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April 20, 2011

The Conception of Contraception: The Influence of Public Health on the Clinical Birth Control  
Movement

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## Abstract

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By Anne Patton

In 1914, Margaret Sanger coined the term birth control. Two years later, she opened the first birth control clinic in America. The concept of American womanhood would never be the same. Margaret Sanger is remembered as a radical and a political activist, but historians have often overlooked her role as a public health activist. Sanger was a nurse. In 1912, she worked for Lillian Wald's Henry Street settlement house in New York City's Lower East Side. During this time, Sanger became acquainted with the inadequacies of healthcare in New York and the progressive reformers who strove to improve the health of the city. Also during this time, Sanger witnessed large families crowded into small tenements and mothers who were literally killing themselves in order to prevent another pregnancy. Sanger decided that access to contraception could improve the lives of New York families. She began publishing a monthly magazine and also printed a manual on contraception. In 1915, Sanger traveled to Holland and visited Dutch birth control clinics. She returned to America resolved to open the first birth control clinic outside of the Netherlands. On October 16, 1916, Margaret Sanger opened a birth control clinic in Brownsville, Brooklyn. The clinic remained open for only ten days, but in that time Sanger and her coworkers advised nearly 500 women. When examining the operations of Sanger's clinic, one can clearly see the influence of other public health institutions. Margaret Sanger championed birth control in order to improve the health of individual women. Although Margaret Sanger's fight for contraception was both political and social, the roots of her movement were scientific. The first couple years of her career in New York illustrate that, fundamentally, Margaret Sanger was a public health reformer.

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## Table of Contents

Introduction	1
Chapter 1: Public Health in New York	4
Chapter 2: A Rebel's Education	18
Chapter 3: The Brownsville Clinic	34
Chapter 4: Venereal Disease and Birth Control	44
Conclusion	53

## Introduction

Contraception revolutionized gender in America. It offered women the possibility to postpone or avoid motherhood in order to pursue an education or a career; contraception gave women greater control over their lives and bodies. But contraception was not always legally available in the United States. The battle for birth control spanned nearly all of the twentieth century. America in 1914, when the term birth control was first used, and America in 1973, when abortion was legalized, were two very different societies. Politically, enfranchisement was expanded to women and guaranteed to minorities. Economically, the United States transitioned from being an isolationist, industrializing nation to holding the standard currency of the world. But perhaps the most important change in twentieth century America was the development of modern medicine. The appearance of antibiotics, vaccines, the modern hospital and the modern health clinic affected nearly every American life.

Clinical contraception was part of this medical revolution. In 1914, Margaret Higgins Sanger coined the term *birth control*. She opened a clinic in 1916, where she sought to distribute information about contraception. This groundbreaking concept—the ability to control birth—appeared at a time when health was just beginning to be measured by morbidity rather than mortality.<sup>1</sup> The end of the nineteenth century saw the emergence of the modern hospital, and the beginning of the twentieth century saw the emergence of institutionalized preventive medicine in the United States.<sup>2</sup> These two reforms defined the American clinical birth control movement; when Sanger opened her clinic in Brownsville, Brooklyn, in 1916, she relied on the examples of other institutions. This paper demonstrates that Margaret Sanger sought to improve the health of

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<sup>1</sup> Gerald N. Grob, *The Deadly Truth: A History of Disease in America* (Cambridge: Harvard University Press, 2002), 221.

<sup>2</sup> Grob, *The Deadly Truth*, 221.



individuals when she created her first birth control clinic, and that fundamentally she was a public health reformer.

Although there are great bodies of work on Margaret Sanger and public health in America, historians have not sufficiently linked the two. Historians began to examine the history of birth control in the 1970s, during the debate over legalized abortion.<sup>3</sup> Many scholars focus on Margaret Sanger as the epicenter of the movement, and the movement itself as being purely political.<sup>4</sup> Although the political struggle was a key facet of contraception in America, it has been well analyzed and perhaps over emphasized. More recently, scholars have begun to address the ways in which ordinary Americans interacted with contraceptives. These works have addressed the technological developments and economic dynamics of birth control, as well as the gradual acceptance of birth control in minority communities.<sup>5</sup> The nature of the relationship between birth control and public health, however, has been largely overlooked. Many historians treat Sanger's Brownsville clinic as an interesting anecdote, but few ask where the idea of clinical birth control came from.

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<sup>3</sup> Published in 1970, David Kennedy's *Birth Control in America* was the first often-cited book on Margaret Sanger and her birth control movement; see David Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven: Yale University Press, 1970).

<sup>4</sup> Linda Gordon's *Woman's Body, Woman's Right* is perhaps the seminal work on contraception in America. Gordon argues that the birth control movement progressed because of political interactions as opposed to technological advancements. Carole McCann expanded Gordon's politically oriented thesis to chart a change in birth control from being a movement of radical feminists to a movement of moderate male professionals; see Linda Gordon, *Woman's Body, Woman's Right: A Social History of the Birth Control Movement in America* (New York: Grossman Publishers, 1976), and Carole R. McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994).

<sup>5</sup> Andrea Tone's *Devices and Desires* discusses individual American birth control entrepreneurs and the advancing technology of contraceptives. Michele Mitchell's *Righteous Propagation* and Susan Watkins and Angela Danzi's "Women's Gossip and Social Change" discuss the ways birth control was perceived among African Americans, Italian immigrants and Jewish Americans; see Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Will and Wang, 2001), Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004), and Susan Cotts Watkins and Angela D. Danzi, "Women's Gossip and Social Change: Childbirth and Fertility Control among Italian and Jewish Women in the United States, 1920-1940," *Gender and Society* Vol 9, No 4 (1995): 469-490.

Just as historians of birth control have widely neglected the role of public health reform in the birth control movement, historians of health and disease have disregarded the part birth control played in improving health in America. These histories recognize the importance of maternal and infant health, but they assign little importance to birth control.<sup>6</sup> In *The Deadly Truth: A History of Disease in America*, Gerald Grob discusses the declining death rate for young people in the early twentieth century, but does not include contraception as a factor. Allen Brandt's *No Magic Bullet: A Social History of Venereal Disease in the United States* acknowledges that condoms prevent pregnancies as well as disease transmission, but does not explore the relationship between venereal disease clinics and birth control clinics.<sup>7</sup> Clearly, an important connection has been missed.

This paper focuses on the clinical history of contraception. Margaret Sanger was a trained nurse, and therefore a public health professional. She began her work during the Progressive Era, a period when public health facilities rapidly developed. As a nurse, Sanger witnessed the work of some of the leading progressive reformers. She later imitated their initiatives when she opened America's first birth control clinic in Brooklyn, New York, beginning the clinical birth control movement. Reformers in major cities across the country followed Sanger's lead. By the end of the twentieth century, clinical birth control would directly touch over 80% of American women.<sup>8</sup> Public health and birth control are intrinsically tied. Their relationship, though often overlooked, is the key to understanding Margaret Sanger and the first birth control clinic in America.

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<sup>6</sup> Gerald N. Grob, *The Deadly Truth: A History of Disease in America* (Cambridge: Harvard University Press, 2002); and Christopher Wills, *Yellow Fever Black Goddess: The Coevolution of People and Plagues* (London: HarperCollins Publishers, 1996).

<sup>7</sup> Allen Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985).

<sup>8</sup> Tone, *Devices and Desires*, xv.

## Chapter 1

## Public Health In New York

“But one must not forget the picture of the East Side at the turn of the century. Its story has been told many times, with the accounts of reforms of real social significance that have developed out of compassion for the condition of the people, particularly the little children... This is not a compilation of statistics, but a record of human experience.”

—Lillian Wald, *Windows on Henry Street*<sup>9</sup>

The first years of the twentieth century saw tremendous public health innovation in New York City. On the heels of the creation of the nation’s first metropolitan board of public health, a series of New York reformers unfolded initiatives to foster a healthier New York City. Many of these programs focused on the health and sanitation conditions on the Lower East Side. Several of these organizations, such as Dr. Herman Bigg’s Committee for the Prevention of Tuberculosis, The New York Milk Committee, Lillian Wald’s Henry Street Settlement, and Sara Josephine Baker’s infant health education program, had overlapping agendas and target audiences. They also all overlapped with Margaret Sanger’s personal life and work in the years before she coined the term birth control. These progressive organizations, including Sanger’s birth control clinics, sought to prevent unwanted and potentially dangerous conditions, to give advice on sanitation and hygiene, and to serve impoverished communities. The fingerprints of public health reform molded Margaret Sanger’s birth control movement.

Public health reforms in the early twentieth century were progressive reforms, and their proponents are known as progressives. Historians refer to the years between 1890 and 1920 as the Progressive Era, a period marked by great reform in more areas than just public health. In 1955, Richard Hofstadter explained that progressivism was a movement encompassing many different kinds of reforms that were all propelled by a general concern for social grievances and a

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<sup>9</sup> Lillian D. Wald, *Windows on Henry Street* (Boston: Little, Brown, and Company, 1934), 13-15.

desire to refocus on the individual in a newly industrialized society.<sup>10</sup> Later historians such as Mary Odem, David Rothman and Daniel Burnstein have expanded that definition to include an increased government role in tackling perceived political, social or economic problems.<sup>11</sup> Progressive reforms sought to handle issues related to immigration, urbanization and industrialization.<sup>12</sup> Cities changed rapidly as slums grew, factories rose, and people continued to pour in from rural areas and from overseas; there were progressives working to address any imaginable problem that grew in this modern American city. Public health reform was one of the many facets of the progressive movement. Public health reformers sought to improve health conditions and sanitation in urban areas and to expand the role of government in treating and preventing diseases. Margaret Sanger was a public health reformer and a member of the progressive movement. Her work focused on the health of women and children in New York City, and she tirelessly lobbied for the legalization of birth control, a government measure that she believed would help prevent illness and death.

In the middle of the nineteenth century, New York City rose to the forefront of preventive medicine by establishing the first metropolitan board of public health in the United States. The New York Metropolitan Board of Health, created on March 1, 1866, sought to prevent undesirable medical conditions among the citizens of New York. By the time Sanger was a practicing nurse in 1912, the Board was well established and well run. It was the first and strongest beacon of what a public health organization should be. Gerald Grob, a historian of disease in America, attributes the board's creation to the cholera research of Dr. John Snow and

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<sup>10</sup> Richard Hofstadter, *The Age of Reform: From Bryan to F.D.R.* (New York: Vintage Books, 1955).

<sup>11</sup> David J. Rothman, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America, Revised Edition* (New York: Adline De Gruyter, 2002); Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995); and Daniel Eli Burnstein, *Next to Godliness: Confronting Dirt and Despair in Progressive Era New York City* (Urbana: University of Illinois Press, 2006).

<sup>12</sup> Burnstein, *Next to Godliness*, 2; and Odem, *Delinquent Daughters*, 1.

the famous Broad Street Pump in London.<sup>13</sup> In 1849, Dr. Snow published an article claiming that cholera was a waterborne illness.<sup>14</sup> This simple discovery sent ripples across the world. Sanitarians in America heard that cholera, a disease that had devastated the poorer neighborhoods in Manhattan in 1832, could be prevented by increased regulation of a city's water supply.<sup>15</sup> Grob argues that "a movement to expand government authority in matters relating to public health slowly gained strength as a result."<sup>16</sup> Dr. Snow's discoveries on cholera began the modern public health institution. The momentum created by his discovery culminated in a petition by Dr. Stephen Smith before the Joint Committees of the New York State Senate on February 13, 1865.<sup>17</sup> Smith's speech declared, "the seeds of disease exist everywhere...and at any time may spring into activity and a terrific life, that shall only have the power and effect of death. Cholera, when it visits these shores again, will first break forth here, *if proper sanitary measures be neglected*."<sup>18</sup> Dr. Smith convinced the Senate. They erected the Metropolitan Board of Health a year later and tasked it with increasing sanitation measures and limiting the spread of cholera in the city.<sup>19</sup> The Metropolitan Board of Health, created to fight cholera, played a fundamental role in Margaret Sanger's movement. The Board was built in the name of better sanitation and disease prevention, two relatively new concepts; its formation marked the acceptance of modern medical science and the triumph of an argument for improved hygiene. Sanger's clinics, and all other clinics, followed behind the Board of Health, and adopted the same mission and vocabulary.

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<sup>13</sup> Grob, *The Deadly Truth*, 107.

<sup>14</sup> *Ibid*, 106-107.

<sup>15</sup> *Ibid*, 105.

<sup>16</sup> *Ibid*, 107.

<sup>17</sup> Stephen Smith, "Our Sanitary Condition," *The New York Times*, March 16, 1865, 1.

<sup>18</sup> *Ibid*.

<sup>19</sup> "Local Intelligence: Metropolitan Board of Health," *The New York Times*, March 1, 1866, 8.

