

Sexuality as Disability: The Women on Sprogø and Danish Society

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ABSTRACT *The aim of this article is to show how, through professional diagnoses, social problems declared a specific group of women persona non grata in Danish society. The article is based on data derived from the archives of an institution directed at women of “loose and promiscuous character and low intelligence”: Sprogø in Denmark. The analyses focus on the professional narratives of the interned women, particularly the diagnoses and treatment applied, as they emerge from the archival material. Reading the “Sprogø-girls” voluminous case sheets it becomes clear that the most marked professional buzzword is “sexuality”. Information was sought on the women’s sexual behaviour and, for the staff on Sprogø, there was a special demand to report any signs of “sexual impulses” in the confined women. One recurring aspect was that, sexually, the women were seen as the active and inviting part, and that their behaviour was deemed deviant.*

After the end of World War I (1914–18) and the horrifying number of people killed on the battlefield there was a fear that European civilization would be affected because the best and healthiest young men had been taken out of reproduction. Although Denmark had not taken active part in the war, Danish politicians, civil servants, theorists and professionals had for a long time participated in the eugenic discussion about how society could protect itself against the evils which not only the war but also humanity led to. One of the evils discussed was a visible dissolution of sexual morals among women. There was talk of “Langelinie girls” (Langelinie is a Copenhagen quay) fraternizing with soldiers on the boats berthed there. There was talk of a growing spread of venereal diseases because of “dissolute and loose” women’s behaviour. There were various shelters for young women who were picked up by the police or placed there by social authorities. Some women were regarded as so deviant, morally and in their behaviour, that they could not be accommodated within the women’s shelters. Christian Keller (1858–1934), the Danish mental deficiency specialist, from The Keller Institution for the Mentally Deficient in Brejning (Den Kellerske Aandsvageanstalt) offered a solution to the problem (Kirkebæk 1993). From 1918 he fought for the establishment of an island institution for “morally mentally deficient” women.

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During the late 19th century all leading psychiatrists were engaged in describing the disease “moral insanity”. The prominent German psychiatrist, Krafft-Ebing, described the condition moral insanity, both in its inherited and acquired stages, in his large psychiatric textbook from 1883 (Krafft-Ebing 1883, II:122). What characterized the condition was that all outside influence through education and treatment was in vain. Those suffering from moral insanity would, therefore, “lie, steal, cheat, torment their fellow men when he is not prevented through fear of punishment”, according to the leading Danish encyclopaedia in 1924 (Salmonsens 1924:274: moral insanity).

At this time the condition “moral insanity” was no longer regarded as a form of insanity but as a form of mental deficiency. On the theoretical background of, for example, Krafft-Ebing and another German psychiatrist Emil Kraepelin from 1899 (Kraepelin 1899) and the earlier English specialist in mental diseases, Prichard (Prichard 1842), who already in 1924 had described moral insanity as a proper insanity. Practising experts went into the field to find “the savage”: antisocial and undisciplined individuals who are not insane but mentally undeveloped, primitive beings of more animal than human observance, governed by their urges (Kirkebæk 1993).

The island institution at Sprogø was established in 1923 as part of the Keller Institution (Kirkebæk 2004). It was intended for antisocial mentally deficient women whose behaviour was “dissolute and loose” – what had previously been termed “moral mental deficiency”. During its span of existence from 1923 to 1961 the island institution housed about 500 women, mostly between 44 and 50 at a time. Re-admissions were plentiful – partly for disciplinary reasons – partly for social or work-related reasons.

