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The Birth Control Movement Before *Roe v. Wade*

I

Beginning in the 1970s, historians and social scientists published a great deal on the birth-control movement in the United States, a subject that had been neglected. They were seeking perspective on the issues raised by profound changes in society that rendered problematic the gender system and family values of previous generations. It is no fluke that these scholars began to write the history of the effort to promote the separation of sex from procreation during the same decade that Congress removed contraception from the practices and information prohibited by the national obscenity laws (1971), and the Supreme Court ruled that married couples had a constitutionally protected right to practice contraception (1965), that the unmarried had a similar right of "privacy" (1972), and that pregnant women had the right to induced abortions performed by physicians during the first trimester of their pregnancies (1973). The Court's affirmation of a limited right to "abortion on demand" in *Roe v. Wade* followed a decade of intense political struggle and judicial action at the state level, and Justice Harry A. Blackmun, who wrote the majority opinion, was self-consciously attempting to forge a consensus in areas of human behavior and public policy where conflicts were literally lethal and threatened the social order.¹ In turn, much of the vitality of the scholarship on reproductive history that coincides with changes in the law sprang from the self-consciousness of women. Feminist scholars raised the consciousness of their disciplines by insisting that "the personal is political," and that gender, no less than class or race, ought to be recognized as a potent social fact.²

JOURNAL OF POLICY HISTORY, Vol. 7, No. 1, 1995.
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Since the 1980s more American historians have been interested in sexual politics than in the history of political parties. Historians discovered that public policies on prostitution, smut, contraception, induced abortion, and sterilization were shaped by elites as part of larger struggles between the sexes, between classes, and between ethnic groups. This new scholarship demonstrated the extent to which government had always been involved in reproductive decisions, despite the self-serving myth of male politicians and opinion leaders that the family was a private zone into which government ought not intrude. This essay is a brief synthetic narrative of the birth-control movement in the United States that will place the changes in public policy concerning human reproduction in historical context. This history draws upon the rich scholarship that was inspired by social change and the new feminist movement, but the emphasis is on description of changes in sexual behavior, social values, and public policy rather than on the delineation of feminist ideas as such or critical analysis of the leaders or opponents of the birth-control movement. Criticism of the ethics and wisdom of the historical actors in this story are abundant in the scholarship cited, but I attempt to minimize them in this account.³

II

While efforts to separate sex from procreation are ancient and widespread, there were no social movements to justify or promote contraception or abortion before the nineteenth century.⁴ Individuals pursued their self-interests through such practices as coitus interruptus, periodic abstinence, by placing objects in the vagina to create a barrier between sperm and uterus, or by inducing abortion through drugs or mechanical means, but they did so in flagrant violation of official standards of sexual conduct. Systematic cooperative efforts on the part of married couples to limit fertility seem to account for dramatic declines in birthrates among particular ethnic groups such as Pennsylvania Quakers during the late eighteenth century, but these groups were singular in their respect for the sexual rights of women and their emphasis on the control of carnal desire. Beginning in the 1820s in England and the 1830s in the United States, however, a small number of freethinkers argued that family limitation would help the poor by limiting the labor supply, or that it would strengthen the family by easing the burdens of overtaxed parents.⁵

In the United States, marriage-manual writers representing all ideological persuasions soon joined the public debate begun by a few iconoclasts.

The family was undergoing rapid change as home and workplace were separated, new white-collar classes emerged, and the quest for economic opportunity led increasing numbers of young adults away from their families or “communities of origin.” The new marriage manuals found a market among those who were no longer willing or able to depend on kin for personal advice, and who were attempting to cope with the contradictory demands of a new kind of family. Whereas men once married to gain a working junior partner in the family business, marriage began to be understood less as an economic alliance between kinship groups and more as a fulfillment of passion between two individuals. The expected result of heterosexual cohabitation inspired by sexual excitement (romantic love) might be ten to fifteen children, but that number of dependents represented an intolerable burden on the socially ambitious in an economy in which children were no longer economic assets and required large investments in the forms of Christian nurture and lengthy educations.⁶

Nineteenth-century Americans responded to the new social environment of a developing capitalist economy and the companionate family ideal by dramatically lowering their fertility. Whereas in the late eighteenth century the average native-born white woman bore seven or eight children, by the middle of the nineteenth century she was the mother of five, by the early twentieth century the mother of three, and by the Great Depression she was no longer replacing herself. One of the remarkable features of the American demographic transition is that there were no large declines in infant mortality before the end of the nineteenth century. Several generations of American women had fewer children than their mothers, despite a murderous infant mortality and the wails of social leaders that women were shirking from their patriotic duty and sinning against nature.⁷

The discovery by social leaders of the declining fertility of native-born white women inspired the first self-conscious attempts to influence fertility through legislation. Long before the term “Manifest Destiny” was coined in 1845, patriots used rapid population growth as proof of the superiority of American institutions. Benjamin Franklin provided Thomas Malthus with his generalization that humans can double their numbers every twenty-five years in a 1751 pamphlet intended to show that the vigorous growth of the North American population would lead to a crisis in colonial relations with England. After the first United States census in 1790, Secretary of State Jefferson was disappointed that fewer than four million had been counted and feared that this figure would provide ammunition for European critics of the United States. By the 1850s, when Samuel Morton and Josiah Nott, the leaders of the “American School of Ethnographers,” provided a scien-

tific rationale for racial caste systems and the extinction of non-Anglo-Saxons who stood in the way of United States expansion, the alleged cultural superiority of the republic was increasingly attributed to the biological origins of dominant Caucasian groups. Social facts were soon discovered that mocked this racial interpretation of American destiny.⁸

By the 1850s the pioneers of American social statistics had defined the "population problem," which would be an ever-present consideration in discussion of birth control, feminism, and the family until the 1960s. Francis A. Walker, economist and director of the 1870 U.S. Census, was a leader in the effort to raise public awareness of the phenomenon of differential fertility among ethnic groups and classes. Walker, a proud Yankee, was appalled while standing in a voter registration line because illiterate Irishmen were extended the same privilege. The social tensions associated with mass migration were especially frightening because of the declining fertility among the native-born. Walker argued that the native-born were being "shocked" into barrenness by exposure to and competition with the foreign-born, and he became both an exponent of "Muscular Christianity" and of immigration restriction. Among social leaders such as Walker no voices were raised in favor of a stable or declining population. Rather, population growth was viewed as an important index of national well-being.⁹

Walker did not explain whether the "shock principle" worked through biological or psychological changes. Historians now attribute the fertility decline to a combination of practices—contraception, abortion, and abstinence from coitus—rather than biological changes in fecundity or shifts in the percentage of individuals who married or their age at marriage. As might be expected, physicians were prominent in the nineteenth-century debate about the causes and consequences of this vital trend. They wrote many of the marriage manuals, which provided counsel on the question of family limitation; they received requests for relief from women who were "irregular"; and they could not avoid questions of morality in a culture that increasingly looked to science for answers. Doctors, rather than ministers, lawyers, or businessmen, took the lead in campaigns to criminalize abortion.¹⁰

Prior to 1840, the law on abortion in the United States was generally permissive before quickening. This casual attitude reflected the fact that there were no means of determining whether a woman was pregnant or amenorrheic before the fetus began to move in the womb. Those seeking abortions were usually unmarried women, generally viewed as victims of male lust. Between 1840 and 1870 apparent changes in the social status of women seeking relief from pregnancy alarmed many physicians and led

them into successful campaigns to outlaw induced abortion at any stage of pregnancy. As historian James Mohr has demonstrated, the medical leaders of anti-abortion campaigns believed that many married Protestant women had begun to seek abortions, and they seem “to have been deeply afraid of being betrayed by their own women.”¹¹ They reacted with denunciations of feminists and successful lobbying campaigns in state legislatures. By 1880 induced abortion was illegal, many streetwise women and irregular practitioners had been driven out of business, and physicians had gained new status as moral arbiters.

