

Eugenics and medicalization of crime at the early 20th century in Uruguay¹

Eugenesia y medicalización del crimen a inicios del siglo XX en Uruguay

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Abstract

The article analyzes the relationship between eugenics and medicalization of crime in Uruguay between the end of the 19th century and the first three decades of the 20th century. The perspective adopted starts from the consideration of the conversion of crime and other socially problematic behaviors in a psychiatric matter, as part of broader processes of biopolitical management of social life in urban contexts. In that sense, some peculiarities of the Uruguayan case are examined concerning the relationship between eugenics and medicalization of crime, standing out the inexpressive allusion to the racial factor and the extreme importance attributed to the “social addictions” and, in particular, to the alcohol consumption as a reproductive and criminogenic element susceptible to put at risk the composition and quality of the population.

Keywords: Medicalization; Eugenics; Alcoholism; Crime.

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Resumen

El artículo analiza las relaciones entre eugenesia y medicalización del crimen en Uruguay hacia fines del siglo XIX y primeras tres décadas del siglo XX. La perspectiva adoptada parte de la consideración de la conversión del crimen y de otros comportamientos socialmente problemáticos en objeto de la medicina psiquiátrica como parte de procesos más amplios de gestión biopolítica de la vida social en contextos urbanos. En ese sentido, se examinan algunas peculiaridades del caso uruguayo en lo que concierne a las relaciones entre eugenesia y medicalización del crimen, destacándose la inexpresiva alusión al factor racial y a la importancia superlativa atribuida a los «vicios sociales» y, en particular, al consumo de alcohol como elemento disgenésico y criminogénico susceptible de poner en riesgo la composición y calidad de la población.

Palabras clave: Medicalización; Eugenesia; Alcoholismo; Crimen.

Introduction

This article aims to present a preliminary investigation about the connections between eugenics and the medicalization of crime from the late 19th century to the first decades of the 20th century in Uruguay. The research that gave origin to it leaned on the initial hypothesis that, in this period, the foundational elements of the conversion of criminal behavior into object of knowledge and of the medical practice were built, which would have exerted a decisive influence in the progressive psychiatrization of the criminal behavior from then on until the present day. Among these foundational elements, we emphasize: (1) The inclusion of crime medicalization into broader biopolitical strategies and technologies to manage human behaviors regarded as abnormal; (2) the development of etiologial models based in the establishment of causal connections between biological factors and mental disturbances, as well as between the latter and the criminal behavior; and (3) the institutionalization of forensic psychiatry as a disciplinary and professional domain that, in a precocious way, ensured the monopoly over the production of technical-scientific knowledge about crime and criminal endangerment.

One of the axes of analysis used in the research is the etiologic-therapeutic models (Laplantine, 1991) which organized the medical-sanitary responses to the issue of criminality, mainly in urban areas. We started from the hypothesis according to which, in the Uruguayan legal medicine and emerging Psychiatry, discursive strategies characterized by a decidedly more eclectic profile on the crime etiology have predominated, with little or no importance attributed to racial factors as producers of abnormality and, in particular, of criminal behavior, thus differentiating itself from the forms of scientific racism the literature on the topic has extensively described when examining other societies in this same period (Corrêa, 2013; Suárez y López-Guazo, 2002). Thus, the Uruguayan Psychiatry at the beginning of the 20th century have privileged alcoholism and syphilis, extolling the eugenic and preventive role of sanitation and the moral reform of those segments of population

that would be more susceptible to suffer from such illnesses, which were, in turn, interpreted as causes of degeneration and, consequently, of criminal behavior.

Despite these differences, it is possible to register the existence of a set of elements that the Uruguayan medical thinking of the early 20th century shared with the Psychiatry in various European and Latin American contexts. Such confluences can be observed in three dimensions: (1) the social problematization of the composition and quality of the population associated with biological and social reproduction conditions of popular sectors; (2) the influence of the Morelian theory of degeneration as an organizing elements of the etiologic-therapeutic models of criminal behavior; and (3) the consideration of alcohol consumption as a dysgenetic and criminogenic factor to be fought by campaigns designed under slogans and political technologies of hygienist character.