When analysing case sheets, correspondence and notebooks of the first 18 women placed at Sprogø as narratives some fixed patterns come into view. If one compares the women’s often very voluminous case sheets with the text written by chief physician and matron in notebooks and correspondence, it is striking that there is both quote migration and quote shifting. The quote migrations are more or less direct quotes of something written earlier. It may be quotes from the admittance sheet, quotes from former places of employment, or quotes from the chief physician’s summary of the case, for the courts or in connection with an application for permission to sterilize. The quotes move through the case sheets for many years without change, as if what is described is still current with no regard to the woman’s change in age, circumstances, or the date. Shifts in quotes typically occur when the chief physician wishes to achieve something specific through his arguments. He argues by including what he sees as of special interest to and in the sphere of the recipient. The entire argumentation is within the possibilities posed by the current discourse. Quote shifting is typically found in cases where the chief physician argues against letting a woman try controlled family care, or where he argues against marriage, or for sterilization.

Analyses of the case sheets conveys the theories of the time on eugenics, prostitution, and poverty combined with the chief physicians’ more practical

and socio-hygienic interpretation of the purpose of the girls' placement. The case sheets express a purpose in the women's isolation, as much as they are about the individual woman's case. The purpose was in part to help, in part to render harmless those women who were considered to be causing the most harm. The case sheets are more about the danger "the Sprogø girl" was thought to present through moral infection, social burden and venereal disease, than about the individual girl herself. A diagnostic ideal is constructed, so to speak, as opposed to the ideal norm. The construct of the women is continuous and unchanged as time goes by. The original diagnosis is never discussed or altered. The therapy applied is also set once and for all when the woman is admitted onto Sprogø. When the institution was closed in 1963 it was the utility of the therapeutic approach, never the diagnosis, that was questioned.

Establishing the Island Institution

In his argumentation for the necessity for establishing an island institution Christian Keller used examples intended to influence the politicians and civil servants who could help him carry his idea through. In August 1920 he sent the following report to PK Ejning, Member of The Upper House of Parliament, who was also on the board of directors for The Keller Institution:

You may recall that I have told you about a 14-year-old slightly retarded girl who, some time ago, was admitted to this institution. In Kolding she and a friend had several times paid an older man 25–50 øre (Danish coin) to look at and touch his genitals and after this was done he placed her on an ironing board for sexual intercourse. Yesterday we found a "love letter" which was to have been smuggled out to one of the men in the men's home. This teaches us how necessary it is to place this type of girl in a special institution with no men available. In an ordinary institution there is too much trouble both with the female and the male side, and they have to be under constant surveillance so that life here seems so limited that it is understandable that the freedom out there lures them to escape.¹

The example signals how bad the girl's problem was: not only did she pay an older man to touch his genitals, but the intercourse took place on an ironing board which should normally be used for more womanly tasks. The example was used to emphasize the necessity of a special institution for women. Christian Keller managed to persuade both Ejning and the rest of the board of directors to agree with him. In October 1920, to expedite the matter, Christian Keller wrote letters to five main newspapers explaining his intentions with the Sprogø Institution, asking them to make the case about Sprogø "a matter for discussion". His reason for the request was "the way things are now can not go on neither in regard to society nor to the said group of slightly imbecile, erotic girls". The girls spread "venereal disease without regard or responsibility" and became "parents to a new generation of little worth" according to Keller.²

The request was granted. The Board of Public Health also gave its recommendation. The arguments for establishing a special, isolated

institution for women was the fear of spreading hereditary degeneration, the fear of spreading venereal disease, the fear of growing expenses for the poor-law administration, and the fear that stupid women should be sexually exploited by men or that they should seduce men.

The fear of the degenerate heritage was prevalent in eugenic theory at the time. The thought was that differences in the mental abilities in individuals, races, and classes were due to heredity rather than environmental factors, and that civilization, through its humane attitude to weak individuals, was undermining the hereditary quality of the population by voiding natural selection – a condition which had been further emphasized through the elimination of healthy hereditary matter caused by the war – and that a scientific programme of eugenics would be able to turn an unfortunate development around. If just a few defective people were prevented from having children, the positive effect on society over a number of years would be obvious, not only on aspects of civilization, but also on the economy. This would demand that society would support the procreation of healthy individuals; so-called positive eugenics. At the same time, procreation by the unhealthy should be prevented through negative eugenics.