The culmination of the campaigns against abortion in state legislatures coincided with the passage of the Comstock Act (1873), a strengthened national obscenity law, in which no distinctions were made between smut, abortifacients, or contraceptives—all were prohibited. As a result, explicit discussion of contraception was omitted from post-1873 editions of books in which the subject had been given space.¹²

Anthony Comstock was a lobbyist for the New York Society for the Suppression of Vice. Popular accounts of his activities have trivialized his concerns by portraying him as an idiosyncratic fanatic whose success depended on congressional desire to divert attention away from the *Crédit Mobilier* scandal. Comstock’s concerns were shared, however, by the prominent New York businessmen who paid his salary, the eminent physicians who campaigned for the criminalization of abortion, and political leaders at all levels of government. The declining birthrate, the broadly acknowledged dissatisfaction among women, the new visibility of urban vice, the hedonism of popular culture, and streets teeming with the foreign-born—all seemed to threaten the hegemony of Protestant values and the stability of the middle-class family.¹³

Despite the criminalization of “vice,” birthrates continued to decline among the socially ambitious groups of occupationally skilled and property-owning individuals who made up the ever-rising middle class. Both as individuals and as couples, husbands and wives had complex and compelling motives for restrictive behavior. An adequate analysis of them requires separate monographs, but the declining birthrate is in itself strong evidence of the success of men and women in gaining some measure of control over aspects of their lives that had often been resigned to fate. The birthrate also testifies to the limited capacity of the state to control reproductive decisions.¹⁴

The conflict between public and individual interests, between eros and civilization, was mediated at great cost, however, for the generation that came of age in the last decades of the nineteenth century. The inability of many young adults to cope with the demands of “civilized sexual morality”

provided the first American specialists in psychosomatic disease with many cases of neurosis.¹⁵ While the new ideal of companionate marriage based on romantic love, first popularized for a mass audience in nineteenth-century marriage manuals, might in retrospect seem to require recognition of erotic bonding and nonprocreative marital sex, most Victorians remained preoccupied with the need to sublimate eroticism to higher ends. For example, historian Linda Gordon has identified a group of progressive Victorian idealists who advocated “voluntary motherhood.” Gordon argues that these progressive thinkers represent the nineteenth-century origins of a feminist birth-control movement. The advocates of “voluntary motherhood” shunned abortion and artificial contraception, however, in favor of abstinence when fertility control was needed. They recognized female sexuality and celebrated erotic bonding between husband and wife but feared that the separation of sex from parenthood would diminish the power that women gained through the ideal of cooperative self-denial.¹⁶ An amazing array of mechanical birth-control methods were described in nineteenth-century marriage manuals and medical literature, but physicians failed to conduct systematic investigations into the relative efficacy or safety of competing methods, in large part because they shared the strong pronatalist values of their culture and feared the declining birthrates among their paying customers.¹⁷

The suppression of contraceptive information did not change the pattern of declining birthrates. In 1901 the populist sociologist E. A. Ross coined the term “race suicide,” and President Theodore Roosevelt declared that America’s future as a world power was being undermined by the pursuit of the soft life, exemplified by barren marriages. Between 1905 and 1909 more than thirty-five articles appeared in popular magazines discussing the infertility of native Americans.¹⁸ The widespread idea that there was a crisis in the family was paralleled by the discovery of adolescence as a “problem” and the invitation of Sigmund Freud to visit Clark University, where he explained in 1909 how the tension between eros and civilization could lead to madness.¹⁹

One of the best contemporary explanations of the crisis in the social relations of reproduction was provided by the University of Pennsylvania economist Simon Patten. In 1905 Patten announced the arrival of a new era of abundance with a series of lectures that was published under the title *The New Basis of Civilization*. Patten argued that the Protestant values of hard work and dedicated abstinence had been an important resource in American economic development, but the success of Protestant asceticism in promoting capital accumulation had led to an economic revolution symbolized by the giant corporation and mass production. In the new world

of mass consumption and economic bureaucracy, Americans needed to learn how to consume. The heroic entrepreneur whose iron “character” was appropriate to a society of scarcity was being replaced by the organization man, whose other-directed “personality” was expressed in the arts of leisure and consumption.²⁰

Patten’s call for new sexual attitudes appropriate to an affluent society was not heeded by most social arbiters, who continued to fret over “race suicide” and the equally threatening phenomenon of “clandestine prostitution,” or the appearance in public of large numbers of unchaperoned women.²¹ As the dynamic service sector of the economy drew ever-larger numbers of women into jobs outside the home, relations between the sexes began to reflect a new social reality. Married companionship seemed the best that the nineteenth-century economy could support for its young middle classes. Young men and women in the early twentieth century sought the pleasure of companionship before marriage in the world outside the home. The generous figure of the “Gibson girl” was replaced in the popular imagination by a creature with slim hips and short hair, who played tennis or swam, danced the fox-trot, smoked cigarettes, and necked with men she might not marry. The “flapper” was a comrade in arms with male friends against the sexually segregated adolescence and rigid gender roles of their parents.

As youth heard the appeals of the newly prominent advertising industry to relax, consume, and enjoy, the traditional values of austerity and sacrifice that supported nineteenth-century sexual ideals eroded. Among the predominantly upper-middle-class women interviewed by Alfred Kinsey in the 1940s, those born between 1900 and 1909 set a pattern of premarital sexual behavior that remained essentially unchanged until after World War II. These women made necking America’s favorite pastime, and 36 percent of them engaged in premarital intercourse. Premarital coitus among men born between 1900 and 1909 did not increase, and coitus with prostitutes decreased by over 50 percent; the slack was taken up by friends, two-thirds of whom were fiancées.²²

The new courting pattern—prolonged heavy petting, sometimes leading to coitus, and usually followed by marriage—did not signal the collapse of monogamy, marriage, or the family. Rather, it reflected the emergence of a single standard of permissiveness with affection. As the sociologist Ira Reiss shrewdly observed, the new standard did not mean frivolous sexuality or acceptance of “body-centered” coitus. Sex as self-centered pleasure was the standard of men who avoided coitus with their fiancées because they were “good girls” and sought relief with prostitutes.²³ Young people simply expanded the limits of the nineteenth-

century ideal of companionate marriage and “person-centered” coitus developed by their parents. Petting provided the opportunity for the sexes to learn to know one another. It was a necessary prelude to mature sexual relationships and an appropriate form of sexual expression for adolescence, the prolonged period of social dependency necessary for the middle classes in an industrial society. Kinsey’s study showed a correlation between heavy petting and the ability of women to achieve orgasm in marriage. Sexual compatibility in marriage in turn was associated with a low divorce rate.²⁴

III

Both the nineteenth-century ideal of companionate marriage and the twentieth-century standard of permissiveness with affection were relationships based on mutuality and justified by affection. In the twentieth-century version of ideal love between man and woman, sex and procreation could be separated, but sex was still justified by the investment of much psychological capital in a stable relationship. Permissiveness with affection rested even more narrowly on intimate and personal values than on companionate marriage, and thus was more dependent on sexual attraction and fulfillment.

In retrospect, the emergence around 1915 of a movement to legitimate and spread contraceptive practice might be viewed as a logical, if not inevitable, response to one source of tension in the sex lives of socially ambitious Americans. The essential cultural prerequisite for public acceptance of the separation of sex from procreation was secularization of society or the celebration of material well-being and pleasure exemplified by the growth of the advertising industry. Many Americans were not ready to believe, however, that affection alone justified sex. A great majority of the more than 24 million immigrants to the United States between 1880 and 1920 had traditional attitudes toward sexuality. Their presence gave a tremendous boost to nativist anxieties over the future composition of the American population. The foreign- and native-born united in suspicion of those who wanted to change contraception from a furtive and illegal private practice into a legal and socially accepted right. For nativist and immigrant, Protestant, Catholic, and Jew, the population problem was not too many people but a dearth of people of the “right kind,” although the definition of “right kind” varied.

At the turn of the twentieth century, those who publicly questioned suppression of contraception may be divided into two groups: civil liber-

tarians, who were most concerned with the right of individuals to manage their sexuality according to personal preference; and quality controllers, those who wanted to redefine “the population problem” from a need for more people to a need for more people of the right kind.²⁵

The civil libertarians were a relatively small group that included some advanced feminists, the anarchist Emma Goldman, and the medical journalist William Robinson. Margaret Sanger, the charismatic leader of the American birth-control movement during its heroic phase (1915–37), began as a protégé of Goldman.²⁶ Sanger’s chief competitor for leadership of the birth-control movement, Mary Ware Dennett, was also a civil libertarian. Most of the civil libertarians were strong public proponents of the liberating potential of erotic fulfillment, and in this respect they differed from the majority of the professional women, who led the feminist civil rights movement of the era.²⁷

The quality controllers were a much larger and socially distinguished group. They included the social housekeepers, academics, and patrician nativists who enlisted in the eugenics movement. Although many eugenicists were rigid hereditarians, whose zealous pursuit of Mendelian explanations for crime, prostitution, juvenile delinquency, and poverty alienated geneticists and hurt the effort to redefine the population problem, the most influential of the quality controllers—Raymond Pearl, Frederick Osborn, and Frank Notestein, for example—explicitly dissociated themselves from naive hereditarianism and were as concerned over the effects of poor environment as poor heredity. A number of prominent physicians—for example, Robert Dickinson, Haven Emerson, Adolphus Knopf, Howard Taylor Jr., and Alan Guttmacher—were influenced by eugenics but seem to have been drawn into the effort to influence reproductive behavior by their discovery of the threats posed to stable family life by sexual incompatibility and such diseases as syphilis and tuberculosis.²⁸

Quality controllers enjoyed some early legislative victories. In 1907 Indiana was the first of sixteen states that passed eugenic sterilization laws in the decade before World War I. By 1940 eugenic sterilization acts had been on the books in some thirty states, but the advocates of this practice were never able to mobilize a consensus among key medical groups. More than 36,000 individuals had been sterilized under the authority of these laws, but this number was insignificant in terms of a scientific program of negative eugenics.²⁹

Eugenicists enthusiastically lobbied Congress for the immigration restriction bills passed between 1921 and 1927. These acts mark the end of the open door to mass migration and were intended to discriminate against eastern and southern Europe. Recent scholarship has questioned

the influence exerted by eugenicists as such upon Congress during a period of strong popular nativist sentiment.³⁰ By the time the door was shut, the nativists had already lost the war because a century of mass migration guaranteed that the United States would no longer be either a Protestant or a Nordic nation.

