

## I

## The Long History of Birth Control

If we have convictions, and cannot express them in words, then let us act them out, let us live them!

Margaret Sanger (1929)<sup>1</sup>

Man, like all other animals, has two main functions: to feed his own organism, and to reproduce his species. Ancestral habit leads him, when mature, to choose himself a mate . . . If this profound impulse is really lacking to-day in any large part of our race, there must be some correspondingly profound and adequate reason for it.

Grant Allen (1894)<sup>2</sup>

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### INTRODUCTION

In 1800 the average American had seven offspring. “Every log cabin is swarming with half-naked children,” wrote an English traveler on the Illinois frontier. “Boys of 18 build huts, marry, and raise hogs and children at about the same expence.” Farms and streets teemed with children. The young republic’s expanding population, thought Benjamin Franklin, Thomas Jefferson, and George Washington, guaranteed its security and expressed its citizens’ health, wealth, and happiness.<sup>3</sup>

A century later Americans were having half as many children, on average. “There are regions of our land, and classes of our population, where the birth-rate has sunk below the death-rate,” President Theodore Roosevelt warned Congress in 1906. The trend seemed to be spreading. “Willful sterility,” Roosevelt chided, “is . . . the one sin for which the penalty is national death, race death; a sin for which there is no atonement.” The president’s warnings went unheeded. By the mid-1930s the

average American had just over two children, well below the period's rate of replacement.<sup>4</sup>

This steady decline in family size took place over a period when there were no major advances in contraceptive technology and very few outspoken advocates for reproductive rights. What changed, instead, were Americans' ideas about the place of childrearing in a good life. In order to understand that change, this book examines the ethical sensibilities of several thousand Americans (mostly white and middle class) who participated in America's first mass civic debates over fertility control. The central question is: how did birth control gain popularity and legitimacy in America?

Answering this question means investigating a topic, reproductive decision-making, that is at once universal, essential, and nearly invisible. Virtually all adults are forced to make decisions about their reproductive potential, and those decisions tend to feel important. But the reasons we make them can be hard to articulate to ourselves, much less to others.

Americans discussing birth control in the early twentieth century were no different. Reproductive questions' emotional charge and social volatility made them difficult to address. So did their complexity: for many Americans, the values relevant to reproductive action seemed so wide ranging, and the moral questions so abstract and deeply held, that it was difficult to capture the trend towards smaller families in any but the most sweeping terms. "The cause is multiplex," wrote a Baltimore editorialist in 1904, "lying partly in the material and partly in the spiritual and intellectual environment of our time."<sup>5</sup>

The struggle to explain the spread of family limitation has since passed to sociologists, demographers, and historians. Many theories have emerged. Traditionally, these have emphasized major social-historical shifts such as women's emancipation, urbanization, industrialization, mass education, and better access to contraceptive technology. Sometimes these shifts are lumped together as "modernization." "Almost anything that distinguishes traditional from modern societies has been considered relevant to the explanation of the fertility decline," as one demographer notes.<sup>6</sup>

Important as such factors have been in creating an environment favorable to smaller families, none of them – alone or in combination – has been shown to be necessary for fertility decline or sufficient to explain when and why people limit their families. Fertility has dropped precipitously among illiterate Bulgarian peasants, remained stubbornly high in industrial England, and risen mysteriously as contraceptive technology

improved in mid-twentieth-century America. Often it has seemed that the brighter the lights aimed at fertility behavior, the darker the shadows. Some scholars have responded by declaring the causes of fertility decline to be irreducibly plural and local: too variable across place, time, and class for generalization. Yet the hunt for shared qualities continues, if only because it seems unlikely that hundreds of broadly simultaneous fertility transitions, across every corner of the world, would not share some common characteristics.<sup>7</sup>

