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## Polish Psychiatrists and Eugenic Sterilization During the Interwar Period

**ABSTRACT:** *During the interwar period in Poland, the medical profession (especially psychiatrists) were very much in favor of eugenics and proposed several sterilization bills to the health authority, all of which included involuntary and compulsory sterilization of specified groups of individuals. The bills were rejected and no sterilization law was passed in Poland.*

In Polish historiography, the extermination of Polish psychiatric patients by German medical personnel is referred to as “Nazi barbarity” [1]. Yet, to understand why things went as far as they did, something more than moral condemnation is required. We need to look at the theoretical basis for these acts, namely, eugenics. Eugenics, along with racism, supplied the Nazis with arguments to incite hatred of “the weak and inferior” and served as a theoretical justification for the politics of genocide. For a long time in the humanities, there has been intensive discussion about *Endlösung* (the final solution of the Jewish question), which derived not so much from traditional anti-Semitism as from the disciplines of eugenics, psychiatry, and anthropology [2, p. 381]. The complexity of the phenomena in question is underscored by the fact that during the interwar period—as was also the case in other European countries—Polish doctors (psychiatrists, in particular) were devoted to eugenics. Just before the outbreak of World War II, the Polish Eugenics Society boasted 10,000 members [3, p. 276]. In all likelihood, many Polish psychiatrists who witnessed the extermination of patients in their hospitals during the war personally knew the Nazi executioners from international eugenics congresses,

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meetings, and conferences [4]. Given the context, it is understandable that, after the war, Polish psychiatric circles preferred to use the term “Nazi barbarity” rather than acknowledge that these mass murders were, in some respects, a consequence—extreme and radical, but nevertheless a consequence—of eugenic thought. After decades of silence hanging over the connection between Polish psychiatry and eugenics, we now raise the following questions: How did Polish psychiatrists view the compulsory sterilization proposals that emerged in Poland in the 1930s? Did they perceive any danger in eugenic selection? How did they reconcile eugenic doctrine, which was hostile toward the weak and infirm, with their professional vocation as psychiatric doctors? To what degree was the Polish model of care for the mentally ill influenced by German psychiatry?

### **The Beginnings of Polish Psychiatry**

The most prominent names in Polish psychiatry are Rafał Radziwiłowicz (1860–1929), Jan Mazurkiewicz (1871–1947), Witold Chodźko (1875–1954), Jan Władysław Nelken (1878–1940), Witold Łuniewski (1881–1943), Wiktor Grzywo-Dąbrowski (1885–1968), Oskar Bielawski (1891–1957), Stefan Pieńkowski (1895–1940), Eugeniusz Wilczkowski (1895–1957), and Kazimierz Dąbrowski (1902–1980).

The generation of psychiatrists born in the decades between 1860 and 1890 began their professional and social commitments before World War I—before Poland’s independence when, starting at the end of the eighteenth century, the country was partitioned among its neighbors: Austria, Prussia, and Russia. The lack of social progress was felt most in the Russian part of Poland (Congress Kingdom), where the Russian authorities did little to improve the health of the population; they may even have impeded it on purpose. As a result of the neglect of hospital hygiene and the lack of clean water, the rate of infant mortality was high. Doctors, who were recruited from the Polish intelligentsia, had a sense of social mission and shouldered part of the workload that, elsewhere, would have been the responsibility of dedicated medical and government services. Among such grassroots social actions at the turn of the twentieth century belonged the organization of exhibitions promoting hygiene and sanitation, the establishment of public washrooms, the beginnings of social work in working class districts, the organization of mass vaccination against infectious diseases, and the reinstatement of clean sewage and drainage. In all, thousands of doctors and social workers were members of two of the largest social-medical associations: the Warsaw Hygiene Society and the Bolesław Prus Society for Practical Hygiene. Social endeavours of physicians at the turn of the twentieth century in the Russian partition were held in check by the Tsarist authorities who treated all such initiatives as politically dangerous. Right up until 1905, organizing any such groups on Congress Kingdom territory was banned and permission to register and legally carry out social projects was granted only sporadically. The situation of Poles in the German partition deteriorated with the rise of German nationalism following the