Even these hollow victories for negative eugenics were impossible to match on the positive side of the quality-control agenda. The birthrate among the middle classes continued to decline. As it became apparent that the “fit” would not breed more, some quality controllers began considering means for “democratizing” birth-control practice. A vigorous movement to legitimate contraception had already been organized, however, by civil libertarian feminists, whose calls for birth strikes and autonomy for women were not congenial to quality controllers.

By 1925 Margaret Sanger had solidified her position as leader of the birth-control movement. Her success depended on a pragmatic resourcefulness that infuriated competitors and baffled opponents. Sanger first gained notoriety in 1912–14 as an organizer for the Industrial Workers of the World and radical journalist with a special interest in the plight of working-class mothers. After some frustrating experiences with male radicals, whose attitudes toward women seemed little different from those of other men, Sanger decided to concentrate on women’s issues. Her background as a nurse working in the tenements of Manhattan provided vivid stories of poor women whose lives were destroyed by unwanted pregnancies and septic abortions. As a first step toward liberating women, Sanger set out to remove the stigma of obscenity from contraception through a strategy of flamboyant defiance of the law. Faced with an indictment for publishing obscenity (specifically a defense of political assassination), she fled to England in October 1914. When she returned a year later, she barnstormed the country urging women to take matters into their own hands by establishing contraceptive advice centers, and she opened her own center in October 1916.³¹

The “clinic” in the Brownsville section of Brooklyn was staffed by Sanger and her sister, also a nurse, who for a fee of ten cents showed how to use pessaries and apparently fitted some women with devices. The police closed the Brownsville center after ten days and 488 clients. The “birth-control sisters” went to jail after highly publicized trials, but, on appeal of her case, Sanger got a judicial decision that she used as a mandate for a shift in strategy.

While upholding the constitutionality of the New York Comstock law, the appellate court judge ruled in 1918 that the law would not prevent licensed physicians from prescribing contraceptives when medically neces-

sary. Thus Sanger's claim that the law was unconstitutional because it compelled women to risk death through unwanted pregnancy was rejected. Characteristically, she turned this apparent defeat into a victory by recruiting physicians to direct the birth-control clinics organized under the auspices of her American Birth Control League (founded 1921). The first clinic opened in New York in 1923, and, although there was a police raid in New York as late as 1929, the medical community rallied behind the clinic's medical director (Hannah Stone), and the charges against her were dismissed.³²

Historians who have criticized Sanger's decision to "medicalize" contraception have taken their cue from Mary Ware Dennett, the leader of a series of competing birth-control organizations.³³ The differences between Sanger and Dennett began in 1916, when Dennett criticized Sanger's strategy of flamboyant lawbreaking and argued that a more effective and ethically defensible tactic would be to lobby for amendment of state and national Comstock laws.

In 1917 and 1918 Dennett's group lobbied without success in Albany and in 1919 began work in Washington, D.C. A federal bill was introduced in 1923 and 1924 but never got out of committee. Meanwhile, Sanger's American Birth Control League began pushing a "doctors only" bill, which simply recognized the right of physicians to give contraceptive advice, in contrast to Dennett's bills, which called for a clean repeal of all prohibitions on contraception. Dennett could not understand how a "radical" like Sanger could campaign for "class and special-privilege legislation" establishing a "medical monopoly" on contraceptive information.³⁴

Sanger was willing to compromise on the kind of legislation that she supported, despite the fact that she was mailing her own *Family Limitation* to anyone who asked for it.³⁵ She needed support from at least some medical groups in order to recruit clinicians and to publish case studies from her clinics in medical journals.³⁶ "Doctor's only" bills aroused less opposition from organized medicine at a time when the profession was gaining status and jealously defending its hard-won prerogatives. The "doctors only" approach also mitigated the damaging claim that birth controllers were encouraging immorality and undermining national vitality.

There was another important reason for Sanger's opportunism. In contrast to Dennett, she was pessimistic about the prospects for legislative success. As a detailed diary of lobbying efforts in Washington revealed, most politicians regarded women lobbyists with contempt. The ideal of reproductive autonomy for women was literally a joke among them.³⁷ Sanger was aware of these attitudes but believed that lobbying campaigns were good publicity and provided a chance to educate the public.

She continued to break the law when necessary to operate a clinic, import diaphragms, or to embarrass the opposition. Breaking the law provided access to the courts, another public forum, but more important, a forum in which the political power of Roman Catholics would be minimized and one could appeal to a relatively well-educated arbiter. It was in the federal courts, in the *One Package* decision of 1936, that Sanger finally won a clarification of the federal obscenity laws and established the right of physicians to receive contraceptive supplies through the mail.³⁸ The *One Package* decision set the stage in turn for a successful lobbying effort in the American Medical Association by Robert L. Dickinson, the most prominent medical activist in the birth-control movement. In 1937 Dickinson secured a resolution endorsing contraception as a legitimate medical service that ought to be included in the medical school curriculum.³⁹ Chagrined over Sanger's mounting popularity among women financial backers of the movement, Dennett left the fight for birth control in 1925. Since no bill to amend New York's birth-control laws got out of committee until 1965, and contraception was not removed from the federal Comstock Act's prohibitions until 1971, in retrospect Sanger's strategy of combining opportunistic lobbying with selective litigation was the more effective.

Sanger regarded her most important achievement to be the national chain of birth-control clinics that she successfully promoted. These clinics provided case histories that disproved irresponsible claims by some medical leaders that contraceptive practice did not work and caused disease. The clinics also served as teaching centers, where the great majority of physicians who offered contraceptive services in their private practice received training that was not a part of regular medical education. Finally, the clinics made more reliable contraceptive practice possible for thousands of women, a behavioral change documented by the sexual histories gathered by Alfred Kinsey and his colleagues.⁴⁰ Organized by middle- and upper-class women, who gained new confidence and social skills, as well as access to better birth control, staffed by sympathetic women physicians, and eagerly patronized by working-class women who thus "participated" in the movement and demonstrated their desire to gain greater control over their lives, these clinics represented a remarkable effort by women to act on behalf of their gender.⁴¹

Some quality controllers criticized the birth-control clinics because they were not reversing "dysgenic" birthrates. In their view too many able mothers and not enough incompetent women were influenced. The popular appeal of the birth-control movement was based, of course, on the desire of a majority of married couples to manage their fertility in the

interest of a higher standard of living. The birth-control movement was not responsible for this restrictive behavior but simply made it easier than it might have been.

During the late 1920s Sanger developed an increasingly conservative rhetoric, in part because her major sources of support—including society women who worked in her campaigns, the industrialist J. Noah Slee, whom she married in 1920, intellectual mentors such as Havelock Ellis, and silent financial backers such as John D. Rockefeller Jr.—urged her to cultivate a new image as a married mother lobbying among legislators and professional elites. In building a coalition for birth control, she learned that the ideal of reproductive autonomy for women commanded little respect among the great majority of American male influentials. Often treated with condescension by higher-born and better-educated women competitors such as Dennett, Sanger lost control of the American Birth Control League in the late 1920s and chafed when, in 1937, a male public relations expert was brought in to serve as president and removed “birth control” from the organization’s title in favor of “planned parenthood” in an effort to soft-pedal the movement’s feminist past and “face the fact that most pivotal groups upon which advancement of birth control is dependent are controlled by men, such as, Federal and State legislatures, hospital boards, public health boards, etc.”⁴² For several decades the “reformed” national organization would pursue the modest goal of securing a place in the voluntary health organization establishment—with emphatic emphasis upon contraceptive services for married mothers, to be delivered in a physician-directed clinic.

IV

During the Great Depression few policymakers were interested in either feminist or quality-control issues. For them “the population problem” remained a declining birthrate. Efforts by birth controllers to obtain public funds were sometimes frustrated by Roman Catholic opposition, but the greatest barrier was a widely shared fear of the economic and political results of demographic change. For example, the Harvard economist Alvin H. Hansen, one of the most influential exponents of the ideas of Alfred Keynes, devoted his 1938 presidential address before the American Economic Association to what became known as the doctrine of “secular stagnation.” Hansen argued that the low birthrate was a principal cause of the inadequate demand and the low rate of capital investment associated with the Great Depression. In 1938 Harvard took

advantage of the Swedish sociologist Gunnar Myrdal's visit to the United States by inviting him to give the prestigious Godkin Lectures. Myrdal had come under the auspices of the Carnegie Corporation of New York to study the race problem and published his classic study of the conflict between American ideals and its racial caste system in 1944. In 1938, however, he drew attention to *Population: A Problem for Democracy*. Myrdal argued that the Western liberal states would have to develop a state-supported system of family services if they wanted to avoid disastrous declines in population and to compete with Germany and other fascist states. Although the birthrate began to rise in the late 1930s, scholarly opinion remained bearish on population until there was overwhelming evidence that Americans had regained the will to reproduce themselves. As late as 1950 sociologist David Riesman based his analysis of the country's "character structure" on a presumed "incipient decline" in its population.⁴³

