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"Grim realities of involuntary motherhood"
Montana women and the birth control movement 1900-1940

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‘Grim Realities of Involuntary Motherhood’:
Montana Women and the Birth Control Movement, 1900 — 1940

By
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B.A., University of California, Santa Barbara, 1992

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Presented in partial fulfillment of the requirements for the degree of
Master of Arts

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This paper examines the attitudes of rural Montana women towards contraception, abortion, and the birth control movement during the homesteading era, the 1920s, and the Great Depression. As revealed in oral histories and letters to politicians and birth control activists, Montana women were active supporters of the birth control cause. They experimented with contraception, wrote to birth control activists for advice, offered to help the birth control cause, and wrote to local politicians asking for their support for pro-birth control legislation. Rural women in Montana in the interwar years were questioning many characteristics of agrarian life and unwanted pregnancies were a source of friction and controversy.

Throughout, birth control use in Montana is placed in the context of Montana politics and economics, as well as the national birth control movement. In the nineteenth century, open access to contraception was interrupted by the anti-obscenity laws of the 1870s, passed in response to social fears about the rising demand for contraception. On Montana’s homesteading frontier in the 1910s, the dangers of pregnancy and childbirth, and a strong desire to limit births, led to experiments with birth control despite a lack of information. In the years before World War I, the birth control movement sought to give rural women information. However, wartime politics hampered radical activism and altered the message of the birth control movement. In the 1920s, Margaret Sanger offered physicians control over the contraceptive information women received. These changes advanced the cause, but hindered a proposed birth control clinic system and abandoned rural women. In the 1920s and 1930s, frustrated women in Montana wrote letters to newspapers and politicians. Finally, as “voluntary motherhood” shifted to “planned parenthood” during the Great Depression, birth control professionals stopped questioning whether motherhood was women’s obligatory role.

In conclusion, the years between World War I and World War offered few practical or political gains for rural women in terms of contraception. The result of this stasis was that rural women, frustrated with the lack of progress in receiving birth control information often chose to leave rural communities during the Depression years. Today, access to contraception continues to be problematic in Montana’s rural communities.
Preface

They leave us at home while they go to the wars; but that is nonsense. For I would rather go into battle thrice, than bear a child once.

- Euripides

One fable among many from the mythic West is the persistent image of the farm woman, clasping a baby to her hip, surrounded by a passel of towheaded children. It is an enduring and captivating picture: a contented woman of the earth populating the heartland. Even today, this cultural myth colors our view of farm women, historic and present.

This paper is an attempt to discover whether that myth reflected reality. It examines the use of contraception and abortion by Montana women and their involvement in the birth control movement during the interwar years. It attempts to determine whether rural women in Montana intended to bear as many children as they did; if they did not, did they support the efforts to overturn the Comstock laws, which restricted access to contraceptive information?

Historians have searched for the answers to these questions primarily in the oral histories recorded by Montana women. However, as Deborah Fink has observed, it is problematic to rely only on oral histories when documenting the lives of rural women. Looking back after twenty, thirty or perhaps even fifty years, contemporary circumstances can alter memories of earlier lives. Examining oral histories for evidence
of contraceptive use is particularly problematic. When women's contraceptive use failed, the result was a living child. Women interviewed in oral histories were often reluctant to admit that they attempted to prevent a child's birth. It is a distinct possibility that women interviewed could not remember (or claimed not to) when in fact they had experimented with birth control.¹

Therefore, I have also examined the letters Montana women wrote to birth control activists and politicians during the 1920s and 1930s. Compared closely to oral histories, these letters offer a different vision of Montana women and their experiences with birth control. Not only were Montana women experimenting with contraception, they wrote to Margaret Sanger directly asking for advice, offered to help the birth control cause, and wrote letters to their Congressmen requesting their support for pro-birth control legislation. Where the cultural image of rural women evokes passive acceptance and tolerance, the reality was that rural women voiced their dissatisfaction with many aspects of farm life, and unwanted pregnancies were their most serious concern.