country's unification and the policies of Otto von Bismarck (chancellor of Germany, 1871–1890). The repressive measures of the occupiers prompted many young doctors to engage actively in political activity. Such activity took both patriotic and social forms, intertwined in the biographies of future psychiatrists. Łuniewski was arrested for the first time at the age of 22 by German authorities for spreading socialist and proindependence propaganda among workers. During World War I, he was active in the Polish Army Organization, a patriotic organization established in 1914 by Józef Piłsudski and intended as an embryonic armed force for a still nonexistent Polish state, and for this he was placed in a prisoner-of-war camp in Havelberg. Witold Chodźko was also in conflict with the Tsarist authorities for illegal educational activity while he was still studying at Warsaw University. At the beginning of the twentieth century, Chodźko headed the social action "Drop of Milk," which provided infant formula to mothers who could not breastfeed. It was the first institution to initiate maternal and child care in Poland. Well-known Polish writers such as Stefan Żeromski (1874–1941) and Tadeusz Żeleński-Boy (1864–1925), who joined the movement, added to its prestige and social recognition.

Virtually all the leaders in the field of Polish psychiatry such as Radziwiłowicz, Mazurkiewicz, Chodźko, Łuniewski, and Nelken were Freemasons [5, p. 16]. As early as the second half of the nineteenth century, Polish independence organizations hid behind the cover of the Masonic Lodge, which most likely explains the certain peculiarities in the biographies of Polish psychiatrists.

Before World War I, political involvement and proindependence activity characterized the political attitudes of psychiatrists during the interwar period, and the whole period of the newly born Second Republic of Poland (1918–1939) reinforced their good relationship with the State, with the State guaranteeing safety and tools essential for social progress, including health [3, p.125].

It is worth noting that some of the psychiatrists mentioned had a good deal of international professional experience. For example, in 1908, Łuniewski received a medical degree from the medical academy in Zurich, and then became an assistant in the psychiatric clinic of Eugen Bleuler. Between 1909 and 1914, he traveled several times to Italy, Austria, Germany, and France to observe models of medical care for the mentally ill. After finishing his medical studies (he obtained his doctorate in 1896), Mazurkiewicz's degree was recognized in Dorpat, and he spent the next two years (1897–1899) training in a clinic in Graz; he then spent a year in Paris in the Asile Sainte Anne, after which he returned home. All of the psychiatrists had extensive experience in hospital work. By 1918, they had worked in the Polish hospitals of Kochanówka, Lubliniec, Kościan, and Tworki, among others [6].

### **Psychiatry and Medical Care in Independent Poland**

After doctors gained real power in 1918, they were able to put into practice their late-nineteenth-century commitment to social welfare, which consisted of values held by the intelligentsia, namely, altruism, or putting the common good before

one's own (especially important in a country whose development lagged behind that of others). After independence, physicians as a group played a significant role in creating the framework of modern medical care. As a result of pressure from medical doctors, a separate Ministry of Public Health, Work and Social Welfare was created in 1918, headed by the psychiatrist, Witold Chodźko. The scope of the Ministry of Health included a wide range of activities. Three departments were under its authority: health, social welfare, and work. The deputy was Tomasz Janiszewski, a respirologist and a zealous spokesman for the promotion of physicians to positions in the civil service in the newly reborn nation state. During the period of building a new state, an intense rivalry developed between doctors and lawyers; doctors wanted to oust lawyers from national health politics. The main organization supporting doctors in their ambition to achieve top positions in the national administration was the Polish Eugenics Society (PES), formed in 1922 under the leadership of the specialist in venereal diseases, Dr. Leon Wernic (1870–1953).

The PES was an off-shoot of the Society Fighting Against Venereal Diseases and Prostitution [3, p. 88]. Within PES and among its leaders were psychiatrists; Chodźko was the deputy head for the entire interwar period. In 1918, the first Eugenics Congress took place, titled Congress on Issues of National Depopulation (*Zjazd w Sprawie Wyludnienia Kraju*), at which members of the eugenics section appealed to the Polish authorities to introduce legislation for the compulsory sterilization of criminals and mentally ill patients who were residents of state institutions and prisons as well as the voluntary sterilization of those “burdened with hereditary diseases” [7, p. 27].