While social scientists and politicians blamed the Great Depression on the low birthrate, ordinary people struggled to manage their own affairs, and in 1937 spent \$38 million on condoms and more than \$200 million on "feminine hygiene," the commercial euphemism for contraceptive vaginal douching. According to the law, contraceptives could be sold only with a medical prescription. Thus condoms were "for the prevention of disease," and tons of douche powder passed over the counter in the name of internal cleanliness, despite agreement among medical authorities that the genital tract was self-cleansing and douching might cause disease. The clandestine nature of the contraceptive industry allowed manufacturers and retailers to charge exorbitant prices. A gross of condoms that cost the manufacturer \$4.80 and the druggist \$6 retailed for \$24, a markup of 400 percent. Because testing condoms almost doubled the cost of manufacture, many defective articles were sold. Advertisements claiming that a product was "sure, safe, and dependable" for feminine hygiene were interpreted by the public to mean "sure, safe, and dependable" for contraception. The result was an enormous amount of money spent on marginally effective or harmful products. A *Ladies Home Journal* poll showed 79 percent of American women "believe in birth control," but they also considered four children the ideal. The most important reason why the two-child family was the behavioral norm was "family income." Thus, in the midst of the Depression, the public desire to maintain a decent standard of living was used to cheat consumers out of millions of dollars.⁴⁴

During these dog days of the birth-control movement, initiative passed to a small group of physicians associated with the National Com-

mittee on Maternal Health, which had been founded by the gynecologist Robert Latou Dickinson in 1923 to promote medical sex research. Dickinson's original plan to conduct clinical investigations of contraceptive regimens was co-opted by Sanger's Birth Control Clinical Research Bureau, but under Dickinson's energetic leadership the committee published a series of authoritative monographs that convinced reluctant colleagues to accept contraception and marriage counseling as essential medical services. During the 1930s Dickinson's protégé, Clarence J. Gamble, an heir to the Ivory Soap fortune, organized an effort to publicize the scandalous practices in the birth-control business, with the result that the Food and Drug Administration began to test condoms and to confiscate defective articles; the AMA's Council on Pharmacy and Chemistry began to issue reports that defined standards for contraceptive products, and efforts were made to suppress the least effective douching products.

In contrast to Margaret Sanger, whose mission as a birth controller was to liberate women from unwanted pregnancies, or the majority of pro-birth-control physicians, who hoped to strengthen family life through better marital sex, Dr. Gamble's principal concern was differential fertility among classes and the high cost of social programs for the poor. While Sanger and Dickinson saw the birth-control clinic as a way of bringing a new sense of self to women, Gamble chafed over the high cost of medical attention for everyone. During the 1930s he initiated a series of remarkable experiments in the mass delivery of contraceptives and achieved some surprising successes. In Logan County, West Virginia, for example, door-to-door distribution of free lactic-acid jelly between 1936 and 1939 led to a 40 percent decline in birthrates among the poor women who were willing to try the method. In Logan, as elsewhere, Gamble's efforts ran into problems of cost and the reluctance of public officials to devote scarce resources to contraception. The annual cost per patient for distribution of contraceptive jelly by a nurse was less than \$6, but in 1938 West Virginia spent \$1.25 on public health per rural family.⁴⁵ Birth-control services seemed an extravagance beyond the means of private philanthropy or government. Gamble initiated other programs, distributing condoms in North Carolina, experimenting with foam-powder-on-a-sponge in Florida, and paying missionary doctors to show Indian peasants how to make a cheap vaginal barrier by dipping a rag in brine solution. He remained a quixotic outsider, but only slightly less influential than Sanger and Dickinson, until the redefinition of "the population problem" provided a powerful new rationale for experiments in population control and innovations in contraceptive technology.

V

During the 1950s the social and political climate changed in ways that began to strengthen the hand of birth-control advocates. First, married women with children were drawn in ever larger numbers into paid work outside the home. The great majority of American families could not attain the American dream of affluence with a single income. This underlying economic and behavioral reality was reflected in a 1955 national survey of representative married women. By the end of their fertile years, "substantially all" married couples had tried to regulate conception if they were not subfecund. Half began contraceptive practice before the first pregnancy, an additional 32 percent before the second, and 11 percent more before the third. Their reasons were overwhelmingly economic, although Catholics were more likely than Protestants to mention health as a rationale. The researchers concluded that the major determinant of family size in the United States is the number of children that couples want to have." Even more important for the future of public policy on reproduction: "All classes of the American population are coming to share a common set of values about family size." More couples wanted five or more children than none at all, but most wanted between two and four and actually had two or three.⁴⁶

Despite the almost universal determination of married couples to limit their families, and their successful contraceptive practice, birth control remained a controversial political issue because of the opposition of the Roman Catholic hierarchy and the feeling on the part of most non-Catholics that higher birthrates were good for the economy. In June 1958, the cover of *Life* magazine showed several dozen infants modeling expensive walkers, rockers, and other "kiddie-care" paraphernalia under the headline "Kids: Built-in Recession Cure," but in July a controversy broke out in Brooklyn that marked the point at which even the Catholic Church tacitly began accepting the consensus on family planning.

Dr. Louis M. Hellman (later first director of population affairs in the U.S. Department of Health, Education, and Welfare during the Nixon administration), a gynecologist at King's County Hospital, a tax-supported municipal institution, decided to defy the de facto regulation against birth-control services in public institutions. His well-chosen martyr was a diabetic Protestant, two of whose three children had been delivered by caesarean section. The city commissioner of hospitals honored the traditional understanding among Catholic, Protestant, and Jewish politicians by ordering Hellman not to fit his patient with a diaphragm, but during the ensuing controversy, skillfully orchestrated by the Planned Parenthood Federation

of America, important divisions emerged in the Catholic community. *Commonweal*, the lay Catholic magazine, editorialized: "Where consensus once existed, it no longer does. . . . There are many sound and compelling reasons why Catholics should not strive for legislation which clashes with the beliefs of a large portion of society." Eventually the New York City Board of Hospitals voted 8-to-2 to lift the ban on contraception, and the emergence of John F. Kennedy as a serious contender for the 1960 Democratic presidential nomination provided both Catholic bishops and laity with powerful incentives for avoiding controversy over issues of Catholic power in shaping public policy.⁴⁷

As Catholic opposition to contraception softened, an influential group of social scientists redefined "the population problem" from how to encourage growth, or the right kind of growth, to how to bring zero population growth with a minimum of social disruption. This remarkable reversal of informed opinion helped set the stage for dramatic changes in public policy regarding human reproduction.

Around the turn of the century, the United States emerged not only as one of the dominant economic and political powers in the world but also as a center of scientific research. The private foundation rather than the state provided the resources for such institutions as the Rockefeller Institute for Medical Research and a National Research Council with numerous grant-making committees, including a Committee for Research in Problems of Sex (Sex Committee). The Sex Committee provides a direct link to the crisis in "civilized morality" because it was funded by the Bureau of Social Hygiene, an organization that quite literally sprang from John D. Rockefeller Jr.'s concern over the ties between political corruption and commercial vice. In an age that increasingly looked to science for models of social efficiency, the younger Rockefeller believed that effective responses to such disturbing phenomena as prostitution, venereal disease, drug abuse, and juvenile delinquency required scientific knowledge. This faith had some unexpected consequences as Sex Committee-sponsored research led to the development of the hormone concept, the identification and clinical use of the sex hormones, and eventually to the birth-control pill, marketed in 1960. The Sex Committee also sponsored the research of Alfred Kinsey, who in effect documented the decline of "civilized sexual morality" through sexual histories of several statistical generations of Americans.⁴⁸

Concern over possibly dysgenic population trends also led American philanthropists to sponsor institutions for the study of vital trends, including the Scripps Foundation for Research in Population (founded in 1922), the Research Division of the Milbank Memorial Fund (1928), the Popula-

tion Association of America (1931), and the Office of Population Research at Princeton (1936).⁴⁹

When Frank Notestein, influential in population studies, began work at Milbank in 1928, his first assignment was to analyze unused data from the 1910 census on the relationship of social class to fertility. His study, published in 1930, was the first extensive empirical investigation of differential fertility, one of a series of distinguished Milbank monographs that provided an empirical basis for analysis of vital trends.⁵⁰ Frederick Osborn, the leader of the American eugenics movement, believed that Notestein's work deserved a secure academic setting, and he persuaded Albert Milbank, a fellow trustee of Princeton, to establish an office of population research at Princeton with Notestein at its head. Notestein went on to develop the now-conventional theory of demographic transition, which showed how fertility was shaped by socioeconomic determinants rather than by changes in fecundity.⁵¹

After World War II, demographers associated with the Office of Population Research and the Milbank Memorial Fund were the prime movers in an effort to focus the attention of world leaders on "the population explosion" and its detrimental impact on Third World economies. Just as differential fertility between classes and regions exacerbated social problems in the United States, they argued that the rapid expansion of population threatened the possibility of engineering rapid economic development in the Third World.