Rural women's demands for birth control appear to be evidence that they supported feminist causes in the 1920s. However, historians have yet to fully grasp the complexities of rural women's lives. Our knowledge of work roles, support networks, political involvement, and private lives is still incomplete. As Joan Jensen has pointed out, when rural women engaged in what appear to be feminist protest, the goal for these women was always survival. For rural women, support networks, political activism, and protest against inequalities were undertaken because it would help women survive extremely difficult circumstances. Rural women's motives for feminist activity were often very different from those of urban women.²
Just as the feminist label seems inaccurate, it is equally flawed to label these agrarian women as anti-feminist or anti-progressive in the interwar years. As Jensen discusses in her anthology *Promise to the Land*, rural women were involved in national political events since the early nineteenth century. It was predominantly Quaker farm women who attended the 1848 woman's rights convention in Seneca Falls, New York. In later years, some half a million women participated in farm reform movements; agrarian women were active members in the Grange, the Farmer's Alliances and Populist movements. Agrarian reform meetings provided a venue where rural women could voice their concerns about women's rights and demand substantive change. The Populist Party was a major supporter of suffrage in the western states in the 1890s, which eventually culminated in women gaining the vote in a number of western states before the Nineteenth Amendment was passed. It should not be surprising that rural women were vocal and active supporters of the birth control movement.

Rural women continued to voice their political opinions during the Progressive era. They joined the ranks of the suffrage and temperance movements, and challenged gender inequities in progressive farm magazines and other publications. Before World War I, one wing of Progressive reform, the Country Life movement, glorified agrarian life and tried to assist farm families in keeping their farms and improving their standard of living. However, as Jensen observes, this glorification of farm life had a dual message. Part of the reason reformers wanted to sustain traditional farming families was that they believed large farm families would keep America predominantly Western European in origin, even as more Southern and Eastern Europeans were emigrating to the United States. For Country Life reformers, the

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solution was not lowering the high birth rate among rural women; the solution was to introduce labor-saving consumer items to the farm so that rural women had the time to raise more babies. As President Theodore Roosevelt stated in 1907, farm women were to be housewives and mothers, “whose prime function it is to bear and rear a sufficient number of healthy children.” Rural women were engaged in Progressive politics, but their solutions often clashed with middle class Progressive reformers. Perhaps because of these differences, they have been largely absent from histories of the Progressive era.4

In the years between the World Wars, no group emerged that truly responded effectively to the pressing needs of rural women. Jensen has concluded that “farm women...dealt with their day-to-day problems primarily by themselves.” Since these women had no access to feminist organizations, their personal actions “contain the seeds of political rebellion.” As Deborah Fink has commented, independent farm women engaged in “subtle acts of sabotage” rather than organized resistance. Writing letters to the newspaper, to politicians and to birth control activists was how rural women voiced their discontent in the 1920s and 1930s.

Montana homesteading women, and women in the West in general, have a unique history. Their hardships and struggles had an effect on their self-image as women: instead of seeing themselves as separate from, or on the periphery of, the world of economic production, they were well aware that they were vital to the survival of their families and their farms. Within the business arrangement of farm life, women were expected to be “partners, mothers, operators, entrepreneurs, laborers, and domestic workers.” Women managed farms and ranches in their husband’s absence, went into the turkey-raising business, ran farmer’s unions, hunted prairie chickens so families would
have enough to eat, and helped herd livestock, among countless other tasks. One farm
women remembered that she could operate every machine on the farm, including the
combines and irrigation systems. As Laurie Mercier has observed, women have “earned
a distinctive place” in Montana legends because of their economic role. In
reminiscences, Montana men often acknowledged that women were critical in the success
of family farms and ranches.⁵

This pride in their taxing work and unique hardships justified Montana women’s
demands for greater equality within marriage and their demands for birth control. In their
minds, they deserved to be able to control their reproduction and enjoy life, not
necessarily because it was a human right, but because of the incredible hardships they
had endured. However, while this pride in their vital economic role fueled their own
unique brand of feminism, Montana women were unsuccessful when they demanded
greater access to birth control. Rural women were fighting too many congruent forces
after World War I: the lack of coordination among feminist groups, hatred of socialism, a
vigilant Catholic response against birth control reform, the disappearance of populist
agrarian reform, social concerns about the divorce rate, and fears about shrinking native
white populations. Ultimately, while birth control had the potential to unite rural women,
rural women failed to organize and their demands went unheeded. As Deborah Fink has
noted, feminist historians strongly desire to see in the frontier West “a place where
women could shake free of the strictures placed on them by the laws and customs of the
East,” where married women “worked side by side with their husbands” and “translat[ed]
their economic centrality into enhanced power within the home.” In reality, throughout
the years between World War I and World War II, rural women’s pride and hard work
did not give rise to greater political power.⁶