That search continues, too, because low fertility has become a truly global phenomenon. Around half the world's people now live in countries where fertility is below replacement level, and that proportion is growing. It includes wealthy parts of Europe and North America where the trend was first perceived, but also countries from Brazil to Morocco, Korea to Colombia, and Thailand to Russia. Where birthrates remain above replacement they are generally trending downward, and within a century we are likely see a broad-based, voluntary end to human population growth, perhaps even a decline – events which seemed unfathomable fifty years ago. The benefits of these trends are obvious at the global level; locally, however, they threaten welfare states with bankruptcy and nations with the destabilizing politics of cultural extinction.<sup>8</sup>

Understanding fertility decline is above all a question of understanding subtle changes in the acting ideas of people with no special interest in birth control as a social cause. It is a question of half-articulate principles that span the borders between popular commonsense and abstract moral philosophy. In America, those ideas pertained above all to relationships of economy to morality, self to society, worldliness to transcendence, human to cosmic orders, and modernity to eternity.

A grand civic debate over these principles emerged in America in the wake of Roosevelt's denunciation, in 1903, of "race suicide" among "the average men and women who make up the nation." The U.S. birthrate's apparent trajectory towards zero, warned the young president, promised to extinguish the American experiment. "A new race . . . will take your place," he thundered, "because you will have shown that you are not fit to cumber the ground."<sup>9</sup>

Roosevelt's words struck a nerve – not just for their discordant pessimism, but because Americans were unaccustomed to hearing heads of state address such earthy topics. In the subsequent controversy, which lasted many years and grew to include counterarguments by Margaret Sanger and other pro-birth control activists, millions of Americans asked

themselves, “Under what circumstances is it acceptable to avoid childbearing?”

Open debate ultimately encouraged many Americans to come to terms with birth control’s immense private popularity – accepting semisecret practices as facts of life and even public virtues. Along the way, however, countless Americans wondered if a virtuous and sustainable society could publicly condone birth control. Would people continue to have children if family limitation were publicly acceptable? Would the liberalization of reproduction fatally alienate American democracy from God and nature?

Most parties to the debate came from America’s numerically and politically dominant culture – white, native-born, nonindigent – and concerned themselves with the reproductive future of their own kind. This frame of reference was obvious to them. Few evinced much thought or care for groups living beyond the civic pale: “new” immigrants, the destitute, and African-Americans, who together constituted around a quarter of the country’s population. Perhaps those groups would multiply and inherit the land; or perhaps they too would vanish after adopting the small-family norm. Some middle-class whites worried about the former scenario; some black or immigrant Americans worried about the latter. But vastly more words were spilled on self-examination by the enfranchised majority. Debate centered on inward-looking questions of moral order in a virtuous and sustainable society. Much of the commentary was mystical, introspective, and uncertain.<sup>10</sup>

This debate over reproductive ethics has much to teach us about the roots of birth control’s legitimation in America. Each chapter of this book accordingly focuses on several hundred Americans’ views on fertility control, as recorded in a variety of media: newspapers, letters, field reports, and responses to a radio program. This approach – using bulk qualitative sources to uncover the views of ground-level actors – bridges the gap between the two dominant approaches to birth control history, historical demography and narrative history.

Demographers see fertility control’s spread as a “revolution without generals” conducted by ordinary women and men responding to socio-economic and other structural factors. But this sort of data alone, most demographers now believe, cannot provide a complete account of fertility motivation. We also need research into “cultural factors.” “Fertility decline is now the stuff of history,” as one demographer writes. Efforts to explain it rely “more on qualitative argument and less on the elaborate statistical modeling.”<sup>11</sup>

Qualitative argument is the stock in trade of narrative history, but historians of birth control have largely focused on a small corps of outspoken activists – despite “the systematic divergence,” in the words of three demographic historians, “between popular values and practices and those of the tiny minority in the intelligentsia who made birth control and sexuality their business to discuss, investigate, and legislate.”<sup>12</sup>

Though that divergence was strong, the stories of dedicated advocates like Sanger – who in 1914 launched a feminist campaign to legalize, legitimize, and distribute birth control – remain essential to birth control history. Activists delivered contraceptive services to hundreds of thousands of the neediest cases, shifted the terms of public debate, and successfully prompted community leaders to forthrightly acknowledge their private support for fertility control. Activist stories underscore the role of human agency in big-picture social reform, reminding us that change derives from living and breathing moral action, not ghostly trends and averages.