However, these are confluences within the contexts of medical views on crime that, to some extent, seem to have been diluted in the specifics of the biopolitical management of criminality in the different countries during the period under study. In this sense, this study will highlight the etiologic role of the factors that predominantly structured the medical discourses about the criminality in Uruguay, represented by the threatening nature of the then called “social vices”, among which the consumption of alcoholic beverages was emphasized.

Eugenic strategies in Uruguay: social vices, degeneration, and crime

As mentioned above, among the relevant dimensions of the medicalization of crime are the social problematization of the composition and quality of the population as a consequence of biological and social reproduction conditions of the popular sectors, and the attribution of criminogenic

factors to certain conditions and individual or collective behaviors.

In this sense, analyzing the forming process of the medical view concerning behaviors regarded as abnormal and, therefore, associated with social dangerousness, also involves investigating the factors that allowed the society attributing to medicine the monopoly of the explanation and intervention on these anomalies. The medicalization of social life, understood as the expansion of the domains in which the medicine passes to intervene (Conrad; Schneider, 2012; Crawford, 1980; Mitjavila, 2010, 2015), can be seen as a key element of the biopolitical strategies (Foucault, 1991, 2006) that organize the life in society through mechanisms which intervene, at the same time on individual bodies and the bodily substrate of the population.

This biopolitical dimension of the medicalization can also be observed in the processes that led to the conversion of crime and other behavior regarded as abnormal into objects of medical knowledge in the Uruguayan society. The well-known First Batllismo², installed in Uruguay between 1900 and 1930, was consolidated on bases comprising the strengthening of the State, the creation of an advanced social protection system for the time, an intense process of secularization of the social life, and the introduction of hygiene as the fundamental support of social structure modernizations strategies (Barrán, 1993a; 1993b, 1995; Caetano; Rilla, 1996). Institutional formats built from the 19th century enabled a commons response to a set of problems that began to be associated with poverty, vagrancy, epidemics, immigration, crime, and madness (Ortega; Beltrán, 2017). Hospitals and prisons were the primary models from where political practices and discourses were combined, aimed at social and sanitary protection of the population through punitive and sanitizer mechanisms that supported strategies that can be considered eugenic. Such strategies, founded in and by the scientific authority, where greatly

² The First Batllismo is the period covered by the three first decades of the 20th century and owes its name to the central role of José Batlle y Ordóñez - President of the Republic for two terms in those thirty years - in the consolidation of State authority throughout the national territory and in the promotion of a social protection system defined as advanced for its time.

developed until the 1930s, coinciding with the first dictatorship of that century in Uruguay³.

One of the main concerns of the time referred to the configuration of the population. Being this a society receiving a relevant migration flow (both external as internal), the proliferation of speeches aimed at its improvement started to have an institutionalized expression, especially from the acceptance, by part of the dominant sectors, of new “scientific” knowledge related to inheritance.

Eugenics stood in the intersection of Biology and Politics and it was, without doubt, an idea of that time. It was not a pseudoscience, but a rationalized manifestation of the need and desired for controlling and dominating the population, which many modern actions incubated between the late 19th century and the first half of the 20th century regarded as a priority. To some extent, this was a way to speak about social problems in biological terms. With remarkable speed, it was articulated as “the science of improving raw material,” a science distinguishing between promoting the reproduction of the “fittest” and preventing or hindering the reproduction of the “less fit.” (Armus, 2016, p. 150)

The literature highlights the proliferation from the 1890s, of studies on eugenic discourses and practices developed in other contexts in the early decades of the 20th century. The study of Stepan (2005), first published in 1991, emphasized the diversity within the eugenics movements, distinguishing the Anglo-Saxon and the Latin strands. While the first was

supported by Mendelian concepts about heredity, being characterized by policies of direct intervention in the biological constitution of populations; the Latin eugenics, inspired in the neo-Lamarckism, formulated softer intervention policies, believing that the improvements in the population life conditions would reflect in its biological perfecting. Issues that have been

investigated and discussed in recent years revolve around the questioning about to which extent it is possible to speak of *soft* Eugenics as opposed to a *hard* one. (Vimieiro-Gomes; Wegner; de Souza, 2016, p. 7, own translation)

Though this discussion shall not be the focus of this study, any analysis of the topic should not ignore it. What interests us is highlighting the existence of diverse discourses and strategies in the field of eugenics, as well as registering the deep roots of elements from the second strand of eugenics mentioned by Stepan in Uruguayan soil.