At the turn of the century, Dr. Herman Biggs was the young star of the Metropolitan Board of Health. He was known for his work as a bacteriologist and his efforts to limit the spread of tuberculosis in New York City. When he was appointed Commissioner of the State Board of Public Health in 1914, the *New York Times* editorialized that Dr. Biggs' "policies ... have been copied in the chief cities of the world."<sup>20</sup> Among these policies were the creation of the country's first school nurses, tuberculosis clinics, and the first municipal Division of Child Hygiene, directed by Dr. Sara Josephine Baker.<sup>21</sup> Dr. William H. Welch, celebrated physician and founder of the world's first school of public health at Johns Hopkins University, stated that "America has made three original contributions to public health: the sanitation of the [Panama] Canal Zone, the State Tuberculosis Laboratories instituted by Dr. Herman Biggs, and the public health nurse."<sup>22</sup> Biggs' interest in preventive measures to combat tuberculosis began as early as college. His undergraduate honor's thesis, submitted in 1882 at Cornell University, argued that infectious diseases could be eradicated by increasing sanitation regulations.<sup>23</sup> Biggs' thesis championed quarantine regulations and government intervention. He wrote just as word of Dr. Robert Koch's isolation of the tuberculosis bacillus reached the United States.<sup>24</sup> Tuberculosis became Dr. Biggs' target disease. Although Dr. Koch's work brought about a much better understanding of the disease, interventions and treatment had not actually evolved.<sup>25</sup> The only way to combat tuberculosis was to prevent its spread. Herman Biggs, therefore, became a champion of preventive medicine.

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<sup>20</sup> "Dr. Biggs's Appointment," *The New York Times*, January 16, 1914, 8.

<sup>21</sup> "Models for Public Health Works: Charles V. Chapin, Herman M. Biggs, and Joseph W. Mountin," *Journal of Public Health Policy* 6, No. 3 (1985), 301-302.

<sup>22</sup> Lillian Wald quotes Dr. Welch, see Wald, *Windows on Henry Street*, 73.

<sup>23</sup> Herman Michael Biggs, "Sanitary Regulations and the Duty of the State in Regard to Public Hygiene" (undergraduate honor's thesis, Cornell University, 1882), 5.

<sup>24</sup> *Ibid*, 25.

<sup>25</sup> Connolly, *Saving Sickly Children*, 4.

During his tuberculosis campaign, Dr. Biggs teamed up with Lillian Wald in the 1890s in order to reach patients on the Lower East Side. Wald's Henry Street Settlement emphasized the importance of sending public health nurses to care for patients in their homes.<sup>26</sup> Wald, therefore, had access to and influence over a number of sick tenement dwellers. Lillian Wald held Dr. Biggs and his work in high esteem, and they were important influences on each other.<sup>27</sup> The pair worked together for many years combating tuberculosis when they were both in New York City. In 1902, Dr. Sigard Adolphus Knopf joined their team and pushed the powerful Charity Organization Society to create a subcommittee, The Committee for the Prevention of Tuberculosis (CPT).<sup>28</sup> Knopf was an advocate of preventive medicine. He argued for housing improvements and mandatory sanatorium stays in order to curb the spread of tuberculosis.<sup>29</sup> Knopf's arguments energized Biggs and Wald, and they both joined the board of the CPT.

The Committee for the Prevention of Tuberculosis hoped to halt the spread of tuberculosis by educating working-class communities. The CPT held seminars in English, Yiddish, French and German at churches, synagogues, settlements, and schools.<sup>30</sup> They also wrote and distributed 600,000 pamphlets containing information about tuberculosis prevention.<sup>31</sup> Finally, as the committee grew and became more organized, they opened dispensaries and hired fourteen public health nurses.<sup>32</sup> The Committee for the Prevention of Tuberculosis developed a system for treating tuberculosis patients: infected persons reported to a dispensary in their own neighborhood. After their initial appointment, a nurse from the dispensary regularly visited

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<sup>26</sup> Connolly, *Saving Sickly Children*, 35.

<sup>27</sup> Connolly, *Saving Sickly Children*, 35; Neil Sutherland, "'To Create A Strong and Healthy Race': School Children in the Public Health Movement, 1880-1914," *History of Education Quarterly* 12, No. 3 (1972), 315.

<sup>28</sup> Connolly, *Saving Sickly Children*, 35.

<sup>29</sup> *Ibid.*

<sup>30</sup> *Ibid.*

<sup>31</sup> "The Fight Against Tuberculosis In New York," *The New York Times*, April 12, 1908, SM3.

<sup>32</sup> Connolly, *Saving Sickly Children*, 36-37; "New Tuberculosis Stations," *The New York Times*, May 23, 1907, 9.

patients at their homes.<sup>33</sup> The *New York Times* praised the wisdom of the CPT's method: "There are 30,000 persons suffering from consumption, who live in the tenement houses of New York City. Most of them will never see the inside of a hospital. Many will enter a hospital only to die there. The treatment that the great majority of this army of sufferers will receive must be given in the tenements themselves."<sup>34</sup> The Committee for the Prevention of Tuberculosis helped to pioneer the notion that the best way to treat patients was to treat them in their own homes and communities.

Dr. Biggs' and Margaret Sanger's work in New York City overlapped. Two years before Biggs moved from the City to the State Government, Sanger was working as a midwife for Lillian Wald's Visiting Nurses' Association.<sup>35</sup> Indeed, Sanger was one of the public health nurses Dr. William Welch praised. Sanger worked under Wald on the Lower East Side after Biggs and Wald had been campaigning together for roughly twenty years. It is reasonable to assume that Sanger was aware of and influenced by Biggs' and Wald's work. Sanger must have been aware of the activities of the Committee for the Prevention of Tuberculosis, in part because she was employed by one of the committee's board members and in part because she had a personal connection to tuberculosis. Sanger's mother had died of tuberculosis in 1899, and Sanger herself had contracted the disease while caring for her mother. Margaret Sanger's personal papers suggest that her mother's slow death "confirmed Margaret's interest in medicine."<sup>36</sup> Sanger did in fact adopt some of the CPT's philosophies later in her career: she chose to locate her clinics in the neighborhoods she wished to serve, she replicated the CPT's practice of littering neighborhoods with pamphlet, and she hired translators who spoke European

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<sup>33</sup> "The Fight Against Tuberculosis In New York," *The New York Times*, April 12, 1908, SM3.

<sup>34</sup> Ibid.

<sup>35</sup> Carole R. McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994), 9.

<sup>36</sup> Katz, "Chapter One: A Nurse's Education," *The Selected Papers of Margaret Sanger*, 4.



languages.<sup>37</sup> It is easy to connect Biggs and Wald to Sanger personally in the 1910s, but one can also clearly see the influence of Biggs and Wald on Sanger's work.

At the Metropolitan Board of Health, Biggs implemented disease control measures in New York City that targeted the same communities that Margaret Sanger would later target. Biggs began a campaign that attacked tuberculosis by monitoring patients and, if necessary, quarantining them from healthy citizens.<sup>38</sup> In 1894, he passed a mandate declaring that all New York residents diagnosed with tuberculosis needed to register with the Health Department.<sup>39</sup> Tuberculosis, like most diseases, predominantly affected poverty-stricken New Yorkers. As a result, Biggs' campaign was seen and felt mostly in the tenement districts of Manhattan; the majority of people forced to register with the Health Department were working class. Margaret Sanger's later Brownsville operation also focused on the underprivileged. Granted, the underprivileged communities were disproportionately affected by tuberculosis, and by infant and maternal mortality. In focusing on these communities, however, Biggs and Sanger both helped to create and perpetuate stigmas about working-class tenement inhabitants being diseased and unfit.

Other charitable organizations influence Sanger; she particularly respected the New York Milk Committee and its fight against infant mortality on the Lower East Side. The New York Milk Committee described itself as "a voluntary organization working in the interests of improving the milk supply of New York City."<sup>40</sup> Its members distributed pasteurized and bottled milk to families in less affluent New York communities. Milk was associated with the spread of

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<sup>37</sup> Elizabeth Stuyvesant, "Women and the World's Work: The Origins of the Clinic Birth Control Movement, Brownsville, New York," *The Boston Journal*, April 4, 1917, 5.

<sup>38</sup> *Ibid*, 34.

<sup>39</sup> *Ibid*.

<sup>40</sup> "Report of the Commission on Milk Standards Appointed by the New York Milk Committee," *Public Health Reports*, 27, No. 19 (1912), 673.

many diseases, but tuberculosis in particular.<sup>41</sup> The committee's pasteurized milk had the dual purpose of giving nutrients and curbing tuberculosis. In the summer of 1908, the Milk Committee opened eight milk stations in the city. Within three years, it operated a total of thirty-one stations.<sup>42</sup> Many of the committee members were experts on children's diseases and were interested in disease prevention.<sup>43</sup> A year after the committee's creation, *The New York Times* credited the Milk Committee with improving overall health and living conditions: "the New York Milk Committee ... figures and statistics can now be given to prove that proper feeding for the tenement house babies would do much to overcome the handicaps of overcrowded quarters and bad atmosphere."<sup>44</sup> By 1912, dozens of heavily populated cities had followed the example of the Milk Committee.<sup>45</sup> Sanger praised the Milk Committee in a 1911 article she penned for the *New York Call*. The article describes the abysmal, dirty streets of the Lower East Side. The only positive feature was the milk stations: "One of the greatest blessing of the East Side came when the milk stations were instituted."<sup>46</sup> Sanger applauds the stations for hiring trained nurses, providing cheap milk, and good sanitation practices: "the fact that the bottles are washed, sterilized, and sealed by trained hands almost insures the life of the child against disease."<sup>47</sup> In her article, Sanger was most likely referring to the milk station at Henry Street. The station was indeed a tremendous success. The secretary of the New York Milk Committee bragged, "In our depot at Henry Street more than one-third of the cases were almost at the point of death when

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<sup>41</sup> Burnstein, *Next To Godliness*, 64.

<sup>42</sup> Harvey Levenstein, "'Best for Babies' or 'Preventable Infanticide'?: The Controversy over Artificial Feeding of Infants in America, 1880-1920," *The Journal of American History* 70, No. 1 (1983), 86.

<sup>43</sup> "Approves Pasteurization," *The New York Times*, December 6, 1908, 10.

<sup>44</sup> "Saved Babies' Lives," *The New York Times*, April 4, 1909, 10.

<sup>45</sup> Levenstein, "'Best for Babies' or 'Preventable Infanticide,'" 86.

<sup>46</sup> Katz, "Impressions on the East Side, Part I, *New York Call*, September 3, 1911," *The Selected Papers of Margaret Sanger*, 21.

<sup>47</sup> *Ibid*, 21-22.

they were brought to the station, but all are now in splendid health.”<sup>48</sup> Sanger’s interest in the Milk Committee illustrates an early interest in infant healthcare. She was concerned that families could not afford to feed their children. This concern would be later seen in her reasons for supporting contraception reform. It is also possible that Sanger was inspired by the success of the milk station at Henry Street. It is likely that the Milk Committee’s secretary exaggerated the “splendid health” of every infant living in the tenement, but it is also likely that infant health improved with the arrival of fresh, pasteurized milk. Perhaps Sanger observed how a simple, local effort could improve the health of a community, and was inspired to champion an effort of her own.

Settlement houses, another public health establishment, were essential in forming Margaret Sanger’s health platform. While working for Lillian Wald, Sanger was exposed to settlement house reforms and their success. By 1900, over one hundred settlement houses existed in America.<sup>49</sup> In 1916, an article in the *Journal of Social Hygiene* defined the work of a settlement house: “These common settlement activities provide some of the requirements of wholesome, normal living to people often greatly handicapped by sickness, ignorance, and the economic conditions of present day industrialism.”<sup>50</sup> The most famous American settlement house was Jane Addams’ Hull House in Chicago. The premier settlement house in New York City, however, was Lillian Wald’s Henry Street Settlement. Lillian Wald was both German and Jewish, making her akin to many of the recent immigrants living near Lower East Side Settlement.<sup>51</sup> She served on the board of dozens of charitable organizations, and the charitable

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<sup>48</sup> “Saved Babies’ Lives,” *The New York Times*, April 4, 1909, 10.

<sup>49</sup> Elizabeth Fee and Barbara Greene, “Science and Social Reform: Women in Public Health,” *Journal of Public Health Policy* 10, No. 2 (1989), 162.

<sup>50</sup> Walter Clarke, “Social Hygiene in Settlement Work,” *The Journal of Social Hygiene* 2 No. 3 (1916), 383.

<sup>51</sup> Connolly, *Saving Sickly Children*, 31.

elite of New York valued her opinion.<sup>52</sup> Upon her death in 1940, Governor Herbert Lehman declared, “Miss Wald was one of the outstanding women of our day and was an inspiration to the entire country.”<sup>53</sup> Wald was perhaps best known for championing public health nurses. She founded Henry Street in order to offer nursing care to the surrounding neighborhoods.<sup>54</sup> Wald’s lead spurred the New York Metropolitan Board of Health to hire the city’s first public health nurses in 1902.<sup>55</sup> To Wald, the purpose of the public health nurse was to prevent rather than treat disease.<sup>56</sup> Her vision spread across the country over the following decades. President Herbert Hoover’s Research Committee on Social Trends reported that the number of public health nurses in America grew from 1,413 in 1909 to 15,865 in 1931.<sup>57</sup> Beyond house calls, Wald’s nurses also set up maternity and infant care programs, administered vaccines, and taught health education.<sup>58</sup> These messages were impressed upon Sanger when she worked for Wald in the early 1910s. Preventive medicine, maternal and infant health, and health education would all become branches of her clinical birth control movement.

