Being careful: progressive era women and the movements for better reproductive health care

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Being Careful:

Progressive Era Women and the Movements for Better Reproductive Health Care

By

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A Dissertation

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ABSTRACT

For American and British women, the definition of being healthy changed in the first two decades of the twentieth century. Previously, there had been a resigned acceptance of the fact that a woman’s reproductive capacity often relegated her to a lifetime of suffering and ill health. Certainly, individual women sometimes sought out solutions to their health problems, but there was no concerted social movement to help all women. Then in the Progressive Era that changed. The professionalization of medicine, combined with scientific breakthroughs, such as using Salvarsan to treat syphilis and urine testing to identify eclampsia meant that women could hope for meaningful treatments. Women embraced these medical advances and began to advocate for reproductive healthcare reform. Two of the main movements that emerged were the campaign for painless childbirth using twilight sleep and the effort to legalize and legitimate contraception. Generally, these movements are studied separately. This work contributes to existing accounts by demonstrating that when studied together we find that women were not only advocating for reproductive autonomy and healthy babies, they were advocating for their own health. This was critical because when plagued by ill health and debility it was nearly impossible for women to engage in social citizenship. Obtaining health is the prerequisite for other types of civic engagement. These reproductive activists set the stage for how women’s healthcare would be handled for the rest of the century.
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Introduction

In 1917, nineteen-year-old New Yorker Anna Miller was just at the start of her reproductive life. She was likely to remain fertile until menopause, sometime in her forties, if she survived that long. Miller was married at sixteen and almost immediately had a baby. Within two years, she was pregnant again but had a miscarriage. It is unclear if this miscarriage was spontaneous or self-induced, but her body did not expel the baby on its own. Instead, she visited a doctor who used an instrument called a curette to remove the fetus from her uterus. Now at only nineteen years of age she was five months into her third pregnancy. The doctor who assessed her described her situation thusly, “patient had such a bad odor other patients commented, drawers soaked with dark brown fluid. She had…sores between her legs which were also discharging.”¹ It is impossible to tell exactly what was wrong with Anna. Probably she was suffering ill effects from her previous pregnancy and miscarriage, combined with a possible venereal disease of some kind. What is clear is that her ill health was embarrassing and debilitating. For her, as for so many other women of the time, the concepts of personal autonomy and feminine liberation were remote notions that they could only concern themselves with once their personal health issues were resolved.

This dissertation examines the state of women’s reproductive healthcare that Miller, and millions of other women, encountered in Progressive Era America. It ties together the disparate historiographies of childbirth, birth control, and women’s healthcare. Additionally, this dissertation interrogates the contemporaneous situation in Great Britain, as a way of better contextualizing what happened in the United States but also because the social movements

¹ New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, W0010-77B, Box 1, Case File 2475, New York State Archives, Albany, NY.
addressing women’s reproductive concerns in the two countries were intimately intertwined. Ultimately, this study shows that Progressive Era women did not simply wait for doctors to decide that women’s reproductive health care deserved their attention. Oftentimes middle- and upper-class women filled the most visible roles in these reform movements but they were supported and encouraged by women from all classes. Indeed, women from all socio-economic backgrounds actively strove to take control of their reproductive health by encouraging doctors to educate themselves about women’s health issues such as painless childbirth and effective contraception. Women also induced government officials to address women’s reproductive concerns by encouraging them to pass supportive legislation. In short, women were driven to activism in several different causes in an effort to protect and improve their health. This was in addition to the more frequently identified impetuses such as the desire for reproductive autonomy or their desire to have healthier babies.

Moreover, the evidence presented in this work suggests that the focus of much of the previous historiography on the question of whether the medicalization of reproductive processes was disempowering to women, ought to include an acknowledgement that personal autonomy was all too often meaningless for women who were enervated by constant ill health brought on by their ability to bear children.² While the medicalization of reproduction that occurred during the Progressive Era did force women to negotiate with doctors about their own bodies, the alternative that had previously existed was not a feminist utopia that women unknowingly gave up. Rather, for many women their lives were composed of endless cycles of pregnancy and ill health that left them too exhausted to be empowered. In addition, by examining events in Great

² Edward Shorter, A History of Women’s Bodies (New York: Basic Books, 1982), xi. Shorter is exploring a mostly pan-European context and focuses on different aspects of this idea than I address in my work.
Britain it becomes clear that medicalization was not intrinsically disempowering for women. Instead, the particular political, legal, medical, and social situation in the United States sculpted outcomes in ways that turned out to be potentially problematic for women.

For many women in the Progressive Era, persistent illness and debility were facts of life that were inexorably linked to their reproductive capacity. Married women who did not have access to effective birth control could expect to endure an average of eight pregnancies in a lifetime. This translated into almost an entire adulthood spent sustaining another life, through either pregnancy or breastfeeding. The toll that just those two functions took was enormous on a woman’s body and overall health. Even women who successfully limited their number of pregnancies were not immune to potential health problems. Since first births contained a disproportionate risk for women, even a single birth could have devastating physical consequences. First births tended to progress more slowly than subsequent ones and women were inclined to be anxious at first births from lack of experience. The anxiety and prolonged pain meant that doctors and midwives both felt compelled to ‘help’ the process along. Doctors pulled the baby out with forceps and midwives routinely removed placentas with their hands instead of waiting for it to deliver naturally. Consequently, fistulas, perineal tears, and prolapsed uterus were all common problems. Perineal tears usually resulted in lifetime fecal incontinence, a vesicovaginal fistula meant that a woman would drip urine constantly, and consequently be wet and malodorous all of the time, and a prolapsed uterus could literally hang out of a woman’s vagina. In addition, limited understanding of what constituted appropriate antiseptic techniques

3 Shorter, 3.
5 Shorter, 153 and 64.
6 Leavitt, 29.
in childbirth resulted in many post-delivery infections. In the days before antibiotics, if women were lucky enough to survive the initial onslaught of infection and not die from puerperal sepsis they often still dripped infected pus for years to come.\textsuperscript{7}

Clearly, childbirth could have negative consequences for a woman’s health, but often so did the attempt to limit childbearing. Pessaries (diaphragms) were frequently uncomfortable and ill fitting. Without proper medical guidance, women often left them in place for extended time periods, which could cause lacerations and internal damage.\textsuperscript{8} Many women relied on douching for contraception and cleanliness. But douching could actually cause infection depending on how clean the instruments were and what products were part of the concoction.\textsuperscript{9} When the caustic poison Lysol was used in the douche (which it frequently was) it could cause burning, severe inflammation and even death.\textsuperscript{10} In addition, women’s anatomy meant that they were more prone than men were to contracting venereal diseases. The thick skin of the penis offered a type of barrier to disease entering the body, while the moist environment and thin membranes of the vagina made a perfect home for viruses and bacteria. Women infected with primary diseases like gonorrhea, chlamydia, human papilloma virus or syphilis often experienced debilitating secondary complications from these conditions like pelvic inflammatory disease and cervical cancer. In contrast, men who suffered from these ailments were unlikely to have complications beyond the disease itself. These venereal diseases could also cause birth defects in full term babies or ectopic pregnancies, which were frequently fatal to the mother.\textsuperscript{11}

\textsuperscript{7} Shorter, 257.
\textsuperscript{8} Leavitt, 30.
\textsuperscript{10} Tone, 171.
\textsuperscript{11} Shorter, 267.
Reproductive health and control over reproductive choices were important to women of the Progressive Era. In the first twenty-five years of the 1900s, the efforts to improve women’s health moved out of the private sphere, where it was limited to each individual woman’s social network, to become visible as coordinated, public, reform movements. Women advocated that doctors receive better training in gynecological and obstetrical techniques. They demanded less pain in childbirth and they searched for more effective ways to control the number of children that they brought into the world. Middle- and upper-class women filled the leadership ranks of these movements, but they were supported in ways large and small by women from all socioeconomic levels. By examining the full spectrum of women’s reproductive lives it is possible to paint a more complete picture of women’s lived experience than a narrow focus on a single reform movement allows. Maternalist reformers, twilight sleep advocates, and birth control propagandists all strove to expand women’s choices based on their perceptions of what women wanted and needed. In this endeavor, they relied on scientific advances and demanded cooperation from doctors. Because their own experiences frequently influenced them, they were not always successful in responding accurately to the diverse needs and expectations of all the women they purported to represent. Some of their efforts came to fruition while others fizzled out. These early years of the development of public engagement with previously private women’s health concerns were crucial in building the scaffolding on which activism about reproductive health issues was based for the rest of the century.

During the Progressive Era, advances in technology, the expansion of cities, and the increasing depersonalization of social life left many people feeling unmoored from traditional connections to community and family. No one quite understood how to restructure society in light of these new pressures that frayed the bonds that had once held small communities together.
Extant social and political structures seemed inadequate to cope with problems such as the terrible poverty and overcrowding in urban slums. It soon became apparent that the people who were the most vocal about how to find the solution to these social questions had many commonalities. By the first decade of the 1900s, middle-class professionals such as teachers, doctors, lawyers, and social workers started connecting more with each other, regardless of where they were physically located.\textsuperscript{12} Professional commonalities started to mean more than local community ties. These emerging professionals had several distinguishing characteristics. They created increasingly formal requirements for achieving their positions in order to give themselves more prestige. They shared a faith that education was a solution to problems. They were firm believers in the idea that science and scientific methods could shed light on all kinds of issues and ultimately offer ways to solve challenging problems. Finally, they believed in using bureaucratic means to achieve their goals.\textsuperscript{13} Progressive Era reformers also embraced the ideas, that science offered solutions to societal problems and that organization was crucial to achieving reform goals. Arguably, what separated the reformers from the professionals was the lack of formal requirements for achieving their position. For example, no particular schooling or licensure was required to become a birth control advocate. There was tension between those whose schooling prepared them for careers as social scientists such as Julia Lathrop of the Children’s Bureau who had studied sociology at Vassar and spent time at Hull House, and those

\begin{enumerate}
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did not have this type of academic background, such as Margaret Sanger who had trained as a nurse without ever graduating.\footnote{For an explanation of the differences between social workers, public welfare officials and professional reformers see Michael B. Katz, \textit{In the Shadow of the Poorhouse: A Social History of Welfare in America} (New York: Basic Books, 1996), 169-177.}

Progressive reformers were active in many different areas of American life. Some of these reformers channeled their activities into politics, establishing the Progressive Party. The Progressive Party’s campaign platform in 1912 is now largely credited for being the first time that the main tenets of twentieth-century liberalism were articulated, including women’s suffrage, a national health service, and social insurance for old age and disability. The election of 1912 was very successful for the Progressive Party, with candidates winning positions across the country. However, many reformers still pursued their agendas outside of the confines of political parties. Based in metropolitan areas, these Progressive reformers witnessed human suffering as they went about their daily routines and mainly concerned themselves with ameliorating the life of the urban working class.\footnote{Alan Dawley, \textit{Changing the World: American Progressives in War and Revolution} (Princeton: Princeton University Press, 2003), 66.} The reformers who focused on women’s health issues fit this pattern. They believed in science, medicine, technology and the supposed progress of society. Many of their solutions for improving women’s health care, such as opening clinics and building maternity hospitals were meant to serve urban women.

Broadly speaking the Progressive Era in the United States mirrors the Edwardian Era in Great Britain. Progressive ideas flourished in Great Britain during this time and often inspired reformers in the United States. Although there was no Progressive Party in Britain, both the Liberal Party and the Labor Party extolled and supported progressive ideas. Certainly, individual social movements that originated in Britain, such as garden cities and settlement houses quickly
spread to the United States. However, P.F. Clarke has suggested that other historians have not paid enough attention to the growth of Progressivism as a cohesive political movement in Britain to rival what was happening with the Progressive Party in the United States.\textsuperscript{16} For example, the establishment of the London County Council in 1889 created a place where those with progressive ideas could thrive. By the turn of the century, the progressives on the council had voted to municipalize the city’s water, gas, electricity, docks, and streetcars.\textsuperscript{17}

In both the United States and Great Britain, women had been making strides towards greater equality since the later part of the nineteenth century, but change did not come quickly or easily. However, in the climate of these new and progressive ideas by the 1910s many young women created lives for themselves that were different from the lives of their mothers. Instead of rigid observance of separate spheres, they advocated communication within marriage, free speech, and liberation for women. This generation of young radicals congregated in locations like New York City’s Greenwich Village, espousing and living their modernist ethos. The term feminism as a synonym for women’s rights came into usage at this time.\textsuperscript{18} Feminists were a new type of woman. They were experimental bohemians who believed women should have economic independence, sexual freedom, and the ability to jettison traditional female roles.\textsuperscript{19} These women, and the men who supported their cause, acknowledged that women had sexual desires and that they should be as free as men to act upon them. Clearly, in some quarters attitudes were changing in the years between the turn of the century and the outbreak of World War I. Some

\textsuperscript{17} Daniel Rodgers, \textit{Atlantic Crossings: Social Politics in a Progressive Age} (Cambridge, MA: Belknap Press, 1998), 127.
\textsuperscript{19} Stansell, 227.
urban radicals lived their lives following new codes of conduct. For many other people the
transition did not occur so quickly.

While many of the Progressive Era birth control reformers embraced these cutting edge
treatment, in actuality their lived experience varied little from other less radical reformers who
advocated changes to women’s health care. In fact, most of these activists were not considerably
different from women that they hoped to help. While there were class differences, “they should
not blind us to the basic similarities of women’s experiences.”

Middle- and upper-class women
might have had more resources at their disposal, but when it came to issues of reproductive
health care and childbirth their experiences were depressingly comparable. Women from all
social classes faced high rates of maternal and infant mortality in childbirth. In addition, the
structure of the social and economic system meant that all women, except the very wealthy, were
vulnerable to discrimination and destitution if they lost the support of their husband through
abandonment or death.

The differences that did exist were not necessarily, what the modern
reader would expect. For example, in some urban areas the wealthiest and the poorest women
received the best care during childbirth. This was in part because the affluent frequently hired
specialist obstetricians for their care. At the same time, these doctors usually worked with and
trained the students at the local medical school. Consequently, the nearly destitute patients that
frequented the wards of the charity hospitals, where these students learned under the tutelage of
the specialists, benefited from the professors’ expertise. Meanwhile, middle-class women who
employed doctors oftentimes relied on routinely undertrained general practitioners who knew

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Books, 1977), 70.

little about childbirth techniques. Nonetheless, while women’s experiences were not exactly the same, the vagaries of health care and the ubiquity of pregnancy were commonalities for most women in the 1910s and 1920s.

Part of the problem women faced when it came to addressing their reproductive health concerns stemmed from the fact that reproduction was intrinsically tied to the act of sexual intercourse. Because people often had tangled and conflicted emotions about sexual behaviors, their own and others, it was subject to regulations by those in power. Regulations about morality, propriety, and social hygiene were frequently used as political instruments to regulate and manipulate people’s behavior during the Progressive Era. At times men have been the recipients of social control aimed at changing or policing their behavior. For example, during World War I the War Department established the Commission on Training Camp Activities and placed urban reformer Raymond Fosdick at the helm. The Commission hoped to educate men about the perils of venereal disease. Fosdick’s concern was to avoid the fate of the U.S. allies who reported VD rates as high as thirty-three percent. While the Commission targeted men for regulation, more frequently society policed women’s behavior and sexuality both overtly and covertly. For example, the national obsession with the ‘social evil’ of prostitution in the 1910s and 1920s resulted in laws that punished the prostitutes but did little to the men who visited them. This tendency to regulate women’s sexuality more strictly than men’s has negatively

22 Leavitt, 82.
24 Tone, 101.
affected women’s health, because for women, health, sexuality, and reproduction were intertwined.

This dissertation engages with three interrelated aspects of the historiography of women’s reproductive healthcare: women and reproductive autonomy, women and their experience of childbirth, and women and social welfare legislation. Historians usually address these topics separately. When woven together these individual strands illuminate how women experienced and sought to shape their physical well-being during the Progressive Era. The vast literature about women and birth control forms the core of the historiography, since it is a well-studied area where women’s health concerns are foregrounded.

Sociologist Norman E. Himes’s 1936 work *The Medical History of Contraception* was a starting place for modern historical discussions of birth control.²⁷ Himes examined contraception mainly from a medical and technological standpoint. He asserted that he was providing a history of “contraceptive technique.”²⁸ He found that as a social practice, birth control went back to prehistory. Himes opined that it was British reformer Francis Place who had started the modern social movement for birth control in the 1820s (not Margaret Sanger or Marie Stopes in the 1920s.)²⁹ Following the tradition of Himes’s initial work, some historians did continue to examine the scientific, medical, and technical aspects of birth control that worked in partnership with the social movements for birth control. Most of these works were published decades later after the social movement had been more fully explored by historians. In particular, the 2000s produced several books about hormonal contraception. These works explained the various

²⁸ Himes, xvi.
²⁹ Himes, 212.
aspects of the development of the pill, including the scientific research into the necessary hormones and the supposedly empirical process of testing the results.\textsuperscript{30} In large part, this could be because until the FDA approved the pill as a contraceptive in 1960 there was little medical or technological advancement to warrant further study. Devices such as diaphragms, sponges, and condoms changed in detail but not in substance between Himes’s work in 1936 and the pill in 1960.\textsuperscript{31}

Published in 1970, David Kennedy’s \textit{Birth Control in America: The Career of Margaret Sanger} purported to examine the social movement for birth control but his book was actually more of a biography of reformer Margaret Sanger.\textsuperscript{32} Kennedy demonstrated that Sanger’s obsessive focus and charisma were the assets that allowed her to lead the birth control movement, while simultaneously being the qualities that caused ongoing schisms that threatened the movement’s very existence.\textsuperscript{33} Linda Gordon’s 1976 work \textit{Woman’s Body, Woman’s Right: A Social History of Birth Control in America} was the first monograph that attempted a comprehensive analysis of the social movement for birth control in the United States. Gordon posited that the “re-emergence of birth control as a respectable practice…was a process of changing standards, largely produced by women’s struggle for freedom.”\textsuperscript{34}


\textsuperscript{33} Kennedy, 267.

\textsuperscript{34} Gordon, xii.
second-wave feminism and writing as one of the first generation of feminist historians, Gordon had reason to feel optimistic about the future of birth control. Recent Supreme Court cases seemed to assure women that they could make decisions about contraception. *Griswold v. Connecticut* in 1965 had decided that birth control was legal to use within marriage. In 1972, *Eisenstadt v. Baird* extended this decision and said that birth control should be available to unmarried people, as well as married ones. Finally, in 1973 *Roe v. Wade* established a woman’s right to privacy regarding the decision to have an abortion. In many ways, in 1976 Gordon would have been justified in feeling as though she was writing the history of a movement that had finally achieved most of its goals. Certainly, she believed herself to be telling the story of birth control as a feminist struggle for sexual self-determination and reproductive autonomy.35

Eighteen years after Gordon published *Woman’s Body, Woman’s Right*, Carol McCann’s *Birth Control Politics in the United States 1916-1945* reexamined some of the same ground that Gordon had already covered.36 Whereas Gordon’s approach suggested optimism, McCann wrote with the knowledge that women had not achieved as much control over their reproductive choices as it had initially seemed. Low-income women particularly struggled. For example, the Hyde Amendment, which took effect in 1980, stipulated that poor women, who relied on government provided Medicaid for their healthcare, could not use Medicaid funds to have an abortion. In addition, most female controlled contraception like diaphragms and the pill could not be obtained without a doctor’s appointment. This created logistical and financial barriers for many women and the cost of the pill was high if health insurance did not cover it. Bringing her

35 Gordon, xiv-xv. In the footnote, Gordon takes pains to differentiate population control from birth control. She says they have nothing in common except that they use contraception as a tool and that “one of the contributions I hope this book can make is to separate the two concepts as two political struggles.”
training in the history of consciousness to the analysis, McCann argued, in part, that language not only reflects but creates reality. McCann had studied at the University of California, Santa Cruz in the History of Consciousness program. This program combines postmodernist theory and empirical historical scholarship. It often leads to a focus on language and discourse. Consequently, she focused on disparate terminology like “birth control” versus “family planning” and claimed that they were not interchangeable, and in fact represented different things.37 Although Gordon had acknowledged that terminology mattered, McCann explored the idea more deeply.38 McCann hoped that by explaining the ebbing of feminist claims for contraception, which the linguistic shift to the language of family planning both indicated and shaped, understanding could be gained about contemporary reproductive politics. McCann believed this could provide actionable insights because she saw both the 1940s and the 1990s as “postfeminist eras.”39

In response to the changing political realities, Gordon updated and revamped her book in 2001 into a new work called The Moral Property of Women: A History of Birth Control Politics In America.40 Gordon’s revised work still approached the topic from a feminist perspective that asserted that the social movement to legalize and normalize birth control was about feminist political struggle. She also acknowledged that circumstances had changed between 1976 and 2001 that necessitated the past to be reevaluated. In the twenty-first century, historians who followed Gordon in the feminist vein narrowed the context of the story. Many chose to focus on

37 McCann, 6.
38 Gordon, xv. Gordon identified three different terms and stages of contraceptive activism, voluntary motherhood, birth control and planned parenthood.
39 McCann, 2.
the specific actions of birth control clinics across the country instead of what happened with “the movement” writ large.\textsuperscript{41}

Since the 1970s, other historians have also examined the topic of birth control using concerns about demography as the core of their analysis. These works tend to assert that anxieties about population issues were more of a driver of widespread social acceptance of birth control than were feminist demands for reproductive autonomy. Published just two years after Gordon’s \textit{Woman’s Body, Woman’s Right}, James Reed’s \textit{From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830} was arguably one of the first birth control histories to focus on issues of population trends and societal transformations. Reed used the lives of contraception advocates, feminist Margaret Sanger, gynecologist Robert Latou Dickinson, and Proctor and Gamble heir, Clarence Gamble to anchor his story. Although he included Sanger, it was still a story that focused on the fears of demographic explosion after WWII as the catalyst for public acceptance of birth control as a social good.\textsuperscript{42} While many works concentrated on demographic concerns related to class or race, some scholars pointed out that there could be other factors influencing who society deemed to be acceptable mothers.\textsuperscript{43} Jenna Caitlin Healey’s 2016 dissertation “Sooner or Later: Age, Pregnancy, and the Reproductive Revolution in Late Twentieth-Century America” examined the interconnections of contraception

\textsuperscript{41} See for example, Jimmy Elaine Wilkinson Meyer, \textit{Any Friend of the Movement: Networking for Birth Control 1920-1940} (Columbus: Ohio State University Press, 2004), which examines Cleveland; Cathy Moran Hajo looks at 600 clinics across the country in, \textit{Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939} (Urbana: University of Illinois Press, 2010); and Rose Holz uses clinics in Illinois as the basis for her work in, \textit{The Birth Control Clinic in a Marketplace World} (Rochester: University of Rochester Press, 2012).
and age. Healey contrasted the experience of teenage mothers with that of women who had delayed childbearing past the age of thirty-five. She found that teenage parents were encouraged to use contraception, while older mothers were warned to be wary of the consequences of using birth control and putting off motherhood until it was too late.

Bridging the feminist movement versus demographic pressures divide are issues of race and class. In the early 1990s the term intersectionality was coined in an effort to illustrate the fact that women experience different layers of oppression caused by gender, race, and class, but that all of these are intertwined and work together. Intersectionality recognized that not all women could identify with the white, middle-class, experience associated with second wave feminists of the 1960s and 1970s. Many of these works used the language of choice that had come to represent those who supported Roe v Wade in the face of continued conservative attacks, namely that women had the “right to choose” what to do with their own bodies when it came to using birth control or having an abortion. The majority of these works focus on the interwar period, or subsequent decades, and do not particularly examine the Progressive Era.

Two works that deviate from the main threads of birth control as a feminist movement and birth control as a tool for population control are Devices and Desires: A History of Contraceptives in America by Andrea Tone and Birth Control and American Modernity: A

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44 Jenna Caitlin Healey, “Sooner or Later: Age, Pregnancy, and the Reproductive Revolution in Late Twentieth-Century America” (PhD diss., Yale University, 2016).
45 The idea of intersectionality was first proposed by lawyer, activist, and scholar Kimberlé Williams Crenshaw in 1989 in a paper entitled “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics.”
In some ways, Tone harkened back to Norman E. Himes “original” history of birth control in that she focused on the technology that people used to limit their fertility. Tone told the story of producers, entrepreneurs, and consumers of devices and products meant to prevent pregnancy. According to Tone, this was the story of real people’s experiences with birth control, distinct from the social movements for medicalized contraception. MacNamara focused on how peoples changing ideas allowed contraception to become an accepted part of life. He argued that once people shifted their focus from seeing themselves as part of a continuum of humanity to instead concerning themselves with their own immediate needs and desires birth control became more acceptable. Both of these works attempted to examine the lives and motivations of average people instead of focusing on reformers’ efforts to make contraception legitimate as either an element of the feminist agenda or as a means of population control.

Since abortion is a way of controlling fertility, there is a link between that topic and birth control. Indeed, a few books have evaluated contraception and abortion together. Contraception and Abortion in 19th-Century America by Janet Farrell Brodie used newspaper advertisements to try to illuminate what people were actually doing to control their fertility. She found that the availability of contraceptive and abortifacient information did lead to a decline in births. More frequently, works about abortion are part of a larger conversation about women’s healthcare. In

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48 Tone, xvi.
49 MacNamara, 6. Interestingly, David Kennedy had hypothesized that understandings of time were critical in a different way. Although reformers in the early twentieth century believed that the poor did not use birth control due to lack of access or education Kennedy suggested that it was actually because of mindset. That their lives were too precarious and consequently they did not plan for the future in any aspect of their lives including contraception. Kennedy, 124-125.
particular, abortion and the fate of midwives during the early twentieth century professionalization of medicine were inexorably intertwined. James C. Mohr’s *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* published in 1978 was one of the first works to identify this relationship.\(^{51}\) He illustrated how doctors were able to vilify midwives by convincing the public that these women were abortionists. Two decades later Leslie Reagan built on this idea in *When Abortion Was a Crime: Women, Medicine, and Law in the United States 1867-1973*. She examined the ways physicians in Chicago were able to discredit midwives by using their influence to get anti-abortion legislation passed.\(^ {52}\)

Preventing pregnancy was not the only factor that effected women’s health in the Progressive Era. Several historians have examined the transition that happened in the early twentieth century from home births with midwives to hospital births attended by doctors. These works show that not only did the disputes between doctors and midwives effect women’s healthcare when it came to abortions, it also limited their options for healthcare during labor and delivery. One of the first works to take this approach was *Lying-In: A History of Childbirth in America* by Richard and Dorothy Wertz.\(^ {53}\) This and many subsequent works found that the change to medicalized healthcare in hospitals attended mostly by male physicians was not a beneficial change for women.\(^ {54}\) Moving childbirth to hospitals meant that women gave birth


\(^{52}\) See also, David Garrow, *Liberty and Sexuality: The Right to Privacy and the Making of Roe v. Wade* (New York: MacMillan, 1994) for an examination of the judicial precedents linking contraception and abortion together during the second half of the twentieth century.


alone without their traditional female support systems. It also put them at the mercy of doctors who had scientific knowledge about birth but no innate understanding of what the process was like for the woman actually giving birth. Others have looked at particular cities to try to illuminate what interactions between doctors, midwives, and women were actually like. They have found that in reality, the situation was fluid with women often moving between types of attendants.

Another theme in both *Lying-In* and Judith Walzer Leavitt’s classic 1986 work *Brought to Bed: Child-Bearing in America, 1750-1950* was how the female patients handled the pain of childbirth. The desire to reduce the pain was seen as another driver of why women themselves became interested in utilizing doctors instead of midwives as their attendant at birth. Leavitt showed that for women, one of the most important contributions that obstetricians made was their ability to provide relief from pain during delivery. In particular, once women delivered a baby without anesthesia they were frequently reluctant to repeat the experience.

Scholars’ interest in Progressive Era laws and policies that supported mothers have explored the ways that reforms helped some mothers access a range of reproductive health services. Several works published in the mid-1990s examined social welfare legislation directed at women who were mothers. Published in 1992, Theda Skocpol’s *Protecting Soldiers and*  

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57 Leavitt, 116.  
58 Leavitt, 32.
Mothers: The Political Origins of Social Policy in the United States was a comprehensive examination of policies like state level mother’s pensions and federal legislation that helped women, such as the Sheppard-Towner Act. Skocpol showed that nation spanning women’s organizations could successfully influence social legislation even when women were excluded from traditional paths to political power such as voting. This work discussed government programs officials designed to help mothers and babies. These programs largely focused on the experience women had after they became mothers. Another monograph Mother-Work: Women, Child Welfare, and the State, 1890-1930 by Molly Ladd-Taylor also examined the impact that women in para-political organizations had in the Progressive Era. Ladd-Taylor examined sentimental maternalists in the National Congress of Mothers and Parent-Teacher Associations, progressive maternalists in the Children’s Bureau, and feminists in the National Women’s Party. She suggested that women’s experience of being mother’s drove their activism as much as any ideology about motherhood. Books such as Ladd-Taylor’s and Skocpol’s offer

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60 Skocpol, 2. See also, Glenda Elizabeth Gilmore, Gender and Jim Crow: Women and the Politics of White Supremacy in North Carolina, 1896-1920 (Chapel Hill: University of North Carolina Press, 1996) for women using para-political power to achieve change.

61 During the mid-1990s, the United States experienced many calls to reform social welfare benefits for mothers. A stereotype took hold that many of the mothers receiving so-called “welfare” benefits were abusing the system and that particularly urban African-American women were choosing to receive welfare instead of working. Indeed, in 1997 President Clinton replaced the New Deal era Aid to Families with Dependent Children (aka welfare) program with a new program called Temporary Assistance for Needy Families that limited the amount of help any one person or family could receive. In this political environment, it is no wonder that historians were motivated to examine the beginnings of these programs and to reexamine how society viewed the role that mother’s play.

62 The term maternalism can be broad and has been used to refer to any reformer who used the language of motherhood to justify their activities. Ladd-Taylor tried to create a more specific identity saying that maternalists 1) had a unique feminine value system based on nurturance, 2) mothers perform a service to the state, 3) women are united by their capacity for motherhood, 4) mother’s should have the financial resources to stay home and care for their children. Ladd- Taylor, 3.

63 Ladd-Taylor, 2.
important insights into how women viewed motherhood, what expectations society had for mothers, and what type of programs governments were willing to enact that met individual mother’s needs while still conforming to society’s expectations of what it meant to be a mother in the Progressive Era. Women’s health and infants’ health were certainly factors that influenced policy. Interestingly, many scholars who study maternalist advocacy and the resultant social welfare policies conclude that this type of activism was flawed because it emphasized women’s roles as mothers too heavily.\textsuperscript{64} However, some scholars are revisiting this idea. Andrea O’Reilley argues that women are oppressed under patriarchy as both women and as mothers. As such, she argues that mothers should engage in what she calls Matricentric Feminism that borrows from the maternalism of the past.\textsuperscript{65} If this hypothesis is correct, and mothers do need activism based on their role as mothers, it offers a lens to re-examine the maternalist activism of the Progressive Era.

This dissertation will not only consider the stories of Progressive Era developments in the various aspects of women’s reproductive health in the United States, but will also examine an important aspect of these movements that others have not fully engaged with: the constant dialogue between the United States and Great Britain that affected events in both countries. During these years, information circulated across the North Atlantic in the form of books, pamphlets, and people. In fact, it has been claimed that the progressive generation was the most cosmopolitan generation of reformers to appear up to that point because of how well-read and widely-traveled they were.\textsuperscript{66} American social policy developed as part of the movement of ideas

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\textsuperscript{64} See for example, McCann, 15. McCann finds fault with the way that both Sanger and the welfare feminists chose to use women’s role as mothers in their advocacy. Also, Molly Ladd-Taylor describes how she sees the inadequacies of maternalist welfare policies were enshrined in the Social Security Act. Ladd-Taylor, 199.

\textsuperscript{65} Andrea O’Reilley, \textit{Matricentric Feminism: Theory, Activism, and Practice} (Toronto: Demeter Press, 2016).

\textsuperscript{66} Dawley, 34-35.
throughout the North Atlantic between countries that trade and capitalism had already tied
together. Among those who have examined the cross pollination of ideas, a general consensus
has emerged. Prior to World War I many social reform ideas were conceived of and implemented
in Europe before America embraced them. After World War I the balance shifted and American
reform initiatives gained equivalent international acclaim. This shift among reformers was not
necessarily reflected in governmental acceptance and support. Many historians agree that, unlike
in Britain, it took the impetus of the Great Depression for some of the Progressives’ longstanding
ideas to achieve more political currency in the United States. Indeed, many of the New Deal
reforms had their roots in Progressive Era crusades.67

Historians who study women’s health, sexuality, and reproduction in Great Britain
approach these topics differently than historians of the United States tend to. A few works have
directly examined the social movements to destigmatize birth control and legalize abortion.68
These works are similar to the scholarship exploring the situation in the United States in that they
are interested in establishing when reproductive control began to appear legitimate and
mainstream. Much like the historians of the U.S. disagree on the answer to that question, so do
those who examine Britain. Some find that acceptance came in the 1930s with the pressure of the
Great Depression, while others argue fears of unchecked population growth after WWII swayed
public opinion.69

68 See for example, Angus McLaren, Birth Control in Nineteenth-Century England (New York: Holmes & Meier
Publications, 1978); Audrey Leathard, The Fight For Family Planning: The Development of Family Planning Services
in Britain 1921-74 (London: Macmillan Press LTD, 1980); Richard Allen Soloway, Birth Control and the Population
Question in England, 1877-1930 (Chapel Hill: University of North Carolina Press, 1982); Barbara Brookes, Abortion
69 For the Great Depression see Soloway, xvi., For WWII see Brookes,128.
A majority of the works that examined the issues of women’s health and reproductive control in Britain changed focus to the larger theme of sexuality. These works attempt to establish when liberalization of sexuality actually occurred. Some find that the Edwardian Era, largely concurrent with the U.S. Progressive Era, was when liberalization happened. Others find that there was a so-called “long Victorian Era” that did not actually end until the appearance of second wave feminism and the hormonal birth control pill in the 1960s. Yet others have countered both of these arguments and claimed that the liberalization of sexuality occurred slowly and in fits and starts throughout the twentieth century.  

These historians see the acceptance of birth control and abortion as signposts that can help them answer their larger questions about sexuality, but they do not delve into where these issues fit into the larger health care experience of women.

One critical way that the British literature diverges from scholarship focused on the United States is the plethora of works conveying first-person experience. There are more published accounts that include testimonials from early twentieth century, British women. In Maternity: Letters From Working Women produced in 1915, members of the Women’s Cooperative Guild published their own accounts of childbearing and their reproductive health. Later works continued to tell personal stories, but relied on intermediary writers to add context. In Working-Class Wives: Their Health and Conditions by Margery Spring Rice detailed the

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horrors that many women in the 1930s lived through.\textsuperscript{72} This work was the result of inquiries made by the Women’s Health Enquiry Committee, of which Spring Rice was a member. Their aim was to “arouse general interest in a new social problem” the ill-health of so many women.\textsuperscript{73} Kate Fisher’s more recent \textit{Birth Control, Sex, and Marriage in Britain 1918-1960} used interviews to reconstruct people’s behavior. In these texts, the historical actors shine through.\textsuperscript{74} For example, one gets a real sense of the woman who explained why she did not want to use a cervical cap for contraception, “I’m not prepared to risk me health…When you start putting something that’s not- that’s foreign, that doesn’t belong to your body you’re asking for trouble.”\textsuperscript{75}

While in general the historiographic trend has been an ever narrower focus on specific locations or types of people or particular technologies (like the hormonal contraceptive pill) this dissertation takes a slightly different approach. It draws on all of these various, separate bodies of work about women’s health and reproduction. Instead of looking at one aspect across an extended time period, this study will explore what happened during the years of a slightly extended Progressive Era, ending in 1925. It also examines how the professionalization of medicine affected women’s health, the campaign for twilight sleep, and the campaign for birth control. In doing so this study will also delve into what knowledge women had when it came to reproduction and their own health and examine the issue of abortion and its relationship to the other social movements of the time. Pulling all of these strands together can help us identify how

\textsuperscript{73} Spring Rice, xvii.
\textsuperscript{75} Fisher, 168.
women’s health, particularly their reproductive health drove them to activism in the Progressive Era. Historians have recognized that maternalist concerns about infant and child welfare and feminist concerns about sexuality and reproductive autonomy were important factors in stimulating activism. Implied, but frequently not elucidated, was the fact that protecting and improving their own health was also an important force motivating women to seek change.

Chapter one of this dissertation examines the professionalization of doctors from the 1880s through the Progressive Era and how it affected women’s health care. In both the United States and Great Britain, organized medicine struggled to winnow the ranks of practitioners by removing unlicensed health care providers and creating a cohesive identity for itself. Doctors sought to marginalize or exclude midwives as ‘irregular’ medical practitioners. The rivalry between doctors and midwives had divergent outcomes in the two countries. In Great Britain obstetricians and midwives ultimately worked together to create specialized women’s healthcare teams that excluded general practitioners. In the United States, doctors were successful in sidelining midwives almost entirely.

Chapter two illuminates what women, including reformers, knew about issues of reproductive health, situating reformers’ knowledge within the framework of what the preponderance of women understood about their bodies. Popular behaviors like douching for hygiene, as well as for contraception, resonated with many women. It is clear women did have information about what they could do to improve their reproductive health, but it was piecemeal and often acquired clandestinely. Consequently, women strove to get authoritative information by writing to those whom they supposed had it, such as officials in the Children’s Bureau and the National Birth Control League, or high profile activists such as Margaret Sanger in the U.S. and Marie Stopes in Great Britain.
Chapter three explores the campaign for twilight sleep as an example of women’s interest in taking control of their reproductive health and life. Laywomen led this movement to remove the pain and fear from childbirth. Often inspired by their own experiences, they strove to improve opportunities to use this cutting edge procedure for all women. Written testimonials were imperative to their effort, most prominent being *Painless Childbirth* in the United States and *The Truth About Twilight Sleep* in Great Britain. They successfully swayed public opinion towards the perceived safety of hospital births and forced doctors to engage with the topic of painless childbirth, whether they became adherents to twilight sleep or not.