Engineering dramatic decreases in mortality had proved relatively easy because inexpensive mass procedures could be introduced by small numbers of technicians with little more than passive support from the general public. As Notestein explained in 1947 to a Milbank Round Table on International Approaches to Problems of Underdeveloped Areas:

Human fertility . . . responds scarcely at all in the initial, and often super-imposed, stages of such changes [in mortality]—changes that too often leave the opportunities, hopes, fears, beliefs, customs, and social organization of the masses of the people relatively untouched. These latter are the factors that control fertility, and since they are unmodified, fertility remains high while mortality declines. . . . If gains in production only match those in population growth, "improvement" may result principally in ever larger masses of humanity living close to the margins of existence and vulnerable to every shock in the world economic and political structure. Such "progress" may amount to setting the stage for calamity.⁵²

Public-health campaigns provided examples of the dangers inherent in the failure to develop comprehensive strategies for social change that took into account the effects of population growth. Nations newly liberated from colonial status wanted to share the prosperity of the West. Failure to develop their economies would lead to bitter internal divisions and to the rejection of Western alliances in favor of communist models of development. Thus, political stability depended on rapid economic development and, in Notestein's view, that development could succeed only if the rate of population growth did not eat up the necessary capital.

John D. Rockefeller III became the principal sponsor of Notestein's efforts to do something about the world population problem. As the eldest of John D. Rockefeller Jr.'s five sons, Rockefeller was expected to assume his father's role as a hard-working philanthropist, but the specific focus of his career, Asian-American relations and population control, was only partly dictated by established family interests. While attending Princeton University, where he majored in economics and wrote a senior thesis on industrial relations, Rockefeller took an independent reading course on Malthus and was exposed to several academic eugenicists. In 1928 his father had him appointed to the board of directors of the Bureau of Social Hygiene, the means through which the elder Rockefeller invested in social science research and action programs in such areas as criminology, sex education, and birth control. Rockefeller became especially interested in birth control and population issues. When the bureau was terminated in 1934, Rockefeller wrote to his father that he intended to maintain a strong interest in birth control. The elder Rockefeller also drew his son into his work with the League of Nations. He spent the summer of 1928 as an intern in the Information Section of the league's Geneva, Switzerland, office, and he began a lifelong engagement with international relations, which included a deep attachment to Japanese culture. After World War II, Rockefeller experienced great frustration in his efforts to interest the Rockefeller Foundation in population control, but through John Foster Dulles, a trustee of the Rockefeller Foundation since 1935 and chairman of its board in 1950, he was encouraged to regard international cultural relations as an important public service, and he would become the most influential U.S. citizen promoting economic and cultural exchanges with Asia. Rockefeller-supported experts would be mobilized in a comprehensive effort to promote capitalist development in the Third World, with special emphasis on improved food production and population control.⁵³

After failing to gain a commitment to population control from the cautious professionals who dominated the Rockefeller Foundation, Rockefeller decided that there was a need for a small private organization "able

to work closely with foreign governments without the publicity about Americans which so often arouses nationalistic feelings."⁵⁴ In 1952, after convening a conference of experts to discuss the world population situation, he founded the Population Council with his own funds. The governing body included Rockefeller, Frank Notestein, Frank Boudreau of the Milbank Memorial Fund, and Frederick Osborn as chief executive officer.

The council began spending half a million dollars a year on population research. Conscious of the need to avoid ideological conflicts, Osborn was "anxious to keep the work . . . in the hands of competent scientists, believing that accurate determination of the facts must precede propaganda rather than the other way around, and that when verifiable information was available it would inevitably be used in the guidance of policy."⁵⁵ Throughout the 1950s the "verifiable information" poured in, its collection spurred by Population Council grants that brought students from around the world to the United States to study and subsidized the establishment of demographic studies in foreign universities. The "intolerable pessimism" of demographers that had aroused the contempt of agricultural scientists in the early 1950s became acceptable as study after study showed per capita food production declining, largely, Rockefeller-backed social scientists argued, because of the acceleration of population growth. Fear of famine gained a growing audience for those who insisted that population control was the only alternative to social catastrophe. In 1954 India requested help from the Council in organizing its family planning program, and Pakistan followed in 1959.⁵⁶

The council's growing influence might lead to frustration for both demographers and foreign governments, however, because the available technology and delivery systems, a diaphragm or condom from a physician or drugstore, assumed a developed Western-style economy. Notestein, who succeeded Osborn as president of the council in 1959, remembered his frustration in believing that something had to be done to control rapid population growth but lacking the contraceptive means that would enable the council to take decisive action. This sense of urgency led the council to investigate the possibilities of an old and discredited method, the intrauterine device (IUD), in a world where antibiotics had made the risks of infection seem acceptable.⁵⁷

The council invested more than \$2.5 million in the clinical testing, improvement, and statistical evaluation of the IUD, which worked well enough. Armed at last with a method that was relatively inexpensive to deliver and required little motivation from the user, family planning programs began to have an effect on birthrates in South Korea, Taiwan, and Pakistan. In 1967 a review article in *Demography* criticized the

overoptimism of the Population Council technocrats about the prospects for controlling world population growth. Other observers argued that population control was getting too much of the development dollar and pointed out that it was no substitute for social justice. Notestein was acutely aware, however, that technology alone could not solve the problems of economic development. Basic social reforms were necessary in many developing countries, but private American agencies could not force those reforms on others. "What can a white capitalist do in a very sensitive world?"⁵⁸ Notestein's answer was that he could provide high-quality technical assistance when asked.

The second major advance in contraceptive technology in the 1960s was the "anovulant" pill, based on synthetic analogues of the steroid hormones progesterone and estrogen. When Gregory Pincus, the biologist who is generally credited as the "father of the Pill," reviewed the factors that drew him into the search for a better contraceptive, he cited "(a) a visit from Mrs. Margaret Sanger in 1951, and (b) the emergence of the appreciation of the importance of the 'population explosion.'"⁵⁹ Notestein began with a social concern and sought a solution through technological innovation that had previously seemed unnecessary, if not unethical. In the same way, Pincus began his search for a new contraceptive, in part because feminists urged him to do so and promised to pay him well for his efforts, and in part because population control was becoming a legitimate, and even glamorous, field of research. The realization of Sanger's dream of a female-controlled method that would be completely divorced from coitus could be achieved only when her feminist motives were bolstered by new economic and political sanctions for birth control.

Pincus was a scientific entrepreneur par excellence. Carl Djerassi and his team of chemists at Syntex provided Pincus with the key drug he needed when they synthesized the first orally active progestin from relatively inexpensive vegetable sources in 1951. The rationale for Djerassi's new molecule was cancer therapy, however, and there was no guarantee that this wonder drug would be translated into a marketable contraceptive. Pincus had to overcome much resistance and skepticism on his way to winning acceptance for oral contraception. He had to win over critics within J. D. Searle and Company, his commercial sponsor, which argued that one could never justify interfering with basic reproductive mechanisms simply for the sake of easier contraception. Pincus had to enlist clinicians and their patients to test powerful drugs that had many side effects, and finally to overcome resistance in the Food and Drug Administration (FDA) to licensing the massive dosing of healthy women with synthetic hormones. He was able to do these things because of major

changes in attitudes toward sexuality and population growth. It is possible that oral contraceptives never would have gotten onto the market if the FDA had not approved them in 1960, because of the Thalidomide scandal and other events which soon changed the regulatory atmosphere in the FDA and made the public anxious about the side effects of steroids.⁶⁰

The claim is often made that the new and “scientific” pill and IUD had a “revolutionary” impact on sexual behavior and values, but these innovations should be understood as responses to a changing cultural environment rather than as major causes of change. Americans were successful contraceptors before 1960. After 1960 doctors in birth-control clinics often encountered “hurting diaphragm syndrome” among women who believed their well-being required a pill, but their parents had controlled their fertility with condoms, diaphragms, and douches. Ironically, the “use effectiveness” of the Pill was not higher among many groups than that of conventional methods. The motivation of the contraceptive remained the key factor in the effectiveness of even a magic bullet.

