



“Dangerous to Themselves and Others, and of Public Scandal”: The Internment Procedure

Abstract Through G.’s admission and medical files, this chapter illustrates internment laws and procedures, highlighting how Fascism pushed pre-existing legislation to its extreme consequences. In reconstructing internment’s bureaucratic and legal practices, the chapter emphasises how the law could be bent to accommodate the regime’s need to isolate those perceived as “different” and how psychiatry acquiesced in offering to “correct” individuals considered “non-conforming”, “amoral”, “immoral”, “deviant”, rebellious and, among them, homosexuals, in exchange for an increase of power and status.

Keywords Internment Law n. 36 of 1904 • Psychiatry • Public order • Non-conforming individuals

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take shape and it becomes clear how it matched the “degenerate” and “effeminate pederast” stereotypical description.

On 22 November 1928 a doctor was called to a police station in Turin. A 45-year-old man, G., had just been arrested for threats and aggression towards his brother.¹ The two had had a violent argument over money. The doctor visited him in the police station at 6 p.m. and declared that G. was

affected by serious psychosis which makes him dangerous to himself and others; for this reason I consider his internment in a Psychiatric Hospital necessary and urgent.²

“Dangerous to himself and others”³ is a standard expression, it corresponds to what the internment law in use at the time required. During the fascist regime internment procedure was still governed by Law n. 36 of 1904 whose article 1 stated:

People affected by mental alienation due to any cause must be guarded and cured in asylums when they are dangerous to themselves or others or when they are of public scandal and when they are not, or cannot, be appropriately cured anywhere else.⁴

It is immediately evident that psychiatric care was declared compulsory by law only for those who constituted a social problem and not for those who were suffering from a psychiatric condition, the dangerous rather than the ill. Historians⁵ have unanimously underlined how the law stressed the social control role given to asylums: at the time this was very clear to the medical professionals too, who often criticised the way the law was formulated. In fact, Law n. 36 was amply debated for over a decade before being approved⁶ and remained controversial thereafter. The social control aspect given to asylums was however welcomed by some, interestingly by Luigi Anfosso, author of a pamphlet, published in Turin in 1907 with an introduction by famous Turin-based psychiatrist Antonio Marro. In highlighting the pros and cons of the newly introduced law, Anfosso gave an overall positive judgement of it, underlining that

The main aim of the legislator was to dispose so that society could be freed from demented individuals [*mentecatti* in the original], because the

safeguarding of public order demands that they are segregated and appropriately cured.⁷

Segregation is identified as a crucial issue of the law. From the mid-nineteenth century the European *bourgeoisie* had tried to tackle the increase of social problems created by massive urbanisation. Criminality, prostitution, alcoholism, tuberculosis, syphilis and mental alienation, all linked with impoverishment of urban working classes, were among the many tangible social threats that modern life brought. To define these worrying and constantly increasing social phenomena a term came in use, degeneration, that could explain moral decay and the connected tendency to commit crimes.⁸

As a response to these new impending social threats, scientists started formulating the basic principles of eugenics, a utopian theory whose aim was to identify ways in which human-kind and societies could be improved. Founded in Great Britain by Francis Galton, nephew of Charles Darwin, it spread successfully across Europe, and found in Italy very fertile ground in the second half of the nineteenth century.⁹ An improved human race would ideally have to rely on reproduction by its best and fittest elements, the ones who had successfully fought and won the battle for survival, according to Darwinian theories. However, after World War I, it became painfully evident that also the fittest and best young men perished. Consequently, the following generation would bear the genes of those who did not fight: the sick, the old, the disabled. Research found a new impulse in trying to avert this natural decay of society. The theoretical debate gradually came to two main positions: the so-called “negative” eugenics, that developed in Protestant Northern European countries, theorised the need to eliminate unfit members of society to improve the “stock”. This had extreme consequences as it led to compulsive sterilisation programmes in Sweden and Germany, and to the suppression of disabled people during the Nazi regime. Catholic-inspired “positive” eugenics concentrated on ways to cure the unfit, to isolate them and transform them into “better” human beings. How to cure, modify and prevent, therefore, became the most important aspect of the debate in Italy, which involved criminal anthropologists, criminologists, psychiatrists and politicians. Apart from a few voices of dissent, at the beginning of the twentieth century the Italian answer to questions of degeneration was a vigorous demographic campaign that aimed at inverting falling birth rates trends, together with a firm focus on preventative medicine, pre-maternal and

maternal care. Within this ideological frame, there were discussions in the Italian Parliament on the need to make pre-marriage medical certificates compulsory, so that hereditary diseases would not be passed on, on whether marriage for epileptics was to be declared illegal, on banning mixed-race relationships, on improving post-natal services offered to women, and on including sexual health courses in schools' programmes. Maternity now had a social function, private choices belonged to the public sphere and were the way in which citizens showed civil responsibility.