Because in the existing model of Polish health care, the main burden of treatment costs was borne by the State (e.g., free treatment, mother/infant care), the congress advocated eugenic correction through the introduction of premarital certificates and sterilization of certain groups of people as well as changes in tax law to encourage “eugenically superior families” to increase their rate of reproduction. Simply put, eugenicists thought that limiting the reproductive freedom of citizens was a price worth paying to maintain the welfare state model of care. The centralization of three concerns (work, social welfare, and health) into one potentially gave the doctor-eugenicists considerable power. Their plans were, however, scrapped in 1924, when the new government shut down the Ministry of Health on the grounds of budget cuts, delegating its responsibilities to other ministries. This move meant the end to doctors being able, independently, to run health politics. Pragmatism sided with all those disturbed by the radical approach of physicians in politics: The emerging nation state as an administrative structure was not as far advanced as had been promised in 1918. In the course of time, it turned out that the high health expenditures that the eugenicists had proposed (having set out costly plans for care centers and councils for health and hereditary issues) was, in the face of more urgent expenses in the newly reborn nation state, wholly unpersuasive and illogical.

The emergence of PES was part of a general current of thought resulting in new medical associations and the growth of the medical profession. The early 1920s saw the formation of the Polish Gynaecological Society, the Anti-Tuberculosis Union, the National Hygiene Institute, and the rebuilding of the hospital network. The Polish Psychiatric Society was established in 1920 at the First Congress of Polish Psychiatrists in Warsaw. Later, nationwide congresses took place in various locations, including Poznań, Wilnius, Lubliniec, Łódź, and Lwów. Yet Polish psychiatrists suffered more keenly than doctors in other specialties from a certain inferiority complex due to what they perceived as a lack of originality. During the Third Congress of Psychiatrists in Wilnius, Chodźko stated, “The fact that a Polish psychiatric school does not exist . . . is dire and regrettable” [5, p. 98].

Psychiatrists soon found themselves in PES and became—alongside respirologists, venereal disease specialists, and pediatricians—a permanent group contributing to *Zagadnienia Rasy* (Questions of Race; a publication of the PES in the interwar period, renamed in 1938 *Polish Eugenics*).

### **Mental Hygiene and Eugenics**

In the 1930s in Polish psychiatric circles, the term *mental hygiene* became fashionable as a basis of psychiatric reform. Emphasis was placed on creating hospitals that provided friendly and pleasant living conditions, more akin to sanatoriums. The eminent psychiatrist, Kazimierz Dąbrowski, noted in his article *Higiena psychiczna zagranicą i u nas, jej najbliższe potrzeby i próby ich realizacji* (Mental Hygiene at Home and Abroad, Its Essential Requirements and Attempts at Realization) the close relationship between mental hygiene and eugenics:

The scope of eugenics and mental hygiene overlaps. Mental hygiene concerns that part of reproductive hygiene that seeks and uses the most favorable conditions for the mental health of a population and its culture. In the field of the child-rearing psychology and pedagogy, mental hygiene is chiefly concerned with the relationship between physical constitution and mental constitution, between physical development and mental development, and the correlation of physical and mental constitutions with outside influences. [8, p. 60]

PES, together with the abstinence associations, began to popularize this slogan of modern psychiatry.

A major role in spreading psychiatric reform was played by Oskar Bielawski, who became director of the psychiatric institution in Kościan in 1929. He was vigorous in doing away with isolation rooms and bars on windows and in introducing an open-door policy. Witold Łuniewski, who carried out similar reforms at the Tworki psychiatric institution where he was director, called for a faster development of outpatient noninstitutionalized mental health care. He referred to the German model, specifically the model of care created by Gustaw Kolb [9]. In the mid-1930s, thanks to the Welfare Minister, the Institute of Mental Hygiene was established, and in the same year Oskar Bielawski began publishing two journals,

*Psychiatric News and Mental Hygiene*, whose editorial teams consisted of psychiatrists and eugenicists. Bielawski wrote:

The task of mental hygiene is to direct the whole arsenal of tools at its disposal to fulfilling eugenic tasks of properly raising children, helping them to choose an appropriate profession, to select the right life partner, offering advice in times of misfortune, with the aim of totally preventing premature senility. [10, p. 7]

Psychiatrists were interested in the results of intelligence tests, research on twins, tracing the hereditary nature of mental illness, advocating abstinence from alcohol, and raising children and adolescents (which included the issue of sex education).