This paper traces the birth control movement in Montana in the years between 1900 and 1940, placing it in the context of Montana politics and economics as well as the national birth control movement organized from New York City. Chapter One offers a summary of the status of “family limitation” in nineteenth-century America before the passage of the Comstock laws. Surprisingly, Victorian-era Americans had access to a vast store of knowledge on contraception. On the public lecture circuit, in newspapers, magazines, journals and circulars, in books and marriage manuals, Victorians could find everything from a detailed manual of the female sex organs to a recipe for creating your own combination of drugs to “maintain monthly regularity.” In response to the demand for contraception, a commercial market for contraception products, along with the black market in abortion, thrived during this period. This relatively open access to contraception would be interrupted by the anti-obscenity laws, also known as the Comstock laws, passed in the years after the Civil War.

Chapter Two outlines childbirth, pregnancy and birth control on Montana’s homesteading frontier during the 1910s and the 1920s. Childbirth and pregnancy were made more difficult for women in Montana by isolation and poverty. In oral interviews, Montana women reveal the techniques used to prevent pregnancies during these years. For the most part, these women used most of the methods available to women across the country, but often remained uncertain about their chosen method because they were unable to obtain reliable advice. As these interviews show, women’s common knowledge of contraception had declined since the Victorian period. The oral interviews also reveal that women were able to adapt after an unwanted pregnancy. Even if they had
been using birth control, if their methods failed, they often masked their efforts to prevent pregnancies.

Chapter Three traces the social and economic factors that led to the rise of the organized birth control movement in America. In the years before World War I, the birth control movement focused on getting information in the hands of poor and working class women. Birth controllers opened illegal clinics, handed out illicit birth control pamphlets, and held open meetings on the subject of birth control. Direct action techniques reached out to uneducated women and put information and instruments in their hands. However, the political effects of World War I would have a dramatic effect on the strategies of the birth controllers in the 1920s. After the changes in the political atmosphere during the war, Margaret Sanger began to court prominent supporters, remaking birth control into a respectable, middle class cause.

Chapter Four focuses on the growing relationship between doctors and birth control activists in the 1920s. Sanger forged a partnership with organized medicine, offering physicians exclusive control over the contraceptive information women received. These changes advanced the cause, but left behind rural women. Without a national clinic system, and often unable to afford private health care, rural women did not get the information they desired, even as more urban, middle class women were able to receive contraceptive advice through their private doctors. Meanwhile, Montana doctors as a group remained opposed to birth control; individually, they often were too uninformed to help the female patients who sought their advice.

In Chapters Five and Six, frustrated women in Montana speak out on birth control, through the editorial column of their local newspaper and in letters to their
Congressmen. Left behind by the organized birth control movement and with physicians unwilling to support birth control, Montana women “burst into print,” demanding access to contraception. As they debated birth control and women’s role in the local newspaper, they made clear that their economic contributions to Montana households had earned them certain rights. They also wrote to their senators requesting an end to the Comstock laws. However, the rise of the organized Catholic opposition stymied any legislative progress for the birth control movement.

Finally, Chapter Seven traces the mixed effects of the Great Depression on birth control. On the one hand, massive unemployment led to a growing use and acceptance for birth control. On the other hand, birth control during the Depression was justified by economic arguments, not by a woman’s right to choose when and if she would bear children. As “voluntary motherhood” shifted to “planned parenthood,” the feminist ideas proposed by birth control activists in the early years of the movement were abandoned. By the Depression, birth control professionals stopped questioning whether motherhood was women’s role, or defending women’s fundamental right to work. Instead of challenging the American family, birth control activists were now trying to save the traditional family, often at the expense of women.

Like other groups, rural women were never a homogenous group. In Montana, rural women were Catholic and Protestant, well-off and desperately poor, Russian, Swedish, German, or British, Native American or white. Homesteading women, even if they lived just up the road from each other, could experience rural life very differently. Some women saw farm life as stifling and confining, while others remember rural life as emancipating and adventurous. Only by listening closely to rural women’s stories will
historians come to realize the true diversity of rural women's lives.  