Eugenic strategies and crime prevention

In the passage from the 19th to the 20th century, a large institutional framework, secularized and based on hygienist ideas, was consolidated in Uruguay. Concerned with population improvement, such framework intended to respond to situations that generated fears and uncertainties due to being regarded as abnormal and, therefore, dangerous, including those linked to the intersection between madness and crime. According to Barrán (1995, p. 206):

Eugenics, a theory that advocated fighting the “degeneration” of a “race” threatened by popular diseases and “vices,” especially alcoholism, syphilis, tuberculosis, and mental disorders, was the dominant belief among physicians of the 20th century and gave a concrete form to the utopia of a society governed by principles drawn from biology. These principles were synthesized in the preservation of the “quality” of the “race,” so they ended up condemning the abnormal, the criminal, the marginal, and the diseased, in perfect agreement with the established order, [...] The link between eugenics and social reform gave a peculiar stamp to the Uruguayan eugenics but could not prevent its political ambiguity.

³ The *coup d'état* of 1933 in Uruguay can be situated as a consequence of the crisis of capitalism in 1929 and characterized as a reaction face the advancements consecrated in the first three decades of the century. Despite this, it was a very productive period regarding the construction of a dense institutional and legislative substrate, which remained valid throughout the 20th century.

A peculiarity of the Uruguayan version of eugenics is noteworthy: the majoritarian allusion to the species, and not to race, as the object of eugenic interventions, thus highlighting the intrinsic value of the population beyond its racial composition (or in spite of it) - something that could, at least in part, correspond to the cosmopolitan composition of the Uruguayan population in this period (Barrán, 1995).

Despite this, Uruguay had its version of the so-called "eugenic utopia" (Sapriza, 2001), whose lifespan stands in the interwar period from 1918-1945, involving some segments of the scientific community and State authorities, covering personalities from the entire political spectrum. Such penetration of the eugenic ideas came to influence the orientation and design of public policies, mainly in the areas of biological reproduction, immigration, and public health and hygiene.

On the other hand, the eugenic ideas won support among members of various professional corporations, such as those that brought together physicians, jurists, and lawyers, as well as members of the elite of the political system. Another aspect that must be considered is the influence of the Morelian theory of degeneration as an organizing element of etiologic-therapeutic models of abnormal behaviors. However, the concerns of degeneration theoreticians and eugenicists were not completely coincidental, though at times they are similar regarding ways of conceiving the production of abnormality (Caponi, 2012).

Similarly, it is interesting to highlight Caponi's observation on the degradation attributed by the degeneration theory to the hereditary transmission of certain stigmas that aggravated over generations, in the sense that it does not usually lead its authors to propose drastic measures in eugenic terms. On the contrary, the bet was often in moralizing or educational measures which aimed at the regeneration of the abnormal:

That fact that concerned both degenerationists as eugenicists was identifying a series of physical characteristics or behaviors considered undesirable, which should be regarded as a deviation from normality. Thus, the discourses devised by degenerationists and eugenicists are inscribed in

the same axis: that determined by the pair normal/pathological. (Caponi, 2012, p. 43, own translation)

Consideration of the influence of environment in the etiology of diseases, pertaining to hygienist strands, will also be found in the local eugenic perspective, which will emphasize "the environmental conditions and their essential improvement if what is wanted is to build a strong and healthy population" (Sapriza, 2001, p. 30). Health and sanitary measures will also be the centers of therapeutic strategies.