It was the practical task with regard to negative eugenics that the chief physicians responsible for the women's institution on Sprogø tried to solve. These were, primarily, Christian Keller (1858–1934) and Hans Otto Wildenskov (1892–1959). At the same time, the chief physicians also wanted to solve a social-hygienic task. This was to help the mentally deficient women and, at the same time, protect society from them.

The women's institution on Sprogø can be seen as a drop in the ocean with regard to eugenics, health risks, and poverty, but its importance as a reminder was marked. The establishment of the women's institution became a command for women on how they should be, by showing how “the worst ones” fared, and what “the worst” was. “The worst” was unchecked desire, lack of ability in employment, extramarital childbirth and being a burden on society. At the same time the island institution also helped to maintain discipline within the care for the mentally deficient. Women who were placed in a mental institution on land, but ran away from it repeatedly, could be admitted to Sprogø as a disciplinary measure.

Unrestrained Lust

When one reads the “Sprogø-girls” voluminous case sheets it is clear that the most marked professional buzzword is sexuality. Information is sought on the women's sexual behaviour and, for the staff on Sprogø, there is a special demand to report “sexual impulses” in the confined women. One recurring aspect is that, sexually, the women are seen as the active and inviting part, and that their behaviour is seen as deviant.

In the case sheet texts the women's immorality is often coupled to hypersexuality and nymphomania. Hypersexuality is a theme, which is repeated in newspaper articles about Sprogø. It becomes especially clear that the newspapers parrot the information about “the girls” characteristics given

by the staff in connection with a visit in 1952 by the Press Corps of Parliament. Herning Avis wrote that, “Numerous tragedies are listed in the archives of Sprogø. They tell about very young girls who, because of sexual derailment, are taken from ships where they let the sailors abuse them”, and that a considerable number of “the girls” had “incest on their conscience” (Herning Avis (*Herning Newspaper*) 15 October 1952). Another paper reported that the women on Sprogø had no special reaction to the concept of sterilization, as sexuality was more important to them than motherhood, and that they were, anyway, unable to look after the children they might bear. “Sterilization is a considerable intrusion in a person’s life, but, on the other hand, there are the facts that these women are not the type for whom motherhood means as much as it does for normal women (. . .)” (Vejle Amts Folkeblad (*Vejle Newspaper*) 14 October 1952).

In case sheets, as in newspaper articles, incest is described as something indicating hyper-sexuality and dissoluteness.³ In a book from 1936 on female prostitution the Danish doctor Tage Kemp (1896–1964), touches on the problem of hyper-sexuality, but he does not afford it the same importance as did the chief physicians in the Keller’s Institute (Kemp 1936). The latter seem to a certain degree to see dissoluteness, hyper-sexuality and active female sexuality as caused by the same phenomenon, that is, the woman’s moral and antisocial mental deficiency.

This is seen, for example, with Amalie whose sensual desire for the opposite sex was so strong that she pursued gypsy men witlessly. Alma is, in her youth, described as a girl who ran away to seek out her boyfriend. Her sexual appetite is described as increasing rather than decreasing with age. Magda showed strong erotic tendencies. Nielsine was a prostitute by profession, and had acted as a decoy. Maren, too, had been a prostitute by profession. Laura’s sexuality is described as “raw”. She suggested homosexuality and was “probably” an environmental homosexual, and the inviting part, the chief physician wrote. Anne “went to the farmhands’ rooms” and consorted with soldiers in Næstved. She had sexual intercourse in the soldiers’ sleeping quarters after evening inspection. According to the chief physician, Else had been “generous to the entire gang of railway workers”; Asta “wrote horny letters to different men”, she was “very addicted to intercourse”, and Carla ran away from the institution in order to “ruthlessly pursue her sexual desire”. Martine had, already as a schoolgirl, come on to the older boys; Kjerstine was “erotically suggestive”; and Else Margrethe was “sexually excited” and pursued men. Caroline was described as “very libidinous”; Maja as somebody with a “strong urge to sexual relations with men”; Sørine was “sexually ungovernable” and Ada had “desire and urge to get in touch with men”. In all these descriptions, the dangerous, ungovernable female desire is construed as abnormal. The focal point is the women’s lack of control of their sexuality. The women did not have a passive and expectant attitude, but behaved as actively seeking in contradiction to the norms of the time. The woman is also described as the active part when it comes to the spreading of venereal disease. The “Sprogø-girls” who were infected with venereal disease were described as solely responsible for the spread of such disease. Their male