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7 Jensen, *Promise to the Land*, 75.
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Montana Women and Birth Control Today

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Chapter 1

‘The Outspoken Worshippers of Venus and Bacchus’: Nineteenth-Century Family Limitation and the Comstock Laws

*The prevention of conception works the greatest demoralization. God has set certain natural barriers. If you turn loose the passions and break down the fear, you bring worse disaster than war.*

− Anthony Comstock

In 1832, Dr. Charles Knowlton revealed the secret to a successful marriage: contraception. Knowlton’s book *Fruits of Philosophy: or, The Private Companion of Young Married People*, one of the first marriage manuals in the United States, outlined how to effectively prevent pregnancies and hinted that controlling fertility was a vital ingredient for a contented, amiable union. Knowlton argued that douching with spermicidal agents was the most practical and effective contraceptive method, and he carefully described the various chemicals that acted as spermicides: “sulphate of zinc, alum, pearlash, salts, solutions of vegetable astringents such as whiteoak bark, red rose leaves, nutgalls, [and] vinegar,” among others. He cautioned his female readers that water douches were notoriously ineffective and should not be used. For nervous newlyweds, Knowlton charted the proper amounts, dosages, and strengths for each chemical spermicide. Knowlton’s manual offered direct, practical contraceptive advice to married couples without any suggestion that contraception was immoral or indecent.¹

As Knowlton’s tract demonstrates, family limitation - the practice of avoiding and spacing births - was commonplace and accepted in America by the 1850s. Contradicting the image of Victorians as uncomfortable with the topic of sexuality, there was an astonishing wealth of information on family limitation in the years before the Civil War. Average men and women had better access to contraceptive and abortion information in the antebellum period than their great-grandchildren would have in the early twentieth
century. When a series of federal and state anti-obscenity laws, the Comstock laws, were enacted after the Civil War, advertising, mailing or speaking about contraceptive information became illicit activities. These laws not only limited access to contraceptive information, they changed ideas about the nature of contraception. Family limitation, previously a private decision between husband and wife, became a topic of political debate and a symbol of the erosion of traditional social and sexual values. As fears of social disorder increased in America throughout the nineteenth century, limiting access to contraception became a tool for restoring social harmony.1

Victorians gained information on family limitation from a variety of sources. With the advent of the Industrial Revolution, some information sources were new to Americans. As technology transformed publishing and books could be marketed to the masses, marriage manuals and other self-help literature were sold directly to the American public. The material in these marriage manuals was not prudish or veiled; one book intended for married matrons contained detailed pictures of male genitalia. Many of the marriage manuals contained comprehensive anatomy and physiology lessons. In the early 1800s, most of the authors of these tracts frowned on celibacy and encouraged sexual pleasure in moderation. Like other self-help manuals, Knowlton’s best-selling Fruits of Philosophy depicted fertility control as a normal aspect of married life. As literacy increased and technological changes transformed the world of literature, information spread far more rapidly to the average American citizen, including information on limiting fertility.2

The itinerant lecture circuit also quickly spread information to rural towns and small cities across the nation. The lecture circuit was a popular form of entertainment and education throughout the antebellum years, and speakers regularly discussed contraception, physiology and sexuality. In her study on nineteenth century contraception, historian Janet Brodie mentions one Sarah Coates, a young Quaker woman, who felt compelled to join the lecture tour to teach anatomy to “wives, mothers.
daughters & sisters” everywhere. Frederick Hollick, a doctor from New York, brought anatomically correct male and female mannequins onstage to demonstrate his points.

Both men and women were in the audience at his popular lectures. By the 1850s, lectures on physiology from speakers like Coates or Hollick were commonplace, and even respectable. Whether they chose to purchase a marriage tract or attend a public lecture, married couples learned detailed information on how to control pregnancies.4

Rural women also were able to learn about contraception, due to the rise of national newspapers and improved transportation. Dr. Hollick remarked that copies of his book Origins of Life had found their way across the country so that “not a house, cabin, nor miner’s camp can be found without them for hundreds of miles.” Leaflets on contraceptive products were sent by mail; advertisements were slipped between the pages or pasted onto the inside cover of books sold to unwitting customers. From cookbooks to farmer’s almanacs, any book could have contained ads for contraceptive products. One company put an ad in farm journals for female agents to sell its douching product to women in rural communities. As books and magazines rapidly spread information to previously isolated communities, rural women learned there were methods for controlling births. Rural women shared books on contraception, discussed rumors and hearsay about contraception, and talked about reliable methods with their female friends.5