Chapter four explores the campaign for destigmatizing and in the United States legalizing, birth control as another example of Progressive Era women advocating for health care changes. The birth control reformers believed that only once the topic of contraception was uncoupled from the taint of obscenity would women be really able to benefit from it. Although women were already using contraceptives, they had no way to find out if what they were using was the safest, most reliable, or best for them. By broadening and legalizing the discussion, reformers hoped that women could gain the information that they needed to then demand the care they deserved from doctors.

Chapter five explores the possible reasons why there was no Progressive Era reform movement for legalizing abortion. Considering that abortion was a critical component of women’s health care at the time, even though it was technically illegal, begs the question of why no major reform movement arose to support it. In particular, it is important to interrogate the

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failure of the birth control advocates to include abortion in their platform, since most women at
the time considered abortion to be part of the spectrum of actions that they could take to regulate
their pregnancies.

Chapter six examines the legislation reformers pursued during the first twenty-five years
of the century, seeking to affect women’s health and reproduction. In the United States,
reformers drafted many kinds of legislation related to women’s health but only one piece, the
Sheppard-Towner Act, became a federal law and it did not enjoy longevity. In contrast, Great
Britain enacted multiple different types of legislation that protected women’s health and gave
women resources to utilize when they had concerns about their reproductive well-being.

Ultimately, the Progressive Era was an important and formative time period for women’s
reproductive health. Scientific advances and the professionalization of doctors meant that women
could at least hope that there were solutions to their reproductive health issues. However, the
simultaneous loss of midwives eliminated a birth attendant that many women were more
comfortable with than their male doctors. The campaign for twilight sleep brought the concept of
painless childbirth to the masses and resulted in a wholesale shift from home births to hospital
births assisted by pharmaceuticals. The birth control movement successfully shifted the discourse
about birth control from something that was licentious and salacious to something that was
scientific and beneficial. As part of this shift, birth control became a women’s health issue
discussed at a clinic or doctor’s office, not in tabloid periodicals or in dubious apothecary shops.
However, even with this cultural shift, birth control still struggled to achieve legislative
legitimacy. The controversy surrounding the issue of abortion changed. For centuries, abortion
was a method of fertility control that many women practiced, often at home, at times assisted by
other women. Due to pressure from organized medicine and birth control reformers, an abortion
became a criminal act unless physician approved and performed the procedure. Clearly, the Progressive Era was a turning point in women’s reproductive health care. These seemingly disparate social movements deserve reexamination as related and connected movements to improve women’s health.
Chapter 1: The Critical Alliance: Doctors and Midwives

In his seminal work, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, Paul Starr asserted that the practice of medicine had developed in a particular way in the United States, not just because of scientific advances but also because of economic and social conflict about hierarchies of authority.¹ In Starr’s estimation the, “dominance of the medical profession…goes considerably beyond its rational foundation…it spills over into arenas of moral and political action for which medical judgement is only partially relevant.”² Historians have built upon this idea in relation to the topic of women’s reproductive health. During the professionalization of doctors in the late nineteenth and early twentieth centuries, doctors not only claimed scientific authority on the procedure of abortion, they also claimed moral authority on the topic, setting themselves above religious leaders and the general public.”³ A critical part of this particular quest for authority was the demonization of midwives. Doctors’ contended that their higher level of education and scientific training made them better practitioners than the apprenticeships that most midwives completed. By attempting to portray midwives as immoral and dangerous abortionists, as well as, characterizing them all as unhygienic immigrants who caused complications such as puerperal infections, doctors drew a mostly arbitrary line that attempted to elevate their own status.⁴ Although “historians have generally treated midwives and doctors separately, these two groups of practitioners did not practice in two separate worlds.”⁵ This chapter examines the

¹ Starr, 4.
² Starr, 5.
³ Reagan, 13.
⁵ Reagan, 70.
professionalization of doctors and the virtual eradication of the midwife.\textsuperscript{6} It asserts that organized medicine’s consolidation of power at the expense of midwives did little to improve Progressive Era women’s overall health. For most women, the changes in medicine implemented by the doctors merely denied women recourse to midwives, their traditional birth attendants. It did not promote better health for women, which once addressed, might have potentially allowed them the wherewithal to become more empowered in other aspects of their lives. In contrast, doctors in Great Britain believed that preventative care, like pre-natal care, was part of their purview and specialist gynecologists and obstetricians worked together with midwives to create highly effective women’s healthcare teams that did have positive consequences for women’s health.

Science and Training

The Progressive Era was an important period for medicine generally and women’s reproductive health specifically. Advances in medical knowledge meant that well trained doctors could offer tests, procedures, and services to women that no previous doctors or other women’s healthcare practitioners were able to offer. Consequently, women wanted to take advantage of these new scientific breakthroughs. This was not always an easy task to accomplish. There was little to differentiate a doctor who received training in the latest techniques and one who was an uneducated quack. Many doctors were aware of and concerned about the vast discrepancies in

\textsuperscript{6} In 1910 50% of all births were attended by a midwife. By 1970 only .5% of births were attended by midwives. Since 1970 numbers have started to increase again. Litoff, xi. For an example of current rates, according to the American College of Nurse Midwives 8.2% of births in 2014 were attended by midwives. American College of Nurse Midwives, “Fact Sheet CNM/CM-attended Birth Statistics in the United States.” http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/00000005950/CNM-CM-AttendedBirths-2014-031416FINAL.pdf (accessed January 18, 2020). In contrast, in Great Britain in 1990 75.6% of births were attended by midwives, but since then the number has actually been decreasing. In 2016 53% of births were attended by midwives. It is posited that the decease, in part is due to rising rates of Caesarian births. Jo Stephenson, “Only Half of all Babies in England Now Delivered by Midwives,” Nursing Times, November 15, 2016. https://www.nursingtimes.net/news/hospital/only-half-of-babies-in-england-now-delivered-by-midwives-15-11-2016/ (accessed January 18, 2020)
their profession. In the United States, the American Medical Association decided to attempt to regulate the profession and ensure that moving forward all physicians would meet certain qualifications. In pursuing this goal, they ultimately restricted women’s rights and negatively affected reproductive healthcare by eliminating midwives and encouraging legislation that criminalized abortion, which in turn paved the way for the criminalization of birth control.

In both the United States and Great Britain even as the medical profession struggled to define itself, the belief in science as a panacea for everything, from determining the cause of disease, to identifying those predisposed to be criminals was growing. As society as a whole bought more and more into the idea that they could find the answer to everything with science, doctors were well placed to identify themselves as the keepers of knowledge and conduits for science. Consequently, many believed they needed to eliminate the older types of practitioners from their ranks. This Progressive Era cult of science was crucial to the professionalization of doctors.7

In the early twentieth century, the medical profession consisted of individuals with vastly different amounts and types of training. Physicians learned their trade through apprenticeships, texts, lectures, and sometimes attendance at a medical college. This haphazard system had sufficed in previous decades when scientific knowledge was greatly limited and for example, people believed that miasmas, or bad air, were real and conversely that germs were imaginary. In this type of environment, practical experience in treating patients, during an apprenticeship with an established doctor, could be as effective as training provided at a medical school, sometimes more so. By the late 1800s, the situation was changing. Better understanding of scientific

7 Starr, 19.
discoveries like germs and bacteria led to breakthroughs in Europe. In the 1860s, Louis Pasteur invented the pasteurization process to prevent people from suffering from food borne illness and also showed the efficacy of vaccinating to protect from certain diseases.\textsuperscript{8} In the same decade, Joseph Lister proved the importance of antisepsis and how critical it was for physicians to sterilize both instruments and patients to prevent infections.\textsuperscript{9}

As knowledge of these, and other breakthroughs made their way across Europe and to the United States where a doctor received his training became more important. Education at a top tier medical school like Johns Hopkins included all of this new, potentially lifesaving information, but training with a local country doctor probably did not. Those both inside and outside of the medical profession called for more standardized methods of training and the implementation of licensing to ensure that undereducated and uneducated doctors could not continue to practice on unsuspecting patients, who hoped they were getting the benefit of this new knowledge but often were not. For example, Mr. and Mrs. Gallagher of Brooklyn, NY employed a doctor for Mrs. Gallagher’s first pregnancy. The doctor did check her blood pressure and test her urine, which were advances that could help identify conditions such as eclampsia. Even though she was deemed to be healthy Mrs. Gallagher awoke one morning with a violent, headache, back pain and vomiting. Her doctor was on vacation and unreachable, the alternate doctor was at the hospital and also unavailable. Mrs. Gallagher’s husband then called a third doctor who recommended an enema to sort out the trouble. Finally, Mr. Gallagher contacted a neighbor who was a trained nurse to come and she was able to diagnose eclampsia. Eventually,

\textsuperscript{8} Starr, 138.
\textsuperscript{9} Starr, 155.
they took Mrs. Gallagher to the hospital where she died from the eclampsia.\textsuperscript{10} Clearly this was not the outcome that the Gallagher’s had hoped for when they chose to entrust Mrs. Gallagher’s prenatal care to a doctor, instead of to a midwife as many others still did.

In the United States a diploma from a medical college could be, but was not necessarily, an indication of a superior education. Many medical schools had no entry requirements and offered minimal training for their students. Consequently, patients often had to take their chances when they selected a physician. One woman likely reflected the feelings of many others when she lamented, “when a man boldly puts out a ‘doctor’ sign, how is an unsuspecting stranger to know what ‘bluff’ he is?”\textsuperscript{11} In 1904, the American Medical Association attempted to remedy the discrepancies and to standardize the requirements of the profession. They believed that doctors should have completed high school, received four years of medical training, and passed a licensing test.\textsuperscript{12} To ascertain if these basic criteria were being met, the AMA went to a non-partisan outside source, the Carnegie Foundation for the Advancement of Teaching.

The Carnegie Foundation hired a young educator, newly graduated from Johns Hopkins, named Abraham Flexner to undertake the task of assessing the medical schools then extant. Due to the Carnegie Foundation’s wealth and purported generosity, the medical schools Flexner visited by in large opened their doors to him, often in the hope of receiving a future donation, not fully comprehending what Flexner was actually there to do. The publication of Flexner’s findings, quickly disabused these institutions of any lingering hope they had for support. The Flexner Report on the state of medical schools was published in 1910 and made it clear that a

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\textsuperscript{10} James A. Gallagher to the Children’s Bureau, July 22, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-2-3-1, National Archives at College Park, MD.
\textsuperscript{11} Mrs. Deffner to the Children’s Bureau, July 16, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-2-3-1, National Archives at College Park, MD.
\textsuperscript{12} Starr, 117.
\end{flushleft}
substantial amount of American doctors were not properly trained and that many medical schools were utterly worthless. Many schools had few requirements for incoming students and would accept qualifications ranging from a bachelor’s degree to a stamp from a state medical examiner certifying that the applicant had the equivalent of a high school education.\textsuperscript{13} Many of the schools lacked laboratories and affiliated teaching hospitals that the report considered to be imperative to procuring a respectable education.\textsuperscript{14} After their exposure by Flexner, many unethical medical schools closed and the number of schools dropped from 131 in 1910 to 81 in 1922. During the same period, medical school graduates fell from 5,440 to 2,529.\textsuperscript{15} This winnowing of schools and students was the first step in the professionalization of the occupation into something close to what we know today.

Even with this improvement, there was little guarantee that doctors would receive substantial training about the topic of reproduction. One doctor recounted how he educated himself about methods of contraception after a friend requested specific advice on the eve of his marriage and the doctor was unable to give him the requisite information.\textsuperscript{16} Another doctor, whose training had clearly not included the information, wrote to the Children’s Bureau requesting their pamphlet on birth control to acquire the information on the topic.\textsuperscript{17} Social reformers Lillian Wald and Florence Kelley first proposed the idea for a government entity devoted to children and their mothers in the early 1900s. Established in 1912, the Children’s

\textsuperscript{13} Abraham Flexner, \textit{Medical Education in the United States and Canada} (New York: Carnegie Foundation, 1910), 30, Hathitrust.org.
\textsuperscript{14} Flexner, xi.
\textsuperscript{15} Starr, 120.
\textsuperscript{16} Mary Ware Dennett, “Memorandum for Senator Spencer on the Protective Section of the Cummins-Vale Bill,” 1924, Mary Ware Dennett Additional papers, 1892-1945, MC 629, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
\textsuperscript{17} R.F. Hinman, M.D. to the Children’s Bureau, May 16, 1916. Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
Bureau fulfilled that role. The first Chief was maternalist reformer Julia Lathrop, the first woman ever to head a government agency in the United States. The remit of the Bureau was to protect the health and wellbeing of children and their mothers. Although the Bureau quickly became a prolific publisher of pamphlets, a treatise giving information about birth control was not among them. Consequently, the inquiring doctor did not receive the information he desired.

Of course, some doctors were well trained in women’s health issues. Obstetricians like Joseph DeLee of the Chicago Lying-in Hospital and J. Whitridge Williams of Johns Hopkins Hospital were at the forefront of knowledge about childbirth and reproduction. As the Flexner Report indicated, training with one of these men provided a level of education about women’s health that far surpassed what most general practitioners were able to achieve. Other specialist doctors also worked hard to advance knowledge about women’s health. Urologist William J. Robinson was an outspoken advocate for birth control education as was gynecologist, Robert Latou Dickinson. Female obstetricians such as Bertha Van Hoosen and Eliza Taylor Ransom were important supporters of childbirth using the twilight sleep method. Specialist doctors such as these were critical in providing care to the women they were able to personally treat. They were also essential to the dissemination of reproductive knowledge to other, less scientifically trained doctors, and the public at large. However, like many other doctors they were interested in standardizing the profession as a whole and were not overly inclined to except the influence of irregulars in the medical profession.

**Doctors and Abortion**

Abortion was the one aspect of reproduction that many doctors received training on and had confidence executing. For many years before the 1800s, women in both Britain and America

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18 Ladd-Taylor, 9.
were legally free to terminate a pregnancy until after quickening had occurred. Scientific and medical knowledge had no way of ascertaining prior to that indicator if a woman was pregnant or not.\textsuperscript{19} Early pregnancy was often difficult to diagnose in women who were overworked and frequently malnourished. Simply missing a period or two was an indication of the possibility of pregnancy, but by no means always a definitive sign. The only definite sign of pregnancy was when the baby started to move. This quickening of the baby usually occurred sometime after the eighteenth week. Before this physical indicator, most women were not particularly troubled about taking medicine and even undergoing procedures to try to start menstruation or “bring on their courses” and society rarely judged them for doing so. In 1903, J. Whitridge Williams, head of Obstetrics at Johns Hopkins Hospital, wrote \textit{Obstetrics: A Text-Book for the Use of Students and Practitioners}. This was the premier textbook of obstetrics at the time and continues in use, with updates, today. In this book, he refers to abortion even further back in time, saying that the “operation dates from remote antiquity” and that it was “so extensively practiced in Rome as mentioned by writers, to be an everyday occurrence.”\textsuperscript{20}

Some of the earliest laws about abortion to come into existence in the United States did so between the 1820s and 1840s. The content of these laws reflected the goals of the medical sponsors. They punished the person who performed the abortion, not the woman herself. It was one of organized medicines’ earliest attempts to regulate apothecaries and physicians and regulate medical practice.\textsuperscript{21} However, between the years of 1840 and 1880, several changes happened. Abortion came more into the public view with quite blatant advertisements appearing

\textsuperscript{19} Mohr, 4.
\textsuperscript{21} Mohr, 43. See also, Peter C. Engelman \textit{A History of the Birth Control Movement in America} (Santa Barbara: Praeger, 2011), 13.
in print and the incidence of abortion seemed to increase as more native born, white, Protestant, women resorted to it to control the size of their families.\textsuperscript{22} Just two examples from one day of the \textit{New York Daily Herald} include Dr. H.D. Grindle, Professor of Midwifery who “guarantees certain relief to ladies in trouble, with or without medicine,” and Dr. A.M. Mauriceau who claimed that his, “Portuguese Female Pills always give immediate relief…for married ladies.”\textsuperscript{23}

In addition, the ongoing glut of people practicing medicine prior to the Flexner Report meant that would be doctors competed for patients and offered whatever services could produce income. Providing abortions was a procedure that could be very lucrative. This led to a situation where some doctors painted others as quacks and charlatans in order to attempt to narrow the competition. Also targeted were irregular practitioners, like midwives. In order to gain public support and political action doctors could not simply acknowledge that much of their concern about the practice had to do with keeping money flowing into their own coffers. By creating a moral imperative that native born, white protestant women (in particular) had a duty to have babies; doctors could influence public opinion and legislation. In fact, in large part due to pressure from medical societies, public understandings amongst the men in power began to shift and by the 1880s, many areas had enacted much stricter legislation against abortion, increasing penalties, and encouraging enforcement.\textsuperscript{24} Often this legislation left a loophole that properly trained and licensed doctors could still perform abortions legally, if the mother’s life was at risk and it was incumbent on the doctor to figure out when that was the case.

\textsuperscript{22} Mohr, 46.
\textsuperscript{23} \textquotedblleft Medical Advertisements,	extquotedblright\ the \textit{New York Daily Herald}, June 9, 1871, 7, Newspapers.com. \textquotedblleft Portuguese” almost always meant an abortifacient see Gordon, \textit{Woman’s Body, Woman’s Right}, 53.
\textsuperscript{24} Mohr, 224.
By 1880, all of the states had enacted anti-abortion legislation and in 1872, at the federal level, the government added abortion to its obscenity statutes. In that year, Congress passed the “Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use”, more commonly known as the Comstock Act. The Act took its name from the well-known moral crusader Anthony Comstock. This Act prevented mailing any printed material that was lewd or obscene or mailing any article intended to prevent conception or procure an abortion.  

The passage of this Act at the federal level resulted in many states passing “little Comstock” laws that restricted contraception and abortion. While the federal level laws concerned themselves with interstate commerce and regulating what could be sent in the mail, the state level statutes generally went even further to regulate obscenity. Especially in states like New York that contained large urban centers, concerns about the apparent degeneration of society and the increased visibility of vice like gambling, drinking, and prostitution alarmed those interested in preserving the morality of society. The interests of these moral crusaders dovetailed nicely with the medical establishments desire to limit the scope of those who were practicing different brands of healthcare than what they endorsed. In addition to policing the mail, state laws often made it illegal to advertise or distribute information about contraception in any manner. Many of the states also explicitly prohibited the sale of any “article, instrument, medicine, or secret nostrum for the prevention of conception.”

By 1900, forty-two states had enacted “little Comstock” laws, twenty-two of which also outlawed advertising and distributing information, and nineteen of which included a sales ban. Only one state, Connecticut, included a direct ban on the use (emphasis mine) of drugs, medicines, and instruments for the purposes of

25 Engleman, 15.
27 Bailey, 104-105.
preventing conception or causing an abortion. This more restrictive law may have come about simply as a mistake in a revision of the statute that went through several alterations before the final version in order to suit the bill’s most prominent sponsor, the showman and vice crusader P.T. Barnum.

As might be expected considering that the impetus for these laws was coming from doctors who wanted to try to curtail other practitioners, the focus of these regulations was on punishing the provider, more than on persecuting the women. As previously mentioned, only Connecticut had laws that directly prohibited the use of particular items. A high profile example of punishing an abortion provider was Anthony Comstock’s pursuit of abortionist Ann Lohman, better known as Madame Restell. By the time Comstock was able to assert his power in the late 1870s Restell had been a fixture in New York for many years. Restell’s business had been so lucrative that she owned a lovely town house on Fifth Avenue. Comstock visited her establishment claiming to be impoverished and requested pregnancy help for his fictitious wife. When Restell agreed to help him, he promptly had her arrested. Fears of a long prison sentence led the 67-year-old Restell to take her own life. Even for all of Restell’s notoriety, support for Comstock’s action was not particularly widespread. Many in the press decried his underhanded tactics in arresting Restell as entrapment. Comstock defended his actions saying, “It was ridiculous to criticize his conduct in fastening on her the proof of her own iniquity.”

While it is true that physicians launched a campaign against the practice of abortion during the early years of the twentieth century their efforts were of limited success. Although

29 Brooks, 12.
30 Engelman, 17.
legislation passed, it did little to stop women from having abortions. The main goal of the American Medical Association was to criminalize abortion in order to offer a vehicle for attacking non-traditional healthcare providers, as we will see that they did with midwives. In reality, individual doctors relied on the income abortions brought them and frequently continued to perform them since the procedure was legal if it was medically necessary.

Some women were able to come to accommodation about medical necessity with their doctor by claiming ill effects from hyperemesis gravidarum or excessive vomiting. This was a convenient diagnosis because it could be fatal to the mother but what actually constituted excessive was open to interpretation. A great many doctors performed abortions on their patients regardless of the stance of the AMA. They were able to protect themselves from cynosure by declaring that the procedure was medically necessary. In addition, it allowed them to keep patients happy in an environment where competition for patients was fierce and mothers frequently chose the physician for the whole family. If a mother was dissatisfied, she could easily take her family’s business to another practitioner. In general, most physicians were not particularly opposed to performing abortions and in 1908, the Chairman of the Chicago Medical Society’s Criminal Abortion Committee concluded that, “the public does not want, the profession does not want, the women in particular do not want, any aggressive campaign against the crime of abortion.”

Doctors and Midwives

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32 It has been posited that it is what killed Charlotte Bronte and has recently gained more attention due to the Duchess of Cambridge needing hospitalization due to its effects.
33 Reagan, 63.
34 Reagan 67.
35 Reagan, 89.
As doctors struggled to legitimize the medical profession, they did not want competition from “irregular” medical practitioners. Historians of medicine generally use this term to describe untrained doctors and those like chiropractors and homeopaths who had varied amounts of traditional medical training in juxtaposition to “regular” doctors.\(^{36}\) In the particular context of women’s healthcare, it is possible to expand the term to include practitioners like nurses who attempted to do more than their role traditionally allowed, for example running prenatal or birth control clinics. It also included women who assisted with childbirth like midwives.\(^{37}\) In the early 1900s in the United States the “regulars” especially the obstetricians, led the charge to remove midwives from women’s reproductive lives. Most of the obstetricians felt that they would never get the recognition that they deserved as a profession if they allowed untrained women to do their job. Even more than some other fields of medicine, obstetricians and gynecologists were struggling to establish themselves as a legitimate specialty. This struggle contributed to how they perceived challenges to their authority. In 1911 J. Whitridge Williams, arguably the preeminent obstetrician of the age acknowledged that obstetrics had such a low reputation that, “The student …cannot be blamed for believing that obstetrics is a pursuit unworthy of a broadly educated man.”\(^{38}\) In part because of this struggle for legitimacy, obstetricians did not establish an advisory organization until 1930 when they created the American Board of Obstetrics and Gynecology to ensure that all doctors were qualified.\(^{39}\) Although well-trained obstetricians were scarce, those that did exist had real power to shape the outcome of their profession. They were well aware that untrained general practitioners were at least as much of a threat to mothers and babies as

\(^{36}\text{Starr, 90.}\)


\(^{38}\text{J. Whitridge Williams, “Medical Education and the Midwife Problem in the United States,”}\text{ Journal of the American Medical Association 58 (Jan 6, 1912): 4,7, JSTOR.}\)

\(^{39}\text{Wertz and Wertz, 160.}\)
midwives were, but the general feeling was that these men could be trained and embraced as professionals and that the female midwives could not.\textsuperscript{40}

The localized nature of legislation in the United States also created problems for midwives. As with many other social welfare reforms, different states adopted different rules and regulations when it came to handling midwives. With different arrangements already in place throughout the country, the federal government was disinclined to pass legislation at their level to standardize the process of teaching, regulating, and licensing midwives. Partially, this was due to the complexity of trying to find a workable solution that all parties could agree on. In large part, the government’s hesitance was due to pressure from the American Medical Association and men like J. Whitridge Williams. He felt that as long as midwives were allowed to practice their, “modified version of medicine” this would continue to, “discourage intelligent and well trained men from practicing obstetrics.”\textsuperscript{41} In addition to his desire to promote the male obstetricians, he also denigrated the female midwives. He claimed that the task of improving midwives was, “almost impossible.”\textsuperscript{42} His recommendation was for the gradual elimination of midwives entirely.\textsuperscript{43}

Another prominent obstetrician who opposed midwives was Joseph B. DeLee. DeLee founded the Chicago Lying-In Hospital and Dispensary in 1895. He was a proponent of active management of childbirth and he developed a ‘cascade of interventions’ that latter would bear his name. DeLee’s protocol consisted of various medical interventions in the childbirth


\textsuperscript{41} J. Whitridge Williams, “The Question of the Midwife in War Times,” by J. Whitridge Williams, Records of the Children’s Bureau: Central File, 1914-1920, Box 118 Folder 10,333, National Archives at College Park, MD.

\textsuperscript{42} Williams, “Medical Education and the Midwife Problem,” 100.

\textsuperscript{43} Williams, “Medical Education and the Midwife Problem,” 101
experience including administration of ether, preemptive episiotomy, use of ergot to hasten contractions, birth with forceps and then stitches to repair the mother.\textsuperscript{44} It is referred to as a cascade of interventions because each step in the process causes the next step to be necessary. The dispensing of ether usually rendered a woman semi-comatose and unable to respond to the doctor or her body’s demands to push the baby out. The episiotomy was then necessary to create a more accessible workspace for the doctor. Then the ergot helped stimulate uterine contractions. Along with these pharmacologically enhanced contractions, the doctor used forceps to pull the baby from the woman’s body. As the last step, the doctor stitched the episiotomy back together and allowed the woman to wake up and meet her baby. Perhaps unsurprisingly in light of his inclination towards medical intervention DeLee viewed midwives as a, “drag on our progress” and someone who, “destroys obstetric ideals.”\textsuperscript{45}

In general, obstetricians in the United States were in agreement on the desirability of eliminating midwives as a profession. When approaching the wider community they had to find compelling reasons for others to agree with them. One tactic that the opponents of midwives used was to portray them as devious closet abortionists who helped women get rid of babies instead of delivering them. Dr. James Lincoln Huntington based in Boston opined that it was not wise to try to raise the standard of midwives by offering them more education. He claimed in the pages of the \textit{Boston Medical and Surgical Journal} that, “the only thing that education does for midwives is make them better abortionists.”\textsuperscript{46}

\textsuperscript{44} Canton, 156.
presented in 1906 at the New York Academy of Medicine claimed that many midwives were ignorant and lacked moral responsibility. The report posited that given these circumstances it was easy to recruit the women into becoming professional abortionists with the enticement of the extra money they could earn. It concluded that approximately thirty five percent of the midwives interviewed were guilty of performing criminal abortions, mostly based on the fact that they kept dirty bags and had tools that could be used to perform an abortion. The report conveniently overlooked the fact that midwives used many of these tools when dealing with difficult childbirth scenarios.\(^{47}\) It was also merely an expedient argument to accuse midwives of committing a crime. As previously mentioned, many doctors were perfectly willing to perform abortions in their own private practice regardless of the legality of the procedure.

The other main technique employed to discredit midwives was to portray them as unhygienic immigrants whose removal from their positions was imperative as part of the greater effort to “Americanize” their respective immigrant communities. These midwives were easy to target because anti-immigrant prejudices predisposed people to believing the worst about ethnic communities. Even those who were not completely opposed to midwives were not immune to judgement. For example, a woman working under the auspices of the Children’s Bureau registering births seemed to have no problem blackmailing an immigrant midwife to force her into compliance. The Bureau official actually seemed quite proud as she recounted how she instructed the new mothers not to pay the Polish midwife the fees they owed her for attending their deliveries until she presented birth registration cards to the official.\(^ {48}\)


\(^{48}\) Mary Lindley, East Chicago Ind. to The Children’s Bureau, 1913, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD. Midwife named Czpala.
In fact, the Children’s Bureau would have been a logical group to support midwives at the federal level, but Bureau officials showed little interest in doing so. Although their remit was ensuring healthy babies and mothers, they did not embrace midwives as part of this process. When approached by the Rhode Island Board of Health with the request that the Bureau should help pass federal legislation pertaining to midwives, the Bureau declined to do so. Instead, they suggested that Rhode Island should simply pass its own legislation. In their recommendations on how to accomplish state level legislation, they suggested registration and supervision of current midwives but felt that it was not necessary to include a provision for training midwives in the future. This seems to indicate that they anticipated or hoped that midwives would cease to exist in the coming years. Bureau officials also stated that because Rhode Island had a large foreign-born population their situation was undoubtedly grimmer than that of other states, although no facts particularly supported that claim.49 Another internal Bureau memo indicated that their stance towards midwives should be to, “discourage any effort toward training midwives or allowing them to practice.”50

Even groups who might have been expected to have compassion for issues affecting working-class people were anti-midwife. Founded and run by Socialists, labor leaders, and other radicals who were concerned with championing equality and improving the circumstances of the working class, the Milwaukee Leader, The World’s Largest Socialist Daily (according to its own letterhead) was a paper for the people. Still, in April of 1917 Hazel Moore, Women’s Editor of the Leader stated that they were about to begin a campaign in the paper, “against the ignorant

49 The Children’s Bureau to Dr. Byron Richards State Department of Health Rhode Island, Jan 24, 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 118 Folder 10,333, National Archives at College Park, MD.
50 Memorandum for Miss Lathrop from Director Division of Hygiene, Sept. 12, 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 118 Folder 10,333, National Archives at College Park, MD.
midwife.” The paper seem to have failed to understand the importance of midwives to the communities they served.

While physicians and government officials perceived the so-called ignorant immigrant midwives to be a substantial problem, they also harshly judged other women who served as midwives to their communities. Elsie Turner, the supervisor of the Carlisle Indian School, the flagship Indian Boarding School in the United States, requested advice on what to teach, “Indian girls who must of necessity assist in confinement.” Started in 1879, the Carlisle School was a place to send Native American children who had been removed from their families to teach them Anglo-American ways and help them civilize and assimilate into “American culture.” The doctor who responded to Turner’s letter indicated that his limited knowledge of the Indian race left him unable to offer her any helpful guidelines. He suggested keeping the instructions as simple as possible for the girls’ limited abilities. In the end his only real recommendation was that, they should be drilled on the importance of cleanliness.

Although this response reflects a judgement about the supposedly low intellect of Native American midwives that compares with what many doctors felt about immigrant midwives, it seems that the desire to eradicate midwives was less of a priority when it came to the Native American population.

Some people did indicate that they understood that the situation was more complex than just making sweeping judgement that midwives were bad and that there might be a reason why women were inclined to continue using midwives. A woman writing to the Children’s Bureau

51 Hazel Moore to The Children’s Bureau, April 17, 1917 Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-2-3-2, National Archives at College Park, MD.  
52 Elsie Turner to Julia Lathrop, Jan. 17, 1918 Records of the Children’s Bureau: Central File, 1914-1920, Box 41 Folder 4-15-4-1, National Archives at College Park, MD.  
53 Dr. Bradley to Elsie Turner, Jan 19 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 41 Folder 4-15-4-1, National Archives at College Park, MD
exemplified what many women felt. She deplored the fact that there were no midwives near her and inquired, “does it make a mother unvirtuous for a man physician to wait on her during confinement?” In a report about the effectiveness of Maternity Centers in New York City, Frances Perkins the executive secretary of the Maternity Center Association (later FDR’s Secretary of Labor, the first woman to serve in the Cabinet) concluded that midwives were cooperating with the maternity center by, “sending their patients in for examination by the women physicians” and that, “the women doctors are more successful …than the men.”

Doctor J. Clifton Edgar saw a similar trend. In an article published in The American Journal of Obstetrics and the Diseases of Women and Children he indicated that one of the main reasons women employed a midwife instead of a doctor was because they preferred an attendant who was also a woman. Even with this knowledge, he was unwilling to support granting midwives autonomy. His solution to this issue was to train more obstetrical nurses to work with doctors.

Dorothy Mendenhall, staff physician at the Children’s Bureau, also acknowledged that there were psychological reasons why women preferred midwives. In addition, she understood that there were economic reasons why women chose midwives, a point that other reformers frequently seem to have ignored.

In contrast to the exclusion of midwives in the United States, the inclusion of them as medical professionals in Britain was crucial to shaping women’s experience in that country. Like in the United States, in Britain doctors were also struggling to define their place in the early

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54 Mrs. H.B. Rogers to the Children’s Bureau, July 8, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-0-3, National Archives at College Park, MD.

55 Memorandum on New York Maternity Centers, Records of the Children’s Bureau: Central File, 1914-1920, Box 41 Folder 4-15-4-1, National Archives at College Park, MD.


57 Memorandum for Dr. Meigs, June 5, 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 41 Folder 4-15-4-0, National Archives at College Park, MD.
twentieth century. Although the Royal College of Physicians had existed for centuries, physicians did not use instruments or perform surgery. Barber-surgeons or butcher-surgeons did surgery. These men did not receive the same type of education that a physician did and generally were not remunerated as highly. Towards the end of the nineteenth century as doctor-surgeons emerged and surgical specialties developed, they struggled to overcome the association with barber-surgeons of the past.58 The practice of obstetrics and gynecology was one of the surgical vocations that developed during this time period and like other surgical careers, it did not gain immediate acceptance from generalist physicians. These generalist physicians struggled to comprehend what obstetrics entailed. It had only been in 1886 that the General Medical Council, the organization that guided doctors, even required any training in childbirth. Consequently, obstetrics was frequently viewed by those practicing other specialties as something that was beneath them.59 In response to others cynosure, obstetricians went on the offensive to prove their worth as doctors. One of their main targets was inadequately trained general practitioners. These family doctors had previously attended to all of the medical needs of their community from birth until death. Hospital based obstetricians derided these type of practitioners as, “jack of all trades and the masters of none.”60 In categorizing the general practitioners in such a way, obstetricians hoped to buttress their own claims to being the holders of special knowledge when it came to reproduction and childbirth.

Much like in the United States, midwives in Great Britain were not beloved by the male physicians. Midwives were often portrayed in a Dickensian manner as poor, ignorant, and dirty.

58 Tania McIntosh, A Social History of Maternity and Childbirth: Key Themes in Maternity Care (London: Routledge, 2012), 29.
60 McIntosh, 8.
In fact, critics frequently referenced Dickens’ character Sarah Gamp from Martin Chuzzlewit, published in 1843, as illustrative of the typical drunken and negligent British midwife.\textsuperscript{61} In reality, many doctors especially in small towns and rural communities, where resources were limited, worked with their local midwives without substantial difficulties. Also, critically in Great Britain doctors did not attempt to tie midwives to anti-abortion legislation. Lord Ellenborough’s Act of 1803 had technically made abortion illegal and the 1861 Offences Against the Person Act made it possible to prosecute someone for the crime of abortion.\textsuperscript{62} While this act made it possible to charge someone with the crime of abortion, it was mostly unenforceable.

Many women undertook their own abortion with tonics and medicinal herbs. Since there was no way to test for these compounds in the bloodstream and they were sold for other legal purposes anyway, abortion by tonic was virtually impossible to prove. In addition, just like in the United States most people did not view the act as questionable unless it took place after quickening. The majority of abortions happened well before this marker. Also, abortion was so commonplace that most people were sympathetic to the practice and judicial authorities were reluctant to convict people of the crime.\textsuperscript{63} In addition, just like in the U.S., it was legal for doctors to perform a dilation and curettage to terminate a pregnancy when they deemed it medically necessary to do so.\textsuperscript{64} The fact that abortion could be legal and medically acceptable in certain circumstances contributed to the ambiguity people felt about the procedure and those who performed it.

Part of what changed the role of the midwife in Great Britain was the 1902 passage of the first Midwives Act, which took effect in 1905. This Act established rules for training, registering,
and regulating midwives. It also specified a timetable for eliminating untrained midwives from service.\textsuperscript{65} This Act partially reflected doctors' concerns but was mostly motivated because of the British experience of the Second Boer War. This conflict lasted from October 1899 to May 1902. At stake was control of lucrative diamond and gold mines in southern Africa. The war ended in a victory for the British and consequently they gained control of large swaths of territory and mineral rights. While the war itself was successful in increasing Britain’s colonial hegemony, it illuminated some disturbing trends in the metropole. Many military recruits faced rejection by the armed services due to poor health exacerbated by inadequate nutrition. This lack of able-bodied men, coupled with the declining birthrate, made government ministers concerned about their future ability to control their vast empire. In order to sustain their forces throughout the world they needed sufficient soldiers to serve in the British Army.\textsuperscript{66} Officials hoped that training and regulating midwives would help Britain produce healthier, heartier babies.

Instead of actually desiring to provide healthcare for women as a basic component of citizenship, this is an early example of government intervention into women’s choices about their bodies and their reproductive capacity. In this particular instance, access to better health care did not actively hurt women, but it does illustrate that the government perceived women’s importance to rest in their reproductive capacity and their ability to produce healthy soldiers. For the government, the needs of the mothers were of less consequence. In the United States, similar concerns about the poor health and apparently limited intelligence of America’s fighting forces did not arise until after the draft accompanying World War I.\textsuperscript{67} Consequently, the U.S. did not

\textsuperscript{65} McIntosh, 24.
\textsuperscript{66} Soloway, 171.
\textsuperscript{67} Daniel J. Kevles, \textit{In the Name of Eugenics: Genetics and the Uses of Human Heredity} (New York: Alfred A. Knopf, 1985), 81.
need to address these issues until almost twenty years after Great Britain did. In part this explains why The Promotion of the Welfare and Hygiene of Maternity and Infancy Act (the Sheppard-Towner Act) passed in 1921, a mere two years after the war’s end.\textsuperscript{68} In both countries, the fact that the impetus for legislation to help mothers and children was in part a direct response to producing better soldiers meant that while helpful, the legislation was not necessarily empowering for women.