partners are seldom mentioned as the one who caused the girls' infections, only as the ones who became infected or were at risk of being infected. While the women's active sexuality is described as a perverted masculinity the men are feminized. In the descriptions they have the implicit role of passive victims of female seduction, both with regard to incest and infection with venereal disease.

The historical aspect of active female sexuality only occurred to me when I read the book "*Natural sex? Sexuality and gender in Christian Antiquity*". (Moxnes, Bortnes & Endsjø 2002). In this book it is emphasized that female lust, generally speaking, was a problem to the people of the Antiquity. The woman was created for the passive role in a natural sexual relationship. She could not overstep that role without being regarded as unnatural. Active female sexuality was, in other words, both dangerous, deviant and something to be criticized. It was, on the other hand, the man's role to be active. In this book Jorunn Økland describes "how women's lust was considered pathological, especially those women who wished to play an active, and thus dominant and masculine part in the intercourse" (Økland 2002:132). Although this quote refers to female homosexuality, it is emphasized generally how dangerous and perverted the sexually seeking and active woman was regarded. In the Christian Antiquity the view was that if the content of the "womanly" role was disturbed, the very "foundation God had created for the world was disturbed" (Økland 2002:144). From the material on which she bases her article Økland claims that all female lust – whether directed towards women or men – was seen as pathological. The female lust, which was observed in connection with the women on Sprogø, was also considered pathological.

Female Prostitution

It was not without a battle that Christian Keller was given the island Sprogø for his institution. The island was the property of the Danish Railways, which did not want to relinquish it just like that. The Danish government debated the matter but no agreement was reached, and in 1922 it looked as if the case was lost. Keller received a commiserating letter from Ludvig Bech, Headmaster of the reformatory Flakkebjerg. Bech wrote that it was necessary to "create a way forward in these, especially for the female gender, disconnected times" as Christian Keller had shown by his initiative.⁴ In his argumentation to get Sprogø for his women's institution Keller had also pointed out the ones he thought to be the most important suppliers of dissoluteness; the "morally mental deficient" women.

Other studies on prostitution and related social problems in Denmark were to share Keller's point of view. It was especially women with low intelligence and mental deficiency who were regarded as misfits. The study by Tage Kemp, MD, of prostitution in Copenhagen covers the period 1931–35. It encompasses 530 prostitutes who were examined "medical-psychiatrically" (Kemp 1936). The focus was especially on hereditary relations. Most of the women examined came from the lowest social classes. According to Kemp

there was an accumulation of individuals with slight mental defects in these classes. These were people in the section between normal and deviant. There were many social problems represented in the social classes the women came from such as crime, vagrancy and alcoholism. Hereditary factors seemed to prevail and the study was, therefore, primarily of interest for socio-hygiene and eugenics. Kemp pointed out that it was already known that mental deficiency and psychopathology were hereditary illnesses. These illnesses played a decisive role for the existence of prostitution, but also social conditions played a part. Prostitution was a question of both nature and nurture. The causes explaining prostitution were many and complicated. Kemp also emphasized how complex it was to differentiate between slight mental deficiency and psychopathology as the borders between “normal” and “abnormal” fluctuated.

