The Struggle Against Infertility in France (1920-1980)

Fabrice Cahen
Introduction

- Subject of this paper: the **material and institutionnal frame** of the treatment of human reproduction troubles in France
- Chronological limits:
  - 1920s: first public institutions for infertility diagnosis and therapeutics
- Specificity of my approach: analyzing a process of institutionalization, connected with the medicalization of society, and the enhancement of the State intervention, especially in the field of « human life »
- Leading questions: **Why did doctors and social reformers try to build institutionnal systems to help the infertile couples? What political, administrative and financial support did they obtain?**
Struggle against infertility and population policies

- The post-1870 national debate over “depopulation”: an ambiguous effect
- The creation of specialized hospital structures results from isolated undertakings
- Infertility, quantity, quality and “positive” means of biopolitics
- Two conceptions of the “social interest” of this medical activity: the “Devraigne” model, the “Dalsace” model
Dr Louis Devraigne:
The medicine of infertility in the frame of “puériculture”

-Dr Jean Dalsace (archives: fonds privé Dalsace-Vellay (Bibliothèque interuniversitaire de médecine), archives municipales de Suresnes): Birth control, sexology, “medical gynecology”, self-fullfilment
VILLE DE SURESNES

LE SAMEDI, à 14 heures
au Dispensaire de l'Allée des Platanes
(Porte sur Jardin)

CONSULTATION du DR JEAN DALSACE

EUGÉNIQUE, STÉRILITÉ, etc.

RENSEIGNEMENTS : Aux Assistantes Sociales (dans les Ecoles)

Le Sénateur-Maire de Suresnes, Henri SELLIER
An institutionnal frame for the medicine of infertility

- 1920s-1930s: the first specialized consultation services
• Medical protocols

• The problem of the therapeutic efficiency
The lack of institutional regulation: drawbacks and advantages

- The persisting lack of public policies

- An asset for scientific innovation?
Conclusion

• The struggle against pathological infertility in France is part of a larger « biopolitic » concern:
  - «quantity»: as an alternative to the fight against abortion or birth control
  - «quality»: as a means of passive eugenic selection
• The first institutionalization (interwar) leads to a better diagnosis protocol, and to the recognition of a medical activity
• The restricted public involvement has various consequences: slow down the development of public policies, but more medical autonomy