By 1965 the Population Council’s skillful lobbying among professional elites and the availability of apparently potent new contraceptive technologies had led to the acceptance of population control as a relatively noncontroversial part of economic wisdom.⁶¹ The United States, rather than India or China, was the “backward” nation in terms of public policy. Osborn and Notestein were appalled by the growing hysteria over the prospects of ecocatastrophe fanned by such zealots as the Dixie-cup tycoon, Hugh Moore, whose Cold War rhetoric and ticking bomb advertisements in *Time* seemed to be parodies of the council’s positions.⁶²

Ironically, from 1966 onward the birthrate in the United States was below any recorded for the 1930s, but, instead of a revived pronatalism, the public heard shrill demands for yet fewer children from Zero Population Growth, Inc. According to surveys, the organization’s membership was predominantly highly educated white males with a median age under thirty. These were the boom babies, a generation that from primary grades on had been squeezed into crowded classrooms and was now competing for scarce jobs. From their point of view, the United States was desperately overcrowded.⁶³

Women of the baby boom generation experienced many of the frustrations of their brothers, but they shared grievances with their mothers as well. In the 1960s the voices of women were added to the criticism of population growth and the social values that supported it. The publication of Betty Friedan’s *The Feminine Mystique* in 1963 helped to explain the malaise and the rage that found expression in the revival of the feminist movement. Apparently the stage had been set for a mass rebel-

lion among women by structural changes in the economy. With the postwar expansion of the service sector, married women with children were drawn in ever-larger numbers into permanent work outside the home. The great majority of American families felt the need for two incomes. The existential reality of the working mother was ignored, however, as women workers continued to be regarded as transients who should be paid less and promoted with discretion because they were in theory working to supplement someone else's income. The growth of the "universal marketplace," or a society in which ever-more human relationships were commodities, generated immense desires and immense frustration that provided the basis for a renewed feminist movement. Young women activists in the civil rights movement for blacks and the opposition to the Vietnam War experienced frustrations with male radicals that were in some ways analogous to Margaret Sanger's experience fifty years earlier. They became conscious of the need for a movement specifically to address the needs of women. They began to repeat Margaret Sanger's half-forgotten demands that they be allowed to control their lives in their interests, and they found a mass audience among women who had not been activists but had been prepared for their message by discrimination at work, the condescension of male-dominated service professionals, and the insensitivity of husbands and lovers who thought contraception was a woman's problem, as well as child care and housework. Perhaps the fundamental insight of the new women's liberation movement was the intimate relationship between private and public: women could not achieve equality in the workplace without a rethinking of gender roles and a new division of labor within the home.⁶⁴

The redefinition of the population problem meant that for the first time in American history the desire of the majority of married persons to limit the burdens of parenthood was not in conflict with the "public interest." A private vice had become a public virtue. This convergence of private and public need paralleled two other events that helped to shape a revolution in public policy concerning human reproduction: the rapid expansion of the welfare state and of judicially dictated "entitlements" or rights to public services.

In the United States the distinctive role of the judiciary in interpreting a written constitution that has proven extraordinarily flexible and the absence of an effective alternative to the middle-of-the-road two-party system led the dissatisfied to organize outside the political system and to present their demands as claims under the Bill of Rights. As Margaret Sanger's attorney explained after the *One Package* decision, the process of social reform "is a simple one, it is a matter of educating judges to the

mores of the day.”⁶⁵ By the mid-1960s the concerns that had previously inhibited judges from denying police powers to the state had eroded. In 1965 the U.S. Supreme Court, in *Griswold v. Connecticut*, struck down an “uncommonly silly law” that prohibited contraceptive practice. The Court continued to expand the rights of individuals to defy outdated restrictions in *Eisenstadt v. Baird* (1972), which established that the unmarried had the same right to contraceptives as the married. In 1973 the Court decided that women and their physicians, rather than legislatures, should decide whether or not to abort a fetus during the first three months of pregnancy.⁶⁶

Removing positive barriers to reproductive choice of course did not guarantee that all persons would have equal opportunity to control their fertility in an age when the state was expected to assume a paternalistic role on behalf of the “medically indigent.” As Lyndon Johnson’s War on Poverty emerged from Congress in 1964, a number of planned parenthood groups successfully applied to the Office of Economic Opportunity for funds under the “local option” policy that allowed community groups to initiate welfare programs. Pro-population controllers such as Senator Ernest Gruening (D-Alaska) orchestrated public hearings that emphasized “freedom of choice” and the “right to equal access” as rationales for including budgets for family planning services in domestic social welfare legislation. Whereas birth controllers had for years been stopped by the problem of justifying use of taxpayers’ money for a purpose that many citizens considered immoral, in the context of Lyndon Johnson’s War on Hunger abroad and War on Poverty at home, the question became, How can we justify withholding from the poor birth-control services that the middle classes already enjoy? With the population problem redefined in such a way that population growth was no longer a national necessity, there was indeed no secular rationale for denying anyone access to contraceptives.⁶⁷

The Social Security Amendments of 1967 specified that at least six percent of maternal and child health-care funds be spent on family planning, and contraceptives were removed from the list of materials that could not be purchased with Agency for International Development funds. These changes mark the point at which the federal government clearly adopted a pro-family-planning policy for the first time.⁶⁸

VI

By 1970 it seemed that a politically potent population-control coalition had emerged, based upon perceived demographic imperatives and Great

Society entitlements. In July 1969 President Richard Nixon announced the creation of the Commission on Population Growth and the American Future and appointed John D. Rockefeller III its chairman. Nixon declared, "One of the most serious challenges to human destiny in the last third of this century will be the growth of the population. . . . When future generations evaluate the record of our time, one of the most important factors in their judgment will be the way in which we responded to population growth."⁶⁹ Rockefeller's commission was given a mandate to recommend ways in which existing birth-control programs at home and abroad might be strengthened. Impressive studies were commissioned on a broad range of domestic trends and policies relating to population growth and distribution, employment and economic growth, resources and the environment, immigration and internal migration, education and research, and the status of children and women. The commission's 1972 report made a strong case for an aggressive national policy to promote family planning, but Nixon disappointed Rockefeller by publicly dissociating himself from the report's recommendations on sex education and abortion and by ignoring the rest of the commission's recommendations.⁷⁰

Rockefeller's population coalition of experts and professionals backed by foundations, university think tanks, and government agencies had come under withering attack from both the Right and the Left. In 1973, the same year that the Supreme Court found a constitutionally protected right to abortion, Congress passed the Helms Amendment to the Foreign Assistance Act of 1961, which prohibited the direct use of U.S. foreign-aid funds for abortion services. Within six months of the *Roe v. Wade* decision, 188 anti-abortion bills were introduced in 41 states. The 1970s would witness continuing regression from the goals envisioned by birth-control advocates as the Roman Catholic hierarchy in the United States found common cause with Protestant fundamentalists and conservative critics of the welfare state in a "Right-to-Life" and "Family Values" movement, which fed upon the insecurities generated by a declining standard of living for American workers and by the broad changes in the economy that led a majority of married women into wage labor outside the home.⁷¹

The population-control coalition also faced major challenges from liberals and progressives, who found fault with both the biomedical research establishment and the quality of health care for the poor. In 1971, under grants from the Office of Economic Opportunity, about one hundred thousand sterilizations a year were performed upon medically indigent women, but adequate guidelines to ensure the rights of these women to informed consent had not been implemented, in part because President

Nixon did not want to draw attention to his administration's association with federally funded sterilization services. The Committee to End Sterilization Abuse was founded in 1974 by a group of New York health-care professionals who became alarmed at the way some of their colleagues were using excessive zeal to recruit Hispanic and black women for sterilization. Convincing evidence of coercion supported complaints by such organizations as the National Women's Health Movement and the International Women's Health Coalition that the American health-care establishment had gone radically wrong in its high-tech, top-down, paternalistic approach to reproductive health issues. In 1973 a self-help book by the Boston Women's Health Book Collective, *Our Bodies, Ourselves*, sold 250,000 copies, mostly to members of the twelve hundred local groups that considered themselves part of the feminist women's health movement. After negotiating an agreement with a national commercial publisher, the Boston women's collective used all of its substantial profits from book sales of more than two million to support the women's health movement. As historian Linda Gordon observed, the Boston group's success "might indeed appear magical if one disregarded the intense material needs that the group met."⁷²

By 1973 the birth-control movement's history had in some respects come full circle. The vision of the civil libertarians and feminists who fought Comstockery had been in part realized by the development of a body of constitutional law that legitimated individual birth-control practices under the umbrella of a "right to privacy." Yet that right was contested, as always, by those who claimed that the country needed women in the home nurturing children. The imperatives of a mature capitalist economy seemed to preclude full-time domesticity for the great majority of women, but it was still not clear how high a price women would have to pay for reproductive autonomy or if the "right to privacy" would survive another redefinition of the "population problem." Most mothers with school-age children worked for wages outside the home because of felt necessity, but the question of whether their burdens should be socialized remained a source of deep dispute. Despite the vigorous efforts of civil libertarians and feminists, politicians and social scientists most often discussed reproductive policy issues from the perspective of demographic imperatives and economic efficiency. Metaphors of ticking "population bombs," "epidemics" of premarital pregnancies, and threats to "family values" had more effect than observations that women deserved reproductive autonomy as a matter of justice.⁷³

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Notes

1. Twelve states reformed their abortion laws between 1967 and 1975, with four permitting abortion virtually on request. In response, a nascent right-to-life movement mobilized coalitions of political fundamentalists opposed to reform or repeal of abortion laws, and a bitter struggle was launched between contending interests. Blackmun seems to have been personally moved by the agonies of women who had late trimester saline abortions performed by unskilled or callous practitioners.

For the social history that informed the emergence of an aggressive women's rights movement for legal abortion, see Leslie Jean Reagan, "When Abortion Was a Crime: The Legal and Medical Regulation of Abortion, Chicago, 1880–1973" (Ph.D. diss., University of Wisconsin, 1991). For the legal history that led to the "right to privacy" doctrine and the decisions affirming the rights of individuals to control their fertility, see David J. Garrow, *Liberty and Sexuality: The Right to Privacy and the Making of Roe v. Wade* (New York, 1994). Arlene Skolnick, *Embattled Paradise: The American Family in an Age of Uncertainty* (New York, 1991), provides an analysis of the changes in social structure and the family that proved profoundly unsettling to many Americans.