After studying the available literature Kemp concluded that most researchers agreed that between 30% and 50% of prostitutes could be classified as slightly mentally deficient. With regard to psychopathology the numbers fluctuated greatly, probably because this diagnosis was relatively recent. In his own study Kemp found that many of the women had various degrees of reduced intelligence and psychopathology, often in combination. Hyper-sexuality and other sexual abnormalities were present, but not frequent. In his material Kemp found that only 29.4% of the prostitutes examined were “normal”; 22.5% were “psychopaths”; the rest “mentally retarded from low intelligence, via backwardness to mental deficiency”. According to Kemp this did not mean that most of these women were very different from the rest of the population with regard to legal soundness of mind, but they lacked either the ability to conform socially or were actual anti-socials. Concerning the prostitutes, who were mentally deviant enough to be placed in a mental institution, Kemp suggested that this could be an institution especially intended for their category. In general Kemp favoured treatment, support and supervision rather than punishment. In a case-review Sprogø was mentioned, and chief physician Hans Otto Wildenskov was quoted for the teaching qualities of the island institution (Økland 2002).

Grethe Hartmann, another Danish medical doctor, followed up on Kemp's study (Hartmann 1946). Her focal point was the spread of venereal disease during World War II and the so-called “German-girls” sexual activity. In her introduction she mentions the legal shift in the view of prostitution, which was introduced with the Act of March 30th, 1906. Before this time, prostitution had been legal, with the prostitutes' obligation of medical supervision. Before 1906 the effort had been to prevent the spread of venereal disease. After 1906 the effort was against prostitution as a phenomenon. Prostitution became illegal in the sense that it could not be a profession. Those women who had no other profession than prostitution became the centre of attention. Women caught at “vagrancy” had to prove that they had legal work. If they did not, they were presented with a time limit, usually 2 weeks, during which they had to find legal work. The women were also compelled to be checked by the police for up to 5 years. In repeat cases the woman could go to prison for up to 1 year or be placed in an institution.

Vagrancy was seen as a threat both against public health and public order. Apart from being the cause of spread of venereal disease, unchecked sexuality was also considered a threat against marriage and against the traditional view that the man's position in society was directed towards the public domain, whereas the woman would look after the home and the private sphere. Female active sexuality and "aggressiveness" in the public domain was seen as deviant and dangerous. In the views of Kemp, Hartmann and the chief physicians for the mentally deficient, prostitution was a pathological phenomenon, which should be treated rather than punished. The treatment could, for example, take the form of confinement in the women's institution on Sprogø.

Offence Against Morality

The discussion of whether prostitution was a pathological phenomenon or a phenomenon that should be left for the judicial authorities was current through the early part of the 1900s. Where should the unchaste, immoral and criminal slightly mentally deficient be placed: in prison or in an institution? Were they sick or healthy, legally sane or insane? The humane attitude that insane and sick people should not be punished with an ordinary prison term for their crime led to increased use of administrative loss of freedom for those who had broken the law. They were placed in institutions or in care, which meant under control and supervision of the institution for the mentally deficient. In the cases that were considered severe, it could be a question of placement on the island institutions of Sprogø and Livø. In Denmark the Danish chief physician Christian Keller had already established an institution for men with the diagnosis moral insanity on an island, Livø, in 1911. Conditions in this criminal asylum for morally and intellectually disabled men (1911–61) have been described by Kirkebæk (1997).

