of births was still occurring at home.⁹¹

Combatting Infant Mortality and Instructing Mothers in their Duties

The high infant and child mortality rates, as well as the high mortality rates of parturients, still posed a problem for the government in the mid-1930s. These phenomena highlighted the low living standards, the dire living conditions and the lack of hygiene infrastructure during birth in contrast with other western and northern European countries that were experiencing low birth rates.

⁹⁰ Anonymus, "Τα πεπραγμένα από της 4ης Αυγούστου 1938 και εντεύθεν: Δ/σις Σχολικής Υγιεινής," *Σχολική Υγιεινή*, no. 31 (September 1939): 13–14 and "Η νομοθεσία περί μαθητικών συσσιτίων: Αιτιολογική έκθεσις επί του σχεδίου αν. Νόμου 'Περί οργανώσεως των μαθητικών συσσιτίων'," *Σχολική Υγιεινή*, no. 31 (September 1939): 41–55.

⁹¹ For the statistics of the parturient register in consultation stations in Athens in 1937, see *Έκθεσις Πεπραγμένων του Πατριωτικού Ιδρύματος Κοινωνικής Προνοίας και Αντιλήψεως, Χρήσις 1934–1935 & 1935–1936* (Athens: National Printing House, 1938), 12.

The findings of the first demographic studies carried out in Greece by Vasilios Valaoras⁹² and Konstantinos Karanikas⁹³ in the late 1930s confirmed these observations. In their publications they attempted to compare demographic changes in Greece with those in other countries to establish a developmental paradigm. They were mainly interested in estimating the total movement of population in conjunction with the European concerns about depopulation. They concluded that as regards fertility and mortality, demographic trends were not alarming, with the exception of the 1923–1925 period due to the effects of the refugee settlement; Greece had a surplus of births and was demographically similar to other Balkan or Mediterranean countries. Births were on an upward trend, while mortality rates had dropped. For example, in 1934, there were 31.2 births for every 10,000 residents, which was very close to that of Bulgaria (30) and Romania (32), while the respective index for Italy was 23.⁹⁴

Valaoras suggested that the increased fertility in Greece was due to the refugee influx since the refugee population presented much higher birth rates than native Greeks. His analysis of the demographics in the areas where refugees had settled confirmed that the fertility indices were higher in these areas. Valaoras and Karanikas concluded that in demographic terms Greece was southeastern European in its high birth and mortality rates,⁹⁵ the latter attributed to the high infant mortality. The birth rate was adequate and could balance out mortality, but many infants died during their first year of life. In 1934, the ratio of infant to general mortality in Greece was 23.3 percent, while in 1933 it was 21 percent, and only 20.5 percent in 1932. Approximately 25 percent of deaths were of infants below the age of one.

This is the reason why Metaxas' regime turned its attention not to increasing childbirth, as there was no such need, but to reducing infant mortality. The decline in infant mortality depended on instructing mothers in hygiene and instilling in them a sense of responsibility for their role. During this period, approaching mothers and convincing them to abandon their superstitions and traditional infant-rearing practices so as to be more willing to cooperate and

⁹² Vassilios Valaoras (1902–1996) studied medicine at the Athens Medical School and received further training in hygiene in Paris and London. He also studied public hygiene and biostatistics on a Rockefeller scholarship at Johns Hopkins University. In 1939, he was elected reader in hygiene at the University of Athens. Later, in 1962 he became professor in the same seat and established the Centre of Biometric Demographic Studies. See Vassilios Valaoras, *To δημογραφικόν πρόβλημα της Ελλάδος και η επίδρασις των προσφύγων* (Athens: s.n., 1939).

⁹³ Konstantinos Karanikas, *La crise de la population en Europe et les données démographiques de la Grèce* (Athens: Flamma, 1937).

⁹⁴ Valaoras, *To δημογραφικόν πρόβλημα*, 123.

follow the advice of doctors acquired great importance for doctors. In their medical articles and papers delivered at the two Balkan congresses for the protection of childhood in 1936 and 1938, Greek doctors blamed child mortality on ignorance, backwardness and the poor education that women had received, as well as the lack of educated staff, especially in the countryside.

As was the case in other countries during the same period, aid to mothers came mostly in the form of advice and less in material means, like milk, swaddling clothes or money.⁹⁵ The consultation stations, in other words, operated mainly as “bureaux de consultation” rather than as “gouttes de lait”. Mothers were instructed in their maternal duties by means of leaflets, and individual advice offered at the consultation stations.