While it may not have directly entitled women, the critical effect of the Midwives Act was that it created a link between the obstetricians and the midwives. The Act required increased training and licensing for midwives. This increased their medical knowledge of childbirth beyond that which many general practitioners at the time received. Subsequently, obstetricians and midwives moved forward as a specially trained team, prepared to deal with reproductive issues. For example, doctors knew that they could rely on midwives when faced with a complex or premature delivery.\textsuperscript{69} Although Britain did a better job of integrating midwives, controversy still existed. Doctors and midwives struggled to identify roles for themselves. Shortly after the opening of her pioneering birth control clinic in London Marie Stopes invited Dr. Norman Haire, who would soon become the doctor at a competing birth control clinic, to come visit her facility. Stopes extolled him to come at a time when she would be there as the, “midwife in charge…might not speak freely to a doctor” clearly showing that professional disputes were still entirely possible.\textsuperscript{70} Nevertheless, obstetrical animosity focused more sharply thereafter on the general practitioners who attended many births, but often had received no specialized training in

\textsuperscript{68} Mink, 66.
\textsuperscript{69} The Women’s Co-operative Guild, 33.
\textsuperscript{70} Marie Stopes to Dr. Norman Haire, April 3, 1921, Marie Stopes Papers, PP/MCS/B.16, Wellcome Library, London.
obstetrics.\textsuperscript{71} For example, when Stopes opened her clinic, her visiting specialist doctor was Dr. Jane Lorimer Hawthorne who had a private gynecological practice in exclusive Harley Street. She worked at the clinic in conjunction with several certified midwives.\textsuperscript{72} In contrast, when Margaret Sanger opened the first American birth control clinic she had no option other than to hire a general practitioner, the exact type of doctor that the British establishment was rapidly eschewing as incompetent to handle women’s reproductive health.

Some in the United States did think that the British Midwives Act could provide a blueprint for midwives in America. The New York State Committee for the Prevention of Blindness used a grant from the Russell Sage foundation to send Carolyn Van Blarcom to Great Britain for six weeks to study the situation there. Van Blarcom was a nurse who had formerly been the assistant superintendent and an instructor in obstetrical nursing at Johns Hopkins.\textsuperscript{73} They wanted her to report on how the “midwife problem was successfully solved” in Britain.\textsuperscript{74} One problem Van Blarcom identified was that Britain had the Midwives Institute, founded in 1881, to improve their status and to petition Parliament for recognition.\textsuperscript{75} The U.S. had no comparable organization and, in fact, only had one legitimate midwifery school at Bellevue in New York City established in 1911.\textsuperscript{76} Based on her research Van Blarcom suggested that the only solution to the midwife problem was to put midwives under state control and regulate their educational requirements just as the Midwives Act had done.\textsuperscript{77} She admitted that it would be a more difficult task to accomplish in the U.S. context. The fact that each state enacted their own

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\textsuperscript{71} McIntosh, 47.
\textsuperscript{72} Clinic Advertisement, (1921) Margaret Sanger Papers, Sophia Smith Collection, Smith College, Northampton, MA.
\textsuperscript{73} Van Blarcom, 1.
\textsuperscript{74} Van Blarcom, 8.
\textsuperscript{75} Van Blarcom, 10.
\textsuperscript{76} Van Blarcom, 17.
\textsuperscript{77} Van Blarcom, 7.
\end{flushright}
health laws made it difficult for federal level legislation to receive approval. She also hypothesized that the problem was more complex in the United States due to the great number of foreigners who continued to follow their old customs.\textsuperscript{78} Certainly many read Van Blarcom’s report with interest, but it was ultimately not particularly impactful in determining the fate of midwives.

Types of Medical Practice

In addition to regulating medical schools and criminalizing other types of healthcare providers, newly professionalized physicians had to determine what a “typical” medical practice should look like. Before 1900, doctors in the United States had almost exclusively been independent contractors. When the profession commenced its modernizing process at the turn of the century they examined and discarded several possible models of medical practices. For instance, hospitals, insurance companies, or clinics could have employed doctors and paid them a salary. An example of this type of approach is the still highly respected Mayo Clinic in Rochester, Minnesota. The Mayo Clinic directly employed different kinds of doctors paying them all a salary. This removed the pressure of constantly having to churn through patients in order to get paid enough to make a living and it allowed the doctors to benefit from each other’s expertise by working together as a coordinated medical group.\textsuperscript{79} Although this approach had some obvious benefits, most doctors still insisted that they remain self-employed and autonomous. They claimed that this status was necessary to protect the doctor patient relationship and confidentiality, but it also allowed them leeway to charge whatever rates they

\textsuperscript{78} Van Blarcom, 53.
\textsuperscript{79} Starr, 210-211.
liked. Even after the proven success of clinics like the Mayo Clinic most doctors were stridently against clinics of any kind.

One particular type of clinic that doctors disdained were female centric clinics for women’s maternity issues like birth control and prenatal care. These women were not sick in any traditional sense; they came to the clinic for preventative care. Consequently, American doctors initially had little interest in them, as they philosophically understood their role to be curative, not preventative. However, doctors in Britain perceived preventative care to be critically important. In 1919, The Times reported how the Chief Medical Officer of the Ministry of Health published a memorandum that said, “the first duty of medicine is not to cure disease, but to prevent it.”81 Also in 1919, the newly created Ministry of Health commissioned Dr. Bertrand Dawson, physician to the royal family and President of the Royal College of Physicians, to prepare a report on what should be done to provide for the future health of the country. This report was called for in the wake of concerns about the state of the people following the end of World War I, which had rekindled discussions that had initially surfaced after the Boer War. Published in 1920, the Dawson Report received much acclaim. Along with the Beveridge Report of 1942 (which also referenced the governments mandate to both prevent as well as cure disease), it went on to be one of the founding documents of Britain’s National Health Service.82 In his report, Dawson argued that preventative medicine was critically important and that in fact, “preventative and curative medicine cannot be separated” and must be, “brought together in

80 Starr, 24.
82 The NHS was founded in 1948 after the ravages of World War II took another dramatic toll on the health and wellbeing of a majority of British subjects.
close co-ordination.” In conjunction with this he stated that well trained and accessible midwifery services should be available to everyone and indicated that effective maternity and women’s health services were as important as any curative services that were also offered. This desire to protect women and infants’ health and safeguard women’s reproductive capacity was not just something that high profile physicians aspired to. A country doctor, in private practice, bemoaned that when it came to their role in protecting women’s reproductive health “we are forced in the present state of affairs to be menders of the broken rather than preventers of the breakages”

Conclusion

In Great Britain, the understanding that preventative care was health care had important ramifications for women. In particular, preventative prenatal care helped both mothers and babies have better outcomes after childbirth. In addition, the idea that preventative care was important also potentially made doctors more amenable to educating themselves about birth control, as it was an aspect of preventative health care as well. In addition, the trajectory that the professionalization of doctors took in Britain was a boon to women, whereas the path that professionalization took in the United States was a stumbling block. The British model of obstetricians and midwives working together to create specialized women’s health care teams meant that women had access to well-trained practitioners. The incorporation of the midwives also meant that women could still rely on other women to provide them with care. Having a female birth attendant alleviated any modesty concerns women faced when confronted with a

83 Lord Dawson of Penn, Interim Report on the Future Provision of Medical and Allied Services 1920, Section 1 Subheading 6, Hathitrust.org.
male doctor. In the United States, the virtual elimination of the profession of midwifery meant that women had to rely mostly on general practitioners who were almost exclusively male and who still received little obstetrical training, even after the Flexner Report. In addition, doctors’ assertion that preventative care was not part of their sphere meant that pregnant women struggled to get answers to their questions or receive comprehensive pre-natal care. The move from employing midwives to using doctors for childbirth initially did little to improve women’s overall health. Consequently, even after the streamlining of the practice of medicine and the professionalization of doctors, women in the United States still frequently struggled with ill health and debilities related directly to their reproductive capacity. What women did gain was a group of trained professionals who could potentially use the scientific knowledge that they acquired at legitimate medical schools to help women improve their health, but only if they could convince these doctors that it was worthwhile to do so. Women finally had a path to better health and with better health, they could become empowered in other aspects of their own lives.
Chapter 2: A Syringe for Every Situation: Maternalist Reformers, Lay Advocates and Ordinary Women Address Women’s Health Care

In his book, *What a Blessing She had Chloroform: The Medical and Social Response to the Pain of Childbirth from 1800 to the Present* Donald Caton posits that “although historically physicians discovered what could be done, it was ultimately the patients who decided what would be done.”¹ For women in the Progressive Era, deciding what they should do about their own reproductive health care was an ongoing struggle against a lack of information and at times actual misinformation. Often the female reformers engaged in advocacy pertaining to women’s health were not considerably different from those they purported to help. For example, early birth control reformers “often stood to gain immediately in their personal lives from legalization of birth control.”² Although it seems evident that the assorted phases of reproduction were tied together in the body of each individual woman, historians have tended to examine various aspects of reproduction separately including maternal social welfare, childbirth, and birth control.³ This chapter attempts to bring these disparate strands together and examine what numerous types of women knew about their health and reproduction, since as Caton suggests patients knowledge and their demands based on that knowledge, could substantively impact what doctors did. In fact, Progressive Era women had more knowledge than reformers at the time, and modern historians, often give them credit for. Nevertheless, they relied on the higher profile advocates and reformers to be their proponents in the halls of power. While women had

¹ Caton, xi.
information, they needed help to encourage doctors to use their medical skills to learn the techniques that best protected and improved women’s health.

Maternalist Reformers

In the early twentieth century, while doctors were still in the process of professionalizing, laywomen activists and professional reformers strove to provide other women with information about reproduction. In many ways these women faced similar circumstances to the women they purported to be helping. The main differentiator was the reformers middle-class status and the accompanying social and economic benefits that their class bestowed upon them. Still, the reformers themselves were not a monolithic group. The professional maternalist reformers were ensconced in organizations like the Children’s Bureau and used the language of motherhood to justify their actions. In general, these women were academically trained social workers who tended to remain unmarried. They focused mainly on helping women have healthy babies. In contrast, the laywomen reformers tended to be mothers themselves, who advocated for arguably more feminist concerns that improved mothers’ experiences, such as painless childbirth and birth control. All three groups, professional reformers, laywomen advocates, and ordinary women were not passive in the face of doctors’ inexperience when it came to women’s health concerns. The sources, types, and accuracy of their knowledge varied. The middle-class women in the leadership roles of the various movements certainly believed that their type of scientific knowledge was the best and believed themselves to be doing other women a service by sharing it with them. In reality, ordinary women had plenty of information of their own. Even so, women did rely on reformers as a resource to increase their own knowledge and advocate on their behalf.

What is clear is that, in fact, both average women and the reformers had information, what varied was the amount and accuracy of their knowledge. Because of their roles as self-
described experts, the reformers did have more data, but in some instances, it was as inaccurate as what an average woman learned through the grapevine. In other instances, reformers’ suggestions were potentially more scientifically valid but they advocated for them with little understanding of what an ordinary woman could hope to achieve. Reformers also believed their own white, middle-class, Protestant culture to be the height of achievement. Consequently, they sometimes struggled to attain their goals for things like encouraging immigrant women to receive prenatal care because they completely discounted these other women’s cultural mores.

Molly Ladd-Taylor in her book *Mother-Work: Women, Child Welfare, and the State, 1890-1930* explains that maternalist reformers ascribed to four main components of the ideology of maternalism. Ladd-Taylor notes that they were 1) a feminine value system based on nurturance, 2) mothers perform a service to the state by raising citizen-workers, 3) motherhood unites all women, 4) men should earn a family wage that allows women to stay home. The reformers who advocated maternalism did not particularly agree with the birth control reformers on the desirability of legalizing and normalizing the use of contraception, but they were similar in some of their core beliefs about how to approach reform. As educated, middle-class white women, they believed themselves to possess the information about the correct way to have, or to prevent, a baby.

Many of the letters written to the maternalist reformers in the Children’s Bureau illustrate both the amount of information that working-class women possessed and the dogmatic adherence many of the women in the Bureau had to their beliefs about what was best for mothers. For

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5 Hart, 243.
6 Ladd-Taylor, 3.
example, a 1917 letter written to the American Association for the Study and Prevention of Infant Mortality (AASPIM) requested information on how to have a healthy pregnancy and delivery. Officials with the AASPIM forwarded this request to the Children’s Bureau for response. The letter writer was knowledgeable in some aspects and perfectly comfortable discussing medical terminology such as, placenta previa, Bandl’s ring and cross birth, all terms she had presumably learned from her five previous pregnancies, only one of which resulted in a child who survived. Then later she questioned if she should be taking Lydia Pinkham’s tonic, a patent medicine that had debatable value, at best. She was clearly not devoid of knowledge about reproduction, even though some of what she thought was helpful was probably not scientifically substantiated. This same letter writer described herself as a Wisconsin farm wife and detailed how she awoke at 5:00 am, made breakfast for five people, helped milk the cows and feed the pigs before baking, scrubbing, and washing for the rest of the day. Other than sending her, a copy of their pamphlet Prenatal Care, the Children’s Bureau’s response to her was that she should go to the closest city for her next confinement, as the doctors in the city were likely to know more than the poor country doctors did. While this advice was sensible from a purely medical point of view, it seems clear that this woman had neither the time nor money to go far away for a lengthy and expensive confinement leaving her family and farm unattended.

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7 Placenta previa occurs when the placenta covers the cervix during birth and can cause massive bleeding endangering both the mother and baby. Bandl’s ring forms in the uterus when labor is obstructed in some way. Today the appearance of Bandl’s ring usually results in a Caesarian birth for fear that the uterus will rupture. A crossbirth occurs when the fetus has neither head nor feet in line with the birth canal.

8 Mrs. Fred Gifford, Andrus Wisconsin, to Gertrude Knipp, Executive Secretary of the American Association for Study and Prevention of Infant Mortality, October 1, 1917. Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-0-3, National Archives at College Park, MD.

9 Mrs. Max West to Mrs. Fred Gifford, October 6, 1917, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-0-3, National Archives at College Park, MD.
The reformers meant well, but their advice was not appropriate for the lifestyle of the women they were advising.

Another farm wife, this one from Texas, wrote to the Bureau with concerns about breastfeeding. In the response, the Children’s Bureau official suggested that mother eat quantities of good food, like milk, eggs and meat, spend plenty of time outdoors, and free herself from worry. While these are logical recommendations, it seems unlikely that this woman would have the money and leisure to follow the directions, since she, like most of the letter writers contacting the Children’s Bureau was in a fairly desperate circumstance. In addition, many lived in remote locations and had frequently already exhausted any hope of local guidance or support. One woman wrote detailing her feelings of horror surrounding her upcoming birth as her other babies had been large and difficult to deliver and they had torn her badly through the rectum. She was particularly worried because she lived sixty-five miles from the nearest doctor. In response, the Bureau sent this woman their Prenatal Care and Infant Care pamphlets. The Bureau published these pamphlets and sending them out was their standard response to most individual’s questions about anything remotely related to reproduction regardless of the actual specific question. Mrs. Max West, writing for the Children’s Bureau also suggested that the letter writer really try to “throw off all of this worry and fear” and if possible put herself into the care of the nearest hospital. This well-meaning advice seems more than a bit tone deaf to the letter writer’s actual circumstances.

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10 Mrs. Max West, Acting Director Division of Hygiene to Mrs. A.H. Cole Dallas, Texas, August 26, 1915, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-1-2, National Archives at College Park, MD.
11 Mrs. Alice Cutting Phelps, Hutton Ranch, Burntfork, Wyoming, to Julia Lathrop, October, 19, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-3-0-3, National Archives at College Park, MD.
12 Mrs. Max West to Mrs. Alice Cutting Phelps, October 24, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-3-0-3, National Archives at College Park, MD.
Prior to this time middle-class women struggled to get information and did not particularly benefit from having a relationship with a doctor. As previously discussed, most doctors were general practitioners and not gynecologists. Many knew little about childbirth and even less about birth control. One of the core components of early birth control reformers support for doctors distributing birth control information was that doctors would be able to ensure that information was accurate and scientific. It is clear that doctors were not necessarily having great success spreading accurate information about the related topics of childbirth and pregnancy, two topics that were not illegal, but in fact considered natural and ubiquitous. The Children’s Bureaus’ reliance on its own pamphlets Infant Care and Prenatal Care illustrates that even they could not find appropriate material on the topics and instead were forced to create their own works. Mrs. Max West a mother of five, but not a medical professional wrote these two tracts. In part, Lathrop picked West to author these booklets because she hoped they would be understandable and accessible for all women. In addition, Lathrop and West hoped that by providing women with up to date knowledge they would inspire women to demand better health care from the doctors in their communities for themselves and their babies.\textsuperscript{13}

The information in these pamphlets ranged from the quixotic like the suggestion not to turn the baby too frequently while dressing as the, “baby may be fatigued by a too-long toilet”\textsuperscript{14} to real medical advice for the mother on how to prevent infection in nipples cracked from breast-feeding.\textsuperscript{15} The Bureau’s reliance on their own pamphlets shows that women were seeking the information and their ability to find it was lacking.\textsuperscript{16} This hints at the fact that doctors had

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\textsuperscript{13} Ladd-Taylor, 83.
\textsuperscript{15} Children’s Bureau, Infant Care, 51.
\end{flushleft}
already established a precedent for failing to communicate reproductive information. It also indicates that had the political leaders been so inclined, the Children’s Bureau could have taken an active role in disseminating birth control information. If the task of assembling such a pamphlet had been assigned to the Bureau, it would have fit nicely with the other pamphlets the agency produced. Indeed, many women assumed that the Bureau was responsible for such a publication and wrote asking for copies of it. For example, one woman, writing to the Bureau in 1916 praised the *Infant Care* booklet and asked to be “placed on the mailing list” for bulletins pertaining to “artificial sterilization for birth control.”

As the Children’s Bureau pamphlets gained a wider audience, more people wrote to them for advice. For example, a letter written to the Children’s Bureau by a minister in the Congregational Church inquired as to what foods his wife needed to eat to control the sex of their unborn child. As a minister, this man must have had at least an adequate level of education and prominence in his community, but he and his wife were clearly still ignorant about at least some aspects of reproduction. One woman investigating the issue of maternal and infant mortality wrote to Julia Lathrop, the director of the Children’s Bureau, asking if these deaths could be caused by tight corsets, particular foods, or the strain of life. The letter writer felt that the government should be tasked with finding the answer to what made mortality rates so high. Another woman wrote questioning whether swimming (sea-bathing as she put it) would harm her pregnancy. Interestingly, Mrs. Max West responded again for the Children’s Bureau and stated

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17 Ellen Street, from Pawtucket, R.I. to Julia Lathrop, November 6, 1916. Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
18 Charles M Good, Minister First Congregational Church Onaga Kansas to the Children’s Bureau, October 17, 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
19 Mrs. C. F. Heidelberg, Jackson, Mississippi to Julia Lathrop, April 28, 1915, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-0-3, National Archives at College Park, MD.
that authorities were mixed on if it was a problem or not. Her suggestion was that the correspondent should ask her physician. This particular writer lived in New York City so certainly had proximity to doctors, but it seems likely that if she felt she had a doctor whom she could ask, or whom she trusted, she would have done that first before writing to faceless officials in Washington, D.C.20

Several women wrote to the Bureau with questions regarding breast-feeding. This was a topic that was critical to the health of the baby and important for the postpartum well-being of the mother. Like the issue of birth control, doctors of the time were woefully uneducated when it came to this strictly feminine health concern. In a letter to Dr. Grace Meigs, the physician employed by the Children’s Bureau, another doctor wrote explaining that he had been intrigued by the study of milk production in cattle. Consequently, he had undertaken a small study using the mothers under his care at a maternity hospital. Current medical knowledge recommended providing new mothers with a light diet consisting mostly of carbohydrates. He suggested that this diet was responsible for the difficulties many women had breastfeeding. Based on the results with the cattle, he fed the women at his hospital a diet with much higher levels of protein in it. He claimed that this helped them produce more milk.21 This story illustrates that doctors did not have a great deal of accurate knowledge when it came to the various facets of reproduction like breastfeeding.

Birth Control Reformers

20 Mrs. Max West to Mrs. Garfinkle, NYC, July, 8, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-1-3, National Archives at College Park, MD.
21 Dr. B. Raymond Hoobler, Detroit Michigan to Grace Meigs, July 2, 1917, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-3-2, National Archives at College Park, MD.
While the maternalist reformers focused on educating women about what they considered to constitute healthy childbirth, the birth control reformers were using similar advocacy principles to help women avoid unwanted births. The birth control advocates firmly believed that diaphragms and cervical caps were the only truly useful types of contraception. This attitude belittled and undermined the types of birth control many women were already using. The reformers insistence that their devices were the only legitimate form of birth control, failed to grasp the fact that most women, even when properly educated and fit with a diaphragm or cap, did not like them, and consequently preferred not to use them. One woman recounted that “I have done my best to try it out but it seems hopeless…one side always seems to come out…and it pains me.”

The birth control reformers believed that science proved their devices to be the most reliable and consequently the best choice for everyone. In reality, later study has shown that the failure rate of the diaphragm or pessary is twenty percent, on par with the rhythm method at twenty percent and withdrawal at nineteen percent and not nearly as good as the condom at twelve percent. The reformers in Great Britain were in complete agreement with their American counterparts as to the efficacy of commonly practiced types of birth control. Marie Stopes’ advice to someone who had written her a letter asking about birth control was that there was no safe period and that withdrawal was extremely bad and would lead to a neurasthenic breakdown. Both of these claims we now know to be untrue. There is indeed a safe period and withdrawal does not cause mental health issues, in fact, neurasthenia is no longer even listed as a

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22 Fisher, 144.
23 Fisher, 186. The word pessary was often used by writers at the time and can refer to several slightly different, but substantively similar devices that could be inserted into the vagina. They were used as both birth control and to help those suffering from prolapsed wombs.
possible diagnosis in the American Psychiatric Association’s diagnostic handbook. Stopes advised the letter writer to come to her clinic and get a fitting for a cervical cap, her preferred method of contraception.

It seems at least possible that the lack of knowledge middle-class reformers thought plagued the working class was actually more a problem within the middle class itself. These reformers believed that reliable information could only come from a properly trained gynecologist, which were in extremely short supply until at least the 1920s and 1930s. Since middle-class women frequently had recourse to these professionals while poor and working-class women did not, middle-class women assumed that this prevented women from the lower social strata from knowing about birth control. This ignores the fact that information in the consumer marketplace was plentiful, if obscured in coded language about female hygiene. Scholars have also tended to characterize the period between the enactment of the Comstock Laws in the 1870s and the emergence of birth control clinics in the 1920s as a grim time for birth control. As Andrea Tone points out, part of the impetus for this comes from Sanger herself who was one of the first people to claim that this was the case.\(^{25}\) In reality, Tone shows that even though birth control was illegal it was still readily available. There was what she calls, “a zone of tolerance” where all kinds of people purchased and used birth control.\(^{26}\)

While some of the information in the consumer marketplace was spurious, much of it was at least as useful as the information the reformers were espousing. Most of the contraceptive advertising happened in what Tone calls “spicy periodicals” like the *National Police Gazette* that served a mass market, working-class audience. The publishers of the more highbrow periodicals

\(^{25}\) Tone, 25-26.

\(^{26}\) Tone, 26.
regularly rejected advertisements for contraceptives in an effort to maintain the decorum of their publication. In addition, working-class women were more likely to be involved in daily interactions with other women due to the close proximity of their residences. They could chat when they were at their neighborhood shops or when their children played together. Companies advertised their devices for their hygienic properties and germ killing ability in order to avoid accusations of impropriety or obscenity that could be leveled at contraceptive devices if they were advertised overtly as contraceptives. Syringes for douching, sponges soaked in olive oil, condoms, and dissolvable pessaries made of cocoa butter and quinine, a supposed spermicide, were all options for couples hoping to limit their family size. Some people had success using these types of devices. One customer of Holmes’s Renowned XXX Quality Rubber Envelopes commented, “We have been using them 20 years: our youngest boy is 22 now so that proves the test of them.” Another customer wrote requesting sponges and packets of quinine powder saying her friend had used it for ten years and it had never failed. These methods varied in their effectiveness, and douches in particular could be completely ineffective and even downright harmful. One of the most well-advertised and therefore popular douches on the market was the disinfectant Lysol. Lysol is a poison and can cause burns and severe inflammation when used internally and it has not been shown to directly prevent pregnancy. Arguably, what the reformers were interested in offering was more scientifically correct and explicit advice and a device that performed with greater effectiveness.

27 Tone, 83.
28 Tone, 39.
30 Holmes, 40.
31 Tone, 170.
While working-class women might have been free to page through spicy periodicals, middle-class women on the other hand, remained secluded as much as possible. In the early 1900s, they were very much still expected to live up to the Victorian ideal of the “Angel in the House,” and be submissive, self-sacrificing, innocent and pure. Even the term “Angel in the House” itself, coined in a poem by Coventry Patmore about his wife Emily, hints at the isolation from female social networks such women probably experienced. Expected to focus on their responsibilities almost exclusively inside the home, these women had minimal chance to form close friendships. Decorum prevented them from discussing topics like birth control that many considered unsavory. In addition, they also had little exposure to the consumer marketplace since the magazines they were likely to read were those that refused contraceptive advertisements and shopping for daily essentials was often the task of a servant, not the mistress.

These patterns did start to change after the middle of the decade of the 1910s. Middle-class women started rejecting the rituals of confinement that had forced them to stay withdrawn within their home especially during the months of their pregnancy. For example, in 1904 a maternity tea-gown for at home entertaining was sold. It sold so well that it established the fashion house of Lane Bryant, which by 1910 was advertising maternity clothes for street wear. In addition, middle-class women started receiving more direct information with the publication of socially acceptable pamphlets and books that allowed them to gain information while avoiding the worst taints of impropriety often associated with more clandestine tracts previously written about reproduction and birth control. The pamphlet Prenatal Care, published by the Children’s Bureau helped women better understand pregnancy and their own bodies. The book Married Love published in 1918 talked openly and directly about the sexual aspects of marriage and

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32 Wertz and Wertz, 148.
intimacy. For those a bit more on the cutting edge, after 1917 *The Birth Control Review* presented discussions of contraception, reproduction, and women’s empowerment.

**Ordinary Women**

The Mosher Survey, compiled by physician Clelia Mosher gives an indication of what middle-class women were doing for contraception at the turn of the century. Mosher’s undertook her survey between 1892 and 1920. It contains only a small sample (45) of mostly educated women, but it is invaluable because she asked them directly what type of contraception they used. Tellingly only four women responded that they had never used contraception. The majority of the women had used something to control their fertility and many used more than one technique. The most frequently used contraception was the douche. Some women kept it simple with cold or warm water in a fountain syringe. Others relied on additives such as sulphate of zinc, alcohol, or bi-chloride solution. Condoms, withdrawal, and the safe period were the next most practiced techniques and all were used with approximately the same frequency. Only three women cited abstinence as their chosen method. The remaining options included a cocoa butter suppository, Vaseline, and not having an orgasm. Three women said that they used pessary caps and one said that she used a Good-Year rubber ring. However, all of these were in the last several numbered blanks of the survey, which may logically date to closer to 1920, the end of the time period that the survey was undertaken.\(^{33}\)

While the women in the Mosher survey were mostly middle class, it is possible to get a sense of what working-class women knew by examining the letters published in *The Birth Control Review*. Many of these letters tell stories of women who were already struggling under

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the burdens of multiple children, financial hardship, and unhelpful husbands. They all wrote to *The Review* in the hope of getting information that would help them limit the number of children they had. Most made little distinction between methods used before conception and those that were used after. In addition, it is clear that many of these women did know about and had used contraceptive methods already and that they did not regard having a doctor as a particular benefit. Many clearly relied on tonics to induce abortions. One woman said, “My doctor will not give me any advice on this subject and I am afraid of using patent medicines for fear of injuring myself.”

Another said, “I have tried several medicines and have had two bad miscarriages.” At the time, the term “miscarriage” referred to both spontaneous and induced loss of the baby. Yet another said, “I have had three miscarriages since the baby came, but my health will not stand that indefinitely.” One woman bemoaned the fact that she had, “taken laxatives and quinine” and that they had failed. Several also complained about uncooperative husbands. One claimed that, “he won’t do anything to keep me from getting pregnant” while another said that her husband, “does not want to be careful so as to help me.” These last examples speak to the difficulty working-class women often had in securing their husbands’ compliance. They also indicate that these women knew that there was something men could do to help prevent pregnancy, although it is unclear if they were referring to abstinence, withdrawal or the use of a condom.

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What is clear is that regardless of class, women frequently relied on many different methods to achieve their goal of limiting and spacing their births. In correspondence between physician and birth control advocate Dr. Robert Dickinson and social reformer Katharine Davis, Davis provided Dickinson with two case studies of average women who used multiple methods to control their fertility from her work with the Bureau of Social Hygiene. The Bureau of Social Hygiene was established in 1911 by John D. Rockefeller Jr. It developed from Rockefeller’s previous work in New York City concerning vice and his belief that its remit was to study sex, crime, and delinquency. Davis was instrumental in spearheading several of the Bureau’s projects. The first letter that Davis shared with Dickinson was from a woman whose husband had used condoms during the early years of her marriage, but eventually one broke and she became pregnant. Later she used a rubber pessary followed each time with an antiseptic douche. The second woman said that at different times she and her husband had used condoms, sponges, capsules of medicine, douches, and withdrawal. Like these two women, many of the women in the Mosher survey also relied on several methods of contraception. If couples were frequently using multiple types of contraception, it would seem that birth control reformers were incorrect in thinking that women did not have information about birth control. What was true was that women desperately wanted a method, device, or technique that better suited their needs and was more reliable.

More evidence of what ordinary women knew and understood can be found in the records of the Laboratory of Social Hygiene at the New York State Reformatory for Women at Bedford.

40 Sealander, 160.
41 Katherine Bement Davis to Robert Latou Dickinson, Nov. 19 1923, Bureau of Social Hygiene Records (FA060), Series 3: Projects, Subseries 3_2 Social Hygiene, Box 7 Folder 172, Rockefeller Archive Center,
42 Tone, 68.
Hills. Between the years of 1912 and 1917, the Rockefeller-sponsored Bureau of Social Hygiene funded the Laboratory, which was the brainchild of Katharine Davis. Davis became the Superintendent of Bedford Hills in 1901 and quickly it was at the forefront of the movement to alter the nature of criminal punishment.\textsuperscript{43} Davis actively solicited Rockefeller’s involvement in the project, and she did not give up until the Bureau provided the financial backing to establish the Laboratory in 1912. The researchers at the Laboratory used supposedly scientific principles to evaluate inmates. After conducting several interviews and extensive mental and psychological tests, board members recommended what the fate of each particular woman should be. Building on Cesare Lombroso’s ideas of criminality, they believed that testing allowed them to determine if the women were born criminals or if it was possible to reform them.\textsuperscript{44}

Cesare Lombroso was a professor of Medicine and Psychiatry at the University of Turin, in northern Italy. Lombroso’s seminal 1876 book \textit{Criminal Man} posited that behavior was biologically determined, that certain people were born criminals, and that these people could be profiled and recognized.\textsuperscript{45} Lombroso and his disciples developed techniques that could help them categorize people. Some of these techniques, such as measuring body parts have since been rejected, but other processes such as fingerprinting and photographing criminals have become standard practice. They undertook all of these inquiries and measurements with the idea that “race” was a real concept, and that someone’s race could be determined by measuring observable and quantifiable physical characteristics. This linked back to their overarching claim that some people were born criminals and that they could be identified before they committed a crime and

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\item \textsuperscript{44} Fitzpatrick, 97.
\item \textsuperscript{45} Mary Gibson, \textit{Born to Crime: Cesare Lombroso and the Origins of Biological Criminology} (New York: Praeger, 2002) 2.
\end{itemize}
then preemptively removed somehow from society. Their science claimed that race was an inherited and measurable trait that determined people’s biological being, their psychological profile, and their intelligence.\textsuperscript{46}

The researchers at Bedford Hills subscribed to Lombroso’s philosophy and hoped that over time the aggregation of their research would permit them to identify criminals or other deviants even before an individual engaged in any antisocial behaviors. The results of their research would theoretically allow them to work on eugenic lines to “better the race.” While many of the women incarcerated were arrested on charges of prostitution, few embodied the stereotype of a typical prostitute. In earlier generations, individual women had generally walked the streets but by the late 1800s, organized prostitution had become commercialized into brothels.\textsuperscript{47} In large part, it was this obvious commercialization that prompted anti-vice crusaders and others to make prostitution a national obsession in the early decades of the twentieth century.\textsuperscript{48} The girls incarcerated at Bedford Hills were not necessarily employed by bordellos and engaging in sex work as their occupation. Many were poor women living with men to whom they were not legally married. Others were merely destitute and occasionally resorted to trading their bodies out of necessity. Several were merely headstrong teenagers whose own parents had reported them to authorities for being wayward girls. These parents hoped time in the reformatory would rein in their daughters’ behavior and help them get their lives back on the appropriate track.

The interviewers from the Laboratory of Social Hygiene worked to identify physical ailments like syphilis. They also assessed intelligence and attempted to establish each client’s

\textsuperscript{46} Gibbons, 4.
\textsuperscript{47} Sealand, 166.
\textsuperscript{48} Sealand, 161.
motive for criminal behavior. The psychologists and social workers themselves did not shy away from attempting to impose their own type of birth control on some of the women that they deemed eugenically unfit. These officials recommended that one Irish Catholic woman and one Negro woman, both in their early twenties, be kept permanently institutionalized during their childbearing years specifically to prevent them from reproducing. This easy disregard for these women’s right to choose what should happen to their bodies and their lives was in line with the eugenic principles that the Laboratory was attempting to codify. Eugenicists believed that the genetically unfit should either be sterilized or institutionalized for their childbearing years.

Although the Laboratory employees did not ask any questions directly related to birth control, it is still possible to glean some information on the topic from examining the case files. Examining the records for 1917, the same year that Margaret Sanger started publishing The Birth Control Review and a full six years before the first American birth control clinic was established, shows that at least some poor women knew about ways to prevent having a baby. The two most frequently mentioned methods are abortion and douching. For example, one inmate lied to her sister about having a tumor hoping that she might be given some medicine to, “do away with” her pregnancy. Two of the girls said that their mothers gave them powders or draughts that caused a miscarriage. Three of the women admitted to abortions that ended up requiring

49 New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, W0010-77B, Box 1, Case File 2485 and 2497, New York State Archives, Albany, NY.
50 G.R. Searle, Eugenics and Politics in Britain 1900-1914 (Groningen, Netherlands: Noordhoff International Publishing, 1976), 104. See also Paul Lombardo, Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell (Baltimore: Johns Hopkins University Press, 2010) for information about sterilization in the U.S.
51 New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, W0010-77B, Box 1, Case File 2465, New York State Archives, Albany, NY.
52 New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, W0010-77B, Box 1, Case File 2466, 2475, New York State Archives, Albany, NY.
curettage from a doctor.\textsuperscript{53} Another, possibly more experienced inmate said that she had a syringe bag and bichloride tablets and that she, “always takes douches after getting through.”\textsuperscript{54} Several other women also mention using various douches. In a rare instance where the Social Hygiene worker commented directly on the topic of birth control in a case file, she said the inmate, “is very sure she would never have a child…she feels that she could always take sufficient precautions to prevent conception.”\textsuperscript{55} While there is no way to ascertain what this particular woman was doing to prevent conception, or if it was effective, it is clear that she believed such a course of action was possible. While the inmates at Bedford Hills represent a small sample of women, it is likely that if many of these women were aware of birth control, others in their communities, who were lucky enough not to be incarcerated, had the information as well.

**Methods of Birth Control: Douching and Diaphragms**

The fact that the majority of the women relied on douching necessitates further examination. For the most part, birth control reformers eschewed douching because the rate of effectiveness was not particularly high; they preferred their diaphragms and cervical caps. It is true that douching had a failure rate somewhere between forty and ninety percent depending on the woman’s body, the solution a woman used and how quickly after intercourse she was able to perform the action. From most women’s perspective, it was better than not using any form of contraception at all.\textsuperscript{56} From the women’s point of view, it was easy and fairly inexpensive. There was nothing in place during intercourse itself to potentially cause embarrassing malfunctions or

\textsuperscript{53} New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, W0010-77B, Box 1, Case Files 2475, 2500, 2513, New York State Archives, Albany, NY.
\textsuperscript{54} New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, W0010-77B, Box 1, Case File 2473, New York State Archives, Albany, NY.
\textsuperscript{55} New York State Department of Corrections, Bedford Hills Correctional Facility, Inmate Case Files Ca. 1915-1930, 14610-77B, Box 1, Case File 2485, New York State Archives, Albany, NY.
\textsuperscript{56} Tone, 76.
loss of libido, like sponges or condoms might. Also, because it was used after the fact it was really the only option if one were carried away in the moment or if the sex was not consensual. It was also possible to be discreet when acquiring the necessary device. No expensive and humiliating visit to the doctor was required. Syringes were readily available at shops and through mail order, since their official function was for purposes of cleanliness and hygiene.

The double function of both preventing pregnancy and providing cleanliness after intercourse made douching highly attractive to many women. This was especially true in a time before antibiotics, when rates of syphilis and gonorrhea were exceptionally high. Certainly, women with multiple partners were worried about disease, as well as pregnancy, but they were not alone. Even many married women had reason to worry if they suspected that their husband occasionally strayed and many wives’ fears about husbands’ infidelity were not unfounded. A conservative estimate was that around thirty-five percent of men were infected with a venereal disease in 1904. Others estimated the number at closer to sixty percent and some even went as high as eighty percent.\(^{57}\) Diseases like syphilis were debilitating and possibly deadly. For example, twenty to thirty percent of all stillbirths in 1920 could be attributed to syphilis infections.\(^{58}\) Even if douching was a sub-par method of birth control, at least as delineated by the reformers, the fact that women were using it shows that women did know about some methods of birth control. For many women, a possible fifty percent contraceptive success rate, combined with the ability to supposedly kill germs undoubtedly made douching seem like quite a good option.

\(^{57}\) Leavitt, 70, 166.