We can look at the growing appeal of eugenics in psychiatric circles through the prism of care and treatment. In the 1930s in Poland, the new model of treatment was taken up relatively quickly. However, Polish psychiatrists found themselves in a somewhat paradoxical situation, when, despite their efforts, the number of patients in psychiatric hospitals continued to rise, while a substantial proportion of patients went without psychiatric care [11]. Under these circumstances, the bulk of the effort in psychiatry moved toward preventive eugenics. Schmuil wrote:

The apparent contradiction between psychiatric reforms, which drew attention to social aspects of treating the mentally ill (family, home, work), and preventive eugenics, which assumed pure genetic determinism, disappears upon close inspection. The new psychiatry retained a clinical method of observation according to which the causes of psychological illness lay in bodily malfunction. In treating the mentally ill by trying to protect them against secondary symptoms of long-term institutionalization, it did not have to pay attention to issues of causation. Meanwhile, preventive eugenics, in seeking to eliminate the essence of mental illness by stopping its perpetuation through the chain of heredity, also obviated the need for therapy based on causation. It seemed that, the conjunction of individual rehabilitation and collective preventive measures led to the shaping of modern psychiatry. [12, p. 394]

Indisputably, the German model of psychiatric reform had the greatest influence on the Polish school of psychiatry during the 1930s. Mazurkiewicz, in his speech at the Polish Psychiatric Society's fifteenth anniversary celebrations, expressed it clearly: "Polish psychiatric writing exists, but a Polish psychiatric school does not. . . . Today, the so-called Polish psychiatric school is still just an echo and a continuance of German psychiatry" [13, p. 37]. He could not have foreseen that after World War II his textbook would be censored and branded as racist [14].

### **Proposals for a Sterilization Bill**

The proposals for Polish eugenic legislation were published for the first time in *Zagadnienia Rasy* in 1934 and later in an amended version in 1935. Proposals for the legislation consisted of four parts: (a) premarital counselling, (b) help for newlyweds, (c) health records, and (d) reducing the burden of welfare [15].

These innocent-sounding sections contained a clause arguing for the compul-

sory segregation and sterilization of individuals suffering from the following conditions: congenital mental deficiency, hereditary epilepsy, schizophrenia, manic–depression, hereditary deafness and blindness, severe hereditary physical disability, and severe alcoholism. The plan was discussed by the eugenics section of the State Health Board, which included psychiatrists Wiktor Grzywo-Dąbrowski, Jan Nelken, and Witold Łuniewski. State Health Board meetings took place on February 12, March, 4, March 11, and March 15, 1936. At the first meeting, Ludwik Hirszfeld, the most eminent Polish immunologist (codiscover of the inheritance of ABO blood types) took the floor. His opinion was that the matter of sterilization, from a medical point of view, prompted very grave doubts. Wernic, Grzywo-Dąbrowski, and Kacprzak argued against this [16]. Grzywo-Dąbrowski noted that in Denmark, five years after the introduction of the Sterilization Law, positive effects could already be observed. Wernic expressed his concerns about the “idiots, schizophrenics, and morons left to roam freely” [16, p. 3]. Kacprzak supported him, saying, “Undoubtedly, unfit individuals unable to support themselves multiply far more quickly than fit persons, and thus the social burden grows” [15, p. 3]. The two first meetings ended without any definitive conclusions being reached.

At the third meeting, Łuniewski, director of the psychiatric hospital in Tworki, took the floor. He supported Hirszfeld in the belief that eugenic sterilization (with the good of the race as its aim) had a dubious medical basis. However, he backed the use of sterilization from a social point of view; in addition, he argued for the castration of sexual offenders.

Paradoxically, Łuniewski was among the most severe critics of the German Sterilization Laws. In 1935, he argued,

From the ethical position of liberalism, as from the ethical position of Christianity, the German law passed 14 VII 1933 exhibits a gross violation of the rights of the individual, which we are accustomed to respecting. The whole system of protecting the race carries elements of blind fanaticism, hurtling down a blind alley with no way out. From a biological-medical point of view, the German sterilization law raises a number of doubts. The way hereditary diseases are passed on we know only from one disease, namely Huntington’s disease. This disease is rare, and usually appears too late for the sterilization of sufferers to be effectual. [17, p. 189]

In his opinion, the law should not be motivated by concerns of an economic nature: “If economic concerns were to decide the fate of the mentally ill, a far more effective method of cost-cutting would be not sterilizing but, for example, poisoning or shooting all ill people” [17, p. 190].