All these theories, as acutely observed by Mantovani,¹⁰ were inherited by Fascism, which simply magnified them: the central role given to the demographic campaign, issues of race and the necessity to protect it, outlawing abortion and the use of contraception, the massive vaccination programmes, the improvement of post-natal care, the aim to uproot any manifestation of degeneration to guarantee the best Italic race, the need to cure the different and non-conforming elements of society could all be ascribed to a eugenics source.

Accordingly, the fascist regime did not feel any need to change Law n. 36, as it could very easily be bent to accommodate the dictatorship's needs and its eugenics programme: social danger, under Mussolini, could be interpreted not only as criminality, prostitution, idleness, vagrancy, as it had increasingly done from the middle of the nineteenth century onwards, but also as Anti-fascism or rebellious behaviour. The definition was vague enough to become a powerful tool to silence dissent, whenever needed.

Across Europe, science started investigating the possibility of some inherited characteristics that would show if an individual had a congenital predisposition to degeneration and crime. The intention was to identify those who were genetically inclined to become social problems, so that they could be prevented from any wrong-doing. Darwinism had shown that in nature those who were not able to adapt, either perished or were destined to remain at a lower level of evolution, therefore inferior. The same principles were applied to men and women. Deviant behaviour was thought to show a lack of development, the causes of which had to be analysed. The Italian criminal anthropologist Cesare Lombroso pushed this to its extreme consequences: if there were innate elements of degeneration or lack of development, then it would be possible to detect criminals and deviants by simply scanning their family history, their genetic configuration and their physical appearance. Inspired by several theories that circulated in Europe at the time,¹¹ his atavism theory proved that delay or lack of development could be inherited and would worsen with

each generation. It was the final proof that degeneration was hereditary. Physical common aspects were searched for in criminals and prostitutes, in an attempt to find visible elements, a kind of degeneration stigmata, that would allow society to preventatively intervene, cure or isolate its flawed and potentially dangerous members even before they committed a crime. Physiognomical measurements became essential when dealing with degenerates: in evolutionist terms, the aim was to connect physical aspects such as the shape of the skull or the length of the limbs with lack or delay in development. This would allow professionals to categorise people into types, thus preventatively diagnosing them by just looking at them. It was seen as a decisive arrival point for atavism, whose aim was

objectivity as refusal of a psychiatric practice that is centred on symptoms. The criminal and the mad individual speak by themselves, through a series of revelatory elements, and the task of the expert is merely that of a correct but simple connection between these connotative elements.¹²

Criminality and degeneration were now two faces of the same monster: criminals were believed to have a tendency towards immoral behaviour, while immoral or amoral individuals were in turn thought to have a genetic, inborn inclination towards crime.

The idea of a moral cure started to take form in the first half of the nineteenth century across Europe.¹³ Originally thought to be a medical approach that took into consideration all aspects of an individual, it gradually came to signify that criminals and deviants had to be corrected from a moral point of view, their values had to be eradicated and substituted with those considered “normal”. As Frigessi observes, “in a country with a strong Catholic tradition, moral cure could easily lose its Enlightenment connotations to get inspiration from religious principles”.¹⁴ Moral judgement and behaviour correction became a fundamental part of the psychiatrist’s role.

To quote a famous concept of Foucault, medical science outlined what was to be considered normality and, in doing so, it continued to define what and who was to be classified as out of the norm.¹⁵ Among all sciences, psychiatry had the duty to be the most normative. When sexuality and sexual perversions became an important element of psychiatric analysis, during the nineteenth century, there were immediate consequences that Tamagne clearly explains:

Until the end of 19th century the field of sexual perversion had remained the prerogative of the courts of justice. The law punished acts like sodomy, but did not recognize a particular criminal status. But then, psychiatrists began to take an interest in sexual perversions. Now, the criminal was defined by his perversion: he was a homosexual, paedophile, sadist, or fetishist.¹⁶

Looking at Germany, France and England, Tamagne concludes that “the medical study of homosexuality arises from the incapacity of the law to define homosexuals and thus to work out a specific repressive strategy”.¹⁷ This rings even truer for the Italian situation where same-sex relationships were never mentioned as crimes by the Zanardelli and subsequent Rocco legal codes.