During this period the role of the visiting nurse was also reinforced. Apart from assisting the doctors at consultations stations, it was expected that they “acculturate” working-class mothers by instilling better hygiene habits in them and their families. The consultation station observed not only the expectant mother but also the entire family through the visiting midwife. As noted by the Patriotic Foundation’s director in 1939, the visiting nurse “served as the eye of the foundation for she observed whatever occurred in the environment where the infant lived”.⁹⁶

In the case of the Metaxas regime, the policy on motherhood was not linked to the accomplishment of demographic goals. Despite the emphasis laid on family values, the regime never adopted a special policy on enhancing fertility; for this reason, it did not offer financial incentives to young couples, as was the case in other authoritarian regimes. Instead, the regime placed emphasis mostly on the instruction and the supervision of lower-class mothers.

The Eugenic Debate during Metaxas’ Regime: Revisions and Continuities

Under Metaxas’ regime, the legal ban on marriages involving syphilis or trachoma sufferers and the revision of the civil code revived the public debate on the prenuptial health certificate and marriage deterrents. Through Emergency Law 651/1937, the regime attempted to raise again the issue of negative eugenic measures concerning trachoma and syphilis, which reveals the extent of the

⁹⁵ Hilary Marland, “The Medicalization of Motherhood: Doctors and Infant Welfare in the Netherlands, 1901–1930,” in *Women and Children First: International Maternal and Infant Welfare, 1870–1945*, ed. Valerie Fildes, Lara Marks and Hilary Marland (London: Routledge, 2013): 74–96.

⁹⁶ Margarita Chrysaki, “Αι περισσότεραι του πολιτισμού: Η επισκέπτρια αδελφή από αρχαιοτάτων χρόνων μέχρι σήμερα,” *Το Παιδί*, no. 66 (May 1940): 20–23.

concern caused by their spread, especially among the peasantry and the young.⁹⁷ The law was the first attempt to penalise citizens' behaviour in health issues and implement the prenuptial health certificate, which had generated so much discussion in the previous decade.

The new law dictated that state, municipal or village clinics had to be established for the fight against trachoma or syphilis in areas where these diseases were endemic; inhabitants from the surrounding areas would attend the clinics for treatment. According to the law, the minister for state hygiene and relief reserved the right to force would-be couples, whether they came from areas where trachoma⁹⁸ and syphilis were endemic or were to get married in them, to produce a recent health certificate, signed by the head of the local clinic, certifying that they did not carry any of these diseases. If the prospective couple failed to do so, the marriage permit would be denied. Doctors who issued fake health certificates faced penalties. Family registers that accumulated data on these two diseases were also to be set up in the clinics in these areas. The importance of the prenuptial health certificate for the protection of mothers and children had been highlighted during the two Balkan congresses in 1936 and 1938.

The eugenics debate, which had started in the 1920s, flared up again during this period, as shown in doctors' and jurists' publications as well as lectures and radio broadcasts addressed to the wider public. Regime supporters suggested that negative eugenic measures be taken, especially for psychopaths and young delinquents; yet, only a few raised objections to the feasibility of these measures. Instead, they proposed the instruction of society and the raising of family awareness, the establishment of consultation stations for future spouses, the introduction of courses in the upper grades of high school and the establishment of societies for the dissemination of eugenic theories.

A characteristic example of a regime ideologue in favour of the introduction of the prenuptial health certificate was the jurist Ioannis Frangos. In an article on the revision of the civil code in the journal *To Néon Kráτος* in 1938, he proposed prohibiting marriage in cases where one of the spouses carried a contagious or

⁹⁷ Emergency Law 651, "Περί Καταπολεμήσεως του τραχώματος και της κληρονομικής συφιλίδος," *FEK*, no. 154, 27 April 1937, 1005–6. See also the preamble "Εισηγητική έκθεσις περί καταπολεμήσεως του τραχώματος και της κληρονομικής συφιλίδος," *Αρχαία Υγιεινής*, no. 9 (December 1937): 307.