2. Linda Gordon's *Woman's Body, Woman's Right: Birth Control in America* (New York, 1976; rev. ed., 1990) is an influential example of the new feminist history. For review essays on the emerging scholarship by feminist historians, see Mary P. Ryan, "The Explosion of Family History," *Reviews in American History* 10 (December 1982): 181–85; Estelle B. Freedman, "Sexuality in Nineteenth-Century America: Behavior, Ideology, and Politics," *ibid.*, 196–215; Elaine Tyler May, "Expanding the Past: Recent Scholarship on Women in Politics and Work," *ibid.*, 216–33; Elizabeth Fox-Genovese, "Comment on the Reviews of *Woman's Body, Woman's Right*," *Signs* 4 (Summer 1979): 804–9.

3. This account draws heavily on James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York, 1978), hereafter cited as *Private Vice*. For a defense of this approach to the history of the struggle for reproductive rights, see "Preface to the Princeton Edition" of *Private Vice*, published under the title *The Birth Control Movement and American Society: From Private Vice to Public Virtue* (Princeton, 1984), and "Public Policy on Human Reproduction and the Historian," *Journal of Social History* 18 (March 1985): 383–98.

4. Norman Himes, *Medical History of Contraception* (Baltimore, 1936); Angus McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford, 1990).

5. Reed, *Private Vice*, 6–7; Angus McLaren, *Birth Control in Nineteenth-Century England* (New York, 1978); Robert V. Wells, "Family Size and Fertility Control in Eighteenth-Century America: A Study of Quaker Families," *Population Studies* 25:1 (1971): 73–82.

6. Reed, *Private Vice*, 19–33.

7. Robert Wells, "Family History and Demographic Transition," *Journal of Social History* 9 (1975): 1–19; Edward Meeker, "The Improving Health of the United States: 1850–1915," *Explorations in Economic History* 9 (1972): 353–73.

8. Robert Wells, *Revolutions in Americans' Lives* (Westport, Conn., 1982), 75–76; James H. Cassedy, *Demography in Early America: Beginnings of the Statistical Mind, 1600–1800* (Cambridge, Mass., 1969), 216–20; William Stanton, *The Leopard's Spots: Scientific Attitudes Toward Race in America, 1815–1859* (Pittsburgh, 1960); Reginald Horsman, *Race and Manifest Destiny: The Origins of American Racial Anglo-Saxonism* (Cambridge, Mass., 1981).

9. Reed, *Private Vice*, 198–201.

10. James Mohr, *Abortion in America: The Origins and Evolutions of National Policy* (New York, 1978); Carol Smith-Rosenberg, "The Abortifacient Movement and the AMA, 1850–1880," in *Disorderly Conduct: Visions of Gender in Victorian America* (Oxford, 1985), 217–44.

11. Mohr, *Abortion in America*, 168.

12. Reed, *Private Vice*, 34–35.
13. Heywood Broun and Margaret Leech, *Anthony Comstock: Roundsman of the Lord* (New York, 1927); R. Christian Johnson, “Anthony Comstock: Reform, Vice, and the American Way” (Ph.D. diss., University of Wisconsin, 1973); David Pivar, *Purity Crusade: Sexual Morality and Social Control, 1868–1900* (Westport, Conn., 1973).
14. Daniel Scott Smith, “Family Limitation, Sexual Control, and Domestic Feminism in Victorian America,” *Feminist Studies* 1 (1973): 40–57; Janet F. Brodie, *Contraception and Abortion in 19th-Century America*, (Ithaca, N.Y., 1994).
15. Nathan Hale, *Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876–1917* (New York, 1971), 116–50; F. G. Gosling, *Neurasthenia and the American Medical Community, 1870–1910* (Urbana, 1987).
16. Gordon, *Woman’s Body*, 95–115. See also John Spurlock, *Free Love: Marriage and Middle-Class Radicalism in America, 1825–1860* (New York, 1988). Karen Lystra demonstrates that the celebration of erotic mutuality was characteristic of many nineteenth-century Americans in *Searching the Heart: Women, Men, and Romantic Love in Nineteenth-Century America* (New York, 1989).
17. Reed, *Private Vice*, 3–18, 39–45, and “Doctors, Birth Control, and Social Values: 1830–1970,” in Morris Vogel and Charles Rosenberg, eds., *The Therapeutic Revolution: Essays in the Social History of American Medicine* (Philadelphia, 1979), 109–34.
18. Reed, *Private Vice*, 201–2.
19. Hale, *Freud and the Americans*, Joseph Kett, *Rites of Passage: Adolescence in America* (New York, 1977).
20. Simon Patten, in *The New Basis of Civilization*, ed. Daniel M. Fox (Cambridge, Mass., 1968; 1st ed., 1907).
21. Mark Connelly, *The Response to Prostitution in the Progressive Era* (Chapel Hill, 1980).
22. Alfred Kinsey et al., *Sexual Behavior in the Human Female* (Philadelphia, 1953), 267–69, 300, 330–32.
23. Ira L. Reiss, *Premarital Sexual Standards in America* (Glencoe, Ill., 1960), 126–45, 183–92.
24. Reed, *Private Vice*, 54–63. For a critique of the new expressiveness, with emphasis upon the dangers that women faced with the decline of Victorian standards of self-denial, see Kevin White, *The First Sexual Revolution: The Emergence of Male Heterosexuality in Modern America* (New York, 1993).
25. At this time only the most radical proponents of reproductive autonomy for women publicly defended induced abortion as a civil right. During the first half of the twentieth century, birth-control advocates often cited the high mortality and morbidity rates associated with illegal abortion as justification for contraception. One of the most dramatic changes in the birth-control movement came in the 1960s, when tentative efforts to reform prohibitive abortion laws were suddenly replaced by strong demands that they be abolished, and the great majority of birth-control advocates aggressively defended abortion as a woman’s right. Although the birth-control clinics of the 1930s sometimes provided aid to pregnant women who sought abortions, usually in the form of referral to sympathetic physicians, this assistance was offered at great risk of criminal prosecution. See Reed, *Private Vice*, 118–19.
26. The term “birth control” was coined by Otto Bobsein, a friend of Margaret Sanger, and printed for the first time in the fourth issue of Sanger’s radical journal, *The Woman Rebel* (June 1914). See Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York, 1992), 97. Sanger has had numerous biographers, and both Reed and Gordon devote considerable attention to her in their histories of the birth-control movement, but Chesler’s work is the most complete interpretation of Sanger’s career.
27. Reed, *Private Vice*, 130–34.

28. Mark H. Haller, *Eugenics: Hereditarian Attitudes in American Thought* (New Brunswick, 1963); Kenneth M. Ludmerer, *Genetics and American Society* (Baltimore, 1972); Frank Lorimer and Frederick Osborn, *Dynamics of Population: Social and Biological Significance of the Changing Birth Rate in the United States* (New York, 1934); Frederick Osborn, *Preface to Eugenics*, rev. ed. (New York, 1951); Frank W. Notestein, "Demography in the United States: A Partial Account of the Development of the Field," *Population and Development Review* 8:4 (1982): 651–87; John C. Burnham, "Medical Specialists and the Movement Toward Social Control in the Progressive Era: Three Examples," in Jerry Israel, ed., *Building the Organizational Society* (New York, 1971); Reed, *Private Vice*, part 3, "Robert L. Dickinson and the Committee on Maternal Health," 143–93; Interview with Howard Taylor Jr., 27 April 1971, New York City; Alan F. Guttmacher, "Memoirs," autobiographical manuscript, Allan F. Guttmacher Papers, Countway Library of Medicine, Boston.

29. Gerald N. Grob, *Mental Illness and American Society, 1875–1940* (Princeton, 1983), 166–78; Julius Paul, "Population 'Quality' and 'Fitness for Parenthood' in the Light of State Eugenic Sterilization Experience, 1907–1966," *Population Studies* 21 (1967): 295–99; Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, 1991); James Reed, "Misguided Scientism," *Science* 252 (28 June 1991): 1863.

I do not mean to imply that eugenic sterilizations were ethically insignificant. They are a tragic fact of American medical and social history. The point is that the eugenics program would have required millions of sterilizations in order to have any statistically significant impact upon the gene pool of fertile citizens of the United States.

30. Franz Samelson, "On the Science and Politics of IQ," *Social Research* 42 (1975): 467–88; "World War I Intelligence Testing and the Development of Psychology," *Journal of the History of the Behavioral Sciences* 13 (1977): 274–82.

31. Chesler, *Woman of Valor*, 74–242.

32. The Birth Control Clinical Research Bureau was opened with funds that Sanger solicited from Clinton Chance, a British manufacturer, and it was not legally affiliated with the American Birth Control League because, as a membership corporation, the league could not operate a medical dispensary, and, as usual, Sanger's plans seemed too bold to other leaders of the ABCL. Once Sanger demonstrated that a birth-control clinic could stay open, this form of service became one of the principal activities of the ABCL and its successors. Reed, *Private Vice*, 112–20.