Still, just as historical demographers have been unable to write a grand formula for fertility decline, traditional historians have been unable to establish the importance of any particular individual or organization to birth control’s de facto legitimation, a process which was largely complete by the time activists gave it voice. If there is more to the birth control story, it seems to lie somewhere between history and demography, in the applied ideas of millions of Americans who were able to justify birth control to themselves, their families, and communities.

Like the collapse of Prohibition, the rise of birth control is best understood as the product of a sprawling mass movement. If no leader or group was central to the movement, nor any single structural trend, then local people acting in small, interconnected groups were collectively indispensable. In kitchens, foundries, bars, churches, and picnic grounds, Americans observed and enacted new reproductive codes, judging and rejudging themselves and their peers. Often they were uncertain. “Having to live and rear a child or children in two or three rooms, and oftentimes in the rear of a store, is enough to break the spirit of the stoutest heart,” wrote a Midwestern woman, Ruby Poley, in a characteristically ambivalent 1927 letter. “Our boys should be taught (and our girls too) that parenthood is not all hardship and that only in building for the future on a good foundation can happiness be found.”<sup>13</sup>

Yet clear patterns of change mark the reflections of people like Poley. Americans wandering the ethical and emotional minefields of human

reproduction expressed new doubts, new aspirations, and new visions of the past and future. Seeing birth control through their eyes, as the gradual, furtive, decentralized movement of women and men who were not necessarily outspoken, feminist, progressive, or politically engaged, helps us understand the birth control movement's enduring foundation of support. It helps us understand Americans' reproductive interests as *they* understood them, and the potential connections of everyday moral action to profound historical consequence.

### The Outlines of Legitimacy

Few domains of human experience escaped the attention of citizen-moralists pondering reproductive ethics. Money, time, divinity, nature, health, self-fulfillment – these topics and many others continually bubbled to the surface. Boundaries between them were indistinct. Observers contradicted themselves or settled on sweeping moral-historical shorthands. “Don’t ask me why they practice birth control,” declared one population expert in 1935, “but they do.”<sup>14</sup>

For all that, a definite core of ideas concerning economic self-interest, spiritual alignment with divinity or nature, and self-placement in cosmic and historical time underpinned Americans' gradual justification of ever-greater family limitation. Popular adoption of more material, this-worldly, present-minded, and self-consciously modern outlooks formed the essential basis for the birth control movement's success. Other priorities – notably women's pursuit of physical and mental well-being – were also important, but no class of legitimating ideas was as essential as the interlocking triad of economic, spiritual, and temporal modernism, applied by men and women alike. Over the course of the nineteenth and early twentieth centuries, Americans considering childrearing assigned progressively greater moral priority to rewards they could see and enjoy in their own lifetimes. Their motives for family limitation were not simply “selfish”; the welfare of living children was an essential point of concern. But the erosion of binding transcendent and eternal orders was indispensable to birth control's legitimation.

In terms of sheer frequency, moralists found two points on the triad – spiritual intuition and economic calculation – more relevant to explaining fertility decline than all other factors. Economic explanations were especially common. In reality, though, economic and “cosmic” explanations *together* dominated Americans' thinking. Because all parties assumed

reproductive decisions were of basic moral and existential importance to any adult, speakers rarely viewed those decisions as merely rational or adaptive. Instead, economic self-interest was inextricably bound up with spiritual and emotional judgment. Whether fertility limitation was rational *per se* was less important than whether personal and cultural norms would allow for such rational action.<sup>15</sup>

But this moral economy of birth control was closely bound up in observers' ideas about the third point on the triangle, modern historical time. Recognizing family limitation as a long-term trend, many citizens spoke as amateur historians, measuring their own generational norms against those of their parents and grandparents. The reweighting of economic and moral priorities formed part of an irresistible historical logic. Recent history seemed to *want* smaller families. How much one resisted or accommodated this telos was a matter of acute relevance for individual reproductive outcomes. Should one adopt the old ways, with their worldly inconveniences but clearer view of eternal and natural orders? Or did recent flux demand a new "modern" approach? In asking these questions, moralists used history to make history, acting within intergenerational narratives of their own making.