\(^{58}\) Memorandum for Miss Lathrop, December 4, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 126 Folder 11,126, National Archives at College Park, MD.
In fact, it is probable that women saw the two uses, hygiene, and birth control, as inextricably intertwined. Advertisements for syringes and for disinfectants touted their importance for feminine hygiene and their ability to clean and kill germs. For example, an advertisement for the disinfectant Chinosol claimed that it should be used daily as a douche and, “in all cases where germs are or may become present.” Another advertisement for the Gem Hygienic Syringe for women claimed that it could, “correct displacements, cure discharges, and save operations.” At this time even the medical community was still learning about asepsis and mistakes in sterile techniques happened with regularity. It is easy to see how many regular women could have easily equated germs and sperm. Both were microscopic organisms that they could not see, and had the power to damage their health and change their life in ways that could be unwanted and unpleasant. In fact, in the introduction to the 1914 pamphlet *Family Limitation*, Margaret Sanger herself implores her readers to not be, “over sentimental in this important phase of hygiene.” In other words, do not be too embarrassed to take care of your body. Just a few short sentences later she makes the connection between birth control and sexual hygiene more explicit saying, “It has been my experience that more (than two) children are not really wanted, but that the women are compelled to have them either from lack of foresight or through ignorance of the hygiene of preventing conception.” Since *Family Limitation* was an inexpensive pamphlet aimed at average working women it is possible that, in part, Sanger was using this language of female hygiene because it would have been familiar to her readers from their exposure to products available in the consumer marketplace, like douches and tonics.

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61 Leavitt, 164.
This pamphlet was one of Sanger’s first substantial forays into the contraceptive movement. It is a reflection of the information she was able to learn at this time, which was probably similar to what most women were able to obtain clandestinely through networks of friends, family and the consumer marketplace. Her recommendations for various douches for contraception included commercial antiseptics like Lysol and Chinosol that we now know to be caustic, but like other women at the time Sanger seems to have accepted them as viable options. She also includes more mundane options like salt solutions and vinegar rinses. Sanger’s contribution was that her position as a New York City radical allowed her to discuss the topic much more openly and directly. This was prior to her first trip abroad where she would gain ideas from British freethinkers and visit working birth control clinics in Holland where they successfully used the diaphragm. It was also before her legal battles reinforced the fact that doctors had the legal right to distribute birth control information. Thereafter she became much more focused on the diaphragm as the primary means of birth control and the clinic as the loci of birth control information. At this early juncture, in many ways she was more in touch with what women’s actual experience was than she would be later when she advocated unswervingly for a device that most of them were not particularly interested in using.

One hurdle both doctors and birth control reformers faced when trying to educate women about their method of birth control was the lack of availability of diaphragms. As late as 1926, Dr. Robert Dickinson lamented the fact that he could not conduct an effective study comparing the condom, spermicidal jelly, and the diaphragm because the government confiscated his shipment of the devices from Germany at the border and there was no consistently reliable domestic producer. Apparently, he could not get or did not care for the Mizpah pessary that Margaret Sanger recommended. Although these devices gained attention during this period, they
were not new. In 1842, a German gynecologist, W.P.J. Mensinga, invented the first modern
diaphragm, which consisted of a hard rubber ring covered with a thin sheet of rubber that was
inserted into the vagina. After the vulcanization of rubber in 1845, Mensinga was able to produce
diaphragms of more reliable quality.\(^\text{64}\) These diaphragms were widely distributed in women’s
health clinics throughout Europe, including at Aletta Jacobs groundbreaking clinic in Holland
that Margaret Sanger visited in 1915. Because it was illegal in the U.S. to send any birth control
device or information by mail, Sanger did not have access to this device. Instead, she
recommended the Mizpah diaphragm to her American clients as the best available alternative to
the German Mensinga.\(^\text{65}\) Sanger was so convinced of the effectiveness of Mensinga diaphragm
that in 1925 she induced her second husband, Noah Slee, to finance a new company named
Holland-Rantos that would produce spring form, Mensinga style diaphragms to sell in the United
States and later around the world.\(^\text{66}\) Because the federal law applied particularly to the mail and
state laws varied considerably, having a device that her husband’s company produced allowed
Sanger’s operation to be vertically integrated and left less opportunity for government
prosecution. Even after Sanger started domestic production women and doctors struggled. It was
difficult to learn to fit the devices properly and the technique was still not taught in medical

\(^{64}\) Tone, 56.

\(^{65}\) Jean H. Baker, Margaret Sanger: A Life of Passion (New York: Hill and Wang, 2011), 86. The producer of the
Mizpah was a Philadelphia druggist named Walter F. Ware. He seems to have produced several items using the
name Mizpah including a breast pump and the pessary/diaphragm. I can find no record of why the name was
chosen, however, it comes from the bible Genesis 31:49, “And Mizpah; for he said, The Lord watch between me
and thee, when we are absent from one another.” In the late 1800s, around the time Ware started producing
these items, the term was often engraved on jewelry that men would give to their loved ones when they were
facing a long separation due to something like military service. The connotation of unwanted and emotionally
painful separation seems to at least possibly indicate that Ware was marketing the device for those tired of the
separation of abstinence as much as its ability to hold a uterus in place.

\(^{66}\) Engelman, 153.
school in the early 1920s. Consequently, we can infer that few women of any class were using capably-manufactured, properly-fitted, diagrams in the years between 1900 and 1920.

It is unclear, then, why birth control advocates picked this method to bring birth control to the working class. It seems likely that prior to their introduction of the diaphragm middle- and working-class women had access to the same types of methods regardless of class. Condoms, sponges, jellies, and douches were the most common available methods. More than the methods of contraception middle-class women probably had more success controlling their fertility because educated middle-class husbands were aware of the discourse of companionate marriage which suggested that couples should strive to talk with and support each other within their relationships. Consequently, they were more willing to work with their wives to limit pregnancies. In addition, middle-class women had better financial resources and could more readily obtain abortions from their private doctors if other forms of contraception failed them. Working-class women struggled to obtain the money to pay for such procedures and often pursued them at a greater risk since they were more likely to be forced to accept the services of whomever was the cheapest, not necessarily the most qualified.

Women in Great Britain

In Great Britain, the situation was very similar to that in the United States. Before the advent of medicalized birth control and women’s health clinics, doctors were not doing a particularly good job of helping women with many aspects of reproduction. In 1920, Marie Stopes sent a questionnaire out to the clergy that asked questions about their reproductive experience. Many questionnaires were returned unanswered and one clergyman probably spoke for many others when he replied, “even for scientific purposes information of this nature is most

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67 Reed, 173.
objectionable.”68 However, many recipients chose to respond. In some cases, the clergymen themselves filled out the paperwork, in other instances their wives were the respondents. Several of the letter writers admitted that they had previously gone to doctors for help with their issues and that the doctors had not been able to help them. One 37-year-old woman admitted that she had a small operation to put a supposed defect “right” but that she had still not had any children. Another woman said that she and her husband had both sought medical advice but no defect could be found and they remained childless.69 Clearly, doctors were seen as a potential source of knowledge, but one that frequently failed to live up to expectations.

The letters of the Women’s Co-operative Guild have many examples of women going to doctors only as a last resort to try to alleviate their suffering. A few examples include a woman who was violently ill with each pregnancy and, “of course, [the doctor] was unable to prevent my suffering.”70 When stated this way, it seems that the woman had low expectations of getting relief from the doctor. Another woman detailed how her baby was stillborn, in part due to the doctor’s lack of attention and his insistence on going home in the middle of her labor.71 Yet another example was of a woman left so weak after the birth of her baby that a month later she was still so unwell she had to be admitted to a hospital. The doctors there were unable to identify anything wrong with her and eventually discharged her to languish at home.72

Conclusion

Professional maternalist reformers, laywomen advocates, and ordinary women all had information about what constituted women’s health care. The middle-class reformers and

70 Women’s Cooperative Guild, 61.
71 Women’s Cooperative Guild, 67.
72 Women’s Cooperative Guild, 68.
advocates were influenced by the social and economic benefits their class bestowed on them. They believed that their scientific approaches to issues like childbirth and birth control were superior to more traditional and holistic or consumer driven solutions. They frequently envisioned themselves as helping raise up their poorer, working-class sisters from complete ignorance. In truth, they were often driven in their quest by their own experiences. For example, suffragist, twilight sleep advocate, and birth control reformer Mary Ware Dennett had three “hideously difficult” births that were nearly fatal to her and were fatal to one of her babies. After the birth of the third baby she visited three different doctors who could not identify why she had been made a semi-invalid, nor could they offer her any actionable information about birth control.73 Ordinary women frequently had word of mouth information that at times was more accurate and actionable than professional advice. Nevertheless, they relied on reformers to champion improvements because health issues continued to be so debilitating. For example, Montana farm wife Emma Case wrote to the Children’s Bureau saying, “I wish to write these lines to you in the hope that you will use your influence in bringing about conditions for the betterment of mothers. That they may receive better medical care from attending doctors and nurses…There are altogether too many homes broken up because of the neglect of the mother’s health.”74 Women like Case continued to try to expand their knowledge and advocate for their own health. In this endeavor, they utilized the resources that the reformers provided and perpetuated the reformers understanding of themselves as the benefactors of all women. In addition, as all women moved towards relying on doctors for help improving their health, they

73 Mary Ware Dennett to Marie Stopes, October, 31, 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.
74 Emma Case to Julia Lathrop, May 28, 1913, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-2-3-1, National Archives at College Park, MD.
took one step closer to a healthy future, in which, they could be more engaged and empowered within their families and their communities instead of languishing in illness.
Chapter 3: In Pain You Shall Bring Forth Children: Pain in Childbirth and the Campaign for Twilight Sleep

Historians who have studied the movement for twilight sleep, a method of painless childbirth developed in the early 1900s using the drugs morphine and scopolomine, have posited that the change from home to hospital birth that twilight sleep inspired, caused women to lose control of their own bodies. Certainly, the transition to a physician supervised, medicated, hospital birth was a substantial deviation from the non-medicated home births that women had traditionally experienced. It is important to consider that even these home births did not take place in a vacuum. Female friends and family members accompanied women. Often they employed doctors or midwives to attend them in their confinements. Historians who lament women’s supposed loss of power over childbirth decision making seem to fail to consider that even in traditional home births, women were already compelled to share power over their birth choices with those around them. In her seminal work *Brought to Bed: Child-Bearing in America, 1750-1950*, Judith Walzer Leavitt claims that the lay women of the twilight sleep campaign failed in their goal to, “retain their traditional control of their birthing experiences” and that they were also unsuccessful because, “the twilight sleep movement helped to distance women from their bodies.” Leavitt relies heavily on works published by advocates at the time, such as Marguerite Tracy, Mary Sumner Boyd, and Hannah Rion. These works do form a critical component of the story. More can be learned when we examine these authors in conjunction with the Twilight Sleep Association, the organization formed to promote the goals of the twilight

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1 Genesis 3:16 New Oxford Annotated Bible
2 Wertz & Wertz, 136, Leavitt, S, Sandelowski, xiv.
3 Shorter, 82.
4 Leavitt, 140.
sleep campaign. One twilight sleep mother explained her experience by saying, “I went to sleep that night and awoke next morning at the usual hour. I knew nothing unusual had happened until they told me my baby was born. Twilight sleep is a wonderful thing.” Glowing reviews such as this one indicate that the members of the Twilight Sleep Association were actually successful in achieving their goals. Their advocacy of the procedure was merely another fight in women’s ongoing struggle to control their childbirth experiences and attain the best possible health outcomes for themselves and their children. Gaining some distance from the uncomfortable physical realities of childbirth and having at least some period of post-partum convalescence were the results they hoped to achieve. In addition, the twilight sleep campaign provided a template for how to conduct a reform movement centered on women’s reproductive health issues that subsequently influenced the birth control reform campaign.

Childbirth

Childbirth had always been a life and death situation for women. Women anticipated the possibility of dying or becoming permanently injured but for most of history there was little they could do other than make their final wishes known, and hope for the best possible outcome. First births were especially traumatic and often caused debilities that remained with women for the rest of their lives. Even into the twentieth century, fistulas, perineal tears, and prolapsed uterus were frequent occurrences and a commonality among all women regardless of their race, nationality, level of education or distinctions of class. As we have seen, this was because birth attendants varied in experience and skill and even doctors were not particularly well trained. By the early 1900s, women were no longer content to remain passive in the face of doctors’

5 “Twilight Sleep film at Alcazar today and tomorrow,” The Tampa Tribune, February 8, 1918, Newspapers.com.
6 Leavitt, 14.
inexperience. They armed themselves with information and middle- and upper-class women, who had resources at their disposal, advocated to improve the reproductive experience for all women. In their campaign for twilight sleep during childbirth they swayed public opinion towards acceptance of hospital birth, necessary for twilight sleep, and they successfully forced doctors to engage with the topic, whether they became adherents to the procedure or not.

The process of birth filled women with fear and pain. Traditionally other women, either family and friends, or midwives had assisted women during their deliveries. By the nineteenth century, some women procured doctors for their births because doctors had access to pain medication like opium and could potentially help along a difficult birth with forceps. From the middle of the nineteenth century, doctors used both ether and chloroform as tools in childbirth. In fact, Queen Victoria gave birth to her last two children using chloroform, which helped publicize the possibilities of such drugs. However, both ether and chloroform were difficult to administer correctly. Dosages varied widely and doctors suspected that the drugs could cause trouble for the baby, as well as, the mother. Oftentimes anesthetics were administered by whoever was available at the time, for example the mother or sister of the women giving birth.7 While these birth attendants were undoubtedly enthusiastic and well-meaning, they had little training before administering these powerful and potentially lethal drugs.

Even though, as we have seen, individual doctors’ skills varied, and doctors were just undertaking the process of professionalization, by 1910 medicine as a practice had made scientific advances that offered concrete benefits to pregnant women that untrained birth attendants could not. Physicians could detect eclampsia by taking blood pressure and testing

7 Tracy and Sumner Boyd, 82.
urine. This once fatal condition could now be identified and treated with medicines and bed rest. In addition, the Wasserman test had been developed to test for syphilis. If syphilis was found the patient received treatment with the arsenical drug Salvarsan, therefore improving both the mother and baby’s chances for a healthy future. Since the Children’s Bureau estimated that in 1916 73,000 infant deaths were due to syphilis, this was a significant breakthrough.\textsuperscript{8} Also, gonorrhea was a known scourge, and while it could not be detected, it had been discovered that a doctor could place a drop of silver nitrate in newborns eyes and thus prevent the blindness that was the most common consequence of an infection.\textsuperscript{9} While these advances were important for women’s advocacy for greater medicalization of reproduction, it was the intense pain of childbirth that drove most women to a doctor.

\textbf{Twilight Sleep and Its Advocates}

At the beginning of the twentieth century in Freiburg, Germany, doctors developed a new technique for painless childbirth, which they called Dämmerschlaf. It involved giving the patient a combination of scopolamine and morphine. This combination was supposed to work because the morphine helped numb the pain and the scopolamine gave the patient amnesia, so they had no memory of the event. Doctors thought it was superior to other methods because it did not inhibit muscle function and could be administered throughout the birthing process.\textsuperscript{10} In reality, both scopolamine and morphine could have deleterious effects so they needed to be used in small doses.\textsuperscript{11} Consequently, the small amount of morphine used only blunted the pain. Many women

\textsuperscript{9} Wertz & Wertz, 140.
\textsuperscript{10} Leavitt, 128.
\textsuperscript{11} Scopolamine is used today as motion sickness and anti-nausea medicine. It is also known as Hyoscine and has gained traction as a date rape drug because of its ability to render the person unable to remember what happened to them. Dr. Rajy Abulhosn, MD, “How Does Scopolamine Work,” \textit{Test Country}, https://testcountry.com/pages/all-you-need-to-know-about-scopolamine (accessed March 7, 2019)
still screamed and thrashed but if the scopolamine worked properly, they did not remember having done so.\textsuperscript{12} In fact, the scopolamine often caused women to become very agitated so they needed protection from stimuli and to be in a bed where they could not hurt themselves. Even with these drawbacks if all went well from the patient’s point of view, the mother-to-be arrived at the hospital, changed into a gown, got in a bed and “woke up” later with a healthy baby.\textsuperscript{13} From the doctor’s point of view, it was a procedure that necessitated exacting medical care. The patient had to be placed in a quiet dark room in a protective crib type bed and monitored at all times. This was a procedure that could not be performed in the home by a layperson.

In 1914, journalists Marguerite Tracy and Constance Leupp were the first to report in English on this new technique called ‘twilight sleep’ in translation in an article in \textit{McClures} magazine.\textsuperscript{14} Their advocacy for the technique started a controversy about whom, if anyone should have access to twilight sleep. Doctors were split on the issue. Some supported the procedure but many felt that it caused serious problems. The alienist (psychiatrist) in charge of the psychopathic ward at Bellevue Hospital claimed in the \textit{New York Times} that he was treating women for scopolamine induced psychosis.\textsuperscript{15} Many doctors had previously tried scopolamine and found it wanting. Consequently, they tended to condemn twilight sleep without actually trying the very specific methods and dosages developed in Germany.\textsuperscript{16} Stories of babies being born in distress from the drugs, as well as, mothers who remembered the unpleasant side effects made doctors hesitate to embrace this practice. However, middle-class and affluent women

\textsuperscript{12} Caton, 134.
\textsuperscript{13} To the patient it seemed as though they were waking up. In reality, they were actually returning to awareness after the amnesia caused by the scopolamine.
\textsuperscript{14} Leavitt, 130.
\textsuperscript{15}"Deny Insanity Is Due to Twilight Sleep." \textit{New York Times (1857-1922)}, Nov 07, 1914, Proquest Historical Newspapers.
spearheaded a campaign to demand twilight sleep and the option of painless childbirth. These women believed in the possibilities science had to offer them. They felt that doctors were willfully withholding twilight sleep and that the only way they could change their minds was to advocate it for themselves. In fact, doctors disagreed about using any kind of anesthetic in childbirth. The most prominent obstetric textbook of the time *Obstetrics* by J. Whitridge Williams admitted that there was a difference of opinion about even the routine employment of chloroform in normal labor. In this case, the hesitance was not due to concerns for the women or child but more from debate over whether the mother deserved immunity from the pain that was given to her by God as part of the natural process of childbirth and the Biblical curse of Eve for causing the fall of man. In fact, one doctor recounted how his professor in medical school had started his lecture about childbirth with the quote from Genesis and intoned that since women were condemned to painful childbirth, it was not for doctors to interfere in order to relieve it.

The laywomen who became proponents of twilight sleep were middle- and upper-class women. Unlike many of the professional, maternalist reformers, they were mothers themselves who had the resources to obtain twilight sleep births for their own babies. In many cases, their own birth experiences, both good and bad, were at least part of the catalyst for them to become advocates for twilight sleep. Marguerite Tracy accompanied her sister Mrs. Cecil Stewart (née Reine Marie Tracy) to Germany for the birth of her son James. Mr. Cecil Stewart was a

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17 Leavitt, 130.
18 Williams, 291.
prominent investor and insurance broker and his wealth allowed his wife to partake of twilight sleep, which in turn allowed Miss Tracy an entrée to report on the topic.\textsuperscript{20}

Two other twilight sleep advocates took the message of twilight sleep on the road in 1915. Mrs. Francis Carmody was the wife of a Brooklyn based law professor, and Mary Sumner Boyd was a journalist and activist. Both of these women had delivered babies in Germany and shared their experience with women’s clubs and other gatherings where “none but ladies will be admitted.”\textsuperscript{21} Another supporter was Mrs. Temple C. Emmett, the great, great granddaughter of John Jacob Astor who opined that, “It seems incredulous that anybody could doubt the benefit of ‘twilight sleep’.”\textsuperscript{22}

In the introduction to Marguerite Tracy’s subsequent book on the topic \textit{Painless Childbirth}, written in 1915 with Mary Sumner Boyd, the authors claimed that, “Hitherto painlessness has been provided in childbirth when the doctor thought the case required it…The women of America are demanding that the administration of painlessness shall not be left to the decision of the doctor, but of the mother.”\textsuperscript{23} The women believed that they were engaging in a trailblazing enterprise and that for, “the first time in the history of medical science the whole body of patients have risen to dictate to the doctors.”\textsuperscript{24} The fact that the complexity of the procedure required hospitalization for birth was accepted as a small price to pay and even seen as a benefit by many women. These twilight sleep proponents were willing to fight for their demands using whatever tools were at their disposal. They devised ingenious ways of reaching

\textsuperscript{21} “Subject of Twilight Sleep Will be Discussed at Mishler Theatre,” \textit{Altoona Tribune}, February 15, 1915, 12, Newspapers.com.
\textsuperscript{22} “Twilight Sleep Film at Alcazar Today and Tomorrow,” \textit{The Tampa Tribune}, Feb. 8, 1918, 5, Newspapers.com.
\textsuperscript{23} Tracy and Sumner Boyd, xxx-xxxi.
\textsuperscript{24} Tracy and Sumner Boyd, xxxiii.
these newly empowered women, including giving public lectures and displaying their healthy babies born in Germany using the Dämmerschlaf technique at prominent New York City department stores like Gimbels.  

In January of 1915, a group of twilight sleep advocates came together and organized the Twilight Sleep Association. Their goals were to fill the demand for information about twilight sleep and to survey physicians about their use of twilight sleep and other methods of painless childbirth. The Twilight Sleep Association envisioned themselves as being the voice and promoting the technique for all pregnant women regardless of class or ability to articulate for themselves what type of childbirth they desired to have. Boyd, Emmet, Stewart, Carmody, and Tracy were all committee members. In addition, with the establishment of a formal organization many others joined the cause. Prominent feminists Crystal Eastman, Mabel Dodge, and Charlotte Perkins Gilman were all on the endorsing committee. Along with Miss Tracy, other reform minded journalists such as Clara Gruening Stillman and Anna Steese Richardson joined as well. Several of these women were also active in the early birth control movement, which seems to indicate that they perceived all aspects of reproductive health care to be related.

Arguably, the most important recruit was the First Vice President, Mary Ware Dennett. Young Mary Ware grew up in Boston, Massachusetts in a middle-class family. She graduated from the School of Art and Design at the Boston Museum of Fine Art and in 1894 accepted a

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26 Report of the Executive Secretary of the Twilight Sleep Association, Covering the period from date of organization Jan. 20th, 1915 to Nov. 1st 1915. Mary Ware Dennett Papers, MC 392, Box 37, Folder 598, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
27 Executive Secretary to Mrs. Elizabeth Nesbitt, April 2, 1915, Mary Ware Dennett Papers, MC 392, Box 37, Folder 598, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
28 Twilight Sleep Association Letterhead, October 9, 1915. Mary Ware Dennett Papers, MC 392, Box 37, Folder 598, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
teaching position in Philadelphia at the Drexel Institute of Art.\textsuperscript{29} She was very active in the Arts and Crafts movement, which advocated handmade items that were both beautiful and useful. Arts and Crafts was a rejection of pretentious Victorian design and a response to the depersonalizing mechanization of production in the Second Industrial Revolution. The most prominent adherent to the ideology was the designer William Morris.\textsuperscript{30} Mary’s interest in Arts and Crafts led her to meet architect William Hartley Dennett, who was also avidly involved in the movement. They got married in 1900. Subsequently, they started an Arts and Crafts business together, in which he was the architect and she the designer. The Dennett’s had three children, all sons, Carleton born in 1900, Appleton born in 1903 and Devon born in 1905.\textsuperscript{31} Unfortunately, Appleton only survived for a few weeks. Dennett delivered these children at great cost to her own health. After the birth of her third child, Dennett became a virtual invalid. It took a year and a half before a doctor finally was able to diagnose that her problems were the result of an internal tear that she had sustained at Devon’s birth. Only surgery to repair it would alleviate her suffering and allow her to return to her normal life.\textsuperscript{32} Undoubtedly, Dennett’s own birth experiences helped convince her that twilight sleep could be a boon for women.

In 1907, Dennett went to New York City to have the operation that would restore her health. Unfortunately for Dennett, during her extended absence due to the long convalescence following the surgery her husband fell in love with one of their clients.\textsuperscript{33} As her marriage

\textsuperscript{29} Constance Chen, \textit{The Sex Side of Life: Mary Ware Dennett’s Pioneering Battle for Birth Control and Sex Education} (New York: The New Press, 1996), 23.
\textsuperscript{30} Chen, 22.
\textsuperscript{31} Dennett v. Dennett transcript of hearing February 15, 20-21 1913, Mary Ware Dennett Papers, MC 392, Box 2, Folder 17, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
\textsuperscript{32} Letter Mary Ware Dennett to Marie Stopes, October 31, 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London
\textsuperscript{33} Dennett v. Dennett transcript of hearing February 15, 20-21 1913, Mary Ware Dennett Papers, MC 392, Box 2, Folder 17, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
unraveled, it became clear that she could not expect financial support from her estranged husband. In 1910, the National Women’s Suffrage Association offered her a paid position in New York City that she accepted.\textsuperscript{34} The Dennett’s would officially divorce in 1913 in a well-publicized and sensationalized trial. Dennett won full custody of her two living sons, but in order to support them she continued to live in New York. The boys stayed in Massachusetts spending much of their time as boarding students at the Danforth School. When school was not in session, they were often sent to stay with their aunt Clara Hill and great-aunt Lucia Ames Mead a prominent suffragette.\textsuperscript{35}

Dennett’s experience working for the National Women’s Suffrage Association gave her a template for how to approach reform work, which she then applied to the Twilight Sleep Association. The Twilight Sleep Association endeavored to gain publicity for the procedure, spread information about how it worked, and raise money to support the movement.\textsuperscript{36} To attain their goals they used whatever resources they could muster. While the impulse to control their own bodies seems decidedly feminist, they also utilized maternalist and eugenic arguments that suited their purpose.

One maternalist argument that advocates of twilight sleep used was that women who had painless childbirth recovered more quickly and would be more likely to be able to breastfeed.\textsuperscript{37} This was an important issue simultaneously addressed by maternalist reformers. Many poor women had trouble breastfeeding because the lack of adequate nutrition prevented them from

\textsuperscript{34} Chen 106.
\textsuperscript{35} Chen, 111.
\textsuperscript{36} Report of the Executive Secretary of the Twilight Sleep Association, Covering the period from date of organization Jan. 20th, 1915 to Nov. 1\textsuperscript{st} 1915. Mary Ware Dennett Papers, MC 392, Box 37, Folder 598, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
\textsuperscript{37} Tracy and Sumner Boyd, 7.
producing milk and the necessity of working often separated from their babies for hours at a time. Many middle-and upper-class women simply did not want to breast feed, seeing it as low class and damaging to their own health and beauty. Unfortunately, nutritionally deficient milk or baby formula coupled with the lack of understanding of proper sterilization techniques and the difficulty of carrying them out, meant that a high number of bottle fed babies died well into the 1930s.38

In addition to maternalist arguments, twilight sleep advocates also made eugenic arguments to support their cause. Eugenics as a science had emerged in Great Britain, where concerns about the health of the nation were widespread by the turn of the twentieth century. The government rejected three out of five recruits for the Boer War (1899-1902) for being unfit.39 Britain’s importance in the Second Industrial Revolution and the concomitant increased urbanization gave the impression that human distress was expanding. Studies appeared to show apparently worrying amounts of problems and abnormalities in children but lack of prior data meant that any conclusions drawn from this information were actually meaningless.40 One of the major issues that seemed pressing to Britons was the differential birthrate. Those they considered the best of society were having fewer and fewer children while the birthrate of the poor continued to stay stable. In fact, British middle-class intellectuals perceived themselves as besieged on all sides, threatened from above by the pretentious, frivolous, and conscienceless upper classes and from below by the hordes of ignorant and dirty poor.41

38 Wertz and Wertz, 149.
39 Searle, 23.
40 Searle, 21.
41 Searle, 59.
In Britain, the “science” that developed to combat and explain these issues was eugenics. Famed British naturalist Charles Darwin developed the ideas of natural selection and the struggle for survival in regard to the natural world. His cousin, Francis Galton applied these ideas to humanity and in doing so created the science of eugenics. Galton was a statistician (among other things) and loved to tabulate data. He then used this data to “prove” various racial truths that suited his preconceived understanding of society. Since his ideas spoke to many others who shared his social milieu they were readily embraced as scientific truths. Galton’s original idea was to encourage those with hereditary merit to marry and have numerous children while simultaneously confining the lesser elements of society in enforced single gender locations so that they would physically not have access to the other sex and consequently not be able to procreate.

Galton and another British eugenicist, Karl Pearson met with and encouraged American biologist Charles Davenport. In 1904, the Carnegie foundation paid to establish a location for the experimental study of evolution at Cold Spring Harbor, Long Island. They placed Charles Davenport in charge. Davenport brought his assumptions to this post and they influenced the “science” that his laboratory produced. Davenport believed that distinct racial identities existed and that they influenced behavior. He set out to prove that Poles, Irish, Italians, and others could be expected to behave a certain way based on their racial makeup. This focus on race reflected particularly American concerns that had surfaced in response to the large number of immigrants arriving during this time period. In Britain, much of the eugenic study was concerned with class

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42 Although eugenics is now discredited as a science, those who studied it at the time believed wholeheartedly that they were engaged in truthful, empirical, advancements of knowledge.  
43 Kevles, 5.  
44 Kevles, 5.  
45 Kevles, 44.
issues and the differential birthrate between the middle class and the lower classes. Still, regardless of the impetus, ideas flowed back and forth between American and British eugenicists in letters and personal visits. Also, published works like the British journals, *Biometrika* and the *Annals of Eugenics* and Davenport’s textbook *Heredity in Relation to Eugenics* helped spread the tenets of eugenics far and wide. In addition, they swiftly arranged meetings. The first International Eugenics Conference was held in London in 1912. This gave a forum for those interested in the topic to discuss their findings and further solidified the established international links.46

Eugenicists had been arguing that elite women were having too few children and needed to be encouraged to have more. Twilight sleep advocates asserted that women’s fears of childbirth were keeping them from getting pregnant in the first place, even going so far as to give examples of women who chose to take their own life rather than continue a pregnancy. They claimed that by making twilight sleep available to women, they would no longer need to fear the pain of childbirth and this would encourage them to have more children. These elite women were the very women involved in the twilight sleep movement and they used this seemingly anti-feminist, eugenic, admonishment to have more children to promote their feminist goal of bringing twilight sleep to America. They claimed that women would indeed have more babies if they did not need to fear the pain of childbirth.

American women advocated for doctors increased participation in their reproductive lives through the twilight sleep campaign. This campaign, in turn influenced the demands of women in Great Britain. In fact, author of the famous matrimonial manual *Married Love* and birth control

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47 Tracy and Sumner Boyd, 36.
advocate, Marie Stopes, was a strong supporter of women receiving twilight sleep during childbirth. She had recommended it to others and demanded it for herself at her first confinement in 1919 over the objections of her gynecologist.\textsuperscript{48} Even after events went awry and the baby was stillborn, Stopes blamed the ineptitude of her particular doctors saying that the twilight sleep injections had not been given at the right time and alleging that they had administered ergot (used to hasten childbirth, but also to cause abortions) against her direct wishes.\textsuperscript{49} She still believed in the medicalization process and the benefits of twilight sleep, she simply thought her particular doctors were incompetent. Although the idea of establishing a birth control clinic was already in her mind, it seems likely that her experience helped solidify the idea that women needed a clinic where their health care could be addressed by doctors who were highly skilled in all of the latest techniques of women’s health and reproduction. Her only living child, a son, born in 1924 was delivered by Caesarian section, further illustrating the desirability of having a competent doctor available.

Another British supporter of both twilight sleep and birth control was Stella Browne. Browne started her career as the Librarian at Morley College in London. This institution served adult women from all social classes and the interactions she had with these women exposed Browne to the reproductive health challenges women faced.\textsuperscript{50} It is unclear what else may have influenced her early convictions but by 1911, Browne declared herself to be a socialist and an extreme left-wing feminist.\textsuperscript{51} During World War I Britons across the socio-economic spectrum engaged themselves in programs designed to bolster British soldiers and win the war. Every

\textsuperscript{49} Marie Stopes, 20 July 1919, Marie Stopes Papers, Series E: Diaries and Memoranda, MS 58743, British Library, London.  
\textsuperscript{51} Hall, 21.
effort was being made to alleviate the suffering of wounded soldiers and any medical advancement was seen as worth attempting. Women reformers drew parallels between the pain that the men were experiencing on the battlefield and the pain women had always experienced in childbirth. Browne elucidated this dichotomy in the pages of The Malthusian saying, “when would the…great discovery of twilight slumber… be as much at the disposal of British mothers as skilled care and anaesthetics at the service of our wounded soldiers?”

The work that defined the twilight sleep debate in Britain was The Truth About Twilight Sleep written in 1915 by American, Hanna Rion. Rion was a journalist and author who was married to illustrator Frank Ver Beck. In 1913, the Ver Beck’s moved to England and this influenced Rion’s take on twilight sleep. She initially undertook her research for the book at the library of the British Medical Association and she subsequently traveled throughout Britain to talk to some of the doctors in person. One of the most prominent was Sir Halliday Croom, who received his knighthood for services to medicine and was the Professor of Midwifery at the University of Edinburgh. After speaking with Croom and others Rion claimed that, “Twilight Sleep is no longer a mere experiment in Britain; it is the same settled institution that it is in Germany.”

Rion was exaggerating the true situation. While twilight sleep did have supporters in Britain, it was not a universally embraced technique. The fact that Stopes and Browne felt it necessary to advocate for it illustrates that it was not a forgone conclusion that a pregnant woman would receive the benefits of twilight sleep. In fact, British physicians took to the pages of The

52 Hall, 53.
53 Ver Beck illustrated works for authors such as L. Frank Baum and Rudyard Kipling.
54 Rion, 47.
55 Rion, 339.
*British Medical Journal* to respond to Rion’s book and women’s demands for twilight sleep and to explain their stance on the technique. One doctor indicated that Rion’s book had made a complicated situation even more complex, in part because she advocated that women should demand twilight sleep from their doctors. This created a situation that had become, “almost as violent as that which followed the introduction of chloroform” many years earlier.²⁶ Other doctors bemoaned the fact that Rion’s book had been, “energetically exploited by women” who used it as a tool in their, “uncompromising demand” that twilight sleep be adopted at their confinement.²⁷ This article is indicative of the divide that actually existed in Britain, as the authors who were against twilight sleep were based at the Royal Maternity Hospital in Edinburgh and one author, Dr. Haultain, had been an assistant to Dr. Croom who featured so prominently in Rion’s book as a supporter of twilight sleep.²⁸

Even British doctors who endorsed the campaign for twilight sleep were critical of the women who were the driving force of the movement. Dr. Cecil Webb-Johnson was a supporter of twilight sleep and he thought that the British government should make the practice available to all mothers. He suggested that the reason the technique was not universally accepted by doctors was because, “unqualified women write most of the literature on the subject…and have established their own Twilight Sleep Homes.”²⁹ What he failed to grasp was that the women were driven to open their own facilities precisely because doctors were not responding to their needs. In the same article, Dr. Webb tried to convince other doctors of the merit of the technique

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by addressing the claims that twilight sleep simply took too long and that doctors were too busy to spend so much time on any one patient. This argument illustrates that women were, at least in part, correct in their assessment of the situation. Doctors were not necessarily concerned with providing women the best care and the most pain relief, but rather doing what was most expedient and cost effective for themselves. Women wanted increased medicalization and they demanded that doctors provide it at the level they required. If that necessitated starting twilight sleep homes or birth control clinics themselves, then that was what they would do.

Hospitals and Twilight Sleep

In fact, one of the goals of the Twilight Sleep Association in the U.S. was to work with the medical community to develop a facility where women could deliver their babies with twilight sleep and doctors could go to learn the technique. Mrs. Carmody was instrumental in pursuing this goal with a hospital in Brooklyn. Carmody and the other members of the Twilight Sleep Association hoped to raise enough money to endow a postgraduate course and clinic at the Caledonian Hospital. The hospital agreed to provide the land if the women could raise the funds to erect the building. They wanted the Caledonian to become the “Freiberg of America.”

These women were not willing to wait for doctors to embrace painless childbirth. They were responding to the, “constant letters of inquiry” that they received, “particularly from the poor and those of moderate means” who wanted the benefits of twilight sleep, but could not afford to travel to Germany. Using targeted publicity and tenacity, they intended to create a space that allowed women to give birth with the benefits of twilight sleep, while also offering doctors the

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60 “Clinic for Twilight Sleep,” *The New York Times*, February 8, 1915, Proquest Historical Newspapers.
62 Report of the Executive Secretary of the Twilight Sleep Association, Covering the period from date of organization Jan. 20th, 1915 to Nov. 1st 1915. Mary Ware Dennett Papers, MC 392, Box 37, Folder 598, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
opportunity to learn it. They believed that “even big physicians support could be bought with money enough.”

Perhaps unsurprisingly, two of the first doctors in the United States to support twilight sleep were women, Bertha Van Hoosen and Eliza Taylor Ransom. Van Hoosen graduated from the University of Michigan Medical School with a specialty in surgery and obstetrics in 1888. This was quite an accomplishment since women doctors of all persuasions were still quite rare. In 1913 Van Hoosen became head of the gynecological staff at Cook County hospital by outscoring 300 men on the civil service exam. This did not set well with the other test takers who claimed that there must have been a mistake scoring the exams and badgered her to step down, which she did not do. In December 1915, Dr. Van Hoosen caused consternation again when at a meeting of the Chicago Medical Society she said that she had delivered 24 babies using twilight sleep and that, “the mothers suffered no pain, and she believed the children were brighter than children born using the method in common use.” The male doctors in attendance criticized her assertions, but apparently had little ability to stop the tide. By the following December Van Hoosen was able to boast that she had presided over 5,000 births using twilight sleep. This certainly seems to indicate that women of all types were anxious to avail themselves of this new method of childbirth.