It is within this cultural context that asylums were given increasing responsibilities as a means of social control in Italy, sanctioned by Law n. 36, as they would be in charge of keeping non-conforming people, perceived as dangerous, separate. Society, modern life, big cities were now seen as the main cause of alienation and mental degeneration.¹⁸ Mental health hospitals had to transform individuals, trying to correct their behaviour, moral code and set of values that had been corrupted by alienating life-styles. When that was not possible, they would have to free society from this burden, thus acting as a merely reclusive institution. “Conceived as they were for social defence, to incapacitate the dangerously insane (...) [mental health institutions] shared many characteristics with penitentiaries”.¹⁹

Law n. 36 of 1904 also conferred full and unlimited power to the Director of a mental health institution, who now would oversee all aspects of an asylum’s management, from economical to disciplinary, from medical to managerial and legal. For many, this completed a cycle that saw the rise in status of psychiatry, a process that had started almost two centuries before.²⁰ In fact, the law managed to give more power to the security forces, on the one hand, while on the other

psychiatrists co-participated in a role that in the past had exclusively pertained to the police and to the judges and appeared as a new tool of public order defence, less discredited than the previous two and besides imbued by the halo of science.²¹

In order to understand how homosexuality came to be pathologised we must finally analyse the definition of “*pazzia morale*”, moral madness, a concept that was already establishing itself across Europe and that Cesare Lombroso extensively focused on. As early as 1835, James Cowles Pritchard had presented moral insanity as a type of illness. In his words it was

madness, consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane delusion or hallucination.²²

As mentioned earlier, throughout Europe scientific research was converging on considering criminals, prostitutes, mentally ill people and deviants as people with a congenital genetic deficiency that translated into emotional inadequacy and immaturity.²³ The same had to apply to homosexuality. Some scientists started from these assumptions and theorised that after an initial pre-puberty phase where all individuals were bisexuals, “normal” men and women developed heterosexuality, while a minority were unable to move into adulthood and “remained” homosexuals.²⁴ But another crucial issue had been debated from the 1870s. Italian psychiatrists, criminologists and politicians had focused their attention on Lombroso’s theories and had started debating their implicit, huge consequences: if criminality was a genetically inherited factor, a sign of lack of development or inability to adapt to the environment, this would imply no responsibility when committing crime, a statement that subverted all previous jurisdiction theories.

Similarly, if homosexuality was a congenital condition, it could not be averted. Most importantly, it could not be cured. When talking about the distinctive elements of Italian psychiatry at the time, Donnelly identifies

a certain therapeutic pessimism, even fatalism, about the prognosis of mental disorders; the expectation was not quick treatment and release, but having to deal with chronic, enduring, and probably degenerative conditions.²⁵

Some scientists were convinced of the presence of “*libero arbitrio*”, free choice, and they rejected the idea of an immutable destiny that was

inherited and unchangeable. This made them firm believers in the possibility of curing moral degenerates. Others remained more aligned with the original Lombrosian beliefs. The echo of these contrasting opinions (which incidentally is at the core of Catholic beliefs, on whether Man has a predestined future decided by God and therefore immutable, or whether he is in control of his actions and can modify the course of events) finds a reverberation in what psychiatrists and society thought of homosexuality: was it an involuntary condition that one was born with, a genetic flaw, or was it a choice, a “vice” that one indulged in deliberately? Was it the result of a disfunction or hormonal imbalance that could be chemically or surgically modified? Was it retraceable in a family history where other immoral behaviours could be observed? The accepted final redeeming statement of this dispute seems to have been that homosexuality, like any other form of moral madness and deviancy, could be subdivided in two categories: congenital and acquired. The first type was a more serious condition as its cure would be difficult or even impossible. If it was acquired, it attracted a tougher moral judgement, but had identifiable social or psychological causes and could be eradicated. This binary interpretation has remained unchallenged until recent times in Italy and was certainly present during the fascist regime, together with other categories that were in place when considering sexual inversion.²⁶ Another common trait between moral madness and homosexuality was in the habitual/occasional Lombrosian distinction with regard to criminality, elaborated particularly by Enrico Ferri.²⁷ There was clearly a hierarchy between the two conditions and the second one implied, both for criminals and moral degenerates, that a social external factor might have been determining it. Therefore, it was a temporary situation that could be corrected.