Notably less important to American commentators were many of the ideas that animated outspoken activists, such as egalitarian feminism, eugenics, sexual liberation, and access to contraceptive technology. Though all those issues concerned Americans living during the fertility transition, they were considerably less prominent than moral-economic questions, and sometimes took a back seat to issues like mental health and landlord discrimination that have received little attention in the birth control story.

The significance of the citizen commentary, however, lies less in fixing an exact hierarchy of motives than in understanding these categories together, as they might have appeared in the mind of someone deciding on a course of reproductive action. Americans did not go to chalkboards to diagram their family size preferences, dividing and rank-ordering motivations from, say, "economy" down to "natural order" and "health." Their acting ideas were hazy and impressionistic. Collectively, however, they shared many ideas – or clusters of ideas – about the place of birth control in a good life. Those patterns of thought never amounted to a unitary mentality, but they allow us a better understanding of modern Americans' ethical worlds and the changing place of childrearing within them.

## BACKGROUND TO A MASS MOVEMENT

**Birth Control Methods**

The term “birth control” was coined in 1914 by the journalist Otto Bobsein and popularized by Margaret Sanger. From the start it has meant two things: first, specific technologies for controlling fertility before conception, such as condoms or diaphragms; second, the broader phenomenon of controlling births. These twin meanings create confusion. Many people equate the phenomenon with the technology, and vice versa. We often assume that birth control’s story is one of growing access to revolutionary devices and techniques, culminating in “the pill.”<sup>16</sup>

The story is actually much older and more complex. A 4,000-year-old Egyptian papyrus recommends “crocodile’s dung cut up on *auyt*-paste” as a means of preventing conception. Another ancient scroll suggests lint tampons saturated with honey and “tips of acacia.” Early Jewish rabbis permitted the use of “cup of roots” and *mokh*; some even recommended coitus interruptus despite God’s slaying of Onan for that sin. Ancient Greeks “anoint[ed] that part of the womb on which the seed falls with oil of cedar, or with ointment of lead or with frankincense, commingled with olive oil,” noted Aristotle, and the early gynecologist Soranos of Ephesus wrote at length on contraceptives and abortifacients. Family limitation was sufficiently common among the Romans that multiple laws sought to encourage childrearing. *Lex Papia Poppaea* (9 A.D.) allotted tax breaks, promotions, and better theater seats to citizens with three or more children.<sup>17</sup>

Methods of family limitation need not be technically sophisticated to be effective. Early twentieth-century anthropologists found women using seaweed (Easter Island), seed pods (Suriname), grass (East Africa), tannic acid (Sumatra), and half-lemons (the Caribbean) as means of preventing sperm from reaching the ovum. Men across many places and times have practiced withdrawal, and couples around the world have long understood the family-limiting effects of periodic abstinence, noncoital sex, and prolonged breastfeeding.<sup>18</sup>

This is not to say that cheap modern contraceptives such as latex condoms or the pill have failed to make fertility control safer, simpler, and more reliable. Among the many “folk” techniques prevalent before the twentieth century were ineffective and sometimes dangerous amulets, potions, and spells. When magical or unreliable methods failed, millions resorted to risky abortions or infanticide. Birth control has gained



popularity, in part, as it has become surer and less dangerous, and technical innovation has lowered rates of unintended pregnancy, maternal mortality, and child neglect.