Although Lillian Wald’s nurses treated many conditions, Wald felt that public health nurses like Sanger were particularly vital during childbirth. She sympathized with new American immigrants who were not used to American medical customs. Wald felt that doctors arrived and left abruptly, and that immigrant women did not trust and sometimes did not understand their physicians.<sup>59</sup> The nurse, on the other hand, got to know the mother and made sure that everything was in order before the doctor arrived. Wald wrote: “when the doctor arrives it is to a place

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<sup>52</sup> S. Josephine Baker, *Fighting for Life*, 144-145.

<sup>53</sup> “Rites Tomorrow for Lillian Wald,” *The New York Times*, September 3, 1940, 17.

<sup>54</sup> Fee and Greene, “Science and Social Reform,” 163.

<sup>55</sup> *Ibid.*, 164.

<sup>56</sup> *Ibid.*

<sup>57</sup> Wald, *Windows on Henry Street*, 72.

<sup>58</sup> Fee and Greene, “Science and Social Reform,” 164.

<sup>59</sup> Wald, *Windows on Henry Street*, 87.

prepared with the seemliness and dignity that make the birth of the child the event of solemn importance that it should be.”<sup>60</sup> In childbirth, the nurse made the patient comfortable. Her role resembled that of a midwife. Her presence rendered the patient at ease because she was a woman, and she linked the old world and old century practice of midwifery with the modern clinical childbirth. Perhaps the nurse had also had children, and could therefore provide empathetic guidance. Dr. Sara Josephine Baker, an expert on child and maternal health in New York, claimed that midwives or female nurses were essential in childbirth: “If deprived of midwives, these women would rather have had amateur assistance from the janitor’s wife or the woman across the hall than submit to this outlandish American custom of having in a male doctor for a confinement.”<sup>61</sup> Baker started a system of licensing midwives in the early 1900s, and in 1911, Bellevue Hospital opened a six-month free course in midwives’ obstetrics.<sup>62</sup> Wald and Baker sought to provide the safest environment for a mother to give birth. Later, Sanger would consider their work and decide that sometimes it would be safer for a mother not to give birth at all.

Dr. Sara Josephine Baker’s pioneering work in infant mortality overlapped with and possibly influenced Margaret Sanger’s work. Both women worked to lower the infant mortality rate in New York City. In the early 1900s, Baker was the only female executive at the Metropolitan Department of Health. She wore tailored suits and stiff collars and signed her name “Dr. S.J. Baker” in order to appear more masculine in a time when almost all doctors were men.<sup>63</sup> She worked for two years as an assistant to Dr. Herman Biggs, during which time she became interested in public health: “It gave me the background of the entire field of public health

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<sup>60</sup> Wald, *Windows on Henry Street*, 87.

<sup>61</sup> Baker, *Fighting for Life*, 113.

<sup>62</sup> *Ibid.*

<sup>63</sup> *Ibid.*, 64.

that made me decide then and there that it was a career.”<sup>64</sup> Baker was concerned by the high rates of infant mortality in New York City. During the first decade of the twentieth century, one-third of the annual deaths in New York were children under five years old.<sup>65</sup> In 1908, Dr. Baker was named Chief of the Division of Child Hygiene. She decided that educating mothers about childcare could lower infant mortality in the city. Dr. Baker began her work on the Lower East Side in a community of Italian immigrants.<sup>66</sup> Every day she received the record of every baby born the day before. She would then send a nurse to educate the mother on childcare.<sup>67</sup> In her memoir, Baker recorded the nature of the nurse’s mission: “Nothing revolutionary; just insistence on breast-feeding, efficient ventilation, frequent bathing, the right kind of thin summer clothes, out-of-door airing in the little strip of park around the corner...all of it new in public health.”<sup>68</sup> Dr. Baker and the Division of Child Hygiene reported that the infant mortality count in that district fell by 1,200 babies that summer.<sup>69</sup> Baker proved that preventive medicine could save lives. Her Division of Child Hygiene would become the world’s first Bureau of Child Hygiene, and she would also become the first woman to be admitted to the New York University Medical School.<sup>70</sup> When S. Josephine Baker retired in 1923, the infant mortality rate was less than half of what it had been in 1907, and New York City had the lowest infant mortality rate of the 10 most populated cities in America.<sup>71</sup> Baker never became involved in the birth control movement, although she was a vocal suffragette. There is no record of her praising or denouncing birth control. Her work, however, focused on infant health, and was therefore similar

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<sup>64</sup> Baker, *Fighting for Life*, 66.

<sup>65</sup> *Ibid.*, 83.

<sup>66</sup> *Ibid.*, 85.

<sup>67</sup> *Ibid.*, 86.

<sup>68</sup> *Ibid.*

<sup>69</sup> Fee and Greene, “Science and Social Reform,” 165.

<sup>70</sup> Fee and Greene, “Science and Social Reform,” 166.

<sup>71</sup> Baker, *Fighting for Life*, xvi.

to Sanger's. Dr. Baker's ability to reach individual mothers and instruct them on childcare must have persuaded Sanger that she could reach individual mothers and advise them on contraception.

Sanger always cited her work on the Lower East Side as catalyst for her support of birth control education. Her personal life and her experiences with childbirth also influenced her work. When Margaret Sanger was working as a nurse for Lillian Wald, she had already given birth to her three children—Stuart, Grant and Peggy.<sup>72</sup> In 1902, Margaret met William Sanger while she was working as a nursing intern at a Manhattan Ear and Eye Infirmary. Later that year, they married and moved upstate.<sup>73</sup> Sanger had her first son in 1903. Sanger's first pregnancy and childbirth wreaked havoc on her body, in part because of her tuberculosis.<sup>74</sup> She was confined to a sanitarium at Saranac Lake in upstate New York.<sup>75</sup> Sanger would have felt a connection to other young, sick mothers struggling through childbirth. She had her second child in 1908 and her third in 1910. Sanger was consistently in poor health during these years.<sup>76</sup> In 1911, the Sangers moved back to New York City. Within a year, Sanger was working for Lillian Wald.

In 1912, Sanger claimed to have nursed a woman named Sadie Sachs who lived in a tenement on the Lower East Side. Sadie needed treatment for a pelvic infection that resulted from a self-induced abortion. She was a mother of three, like Sanger, and she felt she could not financially or emotionally support another child. She begged Sanger for information on how she could prevent pregnancy, but Sanger only knew of methods of contraception that relied on the husband's initiative. Sanger promised Sadie Sachs that she would research the matter. Before

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<sup>72</sup> Katz, "Chapter Two: A Radical in Bohemia," *The Selected Papers of Margaret Sanger*, 16.

<sup>73</sup> Katz, "Chapter One: A Nurse's Education," *The Selected Papers of Margaret Sanger*, 5.

<sup>74</sup> Katz, "Chapter Two: A Radical in Bohemia," *The Selected Papers of Margaret Sanger*, 15.

<sup>75</sup> Ibid.

<sup>76</sup> Katz, "Chapter Two: A Radical in Bohemia," *The Selected Papers of Margaret Sanger*, 16.

Sanger reported back to Sachs, Sachs died from a second self-induced abortion.<sup>77</sup> Historians cannot know to what extent this story is true and to what extent it is invented. It is certainly a powerful creation myth for the birth control movement. The story of Sadie Sachs declared contraception to be righteous and noble, and it portrayed Sanger to be acting out of deep guilt and a desire to save lives. It was important that Sanger cultivate this image because birth control was seen as lewd and immoral by a vocal majority of the population. Although Sadie Sachs herself and her three poor children may not have been real, it can be certain that elements of her story were alive all over the Lower East Side. Children were sick and dying. Women were desperate to avoid another pregnancy. Women were dying of self-induced abortions. It was illegal to distribute advice about contraception. Perhaps the death of Sadie Sachs in 1912 propelled Sanger on her path to founding the first birth control clinic in the United States, or perhaps it was another event. What we can be sure of is that within a year of beginning her nursing work for Lillian Wald on the Lower East Side, Margaret Sanger had begun to envision a future where American women could control their own bodies.

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<sup>77</sup> McCann, *Birth Control Politics in the United States*, 9.



## Chapter 2

## A Rebel's Education

“No law is too sacred to break.”

—Margaret Sanger, *Birth Control Review*<sup>78</sup>

After moving to New York City in 1911, Margaret Sanger developed into a radical, a socialist, and the voice of birth control. Sanger made friends with known rebels such as Emma Goldman and William Haywood. With their encouragement and help, she launched her first publication, *Woman Rebel*, in 1914. Sanger used the *Woman Rebel* to discuss class issues, Neo-Malthusianism, and birth control, among other things. In the same year, Sanger was indicted for spreading lewd material through the mail. She published *Family Limitation*, a birth control how-to-guide, and fled to Europe. In the Netherlands, she encountered birth control clinics. When Sanger returned to the states in 1915, she came ready to establish a clinic in New York. Although 1911 through 1915 were tumultuous years for Sanger, this period was essential for the foundation of America's first birth control clinic. During these four years in New York City, Margaret Sanger found her voice, narrowed her focus to birth control, and began a public health reform movement.

As a member of the New York radical scene, Margaret Sanger fostered close friendships with some of the leading socialists and anarchists of the day that pushed her to find her voice. She worked as a lecturer for the Socialist Party, giving talks on health and sex education.<sup>79</sup> She also occasionally wrote columns for the *New York Call*, a socialist daily newspaper. Her work as a lecturer and journalist gave Sanger a position of authority. These jobs were also likely empowering, especially in an era when most employment opportunities were closed to women. By 1912, Sanger was employed as a strike organizer for the International Workers of the World.

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<sup>78</sup> Margaret Sanger, “Shall We Break this Law?,” *Birth Control Review* 1 No. 1. (1917), 4.

<sup>79</sup> Katz, “Chapter Two: A Radical in Bohemia,” *The Selected Papers of Margaret Sanger*, 18.

The IWW “direct action” approach appealed to Sanger; in her own work, she would imitate their relentless, aggressive, and occasionally illegal tactics.<sup>80</sup>

Sanger’s radical friends encouraged her interest in birth control. In 1913, Sanger briefly visited Paris with IWW founder William Haywood. Together, the pair explored the city, purchased contraceptives and discussed birth control with doctors and midwives.<sup>81</sup> Emma Goldman, the famous anarchist, became Sanger’s mentor.<sup>82</sup> Goldman, a Lithuanian immigrant, was jailed three times before her deportation in 1919 for protesting the World War I draft.<sup>83</sup> Goldman was also a birth control advocate, believing that working-class women were oppressed by their own fertility.<sup>84</sup> Goldman’s influence can be seen in Sanger’s writings in the *Woman Rebel*: “Because I believe that Woman is enslaved by the world machine, by sex conventions, by motherhood and its present necessary child-rearing, by wage-slavery, by middle-class morality, by customs, laws and superstitions.”<sup>85</sup> Oppression and liberation were major themes in Sanger’s original platform for birth control. When Sanger was first beginning to define her own philosophies, she felt that a women’s liberation from capitalism was, perhaps, of equal importance to her health.

Free love became a pillar of the liberation of all women, and of Sanger in particular. After several affairs, Sanger left her husband in 1913. Some historians, such as Constance Chen, have used this period in Sanger’s development to argue that she was a fickle and hysterical woman, as well as a bad mother.<sup>86</sup> Chen paints Sanger in damning language: “Sanger’s fame had

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<sup>80</sup> Katz, “Chapter Two: A Radical in Bohemia,” *The Selected Papers of Margaret Sanger*, 18.

<sup>81</sup> *Ibid*, 19.

<sup>82</sup> Oz Frankel, “What Happened to ‘Red Emma?’: Emma Goldman, From Alien Rebel to American Icon,” *The Journal of American History* 83, No. 3 (1996), 932.

<sup>83</sup> *Ibid*, 904.

<sup>84</sup> Katz, “Chapter Three: *The Woman Rebel*,” *The Selected Papers of Margaret Sanger*, 69.

<sup>85</sup> Margaret Sanger, “Why the Woman Rebel?,” *The Woman Rebel* 1, No. 1 (1914), 8.

<sup>86</sup> Constance M. Chen, *The Sex Side of Life: Mary Ware Dennett’s Pioneering Battle for Birth Control and Sex Education*, (New York: The New York Press, 1996), 163.

grown recently in direct proportion to her militant and frenzied emotions, but her self-aggrandizement and lack of discipline was alienating to many potential backers.”<sup>87</sup> Sanger’s adultery may have been immoral, especially for the time, but it did not stop the progression of the birth control movement. Sanger was committed to living her life as a radical. She did not want to confine herself to a marriage, and she did not want to live within the law. Sanger’s illegal antics, inspired by Emma Goldman and the IWW, brought birth control major headlines. This is remarkable; references to contraception were, by law, unfit to print. Sanger certainly began to see herself as a genuine rebel and genuinely influential.

