

# “Il numero come forza”: Medical Expertise and the Biopolitics of the Female Body in Benito Mussolini’s Battaglia Demografica



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## Introduction

In his Ascension Day Speech, given before Parliament on 26th May 1927, Benito Mussolini dedicated most of the first half to an examination of the ‘crisis’ threatening the Italian populace in terms of its physical and racial wellbeing (“esame della situazione del popolo italiano dal punto di vista della salute fisica e della razza”). Using predominantly medicalized terms, he described the nation as ridden with pellagra, tuberculosis, malignant tumours, malaria, alcoholism, and suicides. The underlying problem, he identified, was Italy’s declining birthrates - a sign of a dying nation, and offered himself as a cure. Calling himself “the doctor who does not overlook the symptoms, and these are the symptoms which should make us seriously reflect” (“io sono il clinico che non trascura i sintomi, e questi sono sintomi che ci devono fare seriamente riflettere”), the Duce proceeded to announce a series of legislative measures to encourage procreation, with the goal of boosting the Italian population from 40 million to 60 million by the mid-20th century [1]. These initiatives collectively formed Mussolini’s Demographic Campaign (battaglia demografica), a eugenics-based movement with the slogan “There is strength in numbers” (“il numero come forza”). The Fascist government viewed Italy as a “body to be protected and defended”, and intended to neutralize the threat to the nation through disciplining its citizenry into healthy, (re)productive men and women. Notably, they did so through medical expertise, using ‘scientific evidence’ by state-appointed physicians to justify their regulation of the body.

It is in this setting that I set out to explore how the female body took on a moral and sociopolitical dimension as something to be necessarily managed by the state - what Michel Foucault calls ‘biopolitics’. Although the campaign also targeted males by proclaiming that real men would be family men - Mussolini remarked (quoting the philosopher Hegel) that “He who is not a father is not a man” - the state predominantly viewed the female body as the crucial site of political and legislative intervention,

since it was the main site for the articulation of the national threat [2]. Hence, the campaign often operated “on the premise that the process of building a cohesive nation from disparate groups of people began by building the bodies of individuals - in particular, the bodies of women” [3].

For the Duce, “if [Italy] is to count for anything in this world,” the bodies of its female citizens must be carefully manipulated and engineered by the state to facilitate their reproductive “duties to the state” [4]. In this essay, I hope to examine the contribution of medical expertise towards the biopolitics of the female body in Mussolini’s Demographic Campaign, arguing that the state employed a medicalized metaphor that linked diseased individual bodies with a sociopolitical crisis of the nation. I begin by illustrating the contributions of Dr. Nicola Pende [5] an endocrinologist and state senator who was one of the principal exponents of Fascist medical constitutionalism. Specifically, I will focus on his paper “Costituzione e fecondità”, first presented at the Anthropology and Geography section at the 1931 International Congress for Studies of Population. In the paper, Pende [5] identifies a relationship between the physical characteristics of a woman’s body and her fertility, concluding that there is an ideal ‘maternal biotype’ for optimal fecundity. Following which, I will further explore how the two female archetypes presented to us by the Fascist state - the donna madre (mother woman) and the donna crisi (crisis woman) - reinforced certain understandings of feminine beauty that coincided with the state’s reproductive ideals. Using the case study of abortion practices under the state’s new laws, and grounding my analysis in the vast literature of feminist anthropology, I then make the case for how Fascist biopolitics could be read in two contrasting (albeit non-exclusive) ways - as repressive by subordinating the mother’s welfare to that of her child, and as agential by empowering women in acts of resistance. Finally, I will discuss how we might re-conceptualize women’s agency and acts of resistance as emerging out of the nexus of medical expertise itself.