33. Mary Ware Dennett, *Birth Control Laws* (New York, 1926). For example, see Gordon, *Woman's Body*, 370–90, and Sheila M. Rothman, *Woman's Proper Place: A History of Changing Ideals and Practices, 1870 to the Present* (New York, 1978), 200–209.

Probably the fundamental influence on Sanger's feminist critics of the 1970s was the women's health movement. As the sociologist and feminist Ruth Dixon-Mueller observed in *Population Policy and Women's Rights* (Westport, Conn., 1993), "The feminist critique of the 'medicalization' of birth control focused on two related issues: the health risks and neglect of women's interests in the development of new birth control technology, and the appropriation of technology and service delivery by physicians" (47). I think that Gordon's and Rothman's treatments of Sanger's relationship with the medical profession provide an example of how presentist concerns sometimes lead to distorted interpretations of the past. See Reed, "Public Policy on Human Reproduction and the Historian," *Journal of Social History* 18 (March 1985): 383–98.

34. Reed, *Private Vice*, 98–105.

35. This opportunism, pragmatism, or plain dishonesty was characteristic of Sanger and accounts for the considerable confusion that exists concerning her positions on many issues, and especially her relationship to the eugenics movement, other feminists, and the medical establishment. See Joan M. Jensen, "The Evolution of Margaret Sanger's *Family Limitation Pamphlet, 1914–1921*," *Signs* 6 (1981): 548–55; Reed, *Private Vice*, 129–39, and Chesler, *Woman of Valor*, *passim*.

36. Probably the most important single medical publication in the history of contracep-

tion was Hannah Stone's 1928 monograph demonstrating the effectiveness of the diaphragm-with-spermicidal-jelly regimen. It proved amazingly difficult to collect this data and to get it published. This accomplishment owed much to Hannah Stone and Robert L. Dickinson, but Sanger also deserved a great deal of credit, and this kind of achievement depended upon her opportunism in comparison to Dennett's hard-line civil liberties strategy. See Reed, *Private Vice*, 115–16, 167–80, and Hannah Stone, "Therapeutic Contraception," *Medical Journal and Record* (21 May 1928): 8–17.

37. "Congressional Report: January 1 to May 1, 1926," American Birth Control League papers, Houghton Library, Cambridge, Mass.; Reed, *Private Vice*, 100–104.

38. C. Thomas Dienes, *Law, Politics, and Birth Control* (Urbana, 1972), 82–83, 89–91, 104–15, 195–96; Chesler, *Woman of Valor*, 373–76.

39. Reed, *Private Vice*, 187–90.

40. Kinsey gathered data on contraceptive practice but did not publish it. It is available in Reed, *Private Vice*, 124–26.

41. *Ibid.*, 114–28.

42. D. Kenneth Rose, quoted in *ibid.*, 265.

43. Alfred Hansen, "Economic Progress and Declining Population Growth," *American Economic Review* 29 (March 1939): 1–15; Gunnar Myrdal, *Population: A Problem for Democracy* (Cambridge, Mass., 1940), 18–19, 22, 24, 57–58, 102–3, 105; David Riesman, *The Lonely Crowd: A Study in the Changing American Character* (New Haven, 1950), 7–31.

44. Reed, *Private Vice*, 239–56.

45. Gilbert Beebe, *Contraception and Fertility in the Southern Appalachians* (Baltimore, 1942); Reed, *Private Vice*, 247–56.

46. Ronald Freedman et al., *Family Planning, Sterility, and Population Growth* (New York, 1959), 62, 168, 257, 402.

47. *Commonweal*, 12 September 1958, 583. Quoted in Thomas Littlewood, *The Politics of Population Control* (Notre Dame, Ind.), 22–24. For the biography of one influential Roman Catholic birth-control advocate, see Loretta McLaughlin, *The Pill, John Rock, and the Church* (Boston, 1982).

48. James F. Gardner Jr., "Microbes and Morality: The Social Hygiene Crusade in New York City, 1892–1917" (Ph.D. diss., Indiana University, 1973); Sophie Aberle and George W. Corner, *Twenty-Five Years of Sex Research: History of the National Research Council Committee for Research in Problems of Sex, 1922–1947* (Philadelphia, 1953); Diana Long Hall, "Biology, Sex Hormones, and Sexism in the 1920s," *Philosophical Forum* 5 (1973–74): 81–96.

49. Reed, *Private Vice*, 202–8; Dennis Hodgson, "The Ideological Origins of the Population Association of America," *Population and Development Review* 17 (March 1991): 1–34.

50. Frank Notestein, "Differential Fertility According to Social Class," *Journal of the American Statistical Association* 25 (March 1930): 9–32.

51. Dennis G. Hodgson, "Demographic Transition Theory and the Family Planning Perspective: The Evolution of Theory Within American Demography" (Ph.D. diss., Cornell University, 1976); *idem*, "Demography as Social Science and Policy Science," *Population and Development Review* 9 (March 1983): 1–34.

52. Frank W. Notestein, "Summary of the Demographic Background of Problems of Underdeveloped Areas," *Milbank Memorial Fund Quarterly* 26 (July 1948): 250, 252. Quoted in Reed, *Private Vice*, 282.

53. For Rockefeller's biography, see John E. Harr and Peter J. Johnson, *The Rockefeller Century* (New York, 1988), and *The Rockefeller Conscience: An American Family in Public and in Private* (New York, 1991).

54. Frederick Osborn to James Reed, 2 May 1973; quoted in Reed, *Private Vice*, 287.

55. *Ibid.*

56. *Ibid.*, 286–88.

57. *Ibid.*, 303–8.

58. James Reed interview with Frank Notestein, 12 August 1974, Princeton. Quoted in Reed, *Private Vice*, 307.

59. Gregory Pincus, *The Control of Fertility* (New York, 1965), 5–6.

60. Reed, *Private Vice*, 309–66; Carl Djerassi, “The Chemical History of the Pill,” in *The Politics of Contraception* (New York, 1979), 227–55; R. McFayden, “Thalidomide in America: A Brush with Tragedy,” *Clio Medica* 11 (1976): 79–93.

61. Kurt W. Back provides a substantial discussion of the multiple demographic studies and population-control pilot projects that were the empirical basis for the acceptance of birth control in public health and economic development plans in *Family Planning and Population Control: The Challenges of a Successful Movement* (Boston, 1989), 77–110. See also John B. Sharpless, “The Rockefeller Foundation, the Population Council, and the Groundwork for New Population Policies,” *Rockefeller Archive Center Newsletter* (Fall 1993): 1–4.

62. Reed, *Private Vice*, 303–4.

63. Larry D. Barnett, “Zero Population Growth, Inc.,” *Bioscience* 21 (1971): 759–65; “Zero Population Growth, Inc.: A Second Study,” *Journal of Biosocial Science* 6 (1974): 1–24.

64. Peter Filene, *Himself/Herself: Sex Roles in Modern America* (New York, 1974), 177–232; Harry Braverman, *Labor and Monopoly Capitalism* (New York, 1974), 271–83; Sara Evans, *Personal Politics: The Roots of Women’s Liberation in the Civil Rights Movement and the New Left* (New York, 1979). On Sanger’s alienation from Alexander Berkman and Big Bill Haywood, see Reed, *Private Vice*, 76–78.

65. Morris Ernst, quoted in Dienes, *Law Politics and Birth Control*, 114 n. 29.

66. Garrow, *Liberty and Sexuality*, 233–69, 457, 473–599.

67. Phyllis T. Piotrow, *World Population Crisis: The United States Response* (New York, 1973), 129, 153, 154, 103–11.

68. The high tide of public support for family planning programs was reached in the early 1970s, when Louisiana, a poor state with a particularly reactionary social order, witnessed the growth of a comprehensive effort to provide reproductive health services to poor women under the auspices of federal and foundation grants. By 1974 the Louisiana Family Health Foundation had begun to collapse and its leader, pediatrician and Tulane Medical School professor Joseph Beasley, went to jail for misuse of grant funds. This tragic story illustrates the barriers to social justice for women, which would become higher in the 1980s. See Martha Ward, *Poor Women, Powerful Men: America’s Great Experiment in Family Planning* (Boulder, Colo., 1986).

69. “Message from The President of the United States Relative to Population Growth,” House of Representatives, 91st Cong., 1st sess., Document No. 91–139 (Washington, D.C., 1979), 9.

70. U.S. Commission on Population Growth and the American Future, *Population and the American Future* (New York, 1972); Harr and Johnson, *The Rockefeller Conscience*, 395–420.

71. Dixon-Mueller, *Population Policy and Women’s Rights*, 66–78.

72. Thomas M. Shapiro, *Population Control Politics: Women, Sterilization, and Reproductive Choice* (Philadelphia, 1985); James Reed, “Misconstruing Social Change,” *Family Planning Perspectives* 19 (March–April 1987): 89–90; Gordon, *Woman’s Body* (rev. ed., 1990), 436.

73. Maris A. Vinovskis, *An “Epidemic” of Adolescent Pregnancy? Some Historical and Policy Considerations* (New York, 1988); Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York, 1992), 205–31; Gordon, *Woman’s Body* (rev. ed., 1990), 386–488; Dixon-Mueller, *Population Policy and Women’s Rights*, *passim*.