Neo-Malthusian ideas were prominent among New York Radicals, and they played a role in forming Sanger’s birth control rhetoric. Thomas Robert Malthus was a British scholar born in the mid-eighteenth century. He developed a theory that population and resources were on a balance. As technology improved, resources would improve, populations would grow, and the “level of misery” would rise.<sup>88</sup> The only way to achieve better conditions would be to limit population growth; a limited population would be able to enjoy the improved resources.<sup>89</sup> It is easy to see why birth control advocates latched onto Malthus’s writings. Contraception was considered lewd and immoral mostly because of its direct relation to sex and conception. If the discussion was about population and resources rather than sex and conception, contraception became discussable. What is more, improved access to resources is an appealing promise to any reformer.

Sanger adopted Neo-Malthusianism in her justification for legalized birth control. In her *Birth Control Review*, Sanger cited “the abolition of poverty” as a reason to legalize birth

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<sup>87</sup> Ibid, 163.

<sup>88</sup> Robert Golub and Joe Townsend, “Malthus, Multinationals and the Club of Rome,” *Social Studies of Science* 7 no. 2 (1977), 204.

<sup>89</sup> Ibid, 205.

control: “The meaning of poverty is ‘not enough to go around’; the greatest single cause is too large families. Large families glut the labor market, cause unemployment and lower wages. These lower wages must feed, clothe, and house more children each year. The result is overcrowding, malnutrition and ill health, premature labor for the children and for the parents overwork.”<sup>90</sup> This is a clear and persuasive restatement of Malthus’s thesis. Improved access to resources would also be important for improved health: a family that could afford good food would have healthier children and a healthier mother. This justification for birth control, although being titled “the abolition of poverty,” cites two health conditions—malnutrition and ill health—as reasons for contraception. Even when Margaret Sanger argued that birth control was necessary for grounds not pertaining to health, she still stood on a health platform.

Neo-Malthusianism raises concern in modern societies because of the short distance from limiting population to limiting a certain population. From there, it is an even shorter distance to eugenics. By 1917, Sanger and many of her close allies would become involved in the eugenics movement, believing that a better race was possible via the use of contraception. Sanger’s association with eugenics has left a scar on her reputation and the reputation of her movement. In 1916, Sanger penned one of her earlier statements linking birth control to racial betterment: “I believe that birth control when disseminated among the working people who are less able to carry the burdens of the race than any other class would help to reduce immediately the present burden upon the man and woman with their insufficient existing wage... it would enable the working man and women to be better educated and consequently more efficient to develop for their emancipation.”<sup>91</sup> This case for birth control is not really a eugenicist argument. It seems that Sanger is referring to one race that contains several socioeconomic classes, as opposed to

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<sup>90</sup> Margaret Sanger, “Ten Good Reasons for Birth Control” *Birth Control Review* 5 (1928), 1.

<sup>91</sup> Margaret Sanger, “Birth Control and Society,” 1916, Margaret Sanger Papers, Library of Congress, Washington D.C.

making races synonymous with classes. Sanger wanted immediate relief for and emancipation of the working-class, rather than the gradual pruning of the working-class from society. Her later writings, conversely, embrace more eugenics-like rhetoric: “We who advocate Birth Control ... lay all our emphasis upon stopping not only the reproduction of the unfit but upon stopping all reproduction when there is not economic means of providing proper care for those who are born in health.”<sup>92</sup> This passage, penned in 1919, demonstrates a deeper commitment to eugenics. In this essay, Sanger defines unfit as being sick with an infectious or chronic disease, as well as having a mental illness. Eugenicists would certainly agree that the mentally ill should not reproduce. Unlike most eugenicists, Sanger never seems to highlight any ethnic group as being unfit to bear children. She does, however, argue that poorer families should not have many children. The poorer families she refers to were most likely the same minorities that the eugenics movement targeted. It appears, however, that Sanger and other eugenicists had different goals. When eugenicists target a group, they do not do so for the genuine welfare of that population. Sanger targeted the working class because she believed she could offer a better life to men and women in tenements. What is more, most eugenicists speak in terms of populations, whereas Sanger spoke in terms of the individual. Sanger highlighted differences between her movement and the eugenics movement: “Eugenists imply or insist that a woman’s first duty is to the state; we contend that her duty to herself is her duty to the state.”<sup>93</sup> This quote suggests that Sanger’s primary concern was a woman’s health and not society’s health. She had a convenient relationship with eugenics; Sanger touted eugenics philosophies that supported for birth control, but ignored other areas of the movement. Sanger thought that Neo-Malthusianism and eugenics would improve living conditions, food supplies, and the health of individual families.

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<sup>92</sup> Margaret Sanger, “Birth Control and Racial Betterment,” 1919, Margaret Sanger Papers, Library of Congress, Washington, D.C.

<sup>93</sup> Ibid.

In January 1914, Sanger launched the *Woman Rebel*, a monthly magazine that championed leftist views on labor and women's rights and was immediately censored. She wanted to start a revolution.<sup>94</sup> Sanger used the paper as a forum to parade her views on labor strikes, working conditions, censorship, and sexual liberation, as well as contraception.<sup>95</sup> In the first issue of the magazine, Sanger announced her goal: "The aim of this paper will be to stimulate working women to think for themselves and to build up a conscious fighting character... it will also be the aim of the WOMAN REBEL to advocate the prevention of conception and to impart such knowledge in the columns of this paper."<sup>96</sup> Sanger was not able to achieve her stated aims because six of the seven issues she published were censored by the Post Office.<sup>97</sup> The controversy surrounding her paper was perhaps better publicity and feedback than the paper itself. Although the paper could not be mailed, Sanger had roughly two thousand subscribers. Her subscribers paid one dollar for the full year and received the paper from labor organizations and at rallies.<sup>98</sup>

The Post Office was most offended by Sanger's articles on birth control. The censorship of these articles spurred Sanger to allot increasing pages of print to advocating contraception.<sup>99</sup> When the Post Office deemed the *Woman Rebel* unfit for the mail, Sanger began wrapping her pamphlets in "respectable newspapers and magazines."<sup>100</sup> Sanger boldly defied officials and flaunted her criminal behavior: "As is well known, a law exists forbidding the imparting of information on this subject, the penalty being several years' imprisonment. Is it not the time to defy this law? And what fitter place could be found than in the pages of the WOMAN

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<sup>94</sup> Katz, "Chapter Three: *The Woman Rebel*," *The Selected Papers of Margaret Sanger*, 70.

<sup>95</sup> *Ibid.*

<sup>96</sup> Margaret Sanger, "The Aim," *The Woman Rebel* 1, No. 1 (1914), 1.

<sup>97</sup> Katz, "Chapter Three: *The Woman Rebel*," *The Selected Papers of Margaret Sanger*, 71.

<sup>98</sup> *Ibid.*, 70.

<sup>99</sup> *Ibid.*

<sup>100</sup> Katz, *The Selected Papers of Margaret Sanger*, 75n.

REBEL.”<sup>101</sup> Sanger always printed “woman rebel” in all uppercase letters. In subsequent issues, she mocked the Post Office in an openly defiant and rude tone.

Writing the *Woman Rebel* helped Margaret Sanger hone her birth control platform. Sanger reveled in the reputation she gained from publishing the *Woman Rebel*. As she wrote the *Woman Rebel*, Sanger tried on different subjects.<sup>102</sup> Her experiences as a nurse, with the Socialist party, and as a labor organizer influenced all of her articles.<sup>103</sup> She discovered, however, with the help of a displeased Post Office, that contraception was the issue that suited her best. That is not to say that Sanger choose birth control because it aligned with her own self-aggrandizing image of herself. It was a mutual selection process. Looking back on the publication of the *Women Rebel* in a speech she wrote in 1916, Sanger recalled: “They tell me that it was too radical, badly written, hysterical, defiant, to all of which I plead guilty, but as I became more and more convinced of the necessity of birth control I felt myself in the position of one who has discovered that a house is on fire and I found it was up to me to shout out the warning.”<sup>104</sup> The radicalism of birth control did play to Sanger’s ego. She would not have, however, been able to create such a large reaction if she were writing without emotion; the public reacted to Sanger’s work because it demonstrated passion and commitment. The *Woman Rebel* marks Sanger’s transition from radical-at-large to birth control pioneer.

The *Woman Rebel* was deemed unfit to print according to the Comstock Act. The Comstock Act was an amendment to the United States Postal Code written in 1873 by Anthony Comstock, which prohibited lewd materials from being shipped in public or private freight.<sup>105</sup>

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<sup>101</sup> Margaret Sanger, “The Prevention of Conception,” *The Woman Rebel* 1, No. 1 (1914), 8.

<sup>102</sup> Katz, “Chapter Three: *The Woman Rebel*,” *The Selected Papers of Margaret Sanger*, 71.

<sup>103</sup> *Ibid*, 69-70.

<sup>104</sup> Margaret Sanger, “Women and Birth Control,” 1916, Margaret Sanger Papers, Library of Congress, Washington, D.C.

<sup>105</sup> McCann, *Birth Control Politics in the United States*, 23.

Any advice on contraception and contraception devices was deemed obscene. Comstock championed his law from his position as a postal inspector. He founded the New York Society for the Suppression of Vice, and was known to New Yorkers as the “Protector of the Public Morals” and the “Self-Constituted Censor.”<sup>106</sup> Comstock was personally offended by Sanger’s writings. The Post Office sent Sanger several letters asking her to cease publication, all of which she disobeyed. She speculated to friends that Comstock was having her followed.<sup>107</sup>

Sanger flaunted the Comstock Act by publishing *Family Limitation*, a birth control how-to guide that illustrated her narrowed focus on reproductive health. In the fall of 1914, inspectors arrived at Sanger’s doorstep and informed her that she was to face criminal charges for printing the *Woman Rebel*.<sup>108</sup> She replied, “not to hurry... there will be plenty of good material if they wait a little.”<sup>109</sup> This was a reference to Sanger’s upcoming pamphlet, *Family Limitation*. Although the *Women Rebel* advocated birth control, it never distributed any practical advice.<sup>110</sup> *Family Limitation*, conversely, was a manual to prevent pregnancy. After skipping her court date in the fall of 1914, Sanger published *Family Limitation* and then promptly fled the country. She left a letter for her friends: “Jail has not been my goal. There is special work to be done and I shall do it first... I shall attempt to nullify the law by direct action and attend to the consequences later.”<sup>111</sup> To her readers she wrote: “My magazine was confiscated and I was compelled to flee to a place where I could carry out my work unmolested. When I have accomplished all that can be gained in this way, I shall return to take up the legal end of the case.”<sup>112</sup> Sanger was likely

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<sup>106</sup> “Anthony Comstock Dies in his Crusade,” *New York Times*, September 22, 1915, 1.

<sup>107</sup> Katz, “Margaret Sanger to Theodore Schroeder, August 19, 1914,” *The Selected Papers of Margaret Sanger*, 81.

<sup>108</sup> *Ibid.*

<sup>109</sup> *Ibid.*

<sup>110</sup> Katz, “Footnote 5,” *The Selected Papers of Margaret Sanger*, 74.

<sup>111</sup> Katz, “Margaret Sanger to Comrades and Friends, October 28, 1914,” *The Selected Papers of Margaret Sanger*, 91.

<sup>112</sup> Margaret Sanger, “Margaret Sanger Defends her Battle for the Right of Birth Control,” *The New York Call*, December 5, 1915, 5.



afraid to go to jail. She also may have felt, as she articulated in private and in public, her work was just beginning. If she was to succeed in bringing birth control to New York, she could not afford to waste time sitting in prison while working-class women died and orphaned babies were born. Sanger continued her work on birth control while she was gone. She arrived in Liverpool on November 13, 1914, and spent nearly a year living there.<sup>113</sup>

Between 1914 and 1920, Sanger published ten editions of *Family Limitation* in Europe and in the United States, illustrating her continued study of contraception and her continued role as spokeswoman for the birth control movement. *Family Limitation* was the main source of birth control instructions for Americans.<sup>114</sup> Sixteen pages long, *Family Limitation* gave detailed advice on clinical ways to prevent pregnancy.<sup>115</sup> It featured several recipes for douches and suppositories, an illustration instructing how to insert a pessary, and advice on how to buy pessaries, condoms, and sponges.<sup>116</sup> Sanger told women to keep a calendar of their menstrual cycle and to never wait longer than a month to have an abortion.<sup>117</sup> She gave an exhaustive list of ways that pregnancy could be prevented without limiting sexual pleasure. Her advice was detailed and sounded similar to the leading medical publications of the day: “Before inserting pessary inject into a cap a small amount of boric ointment. This will act as a cement to help seal the mouth of the womb for the time being and thus doubly insures prevention.”<sup>118</sup> To compare, the 1918 fifth edition of the *Handbook of Modern Treatment and Medical Formulary* used a similar tone to give advice on treating chronic constipation: “Massage 8 to 10 minutes morning and evening over the course of the colon. Give juice of half an orange and a glass of water of

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<sup>113</sup> Katz, “Chapter Four: Exile and Renewal,” *The Selected Papers of Margaret Sanger*, 93.

<sup>114</sup> McCann, *Birth Control Politics in the United States*, 36.

<sup>115</sup> Joan M. Jensen, “The Evolution of Margaret Sanger’s *Family Limitation* Pamphlet, 1914-1921,” *Signs* 6, No. 3, (1981), 548.

<sup>116</sup> A pessary is an older model of the modern diaphragm; Katz’s edits on *Family Limitation*, *The Selected Papers of Margaret Sanger*, 87.