It is first crucial to explain Foucault's notion of biopolitics (also referred to as 'biopower') in order to facilitate our understanding of the body politic. The usage and understanding of biopolitics has changed significantly since its conception and adopted in varied ways by different disciplines. In this essay I choose to focus on a more naturalistic conception, one that "[takes] life as the basis of politics" in order to see how individual bodies are transformed through political institutions [6]. Fascist scholar Natasha Chang aptly summarizes biopolitics as "a political technology of power that involves the 'disciplinary surveillance' of the body, both on the part of the individual and on the part of institutions such as the state; it ultimately produces a 'docile' body or one that willingly conforms to the strategies and desires of those in authority" [3]. Essentially, biopolitics takes on a two-pronged approach: On an individual level, it "[produces] individuality as the focal point of all the different techniques for monitoring the body politic, which now fractures into a living multiplicity of individuals," while on a macro level, it conceptualizes the population by treating individuals as statistical data to be aggregated in terms of "collective health and collective forms of reproduction and life" [7]. In other words, in the study of biopolitics one attempts to understand the myriad ways in which the state applies its political power on all aspects of social life, including the regulation of the individual's body and sexuality.

With this understanding of biopolitics in mind, we can begin to explore the contributions of medical experts, especially state-appointed ones, towards the state's regulation of the female body. David Horn rightly points out that "in interwar Italy the art of government would increasingly be defined, by Mussolini [1,4] as others, as a 'medical' art". With Mussolini [1,4] explicitly linking disease in his citizens' bodies with sociopolitical malfunction, the notion of the diseased social body requiring (the state's) medical intercession "served not only as a basis for political characterizations but also as a framework for specific interventions" [8]. With this mindset, Mussolini invited several prominent physicians and medical experts to join his political party, often as senators and policymakers in the Fascist Grand Council. Their purpose was mostly to generate scientific evidence to support the party's ideals, otherwise any dissenting contributions were often silenced. As Victoria de Grazia notes, in Fascist politics "expertise won out only when it was politically opportune" [1,4].

Dr. Pende [5,9] was one of these medical experts who joined the Fascist party, and played a key role in identifying 'biotypes' of women based on their so-called propensity for reproduction, and advocating for the confinement of women to the domestic sphere so they may fulfill their reproductive duties for the state. Having trained in endocrinology and pathology, he became the director of the Institute of Clinical Medicine at the University of Genoa in 1925. Besides his academic success, he was also inducted as an honorary member of the National Fascist Party

in 1924, and in 1933, appointed as one of Mussolini's senators. In this position, Pende [5,9] was a central figure in the rise of Fascist medical constitutionalism, which itself heavily drew from the principles of "endocrinology and its interrelated approach to the body's internal systems, which fostered the perception of the individual as an integrated psychological and physical entity" [10]. He went on to co-author the infamous *Manifesto della Razza* (Manifest of Race) in 1938 where he adopted a racist eugenics against the Jewish population.

Pende [5] "Costituzione e fecondità" (Constitution and Fecundity) merits closer attention, as it is an explicit representation of how medical expertise and scientific experiments were constructed to reinforce the state's ideological norm of the female body type. Presented at the 1931 International Congress for Studies of Population, the paper details the results of an anthropometric investigation that Pende [5] team conducted on 250 adult women from the Liguria region after taking several physical measurements of their bodies. These measurements included the bisacromial measurement (distance between the shoulders) and the bitrochanteric measurement (distance between the hips), from which he concluded that "62% of hyper-fertile women belong to the brevilinear biotype, while 38% are the longilinear biotype: among brevilinear women 50.7% were hyper-fertile, while among the longilinear it is 23.5%" [5].

We see that Pende [5] posits a binary between these two biotypes of women, that "there exists, from the point of view of the relation between the upper and lower breadth of the body, a maternal and non-maternal type of woman," as he attempts to draw further authority from the fact that this was "confirmed by my (Female) students Gualco & Sarperi (1931). Furthermore, the maternal woman is "distinguished from the non-maternal by an excess of the bitrochanteric diameter with regard to the median female bitrochanteric measurement (32.2cm as compared to 31.4cm), and by a deficiency in the bisacromial measurement (30.8cm as compared to 31.2cm)" [5]. In other words, the ideal "maternal type" woman has a body with hips broader than her shoulders, while the sterile "non-maternal type" has shoulders broader than her hips - a deviant kind of female anatomy that was more similar to the male body.