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63 Report of the Executive Secretary of the Twilight Sleep Association, Covering the period from date of organization Jan. 20th, 1915 to Nov. 1st 1915. Mary Ware Dennett Papers, MC 392, Box 37, Folder 598, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA
66 “Twilight Sleep Aids 24 Mothers,” The Chicago Daily Tribune, Dec, 10, 1914, Proquest Historical Newspapers.
Another female doctor who supported twilight sleep was Eliza Taylor Ransom. Ransom graduated from Boston University Medical School in 1900 and Johns Hopkins in 1901. Ransom was married and had two daughters of her own, so she knew firsthand what childbirth was like for women. She established the first private maternity hospital for twilight sleep in the United States in Boston in 1914. Her new hospital was equipped with 30 beds and before it even opened Dr. Ransom had over 50 applications from women wishing to deliver at her hospital, even as other doctors indicated that they thought twilight sleep was merely “a fad.” By May of 1915, Ransom and her colleagues were able to say that they had successfully brought 500 New England babies into the world using the twilight sleep method. Again, indicating that women wanted twilight sleep regardless of many doctors disdain for the procedure.

Still, as women demanded less pain and more safety in childbirth they found themselves of necessity, relying more on doctors who were in a position to learn the skills and techniques necessary to achieve these goals. In establishing a relationship with doctors for their childbirth experiences these women were setting a path that doctors would be involved in reproductive health and decisions. Besides achieving pain relief, women also argued for hospital births because they perceived the hospital to be a safer environment than the home to give birth. Also many women saw the ten day to two week hospital stay as an opportunity to rest and recover, which they could not achieve in their own crowded and busy households. In fact, the

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72 Leavitt, 171.
opportunity for rest was a critical component of the Dämmerschlaf method, which to their
detriment, the women advocating for twilight sleep in America failed to highlight.

One of the earliest Americans to journey to Freiburg for painless childbirth was Mrs.
Cecil Stewart, Marguerite Tracy’s sister. She extolled the benefits of twilight sleep in
comparison to the experience she had with the birth of her first child in the United States. While
she was very pleased with the painlessness of the birth experience itself she also had wonderful
things to say about her recovery. In comparison to her American birth in which she felt that she
had been sacrificed to the needs of the child, her Freiburg baby was removed from her room
from the hours of ten at night until ten in the morning allowing her undisturbed sleep. During
that time the baby was fed by a wet nurse. In the morning, the nurse brought the washed and
dressed baby to the mother and was always available to retrieve it if “it cried or annoyed you.”73
The mother stayed at the hospital receiving this care for ten days, as well as, consuming delicious
and nourishing meals. After the prescribed ten days, mothers often stayed longer to continue
their recovery by taking the waters that the Baden region was famous for.74

The twilight sleep advocates were concerned with getting the medical community to
accept their demands for the procedure itself. While they knew it was important to faithfully
recreate the stimuli free atmosphere of the Freiburg birthing rooms they failed to realize that
other parts of the experience also contributed to the health, happiness and recovery of the patient.
The night nurse to care for the baby, the delicious food, and the spa waters all played a role. Only
in other, very limited instances, did reformers address these slightly more intangible aspects of

73 Tracy and Sumner Boyd, 191.
74 Freiburg, Germany not to be confused with Freiberg, Germany, is located in the Black Forest region near the
border with France and not far from the famous spa town of Baden-Baden.
the birth experience. For example, poor mothers from the east end of London who gave birth at the London Hospital were sometimes recognized as needing special treatment. When this occurred, the Samaritan Fund would pay for a newly delivered mother to have a two-week convalescence at the seashore to rest and recover before returning home to their families.\textsuperscript{75}

Beyond twilight sleep advocates failure to recognize the importance of a whole person approach to childbirth, there were also challenges to an anesthetized, hospital birth. Because patients were anesthetized, their last chance to voice their wishes happened before their labor was truly underway. This was fine for normal labors but could be problematic if complications arose that necessitated special interventions by the doctor. Even if patients opted not to have twilight sleep or some other kind of anesthetized childbirth, they frequently still struggled to have the doctor follow their wishes. In substance these struggles were similar to the struggles women had always confronted at home with their birth practitioner, whether, mother, friend, midwife, or doctor. However, in a hospital with a doctor, interventions became more common. The patients wanted to feel like the doctor was doing something to earn the extra money that they cost, while the doctor was often anxious to prove that his knowledge was in fact a necessary and important type of specialty, so interference with birth became the norm for hospital births. In addition, instead of a happy place of relaxation like the Frauenklinik in Freiburg had been for the early twilight sleep mothers, hospitals often turned out to be cold and impersonal, at times to the point of being neglectful of the mother as a patient.\textsuperscript{76}

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\textsuperscript{76} Wertz & Wertz, 170.
The twilight sleep campaign is illustrative of the push some women were making to medicalize reproduction independent of and frequently in opposition to the ways doctors wanted to medicalize the process. This influenced the fight for legal birth control as part of the reproductive process. It also affected the birth control movement because many women worked for both movements. Marguerite Tracy, one of the first advocates for twilight sleep, was also a supporter of the birth control movement. In letters she wrote to British sexologist Havelock Ellis, she extolled the monograph on birth control that he had sent her and related that she was in the process of translating it into French so that she could spread the information around Paris, where she was staying at the time.\textsuperscript{77} Tracy’s co-writer of \textit{Painless Childbirth}, Mary Sumner Boyd, went on to become the Managing Editor of Margaret Sanger’s birth control periodical \textit{The Birth Control Review}.\textsuperscript{78} She was also responsible for the “Analysis of Letters” in Sangers 1928 book \textit{Motherhood in Bondage}. In addition, Anna Steese Richardson who was on the executive committee of the Twilight Sleep Association went on to write for \textit{The Birth Control Review} where she opined that quality, not quantity, should be the goal in childbearing and that, “quality in offspring is to be attained only through birth control.”\textsuperscript{79} Crystal Eastman also later wrote for \textit{The Birth Control Review} claiming that, “birth control is an elementary essential in all aspects of feminism.”\textsuperscript{80}

Clara Gruening Stillman and Mary Ware Dennett were two of the three founding members of the first birth control organization in the United States, the National Birth Control

\footnotesize{\textsuperscript{77} Marguerite Tracy to Havelock Ellis, Oct. 8, 1917, Havelock Ellis Papers, Series D: Personal, Literary and Scientific Correspondence, Volume XXIV-XXVII, MS 70547, British Library, London. \textsuperscript{78} Mary Ware Dennett to Mrs. Warren Gilman, November 21, 1926, Mary Ware Dennett Papers, MC 392, Box 37, Folder 599, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA. \textsuperscript{79} Anna Steese Richardson, “Birth Control and the War”, \textit{The Birth Control Review}, May 1918, 2. \textsuperscript{80} Crystal Eastman, “Birth Control in the Feminist Program” \textit{The Birth Control Review}, January 1918, 2.}
League. In the Twilight Sleep Association, as there was only an honorary President, Dennett’s position of first Vice-President was in effect, the primary position in the organization. It would be in this position that Dennett would come face to face with the difficulties of attempting to influence doctors’ behavior. The hostility to lay influence in what they considered their realm was a constant issue for the Twilight Sleep Association.  

Dennett did not resign from the Twilight Sleep Association until 1916 so when she co-founded the National Birth Control League in March of 1915 her experience with the former group was bound to impact her direction of the latter.

**Conclusion**

Those in the Twilight Sleep Association understood painless childbirth to be a “fundamental social need” that they were attempting to make available to all women.  

The social need that they saw was to provide women with the ability to distance themselves from the physical pain and mental anxiety that accompanied childbirth. For these women success meant discovering that they had a healthy, happy baby with no recollection of the process that their body went through to make that happen. The twilight sleep campaign did have an effect on women’s behavior. In the United States in 1900 only five percent of births occurred in hospitals. By 1921 close to fifty percent of births were happening in hospitals. Most of these women who gave birth in the hospital experienced some form of twilight sleep to help manage the pain of childbirth. Most of these women hoped to distance themselves from the uncomfortable physical realities of their bodies, so unlike what Judith Walzer Leavitt claims, that was not their failure. If

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81 Anna Richardson to Mary Ware Dennett, August 12, 1916, Mary Ware Dennett Papers, MC 392, Folder 599, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
82 Mary Ware Dennett to Marie Stopes. October 31, 1921, Mary Ware Dennett Papers, MC 392, Folder 291, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
83 Wertz and Wertz, 133.
84 Caton, 151. Wertz & Wertz, 152.
the campaign did have a failure, it was that advocates focused too narrowly on twilight sleep itself and failed to equally advocate for the related benefits of hospital births that made their own experiences so enjoyable, such as tasty and nourishing food, and relaxing, almost spa-like accommodations. These secondary benefits were equally important to most mothers. This is alluded to in a 1919 quote from the Medical Officer of Health at York who stated unequivocally that the rising number of hospital births was due to, “unprecedented demand” from the mothers, “who realized the value of the peacefulness and skilled attention of a maternity hospital.”85 In addition, twilight sleep helped improve women’s health by lessening the need for other, often more debilitating, birth interventions. In particular, because women were not cognizant during the birth, doctors felt less pressure to speed up the process to end the mothers’ suffering. This meant less use of forceps, which frequently damaged the mother and the baby. After a twilight sleep birth, women were happier and healthier than most traditional births allowed them to be. This gave them the potential to have more energy to direct towards other aspects of their lives.

85 McIntosh, 65.
Chapter 4: Contraception and Conversations: The Campaign for Birth Control

Studies about pregnancy and contraception tend to focus on the public acceptance of contraception as a reflection of power structures in society. Feminist historians glorify the early years of the birth control reform movement as being positive and empowering for women. Linda Gordon identifies the years from 1910-1920 using the moniker “birth control” and identifies the subsequent years, starting in 1920 as “planned parenthood.” Gordon finds that the “birth control” years were a positive movement to restructure the power in society and that the “planned parenthood” years, were not. In part, Gordon lays the responsibility for this change at the feet of Margaret Sanger and her insistence on partnering with doctors, eugenicists, and other professionals. Ultimately, though, she says that Sanger had few choices and that, “not even she had the personal influence to substitute for a movement…when the masses were silent.” Other historians have taken this idea a step further and suggested that Sanger should not be judged for her personal intentions, but rather by how she interacted with the extant political terrain that became increasingly anti-feminist into the 1920s and beyond. A historian with a less feminist predilection has indicated that the difficulties the birth control movement experienced in the interwar period were due more to, “lacking a commanding rationale or strong enough social purpose.” In reality, personality conflicts within the movement were as detrimental as external societal pressures. Gordon suggests that if Sanger had been diverted, someone else would have emerged to lead the birth control movement in a similar direction. In fact, Sanger does not need

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5 McCann, 4-6.
6 Reed, xii.
7 Gordon, *Woman’s Body*, 216.
to disappear from the pages of history for other women to exist. While it is true that societal and political constraints sculpt what choices are available, Mary Ware Dennett was prepared to build a birth control movement that would educate the public so that they could effectively demand contraception from their doctors. To do this it needed to be legal for all people to disseminate and discuss birth control. Sanger, on the other hand, chose to work within the legal loophole that allowed doctors to discuss birth control with their patients. While this was an expedient way to get medically approved contraception, like diaphragms, to more women initially, over the longer term, it put women in a subordinate position because they had no other legal way of getting information about birth control. Therefore, women had to either accept or reject doctors’ recommendations without having recourse to legitimate information for themselves. Historians who claim that Sanger was merely constrained by and responding to her time have not thoroughly explored the advocacy that Dennett was engaged in during the same time period. Nor have they fully explored what was happening with the birth control movement in Great Britain and how that affected the movement in the United States. It was not just the context of the time but particularly Sanger who strove for the “doctor’s only” model of birth control. That approach, coupled with the constant infighting between reformers in the United States, as well as, between those in the U.S. and Great Britain, was what ultimately led to an unbalanced power dynamic for women.

With the campaign for twilight sleep women hoped to “bring doctors up” to meet the standards for scientific, painless childbirth that they demanded for themselves. The concurrent reform movement to destigmatize, and in the United States legalize, contraception operated under similar principles. In twilight sleep, women did not take the word of doctors that it did not work. They traveled to Germany and had babies, they interviewed other women who had twilight
sleep babies, they talked to doctors who used the drugs, and read medical papers about the topic. The availability of information was key in their effort to change perceptions about twilight sleep and empower women to demand it from their doctors. In order to do the same with birth control and convince doctors to discuss it and provide it, first it had to be reclassified. Contraception needed to be seen as scientific, healthy, and beneficial instead of obscene and illegal. Only when the topic was able to be discussed freely, and literature published and distributed without repercussion, could women properly arm themselves to convince their doctors.

Early birth control reformers, especially Margaret Sanger, characterized the years from criminalization in the 1870s until the 1920s to be the worst chapter for birth control and subsequent historians have often followed their lead. In truth, as Andrea Tone shows in her work *Devices and Desires*, the years from 1900-1925 were full of people buying and selling contraceptives in the commercial marketplace. Certainly, women were aware of what they could do to limit their pregnancies. What women could not be assured of was that the information that they had was accurate or that the devices that they tried or the tonics that they took would work. Birth control reformers wanted to bring the contraceptive conversation into the open and provide women with scientific, medical advice to help them better control their reproductive experience. By controlling and limiting pregnancies, these women immediately reduced their possible opportunities for illness and debility due to pregnancy and childbirth.

Malthusians and Eugenics

Any discussion of the modern movement to normalize and publicize contraception needs to start in Great Britain with the Malthusian League. While the enactment and repercussions of

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8 Tone, 25. This is especially true in the U.S. context. David Kennedy, Ellen Chesler, and Jean Baker have all focused on Sanger’s life, she plays a prominent role for both Linda Gordon and James Reed, and Peter Engleman and Cathy Moran Hajo both came to their books from their work on the Margaret Sanger Papers Project.
the Comstock Act are traditionally seen as a pivotal moment for birth control in the United States, the trial in London in 1877 of reformers Annie Besant and Charles Bradlaugh for publishing the American contraceptive tract *The Fruits of Philosophy* is seen as a logical starting point for the modern birth control movement in Britain. This work had originally been published by a Massachusetts doctor, Charles Knowlton, in 1832. It gave specific and actionable contraceptive information with Knowlton recommending a douche of alum, bicarbonate of soda, or vinegar.\(^9\) Besant and Bradlaugh published it in 1877 in large part to challenge obscenity statutes in an attempt to determine if birth control information would be considered obscene or not by the authorities. Ultimately, they were found guilty of spreading obscenities, but the court’s ruling hinged on the low cost of the pamphlet more than the content contained within it.\(^10\) Ironically had they simply charged more for their pamphlet it is possible the contents would have been regarded as scientific instead of obscene. This trial brought the topic of birth control into the public arena in Great Britain.

Unlike in the United States birth control in Britain was not specifically mentioned in any statute as being illegal. However, it was illegal to distribute obscenity. Therefore, it was critical to determine if birth control was obscene or not. This trial established that if handled appropriately birth control was not *ipso facto* obscene. The Malthusian League formed in the wake of the trial, taking its name from Thomas Malthus. Malthus was an Anglican cleric and a scholar, whose 1798 work *An Essay on the Principle of Population*, suggested that expanded food production increased the well-being of the populace in the short term. This improved level of health and well-being led to population growth up to a point where resources again became

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9 Engleman, 6-7.  
10 Soloway, 54.
insufficient to support the populace. Malthus believed that population growth was both inevitable and detrimental to society. The Malthusian League’s name choice was an homage to Malthus’ ideas and it was the first organization formed with the purpose of advocating for the widespread knowledge and use of contraceptives.¹¹

In large part, the Malthusian League was a vehicle for the reform ideas of one family, the Drysdales. Although known more for their rhetoric than their practical advice, they had moved towards sharing more actionable birth control information by the early 1900s. In 1913, they published a pamphlet entitled Hygienic Methods of Family Limitation.¹² In fact, that same year, Charles Vickery Drysdale testified before the National Birth-Rate Commission because of his acknowledged expertise on the topic. The commissioners’ report declared that the British birth rate was declining, and that the decline was a direct result of birth control practices that coincided with the emergence of the Malthusian League. The commissioners also obliquely supported birth control by asserting that couples had the right to restrict their family size, saying, “there may be cases in which a married pair may legitimately desire to limit their family. In these cases the Committee does not condemn those who restrict their marital relations to those parts of the month in which conception is less likely to take place.”¹³

One major difference between the Malthusian League and many of the feminist birth control advocates was that the Malthusians’ impetus came substantially from ideas about the social and economic impact of population control and ideas about eugenics. The eugenics movement and fears of differential birthrates directly affected the birth control movement in both

¹¹ Leathard, 5.
¹² Soloway, 58.
the United States and Great Britain. Birth control was inextricably tied to these other issues for those concerned about them. For the feminist reformers who saw birth control as their main concern they, at least initially, envisioned their fight for birth control and reproductive health as only tangentially linked to hard line eugenic science. It is true that in their public statements birth control reformers drew on eugenic ideas about purifying and strengthening the race to help drive home their birth control message. For example, one of the leaflets published by Mary Ware Dennett’s National Birth Control League was entitled, Race Conservation in War Time Makes Birth Control a Necessity. This was a pragmatic way of giving their arguments about the necessity of legal and freely accessible birth control, scientific backing, and greater social currency. At the time, people understood eugenics to be cutting edge and scientifically sound. Consequently, it had cachet and the social respectability that birth control lacked. Since they perceived that birth control for eugenic purposes could help advance them toward their goal of birth control for all they used the language as a tool to achieve their goals. Within the NBCL’s pamphlet, the eugenic argument that birth control was causing race suicide in the upper classes was inverted. Instead, the pamphlet argued that a lower birth rate brought about by the use of birth control would actually increase the population in the long run since parents would be better able to take care of the children that they had and consequently, infant mortality would be reduced substantially.

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15 Engleman, 68.

16 Gertrude M. Williams, Race Conservation in War Time Makes Birth Control a Necessity, Mary Ware Dennett Papers, MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
While the Malthusians did support population control, many of the others involved in the birth control movement took impetus from feminist ideas even if at times they used eugenic arguments. Reformers like Marie Stopes, Margaret Sanger, and Mary Ware Dennett were interested in improving the lives of women, both by limiting motherhood and giving them the opportunity for more sexual exploration and autonomy (although they generally were not vocal about these last two points.) The fact that eugenics was initially a tool more than a belief system for birth control reformers is reflected in their private correspondence. Their personal letters rarely, if ever, mention issues of eugenics as the reasoning behind their advocacy. These missives instead focus on issues concerning women’s liberation and sexual autonomy. Letters contain topics such as the troubling situations that emerge when portions of the population (read women) are undersexed, the need for educating people psychologically and spiritually for happy marriages, as well as, in birth control techniques, and the necessity of adding parenthood endowments to the birth control platform. In addition, prominent eugenicists did not find the birth control reformers to be particularly enthusiastic about the topic. Binnie Dunlop a noted British eugenicist and member of the Malthusian League wrote to Marie Stopes explaining his scathing review for her “The Task of Social Hygiene” saying that he was frustrated with her for not advocating repressive measures of birth control like segregation or compulsory sterilization.


American eugenicists and birth control reformers were not immediate allies either. Charles Davenport was invited to speak at the first American Birth Control Conference being held in New York in 1921. In their letter to him, the conference organizers explained how they hoped that he could present scientific arguments to back up the use of birth control.19 Davenport declined to attend the conference saying, “it is important that in the public mind eugenics and birth control should not be confused as the same thing.”20 Along with Charles Davenport, Paul Popenoe was another leading American eugenicist. Later Popenoe garnered acclaim as a marriage counselor and for being the author of the well-known column “Can This Marriage be Saved?” in Ladies Home Journal magazine. He was also on the board of directors of the American Eugenics Society and advocated for compulsory sterilization for those deemed “unfit.” Along with Roswell Johnson, Popenoe wrote the first major textbook on the subject of eugenics in 1918 entitled Applied Eugenics.21 In the April-May 1917, issue of The Birth Control Review Popenoe contributed an article entitled “Birth Control and Eugenics” in which he gave qualified support to the birth control movement. He came out in favor of birth control for the, “inefficient and destitute” while advocating for measures to augment the birth rate of eugenically superior families.22 In his private correspondence though Popenoe disparaged Sanger and did not view her as a fellow eugenicist.23

While the Malthusians did focus more on the dire effects of overpopulation, the group was formed, at least in part, by Alice Vickery Drysdale, a woman whose ideas resembled the

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19 Margaret Sanger to Charles Davenport, October 4, 1921, Margaret Sanger Papers, Sophia Smith Collection, Northampton, MA
20 Charles Davenport to Margaret Sanger, October 10, 1921, Margaret Sanger Papers, Sophia Smith Collection, Northampton, MA.
21 Kühl, 71.
other more overtly feminist reformers. Alice Vickery trained as a midwife and in 1880 became one of the first female doctors in Great Britain. Unknown to most at the time, she never married her longtime companion Charles Robert Drysdale, even though they had two children together, Charles and George. These children were given both last names and known as Vickery Drysdale. As early as 1904 Alice had formed a special women’s branch of the Malthusian League to work on persuading suffrage societies to endorse selective motherhood, although without much success. Edith How-Martyn was one of the few suffragettes willing to support birth control, and she would later work closely with Margaret Sanger to establish the Birth Control International Information Centre in London, in 1929. Vickery Drysdale also frequently joined her husband on the lecture circuit discussing the benefits of family limitation. The Drysdales had also encouraged Dr. Aletta Jacobs to open the first birth control clinic in Holland (and possibly the world) in 1882 and both Alice Vickery Drysdale and her daughter-in-law Bessie (Charles’s wife) had long been interested in the idea of opening a clinic in Britain. After visiting the clinic in Holland, Margaret Sanger met with the Drysdales in 1914 and her enthusiasm reinvigorated the Drysdale women on the idea of starting a clinic in Britain.

Margaret Sanger and Marie Stopes

Margaret Sanger was in Great Britain in 1914 because she had fled the United States in lieu of going to jail. Her short-lived periodical, The Woman Rebel, had been confiscated by postal authorities for breaking the obscenity statutes and Sanger was put on trial. Instead of submitting, Sanger fled to Europe saying, “Jail has not been my goal. There is special work to be

24 Soloway, 151.
27 Soloway, 189.
done and I shall do it first… I shall attempt to nullify the law by direct action and attend the consequences later.” Margaret Higgins was born in Corning, New York in 1879. Her parents were working-class Irish Catholics and Margaret was one of eleven children. Margaret’s mother died at the age of fifty worn out by multiple pregnancies and chronic tuberculosis. Margaret’s sisters had scraped together enough money for Margaret to attend a couple of years of high school, (public schooling ended at eighth grade) but she was not able to finish and obtain a degree. Instead she attended nursing school and in 1902 at the end of her time there (she never graduated, so was never a technically licensed nurse) she met and married a young architect named William Sanger. The Sangers settled down in suburban Hastings-on-Hudson and quickly had three children, Stuart in 1903, Grant in 1908, and Peggy in 1910. All three pregnancies were complicated by Margaret’s ongoing battle with tuberculosis of the lymph nodes, which although less deadly than her mother’s tuberculosis of the lungs, was still enervating and exhausting. Off and on for the next twenty years she continued to deal with episodes of illness, followed with visits to sanatoriums or surgeries to remove infected tissue. Finally, in 1921 a doctor in London identified a lingering pocket of infection behind her tonsil. Once this was removed she never suffered from the disease again.

By 1910, the Sanger’s financial situation was precarious and a fire in their newly finished home plunged them into financial insolvency. They sold their house and moved to New York

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29 Chesler, 22.
30 Chesler, 41.
31 Chen, 42.
32 Chesler, 48.
33 Chesler, 53.
City where there were better prospects for employment.\textsuperscript{35} Once in New York, both Sangers became involved with socialism that flourished in avant-garde areas such as Greenwich Village. Sanger took a job as a nurse to supplement the family’s income. Working for Lillian Wald’s Visiting Nurses Association, she encountered many families in dire circumstances dealing with abject poverty and more children than they could support.\textsuperscript{36} Over her next few years in the city, Sanger moved away from more generalized socialism towards an exclusive focus on helping women. In the spring of 1914 as she was preparing to launch her first publication \textit{The Woman Rebel}, she and a group of supporters coined the term birth control. She then introduced it to the world in the pages of that journal.\textsuperscript{37}

While Sanger was out of the country avoiding prosecution for distributing \textit{The Woman Rebel} her husband, William Sanger, was arrested for distributing her birth control pamphlet \textit{Family Limitation}. Mary Ware Dennett and others met to raise money for William Sanger’s defense and many present felt that the time was ripe to try to organize to overthrow the Comstock law. Seeing that no one else was willing to be the leader, Dennett decided she would accept the role. In March 1915, Dennett, and activists Jessie Ashley and Clara Gruening Stillman organized the National Birth Control League, the first birth control organization in the United States.\textsuperscript{38} Dennett understood that birth control needed to be viewed as a normal topic, not obscene or licentious. Her experience as a social reformer in other arenas such as women’s

\textsuperscript{35} Chesler, 56.  
\textsuperscript{36} Chesler. 62  
\textsuperscript{37} Engelman, xviii  
\textsuperscript{38} Speech at the meeting which organized the National Birth Control League at Clara Stillman’s house, March 1915, Mary Ware Dennett Papers, MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
suffrage and twilight sleep guided how she approached this new challenge. She wanted to change the laws not break them.\(^{39}\)

Having already broken the law, Sanger traveled extensively in Great Britain in 1914 and 1915.\(^{40}\) Her interactions with leading Malthusians like the Drysdale’s, provided an example for her of how birth control work might be approached, including the idea of using a journal to connect subscribers and spread the word. The Drysdale’s had been using their publication *The Malthusian* to spread their ideas since 1897. Upon her return to New York Sanger launched her magazine *The Birth Control Review*. She hoped that *The Review* would bring the issue of birth control to a wider audience. Her attachment to freethinkers like sexologist Havelock Ellis helped enforce her commitment to female empowerment and reaffirmed the importance of a woman having control over her sexual identity.

Another important reformer whom Sanger met in London was Marie Stopes. Stopes, who would later come to be identified strongly with the genesis of the British movement, was a lady reformer in the same vein as Mary Ware Dennett. In many ways, Sanger’s attraction to radical ideas was anathema to both Dennett and Stopes. Stopes was from an educated, middle-class, family. Her mother was the first woman to take a university certificate in Scotland and later became a noted Shakespearean scholar. Her father was an architect and avid amateur archeologist.\(^{41}\) Stopes herself earned a doctorate in paleobotany. Like Dennett, Stopes became a university professor, in her case at the University of Manchester. In 1914, after three years of marriage to her first husband, Stopes filed a nullity petition alleging that her marriage was

\(^{39}\) Chen 182.
\(^{40}\) She returned for other extensive trips after WWI in 1920 and 1921.
\(^{41}\) Ruth Hall, 17.
unconsummated. Due to her lack of knowledge and remaining Victorian standards of decorum, it had taken her that long to understand exactly what intercourse entailed. It was this lack of knowledge that inspired her to write the book *Married Love* that would henceforth define her. The notoriety that Stopes gained from this work moved her from the staid world of plant fossils to becoming an important player in the fields of women’s health and reproduction.

Much like in the United States, the situation in Great Britain was still very fluid in the first decades of the twentieth century. Along with Stopes and the Drydales others were also advocating for changes in Britain. Stella Browne, who would later be known for her support of legalized abortion, was a more radical feminist who called for better birth control information in the pages of *The Freewoman* and other periodicals. Unlike the other reformers, Browne advocated for abortion as a critical component of birth control and consequently received disapproval from those less radical, who were trying desperately to draw an artificial line between birth control and abortion. She argued that contraceptives were still fairly unreliable and that properly conducted abortions, done in antiseptic conditions with trained practitioners, were relatively safe. When Sanger visited Britain in 1914-1915, she met with both Browne and Stopes. At that time, Browne was the experienced and dedicated reformer, whereas four years before *Married Love* was published, Stopes was merely an interested outsider, known more as a pioneering female scientist than a birth control advocate.

Much like Sanger in America, Browne came at the issue of birth control from the prospective of a socialist and was more willing to rattle the cage and challenge authority than

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42 Ruth Hall, 107
43 Ruth Hall, 109.
44 Lesley Hall, *Sex, Gender and Social Change*, 2.
45 Lesley Hall, *Sex, Gender and Social Change*, 48.
46 Lesley Hall, *Sex, Gender and Social Change*, 52.
Stopes was. Browne’s review of *Married Love* was generally positive but she felt that its main shortcoming was that it was addressed exclusively to the educated and upper classes.\(^{47}\) Undoubtedly, in Stopes’ opinion she was merely trying to write something that was properly elevated and that struck the appropriate tone. Browne herself struggled to find her place amongst all of the birth control reformers, even the more radical ones, because of her support for legalized abortion. Still, she often wrote articles for the Malthusian’s journal about the topic of birth control.

In the contest for control of the movement in Great Britain, Browne and the Drysdalea were often in agreement about tactics and goals. They maintained civil relationships with each other and with Margaret Sanger in the United States. On the other hand, the two more genteel reformers, Marie Stopes in Britain and Mary Ware Dennett in the U.S., would often find themselves in agreement with a different approach on how to best direct the birth control movement. In general, all of the reformers found it difficult to sculpt the movement into what they desired it to be. Reformers could not even agree on which device to recommend for contraception. Constant infighting coupled with disagreements about tactics often prevented the movement from presenting a united front and hindered their ability to accomplish their goals.

Sanger returned from Europe in the fall of 1915, disappointed that she had not been able to set up a birth control clinic in London as a way of proving to the jury in her court case that knowledge about birth control did not automatically make people immoral.\(^{48}\) During her time abroad Mary Ware Dennett had already spent half a year running the new National Birth Control


\(^{48}\) Letter from Margaret Sanger to Edith How-Martyn, July 17, 1915, Margaret Sanger Papers, Sophia Smith Collection, Northampton, MA.
League. Dennett had successfully taken birth control to a wider audience and gained some traction for the nascent movement. Sanger was furious. She refused a place on the executive committee of the NBCL and viewed Dennett as a rival who had usurped her place in the movement. Even at this time, Sanger’s sense of herself was out of proportion to the role she actually occupied.

**Ideology, the National Birth Control League, and Doctors**

Although the NBCL formed as a reaction to William Sanger’s trial, that was merely the catalyst. The women who charted the organization felt that although many people purported to support the idea of legalizing contraception, no one was willing to undertake “positive action” to make it happen. They boldly stated that society needed to, “recognize the value of other precious results from the sex relation beside children, the psychological, emotional and spiritual reactions, and, also if I may continue to use that term without being misunderstood, the moral reaction.” One of the main goals of the NBCL was to, “lift the ban which now denies the people access to birth control information.” They firmly believed that in order to hold doctors accountable the information had to be available to everyone.

In fact, doctors were disinclined to take a stance supporting birth control. In part, because it was not directly illegal in Great Britain, doctors there were more willing to be supportive, although fears of scandal were still influential. Many doctors were privately responsive but disinclined to publicly associate with the movement. In a speech given in October 1921, a few

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49 Chen, 186.
50 “Speech at the meeting which organized the NBCL,” March 1915, Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
51 “Speech at the meeting which organized the NBCL,” March 1915, Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
52 “The National Birth Control League Announces a public meeting,” Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
months after the opening of her birth control clinic in London, Stopes postulated that the furor around the Bradlaugh-Besant trial, which had established that birth control was not necessarily obscene, had still made birth control seem immoral. Consequently, the medical establishment and hospitals especially shied away from it for fear if they were associated they would lose important donors. Stopes knew that many doctors privately supported birth control because after the publication of *Married Love* in 1918 she started receiving many letters from doctors asking for her advice.

The majority of correspondence from doctors approved of the book and requested more technical information about contraception and the mechanics of sexual intercourse itself. As general physicians, most of these doctors had received little gynecological and obstetrical training and knew very little about reproduction or birth control. Many acknowledged that they were now recommending *Married Love* to their patients because of its articulate and actionable advice. Fairly quickly these inexpert GP’s would become the target of criticism from obstetricians and midwives who recognized that generalists dissemination of often inaccurate information coupled with their frequently botched childbirths reflected poorly on all medical professionals. Initially, however Stopes appreciated their support stating, “I have been particularly gratified by the kindness of the medical profession towards the book.” Even if they were unwilling to declare themselves publicly, the covert support and tacit approval of the medical community helped buttress the nascent birth control movement. This support, combined

53 Verbatim Report of the Town Hall Meeting under the Auspices of the Voluntary Parenthood League at Which the Chief Speaker was Dr. Marie Stopes, 27 October 1921. Marie Stopes Papers, PP/MCS/ A 306, Wellcome Library, London.

54 For over 40 files containing letters from doctors in response to *Married Love* see files PP/MCS/A/256-296, Wellcome Library, London.

55 Marie Stopes to Dr. Tina Blaikie, November, 27, 1918, Marie Stopes Papers, PP/MCS/A.260, Wellcome Library, London.
with the doctors feeling that preventative health care was an important part of their remit contributed to the establishment of wellness clinics that specialized in all aspects of women’s health care, unlike in the United States where clinics were eschewed.

In the United States, although clinics of all kinds struggled to gain traction, and doctors generally saw their role as curative, not preventative, some doctors did support the use of contraception for patients in their private practices. Dr. William J. Robinson, an urologist and medical writer wrote a pamphlet in 1904 called *Limitation of Offspring* describing his belief that doctors should dispense contraception both for medical and socioeconomic reasons. He also called for the repeal of the Comstock Act since the wording of the law specifically included contraceptive information and devices on the list of supposedly obscene items.\(^\text{56}\) This statute was the legal stumbling block that all early twentieth-century birth control reformers in the U.S. had to confront.

Dr. Robinson was not the only doctor who supported birth control. Dr. Abraham Jacobi, considered the founder of American pediatrics, was also a birth control advocate. He included the topic of contraception in his 1912 address to the American Medical Association.\(^\text{57}\) In May of 1915, Dr. Jacobi also gave the welcome address at what was possibly the first large and influential birth control meeting held in New York City. He lamented the current state of affairs that criminalized those who provided the information necessary for families to prevent pregnancies.\(^\text{58}\) Although there were few women doctors at this time, a majority of them supported legalizing contraception. At the same birth control meeting held at the New York

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\(^{56}\) Engelman, 35.

\(^{57}\) Reed, 46.

\(^{58}\) "Big Meeting Moves For Birth Control," New York Times (1857-1922), May 27, 1915, Proquest Historical Newspapers.
Academy of Medicine in support of legalization, Dr. Lydia Allen DeVilbiss, also gave an important speech. DeVilbiss, who had recently resigned from the state board of health, pointed out that since affluent women had already limited their family sizes it was clear that physicians were giving out birth control information whether they admitted it or not. She also pointed out the fact that abortion was legal when performed by a physician if the mother’s life was deemed to be in jeopardy but that doctors had no legal right to prescribe birth control to women with contraindications for pregnancy so that the recourse to abortion would not be necessary.⁵⁹

Another important doctor who advocated the use of contraception was Robert Latou Dickinson, a Brooklyn gynecologist. In a speech for the Chicago Medical Society in 1916, Dickinson admitted to providing his patients with contraceptive information and he urged other doctors to engage with the topic.⁶⁰

Although these doctors believed in birth control, they did not necessarily agree with the reformers idea of establishing birth control clinics. Dickinson especially would continue to be profoundly important to the movement well into the middle of the century and he firmly believed in treating patients in his private practice. In fact, although Sanger asked him many times, Dickinson did not join the board of her New York clinic until 1930 when he reluctantly agreed to do so.⁶¹ For the most part doctors in the U.S., whether they advocated for birth control or not, did not want clinics for birth control, any more than they wanted clinics for any other type of health care concern. In fact, when it came time to find a doctor to staff her clinic, which finally opened in 1923, Sanger had an extremely difficult time finding a doctor to make it legal. She ended up

⁶⁰ Engelman, 93.
⁶¹ Reed, 175.
recruiting Dr. Dorothy Bocker who had been serving as the director of the Georgia State Board of Health’s division of Child Hygiene. Dr. Bocker was willing to take the risk of working for a birth control clinic for a hefty pay increase and a chance to move back to New York.62

All of that was in the future in the 1910s when the birth control movement was just starting out. Once Sanger returned from Europe in 1915, she and the members of the NBCL continued to be privately at odds with each other, even as they tried to be publicly cooperative. In the fall of 1916 Sanger was arrested again, this time for opening a short-lived clinic in Brooklyn. Several parties interested in the issue of legalizing birth control joined together to form the Margaret Sanger Defense Committee. The Committee decided to put together a large meeting at Carnegie Hall to raise money and awareness about Sanger’s legal battle and the issue of birth control more generally. Sanger’s personal supporters and the members of NBCL struggled to come to agreement on who would sponsor the meeting, who would be allowed to solicit for membership, and who would set the agenda for the meeting.63 In the end, the event was successful attracting 3,000 supporters and raising $1,000, but it did little to bring the discrepant strands of the reform movement together.64

After her release in the Brownsville clinic case and inspired by the Malthusian’s journal, Sanger started her periodical The Birth Control Review. Sanger worked tirelessly with those she knew in Britain to get their works published in the United States. She also frequently featured them in the pages of The Birth Control Review. In return, her British friends ensured that Sangers’ books and pamphlets were published and distributed in their country. For example,

62 Letter from Margaret Sanger to Dorothy Bocker, October, 17, 1922 in The Selected Papers of Margaret Sanger, 352.
63 Marion Rawson to Mrs. Heidelberg, January 24, 1917. Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
64 Chesler, 154
throughout the fall and winter of 1917 letters show that Margaret Sanger was working diligently to find an American publisher for Marie Stopes book *Married Love*. At the same time, she entreated Stopes to write an article for her to publish in *The Birth Control Review*. Looking through issues of the *Review* during its first two years of operation 1917-1918 reveals many articles by other prominent British supporters including C.V. Drysdale, Havelock Ellis, and H.G. Wells. Sexologist Ellis contributed several articles over the first two years that were written exclusively for *The Birth Control Review*. In “The Objects of Marriage” he found that the “animal end” of marriage was procreation. In addition, he suggested that humans had a second, “peculiarly sacred and specially human” object in marriage, the spiritual object. That, “through harmonious sex relationships a deeper spiritual unity is reached” than can possibly be achieved by continence or sex merely for procreation. Striking a different tone, for almost all of the issues in 1918 C.V. Drysdale, then President of the Malthusian League in Britain, contributed an ongoing piece entitled “The Malthusian Doctrine Today” that elucidated in slightly stultifying detail the finer points of population control doctrine. The inclusion of these treatises in the *Review* helped spread the ideas that had been percolating in Britain to the reform-minded readership of the *Review* and helped the American birth control reformers articulate the benefits of birth control more succinctly.