<sup>117</sup> Katz, “Excerpt from *Family Limitation*,” *The Selected Papers of Margaret Sanger*, 88-89.

<sup>118</sup> Margaret Sanger, “Family Limitation,” 1918, Lawrence Lader Papers, Harvard University, Cambridge, M.A., 9.

Vichy on rising.”<sup>119</sup> Sanger’s *Family Limitation* emulated the style of a medical handbook. It dispensed the same advice that her later birth control clinic would offer. Between 1914 and 1917, Sanger’s radical friends circulated approximately 160,000 copies of *Family Limitation*.<sup>120</sup> Its circulation dwarfed *Woman Rebel*’s two thousand subscribers. Margaret Sanger reached more people with *Family Limitation* than with *Woman Rebel*. The writing and publication of *Family Limitation* in 1914 was the first step of Sanger’s clinical birth control movement. Although she would not open a clinic for another two years, Sanger had begun to distribute medical advice on how to prevent a pregnancy; *Family Limitation* asserted Margaret Sanger’s role as a health authority.

The tone and content of *Family Limitation* demonstrate Sanger’s more narrowed and more scientific focus. *Family Limitation* was practical advice written in a matter-of-fact tone by a nurse. This was a departure from the hyperbolic and aggressive *Woman Rebel*, written by a radical. Sanger began writing both the *Woman Rebel* and *Family Limitation* in the spring of 1914.<sup>121</sup> Sanger waited to publish *Family Limitation* until the fall, after she had already gained attention with the *Woman Rebel*. Perhaps she thought of the *Woman Rebel* as publicity for *Family Limitation*. Perhaps she was afraid to publish *Family Limitation* until she fled the country. *Family Limitation* differed from the *Woman Rebel* because it focused entirely on women’s health. Sanger made passing references to workers and slave labor, but she did not depart from the issue of birth control.<sup>122</sup> The introduction began, “There is no need for any one to explain to the working men and women in America what this pamphlet is written for or why it is necessary that they should have this information. They know better than I could tell them, so I

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<sup>119</sup> W. B. Campbell, *Hand-Book of Modern Treatment and Medical Formulary: A Condensed and Comprehensive Manual of Practical Formulae and General Remedial Measures*, Philadelphia: F.A. Davis Company, 1918.

<sup>120</sup> Jensen, “The Evolution of Margaret Sanger’s *Family Limitation* Pamphlet,” 549.

<sup>121</sup> Katz’s notes on *Family Limitation*, *The Selected Papers of Margaret Sanger*, 87.

<sup>122</sup> Margaret Sanger, “Family Limitation,” 1.

shall not try.”<sup>123</sup> This rhetoric is subdued compared to the *Woman Rebel. Family Limitation* helped Sanger find her voice, decidedly authoritative and scientific.

In Europe in late 1914 and early 1915, Margaret Sanger expanded her knowledge of birth control and decided that birth control clinics were a necessary public health reform. Europe was already facing the reality of the First World War, a conflict that Americans were keen to isolate themselves from. Although the war made traveling unsafe, Sanger insisted on several trips to the continent.<sup>124</sup> She spent time researching contraception in France, Spain, and the Netherlands. In Holland, she met Dr. Johannes Rutgers and toured the world’s first birth control clinics.<sup>125</sup> Dr. Aletta Jacobs opened the first contraception clinic in 1878 in Amsterdam.<sup>126</sup> Around this time, Rutgers began training nurses and midwives on contraceptives.<sup>127</sup> Although contraception is as old as time, it experienced a transformation in 1844 when Goodyear and Hancock vulcanized raw rubber.<sup>128</sup> With the vulcanization of rubber came a new generation of more effective and more sterile contraceptive devices. Nearly a half century later, in 1881, Dr. Wilhelm Mensinga of Germany invented the occlusive pessary using vulcanized rubber.<sup>129</sup> Rutgers distributed the Mensinga pessary in his clinics; the device therefore earned the name “the Dutch pessary.”<sup>130</sup> Sanger had never seen a birth control clinic before her arrival in Holland. Both the Dutch diaphragm and Rutgers’ clinics impressed her; she recorded her findings in her internationally published pamphlet, *Dutch Methods of Birth Control*. The methods mentioned were translated from a publication of the Neo-Malthusian League of Holland, but the pamphlet also contained

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<sup>123</sup> Ibid.

<sup>124</sup> Katz, “Chapter Four: Exile and Renewal,” *The Selected Papers of Margaret Sanger*, 95.

<sup>125</sup> Ibid.

<sup>126</sup> Rilma Buckman, “Social Engineering: A Study of the Birth Control Movement,” *Social Forces* 22, No. 4 (1944), 421.

<sup>127</sup> Ibid.

<sup>128</sup> Simon Szreter, Robert A. Nye, and Frans van Poppel, “Fertility and Contraception during the Demographic Transition: Qualitative and Quantitative Approaches,” *Journal of Interdisciplinary History* 34, No. 2 (2003), 143.

<sup>129</sup> Katz, *The Selected Papers of Margaret Sanger*, 325n.

<sup>130</sup> Ibid.

Sanger's own feelings about the Dutch system of clinics.<sup>131</sup> Sanger reflected, "I had the pleasure of attending some of the classes where Dr. Rutgers gave his course of instruction. I also attended and assisted in the clinics where women came to be advised, instructed, and fitted... There is no doubt that the establishment of these clinics is one of the most important parts of the work of a Birth Control League."<sup>132</sup> It is clear from *Dutch Methods of Birth Control* that Sanger resolved after visiting Holland to set up her own clinical practice.

Margaret Sanger felt that birth control in Holland illustrated that legal and available contraception would correlate with health benefits for the entire society. As proof, she cited in *Dutch Methods of Birth Control* the falling infant mortality and illegitimate birth rates in major Dutch cities. In Rotterdam, infant mortality declined from 209 deaths of infants under a year of age per 1,000 of the population in 1881, to 105 deaths in 1906, to 79 deaths in 1912.<sup>133</sup> Of course, these figures were influenced by improvements in health and sanitation as well as the use of birth control. Nevertheless, they are impressive. The illegitimate birth rates would have been more greatly influenced by the use of contraception. Sanger cites that, in Rotterdam, illegitimate births fell from 16.6 illegitimate births per 1,000 married women aged 15 to 45 in 1880, to 11.3 illegitimate births in 1900.<sup>134</sup> These figures validated what Sanger already believed: available birth control meant a society where more wanted babies lived and more unwanted babies were not born. Later figures would illustrate a similar decline in puerperal deaths in the United States. In 1921, 6.8 American mothers died from childbirth per every 1,000 live births. In 1925, 6.5 American mothers died. In New York State, 6.3 mothers died from childbirth per every 1,000

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<sup>131</sup> Margaret Sanger, "Dutch Methods of Birth Control," 1915, Margaret Sanger Papers, Library of Congress, Washington, D.C.

<sup>132</sup> Ibid.

<sup>133</sup> Ibid.

<sup>134</sup> Sanger, "Dutch Methods of Birth Control."

live births in 1921, and 6.0 mothers died in 1925.<sup>135</sup> Perhaps the numbers in New York were lower than the national numbers because superior medical care was available in the state. It is also possible that New York's numbers were low because the epicenter of the birth control movement was in New York. Birth control had, irrefutably, a positive effect on the health of a society.

In addition to gaining a vision of American birth control clinics, Margaret Sanger also expanded her nursing skills during her tenure in the Netherlands. She wrote to her sister from Amsterdam that “[Rutgers] gave me a course of instruction & held a special clinic for my practice. I feel quite set up with the knowledge.”<sup>136</sup> This was probably Sanger's first clinical instruction. She already knew a great deal about birth control, as demonstrated by *Family Limitation*, but she had never been in a clinic or instructed by a clinical physician before. Her term in Holland helped form her ideas on how to continue her movement, but it also improved her technical skill as a nurse. Rutgers' instruction made her an expert of the advanced practices of the day and better qualified to run her own clinic.

After encountering the Dutch clinics, Sanger knew that they would need to be a staple of the American movement. Dutch style clinics were, however, illegal in the United States, and they also required an intricate system of traveling nurses that Sanger would not have at her disposal. She eventually tried to mimic Rutgers' operation: the establishment of a central bureau where she could train nurses before she sent them out into the community to do public health work.<sup>137</sup> Sanger would also retain the principles of personal instruction that the Rutgers clinics were based on. Margaret Sanger had to make do without the standardized and developed network she encountered in Holland. She started from scratch. Although her ideology imitated Rutgers', her

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<sup>135</sup> “Death Rates of Mothers from Childbirth, 1925,” *Public Health Reports* Vol 42, No. 2 (January 14, 1927), 98.

<sup>136</sup> Katz, “Margaret Sanger to Anna E. Higgins, February 22, 1915,” *The Selected Papers of Margaret Sanger*, 125.

<sup>137</sup> Sanger, “Dutch Methods of Birth Control.”

clinics needed to seem familiar to her customers; they had to look and feel like the clinics her clients were used to in New York.

While Sanger was in Europe, the birth control movement in America forged new headlines. After Sanger jumped bail, Anthony Comstock sought revenge on her estranged husband. Comstock sent an agent to William Sanger's apartment asking for informative pamphlets on birth control. Sanger obliged, and handed him a copy of *Family Limitation*. He was promptly arrested for distributing lewd materials. William Sanger wrote to his wife regarding the incident: "He asked me whether we were living together or separated. I flatly told him that I would give him no information. When going out he asked me where Mrs. Sanger could be found. I replied that I did not intend to tell."<sup>138</sup> William Sanger's arrest became a freedom of speech case, and his plight energized left-wing radicals; it gave birth control the public platform that Margaret Sanger had always hoped for.<sup>139</sup> Unfortunately for Sanger, she was hiding out in Europe. The movement continued without her.

Mary Ware Dennett founded the Voluntary Parenthood League in March of 1915. It was the nation's first birth control organization.<sup>140</sup> Dennett became interested in contraception after hearing Sanger speak in 1914; she herself had experienced three nearly fatal childbirths.<sup>141</sup> She was captivated and invited Sanger to tea.<sup>142</sup> Although Sanger influenced Dennett's decision to pursue birth control, the two women had different styles. Dennett was not interested in breaking the law. She wanted to guarantee women the legal right to birth control, and championed birth control in the political sphere.<sup>143</sup> Their dynamic was reminiscent of Carrie Chapman Catt's and

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<sup>138</sup> Katz, "William Sanger to Margaret Sanger, January 21, 1915," *The Selected Papers of Margaret Sanger*, 115.

<sup>139</sup> Katz, "Chapter Four: Exile and Renewal," *The Selected Papers of Margaret Sanger*, 96.

<sup>140</sup> Chen, *The Sex Side of Life*, 181.

<sup>141</sup> Chen, *The Sex Side of Life*, 165.

<sup>142</sup> Ibid.

<sup>143</sup> Ibid, 183.

Alice Paul's separate arms of the women's suffrage movement. Catt and Dennett both hoped to achieve their aims by moderate action and respectable lobbying. Paul and Sanger both strived to break the law and make headlines as frequently as possible. Both the radical branch and the moderate branch were necessary for the success of a movement, but frequently there was great tension between them. Dennett thought that Sanger was unstable, rash, and unfit to lead the birth control movement.<sup>144</sup> Sanger, on the other hand, was agitated that Dennett had taken control of what she perceived as being her movement while she waited in Europe.<sup>145</sup>

The death of Anthony Comstock in late 1915 allowed Sanger to return safely to the United States. Comstock died in September after developing pneumonia. The front page of the *New York Times* attributed his disease to William Sanger's criminal case: "His illness was brought on by over-work and over-excitement... from his successful efforts to convict William Sanger of having violated the Criminal Code by giving away a copy of *Family Limitation*, written by his wife."<sup>146</sup> Although a coroner may have disagreed, Comstock's decline and death were popularly attributed to Sanger. After Comstock's death, the state became less interested in prosecuting Margaret Sanger for her *Woman Rebel* violations.<sup>147</sup> When Comstock was in power, the state had planned give Sanger the maximum sentence of five years hard labor.<sup>148</sup> This illustrates the sway that Comstock held in the state government. He was, during his life, a formidable opponent. When Sanger returned to New York in October 1915, her case was still open. As she waited to face trial, her five-year-old daughter died of pneumonia.<sup>149</sup> Some historians have speculated that the death of Peggy Sanger created such great sympathy for

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<sup>144</sup> Ibid, 163.

<sup>145</sup> Katz, "Chapter Four: Exile and Renewal," *The Selected Papers of Margaret Sanger*, 96.

<sup>146</sup> "Anthony Comstock Dies in his Crusade," *New York Times*, September 22, 1915, 1.

<sup>147</sup> McCann, *Birth Control Politics in the United States*, 24.

<sup>148</sup> Katz, "William Sanger to Margaret Sanger, January 21, 1915," *The Selected Papers of Margaret Sanger*, 115-116.

<sup>149</sup> Katz's notes on sympathy letters, *The Selected Papers of Margaret Sanger*, 169.