At the fourth meeting in the conference room of the Health Service Department of the Welfare Ministry on March 25, 1936, four individuals presented different eugenics:

- Bohdan Ostromęcki (deputy director of the Health Service Department): Eugenics Bill;
- Wiktor Grzywo-Dąbrowski: Postulates in the Matter of Sterilization and Castration;

- Witold Łuniewski: On Stemming Undesirable Reproduction; and
- Leon Wernic: On Stemming the Reproduction of Unfit Individuals [16].

Łuniewski's proposal, in fact, went very far. He differentiated two types of indicators/motives for sterilization: eugenic and social. In part, the eugenic indicators proposed were that oligophrenics (i.e., people suffering from various types of nervous and mental illness, hemophilia, and malignant tumors) could, at their own request or that of their legal guardian, be sterilized. Among the social indicators for sterilization were cases of mental deficiency, psychopaths, epileptics, and alcoholics. He argued,

[Sterilization for social reasons] addresses the fear that those who, through hereditary weakness, are not able to appreciate their parental responsibilities because of mental malfunction . . . and who bring into the world abnormal children without being able to care for them, leaving them in want and abandoned, may be sterilized without their consent. [16, pp. 1–2]

The proposal was supplemented with an addition stating that requests for sterilization could be submitted by family, blood-related guardians, welfare organizations, civil police, and directors of institutions (treatment, care, or penal) as well as, stunningly, any adult Polish citizen. Łuniewski also foresaw castration on request of the public prosecutor for therapeutic purposes to treat criminals and sex offenders. Grzywo-Dąbrowski's proposal recommended voluntary sterilization of interested persons in the case of hereditary conditions and others (such as tuberculosis and venereal diseases), as well as sex offenders. Compulsory sterilization was applicable to the mentally ill and underaged on the request of a legal guardian or doctor. Compulsory castration, on the other hand, was reserved for serial sex offenders.

All the previously proposals became subjects of debate in 1938 and, then, of compromise. The compromise version of the bill most resembled Łuniewski's proposal. It introduced compulsory sterilization for reasons both economic and social,

of persons who, through hereditary weakness, are not able to comprehend their parental responsibilities because of mental malfunction, . . . and who bring into the world abnormal children, may be sterilized without their consent, based on the conclusions of an appropriate medical commission as well as the ruling of an appropriate (special) court. [16, p. 2]

The proposed eugenics bill was brought up at the Sixteenth Congress of Polish Psychiatrists, which took place in Lublin and Chełm from December 6–8, 1936. At this congress, Stefan Pieńkowski, psychiatrist and lecturer at the Jagielloński University in Kraków, put forward many reservations to the idea of sterilizing people. He pointed out the potential risks posed by sterilization procedures that could lead to a rise in the numbers of psychopaths, a growth in crime, destruction of able and talented individuals, and a rise in various forms of posttraumatic neurosis. He enumerated a long and varied list of unclear and questionable points in the planned bill. However, despite these reservations, he agreed with the use of



sterilization in the case of alcoholics and drug addicts as well as a number of cases of mental illness [18].

### Psychiatrists on Sterilization in the Press

Alongside the debate in the eugenics section of the PES, the same discussions were being argued in the press, particularly in the medical press, on the subject of sterilization. In the very first issue of *Mental Hygiene*, the German sterilization act was included *in extenso*, as well as a further amended version of the Polish eugenic bill (from 1935) [19]. A paper by Henryk Żółtowski, "Sterilization from the Perspective of Social Science," read at the Poznań branch of the Polish Psychiatric Society session in April 1935, appeared in subsequent issues [20]. Żółtowski raised two questions: "whether the social benefit is, here, really so serious, as to legitimize the violation of body integrity in an individual who is legally innocent" and "whether, if such a social threat really exists, sterilization is the appropriate form of protection" [20, p. 139]. To the questions he raised, Żółtowski responded firmly. Sterilization can be legitimized on the basis of eugenic and social indicators: "Those who cannot support and raise children, should not have them" [20, p. 141].

Following Żółtowski's [20] paper, the editors placed an article by the neurologist and psychiatrist, Józef Kirschner, a doctor engaged in sex education and promotion of birth control. The author expressed the opinion that compulsory sterilization should only be carried out on the mentally retarded and on criminals [21]. He recommended that those with schizophrenia, epilepsy, and manic-depression be, for the time being, excluded. In a further entry, he continued:

I stand on the premise that the state should exist for the good of its members and be permitted to limit their freedom only to the extent that internal order and the need for defence against external enemies demands. The individual, however, depending on the fortune and fate of the society in which he lives, must in case of necessity, make sacrifices for the good of that society. [22, p. 69]

Fortunately, these opinions were not shared by the Polish government whose representatives categorically rejected the proposals for a eugenics bill, calling into question not only compulsory sterilization but every other form of eugenic social selection as well. A high-ranking official stated that doctors could, at most, advise against the marriage of ill persons, but no state authority should intrude further [23].