The mainstream press in both countries played an important role in disseminating information and influencing opinion. In numerous letters, Marie Stopes complained about how bad publicity for the birth control movement in the U.S. was hampering her efforts to make

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65 Margaret Sanger to Marie Stopes, October 1917 to December 1917, Marie Stopes Papers, PP/MCS/A.304 Wellcome Library, London.
headway with the movement in Britain. In one particular letter written to Mary Ware Dennett
Stopes bemoaned the fact that, “our press is giving great publicity to the troubles [in the
U.S.]…It is injuring us over here…the newspapers have been refusing the paid advertisements of
our meeting, thinking that birth control information is against the law here as it is in America.”68
Not only does this illustrate the way that the two countries interacted with, and influenced each
other, it also hints at the difficulties the reformers encountered in Great Britain even though birth
control was technically legal there as long as it was not presented in an obscene manner.

Sharing ideas between the two countries was not as simple a task as might be imagined.
The August 1918 issue of The Birth Control Review contained a review of Marie Stopes’ book
Married Love. The book review was less than a column of text and gave a brief summary of
what the book’s strengths (its accessibility for average, everyday people) and its weakness (too
many distracting comments by the editor.) In the book review no details were given about sexual
intercourse or contraception.69 Still, the post office decided to bar The Review from the mail due
to the fact that it contained the write up about Married Love. In the subsequent September 1918
issue, the editorial comment explained that although the book had been, “enthusiastically
received in the British Empire” it had been declared obscene and un-mailable in the U.S. In an
example of a broad interpretation of the Comstock law’s intent, apparently even mentioning the
books existence was sufficient to get The Birth Control Review barred from the mail as well.70

68 Marie Stopes to Mary Ware Dennett, November 19, 1921, Marie Stopes Papers, PP/MCS/A.305, Wellcome
Library, London.
Stopes was also in contact with both Sanger and Dennett. She entrusted Dennett with distributing copies of her pamphlet “Letter to Working Mothers” in the United States.\footnote{Marie Stopes to Mary Ware Dennett, February 13, 1920, Marie Stopes Papers, PP/MCS/A.305 Wellcome Library, London.} This pamphlet was published in Britain and then sent through the mail to the United States. Frequently, the post office was able to interfere in this transaction, much like they did with The Birth Control Review. In June of 1920, Stopes wrote to Dennett saying that she had sent five or six different parcels containing the pamphlets, including one sent through Paris and she wondered if any of them had been received by Dennett in New York.\footnote{Marie Stopes to Mary Ware Dennett, June 21, 1920, Marie Stopes Papers, PP/MCS/A.305, Wellcome Library, London.} Several other letters between the two women indicate that even private correspondence between them was disappearing, until finally Stopes advised Dennett to write to her as Mrs. Roe (Stopes’ married name) instead of Marie Stopes, and indicated that those letters were more likely to actually arrive.\footnote{Marie Stopes to Mary Ware Dennett, April 18, 1922, July 4 1929, Marie Stopes papers, PP/MCS/A.305, Wellcome Library, London.}

In the meantime, Sanger continued to cause consternation for the members of the NBCL. Virginia Heidelberg, chairman of the executive committee of the National Birth Control League wrote to Mary Ware Dennett bemoaning the influence Sanger was attempting to exert on birth control supporters. Heidelberg opined, “I feel so strongly that we must not let these women be swung by the sentimental outpourings of Margaret Sanger, who is herself so uncertain about policy. No movement ever succeeded that was a one person movement.”\footnote{Virginia Heidelberg to Mary Ware Dennett, March 12, 1917, Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.} Dennett later echoed
similar sentiments in a letter to Marie Stopes in Britain, saying, “Mrs. Sanger edits her magazine, speaks, and has a personal following, but has never been connected with any organization.”75

Sanger’s individualized approach to birth control was not the only point of contention. There was also disagreement on the basic ethos of the movement. Dennett explained it as, “(we) consider this a humanist movement, a parenthood question to be solved by both men and women on the principle that it takes two to create a child and the responsibility should be jointly and consciously realized by both. Mrs. Sanger wages it as a feminist movement, a motherhood question to be solved by women.”76 In addition, Dennett preferred to present a courteous and decorous façade for the birth control movement, while Sanger frequently acted in ways that bordered on impropriety. Marie Stopes agreed with Dennett. She asserted that all of the police involvement in the birth control movement in America was bad for the movement in Great Britain as well. She felt that it hampered her ability to move forward by giving her and the movement bad press. She maintained, “that sort of thing injures one in England, whatever it may do in America.”77 This helps explain what drew Dennett and Stopes to each other. Both Dennett and Stopes believed in working through accepted channels and maintaining what they considered to be decorum and respectability. In another letter Stopes complemented Dennett on her approach to birth control reform and asserted that, “a great deal of what has been done in the past has not been done in the most tactful or beautiful manner. I think…we can say that a good deal of the prejudice against birth control information is an unconscious prejudice against the manner

75 Mary Ware Dennett to Mare Stopes, Sept 2, 1921, Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.
76 Voluntary Parenthood League Press release, Nov, 18, 1921, Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.
77 Marie Stopes to Mary Ware Dennett, December 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58586, British Library, London.
of presentation, rather than the matter that has been presented.”

Speaking directly about Sanger, Stopes decried her approach saying, “I do wish Margaret’s ideas of publicity were not quite so blatant.” Certainly, there was validity to these concerns. Maurice Bigelow, a member of the American Social Hygiene Association did not mention Sanger by name but wrote to Stopes complaining that, “It is …unfortunate that most of the agitators are radical people who are not followed by a large number of thinking people, who agree with them in principle, but refuse to be associated with extremely radical leaders.” The desire for achieving the proper tone was not something Sanger worried about. She was much more willing to try anything if she perceived that it might create notoriety for herself and add supporters to her vision of the movement.

Possibly the most critical disagreement was medical in nature. How and when should doctors and nurses be involved in birth control? Dennett knew from the twilight sleep campaign that doctors did not embrace change when it came to women’s reproductive health. In addition, birth control was illegal making it an even harder sell to doctors. Dennett hoped to change the laws as the first step in legitimizing contraception and allowing expanded discourse about the topic. At the same time, she understood that even legalization was not going to make doctors embrace birth control, much as they had failed to embrace twilight sleep. Consequently, she did not believe in a “doctors only” route for legalization of birth control. Nevertheless, again much like twilight sleep, she did hope that by providing women with birth control knowledge it would inspire them to demand scientific birth control from doctors. Changing the laws was her

78 Marie Stopes to Mary Ware Dennett January 1920, Marie Stopes Papers, PP/MCS/A.305, Wellcome Library, London.
79 Marie Stopes to Mary Ware Dennett, November 1921, Marie Stopes Papers, PP/MCS/A.305, Wellcome Library, London.
80 Maurice Bigelow to Marie Stopes Feb 28, 1920, Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58587, British Library, London.
preferred method of achieving that goal in the interim, she accepted the idea of opening clinics, or partnering with hospitals as a way to make progress and force doctors to take notice and engage with the topic of birth control. Dennett had learned in the campaign for twilight sleep how difficult it could be to influence doctors. In addition, she was a strong believer in freedom of speech and allowing people the chance to learn things for themselves. Before Marie Stopes came to speak in New York City about the topic of birth control, Dennett implored Stopes, “to include words of earnest protest against the narrowness and selfishness of the doctors who hold the monopoly theory of circulation. In our reports and publications we have always fought and lustily organized against the doctors’ only idea.”\(^81\) Still, Dennett could see that the antipathy of the doctors to contraception was detrimental to it becoming more mainstream. Much like with the twilight sleep campaign, Dennett knew that doctors could be helpful if they would just embrace the latest scientific research and medical advances. Dennett recounted how the Voluntary Parenthood League, the follow up organization to the NBCL was cooperating with the special committee initiated by Sanger to set up a clinic because it was necessary because, “the physicians who serve on the staff of large hospitals will not give contraceptive information even to cure or prevent disease.”\(^82\) Dennett, later referred to the emergence of kindergarten’s in the United States as a model for how birth control clinics could gain popular support. Once the privately financed kindergartens were established in Boston people saw the benefits for the children who attended them. When it was clear that kindergartens were successful, municipalities across the U.S. incorporated them into their school systems. Dennett hoped that if the birth control movement established some demonstration clinics (she suggested three, one in New

\(^81\) Mary Ware Dennett to Marie Stopes, September 2, 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.
\(^82\) Mary Ware Dennett to George Gordon Battle, August 18, 1921. Mary Ware Dennett Papers MC 392, Folder 262, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
York, one in Chicago and one in San Francisco) that proved their usefulness, then people could have a concrete example of how clinics would work and what good they could do.  

Clinics, Devices, and Disagreements

In fact, the movement to open clinics and what type of contraception to provide at them, became one of the main sources of friction in the movement and ultimately led to the narrowing of the movement. All of the birth control reformers agreed that a woman-controlled device was the most desirable. Unfortunately, they could not agree on what that device should be. The two main devices that reformers recommended in the 1910s and 1920s were cervical caps and diaphragms. Both were available over the counter but ideally needed to be fitted by a doctor or nurse after an exam. In *Family Limitation* Sanger opined, “I consider the use of the pessary as the …safest method of prevention. Any nurse or doctor will teach one how to adjust it.” At least in part, it was the necessity of this fitting exam that made reformers conclude that medical professionals needed to be involved in the birth control process. These types of devices, also known as womb veils, and could be recommended to women suffering from prolapsed uterus, a common complaint after multiple pregnancies. This usage gave a legitimizing reason to purchase such a thing for women who did not want to be explicit about the other possible use as a birth control device.

Like all contraceptives, diaphragms certainly had both benefits and drawbacks. In Great Britain, Marie Stopes was a proponent of a different type of device, the cervical cap. Instead of blocking the vagina, cervical caps block the opening of the cervix to prevent conception. The

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83 Mary Ware Dennett to Marie Stopes, June 14, 1921, Marie Stopes Papers, Series B: Special Correspondence Section 9: Overseas, vi: United States, MS 58585, British Library, London.
85 For just a few examples of women suffering from womb displacements see *Maternity*, 28, 29, 35, 41, 62, 100.
two devices are very similar in the fact that they are controlled by the woman, unlike a condom or withdrawal that are controlled by the man. They are also similar in that they must be placed prior to intercourse. This was in opposition to the widely relied upon douche which could be used subsequent to intercourse, which was a benefit to women who did not always know ahead of time when intercourse might happen.

Like Sanger, Stopes also eventually created her own device, the pro-race cervical cap, based on a French design but with a higher dome that she believed helped the cap stay in place better.86 In a series of letters during the summer of 1920, Sanger and Stopes argued the merits of their particular devices. Initially Sanger sent Stopes a Mizpah pessary and assured her, “you will see at once the strength of it and the wisdom of using it in preference to the French cap.” Stopes replied with barely concealed animosity that she hoped she had been sent the wrong item as she could not see how it could be better than the simple cap she advocated. She concluded that the Mizpah, “seems to me most reprehensible.”87 The use of such a strident term seems excessive. While the Mizpah diaphragms were clearly not to Stopes’ liking, they were effective devices and many European clinics distributed similar style diaphragms. They were hardly reprehensible. It is especially difficult to accept such vituperative language directed at the Mizpah, when there were items being marketed as contraceptives that actually could be considered to be reprehensible, such as the Lysol douche mentioned earlier which caused inflammation, burning, and at times even death.88 Unfortunately, Stopes’ ego and her absolute confidence that she had the best device

86 Ruth Hall, 199.
88 Tone, 170.
made her unable to see that the birth control movement had more chance of success if it was flexible about the devices that they recommended to women.

Relations between the two women deteriorated further in 1921 when Stopes opened her London clinic. In 1920, Sanger wrote to Stopes asking her opinion on whether or not she (Sanger) should open a clinic in London. Stopes responded quickly that she and her second husband Humphrey Verdon Roe had been planning a clinic; they simply could not find an appropriate space to rent in post-World War I London. The knowledge that Sanger might open the first clinic pushed Stopes into action, and in March of 1921, she opened her clinic, The Mother’s Clinic for Constructive Birth Control in Holloway, North London. This was the first birth control clinic in Great Britain. Although Sanger had operated a short-lived clinic in Brooklyn in 1916, she did not open a permanent clinic in New York until 1923. She only established an international presence in London in 1929 when, with Edith How-Martyn’s assistance she opened the Birth Control International Information Center, a clearinghouse for information, not a clinic.

Although already at odds over what the best device was Stopes and Sanger had maintained cordial relations until Stopes opened the clinic. Previously, they had mainly supported each other by promoting and distributing the other’s books and pamphlets in their respective countries. Once Stopes opened the clinic, Sanger sent her a congratulatory letter that claimed, “I wish you all success and I think you are perfectly splendid.”

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90 Soloway, 215.
91 Margaret Sanger to Marie Stopes, April 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58586, British Library, London.
to say that she was returning all of Stopes’ articles because no one would publish them. She then
insinuated that publishing the works would make her (Sanger) an object of derision by the
public. Sanger went so far as to attack a particular article saying that, “it would not be considered
biologically correct and I would need to answer your article by some noted biologist, which I do
not want to do.”92 This would have been a fairly cutting critique to Stopes, a women who in 1905
had been the youngest women ever to receive the Doctor of Science degree in Britain.93 Shortly
thereafter, Sanger claimed she would be too busy on her upcoming trip to London to visit the
new clinic. The disagreement over devices and the women’s competition to have the first clinic
were points of contention that revealed how differently they conceptualized the way a reformer
should behave. Shortly after Stopes opened her London clinic, Mary Ware Dennett found herself
entangled in the ongoing disputes.

In July of 1921, Marie Stopes accepted an offer from Mary Ware Dennett to come to
New York and speak on behalf of the Voluntary Parenthood League. Dennett’s Voluntary
Parenthood League formed in 1919 as an outgrowth of the National Birth Control League.
Dennett had been instrumental in founding the NBCL in 1915 but it had struggled to secure
financial stability. By 1919, it was insolvent so Dennett and other supports restructured and
formed the VPL. Sanger had never joined the NBCL, and she was dismissive of the VPL as well.
It especially incensed her that Dennett had chosen the older term Voluntary Parenthood instead
of sticking with Sanger’s term of Birth Control. Once again, Sanger was traveling in Europe
when she heard that Stopes was going to speak in New York on behalf of Dennett and the VPL.
She immediately went on the offensive. Sanger sent Stopes a letter claiming that Dennett was a

92 Margaret Sanger to Marie Stopes, April 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9:
93 Ruth Hall, 16.
horrible person and saying that Dennett was, “outside the pale of honesty and decency.” After attacking Dennett personally, Sanger followed up with a letter claiming that the VPL had lost all of its public support. She also insinuated that if Stopes spoke for VPL it would ruin her reputation. Sanger also enlisted Juliet Rublee, one of her most ardent birth control supporters to send a letter chastising Stopes for getting involved with the VPL. Rublee, in a reflection of how Sanger would later portray it, claimed, “Margaret is the one who got this movement going in this country-who worked and suffered almost alone for years.” Initially concerned with the information Sanger was feeding her Stopes reached out to Dennett. Dennett clearly felt that after six years of running the preeminent birth control organizations in America, she was entitled to consider herself a principal player in the movement. From Dennett’s point of view, Sanger was more of a charismatic, but unaccomplished figurehead.

Ignoring Sanger’s dire predictions, Stopes went to New York and gave the speech, which was a resounding success. Sanger’s response to the speech was immoderate and divisive for the movement. She wrote to Stopes, “your public declaration last Thursday evening in support of the VPL’s activities, places you, in my estimation, for all time, outside the scope of disinterested international adherents to the cause of birth control.” While Stopes’ support of Dennett and the VPL was undoubtedly a disappointment to Sanger, this complete condemnation of Stopes for associating with the VPL seems to be a vastly overblown response. Stopes had merely given a talk about birth control at an event sponsored by a leading American birth control organization.

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94 Margaret Sanger to Marie Stopes, July 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58586, British Library, London.
95 Margaret Sanger to Marie Stopes, August 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58586, British Library, London.
97 Margaret Sanger to Marie Stopes, November 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58586, British Library, London.
That hardly seems like something that should bar her from participating in the international birth control community. Unfortunately, Sanger’s distaste for Dennett was so great that it lead her to excoriate Stopes because of her mere association with the VPL. Instead of putting personal feelings aside to advance the movement as a whole, Sanger contributed to the ongoing lack of cohesion by drawing the dividing lines deeper and sharper. These divisions severely impeded the birth control movement’s ability to convince people that birth control was not salacious or distasteful when those involved in the movement were constantly treating each other in tasteless and obnoxious ways.

A few weeks after Stopes’ New York speech, Sanger was arrested at a similar type of event that she had organized. Dennett went to the police station along with several others in a show of solidarity for the movement, if not for Sanger personally. In a letter to Stopes, Dennett described how when she attempted to speak with some of the newspapermen present, Sanger supporter, “Mrs. Rublee twirled around with an incredibly vicious expression on her face and swung her elbow into the middle of my chest with all of the force she had.” Then she instructed the newspapermen not to print what Dennett had said claiming “this is our story entirely.”

These power struggles were injurious to a movement that was still struggling to gain public recognition as something legitimate and not illegal or licentious in both countries.

Conclusion

The reform movements in both the United States and Great Britain to destigmatize, and in the U. S. legalize, contraception operated, in many ways, as integrated but dysfunctional units. Reformers hoped to remove the taint of impropriety, make scientific and accurate information

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98 Mary Ware Dennett to Marie Stopes, November 1921. Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58586, British Library, London.
available, and empower women to demand it from their doctors. Only when the topic was able to be discussed freely, and literature published and distributed without repercussion, could women properly arm themselves to interact with their doctors. Birth control reformers wanted to bring the contraceptive conversation into the open and provide women with scientific, medical advice to help them better control their reproductive experience. Constant infighting about ideals and tactics hampered reformers’ ability to move forward with their overarching goals of empowering women and improving women’s health. While Sanger, Dennett, and Stopes all saw a role for clinics and doctors in the birth control movement they could not agree if it should be the primary location for information or if it should merely be one aspect of a larger program. Sanger often operated from a position of expediency, for example embracing the doctors only law that was in place while still publishing her own pamphlet Family Limitation that spoke directly to women. Dennett and Stopes were both much more concerned with setting the right kind of tone for the movement. Both women hoped that by doing so they could curry favor and gain support from those in the halls of power. Both Stopes and Dennett frequently lamented Sanger’s more flamboyant approach. While greater societal pressures cannot be ignored, it is clear that the frequent infighting that reformers engaged was detrimental to advancing the birth control reform movement towards its goals and if Sanger had not existed the person who filled her shoes would not necessarily have taken the movement in the same direction. Nevertheless, the progress that the birth control reform movement did make allowed at least some women to improve their health by limiting their pregnancies.
Unlike twilight sleep and birth control there was no organized social movement for abortion in the early decades of the century. Historians of the birth control movement have not sufficiently addressed why abortion was not included in the birth control platform. Neither Mary Ware Dennett’s biographer, Constance Chen, nor Marie Stopes’ biographer, Ruth Hall, grapple with why their subjects did not include abortion among the methods of birth control that they championed. As we will see, Sanger’s biographer Ellen Chesler does attempt to explain why Sanger did so. Other more all-encompassing works on birth control are similar. In From Private Vice to Public Virtue James Reed concedes that abortion was frequently practiced, especially by poor women. He then suggests that what drew Sanger to the idea of legalizing contraception was the suffering that she encountered due to abortions while working as a nurse in New York City. Simultaneously, however, he admits that Sanger’s “pivotal moment” story about Mrs. Sadie Sachs’ abortion may have been fabricated. Linda Gordon acknowledges that in Sanger’s initial birth control pamphlet she mentions abortion as a possible option. Gordon then follows up by saying that Sanger would never defend a woman’s right to an abortion again but Gordon does not suggest why that might have been.

Historians who study abortion have done more to explain the anti-abortion stance of the early birth control reformers. In her book When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973 Leslie Reagan asserts that the reason early birth control reformers decided to draw a line between abortion and birth control was due to their adherence to

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1 Reed, 82. Sanger frequently retold the story of Sachs who supposedly asked her doctor for contraceptive advice and the doctor suggested that she have her husband sleep on the roof. Subsequently, Sanger returned to the household to find Sachs dying from complications of an abortion.

2 Gordon, Woman’s Body, Woman’s Right, 223.
earlier nineteenth-century feminist thought that held abortion to be abhorrent. However, this does not seem to be a sufficient reason. As Linda Gordon points out, late nineteenth and early twentieth-century feminists consisted of many different types of women with a vast amount of political difference separating them. For example, suffragists, moral reformers, and free-lovers did not necessarily have similar ideologies or goals. Interestingly though Gordon does claim that all three groups actively opposed contraceptive devices. They feared that acceptance of devices would allow men to stray from their marriage without risk and consequently imperil women and families. Their goal with voluntary motherhood was to encourage men and women to work together, consider each other’s needs and not to force women to have sex unless they consented. If these earlier feminists were fairly unanimous in their distaste for contraceptive use, Sanger, Dennett and other birth control reformers were certainly going against their ideology in declining to advocate for abortion rights. It would make little sense for them to separate the practice of abortion from the term birth control merely to adhere to previous feminist thought that had roundly criticized both practices. Instead, it seems likely that personal reasons drove them. Dennett disavowed abortion in her attempt to build coalitions with other reformers, particularly Julia Lathrop at the Children’s Bureau and Sanger repudiated abortion because of the influence of activists in Britain, particularly Havelock Ellis. Consequently, unlike with other issues such as twilight sleep and birth control, where women could rely on reformers to advocate for them, abortion was the outlying female health concern about which women and reformers did not

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3 Reagan, 36.
4 Gordon, Woman’s Body, Woman’s Right, 95.
5 Gordon, Woman’s Body, Woman’s Right, 97-98. This may seem an odd stance for free lovers but Gordon claims that while they welcomed the decline of patriarchal power within the family they wanted to keep the family as a unit.
concur. Therefore, women’s healthcare in relation to this procedure did not change or improve during the Progressive Era.

**Everyday Women and Abortion**

Birth control reformers knew how ubiquitous abortion was but they did not comprehend or chose to ignore, how the majority of women felt about abortion. Classifying abortion as separate from other types of birth control would not have made sense to most women of the time. For most women it was merely another action to try, another option in a string of choices made in an attempt to exert some power and control on their reproductive lives. Often women used a combination of several actions and techniques in order to prevent pregnancies. For example, a couple might endure a period of abstinence when it was clear (to them) a baby would be a burden. Then they might use a method of birth control, such as a condom or a douche. If after that a woman failed to have her monthly menstrual period she might resort to a strengthening tonic or curative procedure that would help “get her back on track.” Women understood all of these actions to be part of the same continuum. One woman explained, “I have tried everything I could hear of to keep from getting pregnant again but everything failed then I have tried several medicines and have had two miscarriages.” They did understand that a missing period could mean that a baby was on the way, but they generally did not suffer deep moral qualms about taking steps to prevent that possible outcome. The presence of the baby only became substantiated later at quickening, when it started to move *in utero.*

One way women tried to regulate reproduction was pharmacological. Patent medicines, designed to alleviate female complaints, circulated widely. In Great Britain, one of the most famous was Widow Welch’s Pills. This medicine was marketed as a cure all for any ailment a

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woman might be experiencing, but the main reason many women took it was to “bring on” their period. After two or three months without a period, it was impossible for most women to know for sure if they were pregnant or merely rundown. In many women’s perception, taking the medicine was a hedge against the possibility of a future pregnancy, one that had not truly developed. They did not consider the undeveloped fetus to be a baby. The effectiveness of medicines such as this is open to debate, but many did contain ingredients that have been shown to affect the uterus including botanicals like ergot, rue, and tansy oil. These medicines continued to be available for many years and the pervasiveness of them can be illustrated by the fact that in 1920, Marie Stopes, who was certainly against abortion, counseled a letter writer, who had not had a period in four years to, “eat better food” and to take, “by far the best iron tonic I know, Widow Welch’s Pills.” From that, we can possibly deduce that the Pills were effective at bringing on menstruation. Any woman taking it had no way of knowing if her period had returned because of the increased iron in her system or because the medicine had caused an abortion. While the women themselves might have seen these medicines as a sort of multipurpose solution writers in the British Medical Journal had little doubt that the majority of proprietary medicines like Widow Welch’s Pills were taken to prevent, “unwelcome pregnancies.”

Beyond any moral dilemma, in fact probably because there was so little moral dilemma, women often overlooked the fact that abortion was illegal in both countries. Estimates range as high as one in four pregnancies being ended by illegal abortion in the period between 1900 and

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7 Shorter, 186.
1940. Sometimes, courts prosecuted abortionists, especially if a woman died. In examining Forensic Pathologist, Sir Bernard Spilsbury’s reports from London in 1913, two of the twelve abortion investigations ended with court cases against the abortionist. One of these cases came before the Old Bailey (London’s Central Criminal Court) in April of 1913. Rosina Jewell, age 36 was brought up on several charges of intent to procure a miscarriage (an example of even the court using the term miscarriage and abortion interchangeably) and for the “willful murder” of one particular client, Emily Sophia Sellman. Ms. Sellman had been married for six years and already had three children when she died from complications from her abortion. Ms. Jewell was found guilty of manslaughter and of two cases of procuring a miscarriage. She was sentenced to six years of penal servitude for each offense to run concurrently. Undoubtedly, she was prosecuted largely because she had the unfortunate experience of losing the mother as this is what brought her to the attention of the authorities. However, for the most part, women were having successful abortions.

In general, women in Great Britain saw abortion as an option on a spectrum of choices they could use to control their reproduction, even though in Great Britain birth control was legal and abortion was not. Letters contained in *Maternity: Letters of the Women’s Co-operative Guild* published in 1915 shows that many of these women were well aware of both contraception and abortion. *Maternity* was a compilation of letters written mostly by members of the Guild,

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10 Shorter, 196.
14 Shorter, 195.
detailing their reproductive experiences in an effort to convince the government to maintain and expand the maternity benefit that had been included in the 1911 National Insurance Act. Several referenced the plight of women in general, “can we wonder that so many women take drugs, hoping to get rid of the unexpected child when they have to…work so hard to keep or help the children they had already got?”15 Others admitted freely to using drugs themselves, “I confess without shame that when well-meaning friends said “you cannot afford another baby; take this drug” I took their strong concoctions to purge me of the little life that might be mine.”16 Her use of the word “might” hints at the uncertainty women faced when a period failed to materialize. Another woman’s comments illustrate the fluidity between contraception and abortion, “I have resorted to drugs trying to prevent or bring about a slip.”17 This woman admitted to taking drugs as both a contraceptive and an abortifacient. Meanwhile, several other women referenced using artificial methods to prevent conception including one who acknowledged, “mechanical prevention …is a delicate subject, but it is an urgent one.”18

In all, Maternity included one hundred and sixty stories. Not all of them contained information about pregnancies and children, but a majority did. These one hundred and sixty women recorded six hundred and sixty five children, thirty-seven stillbirths, and one hundred and twelve miscarriages. These numbers speak to the ubiquity of pregnancy in the lives of early twentieth-century women. Based on quantity alone it might appear as though all attempts at birth control were unsuccessful. However, the numbers were not spread evenly. Although many women reported having nine or ten children, many others reported having only two or three.

15 The Women’s Co-operative Guild, 25.
16 The Women’s Co-operative Guild, 45.
17 The Women’s Co-operative Guild, 38.
18 The Women’s Co-operative Guild, 89, 94, 61.
Since traditionally, married women not using birth control would have had at least seven or eight pregnancies and bore an average of six living children, clearly many of these women were able to be fairly successful using their chosen form of birth control.\(^{19}\) Also, the fact that so many reported miscarriages may help shed light on women’s feelings about abortion. While some of these miscarriages may have been self-induced, many happened naturally, often due to malnourishment and overwork of the mother. It is conceivable that women in this situation would view miscarriage as an almost unavoidable part of life, whether it was spontaneous or induced. In fact, the struggle to provide for living children and control the arrival of more children was a constant cause for concern of most of the women chronicled in *Maternity*. At least two of the women even went so far as to state that they understood some women’s desire to commit suicide when they became overwhelmed by trying to juggle it all.\(^{20}\)

While most women were not driven to take such drastic steps, the pressures were real. Oral history interviews have shown that women in early twentieth-century Britain felt that it was critically important to portray themselves to their husbands as being innocent in matters relating to sex and sexuality. Although it was acceptable to discreetly discuss the aspects of reproduction in circles of other women, wives were encouraged to present themselves as demure and virtuous to their husbands. This societal self-regulation greatly limited women’s ability to obtain contraceptive devices and information from places like clinics that were marketing themselves as places to go exclusively for birth control information. While a middle-class woman could admit

\(^{19}\) Shorter, 3.
\(^{20}\) The Women’s Co-operative Guild, 35, 57.
to technical knowledge derived from books without losing innocence, working-class women who did not have easy access to books and were only marginally literate did not have this recourse.\textsuperscript{21}

For middle-class women and men, from 1918 onwards, Marie Stopes’ \textit{Married Love} allowed them to obtain information about sexuality, their bodies and contraception that was collected nowhere else. Consequently, in general, men were the ones more likely to seek out contraceptive information because they were not expected to be innocent about sexuality.\textsuperscript{22} Women, on the other hand, were more likely to spread information about abortifacients between themselves. This seems to have been at least in part because this information could be discussed without talking about the act of intercourse itself and because it could also be portrayed as something you were finding out for a friend. A woman seeking a way to “bring on her courses” might merely be correcting a health problem, while a woman trying to find out where to purchase a reliable condom or get fitted for a diaphragm was clearly intending to be sexually active.\textsuperscript{23} For these women, for whom keeping at least a façade of innocence was paramount, douching for “hygienic purposes” and abortion were viewed as some of the best types of birth control.\textsuperscript{24} Conversely, going to a birth control clinic would likely have been viewed as one of the worst ways to acquire birth control. It was a public place where anyone might see you and it was obvious what you were doing there.\textsuperscript{25}

Even after the growing social acceptance of birth control in the interwar period, women still frequently had abortions. There was little moral objection to abortion, whereas the new appliance methods did struggle with moral censure because they were seen to be unnatural and

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\textsuperscript{21} Szreter and Fisher, 94.  
\textsuperscript{22} Fisher, 236.  
\textsuperscript{23} Fisher, 64.  
\textsuperscript{24} Fisher, 159.  
\textsuperscript{25} Spring Rice, 44.
\end{flushleft}
potentially connected with illicit sexual activity.26 Women talked freely among themselves about things that they could do to ensure the arrival of a period. When interviewed years later women remembered and readily admitted using slippery elm bark, pennyroyal, drinking a quart of gin with half a bottle of salts, and taking over-the-counter abortifacient pills.27

In the United States, some women even wrote to a government agency, the Children’s Bureau, asking for help with terminating their pregnancy. These letters illustrate that women saw abortion as a type of birth control and speak to the murkiness that existed about what was legal for a woman to do to control her reproduction. A letter writer in May 1917 pleaded to please send her, “the stuff that will cause me to lose this baby”28 to which Julia Lathrop, the chief of the Children’s Bureau replied that the information requested was illegal and that giving it would be a crime.29 In June of the same year, another letter writer clearly saw abortion as being part of the spectrum of birth control options. Her letter stated, “I am greatly in favor of the birth control and have a large family. Will you tell me something that will make a woman miscarry?”30 For these women abortion was merely another way of attempting to control their capacity for reproduction. Certainly, the women in the Children’s Bureau concurred with the birth control reformers on the desirability of creating a demarcation between methods of birth control involving contraception and abortion. While the response to the abortion letter writers was a definitive, “abortion is a crime” the response to inquiries about contraception was not so rigid, even though giving birth

26 Fisher, 161.
27 Fisher, 64 and 161.
28 Mrs. Mary Smith to The Children’s Bureau, May 6, 1917, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
29 Julia Lathrop to Mrs. Smith, Sparland Ill, May 11, 1917, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
30 Mrs. W.T. Harris, Crump Tennessee to The Children’s Bureau June 4, 1917, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
control information was also a crime. In 1916 a letter writer requesting contraceptive information received a more measured response that merely indicated that corresponding (emphasis mine) about birth control was a crime. Also in 1916, a writer who requested birth control information for a talk she intended to give was told to write to The National Birth Control League for the information with no mention of the legality of her request. Certainly, by 1918 writers demanding contraceptive information were regularly being told to write to the National Birth Control League in New York for the information, with no mention of the fact that it was still illegal at the federal level to send contraceptive information through the mail. Although state level statutes in New York did allow doctors to discuss birth control with their patients when it was deemed medically necessary this slight opening did not superseded the federal law when it came to sending information through the mail and certainly did not apply to the lay women who comprised the majority of the NBCL.

Religion, Reproductive Control, and Abortion

When examining the early birth control reformers insistence on separating abortion from birth control we should also examine the role of organized religion. Certainly today, religious beliefs inform personal feelings and choices when it comes to abortion and also to a lesser extent birth control. However, in the early twentieth century the moral implications of reproductive control were not what we might expect. As late as the 1930s a study in New York found that

31 Julia Lathrop to Mrs. L.C. Smith Sparland Ill, May 11, 1017, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
32 M.D. in charge of Hygiene Division to Mrs. H.A.Street, Pawtucket, RI, November 8, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
33 Children’s Bureau to Mrs. Anna Andrus, July 31, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-6-1, National Archives at College Park, MD.
34 Acting Chief to Mrs. George H. Keller, Madison Ind, June 26, 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.
abortion rates were nearly the same for Catholic, Jewish, and Protestant working women.\textsuperscript{35} While the women themselves may have been behaving similarly, there were concerns expressed by the religions themselves. The official view of the Catholic Church was that both abortion and birth control were sinful. Sanger and Dennett in the U.S. and Stopes in Britain faced opposition from the Catholic Church for their work on birth control.

Stopes bemoaned that the Catholics were writing impudent articles in the newspapers to try to bluff the country into thinking that birth control was illegal in Britain, as it was in America.\textsuperscript{36} In fact, later Stopes wrote to Mary Ware Dennett asking her to provide a sealed affidavit of the program of the speech she (Stopes) had given in New York at the behest of Dennett’s Voluntary Parenthood League, so that she could prove her information was not suppressed in America as Catholics in Great Britain were claiming that it was.\textsuperscript{37} As birth control reform gathered more support in Britain, pushback from the Catholic Church did increase. In 1923, Stopes brought a libel case against Dr. Halliday Sutherland for his book \textit{Birth Control: A Statement of Christian Doctrine against the Neo-Malthusians}. Sutherland was the secretary of the League of National Life, an anti-contraception, mostly Catholic organization and he had the full support of the Church during the court case.\textsuperscript{38} Still, Catholics in Britain were a small minority with little ability to influence greater public opinion.\textsuperscript{39} Other minority religions were

\begin{footnotes}
\item[35] Reagan, 137.
\item[36] Marie Stopes to Mary Ware Dennett, Nov. 19, 1921, Marie Stopes papers, PP/MCS/A.305, Wellcome Library, London.
\item[37] Marie Stopes to Mary Ware Dennett, Feb. 14, 1922, Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.
\item[38] Ruth Hall, 208.
\item[39] Brookes, 13.
\end{footnotes}
more open to reformers’ ideas. One Unitarian Minister went so far as to write to Stopes asking her to come speak at his church so clearly he was supportive of what she had to say.40

The great majority of Britons at least nominally belonged to the Church of England. Evidence suggests that average clergymen had little problem with birth control. The response to survey’s Stopes sent out to them indicate that many were interested in actually finding out more information about the topic. One praised *Married Love* and *Wise Parenthood* and went on to explicitly describe the issues he and his wife were having with intercourse, in the hopes that Stopes would provide a solution.41 The Canon of Chester wrote to Stopes requesting that she contribute a chapter on family limitation to a book on sex ethics he was writing.42 Even at the highest levels, members of the Anglican Church were supportive of birth control. William Inge, the Dean of St. Paul’s Cathedral in London was a co-author of *The Control of Parenthood* in 1920, which opined within its pages, “personally, we share the view… that birth-control within limits makes for progress and is likely to continue to do so.”43

While some were supportive, it is true that the Anglican Bishops as a group still came out against birth control at their 1920 Lambeth Conference, but by the 1930 Conference, they had reversed their position and passed a resolution that artificial methods of contraception could be used.44 During the intervening years, one event that had a substantial effect of changing opinions was Lord Dawson’s address to the lay Church Congress in Birmingham in 1921. Physician to the

44 Leathard, 47.
king and author of the influential Dawson Report on the state of health care in Britain, Dawson spoke powerfully about the benefits of birth control. He engendered fierce debate when he called on the Anglican Church to revise its stance on the topic.\textsuperscript{45} He called on the Church to approach the question of birth control in, “the light of modern knowledge and the needs of a new world, and unhampered by traditions which have outworn their usefulness.”\textsuperscript{46} Interestingly, he also advocated for a careful distinction between the appropriate use of birth control and its potential for abuse. In his discussion of this critical difference, he felt free to promote the supposedly scientific truth that women were better, “in mind and body” for bearing children and that, “the periodic completion of the maternity cycle brings out the best and preserves youth.”\textsuperscript{47} In fact, he found four children to be a perfect number to preserve a woman’s youth and beauty. Clearly, he did not interview any mothers before forming his opinions. Still, even considering his lack of insight into actual women’s experience his assertion that birth control was acceptable to use was a catalyst for the Church and others to rethink their views on the subject.