Pende [5]'s training in endocrinology was a major influence in this paper. He viewed "the body as a privileged site for making deviance legible", using his endocrinological training to interpret certain constitutional and genetic traits as "a sign of imminent danger to the individual as well as to society" [3]. According to Pende [5], endocrinology could provide an "integral biotypological profile" of individuals, known as biotypes. These biotypes were based on the study of heredity, physical constitution (weight, height, muscular mass, cranial and hand proportions), temperament (neuroendocrine system), and character (psychology). In other words, biotypes were the sum of "all the individual differences of vital manifestation," influenced by "individual, familial, and racial inheritance [and affected by]

morphological individuality, physiological individuality, ethical and affective-volitive individuality, and intellectual individuality” [5,11]. The notion of biotypes fell in line with the central pillar of Italian medical constitutionalism at the time, which stressed the relevance of “predisposition” in etiology and pathogenesis, shifting attention from causal agents to illness to the body’s responses to such agents [11]. By positing maternal and non-maternal ‘types’ of women based on Fascist ideals of the fertile female body, endocrinology thus became a medium through which Pende [5] results could give a biological justification for the state to manipulate the female body to correct any deviance from the ideal norm. It is in this way that Pende [5] and his results illustrate Nikolas Rose’s argument that “medicine has played a formative role in the invention of the social”.

It seems that Pende [5] writing (as well as many other Fascist works by other medical experts) seem to locate the source of both biological and social deviance as that of women’s bodies. Although there was certainly no empirical evidence to definitively conclude that certain physiological features contributed to an ideal body type, the state was quick to exploit the conclusions of medical experts like Pende [5] in order to shape public discourse on the issue of reproduction. How are we to understand how medical expertise gained such authority despite a lack of conclusive evidence? I believe the answer is largely a product of the repressive political setting under Mussolini. Much of the literature in science and technology studies (STS) explores contemporary settings in which medical expertise is subjected to public accountability through a series of checks and balances. For example, in *Science on Stage*, Stephen Hilgartner illustrates how the National Academy of Science uses “stage management - that is, techniques for controlling what is publicly displayed and what is concealed” to constitute its expert authority. This is a form of managing what the public is able to perceive in order to “create and sustain favorable impressions, casting themselves in particular roles and defining the nature of the occasion” in order to maintain a sense of credibility and authority to the public [12]. However, under Fascism, medical expertise gained legitimacy simply through Mussolini and the Fascist Party’s endorsement. The complex processes involved in experimentation, research, and decision-making are not made available to the public for political reasons - namely, the avoidance of dissent and revolt by the public through suppression of information.

Therefore, in a setting where public scrutiny on medical experts was minimal and where the state chose what kind of medical expertise was presented to the public, a woman’s body shape became something that had to be carefully managed and controlled by the state, thus necessarily taking on a “moral, ethical, social, and political dimension” [3]. Not all bodies were seen as equal, and the state especially targeted the bodies of the ‘new woman’ (*donna nuova*) or “new Italian woman” (*nuovaitaliana*) - Fascist term that referred to the ‘modern’ bourgeois woman who “took on activities that were traditionally

coded as male...she had a distinct personality characterized by traditionally ‘masculine’ traits...she was the embodiment of a threat both to a woman’s biological ability to bear healthy children and to her social inclination to do so” [3]. In other words, the *donna nuova* was fashionable, cosmopolitan, Pende [5] and unhindered by the commitments of raising a family. Mussolini’s government attempted to subvert this growing threat to the nation by valorizing “the ideology of motherhood, the psychic myths which split women into good mother/bad whore, proved far more resilient in Italian culture” [13]. By analyzing how in the second part of this essay, I hope to understand how the state engaged in biopolitics to reinforce a maternal ideal for women.

In order to attenuate the appeal of the *donna nuova* lifestyle to young women, Mussolini’s press office presented two contrasting figures of womanhood which they disseminated to the public in various forms of propaganda. The first was the ideal image of the *donna madre* (mother woman), voluptuous, nurturing figure devoted to the wellbeing of her husband and (multiple) children. In contrast to this was a second figure, the *donna crisi* (crisis woman), characterized by being “thin and well-groomed, unencumbered by children, cosmopolitan, often blonde, remote and vaguely androgynous,” and represented the degenerative and transgressive figure of femininity that was overtly rejected by the regime [14].