Despite repeated firm rejections from state authorities, the introduction of artificial social selection and matters of sterilization and eugenics were not dropped from the columns of *Mental Hygiene* until the magazine folded in 1938. Regular features included reprints of articles from *Questions of Race*, justifications for introducing eugenic bills, summaries of eugenic literature translated from foreign languages, and notes on the progress of sterilization activities in neighboring countries. The circumstances surrounding the closure of *Mental Hygiene* are not well known, although perhaps it was inevitable, given the radical views expressed by

contributing doctors. In 1938, *Questions of Race* officially renamed itself *Polish Eugenics* to avoid comparison with Nazi eugenics but, unofficially, the motive was to avoid trouble, which the former name might have caused.

Noticeably, in the interwar years in medical circles, psychiatrists became the pressure group most supportive of the eugenics bill. In opposition to the proposals for compulsory sterilization were Catholic medical circles such as the Polish Catholic Doctors' Union, as well as doctors outside the field of psychiatry such as Stefan Dąbrowski and Julia Blay. One exception was Stefan Pieńkowski, who, while approving sterilization as a preventive measure in psychiatric treatment, strongly expressed his doubts and reservations regarding its potential benefits. Yet he remains an isolated case in Polish psychiatric circles. In the heated protest against Nazi eugenic laws, Polish psychiatrists were not against eugenic coercion (i.e., involuntary sterilization) but only wanted to temper the radicalism of Nazi doctors and to discard racist and anti-Semitic rhetoric. Polish psychiatrists were convinced of the possibility of working out a civilized, humanitarian, and moderate form of eugenics.

After the invasion of Poland by Hitler's Germany, the prophecy of Łuniewski was fulfilled. Psychiatric hospitals were taken over by German medical personnel and, thus, began the mass murder of the mentally ill, including the patients of Owińsk, Kochanówka, Choroszcz, Dziekanka, Kulparków, Chełm Lubelski, Łubliniec, and many others. The ill patients were shot, poisoned with gas, slowly put to death by injections of luminal, and starved to death. Local people spoke of patients groaning, praying, begging for mercy, of their terrible cries, and desperate attempts to escape before execution [1, 24]. Some of the Polish psychiatrists who witnessed the extermination of their patients, such as Stefan Miller (1903–1942), head of the hospital Zofiówka in Otwock, and Karol Mikulski (1901–1940), head of the psychiatric hospital in Gostynin, committed suicide. Others, including Paweł Wiszniewski, Józef Bednarz, Józef Kopic, and Maria Goldmann, were shot by German soldiers along with their patients. Jan Nelken and Stefan Pieńkowski were killed by Soviets in Katyn in 1940. An estimated 60 psychiatrists perished during World War II [1].

Doctors such as Wiktor Grzywo-Dąbrowski, Oskar Bielawski, Eugeniusz Wilczkowski, and Witold Chodźko, who survived the German occupation, never again wrote about eugenics. In the wake of the mass murder of mentally ill patients, the scientific optimism characteristic of Polish psychiatrists before World War II was replaced by a paralyzing, mortifying sense of shame, anguish, and horror born from half a century of silence over the eugenic tradition in Polish psychiatry.

After World War II, the communist authorities did not reissue the prewar textbooks of Polish psychiatrists on the grounds of their "reactive, deterministic character," and their "blind acceptance" of Western genetics. Instead, from 1947, along the lines of the Soviet model, the theories of Miczurin and Łysenko were intensively promoted. Censorship of psychiatrists and eugenicists was understandable

from a purely political perspective because any public debate on the subject of eugenics would have needed to address the fact that, despite the enthusiasm of many Polish doctors, the proposals for compulsory sterilization were, in the end, rejected by prewar politicians who, in the communist press, were branded as traitors, and fascist imperialists but who, in this instance at least, demonstrated their honesty and devotion to the public good. The communist press could not refer to any good service rendered by the prewar government. The doctors who were censored never themselves returned to the subject of eugenic sterilization. For them, this episode in their lives was closed once and for all.

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