Margaret Sanger that the state declined to prosecute her.<sup>150</sup> Whether or not that is true, the case against Sanger was dismissed in February of 1916.<sup>151</sup> When the state dismissed Sanger's case, it set a precedent for not prosecuting violations of the Comstock Act.<sup>152</sup> Although this precedent would not last for long, it would be a milestone in the legal battle for contraception. It would therefore also be a milestone in the clinical birth control movement: legalized birth control meant that clinics could stay open. Sanger's acquittal left her free to open a birth control clinic in the city of New York.

Between 1911 and 1915, Margaret Sanger developed from a young nurse to a seasoned public health advocate. With the publication of the *Woman Rebel*, Sanger announced herself as an activist. When Sanger left America to avoid prison, she took a step back from her radical reporting in order to tour birth control clinics and learn the most recent methods of contraception. She published *Family Limitation*, a birth control manual, directly before she left the United States. She later supplemented *Family Limitation* with another pamphlet that detailed what she had learned in Holland, *Dutch Methods of Birth Control*. With these two guides, Sanger presented herself as an authority on public health. These pamphlets, as well as Sanger's resolve to open a birth control clinic, solidified Margaret Sanger's position as a public health reformer and as the spearhead of the birth control movement.

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<sup>150</sup> Katz, "Chapter Four: Exile and Renewal," *The Selected Papers of Margaret Sanger*, 96.

<sup>151</sup> McCann, *Birth Control Politics in the United States*, 24.

<sup>152</sup> Ibid.



## Chapter 3

## The Brownsville Clinic

“The opening of those doors to the mothers of Brownsville was an event of social significance in the lives of American womanhood.”

—Margaret Sanger, *Birth Control Review*

Margaret Sanger opened America’s first birth control clinic in Brownsville, Brooklyn, in order to give advice on contraceptives to an impoverished tenement community. The Brownsville clinic dispensed medical advice to women and men who were suffering because of poor health or economic conditions. Opened in October 1916, the clinic allowed Sanger to continue in her role as the leader of a public health movement. She reached out to a tenement population, just as the progressive reformers Dr. Herman Biggs and Lillian Wald reached out to their target groups. Sanger’s work in Brownsville was the work of a health reformer.

Margaret Sanger chose to open her first clinic in Brownsville over other tenement communities. She had previously planned to locate her first clinic on the Lower East Side, where she had worked as a nurse under Lillian Wald. She wrote to friends from Paris announcing her plan: “The feeling within me is that my work is not done until I have the liberty of conducting a Birth Control clinic in New York City...This feeling has prompted me to return. I hope to establish a free clinic in the Lower East Side in New York, where poor women can come for advice and instruction concerning Birth Control.”<sup>153</sup> Over the course of the next year, Sanger had a change of heart. She chose Brownsville as the epicenter for her experiment in part because she knew that Brownsville would be receptive to her movement; Sanger had conversations with

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<sup>153</sup> Katz, “Margaret Sanger to Comrades and Friends, August 1, 1915,” *The Selected Papers of Margaret Sanger*, 152.

residents, and they expressed support for a birth control clinic.<sup>154</sup> The rundown Brownsville tenements were another motivating factor. In 1916, Brownsville was a slum comparable to the Lower East Side. The major difference between the two neighborhoods was that Brownsville was further removed from the Metropolitan Police.

Brownsville was a social worker's dream. Founded at the end of the nineteenth century, the neighborhood was relatively new.<sup>155</sup> Cheap tenements had arisen, but infrastructure was slow to follow. Brownsville did not have paved streets or sewers until the twentieth century.<sup>156</sup> The living conditions were terrible. The educational facilities and social services were lackluster. The sanitation was inadequate. The crime rate was among the worst in New York.<sup>157</sup> The population skyrocketed in the early twentieth century, jumping from 37,934 in 1905 to 100,854 in 1920.<sup>158</sup> Many of these inhabitants moved in from the Lower East Side in search of cheaper rent.<sup>159</sup> Others came directly from Ellis Island.<sup>160</sup> By 1907, ninety-six percent of the dwellings in Brownsville were tenements.<sup>161</sup> *New York Times* articles from the 1910s ran headlines like "Measles in Brownsville," and stories about the wind taking the roofing off of Brownsville tenement houses.<sup>162</sup> A resident remarked that the neighborhood was "one huge cesspool of illiteracy and hoodlumism."<sup>163</sup> Clearly, Brownsville was in need of charity and reform.

Margaret Sanger was not the first to bring a clinic to Brownsville; she followed the example of other charities. The vast majority of the Brownsville population was Jewish, and

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<sup>154</sup> Wendell Pritchett, *Brownsville, Brooklyn: Blacks, Jews, and the Changing Face of the Ghetto* (Chicago: University of Chicago Press, 2002), 33.

<sup>155</sup> *Ibid.*, 10.

<sup>156</sup> *Ibid.*, 13.

<sup>157</sup> *Ibid.*, 2.

<sup>158</sup> *Ibid.*, 14.

<sup>159</sup> *Ibid.*

<sup>160</sup> *Ibid.*, 10.

<sup>161</sup> *Ibid.*, 15.

<sup>162</sup> "Measles in Brownsville," *New York Times*, January 23, 1910, 7; and "Heat Kills Eight; Prostrates Scores," *New York Times*, July 18, 1915, 8.

<sup>163</sup> Pritchett, *Brownsville: Brooklyn*, 9.

Jewish charities flocked to the neighborhood. In 1910, the New York State Board of Charities approved the incorporation of the Hebrew Ladies' Day Nursery of Brownsville.<sup>164</sup> In early 1916, the Hebrew Free Loan Society pushed to expand their activities to Brownsville.<sup>165</sup> Sanger selected a storefront for her clinic directly across the street from another existing baby dispensary. Sanger first considered Brownsville after visiting with a group of women from the neighborhood.<sup>166</sup> In her autobiography, Sanger remembered: "That afternoon five women from the Brownsville Section of Brooklyn crowded into my room seeking the "secret" of birth control...all cried what a blessing and godsend a clinic would be in their neighborhood."<sup>167</sup> The fact that these residents were supportive of an illegal clinic opening in their community suggests that they had a good understanding of the work and practices of a clinic and a genuine desire for contraception. The women of Brownsville had probably taken their children to the Day Nursery and received medicine at the baby dispensary. They were receptive to Sanger's ideas because they had already been exposed to and benefited from ideas that seemed similar. When Margaret Sanger came to town, the tenement dwellers of Brownsville were already acquainted with public health.

After choosing the location for the clinic, Sanger began diligent preparations in order to insure her success. She chose a staff of three women, each of whom offered a skill to the clinic. Her sister, Ethel Byrne, assisted Sanger as a clinical nurse. Fannie Mindell of Chicago spoke Yiddish and served as an interpreter.<sup>168</sup> Her presence illustrates that Sanger knew the demographics of her chosen community. Finally, Elizabeth Stuyvesant worked as an

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<sup>164</sup> "Hebberd in State Charities," *New York Times*, March 17, 1910, 3.

<sup>165</sup> "Free Loans to Poor; \$670,505 During 1915," *New York Times*, January 24, 1916, 20.

<sup>166</sup> Katz, "Chapter Five: The Birth of the Birth Control Movement," *The Selected Papers of Margaret Sanger*, 194.

<sup>167</sup> Margaret Sanger, *The Autobiography of Margaret Sanger* (New York: Dover Publications, 1971), 213-214.

<sup>168</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.

administrative assistant. Stuyvesant was a social worker in New York, and was later arrested for picketing the White House with Alice Paul and the National Woman's party.<sup>169</sup>

The behavior of Brownsville locals implies that Margaret Sanger chose a community already acquainted with and accepting of modern hospitals and clinics. Sanger rented the space for her clinic from a very enthusiastic Jewish couple. Her landlord, Mr. Rabinowitz, invested a good deal of his own time in preparing the clinic.<sup>170</sup> Stuyvesant recalled that he wanted the clinic rooms to be "snow-white," and "more scientific looking."<sup>171</sup> Sanger quoted Rabinowitz saying that things needed to be "more hospital looking."<sup>172</sup> Rabinowitz's notions of how a clinic should look imply that he had been in contact with public health facilities in the past. The modern, clean, white, scientific hospital was a relatively new development.<sup>173</sup> Rabinowitz owned property that he could afford to rent, and was therefore presumably an upwardly mobile man. He was, however, still a member of a minority group, and living in a slum. Based on the demographics of Brownsville, it is also likely that he was a first-generation or second-generation American. In order for a marginalized citizen like Rabinowitz to be familiar with clinical or hospital facilities, public health must have truly penetrated most all levels of New York society by 1916.

Mrs. Rabinowitz was equally supportive of the birth control clinic: "His wife gave out handbills to every person who passed the door and also to the mothers who came to the Babies' dispensary across the way, so that every woman who applied there for help in the care of her babies was told of the other help across the street."<sup>174</sup> It was savvy of Sanger to advertise her

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<sup>169</sup> "Photographs and Records of the National Woman's Party," The Library of Congress: American Memory, [http://memory.loc.gov/cgi-bin/query/h?ammem/mnwp:@field\(NUMBER+@band\(mnwp+157007\)\)](http://memory.loc.gov/cgi-bin/query/h?ammem/mnwp:@field(NUMBER+@band(mnwp+157007))) [accessed February 25, 2010].

<sup>170</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.

<sup>171</sup> Ibid.

<sup>172</sup> Sanger, *The Autobiography of Margaret Sanger*, 215.

<sup>173</sup> Grob, *The Deadly Truth*, 221.

<sup>174</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.

clinic to women who were familiar with the dispensary. Women who frequented the dispensary already had children and were in need of charitable donations. These women might not want many more children. Women who received help at the baby dispensary would also have been familiar with the clinical environment. They might have been less suspicious or untrusting of a strange middle-class Christian giving them health advice. In the early twentieth century, most Jewish and Italian recent immigrants sought advice on childbirth and child rearing from midwives and experienced women in their own community.<sup>175</sup> Sanger's clinic illustrates that she understood this cultural norm. Having an employee that spoke Yiddish and a woman from the community distributing flyers would have helped to bridge the gap between traditional and modern healthcare. Sanger was wise to understand that women might not accept her advice unless they were already accustomed to and comfortable with the modern public health and hospital system.

Sanger and her team led a thorough public relations campaign for their clinic that went beyond recruiting women at the baby dispensary. They canvassed the neighborhood every morning for a week before the clinic opened.<sup>176</sup> They left flyers that were printed in English, Yiddish and Italian:

“Mothers:

Can you afford to have a large family? Do you want any more children? If not, why do you have them? Do not kill, do not take life, but prevent. Safe, harmless information can be obtained of trained nurses at 46 Amboy Street, near Pitkin Avenue, Brooklyn. Tell your friends and neighbors. All mothers welcome. A registration fee of 10 cents entitles any mother to this information.

MARGARET SANGER”<sup>177</sup>

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<sup>175</sup> Susan Cotts Watkins and Angela D. Danzi, “Women’s Gossip and Social Change: Childbirth and Fertility Control among Italian and Jewish Women in the United States, 1920-1940,” *Gender and Society* 9, No. 4 (1995), 470.

<sup>176</sup> Stuyvesant, “Women and the World’s Work,” *The Boston Journal*, April 4, 1917, 5.

<sup>177</sup> Sanger, *The Autobiography of Margaret Sanger*, 216.

The handbills do not mention the terms birth control or contraception. Perhaps Sanger chose to omit those phrases in order to avoid incurring the Post Office's wrath until after she had the chance to help a few patients. If that was the case, than Sanger was maturing. Sanger also clearly states that her clinic would not be an abortion clinic. Sanger had drawn a line in her radicalism. This line could signify that she was becoming more moderate, as historians Linda Gordon and Carole McCann have suggested.<sup>178</sup> This line could also suggest that Sanger understood that her clinic would be palatable to very few people if it offered abortions; she could help more people and stay open longer if she dealt solely in contraceptives. Finally, Sanger handed out pamphlets in English, Yiddish, and Italian. This fact displays that Sanger had done research on Brownsville's demographics, and that she was interested in reaching all of the women in the neighborhood. What is more, the New York City Department of Health had used the same languages to distribute handbills on venereal disease clinics since 1913.<sup>179</sup> It is possible that Sanger had seen and been influenced by the venereal clinic pamphlets. To promote her clinic, Sanger also ran a notice in the *New York Times* months in advance.<sup>180</sup> The *Times* piece mentioned that the clinic would be open in Brownsville in the fall, but it did not give an exact location. Sanger claimed that she withheld the address of the clinic in order to evade authorities.<sup>181</sup> This may not have been the truth; besides contacting the *New York Times*, she also contacted the Brooklyn district attorney to inform him of the clinic.<sup>182</sup> Sanger may have written to the district attorney in order to flaunt that she was opening a contraceptive clinic. She also might have notified him as a formality; when the police shut down her clinic, she was able to say

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<sup>178</sup> McCann, *Birth Control Politics in the United States*; and Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*.

<sup>179</sup> B. S. Barringer and Archibald McNeil, "Diagnosis and Advice in Venereal Diseases as Furnished by the Department of Health, New York City," *The Journal of Social Hygiene* 1, No. 1 (1914), 56.

<sup>180</sup> "Mrs. Sanger Plans Clinic," *New York Times*, July 22, 1916, 4.

<sup>181</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.