Prospects that identified the environment as a factor associated with the origin of diseases that threatened the species become evident in medical narratives about syphilis, alcoholism, and tuberculosis (Barrán, 1995). Thus, the notion of heredity in acquired characters started have credence as a justifier of several eugenic strategies.

Such a presumption about the morbid heredity of acquired factors was based on three axes, around which the hygienist strategies in Uruguay were projected: one linked to immigration, other to biological reproduction, and a third, which this article emphasizes, linked to the struggle against the so-called social vices, particularly alcoholism.

Regarding immigration, Sapriza (2001, p. 48) emphasizes that the Law of June 19, 1890 established the regulated immigration. It provided for the advance of airfare, accommodation and free food for the first days of stay in the country, and movement to the expenses of the State. Restrictions were established in chapter IV - thus, could not embark as immigrants those who were: "sick with contagious diseases, beggars, individuals who, due to organic vice or physical disability, were absolutely unfit for work, and people older than 60 years of age (unless they were members of a family with four or more members fit for work)." Article 27 established: "Are equally prohibited the immigration of Asians, Africans, Gypsies, and Bohemians." Unfortunately, there is no sufficient historiographical records to assess the real extent of such restrictions nor the type of link the national authorities established between these profiles of the immigrant population and their assumed social dangerousness.

Concerning reproduction, the second organizing axis of eugenic strategies, Sapriza (2001) points out

the constitution of marriage and the information related to biological history and background of hereditary or contagious diseases the authorities required from intending spouses. Stepan (2005, p. 2, own translation) indicates, in the same sense, the concern shared by eugenic policies of the period on the factors that threatened the central role of the family as moral rearguard of the social order.

In the first decades of the 20th century, this traditional family seemed increasingly threatened, whether by the growing presence of women in working environments either by the new sexual mores brought by modernity and immigration, by prostitution, illegitimate offspring, illegal abortions, and the alcoholism that accompanied the growing industrialization, the internal migrations, urbanizations, and impoverishment.

The interest in focusing the reproductive behavior as an object of eugenic interventions was clearly manifested in the Second Pan-American Conference of Eugenics and Homiculture, carried out in November 1934 in the city of Buenos Aires. On that occasion, the Governments representatives presented the progress in legislation, especially the Children's Code, which won the "vote of applause" to Uruguay due to representing "the beginning of a true 'biological code of the man,' capable of improving the perpetuation of the race" (Barrán, 1995, p. 74).

In article 23, the Children's Code established that the prenatal protection should comprise "eugenics and the prenuptial clinic." In it, the main eugenic measure of the Uruguayan legislation was established since the article 27 indicated the "persuasive propaganda to get a greater attendance of future spouses to Prenuptial Medical Clinics, under the responsibility of the Ministry of Public Health." The officers of the Civil State Registry, for their part, would advise "the intending spouses about the advantages of premarital consultation, Article 25, in turn, provided that "eugenics will be given as advice and in a comprehensive and complete manner [...] measures of eugenic

characters cannot be applied against the opinion of the interested partners." Also, article 26 laid out: "The Children Council will study the eugenic conditions of the immigration, advising the most suitable means for race conservation" (Children's Code, 1934, p. 7).

As previously mentioned, the third axis of eugenic strategies in Uruguay was the fight against the so-called social vices, revealing a kind of obsession for the "destructive effect over our species" exerted by the "triumvirate" of diseases consisting of "syphilis, alcoholism [and] tuberculosis," according to the registry of the eloquent expressions of Paulina Luisi⁴ in 1919 (Barrán, 1995, p. 209). Due to its sociopolitical importance and historical marks of origin, the following section is dedicated to the analysis of the struggle against alcoholism as a dysgenetic and criminogenic factor.

Alcoholism as an etiological factor of abnormal behavior and criminality

The Uruguayan Psychiatry was institutionalized at the beginning of the 20th century, with the creation of the Chair of Psychiatry of the Universidad de la República, at the Psychiatric Hospital of Montevideo, in 1907. The background associated with the Chair creation can be traced back to the courses of forensic medicine in the Faculty of Medicine as from 1877, which trained the first experts who elaborated medical-legal reports for the imputation of responsibility to alienated criminals (Berro Rovira, 2013; Fessler, 2012; Soiza Larrosa, 2002).