⁹⁸ Trachoma was the second disease after leprosy that prevented people from receiving marriage permits. Law 2450/1920 "Περί μέτρων προς περιστολήν της λέπρας" banned marriage between lepers or between a healthy person and a leper.

hereditary disease.⁹⁹ Not only was the ban on marriage a measure for protecting the healthy spouse and his/her descendants but it was also the prerequisite for the creation of a healthy race. Were the measure not adopted, they would be consciously perpetuating the misery of humanity.¹⁰⁰ He also was the first to suggest banning marriages between a Greek and a non-Aryan, namely with someone “who does not belong to nations close to the Greek one”.¹⁰¹

Other doctors stressed the practical and moral obstacles that the implementation of the measure would face; for this reason, they suggested milder means to secure the consent of the prospective spouses. Most doctors expressed fears that were the measure to be obligatory, it would encounter cultural obstacles. For instance, University of Athens dermatology and venerology professor Georgios Photinos, in a speech he delivered as rector on 14 March 1938, expressed reservations about the efficiency of the prenuptial health certificate in contrast to what he had supported earlier in the report he submitted to the Ministry of Health as a member of the committee against venereal disease. His objections in 1938 concerned medical and practical difficulties.¹⁰² Customs and culture set moral obstacles, especially in the countryside, where the physical examination of the future spouses would spark arguments and family scandals. The measure would clash with practical issues such as the low number of venereal disease doctors and the lack of microbiology laboratories in rural areas. Due to these difficulties, the measure was not implemented. Instead, he suggested that future spouses submit a mutual solemn declaration a few days before marriage.

For Nikolaos Makridis, director of the ministry, issuing the prenuptial health certificate should meet the requirement of confidentiality. To mitigate impressions from this “immoral measure”, he proposed that a three-member committee, comprising eminent doctors, be set up in every health centre to issue the certificates. The committee would examine the medical records of future spouses, signed by family doctors,¹⁰³ strictly and in conditions that ensured confidentiality so as to suggest whether the marriage was to take place or not. Though morally

⁹⁹ Ioannis Frangos, “Το νέον κράτος και το μέλλον αστικών δίκαιον,” *Το Νέον Κράτος*, no. 7 (March 1938): 307–10.

¹⁰⁰ *Ibid.*, 308.

¹⁰¹ *Ibid.*, 309.

¹⁰² Photinos argued that it was impossible to diagnose venereal disease with clinical and laboratory methods and it was likely to mislead the doctor. He referred to the prostitutes who employed practices of revealing their disease in the regular checks administered by police doctors so as to avoid being sent for treatment to Syngrou Hospital for venereal diseases.

¹⁰³ Nikolaos Makridis, *Διά την προστασίαν, εξυγίανσιν και ευγενισμόν της ελληνικής φυλής* (Athens: Anatoli, 1940), 119–21.

binding for the couples, the committee's suggestion was not obligatory. Should the couple marry despite the doctors' recommendation, they were obliged to submit a solemn declaration that they were aware of the recommendation of the committee and that they were disregarding it "on their own accord".

According to a study published in 1940, Doxiadis also expressed reservations.¹⁰⁴ The choice of the doctor who would issue the certificate, namely whether he would be a family or a public doctor, the relation between the patient and the family doctor, the timing of the medical exam, but most importantly the refusal or the inability of the couple to meet their obligations, posed obstacles which would eventually cause the number of bachelors to rise and the population to decline. It was for this reason that Doxiadis initially suggested that future spouses voluntarily attend the consultation stations, where they were to receive instructions that would thus lay the foundations for raising family awareness.

It is possible that during this period Doxiadis felt comfortable in supporting more radical eugenic views. In an article in *To Παιδί*, he referred to the contribution of hereditary rather than environmental factors to the health of offspring and highlighted the misconception of educators who deemed education was sufficient to correct the defects in a child.¹⁰⁵ "Nobody can go beyond what his hereditary dowry dictates," he argued. No matter how hard social hygiene policies, pedagogics and other disciplines tried to improve the conditions under which a child is raised, they are to fail "if we are not to provide them with hereditary 'nuclei'".¹⁰⁶ He deemed the instruction of parents an important parameter in preserving biological capital. Parents should take into account the laws of heredity when they advised their children on selecting their spouse. Like the gardener who chooses the seeds he is to sow or the farmer who is interested in selecting breeds that would lead to the improvement of the herd, similarly the parent should instruct their children in choosing spouses of superior biological value so as to secure improved descendants. To this end, it was necessary to change the mentality of Greeks so as to adopt new ideals.¹⁰⁷

Similarly, in a lecture entitled "New biological problems", delivered to the propaganda department of the Patriotic Foundation for Social Protection and

¹⁰⁴ For Doxiadis' reservations, see the study published by Konstantinos Katsaras, *Ψυχική και κοινωνική υγιεινή: Σύγχρονα προβλήματα* (Athens: Typ. Pan. Drouka, 1940), 152–55.