The “public scandal” element, necessary to decide internment, present in article 1 of Law n. 36, shows again how the public order concerns overruled the strictly medical and psychiatric reasons for internment. Only what attracted public attention called for repression and segregation: this message was certainly powerful with regard to sexuality and sexual inversion in particular. In Italy, homosexuality was punished when recognisable, declared, public.²⁸ Hypocrisy, one could argue, was legally prescribed and was a condition for survival.

Finally, to decide somebody’s internment there had to be, by law, an official authorisation by the Tribunal. However, in urgent cases, security forces could intervene and give a provisional authorisation, while waiting for magistrates to ratify it. The patient in this case would be admitted and

kept under observation for a period of 15 days, extendible to a maximum of 30 days, while the need for internment was being officially sanctioned. As Petracci underlines, this aspect of the law meant that during Fascism public security forces could legally enter Italian asylums whenever they wanted.²⁹ It was in fact very unlikely that a Tribunal would question a decision taken by the local security forces and corroborated by a doctor’s statement. The anomaly became the norm and that is exactly what happened to G.: the Turin Court ratified his internment on the 31 January 1929, thus giving a seal of approval to something that had already happened more than two months earlier.

Another weak and interpretable aspect of the law was that internment could be requested by a family member, a tutor or “anyone else, in the interest of the sick person and of society”.³⁰ As the Collegno archives show, families often referred relatives to the psychiatric system for a number of reasons: the shame they caused, the financial difficulties of having to cope with someone who could not work and contribute to his/her maintenance, rebellious behaviour and the impossibility of looking after him/her, to mention a few. Frequently the asylum was a way to settle disputes or to get rid of an unwanted relative. In the course of the debate that preceded the approval of the law, a Senator had warned, that its text should aim at

safeguarding the liberties of the individual so that it could never happen that, because of evil hatred or greed to enjoy and seize someone else’s properties, an unfortunate person could falsely be declared mad and thus be hijacked and dragged inside an asylum.³¹

Furthermore, the “anyone else” opened many other, terrifying possibilities: neighbours could request internment of a person behaving “strangely”, the police, the *Carabinieri*, the Mayor, an employer or any figure of authority could ask for someone to be interned if alleged public scandal had been caused. Law n. 36 enhanced their powers and contributed to keeping the population in a state of constant fear.

This chapter looked at the internment Law n. 36 of 1904 and on how the regime used it for its repressive purposes. In particular, it highlighted in what ways the law could be used to persecute “different” and non-conforming behaviours, with homosexuality among them. Its article 1 stressed the moral control function given to psychiatry. The following chapter explains how homosexuality and its stereotype came to be considered a form of degeneration and of mental illness, pertaining to psychiatry.