The Fascist ideal of motherhood is not atypical of other Western civilizations of the period. In her insightful essay “Reproducers of the Nation: Women and the Family in Fascist Policy”, Caldwell [15] shows that “the insistence of women as optimally round and robust is quite extensive in literature and visual representations of the period,” as mothers “should not be elegant since elegance was a bar to fecundity”. Indeed, any display of “self-indulgence” on the part of women - such as being fashionable or pursuing a svelte body - was perceived as “decadent and antisocial, and as lack of patriotism and family values” as it necessarily prohibited them from being completely devoted to their family [16]. This image is embodied in the *donna crisi*, whose unnatural thinness seems to be the result of a healthy, robust female body becoming diseased and sterile.

Turning back to Pende [5], we see a correspondence between the images of the *donna madre* and the *donna crisi* to the ‘maternal’ and ‘non-maternal’ female biotypes in his work. Pende [5] makes a clear attempt to establish a link between the pathological body and the *donna crisi*, a good example of how medical expertise translated prevailing cultural stereotypes about women’s bodies into ‘objective’, scientific conclusions. For example, he associates the deviant, non-maternal biotype to sexual deviance, comparing such bodies to eunuchs and intersexual women (“In eunuchs we find that the breadth of the shoulders diminishes together with that of the torso while the breadth of the pelvis and thighs increases; the opposite is true in many intersexual and virile women where we find a masculine line in the torso, broad at the top and narrow below”)

which are amalgamations found in the *donna crisi* (1931). He implies that the *donnanuova's* obsession with staying slim to look fashionable is deplorable, and concludes with an attack on the “dangerous prejudice that maternity and childbearing deform the female body”. Three years later in December 1934, Pende [5] published an article in the Fascist-sponsored female magazine *Maternità e infanzia*, titled “Maternity, aesthetics and female health” (*Maternità, estetica, e salute femminile*), where he further concludes that the voluntary renunciation of maternity creates grave disturbances to the nutrition of the mucous membrane and musculature of the uterus, and also with the easy development of fibroid tumours”.

What conclusions can we draw about medical expertise and biopolitics from the state's presentation of the *donnamadre* and *donna crisi* archetypes? I propose three: Firstly, that medical experts such as Pende [5] became the state's mouthpiece to advocate against the refusal of young women to bear children in their pursuit of a cosmopolitan ideal, with the *donna crisi* embodying the diseased and degenerate body that comes from such a pursuit. Women were encouraged to have children not just to fulfill their national duty, but also to avoid becoming diseased and sterile like the *donnacrisi*. Secondly, that the state defined a woman's procreative role as the only worthy aspect of her being, and sought to “[institutionalize] this narrowly cast vision of female roles” [2]. Mobilizing what Barbara Spackman [17] calls “a rhetoric of crisis”, Mussolini was able to emphasize the graveness of the national fertility crisis and emphasize the need for action by the state, rather than public discussion. Thirdly, that medical expertise called into question the abilities of some women - those who were seen as deviant biotypes - to be mothers, thus facilitating the “establishing of strict norms of behavior” for women in order to prepare them for the “sacred and difficult mission of maternity”.

It is the third conclusion that allows us to embark on a critical study of biopolitics in relation to the rich critiques of feminist studies. We have seen so far how under Mussolini's Demographic Campaign, Fascist politics undertook what feminist theorist Judith [18] calls the “public regulation of fantasy through the surface politics of the body...for the purposes of the regulation of sexuality within the obligatory frame of reproductive heterosexuality”. Taking the Campaign's new laws against abortion as a case study, my argument is that these pronatalist measures were at once repressive and agential for different groups of Italian women. For many women, the fact that the state saw the mother's welfare as subordinate to that of the infant she was carrying was certainly repressive. For some others, they acquired a sense of agency through the decision to abort, gaining empowerment through such an act of resistance.