Yet the spread of birth control is far from a story of technical progress catching up to latent demand. The U.S. fertility transition was a half-century old by the time it was assisted by any significant technological advance (in the form of rubber condoms, which gradually replaced animal-membrane “skins” over the course of the late nineteenth century). There were sporadic advances later in the century: diaphragm design improved, for example, and scientists gained a better understanding of spermicides. But these advances neither revolutionized the contraceptive marketplace nor dislodged older techniques such as withdrawal, periodic abstinence, and the use of abortifacients. Nor have new technologies made contraception an exact science. Even today about half of all pregnancies are unplanned.<sup>19</sup>

For Americans mulling family size, in other words, technological leaps were less decisive than moral and motivational ones. Like other peoples, Americans with strong motives to control reproduction typically found ways of doing so, even in the absence of advancements in contraceptive science. Fertility outcomes hinged less on techniques than norms and motives.<sup>20</sup>

The importance of any particular technique was minimized, too, by the fact that many Americans used multiple methods in tandem or sequence, never knowing for certain which method or combination of methods was ultimately effective. Partly as a result of this practice, moral and practical distinctions between methods were often blurred. This was true even of abortion. Though late-term abortions carried a strong stigma throughout the nineteenth and early twentieth centuries, Americans did not consistently distinguish between pre- and postconception methods of fertility control. Women self-administered abortifacient drugs and herbs after a missed period, or used them as precautions in the event that other methods (like withdrawal) failed. “Bringing on the menses” in this way was generally considered no more (or less) objectionable than other common methods.<sup>21</sup>

More fundamentally, the veil of privacy over reproductive decisions, the awkwardness of discussing them, and the hypocrisy surrounding them made it difficult for moralists to know who controlled fertility and by what means. Americans’ judgments concerning birth control’s status therefore tended to focus on the general acceptability of family limitation rather than on the legitimacy of any one method. Though abstinence was

considered noble in moderation and abortion frequently demonized, amateur moralists were less interested in methods than motives. Whatever the exact means of control, more important was the *result* in terms of numbers of children, born to whom, under what moral pretexts. A common assumption was that as one method gained acceptance, so would all the others.<sup>22</sup>

This book therefore uses “birth control” to mean any deliberate effort to prevent unwanted childbearing, regardless of method – and including abstinence and abortion unless otherwise specified. Birth control activists used (and still use) a narrower definition, excluding abstinence, abortion, withdrawal, and other folk methods. This definition reflected abstinence’s difficulty and abortion’s stigma, danger, and illegality. It suited activists’ future-facing goal of distributing reliable, legal contraceptives, and their rejection of “unscientific” methods. But understanding birth control’s rise to popularity and legitimacy requires a broader and longer-term view. The movement’s success was built in consciences more than laboratories.

Methods nevertheless varied significantly in their popularity, reliability, risk, and the extent to which one sex or the other could control them; and these variations helped shape the popular movement. Abortifacients were among the most popular “female” methods, especially in the nineteenth century. Some recipes were dubious, such as those recorded by folklorists in Adams County, Illinois: “nine rusty nails in some whiskey and senna tea”; “a half glass of sweet milk and two teaspoonfuls of black gunpowder.” But the real abortifacient properties of common herbs and fungi such as savin, tansy, pennyroyal, cotton root, apiol, and ergot were widely known. From the colonial period onward, would-be birth controllers gathered these plants themselves, obtained them from midwives, or bought extracts in pharmacies. Women used them at considerable risk, since the active chemicals induced miscarriage by poisoning the whole body, not just the uterus. Large doses could be fatal. Despite the risk, herbal remedies were widely and even casually used. Even in rural, high-fertility areas such as the early twentieth-century Missouri Ozarks, tansy was a “well-known abortifacient” and women brewed “character sp’ilin’ tea” more or less in the open. Some smoked pennyroyal pipes. By the mid-nineteenth century these home remedies competed with a growing variety of commercial abortifacients – sometimes packaged as medicines designed to clear menstrual “obstructions” – sold in stores and by mail order.<sup>23</sup>

Assisted abortions, meanwhile, were available from midwives and doctors. Some practitioners limited this procedure to conditions that threatened the mother’s life, while others operated on a more commercial