<sup>182</sup> Katz, "Chapter Five: The Birth of the Birth Control Movement," *The Selected Papers of Margaret Sanger*, 195.

that the district attorney had not interfered with its opening. Withholding the address of the clinic from the press was likely a publicity stunt, intended to cultivate mystique. Margaret Sanger's efforts to generate publicity succeeded. When her clinic was shut down, as she knew it eventually would be, she reached national headlines.<sup>183</sup> The whole country would soon hear of her campaign for clinical birth control.

When promoting her clinic, Margaret Sanger's rhetoric rested on infant health because society devalued maternal health in the first decades of the twentieth century. *Public Health Reports*, the journal of the United States Public Health Service, published figures on infant mortality as early as January 1903. Only one article published in the first two decades of the twentieth century mentions maternal mortality.<sup>184</sup> Infant mortality is mentioned in sixty-eight articles before maternal mortality is first mentioned.<sup>185</sup> The United States Public Health Service did not consider maternal mortality to be a noteworthy statistic; infant mortality was far more important. Indeed, the New York Academy of Medicine did not become interested in puerperal mortality until 1917.<sup>186</sup> The first comprehensive study of puerperal infections and deaths was not completed until 1928.<sup>187</sup> Infant mortality was heavily emphasized in the early twentieth century, but interest in maternal mortality was more delayed. This dichotomy points to the lesser position of women in society and suggests that women were devalued in early twentieth century America.

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<sup>183</sup> Katz, "Chapter Five: The Birth of the Birth Control Movement," *The Selected Papers of Margaret Sanger*, 195.

<sup>184</sup> The article mentions the need for better statistics on puerperal sepsis and maternal mortality. Edwin W. Kopf, "Morbidity Statistics of Hospitals: The Need for Morbidity Statistics of General Hospitals, Special Hospitals, Sanatoria, Etc., and Means for Their Collection and Publication," *Public Health Reports* Vol 32, No. 24 (June 15, 1917), p. 940-947.

<sup>185</sup> The first edition of *Public Health Reports* available online is Vol. 18, No. 1, from January 1903. Infant mortality is mentioned in "Statistical Reports of States and Cities of the United States, Yearly and Monthly," *Public Health Reports* Vol 18, No 3 (January 16, 1903), p. 53-56. Maternal mortality is not mentioned until 1917: Edwin W. Kopf, "Morbidity Statistics of Hospitals," *Public Health Reports* Vol 32, No 24 (June 24, 1917), p. 940-947. I searched "infant mortality" in *Public Health Reports* and counted the number of articles returned before June 24, 1917.

<sup>186</sup> David J. Rothman and Sheila M. Rothman, eds, *Maternal Mortality in New York City and Philadelphia, 1931-1933* (New York: Garland Publishing, Inc, 1987), ix.

<sup>187</sup> *Ibid*, x.

A woman's most important function, it appears, was to produce healthy offspring. Interestingly, maternal mortality became a public health concern just as the woman's suffrage movement was gaining steam. The more arresting correlation, however, is that the city of New York became interested in women's health only several months after Margaret Sanger opened a birth control clinic in Brooklyn. Because women's health was less important to society than children's health, it is no surprise that the organizations that influenced Margaret Sanger were focused on infant mortality rather than maternal mortality. It is also logical that Sanger would rely more heavily on the rhetoric of infant health than maternal health in a time where the health of the infant outshone the health of the mother. Sanger did, however, still discuss the health of women, and it is conceivable that Sanger was responsible for bringing maternal health to the forefront of the discussion on public health in New York.

The Brownsville clinic reached hundreds of people who were in dire need of medical attention. When Margaret Sanger arrived to open the doors of the nation's first birth control clinic on October 16<sup>th</sup>, forty-five mothers were already waiting outside.<sup>188</sup> In the ten days the clinic remained open, Sanger and Byrne fitted 488 women with pessaries.<sup>189</sup> The clients came from not only Brooklyn, but also all of the other boroughs; some women even traveled from Massachusetts.<sup>190</sup> Elizabeth Stuyvesant recalled "one young carpenter came from Philadelphia to tell Margaret Sanger about an invalid wife and three children born dead."<sup>191</sup> It would be easy to assume that these stories were fabrications or exaggerations. It is important to remember, however, that what Margaret Sanger offered in Brownsville had never before been offered in the Americas. Women and children did die in childbirth, and in great numbers. If a young man in

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<sup>188</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.

<sup>189</sup> McCann, *Birth Control Politics in the United States*, 24.

<sup>190</sup> Prichett, *Brownsville: Brooklyn*, 34.

<sup>191</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.



Philadelphia heard that someone might know how to save his wife's life, it is not too great to imagine that he may have made the journey to New York. The clinic received up to a hundred letters every day it was open.<sup>192</sup> According to Stuyvesant, the women who arrived at the door told the same stories: "of so-called homes with two rooms and only one window, with two beds for a family of seven, three cots and a soap-box for eight children, of years of heavy toil... at the end, only sickness, funerals, debts."<sup>193</sup> Some women spoke of 28 self-induced abortions, of nine dead children, of eleven full term pregnancies in fifteen years, of whole families infected with tuberculosis, and of living on nineteen dollars a week.<sup>194</sup> There could have been no doubt to anyone who heard or read about these testimonials that the women of Brownsville needed help.

The record of the Brownsville clinic, featuring extraordinary numbers of patients and heart-wrenching stories, demonstrated the need for clinical birth control to both women and men across the country. Within six months, many major cities followed the example set in Brownsville.<sup>195</sup> Clinics sprang up; leagues were formed. After the Brownsville Clinic, the clinical birth control movement became much larger than Sanger and New York. Other women became pioneers in cities such as Boston and Chicago. Margaret Sanger's reform movement went national.

Margaret Sanger's first clinical experiment was short-lived but had far-reaching consequences. The police shut down the Brownsville clinic on the 26<sup>th</sup> of October, after only ten days of operation. Similar to the arrest of William Sanger, the authorities sent a spy asking for information on birth control.<sup>196</sup> Sanger, Byrne and Mindell were arrested.<sup>197</sup> They spent one

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<sup>192</sup> Stuyvesant, "Women and the World's Work," *The Boston Journal*, April 4, 1917, 5.

<sup>193</sup> Ibid.

<sup>194</sup> Ibid.

<sup>195</sup> Ibid.

<sup>196</sup> Ibid.

<sup>197</sup> Katz, "Chapter Five: The Birth of the Birth Control Movement," *The Selected Papers of Margaret Sanger*, 195.

night in jail, and were released the following morning. On November 16<sup>th</sup>, Sanger and her team returned to Brownsville to open her clinic once again. In an interview with the *New York Call*, she declared: “I consider it my duty to reopen my clinic. I will make the fight in Brownsville alone this time and will keep the clinic open until it is closed again by a police raid or until it is going so successfully that I can leave it in the charge of a nurse. Then I will open another clinic in Manhattan.”<sup>198</sup> The police raided the clinic. Sanger and her colleagues were arrested again, and charged with “maintaining a public nuisance.”<sup>199</sup> Sanger was convicted and jailed for thirty days in early 1917.<sup>200</sup> Fifty patients from the Brownsville clinic attended the trial.<sup>201</sup> Byrne staged a hunger strike in jail, attracting national press.<sup>202</sup> During her sentence, Sanger drafted plans for the next phase of her movement.<sup>203</sup> The Brownsville Clinic had been short-lived, but in many respects it had been a victory. It received national attention, it spurred the founding of other clinics, and it treated nearly 500 women in need. It was, ultimately, what Sanger had hoped for.<sup>204</sup> Margaret Sanger and her followers had completed their successful first experiment in clinical birth control. They still continued to fight, however, for the day when birth control clinics would be permanent, legal establishments.

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<sup>198</sup> Katz, “Mrs. Sanger to Reopen Clinic, *New York Call*, November 13, 1916,” *The Selected Papers of Margaret Sanger*, 202.

<sup>199</sup> “Birth Control Organizations: Brownsville Clinic/Committee of 100,” New York University: Margaret Sanger Papers Project, [http://www.nyu.edu/projects/sanger/secure/aboutms/organization\\_brownsville\\_clinic.html](http://www.nyu.edu/projects/sanger/secure/aboutms/organization_brownsville_clinic.html) [accessed March 1, 2011].

<sup>200</sup> Buckman, “Social Engineering: A Study of the Birth Control Movement,” 421.

<sup>201</sup> Katz’s notes on Sanger’s Prison Diary, *The Selected Papers of Margaret Sanger*, 204.

<sup>202</sup> Buckman, “Social Engineering: A Study of the Birth Control Movement,” 421.

<sup>203</sup> Ibid.

<sup>204</sup> Katz, “Chapter Five: The Birth of the Birth Control Movement,” *The Selected Papers of Margaret Sanger*, 195.

## Chapter Four

## Venereal Disease and Birth Control

“It is none of Societies business what a woman shall do with her body unless she shall inflict upon Society the consequences of her acts, like venereal diseases or offspring.”

—Margaret Sanger, Fabian Hall Speech, July 5, 1915<sup>205</sup>

While Sanger focused on giving contraception to women, the rest of the public health community struggled to halt the spread of sexually transmitted illnesses. Syphilis, in particular, had become problematic in urban areas. Public health officials and medical professionals referred to the disease as a “scourge” upon society.<sup>206</sup> Most big cities, including New York City, established clinics to combat venereal disease. The methods and successes of these clinics were published in the *Journal of Social Hygiene*. Similarities between these clinics and Sanger’s Brownsville clinic illustrate that Sanger was aware of and influenced by debates over how best to combat venereal disease. Although birth control and venereal disease used similar clinical models in order to reach patients, they morally stood on opposing ends of public health. Venereal disease clinics sought to limit sexuality while birth control clinics by definition expanded sexuality. Birth control broke away from the conservative sexual morals of the Victorian Era. The relationship between venereal disease and birth control illustrates that, although Margaret Sanger was influenced by clinical practices, she was a liberal reformer.

Medical understanding of and treatment for syphilis had evolved greatly at the start of the twentieth century. In 1906, August Wassermann, Albert Neisser and Carl Bruck created a test that could successfully diagnose syphilis.<sup>207</sup> The test was a major breakthrough in preventive medicine. By 1915, some urban hospitals had begun to test all admitted patients for syphilis.<sup>208</sup>

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<sup>205</sup> Katz, “Fabian Hall Speech, July 5, 1915,” *The Selected Papers of Margaret Sanger*, 146.

<sup>206</sup> Edward B Vedder, “The Prevalence and Prevention of Syphilis,” *Journal of Social Hygiene* 2, No. 3 (1916), 376.

<sup>207</sup> Allen Brandt, *No Magic Bullet*, 40.

<sup>208</sup> Brandt, *No Magic Bullet*, 44.

Standard testing for sexually transmitted infections is a modern concept; the public health community had mobilized in order to bring this reform to hospitals. In 1909, Paul Ehrlich created an arsenic compound that could treat syphilis, Salvarsan. A chemotherapeutic, Salvarsan ushered in a modern age of disease treatment.<sup>209</sup> The medicine was highly toxic and unleashed a range of undesirable side effects, but it was effective. Once syphilis became a disease that could be medically combated, a debate began to rage in public health literature about the best way to eradicate it.

Syphilis and gonorrhea joined contraception as taboo topics that were related to both sex and health. The *Journal of Social Hygiene* became the platform for syphilis discussion. For fifty years, The *Journal of Social Hygiene* was considered to be “the leading publication on social dimensions of the problem” of venereal disease.<sup>210</sup> The first edition was published in December 1914. It is clear from the first table of contents that venereal disease would become a major focus of the journal. Of the first six editions, four contained essays with “syphilis” in the title. Of the other two, one contained an essay with “gonorrhea” in the title, and one contained an essay with “venereal disease” in the title. That article, “Diagnosis and Advice in Venereal Diseases,” discussed only syphilis and gonorrhea.<sup>211</sup> These articles listed infection rates and warned about the danger of syphilis to a healthy society. One author claimed, “It is believed that syphilis is a greater menace to the public health than any other single infectious disease, not even excepting

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<sup>209</sup> Ibid, 40.

<sup>210</sup> Ibid, 171.

<sup>211</sup> B.S. Barringer and Archibald McNeil, “Diagnosis and Advice in Venereal Diseases,” Vol. 1, No. 1 (1914): 53-60; Frederick J Taussig, “The Contagion of Gonorrhea Among Little Girls,” Vol. 1, No. 3 (1915): 415-422; Ernst P. Boas, “The Relative Prevalence of Syphilis Among Negroes and Whites,” Vol. 1, No. 4 (1915): 610-616; Allan J. McLaughlin, “Syphilis as a Public Health Problem,” Vol. 2, No. 1 (1916): 63-68; John H. Stokes, “The In-Patient Hospital in the Study and Control of Syphilis,” Vol. 2, No. 2 (1916): 270-232; Hugh Cabot, “Syphilis and Society,” Vol. 2, No. 3 (1916): 363-374; and, Edward B. Vedder, “The Prevalence and Prevention of Syphilis,” Vol. 2, No. 3 (June 1916): 375-382.

tuberculosis.”<sup>212</sup> Most likely, syphilis earned that distinction because it was a hallmark of moral decay; it was inextricably linked to sex. Contraception and venereal disease had this in common. They were both prevalent in society, debated in medicine, and completely taboo.