The Royal Decree Law of 6 November 1926 (no. 1848) [19] prohibited the display, sale, possession, distribution, manufacture, and importation of objects that offended public

decency, including birth control measures. This law later became a part of an entire chapter (no. 545-555) in the new 1931 Penal Code (*codice penale*) devoted to “crimes against the integrity and health of the race”. As of 1st July 1931, then, abortion was considered illegal and “any person who publicly incited others to use means to prevent procreation or procure abortion, even indirectly or with scientific or therapeutic pretexts” faced heavy penalties [2]. Although Mussolini certainly wished to target all women in his Demographic Campaign, upper class women tended to be less affected by the measures for they had wealth, social status and more resources for both birth control and abortion. Hence, in reality lower-class women were the main targets and recipients of this new legislation, and also “the most vulnerable to their overall impact” [1].

Indeed, for many of the impoverished women of the subaltern classes, the state's new laws subjected them to greater socioeconomic pressures, hardships and suffering. With abortion made illegal and in light of the Demographic Campaign's goals, the wellbeing of an unborn infant - whose birth would certainly contribute to the strength in numbers that the Duce desired - was prioritized over the mother's. Here, biopolitics evolves into what Didier Fassin terms ‘biolegitimacy’, which emphasizes how biopolitics always includes a moral dimension taken on at a societal level. Biolegitimacy is defined as “the unequal construction of the meaning and values of life... These unevenly felt bioinequalities instantiate how governance pivots upon a new politics of life, whereby the pursuit of its ideal definition also means deciding ‘who should live and in the name of what’” [20,21]. In other words, biolegitimacy is the extent to which society is said to value “life itself”, especially the lives of particular disenfranchised groups (such as lower-class Italian women).

In this case, the question of which life matters more when it comes to a mother and her unborn child is clearly answered by the state in complete favour of the latter. In her reading of abortion, feminist philosopher Adriana Cavarero shows that in a Fascist perspective where the unborn is already seen as a juridical subject with rights, “when the rights of the unborn and the rights of the mother are mapped out...they clash if the mother decides to have an abortion. This conflict triggers a scenario where a stronger subject (the mother) is pitted against a weaker subject (the unborn). The unborn is the subject that the political/juridical community must protect, even more so for the very fact that it is weaker (1995), The Fascist state viewed the mother as no more than a container for the unborn child, effectively treating “the act of regeneration [as having been] pulled out of the sovereign space of maternal power”. Just as female sexuality was brought under the purview of the state, abortion was not seen as an act of free choice by a pregnant woman, but rather a political concern that needs to be regulated by law. Women's freedom to make choices surrounding their own bodies were thus restricted so that their unborn child should live, even if it

meant their long-term socioeconomic suffering or, at times, their deaths.

More interestingly, however, we might consider the ways in which some women acquired a sense of agency in spite of, and within the context of, the state's outwardly repressive laws. Victoria de Grazioposis [2] that a woman's "decision to abort might become the occasion to protest oppressive official intrusions into private life". Giving the example of secular, working-class Turin women who saw abortion as "a therapeutic physiological act, as if it were part of modernity practice", we might view their decision to abort in spite of sociopolitical and legal ramifications as a resistance against the "policies that represented motherhood as unrelenting self-sacrifice and subordination". Thus, as Saba [22] does, we might reconceptualize of these women's agency as "a capacity for action that specific relations of subordination create and enable," even if such agency is gained through a practice that we might find morally questionable.

Medical expertise played both repressive and agential roles throughout the Demographic Campaign. On one hand, for example, physicians were made to report of deformities in newborns, sexually transmitted diseases, and help prosecute abortion by reporting cases of women seeking to procure one, as ordered administrative decrees issued by the National Public Health Office (Direzione generale della sanità pubblica) in 1935 [23]. On the other hand, medical expertise enabled acts of resistance and new forms of agency for women. In the final section of this essay, I focus on medical expertise as a platform for women to re-inhabit what Drew Leder calls the "dys-appearing body", which is the result of a process of increasing dissociation of oneself from one's body due to "times of disturbance", causing it to "come to appear 'Other' and opposed to the self" [24].