Much like Marie Stopes in Britain, Margaret Sanger, in the United States was constantly vexed by the Catholic Church. Since the Catholic dogma was set in Rome, Stopes and Sanger were essentially dealing with the same enemy. The Catholic hierarchy insisted that birth control and abortion were both sinful. In fact, even though therapeutic abortion, in order to save the mother’s life, was legal in both countries Catholic doctrine held that even in those extreme situations it was better to let nature take its course and risk the life of the mother, rather than

\textsuperscript{45} Leathard, 19.  
\textsuperscript{47} Dawson, 25.
perform an abortion. This had not always been the case. Prior to 1869, much like other
Christian denominations, Catholicism implicitly accepted early abortions prior to quickening or
ensoulment. When it came to birth control, the Catholics alleged that it led to a degradation of
marriage, it weakened self-control and the capacity for self-denial, and would lead to a decline in
the population.

Some Catholics chose to interpret the use of contraception by other groups as a boon to
Catholicism. Leading Catholic Priest John Ryan opined that Catholics should “rejoice…in the
nefarious practices advocated by the Birth Control League” because it meant other religions
would have small families while the Catholics would continue to flourish with large ones. Ryan
also implored Catholic women’s organizations to actively oppose attempts being made by birth
control reformers to get state legislatures to overturn obscenity laws that related to birth control.
Mary Ware Dennett’s organization the Voluntary Parenthood League was the impetus behind
these legislative pushes and she argued persuasively for ordinary Catholics to ignore Ryan’s
pleas. She asserted that:

“Since Catholics do not believe in and have no use for information concerning birth control,
the revision of these laws will in no way affect their personal lives. The revision will simply
free the information for the use of those who believe in it. It will not compel a single
individual anywhere to utilize the information…In other words, the changing of these laws
is not the remotest intrusion upon Catholic freedom of belief or practice.”

48 Reagan, 63.
49 Reagan, 7.
50 Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British
Library, London.
Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.
52 Mary Ware Dennett, “A Friendly Word With Catholics Concerning Birth Control,” 2. Mary Ware Dennett
Additional papers, 1892-1945, MC 629, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
A cogent argument that fell on deaf ears within the Catholic clergy but undoubtedly resonated with at least some of their parishioners.

Much as Dr. Sutherland became a focal point for Stopes problems with the greater Catholic Church in London, Sanger channeled her frustration with the Catholic Church towards a single person, Archbishop (later Cardinal) Patrick Hayes. Hayes was responsible for pressuring police to break up a mass public meeting that was the conclusion of the First American Birth Control Conference in November of 1921. Sanger was booked for disorderly conduct and an enmity was cemented between her and Archbishop Hayes.53 Much like in Britain, Catholics were still a minority group in the early twentieth-century United States. Although their numbers continued to grow until immigration was curtailed in 1924 by the Johnson Reed Immigration Act, their influence did not extend far beyond their own members in the 1910s and 1920s.54 While in certain areas Catholics had influence in local government, upper level state and federal governments were not particularly responsive to their concerns. In addition, native-born Protestants were largely indifferent to Catholic concerns. Even within the Catholic community, it is unclear how strictly communicants adhered to official church dogma as evidenced by the similar abortion rates mentioned earlier for the Catholic, Jewish, and Protestant women of New York. When asked what she would say to her priest, one Catholic mother who visited Margaret Sanger’s initial birth control clinic in Brooklyn said, “It’s none of his business.”55 Certainly, the Catholics’ condemnation of abortion would not have been what swayed birth control reformers

53 Chesler, 203.
54 This Act severely limited the amount of immigrants that could come to the United States. Quotas linked to nationality were set based on the number of immigrants from each country that had been in the U.S. in 1890. This substantially curtailed Catholic immigration from Italy since the number of Italians counted in the 1890 census was quite low as most immigrated after that date.
to draw a line between abortion and birth control since the Catholic hierarchy condemned both contraception and abortion vigorously.

As in Britain, some progressive denominations in the U.S. stepped forward with support for birth control. The Reverend Charles Lyttle from the Unitarian Church went so far as to pen a piece for the *Birth Control Review* supporting Sanger and her birth control work.\(^{56}\) In general, most Protestant denominations had previously been fairly silent on birth control and abortion. From the 1920s onwards, most religious interest focused on the controversy over legalizing birth control precisely because of the advocacy for it by the reformers in the birth control movement. Additionally, historians have shown that organized religion in the U.S. had little interest in abortion until it entered political discourse in the late 1950s and early 1960s with the rise of second wave feminism.\(^{57}\) When the Protestant clergy did condemn the use of artificial contraceptives, their motivation was not particularly moral or doctrinal. It was pragmatic: large numbers of Catholic and Jewish immigrants in the early 1900s meant that Protestant hegemony was already less secure than it had previously been. A falling Protestant birth rate might endanger Protestant social and political strength.\(^{58}\)

Therefore, in the 1910s the situation in both the United States and Great Britain was fluid. Most women were not deeply morally conflicted about the idea of using contraception or resorting to abortion when they deemed it necessary. Organized religion had yet to solidify an institutional stance on topics that were just coming to be part of public discourse, with the exception of the Catholic Church which decried and held morally reprehensible both

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\(^{57}\) Reagan, 6.

contraception and abortion in all situations. The medical establishment was against abortion on paper but was amenable to perform abortions when it was “medically necessary.” Although abortion was illegal, the legal apparatus generally only prosecuted in the most egregious cases when women died, which was the exception, since most abortions were performed safely. In fact, childbirth was arguably more life threatening for the mother than having a properly conducted abortion.\(^{59}\)

**Mary Ware Dennett and the Maternalists**

If any one of the birth control reformers were potentially affected by earlier feminist thoughts about abortion it was Mary Ware Dennett. It is without question that Dennett’s background as a suffragist had exposed her to feminist discourse about pregnancy and motherhood. Dennett’s own parents practiced voluntary motherhood and later she named her second birth control organization the Voluntary Parenthood League, referring back to Elizabeth Cady Stanton’s calls for voluntary motherhood a generation before.\(^{60}\) When Dennett’s own marriage broke up her first job was with the Massachusetts Suffrage Association and she quickly rose to become the corresponding secretary for the National Woman’s Suffrage Association, which was what precipitated her move to New York City in 1910.\(^{61}\) However, by November of 1914, Mary resigned her position out of disillusionment and frustration with others in the organization.\(^{62}\) It was not an amicable separation on either side. It seems unlikely Dennett would have cared about appeasing her former suffragist colleagues or currying their favor in the future. Her willingness to start the National Birth Control League just a few months later illustrates that. Clearly, Dennett, may have continued to be personally influenced by the feminist ideology she

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\(^{59}\) Reagan, 39.

\(^{60}\) Chen, 15.

\(^{61}\) Chen, 106.

\(^{62}\) Chen, 148
had learned, but it still remains unclear why she would have chosen to separate birth control from abortion in that context.

A possible explanation for Dennett’s insistence on separating birth control and abortion may be found by examining who she hoped to convince to join her cause. As we have seen the Children’s Bureau did provide the address of the National Birth Control League to at least some women who wrote to them with questions about birth control. The NBCL was not the only option for information. Many women wrote to Margaret Sanger asking for birth control advice, but the Children’s Bureau directed correspondents to the NBCL, which was Mary Ware Dennett’s organization. In fact, it is probable that the Children’s Bureau as an entity responded to requests for information in this manner because Bureau Chief Julia Lathrop was personally supportive of the birth control reform movement, at least as run by Dennett. Historian Linda Gordon categorizes Lathrop as a supporter or at least a semi-supporter based on comments Lathrop made during her Presidential Address at the National Conference of Social Work in 1919.  

Prior to being named head of the Children’s Bureau Lathrop lived at Hull House, Jane Addams’s famous settlement house in Chicago. The first settlement house, established in 1884, was Toynbee Hall in East London. A group of young men from Oxford believed that simply visiting the poor would not do enough to alleviate their hardships. They felt that by living in the neighborhood they could provide the most support and gain more meaningful interactions. In 1888, Jane Addams visited Great Britain and toured Toynbee Hall. She observed the effort they

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63 Gordon, Women’s Body, 256. Gordon refers to The Birth Control Review of July-August 1932 for this assessment. The BCR quotes Lathrop as saying “A fair chance for everyone does not begin with adult life nor with infancy. Its mysterious springs are more and more swathed in mystery as we push backward from the man, the youth, the child, the baby, to the endless line of the generations out of which each living being emerges in his turn.”

were making there with approval. It was only a year later that Addams and Ellen Starr opened Hull House in Chicago based, in part, on what Addams had observed in Britain. Hull House went on to become arguably the most famous and successful settlement house in America.65

Lathrop’s time at Hull House overlapped with that of other reformers who supported the movement to legalize contraception including physician, toxicologist, and public health advocate Alice Hamilton and obstetrician/gynecologist Rachelle Yarros. Yarros was active in the Social Hygiene movement, the director of the Illinois Birth Control League, and opened the first birth control clinic in Chicago in 1923.66 Lathrop would certainly have been exposed to their ideas during her time at Hull House. Just a few months after the National Birth Control League was organized, Dennett wrote to Lathrop saying we, “naturally assumed that you would be with us” while also stating, “What we are not sure of is the extent to which you will feel free to give us your backing and cooperation.”67 At this point, it is unclear exactly why Dennett expected support from Lathrop. Later correspondence between the two women reveals that they must have discussed the topic and that Lathrop was indeed privately supportive. In a subsequent letter Dennett stated, “I can’t tell you how eagerly I am hoping for the day to come when you will feel free to say openly that you approve.”68 In yet another Dennett stated, “I have never failed to remember your explanation of your personal position in regard to support of voluntary parenthood…I shall, of course, be immensely glad when you feel free to speak out.”69 However, other letters indicate that Lathrop felt that the Children’s Bureau and by extension she herself

65 Carson, 48.
66 Engleman, 150.
67 Mary Ware Dennett to Julia Lathrop, Jan 21, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD
68 Mary Ware Dennett to Julia Lathrop, July 31, 1918, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD
69 Mary Ware Dennett to Julia Lathrop, Oct. 13, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD
could not support the idea of birth control publicly saying, “It is impossible for the Bureau to take any official action on so controversial a question.” Consequently, although the Children’s Bureau as a government entity had to be seen to respect the laws, covertly, the reformers within the Bureau seem to have worked within these limitations to be supportive of the birth control reform movement. While it is clear that Dennett hoped that Lathrop, and by extension the Bureau, would come to support birth control, gaining their support for abortion would have been extremely difficult. Although we have seen that doctors often performed abortions, the American Medical Association continued to wage an active campaign against the procedure. Many of the Children’s Bureau’s initiatives necessitated the compliance of doctors. Lathrop would have been extremely hesitant to undertake anything that drew their ire. With good reason, since the cornerstone piece of legislation that the Bureau supported, the Sheppard-Towner Act, was eventually overturned by pressure from the AMA.

Margaret Sanger and the British

While Dennett consistently tried to accomplish change by working within the established social activist and professional medical frameworks, Sanger tended to embrace more radical approaches. Certainly, Sanger initially came to reform from a Socialist perspective that did not necessarily mesh well with established feminist ideology so her insistence on separating birth control and abortion seems unlikely to have come from a desire to work with established organizations and professionals. Sanger’s biographer, Ellen Chesler claims that Sanger had separated birth control from, “the even more controversial subject of abortion” in order, “to safeguard her credibility with the public and with the medical profession.” This also seems like

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70 Julia Lathrop to Amy Walker Field, April 26, 1919, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD
71 Chesler, 300.
an oversimplification. In the early 1930s, Sanger’s own clinic’s research indicated that somewhere between 25 and 40 percent of all conceptions ended in abortion. Leslie Reagan’s research has also concluded that from 1880-1930 abortion was widely accepted and practiced throughout all levels of society. Clearly, “the public” did not have a particular problem with it. It is possible that she chose to steer away from abortion because the AMA had taken a stance against the procedure as part of their push to consolidate their profession and exclude irregular practitioners. At the time most doctors knew little about birth control and did not overly concern themselves with it. Consequently, Sanger may have seen it as an easier fight to win

Colin Francome also asserts that Sanger separated abortion from birth control to protect her credibility, but he alleges that it was her “British advisors” that she was trying to please, not necessarily the American public. This could have been a legitimate concern for Sanger. In 1916 when Sanger was facing obscenity charges for her publication *The Woman Rebel*, a group of British birth control advocates and intellectuals signed a letter to President Wilson asking him to intervene on Sanger’s behalf. Marie Stopes spearheaded this effort and the document included signatories such as author H. G. Wells, poet and philosopher Edward Carpenter, and translator and biographer of Tolstoy, Aylmer Maude. At the time Sanger’s pamphlet *Family Limitation* had just been published. In this sixteen-page publication, Sanger devoted just a few lines to abortion. Apparently, in response to these sentences Marie Stopes claimed that she encountered resistance when she pursued influential Britons to sign the letter to President Wilson. Stopes claimed, “I had considerable difficulty in securing these signatures because of the approval of

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72 Chesler, 300.
73 Reagan, 14.
75 Sanger, *Family Limitation*, (1915), 5.
abortion expressed in the pamphlet. Indeed a number of most valuable people refused absolutely to sign because of that, and I got into a good deal of hot water as a consequence." Sanger responded that she regretted Stopes’s stress on abortion, since she (Sanger) was clearly against the procedure and observed that, "no one doubts my views on the subject, mainly because I have so strenuously attacked the abortionist." It is difficult to ascertain from this interchange whether Sanger was indeed responding to pressure from Britain or if this was truly a course of action she had already been following.

For Stopes, separating birth control and abortion could have been an expedient social and political position to take. In Great Britain, there was an existing political and legal divide; contraceptive information was not illegal, unless it was deemed to be obscene. Abortion, however, was illegal. In Britain, Lord Ellenborough’s Act of 1803 had made abortion illegal although it did not seem to have a profound impact on behavior, as ads for abortionists continued without reprisals. In fact, some have found that the period between 1896 and 1914 was an abortion age, in which it was used more than in any other period of British history. Ethel Elderton’s *Report on the English Birth Rate* published in 1914 claimed that abortion was very common and possibly even increasing in prevalence in working-class urban areas. This concurs with what some historians, including Edward Shorter have hypothesized: in general, there was limited concern about the fetus, not just in the context of abortion, until at least the 1930s. For example, when examining birth interventions, like the use of anesthetic or forceps, which could often cause injury to the baby, it appears that doctors were mostly focused on ensuring a good

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76 Marie Stopes to Margaret Sanger, Marie Stopes Papers, PP/MCS/A.304, Wellcome Library, London.
78 Francombe, 13.
79 Francombe, 19.
outcome for the mother. The possible ramifications for the baby were of limited concern.\textsuperscript{81} Like their cohorts in the United States, what was more concerning to the doctors in Britain was separating and elevating themselves from other types of health care practitioners like midwives and discrediting over-the-counter self-help options like herbal tonics.\textsuperscript{82}

Although at least initially Stopes’ opinion was important to Sanger the British person who really influenced Sanger’s thoughts was Havelock Ellis. Ellis initially trained as a doctor and went on to become a prolific writer, recognized as an authority on the topic of sex.\textsuperscript{83} His most iconic work, \textit{Studies in the Psychology of Sex} was initially considered too obscene to publish in Britain. Although even the word “sex” was virtually unmentionable when he started writing he had a way of combining scientific thoroughness with literary flair that helped his works be accessible to readers without seeming licentious.\textsuperscript{84} Readers across the globe came to him for advice. For example, Mary Ware Dennett sought his help with her own book \textit{The Sex Side of Life}. She hoped his endorsement would impress post office officials and help them understand that the book was not obscene.\textsuperscript{85}

Sanger, with her interest in feminism and free love was an ardent admirer of Ellis. On her trip to Great Britain in 1914-1915 she finagled a meeting with him. She recorded in her diary, “I count this a glorious day to have conversed with the one man who has done more than anyone in the Century toward giving women and men a clear and sane understanding of their sex lives.”\textsuperscript{86} In fact Sanger’s biographer Chesler claims that, “it is virtually impossible to overestimate the

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\textsuperscript{81} Shorter, 152.
\textsuperscript{82} Brookes, 54-55.
\textsuperscript{84} Havelock Ellis, Noted Writer Dies,” \textit{New York Times}, July 11, 1939, Proquest Historical Newspapers.
\textsuperscript{85} Mary Ware Dennett to Havelock Ellis, April 7, 1925, Mary Ware Dennett Papers, MC 392, Box 14, Folder 250, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
\textsuperscript{86} “Margaret Sanger Diary Entry” Dec 22, 1914 in \textit{The Selected Papers of Margaret Sanger}, 108.
\end{flushright}
impact Ellis would have on Margaret.\textsuperscript{87} Although Ellis admired Sanger, he disapproved of her radical politics. While Sanger was in London, the two met every morning at the British Museum and he selected reading material for her about birth control. He suggested that she should make the topic her exclusive focus, study it scientifically, and moderate her tone in order to be successful.\textsuperscript{88} He was an important mentor for Sanger for the rest of his life. For example the February 1919 issue of \textit{The Birth Control Review} was emblazoned on the front as, “the “Havelock Ellis Number,” and Sanger proclaimed, “the labors of this genius, unique in history…cannot be too gratefully acknowledged nor too frequently emphasized.”\textsuperscript{89} It is quite possible that he was the one to induce Sanger to separate birth control from abortion. In the sixth volume of \textit{The Psychology of Sex}, which examines “Sex in Relation to Society,” he claimed that society was not ready for legally permissive abortion and felt inclined to insert his own opinion on the topic stating, “If it is permissible to interpolate a personal opinion, I may say that to me it seems that our morality is here fairly reasonable. I am decidedly of the opinion that an unrestricted permission for women to practice abortion in their own interest, or even for communities to practice it in the interests of the race, would be to reach beyond the stage of civilization we have at present attained.”\textsuperscript{90} He went on to claim that increased knowledge of contraception would render abortion unnecessary.

Interestingly, in the earliest version of Sanger’s pamphlet \textit{Family Limitation} her advice on abortions was, “If you are going to have an abortion, make up your mind to it in the first stage.

\textsuperscript{87} Chelser, 112.
\textsuperscript{89} Margaret Sanger, “Havelock Ellis-An Appreciation,” \textit{The Birth Control Review}, February 1919, 6.
and have it done…never allow a pregnancy to run over a month.”[^91] This was a pragmatic recommendation that was probably in-line with the majority of women at the time. In later versions, after her friendship with Ellis began *Family Limitation* no longer gave such actionable advice. Instead, it reflects *The Psychology of Sex* very closely, claiming that, “abortion…will become unnecessary when care is taken to prevent conception.”[^92] It seems likely that Ellis’s opinion was influential in encouraging Sanger to separate abortion from the topic of birth control.

**Conclusion**

It is difficult to decipher why the early birth control reformers drew an essentially arbitrary line between contraception and abortion. Their persistence in separating abortion from other methods of birth control was not in line with the experience of a majority of women. In these early years of the twentieth century, it was a struggle for them to “teach” women that one type of behavior was good and morally acceptable and the other was not.[^93] Consequently, abortion stands in stark contrast to other women’s health concerns in the Progressive Era. For other issues such as prenatal care, twilight sleep, and birth control ordinary women and reformers were in agreement. Women relied on the reformers to be their advocates in spearheading changes and gaining better health care for all women. When it came to abortion, reformers did not adhere to this role. Instead, they facilitated creating the dichotomy between birth control as an appropriate way to control reproduction and abortion as a morally questionable way to do so. It seems likely that each reformer had personal reasons for choosing to make the distinction. In addition, while many doctors performed abortions, the American Medical Association was

[^93]: Reagan, 36.
officially against the procedure. Consequently, reformers also probably hoped to win support for their other endeavors from the AMA if they vilified abortion. In fact, the resistance to abortion ended up being one of the only issues on which the various birth control reformers and the maternalist reformers could all agree. Still, it is clear that this distinction between contraception and abortion had not previously been widely accepted. Personal entanglements and political realities contributed to birth control reformers entrenching the divide that abortion was bad and birth control was good. For Progressive Era women this was an outlying instance in which reformers and ordinary women did not agree and a procedure that could have helped protect women’s health was vilified instead.
Chapter 6: Stalling and Statutes: The Legislative Battle for Women’s Health

Some historians have argued that when women are excluded from the main traditional channels of politics, particularly when they do not have the right to vote, in some ways they can be more effective politically than when they are enfranchised.¹ The years of the Progressive Era, which immediately preceded women’s suffrage in 1919, were particularly fruitful for women activists. Women involved in para-political organizations like the General Federation of Women’s Clubs and the National Congress of Mother’s were able to successfully champion legislation at various levels of government.² Frequently, what motivated these women to undertake advocacy was their own role as mothers.³ Using these ideas, historians have explored state level mother’s pensions, the creation of the Children’s Bureau, and the passage of the Sheppard-Towner Act as successes of women-driven activism.⁴ These historians do not focus on the related issue of why, in this environment conducive to legislation that protected women as mothers, advocacy to protect women’s health, especially in relation to their reproductive capacity, was not successful. Although many women wanted maternity benefits, national health insurance and legalized birth control, these things did not come to fruition. In part, this was because the reformers addressing these issues in the United States in organizations like the Children’s Bureau and the National Birth Control League could not agree about the role that contraception should have in their legislative attempts. Because there were disagreements at the highest levels, it was nearly impossible to create a broad spectrum, working-class coalition, like the Women’s Co-operative Guild provided in Great Britain. For para-political tactics to be

¹ Skocpol, 30, Gilmore, 150.
² Skocpol, 56.
³ Ladd-Taylor, 2.
⁴ Gordon, Pittied, 8, Ladd-Taylor, 2, Mink, 7.
successful women needed to present themselves as a united front that could not be ignored by the men who held the actual political power. The Women’s Co-operative Guild played a uniting role in Great Britain and worked with reformers to advocate for legislation. In the United States, no such grassroots organization existed to coalesce the masses and the reformers’ organizations simply could not agree on which aspect of reproductive health to pursue. This lack of cohesion effectively eliminated any chance of successful female health legislation, as much as outside pressure from the groups like the American Medical Association did.\textsuperscript{5} While better health care and the medicalization of reproduction did actually make women healthier and therefore more able to be empowered, it was this paucity of legislation that impeded women from really being able to embrace any empowerment.

Women and female reformers advocated with doctors to improve their reproductive experience with things like twilight sleep and birth control. In addition, women advocated for and were affected by government legislation that regulated aspects of health, motherhood, and reproduction. Legislation passed in the 1910s and 1920s in Great Britain created a scaffold upon which future generations could build. In the United States, that scaffolding failed to materialize. It was more difficult to get national-level legislation because states generally had varying laws and benefits already in place. This patchwork of state-level legislation and programs made federal-level reform seem less necessary. In addition, in the rare instance when federal legislation did succeed, with the Sheppard-Towner Act, outside pressures were enough to undermine it by the end of the 1920s. Thus, little groundwork was laid in the United States for future legislation to build upon.

\textsuperscript{5} Skocpol, 55. Skocpol posits that women’s groups were only able to be successful when they had consistency of purpose and formed broad alliances.
In Britain, the Midwives Act was only the first measure that had an effect upon reproduction. The willingness of the British government to pass legislation concerned with reproductive health care made a difference for women. In Britain, the passage by Parliament of the 1911 National Insurance Act positively affected the reproductive health of many women. The first modern, national social insurance programs were undertaken in Germany in the 1880s. Chancellor Otto von Bismarck saw them as a way to create a strong and integrated nation state and to undermine the attraction of socialist political programs. These reforms were influential in driving similar reforms in Great Britain, although in Germany the impetus came from the government, whereas in Great Britain, the impetus came from the organized labor movement, attempting to improve workers’ circumstances. The British National Insurance Act of 1911 introduced health insurance, sick leave, and unemployment insurance and drew many of its ideas from Germany. A key organizational component of this Act was that it involved a tripartite system in which the employee, the employer and the government all contributed funding for the programs. This allowed workers to take sick days, receive free tuberculosis treatment, and have appointments with their assigned doctor. Due to pressure from the Women’s Co-operative Guild, it also included a single payment maternity benefit.

While most reformers were from middle-class backgrounds, the members of the Women’s Co-operative Guild were not. *Maternity: Letters from Working-Women* collected by the Guild and published in 1915 gives insight into the expectations of working-class Britons. The members who had the leisure and resources to join the Guild represented women who had fairly

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7 Women’s Co-operative Guild, 2.
stable work or had husbands with steady work. These working-class women wanted to better themselves and their communities in ways that would create meaningful improvement in the everyday lives of their friends and neighbors. These women did not have the resources to obtain private hospital births with twilight sleep like Marie Stopes and other upper-class women could, nor could they qualify for Poor Law benefits that generally provided for free hospital births. These mothers saw their advocacy as a critically important component that contributed to the inclusion of the financial maternity benefit in the National Insurance Act.

The monetary benefit included in the National Insurance Act allowed a pregnant woman to pay for a midwife or doctor for her childbirth, as well as, post-delivery care of both herself and the new baby. It was the mother’s choice as to how this money was spent. When the Act was put into place in 1911, the benefit was thirty shillings, a sum substantial enough to allow a woman to hire a doctor or a midwife. Physicians normally charged one or two pounds to attend the birth while midwives charged about four shillings for the birth and extra for each day of post-natal care. Prior to the passage of this Act, women had to scrimp and save in order to try to put aside enough money to pay for some kind of attendant, but this was often incredibly difficult to do. Consequently, women settled for attendants that they did not feel were properly qualified, or they returned to doing the work themselves very quickly after childbirth. As the letters of the Women’s Co-operative Guild illustrate, this often led to women sustaining birth injuries. One woman claimed she was an invalid for six years, “through getting about too soon and causing womb displacement.” In addition, both babies and mothers suffered from malnutrition and the

8 The Poor Law Amendment Act, passed in 1834, attempted to curtail outdoor relief, in which needy people were provided food, money and clothing to help alleviate their suffering. Instead, institutions such as workhouses, asylums, and hospitals were created to provide for the needs of those in the lowest socio-economic strataums.
9 McIntosh, 38.
10 The Women’s Co-operative Guild, 35.
mothers’ lack of vitality due to overwork. For example, one woman’s reproductive story in *Maternity* included two babies within fifteen months of each other, both with prolonged labors that eventually required medical intervention. The doctor blamed her trouble on the fact that she did not rest or take care of herself, but she did not have the money to hire any help. A third pregnancy ended in miscarriage that forced her into her bed for a month. During that time, she hired a small girl to assist her, as that was all she could afford. In addition, she had her bed placed in the center of the home so that she could supervise the household and perform tasks like ironing clothes and kneading bread from her bed. Her feelings about her situation are very clear, she concluded that if she had received the new maternity benefit she would not have suffered so much internal physical damage.\(^{11}\)

The implementation of the maternity benefit was a substantial asset for working-class women, which the Women’s Cooperative Guild was instrumental in achieving. Their whole purpose in publishing *Maternity* was to influence the government to continue and expand the thirty-shilling disbursement. As cutting edge as it was, the maternity benefit did have limitations. The National Insurance Act only covered those working in industry. Those who were self-employed or unemployed were not included. Even so, this Act with the included maternity benefit in conjunction with the Midwives Act, positively affected many working-class Britons. It also created a base from which to structure future social welfare programs aimed at women and children.

In 1911, the U.S. Bureau of Labor actually printed the full text of the British Act indicating that even at that early date there were at least some in the government interested in

\(^{11}\) The Women’s Co-operative Guild, 153.
helping to spread the ideas that the Act contained.\textsuperscript{12} Private citizens were paying attention too. Louis Brandeis, at the time an important Progressive lawyer who would become both a judge on the Supreme Court and important figure in New Deal politics, addressed the National Conference of Charities and Corrections in June of 1911. In his speech, he called for comprehensive social insurance in the U.S. and for the United States to follow the path of England and Germany.\textsuperscript{13} Later, when Brandeis became a member of Franklin Roosevelt’s inner circle working to “solve” the problem of the Great Depression he undoubtedly still had these progressive ideas on his mind.

In the U.S., many proponents of the maternity benefit envisioned the benefit as something to be paid to working women in order to encourage them to stay home for a period of time after the birth of their babies. Certainly, there was evidence that postnatal care and recuperation helped both mothers and babies. The industrial department of the Metropolitan Life Insurance Company reported that they had reduced the maternal death rate amongst their working-class policyholders by nearly eleven percent over a five-year period. The company ascribed its success to the fact that it provided two prenatal and eight postnatal visits by a nurse to each mother that the policy covered.\textsuperscript{14} The problem was that most of these maternalist reformers fervently believed in the family wage and wanted married women, especially mothers to withdraw from the workforce altogether. While they grudgingly acknowledged that was not financially feasible for everyone, their main goal was to promote their vision of the male breadwinner and the stay-at-home mother. Consequently, while they could see that working mothers needed to be

\textsuperscript{12} Rodgers, 63.
\textsuperscript{13} Rodgers, 251.
\textsuperscript{14} Metropolitan Life Insurance Company, “Mortality of Mothers In Childbirth,” Press Bulletin #9, 1917, Records of the Children’s Bureau: Central File, 1914-1920, Box 102 Folder 4-15-4-1, National Archives at College Park, MD.
protected, they were not greatly motivated to pursue reforms like maternity benefits, instead endeavoring to eliminate the category of “working mother” altogether. Even the more radical birth control reformers were not initially enthusiastic supporters of maternity benefits. In part, this was due to the fact that providing benefits at and after birth, seemed to clash with their idea of limiting conceptions. By 1921 though Mary Ware Dennett and Marie Stopes had started discussing the idea of adding “parenthood endowments” to their birth control platform.\footnote{Mary Ware Dennett to Marie Stoles, Oct. 31, 1921, Marie Stopes Papers, Series B: Special Correspondence, Section 9: Overseas, vi: United States, MS 58585, British Library, London.}

In 1917, the American Association for Labor Legislation proposed a National Insurance Act that included paid maternity benefit based, at least in part, on the British Act, but the American Medical Association resisted this proposal and Children’s Bureau officials gave it only token support because they were focused on getting the Sheppard-Towner Act passed. In addition, there were concerns that national health insurance might not prove successful over the long haul. Julia Lathrop indicated her preference for government sponsored maternity centers saying, “I feel that social insurance is still in embryo and requires years of patient research and practical intervention before it will become truly effective.”\footnote{Julia Lathrop to Mrs. Frederick Halsey, Jun 3, 1916, Records of the Children’s Bureau: Central File, 1914-1920, Box 102 Folder 4-15-4-1, National Archives at College Park, MD.} In fact, when the Children’s Bureau examined the situation in Great Britain they found that actuaries had underestimated the number of women who would claim the maternity “sickness” benefit.\footnote{“Industrial Employment of Women: Its Relation to Maternity and Infancy: Great Britain,” 1919, Records of the Children’s Bureau: Central File, 1914-1920, Box 118 Folder 410,406, National Archives at College Park, MD.} Consequently, in 1913 and 1914 the claims of insured women were distinctly in excess of the provision made for them.\footnote{“Industrial Employment of Women: Its Relation to Maternity and Infancy: Great Britain,” 1919, Records of the Children’s Bureau: Central File, 1914-1920, Box 118 Folder 410,406, National Archives at College Park, MD.} To balance the funds Parliament agreed to appropriate funds to the Central Insurance Fund. From the Bureau’s perspective anyway this meant that the British Government was
basically, “assuming the cost of sickness benefit for women during pregnancy.” Whether the women in the Bureau thought this was an untenable outcome in the United States because of personal beliefs or political realities is unclear. Either way, they did not support the 1917 National Insurance Act and the proposal died.20

Maternity and Child Welfare

Much like the crisis of the Boer War helped inspire the passage of the Midwives Act, the havoc created by World War I inspired the British government to even further action to protect women and babies. The extraordinary circumstances of the war allowed localities to take matters into their own hands which then those in Parliament realized could be codified into law to the benefit of all.21 The Maternity and Child Welfare Act of 1918 allotted money to local authorities to, “attend to the health of prospective mothers and nursing mothers and children who have not attained the age of five years.”22 The drafters of the legislation suggested that each area could choose to use the funds in a variety of ways. Some of their ideas included crèches and day nurseries, convalescent homes for nursing mothers, home help for confinements, and food for the truly needy.23 Most importantly, according to the drafters, it would provide midwives for women who needed them and maternity and welfare centers. 24 Mr. Hayes Fisher, one of the sponsors of

20 Lindenmeyer, 62-63.
the bill, explained how he was being besieged by those who wished Parliament to pass the
maternity bill without delay. He then went on to quote verbatim from the letter he had received
that morning from none-other than the Women’s Co-operative Guild that read, “That this
Congress strongly protests against the continued delay of the Maternity and Child Welfare Bill
and calls upon the Government to place the needs of mothers and children before the wishes of
interested parties and to give immediate facilities for passing the Bill into law.”

The Bill did pass into law, but it placed the power to distribute benefits with the local
governing authorities (generally called “councils” in Britain.) Each city or town council was
empowered to provide the benefits as outlined in the law, but they were in no way required to do
so. Consequently, one council might choose to subsidize a midwife to practice in a district that
otherwise could not support her, while another might chose to set up an ante-natal clinic for
expectant mothers. There is no doubt that the Act improved maternal and infant health, but it
was not equally beneficial for all.

Just a year later in 1919, in an effort to standardize what was happening across the
country in relation to everyone’s health, the British Government created the Ministry of Health.
Much like in the United States, many programs and regulations were implemented at a municipal
or regional level. The initial goal of the Ministry was to try to coordinate the twenty-two
Government departments and two thousand local authorities who were, “at present doing odds
and ends of health work.”

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to lead this new department. Addison had initially been elected to the House of Commons, was later elevated to the peerage with the title first Viscount Addison, and served in the House of Lords. During the war he held several Cabinet positions before being tasked to lead the Ministry of Health. The new Minister’s role was, “to secure the preparation, effective carrying out and co-ordination of measures for the prevention and cure of diseases.” All of the previous acts that related to women’s health including the Midwives Act, the National Insurance Act and the Maternity and Child Welfare Act subsequently came under the purview of the Ministry of Health.

From the outset, British women hoped to influence the Ministry. Margaret Mackworth, Viscountess Rhondda was a prominent suffragette and also one of the most powerful women in Britain, having inherited the directorship of thirty colliery and shipping companies from her father. Before the act that created the Ministry of Health was even passed, she advocated that there be a special advisory council, “composed of ordinary wives and mothers” established in connection with the Ministry to advise them on issues that were important to women. While they did not enact her suggestion, the Ministry did take action on the topic of reproductive health. Within seven months, they had published “Memorandum on Maternity Hospitals and Homes.” This pamphlet included specific details and recommendations that local authorities could use to construct health care facilities for women. It suggested that in addition to inpatient facilities, these homes and hospitals should also include outpatient nursing and midwifery services. It also endorsed the idea that the midwives should treat all of the normal cases, that at

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29 “British Heiress to Visit America,” The Detroit Free Press, July 27 1919, Proquest Historical Newspapers.
31 “Maternity Homes and Hospitals,” The British Medical Journal Vol. 1 No. 3087 (1920): 299, JSTOR.
least one woman doctor be associated with each home or hospital whenever possible, and that the medical officer of the facility should have held a resident post in an obstetric hospital.\textsuperscript{32} This helped reinforce the connection between midwives and obstetricians as the appropriate women’s healthcare team and acknowledged that many women preferred to entrust their health care to other women.

Although important improvements were made, by the Ministry of Health’s one-year anniversary in July 1920 it was clear that there was still plenty of controversy. The British Medical Association applauded much of what the Ministry had been able to accomplish but was vexed by the failure of Dr. Addison to recognize the efforts that the BMA had made to help make the Ministry come to fruition in the first place.\textsuperscript{33} The situation had increased in intensity six months later when Dr. H. B. Brackenbury took to the pages of the \textit{British Medical Journal} and claimed, “it becomes evident that there is…an attempt…to undermine the position and machinery of the Ministry itself, and to discredit those of our own profession who are attached to it.”\textsuperscript{34} Brackenbury urged the BMA to support the Ministry’s reforms for the well-being of the people and the health of the nation. One of the main sticking points for doctors was establishing the relationship between private practitioners and municipal clinics and hospitals. Although there were multiple types of hospitals and clinics the main focus of consternation was the Ministry supported maternal and child welfare clinics. The doctors were adamant that these clinics should be, “educational, preventative, and advisory; no treatment should be given.”\textsuperscript{35} The representative of the Society of Medical Officers of Health countered that establishing rules and regulations for

\textsuperscript{32} “Maternity Homes and Hospitals,” 300.
\textsuperscript{33} “The First Year of the Ministry of Health,” \textit{The British Medical Journal} Vol. 2 No. 3108 (1920): 130, JSTOR.
\textsuperscript{34} H. B. Brackenbury, “The Ministry of Health and the Profession,” \textit{The British Medical Journal} Vol. 1 No. 3131 (1921): 31, JSTOR.
\textsuperscript{35} “Municipal Clinics and the Private Practitioner,” \textit{The British Medical Journal} Vol. 2 No. 3181 (1921): 227, JSTOR.
such clinics should really be the crux of the matter. Once all interested parties agreed upon what the purview of clinics was, compared to the purview of doctors, some treatments might be given at clinics but it would not overlap what the doctors were doing.\textsuperscript{36} Those already working in clinics maintained that many women were told they needed treatment for various problems but had no way to obtain it. After returning to the clinic multiple times with no solution, the clinic doctors “felt that the only solution to the problem was to treat the people on the spot at the centre.”\textsuperscript{37} They suggested a compromise that allowed clinics to give information to all but only to treat those who were financially unable to provide a family doctor for themselves or their infants.\textsuperscript{38} In this way it was hoped that doctors would not feel as though their, “rightful sources of income were being invaded” but that the Ministry’s municipal clinics could still assist those in need.\textsuperscript{39}

While the efforts to provide healthcare to all women and children in Britain were struggling to accommodate the multitude of interested parties, some in the United States were taking notice. The \textit{New York Times} compared the American Public Health Service unfavorably with the Ministry of Health. According to the \textit{Times} the American Public Health Service was mostly concerned with port sanitation and had little power or money to work with.\textsuperscript{40} State Departments of Health or Hygiene were attempting to fill in the gap but it was challenging. The \textit{Times} was hopeful that voluntary organizations such as the American Social Hygiene Organization might also play a key role in improving maternal and infant health, but in reality

\textsuperscript{36} “Municipal Clinics and the Private Practitioner,” 227.
\textsuperscript{37} “Municipal Clinics and the Private Practitioner,” 227.
\textsuperscript{38} Brackenbury, 32.
\textsuperscript{39} Brackenbury, 32.
\textsuperscript{40} “Saving Britain’s Babies,” \textit{The New York Times}, Jan. 16, 1921, Proquest Historical Newspapers.
voluntary organizations could not draw on the same type of resources that a government entity could.