In this context, the emerging medical-psychiatric knowledge imported a set of ideas and theories that served as a base for the developments of regulatory strategies for certain types of behaviors regarded as abnormal or that attacked the social progress. The knowledge under which the Psychiatry in Uruguay was formed were the product of the relationship between the Faculty and European Universities, especially the University of Paris. Classic French Psychiatry (Pinel and

⁴ Paulina Luisi was the first Uruguayan female physician. She is considered one of the first feminists and had an outstanding performance in several areas of the social life in the early 20th century in Uruguay.

Esquirol) and the Morelian degeneration theory, which dominated the French Psychiatry since the middle of the 19th century, come to Uruguay thanks to the training of Uruguayan physicians in European Universities, in the form of scholarships abroad or specialization courses (Mañé Garzón, 1996; Mieres, 1997). Thus, the degeneration theory was speedily adopted by the medical force, which showed a deep concern for the fate of the Uruguayan population, mainly with regard to the quality of the work force and to the moral standards of social coexistence, topics that were shared with the eugenic thought of the time.

The excessive consumption of alcohol, especially by poor urban workers, was the target of a set of measures which, supported by the degeneration theory, aimed to fight a scourge that threatened the “*the living forces of the nation*” (Etchepare, 1912, p. 9).

As part of the dominant medical thinking in this period, it is possible to observe the existence of certain eugenic tendencies that determined several of the notions on the population at the time. Many of these measures failed to be specified into legislation, but there was a strong impulse to the creation of *Leagues*, with national character and working within the framework of Councils created at the time to meet the health problems in a Government orbit⁵. Such Leagues were able to condense the interests of dominant sectors, bringing together “*the wise and the disseminators*”,⁶ aiming to improve the race.

From the analysis of relevant documentary sources, it is possible to conclude that madness and

crime were the two major concerns of the period and that, based on the degeneration theory, they enabled a set of measures for their combat. Alcoholism was considered the most important of the causes of first magnitude issues: the increased population in psychiatric hospitals due to “mental alcoholism” and the growing number of felonies (mainly blood crimes) committed under the influence of alcohol⁷ (Bouret, 2012; Duffau, 2016).

To illustrate the role of medicine in these initiatives, one could observe the intervention of prominent physicians in formulating and executing anti-alcoholic projects in Uruguay, as well as the foundations used to carry them out, which were mainly based on the notion of degeneration. Joaquín de Salterain⁸, a physician and politician, was one of the main promoters of the combat to what he saw as the cause of “*the degeneration of human race*” (Salterain apud Gorlero Bacigalupe, 2006, p. 84).

Bernardo Etchepare, in turn, who was considered one of the fathers of Uruguayan Psychiatry⁹, warns about the effect of alcoholism in the offspring and its consequences for the population:

in my view, then, it is the case of guarding ourselves against the evil that invades and threatens us more and more. This whole mass of intoxicated people is the living example that thousands of unfortunates will follow, that all of them may have or will have offspring and, though our alcoholism has a small representation, it will soon be enormous if a fence is not posed for stopping its development. (Etchepare, 1912, p. 2)

5 The National Public Care was the rector body of the medical and social care from 1910 to 1932, directed by the National Council of Public Care, with representation across the country. In 1934, it became the Ministry of Public Health.

6 Bases for the creation and organization of the Mental Hygiene League of Uruguay, 1932, p. 4.

7 The association between alcoholism and madness, and alcoholism and crime, was referenced in various publications of the time, among which we highlight: Etchepare (1909, 1912, 1913), García y Santos (1899, 1902), De Salterain (1916), Narancio (1914), Giribaldi Heguy (1892), Lamas (1909), Valeta (1913, [19--]), among others.