The Italian psychiatrist and crime biologist Cesare Lombroso (1836–1909) argued, already in 1899, that the profession should consider "the born criminal" sick rather than intentionally evil. "The born criminal" had no free will but was governed by his/her primitive instincts and need. Lombroso asserts that there are far more male than female criminals. Among young women prostitution was the most prominent crime inseparably connected to idleness and vagrancy (*Müssiggang und Umherstreifen*) (Lombroso 1902). According to the book, prostitution was due to, among other things, lack of a sense of shame. According to Lombroso the source of crime and prostitution was the same defect "disposition", "We find ever more accordance in the physical and moral distinctions of criminals and prostitutes and find a lot of sympathy between the two types. Both phenomena have the same causal connection to avoidance of labour, to misery and, above all, alcoholism; they are also connected through certain organic and hereditary tendencies (...)" (Lombroso 1902:165–166). Lombroso wrote that in connection with "woman as criminal and prostitute" one could assume (...) the genuine female criminal nature almost only manifests itself in prostitution" (Lombroso 1902:361–362). With regard to punishment, reprimands and isolation

should be tried. If this did not help, one could use means that embarrassed the woman's vanity, "because of the great importance of dress and adornment for women, one can best try, at minor infractions such as insults and fights, emotional measures to the vanity such as, for instance, cutting of the hair is the best punishment"(Lombroso 1902:362). According to Lombroso these interventions to the vanity did not, however, work on the mentally deficient; "for the mentally ill criminal and the numerous born criminals in whom epilepsy and moral mental deficiency are clearly manifested through psychological attack-like disturbances, the only suitable treatment is admission to a home for the criminally mad "(Lombroso 1902:374). The institution on Sprogø can be seen as such a "home for the mentally deficient" – as a mixture of prison and hospital (Smith 2003).

Chief physician Gunnar Wad from the institution for the mentally deficient in Vodskov, shared the view that punishment dealing with female vanity was useless when dealing with the mentally deficient. In 1987 he wrote, looking back to how he, during World War II, had saved a slightly mentally deficient young woman from being a "masturbation rag" for German soldiers. "What could I do?" the chief physician wrote:

At the time, Vodskov was completely without closed wards or locked doors. I only had one "cell" at my disposition in a room in the basement with metal bars in front of the window. It was completely unacceptable for more than hours and days. Having to choose between two completely unacceptable possibilities I chose a third, equally unacceptable. I cut off the girl's hair so she became bald . . . And it did not even help. The Germans did not care. That was not the extremity that was of interest. And the girl (the girls, as there were several) were equally indifferent (..)" (Wad 1987:47–49, translation BK).

How then may the discourse on sexuality in modernity be understood? Michel Foucault and Zygmunt Bauman make a distinction between sexuality, eroticism and love, according to Michael Hviid Jacobsen (2004). Which of the three phenomena may be applied in order to characterize the women at Sprogø?

Sexuality in Modern Times

As Zygmunt Bauman differentiates in his analysis of the condition of sexuality between sexuality, eroticism and love, sexuality is seen as comparatively untouched by cultural practice, while eroticism and love are human inventions (Jacobsen 2004). What is left of sexuality after the purely procreative act is expressed as eroticism and love. In modern times, sexuality became the focus of scientific interest and, to an increasing degree restrictions were placed on the sexual activities not aimed at love inside the four walls of the home. All sexuality, which could not be defined as tied to "normal" family life, became dangerous and should be controlled through surveillance, confession, treatment or punishment. The correct sexuality should be implanted through education and indoctrination. Love became the romantic paraphrase of permissible eroticism within a certain culturally fixed frame-

work, which could be controlled. Bauman's point is that in post-modern times, we are seduced by eroticism while it was controlled in modern times. He sees a risk in the fact that in post-modern times eroticism is disconnected from social moorings and becomes subject to the free market. In relation to this point, it may be said that the women on Sprogø were construed as women who did not want to be socially moored, but who sought uninhibited erotic enjoyment in a way that was detrimental to society.

The irony is that my analyses of the archives of the women's institution on Sprogø show that the women placed there sought love rather than eroticism, but they were construed as "erotic girls" who had to be taken care of. Their eroticism was seen as free floating, uncontrollably governed by pleasure and without boundaries. It is apparent that the women were more after a husband than after pleasure. They were easily satisfied with regard to love, as long as the man was going to be kind to them. The chief physicians' view, on the other hand, was that the girls' sexual appetite and lack of inhibitions made them take up with anybody.