While government indifference to reproduction certainly did not help matters, other issues may have also contributed to the legislative failures in the United States. In Britain, the existence of a strong Labour Party and established working-class women’s organizations like the Women’s Co-Operative Guild represented many working-class women and they were instrumental in getting the maternity benefit passed. However, in the United States the proposed maternity benefit programs came from small groups of middle-class reformers ensconced in organizations like the Children’s Bureau who had support from many women but could not count on bringing organized pressure to bear on Congress. In her advocacy work Mary Ware Dennett bemoaned the fact that some, “never grasped the big idea…the people’s body of delegates so strong that they could dictate to the government” and that, “the fact remains that we have no great powerful body in this country to make a bold concerted move…which is anywhere near comparable to the British Labor Party. Three cheers for them!”

The Sheppard-Towner Act

The only successful federal act that passed in the United States during this time period was the Promotion of the Welfare and Hygiene of Maternity and Infancy Act, more commonly known as the Sheppard-Towner Act. This act, passed in 1921 and named after the congressmen who sponsored it, had many parallels with similar acts in Britain especially the Maternal and Child Welfare Act of 1918. Although World War I did not have the same level of impact in the United States that it did in Great Britain it was still a major influence. The National Council of

41 Mary Ware Dennett to Mrs. Hodgins, January 27, 1918, Mary Ware Dennett Additional papers, 1892-1945, MC 629, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
Defense created several boards on nursing to ensure that both soldiers and civilians would receive the best possible care. The Committee on Home Nursing found that since so many young men were facing death in the trenches that, “families, particularly the women, be given scientific advice and tender care during childbirth.” The Committee found that services like those offered by the visiting nurses service of the Henry Street Settlement in New York truly helped women and babies, and significantly reduced maternal deaths compared to the national average. They recommended that for the duration of the war the Red Cross should coordinate similar services across the United States by utilizing whatever extant public health agencies and nursing services they could find to provide women with care. These type of actions during the war helped normalize the idea that women’s reproductive healthcare was important.

The Sheppard-Towner Act attempted to codify and expand the wartime actions taken to help mothers. It was actually largely the result of the work of maternalist reformers in the Children’s Bureau. Like other movements of the time, the reformers were crucial in spearheading the initiative, but the impetus came as much from women across the country as it did from the Bureau’s statistics. Almost as soon as the Bureau was founded, women started to write advocating for changes. One woman said, “If I had the power I would make a law that mother’s should be well protected before, during and after confinement.” After Sheppard-Towner was already being drafted another woman wrote to Julia Lathrop describing her

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44 “Report: Chairman National Committee on Home Nursing,” Sept 21, 1917, 4. Records of the Children’s Bureau: Central File, 1914-1920, Box 107 Folder 9-5-7-1-10, National Archives at College Park, MD. While this is undoubtedly a true statement it is interesting to note that the founder of the Henry Street Settlement was Lillian Wald, and she was also the Chairman of the committee authoring this report.
45 Emma Case to Julia Lathrop, May 28, 1913, Records of the Children’s Bureau: Central File, 1914-1920, Box 25 Folder 4-2-2-3-1, National Archives at College Park, MD.
involvement in the Women’s Foundation for Social Health, a cooperative movement of fourteen national women’s organizations, and detailing how diligently she was working to get support for Sheppard-Towner. She had been in touch with the State Commissioner of Health and was, “anxious that the Foundation should endorse this bill.”\textsuperscript{46} The bill had widespread support from middle-class women’s organizations across the spectrum including the National Congress of Mothers, the League of Women Voters, and the Daughters of the American Revolution.\textsuperscript{47} In addition, millions of women wrote independently to their Congressional representatives urging them to pass the bill.\textsuperscript{48} Research done by the Bureau had proven what women already understood. Mothers and babies were suffering from diseases and birth injuries, sometimes even dying. In many of these instances, modern, scientific health care could have prevented their suffering, if only they had access to it. In the brief that they submitted in support of the act, they used the experience of Britain to buttress their argument for why they needed the act. They claimed that the Maternity and Child Welfare Act of 1918 was a comprehensive scheme and that the system in Britain was, “producing excellent results.”\textsuperscript{49}

Like they did with the campaigns for twilight sleep and birth control, average women and professional reformers worked together to get legislation passed. They actively pursued cutting edge medical knowledge by demanding the passage of the Sheppard-Towner Act. Doctors as a matter of principle opposed them, since the idea of laywomen, nurses, and midwives dispensing medical information was anathema to their goal of regulating the medical profession and raising

\textsuperscript{46} Ella Blair to Julia Lathrop, January 27, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 118 Folder 10,406, National Archives at College Park, MD.
\textsuperscript{47} Ladd-Taylor, 170.
\textsuperscript{48} Ladd-Taylor, 170.
\textsuperscript{49} “Brief For Federal Aid In the Protection of Infancy and Maternity,” Nov, 28, 1919, 27. Records of the Children’s Bureau: Central File, 1914-1920, Box 118, Folder 10,406, National Archives at College Park, MD.
themselves to be the only true holders of valid medical knowledge.\(^{50}\) Even though the AMA opposed the act, its initial arguments were tempered by the fact that the goal of the act was largely to provide preventative services like prenatal care that doctors generally did not perceive to be part of their remit anyway. Overall support was so widespread that the tepid resistance initially mounted by the AMA was overcome and the Sheppard-Towner Act passed fairly readily. The federal government pledged to give 1.9 million dollars in matching grants, to states that adopted maternity and infancy protection plans.\(^{51}\)

Reformers considered Sheppard-Towner to be a major win (and was indeed the first social welfare legislation at a federal level geared towards women), much like the Maternal and Child Welfare Act in Britain, but it in no way guaranteed women access to any kind of benefit, certainly not birth control, because although Bureau Chief Julia Lathrop may have been privately supportive of birth control, she was adamant that it have no mention in the bill.\(^{52}\) Other than that it was left to the states to decide what type of local initiative they wished to undertake. Although Lathrop envisioned the Act as establishing, “a public service for the common gain” like the post office or schools, the piecemeal system it established was hardly up to the challenge.\(^{53}\) Some states refused to participate; others used the money to establish programs to regulate midwives. Still others trained and deployed visiting nurses. Many of the states used the funds to start traveling maternity and infant clinics that instructed mothers in topics like breastfeeding and hygiene.\(^{54}\) Although broadly supported at the time of its inception, Congress withdrew funding

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\(^{50}\) Ladd-Taylor, 174.

\(^{51}\) Mink, 67.

\(^{52}\) Julia Lathrop to Mary Ware Dennett, November 1, 1920, Records of the Children’s Bureau: Central File, 1914-1920, Box 24 Folder 4-0-2, National Archives at College Park, MD.


\(^{54}\) Mink, 68.
for the program a mere eight years later due in large part to continued pressure from members of the American Medical Association as they realized that the act did affect them. Even though Sheppard-Towner did not permit the funds to be used to build permanent clinics where women and infants could receive regular and ongoing medical care, the medical establishment decided it did not want supposedly uneducated lay female reformers, and medical irregulars like female nurses, and female midwives engaging in providing any form of medical information.55

Birth Control Legislation

While maternalist reformers focused on certain types of legislation to improve women’s health, birth control reformers were busy trying to change statutes to legalize birth control, which also affected women’s health. One of the aspects that potentially contributed to the failure to get legislation passed in the U.S. was the competing goals of the reformers. While Mary Ware Dennett’s approach involved advocating for legislative change, Margaret Sanger’s approach was grassroots activism. In the fall of 1916 when Sanger was arrested for opening the birth control clinic in Brooklyn and therefore breaking the obscenity statutes, she was actively hoping for a chance to challenge the laws in court. In December 1917, the New York State Court of Appeals upheld Sanger’s conviction but the judge, Frederick Crane, reminded the court that there could be medical exceptions to the Comstock laws. In New York State according to Article 6 section 1145 of the Penal Code doctors could legally purchase, discuss and prescribe, “articles or instruments” that were for the, “cure or prevention” of disease.56 Judge Crane argued for a broad interpretation of what might be considered a disease and suggested that this would allow physicians to give married persons advice in good conscience without fears of legal

55 Molly Ladd-Taylor, 169.
ramifications. In light of this, Sanger felt that by gaining the doctors’ trust and encouraging them to understand “medical indications” in the widest possible way she could simply begin giving out information without having to face the uncertain struggle to change the laws. While this may have seemed expedient at the time it helped ensure that in the U.S. no legislation legalizing birth control was forthcoming.

Mary Ware Dennett believed that the best way to achieve rights for all women was through direct legislation. Probably influenced by her previous work on the suffrage campaign Dennett understood that something enshrined as a right was substantially more secure from future restrictions and curtailment than a nebulous legal loophole. In March of 1917, the NBCL introduced a bill in Albany, the New York State Capital. It proposed that the New York State Legislature would remove birth control from the list of items classified as obscenities and thereby allow birth control devices and information to circulate freely. The League struggled to get women to go to Albany to support the bill in person. They also were not particularly successful in raising the money necessary to assist those of their own membership who were campaigning around the state. Also, legislators were pleasant and vaguely supportive in private talks but disinclined to publically vote for birth control legalization. There were similar outcomes in many states. The Secretary of the Birth Control League of Western Pennsylvania wrote to Dennett complaining, “after all our self-congratulation that day at the luncheon those legislators

57 Engelman, 102.
58 Chen, 223.
59 Virginia Heidelberg to Mary Ware Dennett, March 12, 1917, Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
60 Augusta Cary to Mary Ware Dennett, June 4, 1917, Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
were fooling us.”

The inability to make any headway at the state level and ongoing disagreements within the NBCL frustrated Dennett. In 1919, she withdrew from the NBCL, which soon folded, and formed a new organization the Voluntary Parenthood League. The object of this new group was:

“To make available for the people’s need the best scientific knowledge as to how to make parenthood voluntary, not accidental, and as a first step toward that end, the removal of the words ‘prevention of conception’ from the Federal obscenity laws which now besmirch and degrade the question of intelligent parenthood by linking it with indecency.”

It was not an easy objective to try to achieve. In the summer of 1919, Dennett started preliminary talks with Senators and Congressmen to try to drum up support for legalizing contraception and to find a sponsor for the future bill. Much like at the state level, many were privately supportive or at least indifferent to the idea of removing birth control from the obscenity statutes but did not want to be the one to introduce the legislation. Some of the various Senators excuses for not wanting to introduce the bill included, being too busy to learn the information necessary for a proper debate on the topic, not wanting to imperil their re-election, and, “frankly being afraid to do it.” Even Senator Sheppard, the sponsor of the Sheppard- Towner Act, “recognized the necessity of our bill to complete the service provided by his bill, but could not consider

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61 Maidee Renshaw to Mary Ware Dennett, June 18, 1917, Mary Ware Dennett Papers MC 392, Box 15, Folder 269, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
62 Voluntary Parenthood League Flyer, 1919, Mary Ware Dennett Papers MC 392, Box 15, Folder 275, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
63 “The Story of the Bill,” Jan 25, 1921, Mary Ware Dennett Papers MC 392, Box 16, Folder 298, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA. Senator Townsend, Senator McCumber, and Senator Frelinghuysen
sponsoring ours.”64 By this point Dennett had been in Washington seeking a sponsor for a year and a half. Finally in 1923 the bill was introduced by Senator Albert Cummins and Representative William Vaile.65

In her effort to get the Voluntary Parenthood League’s bill, now known as the Cummins-Vail Bill, passed Dennett circulated a memo to the Senate Judiciary Committee that stated, “Contraceptive information has no logical connection with indecency, but is a part of modern science, and should be so recognized by the laws.”66 This reclassification would allow doctors to recommend contraception and it would legalize more traditional consumer channels of birth control allowing devices to be sold as birth control appliances instead of as feminine hygiene products. In addition it would have allowed the distribution and mailing of birth control literature like Sanger’s *Family Limitation* pamphlet and Marie Stopes’ *Married Love* book, as well as, related works such as Dennett’s own *The Sex Side of Life: An Explanation for Young People* which she faced prosecution for distributing. Dennett explained her reasoning for a complete removal of contraception from the obscenity statues instead of a “doctors only” bill thusly:

> “People will talk and compare notes on this all important family problem, no matter what. Everyone who gets helpful instructions from a good doctor is sure to tell the next personal about it. Information inevitably gets garbled in repeating, and the best way to antidote inaccurate verbal knowledge is to have the best medical information there is wisely and easily available in print, on practically the same basis as all hygienic precautions, such as care of the teeth, digestion, etc. are now printed. These hygienic rules all came from the medical profession, but the doctors certainly could not have made the headway they already have in preventative medicine and hygiene if they had given out instructions only to each individual personally as a private case. Publications on

64 “The Story of the Bill,” Jan 25, 1921, Mary Ware Dennett Papers MC 392, Box 16, Folder 298, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.
65 Chen 232-233.
66 Mary Ware Dennett, “To The Members of the Senate Judiciary Committee,” 1925, Mary Ware Dennett Additional papers, 1892-1945, MC 629, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA
hygiene have been found to be absolutely necessary adjunct to personal medical service.\textsuperscript{67}

Despite Dennett’s tireless work to remove contraception from the obscenity statutes, she did not find success. In the spring of 1925, she gave up the fight in Washington and stepped down from the lead role of the Voluntary Parenthood League.\textsuperscript{68}

Conclusion

Grassroots, para-political engagement could lead to changes for women. The success of the Sheppard-Towner Act was largely due to the support it received from all kinds of women. In Great Britain, reformers and the working-class women in the Women’s Co-operative Guild were integral to getting the thirty-shilling maternity benefit included in the National Health Insurance Act of 1911, and health clinics included in the Maternity and Child Welfare Act of 1918. When combined with the regulation of midwives in the Midwives Act of 1902, these legislative successes improved the health of the women of Great Britain. The establishment of the Ministry of Health in 1919 virtually ensured that all women would have access to reproductive healthcare when they needed it. In the United States, midwives were vilified and the proposed National Insurance Act of 1917 did not come to fruition. The Sheppard-Towner Act did provide some women with informational health clinics but it receive funding for less than a decade and the birth control reformers were unsuccessful in legalizing contraception. The fractured and contentious nature of the women’s health care reform agendas in the United States made legislative success difficult to achieve. In particular, the role birth control should play in any

\textsuperscript{67} Mary Ware Dennett, ”Reasons for Removing the Whole Instead of Part of the Legal Restrictions On Contraceptive Knowledge,” April, 2, 1920, Mary Ware Dennett Papers MC 392, Box 13, Folder 228, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.

\textsuperscript{68} Chen, 237.
legislation was a stumbling block. The legislation passed in Great Britain created a robust core upon which future generations could build to protect and improve women’s healthcare. In the U.S., the only legislation that actually passed at the federal level was rescinded by the end of the 1920s. Consequently, individual women were able to radically improve their health, but women as a whole continued to struggle due to vagaries of access and resources since there were no government mandates to ensure care for all.
Conclusion

Historians who study aspects of women’s reproductive health during the Progressive Era have tended to assert that the medicalization of reproduction that happened during this period, and the subsequent necessity of partnering with doctors for women’s health issues, disempowered women.\(^1\) Certainly, having to partner with and rely on doctors for something like birth control, which could be sold over the counter, or for something that could be considered natural, like childbirth, added a level of complexity for women. Doctors potentially brought their biases and opinions into the examining room with them. Women were not completely free to choose what type of birth control they wanted to use or what type of childbirth they wanted to experience. However, exclusively examining what happened after medicalization misses a critical point about what life was like for women before medicalization. When it came to their health and reproduction women were not imbued with power. Women were circumscribed by their family’s and society’s expectations. In addition, with little recourse to the latest scientific and medical advances that doctors could provide, women were left to sort through conflicting and often clandestine information to try to maintain their own health. Consequently, women were in no way empowered when it came to issues of reproduction and health. Moreover, their constant ill health and debility, which were directly related to issues of childbirth and reproduction, effectively made many women into semi-invalids. They had no energy or ability left to be empowered in any aspect of their lives.

“I am the mother of 12 and have 7 living and expect another one in Dec. I ought to be under the Doc [sic] care…I lost my last baby at 6 weeks old I worked to hard…my heart

is not right...I am nervous and rundown...I only hope I will get through this alright and the little one will live.”

It is clear that this woman does not feel empowered about her own health, her children’s health, or presumably much of anything. She is certainly representative of many women of her time. What was anomalous about the Progressive Era itself was that for a period of time many women found the wherewithal to empower themselves to take control of their health and reproductive experiences. Professional reformers, laywomen advocates, and ordinary women all were instrumental in changing women’s health care and reproductive experiences in the first twenty-five years of the twentieth century.

Women in both Great Britain and the United States advocated successfully for twilight sleep. Knowing they were going to have twilight sleep for their childbirth reduced women’s anxiety beforehand. After the birth, women were calm and satisfied with no memory of experiencing any pain or suffering. Although the drugs could cause trouble for babies if used indiscriminately, when used properly most babies suffered no lasting effects. Consequently, mothers and babies tended to have better health outcomes because interventions like forceps were employed less frequently to hasten the process along. The fact that twilight sleep necessitated a hospital stay was seen as a benefit to the mothers who also appreciated the postnatal care that they received in a facility, unlike what most had experienced when newly delivered in their own homes. These women forced doctors to take their demands seriously and to embrace methods of painless childbirth.

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Women in both countries also changed the discussion about birth control. By working with doctors, they created a new type of women’s health clinic that helped women with all aspects of reproductive health. These clinics provided women with contraceptive devices that had minimal failure rates and were not injurious to women’s health. Although infighting in the birth control reform movement hampered progress towards society accepting contraception as an unalloyed benefit in both Britain and the U.S., the women who were using contraception and the reformers who advocated it, were successful in getting doctors to learn more about it and embrace it as something that deserved physicians’ attention.

One major difference between the two countries was the way that the professionalization of doctors occurred. In the United States, doctors were successful in excluding other types of practitioners from the field of healthcare. For women this meant that they lost access to the only traditional healthcare provider that many of them had previously used, the midwife. Most women were then reliant on general practitioners who were overwhelmingly male and who often had little training in matters of gynecology and obstetrics. In Great Britain, general practitioners were generally relegated to other areas of healthcare and obstetricians tended to work in tandem with female midwives to provide healthcare for women. Consequently, women in Britain were able to benefit from attendants who were specifically trained to deal with reproduction, while women in the U.S. struggled to find doctors who were educated about female health.

The other major difference between Great Britain and the United States was legislation. Grass-roots, para-political efforts need cohesion in order to be successful. In Britain, reformers were largely united on issues like the benefits of twilight sleep, the necessity of scientifically training midwives, the advantages of national level maternity benefits, and even to an extent the usefulness of contraception. Buttressing the reformers rhetoric were large-scale working class
organizations like the Labour Party and the Women’s Cooperative Guild. Groups like these helped reformers put pressure on the government to take women’s health seriously and get legislation passed like the maternity benefit that was included in the 1911 National Insurance Act. In the United States the reformers in the Children’s Bureau who were arguably in the strongest position to advocate for women, refused to consider publicly supporting other reformers in the areas of twilight sleep and birth control. In addition, there was a lack of working class organizations that would have provided a reason to push the government towards action. Many individual women wrote in support of the Sheppard-Towner Act in 1920 but there was simply no group similar to the Women’s Cooperative Guild in Britain that was willing to help women combine their voices to advocate for change.

Although medicalization was not disempowering to women, since they were not empowered prior to the Progressive Era, medicalization brought challenges for women in the United States. However, these challenges were not the result of medicalization per se. When comparing the situation in the United States with the situation in Great Britain, it is clear that women were advocating for many of the same advancements and changes in reproductive healthcare. Reformers in both countries corresponded with each other, visited each other, and shared each other’s published works. Beyond reformers, if someone interested in twilight sleep in Great Britain wondered what American doctors were saying about the topic all they had to do was open Hannah Rion’s *The Truth About Twilight Sleep* to chapter XVII “The American Physicians and Painless Childbirth.” If someone in the U.S. wrote to the Voluntary Parenthood League asking for contraceptive information they were likely to receive Marie Stopes’ British
pamphlet *Letter to Working Mothers*.³ The reform movements were concurrent and intertwined. There were two critical differences that eventually set different trajectories for the two countries. The first was the training, licensing and ultimate acceptance of the midwife in Britain compared with the disappearance of the midwife in the United States. The second was the passage of supportive legislation in Britain that enabled a majority of women to benefit from the advances in healthcare in a way that women in the U.S. were not able to.

The medicalization of reproduction and the move to doctors and clinics for care did subsequently ensure that in many instances women had to partner with doctors when they made decisions about their health. While this has proved not to be optimal for all women, most Progressive Era women saw this move as a great success and as a huge improvement over their immediate past where medical issues such as a prolapsed uterus could only be solved by wearing a homemade support that attempted to keep a woman’s uterus intact. Having access to reliable birth control meant birthing fewer children, putting less pressure on the uterus. Having a relaxed and painless childbirth meant less need to resort to damaging measures to get the baby out and relieve the mother’s suffering. If a woman did still end up with a prolapsed uterus, she could turn to a professional for help. Still, the eradication of midwives and the inertia of legislators left hurdles that future American women were forced to try to overcome.

**Great Britain**

In Great Britain, in 1913, the Women’s Cooperative Guild proposed a national program that included establishing maternity clinics, better training of midwives, and hospital admittance for difficult births.⁴ While a national plan would not immediately come to fruition, the first

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³ Marie Stopes to Mary Ware Dennett, Feb 13, 1920 Marie Stopes Papers, PP/MCs/A.305, Wellcome Library, London.
prenatal municipal clinic opened in Woolwich southeast London in 1915, and by 1918, 120 such clinics were located around the country, supported by both voluntary sources and municipal funds.5 These clinics were a boon for women, and as early as 1917 Dr. Alice Vickery Drysdale, President of the Malthusian League, advocated that birth control should be provided at these maternity centers.6 Subsequently, the goal of many was to convince the Ministry of Health to provide birth control information.

By 1921, Britain had over 2000 pre-natal clinics and infant and maternal welfare centers. Local governments ran these with funds provided by the Ministry of Health.7 The Ministry was not initially particularly keen on the idea of providing contraception. Officials maintained that it was up to Parliament to decide if public funds could be used for an issue so controversial as birth control. By July of 1930, public opinion was sufficiently supportive for this milestone to be accomplished. The Ministry’s Memorandum 153/M.C.W. decreed that the doctors, nurses, and midwives working in municipal clinics supported by funds from the Ministry of Health could talk to people about birth control if there were medical grounds to do so. Although this was not a mandate to provide the information, it did open the door for those locations that were willing to provide birth control, to be able to do so.8 This was in addition to what was already being provided at private clinics like the one Maries Stopes ran.

Another critical turning point happened in Britain in 1930. Unlike in the United States, where church and state are meant to be separate, in England they are conjoined. The Queen is the head of both the church and the state. Consequently, the two entities are tied together in a way

5 McIntosh, 55.
7 Soloway, 280.
8 Soloway, 311.
that is not possible in the U.S. In August of 1930, the Lambeth Conference of Anglican (Church of England) Bishops issued a statement explicitly refusing to condemn the use of scientific methods to prevent conception and approving methods beyond abstinence to achieve the goal of avoiding pregnancy.\(^9\)

If a woman did decide to have a baby the British government continued to be supportive on that front as well. In 1936, Parliament passed another Midwives Act. This Act built upon the 1902 Act and required all local authorities to provide a midwife to their constituents, their salary paid by the government.\(^10\) This meant that all women could benefit from the midwives’ care regardless of their financial circumstances. Women of means were expected to contribute something to the midwives’ salary if they could afford it, but for poor mothers it was free.

After World War II, the two countries’ health care systems increasingly diverged. In Great Britain, the National Health Service was established in the wake of the war. It went into effect in July of 1948 and guaranteed free health care to all Britons, paid for out of general taxation. In 1949 between the private clinics and the municipal clinics who opted to give out birth control information following the Ministry of Health’s Memorandum 153/M.C.W., Great Britain had 500 clinics where women could go for birth control advice.\(^11\) In that same year a five-year royal commission study found that, there was no evidence of birth control being considered improper. Even Catholics who eschewed appliance methods, such as condoms or diaphragms, took other steps to limit and plan their pregnancies. Consequently, the commission recommended that free contraceptive advice and appliances should be the right of everyone

\(^9\) Leathard, 47.
\(^10\) McIntosh, 67.
\(^11\) Soloway, 316.
through the National Health Service.\textsuperscript{12} This did not happen overnight. It took until the NHS Reorganization Bill of July 1973 before it was completely enacted, but by 1974 any woman in Britain regardless of age or marital status was entitled to free birth control from the NHS.\textsuperscript{13} In 1967, the Abortion Act was passed by Parliament.\textsuperscript{14} This made abortion legal and today in most cases the cost of this procedure is covered by the NHS. In large part because contraception is readily available to all women under the NHS, fewer women have abortions in Great Britain than in the U.S.\textsuperscript{15} However, women who do have abortions are not vilified as they can be in the U.S. The idea that women should have a right to an abortion has a ninety percent approval rating and most see it exclusively as a personal choice, not an occasion for moral censure.\textsuperscript{16}

\textbf{United States}

In the United States the situation was different. It was intended that national health insurance would comprise part of the Social Security Act of 1935 and one part of that plan included a cash maternity benefit similar to what was offered in Britain. In the end, however, the entire health insurance portion was dropped for fears that it was too controversial and might impede the passage of the Social Security Act all together by turning the American Medical Association against it.\textsuperscript{17}

Much like in Great Britain, a scheme for national health insurance was proposed after World War II. William Beveridge, who wrote the report that became the basis for the NHS in

\textsuperscript{12} Soloway, 317  
\textsuperscript{13} Leathard, 201.  
\textsuperscript{14} Leathard, 132.  
\textsuperscript{15} Full Fact, The UK’s Independent Fact Checking Agency, “Is the UK’s Abortion Rate Unusual Compared to Other Countries?” October 8, 2012. https://fullfact.org/health/uks-abortion-rate-unusual-compared-other-countries/ (accessed March 1, 2020) The U.S. rate is approximately 20.8 abortions per 1000 women and the rate in Great Britain is approximately 17.2 per 1000 women.  
\textsuperscript{17} Lindenmeyer, 190.
Britain, toured the United States in 1943 and this helped mobilize public opinion on the topic. President Franklin Roosevelt enthusiastically supported the idea of national health insurance as part of his “Economic Bill of Rights” and his successor Harry Truman included the idea of national health insurance in his “Fair Deal” platform. In 1945, the Wagner-Murray-Dingell bill for national health insurance was proposed but the AMA raised over a million dollars to fight it and the legislation died.\textsuperscript{18}

During President Johnson’s “Great Society” campaign of the 1960s, the idea of national health insurance was suggested again, but failed. Advocates were able to establish Medicare and Medicaid, which provided health insurance to the elderly and indigent.\textsuperscript{19} President Clinton tried again in the 1990s but also was unsuccessful. Like Johnson, Clinton ultimately was able to get a minor victory with the Children’s Health Insurance Program (CHIP.) This program provided health insurance to children who were poor but whose parents had too much money to apply for Medicaid. Finally, in 2010 President Obama was able to pass the Affordable Care Act. While the goal of this legislation is to ensure that all people have health insurance, it works within the private insurance marketplace and consequently does not offer a standard of coverage the way a nationally administered health insurance system, such as the NHS, does. With no equitable, guaranteed standard, women’s health in particular suffers. A healthy man could go a majority of his life without needing a doctor. In contrast, women need doctors to give them access to the most reliable forms of birth control, to ensure their pre-natal health when pregnant, and to provide the most options during their childbirths.

\textsuperscript{19} Colin Gordon, 28.
In the United States, legislative change for birth control has also been elusive. Mary Ware Dennett, under the auspices of the National Birth Control League, campaigned unsuccessfully in Albany for New York to change its laws. By 1919, Dennett’s organization had morphed into the Voluntary Parenthood League and had shifted their focus from the state to the federal level. Her aim was to remove the words “prevention of conception” from the obscenity statutes. Dennett worked doggedly towards this goal for years. By 1925, however, the bill still had not gained much traction in Washington and Dennett was exhausted and financially distressed. In the meantime, in 1921 Sanger had finally started her own birth control organization the American Birth Control League. Also, Sanger opened a clinic in Manhattan in January of 1923. Called the Clinical Research Bureau, in order to avoid the technicality that it did not have a medical license from the state, it did have a doctor who (due to the previous ruling) could theoretically prescribe birth control without fear of legal prosecution. By 1925, with the failure of the VPL’s bill in Congress, Dennett’s Voluntary Parenthood League waned and the American Birth Control League expanded. Subsequently Sanger was the most prominent name associated with the movement and her goals and agenda became paramount.

Starting a pattern that would persist in the United States, the legislative branch continued its pattern of inaction when it came to the topic of birth control. Consequently, the judicial branch has largely been responsible for setting precedents and sculpting laws on the issue. In 1933, the U.S. government seized and destroyed a shipment of a new type of diaphragm that was being shipped to Dr. Hannah Stone who worked at Margaret Sanger’s Clinical Research Bureau. Stone and Sanger contested this action and their case made it to the court of appeals. The ruling in United States v. One Package of Japanese Pessaries argued in 1936 did not overturn the

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20 Engleman, 127.
Comstock Law, but it did establish that birth control had been wrongly classified to be obscene.\textsuperscript{21} This is what Dennett had been striving to get Congress to assert in the 1920s. The time and context, however, shaped the ruling. Because birth control clinics had become more established by the late 1930s, and more doctors had embraced the idea that contraception was part of their purview, the ruling maintained that specifically doctors should be the ones allowed to distribute birth control devices and information. It was not the more wide-reaching acceptance that Dennett had campaigned for, which would have allowed anyone to provide the information.

Still, unlike in Great Britain no federally funded clinics provided any type of women’s health or reproductive care, let alone provided birth control information. In 1957, the Planned Parenthood Federation of America ran a mere 100 clinics across the country.\textsuperscript{22} While undoubtedly there were some other private clinics not affiliated with PPFA, the total number is paltry when compared to the number of clinics in Britain (500 in 1949), a country geographically smaller than the state of California and with a fraction of the U.S. population. When President Lyndon Johnson launched his War on Poverty in the mid-1960s, clinics finally got a small boost, with the introduction of Medicaid, a health insurance program for those with extremely low incomes. Consequently, Planned Parenthood was able to receive federal money for the basic health services that it provided for many low-income women. This covered services such as cancer screenings and testing for sexually transmitted disease, but did not include abortion or birth control.

Subsequent court decisions strengthened the idea that birth control was a private choice, not a basic right. Although attitudes and laws had been relaxing across America, especially after

\footnotesize{\textsuperscript{21} Reed, 121. \textsuperscript{22} Engleman 181.}
birth control pills came on the market in 1960, many states still had “little Comstock” laws in place that made birth control illegal. Connecticut’s law was the most restrictive since it had been written to include the use of contraception, whereas most other states had focused on advertising, distributing, and selling contraception. In what was essentially a test case, the Planned Parenthood League of Connecticut opened a clinic providing birth control in the expectation that they would then be closed by the state and have the opportunity to take their case to the Supreme Court.23 These hopes were realized and the case came to be known as *Griswold v. Connecticut* after Estelle Griswold the Executive Director of the local Planned Parenthood. In 1965, when the justices ruled on the case they used several arguments for why the Connecticut law was illegal. The main argument centered around the idea that there was a right to privacy in the marital relationship and used the Ninth Amendment to support their conclusion.24 The creation of this idea of a right to privacy would stay central to the birth control movement and figure prominently in the later passage of *Roe v. Wade* in which the court ruled the right to privacy between a woman and her doctor allowed her the option to have an abortion.

The judicial idea of women having a right to privacy has subsequently become the legal foundation for justifying the availability and legality of both birth control and abortion. It is not necessarily a particularly solid foundation. The right to privacy is an individual right and, in essence, legalizes the idea that women should have the right to choose what to do with their bodies, that they are ultimately responsible. It is not a supportive ruling, though, so it offers no mechanism to ensure women are able to exercise their right to choose. Consequently, while women may have the choice to use birth control or have an abortion, it does not in any way make

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23 Garrow, 201.
24 Garrow, 253.
the availability of such services a forgone conclusion. In fact, it virtually ensures that the state will not take an active role in helping provide these types of services. If a woman has the right to privacy in her personal life then almost by definition the state should not stipulate what she does in that context. Women are left to the vagaries of a laissez-faire system, which may, or may not provide the goods and services.25 The Griswold test case did what the PPLC hoped it would do. It made it legal for them to open a birth control clinic, but its usefulness as a base for further reproductive reforms remains debatable.

In fact, the supposed freedom to choose is for many women often not an autonomous decision. When faced with the possibility of having a baby, women must consider multiple outside factors including whether they have health insurance and access to birth control, if their job provides paid maternity leave, and what daycare costs are going to be, just to name a few.26 In addition the weakness of rights that are protected by individual choice rather than as a guaranteed standards of citizenship are especially problematic for women of color who are less likely to have access to resources that would allow them to make relatively more free choices about their reproductive lives.27

The particular history of activism and policy related to women’s reproductive health in the United States has decisively shaped the experience of women today. Even after the Second Wave feminist’s activism of the 1960s and 1970s changed the terms of the debate it did little to change the structure of society. Women were now free to “have it all” as long as they were capable of “doing it all.” In general, men have been slow to take over household and childcare

26 Solinger, Pregnancy and Power, 17.
27 Roberts, 3.
chores and society continues to offer little support for mothers. In fact, historian Ann Taylor Allen asserted that the burden of motherhood restricts women’s participation so greatly in other aspects of economic, social and cultural life that it was and is the major source of gender inequality in Western society. Consequently, legislation surrounding reproduction and motherhood as well as support provided by the state are crucial for women. This importance is not restricted to legislation that addresses the prenatal period. Related issues like the lack of government funding for universal childcare sculpts women’s choices and limits women’s possibilities.

_Griswold v. Connecticut_ made birth control legal for married women in all fifty states but it took a further five years for Congress to remove the language about birth control from the Comstock Laws making it legislatively as well as juristically official. _Eisenstadt v. Baird_ in 1972 overcame the final hurdle and established that birth control was legal for unmarried persons as well. The subsequent ruling in _Roe v. Wade_ in 1973 asserted that abortion was legal, but the applicable parts of the Comstock Law were not removed the way that the birth control language was. Consequently, abortion is actually still illegal, although not enforced due to the ruling in _Roe_. Since these liberalizations in the 1970s, there has been backlash and retrenchments. Throughout the 1980s and 1990s anti-abortion groups, most with religious connections, protested outside clinics, heckled patients and even called in bomb threats. Some extremists resorted to even greater violence, shooting and killing doctors who performed abortions. During this time, other forms of birth control mostly received little attention. For the most part, the attention birth

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control received revolved around forcing it on people who did not necessarily want it. In the 1990s with the advent of long-acting birth control like Norplant and Depo-Provera suggestions were made that recipients of government aid should be forced to use these types of birth control as a contingency of their receiving aid. Some courts even ruled that particular women should not be allowed to have any more children and that long term contraceptives should be utilized to achieve this, echoing earlier arguments made by eugenicists to control the reproductive capacity of those deemed inferior.\textsuperscript{31} In the twenty-first century, violence towards doctors and clinics abated. Instead, states began to whittle away at abortion rights. Some have written legislation that forces women to have consent from the father or younger girls to have consent from their parents in order to have an abortion. Others have made the requirements for doctors and clinics so onerous that financially and logistically they cannot comply and must shut down. Other forms of birth control have also come under attack. In the Supreme Court case \textit{Burwell v. Hobby Lobby} argued in 2014, Hobby Lobby, a chain of retail arts and crafts supply stores, successfully fought the contraceptive mandate of the Affordable Care Act. It was decided that they did not have to provide insurance coverage for their employees to get certain types of birth control since doing so conflicted with their religious beliefs.\textsuperscript{32}

The early twentieth-century women in both the United States and Great Britain aimed to create nothing less than a new world order, where all women had access to safe, pain free childbirth and effective contraception. In this new world women could chose if and when to have children at their own discretion. Although it is not a perfect system, women in Great Britain have been fairly successful in this endeavor, and most can access birth control, abortion, or a midwife,

\textsuperscript{31} Kluchin, 215.
services provided for them through the National Health Service. Women in the United States have been less successful. Access to both birth control and abortion is still largely a consumer resource, much as it was at the turn of the twentieth century, and is consequently unequally available across socio-economic classes. In the Progressive Era, women had to navigate the vagaries of a gray market that did not ensure safety or efficacy. Today many women struggle to afford health insurance, doctor visits, birth control, and abortions.\textsuperscript{33} The landscape today in the United States looks dishearteningly similar to how it looked in 1910, in both lack of access and in terms of conflicting ideas about who should be allowed to have babies and who should be discouraged from having so many and what types of birth control are appropriate and who should be allowed to use them. In the early 1900s women and reformers worked together to improve women’s health and provide women with the knowledge to empower themselves about their own bodies. The particular circumstances in the United States have ensured that healthcare equality still has a long way to go.

\textsuperscript{33} This can be a struggle even for middle class families. For example, while popular hormonal birth control pills have generic versions and are largely affordable to those with insurance, specialized pills like the ultra-low dose Lo Losestrin FE have no generic and run as much as $162 per month without insurance and $102 a month with insurance.
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