As part of the modernisation of the nation-state, the Swedish government became more active in different areas of social life, including health care, at the turn of the twentieth century. New measures of population policy were adopted as a governmental tool that would help make Swedes healthier and stronger as a nation. Social hygienic principles—developed in Germany by Alfred Grotjahn and others—were adopted to enlighten and educate the population, and to make people live correctly. This public health ideology was based on the fundamental assumption that the medical authorities had a right to intervene in the life of the individual for the good of the society, and to create a new kind of citizen who would conduct his or her life according to the rational principles and healthy values provided by men of medicine. Despite the strong egalitarian tradition in Sweden, the mostly upper-middle-class physicians (as well as academic intellectuals and civil servants) had a distinctly paternalistic attitude towards ‘the people’, who had to be educated into healthy and morally upright living.

Small wonder, then, that the mental hygiene movement, which originated in the United States, found a favourable climate in Sweden. While the ‘short-term’ or the more practical goal of the mental hygiene ideology was the prevention of mental illnesses through such measures as sterilisation and advice on the proper way to raise and educate children and youth, the ultimate goal was to make the Swedes a healthy, moderate and wholesome people. It became a social obligation to remain in good health, and implicit in this new health ideology was the normative notion that the ill are often responsible for their diseases and disabilities.

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2 On the social role of medicine in early twentieth century Sweden, see Eva Palmblad, Medicinen som samhällslära (Göteborg: Daidalos, 1990).
In the Swedish state-governed health ideology, physicians were destined to become the new priesthood of modern society. As professor of practical medicine, Seved Ribbing, wrote in 1915, physicians have to replace pastors and take precautions against social evils that threaten the community. Physicians have to become specialists in medical ethics, and they should not only cure the people, but also help them in troubled times and teach them how to maintain health and strength through prophylactic procedures of planning and discipline. In an earlier article (1900), he had lamented that medical research had not yet penetrated general education and social life. This was, by and large, a correct evaluation of the situation: people increasingly began to see doctors only in the 1910s and the 1920s. Until then, quackery or folk medicine flourished especially in the countryside, and there were ‘wise’ men or women in virtually every parish. A fight against folk medicine and homeopathy preoccupied physicians in the early twentieth century, and the new medical legislation in 1915 included a law against quackery (the law was revised in 1960). Official medicine did not fully succeed in eliminating quackery, and ‘alternative medicine’ as well as ‘holistic medicine’ (which laid stress on the healing powers of nature) have played their role in the modern history of Swedish medicine.

Starting from the 1880s, the public health policy became an essential component in the Swedish social project that aspired to create a new, distinctly ‘modern’ nation. Doctors, who craved official authorisation and aspired to become scientific policymakers for the new age, began to formulate medical explanations of and solutions to a whole gamut of pathology, ranging from physical and mental illnesses to such ‘social illnesses’ as criminality, alcoholism, prostitution, vagrancy and ‘sexual aberrations’. Alcoholism and venereal diseases (especially syphilitic diseases) were regarded as particularly serious threats to the health of the

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