8 Joaquín de Salterain (1856-1926) was a renowned physician and legislator, promoter of national anti-alcoholic measures. He was a member of the National Council of Hygiene and promoted the creation of the Uruguayan League against tuberculosis in 1902 and the Uruguayan League to fight against alcoholism, in 1915. Also, he held the post of Minister of Foreign Relations and the State Council between 1899 and 1903, under the Presidency of Juan Lindolfo Cuestas.

9 Bernardo Etchepare (1869-1925) was a renowned Uruguayan physician, considered one of the fathers of Psychiatry in the country, being responsible for the foundation of the Chair of Psychiatry in the Vilardebó Hospital in 1907 (where he worked as Chief of Service) and of the Society of Psychiatry of Uruguay, in 1923. He was part of the Board of the Faculty of Medicine and of the National Public Welfare, in addition to have chaired the 2nd National Medical Congress, in 1921. He published numerous articles that account for his interest in the developments of psychiatry in the country, laying the conceptual and therapeutic bases for it.

Alcoholism was conceived as a disease, and the physician is the one “who has the inescapable duty of organizing a general and personal treatments [...] aiming to prevent for not to fight it” (Etchepare, 1909, p. 144), and who is also responsible for wearing “the impersonal stamp of science, through the authoritative word of the doctor” (Etchepare, 1912, p. 18).

From the initiative of Salterain, the National League against Alcoholism (LNCA) was created, in June 1915, carrying out various measures to eliminate the alcohol consumption and developed a set of propaganda mechanisms of hygienist character. The League was intended to “work for the protection of the home, the improvement of the race, and the absolute suppression of the manufacture, selling, and consumption of alcoholic beverages” (LNCA, 1921, p. 4).

Although the measures promoted by the League were directed to all social classes - as announced by their promoters -, they focused on a profile of men, mostly *criollos*, and from the impoverished working-class (Etchepare, 1909). Another elements in this profile is the association between excessive alcohol consumption and forms of sociability, including the usual meeting in cafes and taverns, thus attributing to urban workers a greater tendency to develop the daily habit of consuming alcoholic beverages.

Considering that adult males (between 30 and 40 years of age) were the most affected ones, its impact on the offspring was emphasized, since in “the etiology of our fools, the alcohol plays a hapless role, which should not surprise us because this is something that nobody ignores - that the alcoholism of one or both spouses, whether acute or chronic, may lead to idiocy and epilepsy in the children” (Etchepare, 1909, p. 129).

Regarding the link between alcoholism and crime, the politician Francisco García y Santos, who served as director of the National Asylum, warns in his publications about the urgency of regulating the alcohol consumption, based on the notion of degeneration that was circulating in the field since the 1900s. Thus, he tried to demonstrate that alcoholism “represents misery crime, looting and, what is even worse, the degeneration of the race and the moral and intellectual decline of the

societies” (García y Santos, 1902, p. 7). Likewise, he warned that the alcoholism “decreases the birth rate and impoverishes the blood of the race”, being worrisome that “the statistics in our Asylum shows that twenty or twenty-five or thirty percent of the inputs are of alcohol victims, and the statistics of criminality presents a similar number” (García y Santos, 1899, p. 41).

Regarding the means to combat alcoholism, different measures were developed, from punitive to educational, with the latter being predominant. Bernardo Etchepare mentions that these measures should be “legal, even properly administrative ones, and moral.” Legal and administrative measures aimed at regulating the consumption of alcohol and the monopolies, in addition to repressing drunkenness, tending to its prohibition (Etchepare, 1912, p. 9). Whereas moral measures sought to modify “the morality, mentality, and the environments of the drinker” (Etchepare, 1912, p. 9). It considered that

the relentless propaganda is a powerful form of suggestion, entrusting to the women the role of preachers of the message in their homes, parlors, in charity societies [...] if the physician has been called the priest of the future, the woman is the priestess of the family home, [thus representing] the union of science and heart. (Etchepare, 1913, p. 279)

Of the measures implemented by the LNCA (1921, p. 4), are emphasized those of organization, education, and prevention, as well as those related to social factors and linked to legislation. The first included the dissemination of propaganda “verbally, whenever possible, through delegates, speakers, and conferences,” similarly to education, where it “will be pursued the regeneration of the alcoholic by all lawful means of conviction in its reach.” *Social* measures refer to meetings between members associated with the League and, finally, regarding legislation, the slogan of the League was thus defined: “Fight to get repressive laws on alcoholism, to achieve, through the education of the public sentiments, to the legal absolute prohibition of alcoholic beverages” (LNCA, 1921, p. 5).