NOTES

1. Police files are not available, but it is possible to deduct this from his Collegno asylum admission files: CA, G.'s file n. 4***2.
2. CA, op. cit., Medical Certificate.
3. Law n. 36, 1904, art. 1. http://www.cartedalegare.san.beniculturali.it/fileadmin/redazione/Materiali/Legge_14_febbraio_1904.pdf
4. See note 3.
5. Among them Lonni, Ada. 1982. *Pubblica Sicurezza, Sicurezza Pubblica e Malato di Mente. La Legge del 1904*. In *Follia, Psichiatria, Società*, De Bernardi, Alberto, ed. Milano: Franco Angeli; Babini, Valeria. 2009. *Liberi tutti. Manicomi e psichiatri in Italia. Una storia del Novecento*. Bologna: Il Mulino; Canosa, Romano. 1979. *Storia del manicomio in Italia dall'Unità a oggi*. Milano: Feltrinelli; De Peri, Francesco. 1984. *Il Medico e il Folle: istituzione psichiatrica, sapere scientifico e pensiero medico tra Otto e Novecento*. In *Storia d'Italia, Malattia e Medicina*. Annali 7. Torino: Einaudi; Donnelly, Michael. 1992. *The Politics of Mental Health in Italy*. London and New York: Routledge; Fiorino, Vinzia. 2002. *Matti, Indemoniati e Vagabondi*. Venezia: Marsilio; Moraglio, Massimo. 2006. *Dentro e fuori il manicomio. L'assistenza psichiatrica tra le due guerre. Contemporanea* 9 (1): 15–34; Moraglio, Massimo. 2002. *Costruire il manicomio. Storia dell'ospedale psichiatrico di Grugliasco*. Milano: Unicopli; Tornabene, Massimo. 2007. *La Guerra dei Matti. Il Manicomio di Racconigi tra fascismo e Liberazione*. Boves: Araba Fenice.
6. Extensive account of the debate in and out of Parliament in Lonni, Ada, op. cit. and Canosa, Romano, op. cit.
7. Anfosso, Luigi. 1907. *La legislazione italiana sui manicomi e sugli alienati. Commento alla Legge 1904*. Torino: Unione Tipografico-editrice Torinese, p. 63.
8. Dall'Orto, Giovanni. 1985. *Il concetto di degenerazione nel pensiero borghese dell'Ottocento*. *Sodoma* 2, <http://www.fondazioneandropenna.it/SodomaDue>; Pick, Daniel. 1989. *Faces of Degeneration. A European Disorder, c. 1844–c. 1918*. Cambridge: Cambridge University Press; Greenslade, William. 1994. *Degeneration, Culture and the Novel 1880–1940*. Cambridge: Cambridge University Press.
9. On eugenics theory, debate and its developments in Italy the main sources of this research are Mantovani, Claudia. 2004. *Rigenerare la società. L'eugenetica in Italia dalle origini ottocentesche agli Anni Trenta*. Soveria Mannelli: Rubbettino; Cassata, Francesco. 2011. *Building the New Man: Eugenics, Racial Science and Genetics in XX Century Italy*. Budapest: Central European University Press.

10. Mantovani, Claudia, op. cit.
11. Frigessi, Delia. 2003. *Cesare Lombroso*. Torino: Einaudi. An accurate analysis of primary sources on atavism in psychiatry and criminal anthropology in Europe is deferred to a more in-depth future research.
12. Villa, Renzo. 1982. Perizie psichiatriche e formazione degli stereotipi dei devianti: note per una ricerca. In De Bernardi, Alberto, ed., op. cit., p. 392.
13. Babini, Valeria. 1996. *La questione dei frenastenici, Alle origini della psicologia scientifica in Italia, 1870–1910*. Milano: Franco Angeli; Jones, W. David. 2016. *Disordered Personalities and Crime. An Analysis of the History of Moral Insanity*. London and New York: Routledge; Pick, Daniel, op. cit.; Schneck, Jerome. 1960. *A History of Psychiatry*. Springfield: Charles C. Thomas; Porter, Roy. 2002. *Madness. A Brief History*. Oxford: Oxford University Press; De Bernardi, Alberto, ed., op. cit.
14. Frigessi, Delia, op. cit., p. 152.
15. Foucault, Michel. 1989. *Madness and Civilisation*. London and New York: Routledge. I ed. 1961.
16. Tamagne, Florence. 2006. *A History of Homosexuality in Europe. Berlin, London, Paris 1919–1939*. New York: Algora, p. 153. I ed. 2000.
17. Ibid.
18. Moraglio, Massimo, op. cit., 2002.
19. Donnelly, Michael, op. cit., p. 37.
20. Lonni, Ada, op. cit.
21. Canosa, Romano, op. cit., p. 98.
22. Pritchards Cowles, James. 1835. *A Treatise on Insanity and Other Disorders Affecting the Mind*. Quoted p. 117 in Schneck, Jerome., op. cit.
23. On Cesare Lombroso’s theories and how they affected Italian psychiatry theory and practice, on moral madness and the debate on it during the second part of the nineteenth century in Italy the main source is Frigessi, Delia, op. cit., 2003.
24. Dall’Orto, Giovanni, op. cit., 1985.
25. Donnelly, Michael, op. cit., p. 36.
26. See Chap. 5.
27. Frigessi, Delia, op. cit. See also Chap. 3.
28. Dall’Orto, Giovanni. 1987. La “Tolleranza Repressiva” dell’Omossessualità. *Quaderni di Critica Omossessuale* 3: 37–57; Rossi Barilli, Gianni. 1999. *Il movimento gay in Italia*. Feltrinelli: Milano.
29. Petracci, Matteo. 2014. *I Matti del Duce*. Roma: Donzelli.
30. Art. 2, see note 3.
31. *Atti Parlamentari Senato del Regno*, legislatura XXI, II sessione 1902–1903, 26.3.1903, quoted in Canosa, Romano, op. cit., p. 113.

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