Brought up to be Feminine but not Allowed to be a Woman

The story about the Sprogø institution is a story of some professionals and a society, guided by the utopian idea that all deviations and economic troubles could be abolished through prevention – that is, isolation, sterilization, supervision and control. The making of the Sprogø-girl as a phenomenon – and her treatment through isolation, work, punishment and moral teachings – was more an education of the general public than a hope to better the individual woman. With regard to their pathology the women were seen as incurable.

The women's institution on Sprogø as a phenomenon holds a number of paradoxes. It was not a prison, but the women were isolated indefinitely. Emphasis was placed on the freedom the women enjoyed on the island, but they were still imprisoned. The reason for their condition was explained pathologically, but the distaste was largely economically based. The women were seen as "loose and dissolute", but their own dream was marital petty bourgeoisie.

The examination of the women's case sheets shows a stereotypical description of "the girls'" diagnosis. The examination offers an insight into the professional universe and in the chief physicians' idea of what the correct treatment was. The correct treatment was first of all to make sure the girls were put in the right place, that is an institution for the mentally deficient. Next was to find out how "the girl was" through careful observation of her, and sort out what could be expected of her. The focus was "the girl's" sexuality. The main task was to prevent her from having children and from infecting others with venereal disease.

The treatment on the island was education in female pursuits. Both the agriculture and gardening was taken care of through the labour of the women placed on the island. This was also the case with all the household chores. The women were "occupied" by cleaning, cooking, washing, ironing, weaving,

sewing, gardening and working the farm. They were taught to manage a farm household. At the same time, they were to be disciplined when it came to behaviour. They were taught the proper femininity, but at the same time they were not supposed to develop into womanhood, either sexually or with regard to motherhood. They were to work on the island and later in supervised family care, but because of their “pathology” they had to work without being paid. They were to stay away from loose connections. At the same time, the chief physician usually rejected the women’s choice of a husband. Marriage was considered a safe haven for a woman if the husband could maintain and support her, but marriage was not an option for the mentally deficient without special permission. In order to marry two preconditions were set. The woman was to be sterilized. The man was supposed to support himself and his wife and have no contact with the poor-law administration.

The women’s ability to adapt socially and to contribute through their work was regarded as so poor that society would be better off without them and their offspring. Through treatment, the women’s behaviour was to be adjusted but whether or not “the treatment” was a success, they were still considered pathological cases who had to be supervised and controlled. One may say that the “the order” with regard to sexual behaviour which the Sprogø institution symbolized also became a symbol of the desired quality of the population in Denmark. The Sprogø institution was a modernistic clearance-order project. The clearance applied to “freeing” the poor-law administration, women’s shelters and reformatories for “morally mentally deficient” women. The order project was to make sure there would be no more of that type. The clearance-order project demanded that women’s sexual behaviour and their reproduction were controlled. At the same time, women’s sexuality was diagnosed as pathology.

Notes

- ¹ *Landsarkivet for Nørrejylland* (Regional Archives Northern Jutland) Den Kellerske Aandssvageinstitution. Letter from Chr. Keller to PK Ejning 13 August 1920. Signature SOC 50 1990/49.
- ² *Landsarkivet for Nørrejylland, Den Kellerske Aandssvageinstitution* (Regional Archives Northern Jutland) Letters from Chr. Keller to *Social Demokraten, Politiken, Berlingske Tidende, København, Nationaltidende* 14 October 1920. Signature SOC 50 1990/49.
- ³ *Landsarkivet for Nørrejylland* (Regional Archives Northern Jutland) Den Kellerske Aandssvageinstitution. Signature SOC 50 1986/55.
- ⁴ *Landsarkivet for Nørrejylland* (Regional Archives Northern Jutland) Den Kellerske Aandssvageinstitution. Letter from L. Bech to Christian Keller 19 January 1922. Signature SOC 50 1990/49.

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