For the purpose of expanding the educational message about abstinence, it was published from

1917 “*El Lazo blanco*”, official propaganda body of the National League against Alcoholism. The analysis of the publication indicates that the activities of the League were directed to the educational scope, through the road dissemination of the anti-alcoholic message in schools, as well as in other spaces such as, for example, prisons and hospitals.

In 1932, continuing an initiative of the Society of Psychiatry dating back to 1924, the psychiatrist Antonio Sizzo presents the *Bases para la creación y organización de la Liga de Higiene Mental del Uruguay* (Bases for the creation and organization of the Mental Hygiene League of Uruguay - LHMU). Eugenic ideas about the perfecting of the Uruguayan population underlie in it, evidenced in the development of a set of measures to protect the collective mental health. One of the main objectives was to “perform the prophylaxis of mental and nervous illnesses, reducing the morbid inheritance by the dissemination of eugenic teaching and by fighting the spread of infectious diseases, especially alcoholism and syphilis” (Bases..., 1932, p. 3).

With the intention to regulate the life of the whole population through scientific precepts and biological laws, it was considered necessary to “scientifically establish the principles of psychic hygiene and disseminate them, getting them to preside the life of all humans” (Bases..., 1932, p. 4).

The League included in its formulation a set of educational-moral measures, those of “prophylaxis of toxic and infectious causes in mental diseases,” especially alcoholism and syphilis, as well as the prevention “of vagrancy, delinquency, and criminality.” To implement such measures, “it will study mainly the problem of preventing the antisocial subjects. The constitutional perverts. The psychic observation of vagrants. The alienated criminals. The internment of dangerous deranged individuals” (Bases..., 1932, p. 4).

In short, alcohol consumption appears undoubtedly as a central element of the medicalization processes of conditions considered socially problematic from the eugenic point of view in Uruguay at the end of the 19th century and the first three decades of the 20th century. Inspired by the Morelian theory of degeneration, the dominant medical-psychiatric knowledge at the time has

strongly pathologized the alcohol consumption under the term “alcoholism,” tried to demonstrate its association with other social ills (tuberculosis, syphilis, vagrancy, criminality), and managed, in sociopolitical terms, to impose ideas about the need for laws and punitive-therapeutic devices to contain its negative impacts on the population composition and, consequently, on the fate of the Uruguayan society.

Conclusion: provisional reflections on eugenic strategies and medicalization of crime in Uruguay

Since its origins, the Psychiatry is being convened to explain and intervene in the administration of a wide repertoire of behaviors, characterized by representing some form of threat to the social order, thus expressing how the psychiatric knowledge has established categories and instruments that draw the lines of medical intervention on a significantly broad set of behaviors regarded as abnormal or transgressive (Caponi, 2012; Foucault, 2006; Harris, 1993; Mitjavila, 2015). In that sense, the medicalization of crime allows one to observe the progressive expansion of the spectrum of behaviors and social conditions entering the field of Psychiatry (Mitjavila; Mathes, 2013, 2016).

However, it is also possible to conclude that, at least in this area, any pretense of conceiving medicalization processes as a permanent, linear, and predetermined expansion of the universe of phenomena under the scope of psychiatric knowledge should be abandoned. Given this, the analysis of crime medicalization processes in Uruguay suggests the existence of convergence lines, but also of significant differences, regarding the dominant perspectives and strategies in other national contexts.

With effect, during the studied period, it was possible to verify the presence of elements the literature on the subject considers as structural features of eugenic projects: (1) the belief in the artificial improvements of the population, (2) the existence of subhuman beings who represent intolerable forms of social deviance, and (3) the idea

of improving or perfecting the human condition as a driver of progress in several social senses (Villela Cortés; Linares Salgado, 2011).