Under the Demographic Campaign, while motherhood was valorized as ensuring the continuity of the nation, state legislation continued to demean women and failed to effectively evoke the image of motherhood as empowerment [2]. Many women came to feel a sense of disembodiment and alienation from their own bodies, reflecting how "the social body constrains the way the physical body is perceived" and how one's physical experience of the body is "always modified by the social categories through which it is known" [25]. The sense of vulnerability was intensified as government childcare services looked poorly upon unwed and impoverished mothers, with medical social workers often undercutting "the control traditionally exercised by female kinship and community networks over childbirth and infant nurturing".

In this certainly disturbing setting, the proliferation of published works by medical experts like Pende [5], which were quickly adopted by forms of state propaganda, brought issues which were traditionally confined the private sphere into public debate. These included topics of marriage, childbirth,

and sexuality, which were seen as inappropriate conversation material outside the home - unsurprising given the strong influence of the conservative Catholic Church on public life. Yet, medical expertise brought such issues into the public sphere, both by being a mouthpiece of state ideology and by virtue of their position as the enforcers of that ideology in the form of new legislation they had to follow. Returning to the issue of abortion, for example, a once shameful and secretive act was no longer seen as a last-resort necessity, but also became a choice going against state sanctions. That there became a phenomenon known as the "industrialization of abortion", especially in more socially liberal and economically developed northern cities, fostered a kind of solidarity among women that was abetted "not just by female companions and neighbours but by midwives, doctors, and provincial medical officials" who rebelled against the state sanctions [2].

By placing formerly clandestine topics like abortion under public scrutiny, medical expertise facilitated what were once taboos to gain increasing social acceptance during the Demographic Campaign, allowing vulnerable women to find new methods to re-inhabit their 'dys-appearing' bodies and acquire a sense of agency. As a woman and a feminist, I am happy to note that the Demographic Campaign was a failure in many ways. In 1921, Italy had 38.5 million people, and this number increased to only 44.4 million by the end of Fascism in 1941- a far cry from Mussolini's goal of 60 million people. Although better explained elsewhere [2,26,27], there were several main reasons that the campaign failed to achieve success. The most important reason was that Fascist policies had dramatically reduced living standards and wages; The overwhelming poverty that faced the country deterred the population from bringing more children into their harsh and uncertain world [28]. Moreover, the campaign de Pende [5] largely on winning a "social battle based on emotions, appeal[ing] to the past greatness of ancient Rome", an appeal that failed to reach the masses who were struggling for survival [27].

In observing how Northern Italians viewed their Southern counterparts as backwards because of 'nature', neo-Marxist theorist Gramsci [29] notes how "'science' was used to crush the wretched and exploited; but this time it was dressed in socialist colours, and claimed to be the science of the proletariat" (1977, p.4). Similarly, I have shown how Fascist biopolitics attempted to achieve their goal of adding 20 million more Italians to the population under the cloak of medical expertise, subjugating and repressing millions of women with laws that threatened to remove their agency from the process of motherhood. Dr. Pende [5] papers have illustrated how endocrinology has heavily influenced the discourse of Fascist medical constitutionalism, casting women into 'maternal' and 'non-maternal' biotypes. At the same time, medical expertise gained authority from the prevailing cultural stereotypes of women, and in turn gave authority to Mussolini's government to enact legislation that

manipulated and controlled women's bodies. However, I have highlighted how this plan backfired, instead enabling women – especially women of the lower classes - to display acts of resistance against official state sanctions.

Beyond this essay, there is certainly much more to be said about the ways that Italian women spoke out against the state's ideology of motherhood as the only source of female fulfillment. I believe medical anthropology has much to contribute to the study of both biopolitics and STS, and hope that this essay has highlighted the kinds of agency women display in the face of state subjugation in order to develop meaningful conceptions of the self beyond dominant cultural stereotypes. I recall Charis [30] study of female agency in an infertility clinic, where she speaks out against the view that "medical technology entails the objectification of the patient, which entails her loss of agency". Similarly, biopolitics and medical expertise - albeit powerful technologies that influence individual bodies- cannot wholly define the construction of womanhood or motherhood. After all, being a mother was not- is not- incompatible with other aspirations, other professions, and a dignity that is forgotten when motherhood is associated merely with self-sacrifice [31-37].

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