¹⁰⁵ Apostolos Doxiadis, "Το παιδί ως κληρονομικόν κεφάλαιον," *Το Παιδί*, no. 55 (June 1939): 1–4.

¹⁰⁶ *Ibid.*, 3.

¹⁰⁷ "Our mentality which is informed by pleasure, materialism and presentism should change and be directed towards new ideals. The future of the humanity, of our race, of our nation rests in the hands of the future generations." *Ibid.*, 4.

Relief in April 1939,¹⁰⁸ and in his article “The demographic issue”, published in the pro-regime journal *Νέα Πολιτική*,¹⁰⁹ Doxiadis expressed his concern about the biological quality of progenitors and the decline of the young generation. The loss of the best biological traits was brought on by the hardships the Greeks had faced due to war – mainly the war of independence in 1821 – and migration, but it was also due to state indifference towards the fertility of the various social classes. He linked citizens’ biological value with social hierarchy and gauged that fertility, just like mortality, was higher in the lower social classes and lower in the higher social classes. Because of the adoption of new cultural models, the higher social classes, from where the regeneration of the race and its leaders would come, were content with no more than two children, being indifferent to the repercussions that such behaviour had for the nation.¹¹⁰ How could “valuable” families be convinced to give birth to more children? To address this biological inequity among social classes, he suggested adopting measures “similar to the ones taken by other inspired leaders such as Mussolini” so as to encourage worthy progenitors to have children. He proposed the establishment of a eugenic organisation responsible for monitoring all issues related to family heredity and launching a campaign targeted at the young generation in this regard. Teachers, priests and whoever instructed the young could serve as apostles of the “new religion”, that is, biology, so as to convince the young to abandon the modern attitudes to reproduction that could prove detrimental to racial regeneration.

Both advocates and opponents of the prenuptial health certificate agreed on the establishment of a eugenic society so as to enlighten the public. Hence, in 1940 neurologists and psychiatrists established the Greek Association for Mental Hygiene to promote eugenic ideas. This association set up a special department to study and propose measures for eliminating harmful hereditary predispositions and strengthening healthy ones.¹¹¹ It would also assist the healthy and racially worthy large families and study the relevant legislation such as taxation of bachelors, examine foreigners who were to acquire Greek citizenship according to racial hygiene laws, study family trees based on family records and elevate motherhood.¹¹²

In his study *Ψυχική και κοινωνική υγιεινή*, published in 1940, neurologist and psychiatrist Konstantinos Katsaras stressed the importance of instructing the public concerning eugenic issues, especially students in the upper grades

¹⁰⁸ Anonymous, “Αι διαλέξεις του Τμήματος Προπαγάνδας του Πατριωτικού Ιδρύματος,” *Το Παιδί*, no. 54 (May 1939): 31.

¹⁰⁹ Doxiadis, “Το δημογραφικό ζήτημα,” 415–19.

¹¹⁰ *Ibid.*, 419.

¹¹¹ Katsaras, *Ψυχική και κοινωνική υγιεινή*, 32.

¹¹² *Ibid.*, 163.

of high school, university students and military cadets. Instruction should not intimidate but contribute to the raising of family awareness. “It is our debt to be inspired by the ideals of our race and not by individuals, and to strive not to pass on material capital to our offspring but towards endowing them with enhanced and healthier biological capital.”¹¹³

The relationship of children’s mental health and eugenics also attracted the interest of psychiatrist Georgios Vlavianos, who went further to propose the adoption of negative eugenic measures in the case of individuals with mental disorders. In a number of lectures and radio broadcasts in 1938 and 1939,¹¹⁴ he addressed the question of how the proliferation of people of superior biological value and the reduction in births of individuals with low value could be achieved. He argued that the young should be made responsible for that; the youth had to be instilled with responsibility not only for themselves but also for the biological capital they bore, on whose preservation and transference the destiny of the next generation depended. For this reason, he advised them to be careful with their sexual relationships, examine whether the relatives of their partners had unhealthy predispositions, avoid marriage with lunatics, the hysterical, alcoholics or the drug addicts, not only for their own but also for the collective good. As such, health was the main criterion in establishing relationships with future spouses.

Vlavianos also argued that the state should reserve the right to intervene in the private life of citizens so as to prevent, on financial and cultural grounds, “the reproduction of those who most willingly would pass on unhealthy and defective hereditary predispositions to their descendants”.¹¹⁵ To avoid this situation, he suggested that men and women be sterilised without the removal of their genitals. This solution would be in the best interests of the state, relieving it from the financial burden of caring for patients with hereditary diseases, but also in the best interests of the nation, which would thus avoid decline.¹¹⁶ Mental hygiene was inseparable from eugenics as its goal was, according to Vlavianos, to lead individuals and nations to a higher level, “to promote the cultural achievements of the human mind and to protect the biologically worthy”.¹¹⁷

¹¹³ Ibid., 165.