The *Journal of Social Hygiene* was published at the moment when Sanger arrived in Liverpool in 1914. During this period in Sanger’s life, she strived to learn everything known about contraception. Because venereal disease and birth control were both tied to the concept of sex hygiene, it can be reasonably assumed that Margaret Sanger read the *Journal of Social Hygiene*. She was a leading figure in the public discussion on sex hygiene, and she would have wanted to know how the American public health community handled sex hygiene issues while she was in exile.

The *Journal of Social Hygiene* emphasized the need for clinical treatment of syphilis. The New York Department of Health established a public venereal disease clinic on May 1, 1912. During this period, venereal disease was mostly a synonym for syphilis; the clinic offered testing and treatment mostly for syphilis, but also for gonorrhea. The *Journal of Social Hygiene* commended the creation of the clinic: “It is sufficient to say that such supervision of the treatment of venereal diseases by the health department is quite practical, that it is already in partial operation in some cities, notably New York, and that it appears to me to be the only method of controlling venereal diseases, which will be admitted to be effective by the sanitarian, and also unobjectionable by the moralist.”<sup>213</sup> This praise proves that clinics were considered to be a state of the art public health intervention. It is important to note that the New York Venereal Disease Clinic was opened while Sanger was still working as a nurse on the Lower East Side.

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<sup>212</sup> Vedder, “The Prevalence and Prevention of Syphilis,” 375.

<sup>213</sup> Ibid, 380.

Her work would have intersected with the work of the clinic; it is likely that she recommended that patients receive treatment there.

The New York Department of Health Venereal Disease Clinic achieved success through the same tactics Margaret Sanger used at her Brownsville Clinic. The very first edition of the *Journal of Social Hygiene*, published in December 1914, featured an article entitled “Diagnosis and Advice in Venereal Diseases as Furnished by the Department of Health, New York City.” This article chronicled the success of the venereal disease clinic. Attendance skyrocketed at the clinic in 1914. In all of 1913, 18,570 Wassermann tests were administered. In the first six months of 1914, the clinic oversaw 15,793 Wassermann tests.<sup>214</sup> The authors attributed this attendance boom to the clinic’s advertising campaign. The clinic circulated pamphlets to doctors, published notices in journals, and ran a regular advertisement in a nightly newspaper. The advertisement read:

“Free advice regarding venereal disease can be obtained at the Department of Health, 149 Centre Street, Room No. 207, from 9 a.m. to 12 m. daily; Sundays and holidays excepted. Consultations strictly confidential.”<sup>215</sup>

There are clear similarities between this pamphlet and the pamphlet Sanger circulated a few years later in Brownsville. Both handbills advertise advice and not actual medical treatment. This was probably intentional, as receiving advice is far less intimidating than submitting to a physical exam. Both handbills also use the exact same phrase; this advice “can be obtained at” a certain address. It is likely that this was the standard phrase used in medical flyers, and was not unique to these two particular handouts. If that is the case, Sanger must have mimicked the generally accepted public health terminology when she drafted her own flyer. The Venereal Disease

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<sup>214</sup> B. S. Barringer and Archibald McNeil, “Diagnosis and Advice in Venereal Diseases as Furnished by the Department of Health, New York City,” *The Journal of Social Hygiene* 1, No. 1 (1914), 53.

<sup>215</sup> *Ibid*, 55.

Clinic's flyers were also published in German, Yiddish and Italian.<sup>216</sup> Sanger had chosen Yiddish and Italian for her Brownsville handouts as well. Although these languages reflected the demographic of her target audience, she may have decided to print pamphlets in several languages because it was the practice of other public health clinics.

Margaret Sanger's birth control clinic had more accessible hours than the New York Department of Health Venereal Disease Clinic. Sanger's Brownsville clinic was open for most of the day. The Department of Health's clinic was only open in the morning. This would have made it virtually impossible for working-class men to seek treatment for syphilis. Dr. Michael Davis Jr, a public health reformer and the director of the Boston Dispensary, criticized the New York Clinic for not being open in the evening.<sup>217</sup> Davis penned an article for the *Journal of Social Hygiene* that asked physicians to stop thinking of syphilis patients as "objects of charity."<sup>218</sup> He proposed a truly progressive platform: "If out-patient clinics are indicated as an important means of enlarging treatment facilities, we must establish clinics at such hours, and under such financial conditions, as will render them most capable of working the work that needs to be done. We must regard them as a public health measure."<sup>219</sup> Davis was concerned about the health of the working class. His clinic provided social services and home instruction; historian Allan Brandt noted that it "pioneered in the techniques of contact epidemiology."<sup>220</sup> Like Margaret Sanger, Davis championed a clinic that would best be able to meet what he perceived to be the needs of the underrepresented urban class. Interestingly, Davis was not a medical doctor, but rather held a PhD in Health Economics.<sup>221</sup> Perhaps this is why he considered the needs of the patients

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<sup>216</sup> Barringer and McNeil, "Diagnosis and Advice in Venereal Diseases," 56.

<sup>217</sup> Michael M. Davis, "Evening Clinics for Venereal Disease, *The Journal of Social Hygiene* 1, No. 3 (1915), 332.

<sup>218</sup> *Ibid*, 333.

<sup>219</sup> *Ibid*, 343.

<sup>220</sup> Brandt, *No Magic Bullet*, 45.

<sup>221</sup> *Ibid*.

attending the clinic above the convenience of the physicians staffing the clinic. It is possible that Sanger chose her clinic hours based on Davis' thesis. She would have been aware of the debate over clinical hours, and perhaps even been aware of Davis himself. Sanger also may have chosen her hours because she had nowhere else to be. The doctors that staffed venereal clinics also worked for hospitals or private practices; they had other patients to see during the day. It is most likely, however, that Sanger chose to remain open all day because she knew that she would have to capitalize on the short period the Brownsville clinic would remain open. The clinic only operated for ten days. If Sanger wanted to reach as many patients as possible, she would not have the luxury of short hours. Sanger should receive recognition for maintaining long hours on the ten short days the Brownsville clinic operated. She clearly wanted to spend all of her waking day in the clinic helping women. As the hours of the New York Department of Health Venereal Disease Clinic illustrate, not all clinic operators felt the same way. Sanger's long hours at her first clinic illustrates a sincere dedication to helping poor urban women.

Odd similarities and contrasts existed between birth control clinics and venereal disease clinics in early twentieth-century America. Condoms are the obvious overlap between the two clinic types. Condoms are the most common method of birth control and also the most effective way to limit the spread of venereal disease, besides abstinence. Birth control advocates preferred diaphragms to condoms because condoms required male initiative. They did concede, however, that condoms worked. When listing methods of birth control at a conference in 1925, Dr. Hannah Stone, a close friend and collaborator with Margaret Sanger declared, "The condom should offer a very safe and simple method of contraception...the objection to it lies, however, in the dissatisfaction which its use sooner or later engenders, especially in the husband."<sup>222</sup> Although

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<sup>222</sup> Hannah Stone, "Contraceptive Methods: A Clinical Survey," paper read at the Sixth International Neo-Malthusian and Birth Control Conference, March 29, 195.



Margaret Sanger's Brownsville clinic and *Family Limitation* pamphlet recommended condoms to women in order to prevent pregnancy, it appears that syphilis clinics did not generally recommend condoms to their patients. As early as 1918, doctors were prescribing condoms to prevent venereal disease.<sup>223</sup> The *Journal of Social Hygiene*, however, never directly mentions condoms. The American Social Hygiene Association, publishers of the *Journal of Social Hygiene*, continued to ignore the existence of condoms until after 1940.<sup>224</sup> This neglect of the most efficient way to prevent birth control proves that the anti-VD campaign wanted the threats of venereal disease and pregnancy to continue to control sexuality in America.<sup>225</sup> In this sense, those who sought to control venereal disease were the enemies of the birth control movement; they hoped to limit rather than liberate women and men.

The legality of venereal disease clinics and the illegality of birth control clinics present another dichotomy in sex hygiene. It was legal to treat venereal disease because the war on venereal disease was a moral problem. A 1916 article in the *Journal of Social Hygiene* proclaimed, "every case of venereal disease is but one or at most two or three removes from immortality."<sup>226</sup> Venereal disease was associated with alcoholism and prostitution. It was a social ill that needed to be stamped out. Birth control was illegal, conversely, because it forced society to expand its sexual morals. Without birth control, women waited until marriage to have sex or risked having a child out of wedlock. With birth control, women were liberated from Victorian morality. What is more, birth control allowed women to postpone childbirth in order to receive an education or have a career; contraception became a way for women to move from the private to the public sphere. Venereal disease clinics and birth control clinics both addressed sexuality.

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<sup>223</sup> Katz, "Chapter Five: The Birth of the Birth Control Movement," *The Selected Papers of Margaret Sanger*, 195.

<sup>224</sup> Brant, *No Magic Bullet*, 159.

<sup>225</sup> Ibid.

<sup>226</sup> Vedder, "The Prevalence and Prevention of Syphilis, 377.

They did so, however, in completely different ways. Venereal disease clinics sought to limit and contain sexual indiscretion. Although the aim of birth control clinics was to prevent unwanted pregnancies, contraception lessened the consequences of sex for women. The legality of venereal disease clinics and birth control clinics reflected how moralists viewed the two in the early 1900s.

Venereal disease clinics and birth control clinics demonstrate that health was linked to gender during the Progressive Era. The New York County Medical Society created a committee in 1901 to evaluate infection levels of venereal disease in New York City. They reported that 80 of every 100 men in New York had been infected with gonorrhea, and that 5% to 18% of New York males carried syphilis.<sup>227</sup> They returned no statistics concerning infections among females. All of the venereal disease statistics listed in the *Journal of Social Hygiene* between 1914 and 1916 pertain only to men. Before 1914, seven states had passed laws declaring that men with venereal disease could not marry. No states required that brides were tested.<sup>228</sup> Venereal diseases were for men. Birth control, on the other hand, was for women. Sanger's Brownsville clinic fit pessaries. *Family Limitation* and *Dutch Methods of Birth Control* were clearly directed at the female contraceptive user. This male-female dynamic suggests that sex was for men and caution was for women.

Margaret Sanger expanded the definition of public health when she insisted that Americans learn more about contraceptives. Progressive reformers Herman Biggs, Lillian Wald and Sara Josephine Baker all gave their own contribution to public health. Biggs increased the government's role in disease prevention and led the fight for quarantine tuberculosis patients.

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<sup>227</sup> Brandt, *No Magic Bullet*, 12.

<sup>228</sup> Edward L Keyes Jr, "Can the Law Protect Matrimony from Disease," *Journal of Social Hygiene* Vol 1, No 1 (1914), 10.

Wald made healthcare more accessible to tenement communities. Baker championed health education and enacted reforms that significantly lowered infant mortality in New York City. In many ways, the mark of a progressive is how they reformed and expanded their field. By prioritizing maternal health care in a time when it was devalued, by offering an alternative to endless pregnancies, and by pushing against accepted sexual morals, Margaret Sanger helped to expand the definition of public health in America. Venereal disease clinics illustrate that clinical healthcare was limited by morals. Effective measures, such as condoms, were ignored because they were not seen as proper. Sanger brought about tremendous healthcare reform by publicizing possibilities that moralists denied.

Birth control clinics and venereal disease clinics seem like similar institutions because they both handled issues of sex and reproduction. They were in fact very similar in their clinical approaches to reaching patients; Margaret Sanger's strategies in Brownsville paralleled the New York Venereal Disease clinics publicity campaign. Ideologically, however, the two types of clinics were opposites. Venereal disease clinics were the vehicle of the moralists and conservatives. Because Sanger's Brownsville clinic countered moralist views on sexuality, her public health movement was more liberal than other contemporary health reforms.

## Conclusion

The twentieth century dawned with the Progressive Era and a wave of public health reforms. Margaret Sanger's clinical birth control movement was one of these reforms. Like her contemporaries, Sanger sought to improve the health and overall well-being of underprivileged New Yorkers. She watched previous reforms lead by Herman Biggs, Lillian Wald, and Sara Josephine Baker, and she imitated their tactics. Between 1911 and 1915, Sanger penned a series of publications that championed birth control. Finally, in 1916, she opened the first birth control clinic in the United States in Brownsville, Brooklyn. In 1921, Sanger launched the American Birth Control League. After a series of battles to expand the legality of contraception, Sanger opened the Clinical Research Bureau on January 1, 1923.<sup>229</sup> The police did not close the Margaret Sanger Research Bureau. It was the first of many permanent clinics run by the ABCL in America; the ABCL would eventually come to be known as the Planned Parenthood Federation of America. The American Medical Association officially recognized birth control in 1937. Margaret Sanger pioneered a public health reform that affected the lives of every subsequent American. Her work directly led to sexual and economic equality. Although Margaret Sanger's fight for contraception was both political and social, the roots of her movement were scientific. She brought about widespread systematic change because she wanted to improve the health of individual American women. She was a radical, a feminist, and in many ways a revolutionary, but truly, Margaret Sanger was a public health activist.

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<sup>229</sup> Katz, "Chapter Seven: A Legal Clinic," *The Selected Papers of Margaret Sanger*, 348.