Similarly, what also appears to be a point of convergence between the crime medicalization processes in Uruguay and in other countries during the period under study refers to the biopolitical (Foucault, 2006) and moral character of the conversion of crime into a medical issue. In this sense, also in the studied context that gave rise to this article, it was verified the existence of process to consolidate the monopoly of medicine to define the crime and the criminal beyond crime, i.e., as part of the abnormal, in the Foucauldian sense of this expression.

Regarding the belief in the perfectibility of the human condition in the population scope, there are no doubts about the role attributed to medicine as the supreme architect of population improvement. The conquest of such monopoly position by the medicine would be the result of, among other things, the confidence placed by the elites of society in the science and technique as reliable sources for managing fear, uncertainty, and threats to the collective condition of social existence. Crime, particularly certain types of crimes, exposed the fragility of the social fabric for managing what was perceived as a social danger, especially when they escaped the forms of social control that depended on the institutional schemes in force during that historical moment. Although not in a uniform manner and in varying degrees, the faith in science and the perception of medicine as its main representative operated positively for the reception, also in Uruguay, of the eugenic ideology as a vector of civilization and, consequently, as a source of prevention of criminal behavior.

However, we could observe that such institutional confidence in medicine operated differently in the Uruguayan society of the early 20th century, representing a somewhat atypical case in the Latin American context due to the precocious and extremely broad character of the social secularization processes. One might speculate that the early separation between Catholic church and the State, as well as the absorption of the Illuminist spirit among dominant sectors (Caetano; Geymonat,

1997; Ortega, 2008), determined the relatively lower weight of the opposition of the Uruguayan church to negative eugenic strategies in this period when compared to the role of the Church and of the Catholic doctrine in other South American countries, such as Argentina (Armus, 2016), Brazil (Wegner; Souza, 2013), and Mexico (Suárez y López-Guazo, 2002). In that sense, one could surmise that the secularization also reached the Uruguayan church, which have been fairly tolerant and, in some ways, even enthusiastic in accepting the technical-scientific foundations of the positivist thinking in general, and of eugenics in particular. This is, indeed, a hypothesis whose empirical substantiation could be examined in the future.

Concerning crime etiology and its role in the creation of categories to eugenically represent the subhuman being, we observed practically no adherence to the idea of race as a criminogenic and degenerative factor, as happened in other countries such as, for example, Brazil (Corrêa, 2013). Thought, as explained throughout this article, the term 'race' appears frequently in the discourses of representatives of the Uruguayan eugenics, its use does not seem to refer to the superiority/inferiority of certain ethnic-racial groups, but to the species or human condition in Uruguayan territory. We would be facing an etiological model of abnormality and crime whose peculiarity would obey, to a large extent, the fact that the composition of the Uruguayan population essentially lies on migrant contingents from Europe, in a context characterized by a higher relative social integration level in comparison with other South American societies during the same period.

On the other hand, it was possible to show that greater relevance attribute by representatives of medical and political elites of the period (eugenicist or not) to "social vices" and, among them, to the alcohol consumption due to its participation in the etiology of crime and degeneration. Therefore, alcoholism starts to be conceived as the most criminogenic of all social vices and as the main source of degeneration and criminality.

In addition, it is noteworthy that some considerations about eugenic strategies were developed to preserve the quality of the Uruguayan

population. In this sense, it is worthy pointing out that, in terms of eugenic models of approach to crime, the research results put into question some hypotheses that assumed the virtual inexistence in Uruguay of such models, especially as a State policy and a preventive approach to criminality.

Finally, also as a simultaneously behavioral and environmental form of eugenics, emphasis should be given to the sociopolitical relevance of the efforts that the Uruguayan society devoted to fight alcohol consumption, becoming, without any doubt, the main biopolitical strategy aimed at improving the quality of its biological support at the population level.

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Authors' contribution

Beltrán was responsible for the documental research. Ortega and Mitjavila contributed with theoretical-methodological design. All the authors participated equally in the analysis of empirical data and in manuscript writing.

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