¹¹⁴ For his lecture to the Parnassos Literary Society on 22 December 1938, see Georgios Vlavianos, “Ψυχική υγιεινή και ψυχική ευγονική,” *Ακαδημαϊκή Ιατρική*, no. 3 (February 1939): 71–80. For the radio broadcast he took part in on 4 January 1939, see Georgios Vlavianos, “Συμβουλές για την ανατροφή των παιδιών σύμφωνα με την ψυχική υγιεινή,” *Ακαδημαϊκή Ιατρική*, no. 5 (February 1939): 99–100.

¹¹⁵ Vlavianos, “Ψυχική υγιεινή,” 78.

¹¹⁶ Vlavianos referred to the financial cost. Ibid., 79–80.

¹¹⁷ “Τους άξιους και υπεράξιους,” Vlavianos, *ibid.*, 81.

The revival of the discussion about the health of future spouses from the perspective of state welfare points to the questions raised within medical and judicial circles, a section of which supported the regime on the eve of World War II. The promotion of eugenic ideas was evident in the Hygiene Exhibition, organised by the Ministry of Hygiene in 1938, which presented the progress achieved by the regime in the field (motherhood, eugenics, school hygiene, modern housing, etc.). A sign read: “We do not envision the superhuman; we simply seek to avoid the Greek subhuman.”¹¹⁸

Conclusions

The participation of Greek paediatricians in the eugenics debate illustrated the connection of eugenics with puericulture and the importance of social hygiene measures for the creation of a young, healthy generation. Influenced by the French tradition of puericulture, these paediatricians attempted to curb infant mortality, which had skyrocketed especially after the refugee influx. Capitalising on the dominant contemporaneous biological theories, they favoured the adoption of positive eugenic measures to secure better conditions for childbirth and child-rearing. Besides, their publications underlined the instruction of citizens in their biological duties to the nation and society. The influences they were exposed to during their studies and the political juncture of the period, but most crucially the policies on the modernisation of the public health system that liberal governments had established, accounted for the mild orientation that eugenics took in Greece. They adopted a critical stance towards extreme eugenic measures in order to avoid infringing on civil liberties or medical confidentiality, and they argued that a preparatory period of public enlightenment was necessary.

Some paediatricians, like Doxiadis, went as far as to suggest rigorous eugenic measures to strengthen the race. Estimating that hereditary factors prevailed over environmental factors, Doxiadis contended that educational and social policy measures were insufficient for the improvement of the health of the young generation; he also deemed state intervention in the private lives of citizens indispensable to the country’s racial regeneration. He firmly believed that the main demographic problem that Greece faced after the arrival of refugees was the quality of its biological capital and that the biological value of citizens was closely related to their social origins. Hence, he argued for a health policy based on biology. To accomplish the eugenic reconstruction of society, he suggested that the hereditary data on families be compiled and families be classified according

¹¹⁸ *Εκθεσις Υγιεινής οργανωθείσα παρά του Υπουργείου Κρατικής Υγιεινής και Αντιλήψεως, Ζάππειον* (Athens: Ministry of State Hygiene and Relief, 1938), 9.

to their biological value. Based on these classifications, the state could frame its taxation policy so as to give financial incentives to valuable parents, an essential prerequisite for racial regeneration. Having held senior positions both in the government and the Patriotic Foundation for the Welfare of Children, Doxiadis attempted to introduce innovations concerning the instruction of mothers in their biological duties, that is, the children's week and baby awards. Some of the novelties he proposed, such as taxation of bachelors that was inspired by the Italian Fascist regime, were not adopted by the liberal governments.

The social policies established by both liberal and authoritarian interwar governments aimed to combat infant and child mortality and improve the conditions of birth. Questions arise as to the continuities observed between the Pangalos dictatorship, which introduced puericulture institutions, Venizelos' liberal government (1928–1932), which laid the foundations for the welfare of mothers and infants by setting up consultation stations and maternity clinics, and Metaxas' regime, which strengthened these institutions, if not to use them to enhance his paternalistic image. In these continuities, common interpretations of health problems may be detected, which point to the demographic analyses of the period as well as to the common concerns about the biological quality of the population.

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