The rapid spread of information on family limitation, among other factors, resulted in one of the most profound demographic transformations in human history. By 1850, when over two-thirds of Americans still lived in rural areas, fertility had already dropped by 23 percent. Throughout the nineteenth century, the birth rate continued to drop steadily. The downward trend would not end until 1930, and the effect of this demographic transition on the lives of women was unprecedented. In 1800, a woman who lived to the age of forty could expect to bear seven children. A century later, that same woman would have fewer than four. Through the regular practice of fertility control, nineteenth-century Americans cut the birth rate in half in a few generations. Although rural women still bore
more children than their urban counterparts. Their fertility also dropped throughout the nineteenth century.\textsuperscript{6}

The demographic transition was encouraged by new ideas, not just new technologies. Since the Revolutionary War, changing ideas about motherhood encouraged the rising practice of family limitation. In the growing new republic, mothers were expected to raise children with virtuous characters and educated minds. This trend continued into the nineteenth century, with a strong emphasis on having fewer children but giving them greater opportunities.\textsuperscript{7}

By the early nineteenth century, many women had already gained the modern sensibility that they were individuals in their own right, separate from family and household. Carl Degler has observed that only when women gained an awareness of themselves as individuals, "as beings separate from their husbands and their families," could the demographic transition occur. By the nineteenth century, both women and men had come to depend less on spiritual forces and more on their own individual decisions to determine their fate. Influenced by the Enlightenment and rationalism, individuals began to feel that they controlled their own lives and could determine their own future. The cult of domesticity, which stressed the importance of women's domestic duties, may have encouraged women to stay home, but it also fostered a new, positive spin on women's innate character and a growing sense of solidarity and gender consciousness among women. Women gained an increased sense of self-worth and control, at least in the domestic space. This "domestic feminism," an understanding among women that they shared common experiences and deserved greater control over their lives, would eventually justify a greater public role for women in public life, aiding future battles for increased rights in politics, law and education. In private, women began to believe that they could wield power over reproduction, determining their own futures and that of their families.\textsuperscript{8}
Other economic and technological changes influenced the rising use of fertility control. As a traditional agrarian economy shifted to a wage-earning economy in the nineteenth century, urban areas expanded rapidly and the middle class grew in size and influence. As young people moved away from family farms to growing cities, they could maintain a higher standard of living by limiting the number of children they bore. With an increasing array of consumer goods, such as furniture, magazines, and clothes, and a growing emphasis on education to secure economic advancement, Victorians who wished to remain in the ranks of the middle class persistently tried to limit their fertility. In addition, as suffrage had been expanded to include almost all white males, and Americans came to believe that with hard work and ambition anyone could rise up through the social ranks to gain wealth and prestige. As Nancy Woloch phrases it, expectations among the growing middle class rose as fast as their incomes, and many believed that their children could raise their social status through education.9

The new wage-earning economy dramatically changed women's traditional role. Men and women increasingly occupied separate spheres as wage labor became detached from the home, and women gained a new level of autonomy and prestige in this domestic role. Homemaking was depicted as a true vocation vital to the morality of American culture, and women were given greater moral authority as wives and mothers. Women were now considered the moral, virtuous members of an increasingly corrupt and materialistic society, and the home became an emotional refuge and a "source of stability and order" in a callous urban environment. Women secured greater independence, status and respect, along with more responsibility, during this transition to a new economy. With an increasing emphasis on mothering and morality, women faced increasing pressure to treat each child she bore with rigorous attention and limitless adoration. As expectations for (and by) mothers rose, the desire to limit the number of children grew.10
Most Victorian women were not relying on new-fangled scientific and technological discoveries for controlling births. Instead, nineteenth-century techniques for fertility control had been used in some form for thousands of years. The most common methods among middle-class women were abstinence, douching, the "safe period," *coitus interruptus*, condoms, pessaries, and abortion. Each of these methods had advantages and limitations: some were more accessible and affordable than others. In combination, they were effective enough to lower the birth rate dramatically throughout the nineteenth century.¹¹

Sexual abstinence was, of course, the most reliable contraceptive method of all— if couples had a compelling reason to practice it. Periodic abstinence among couples can be viewed as a means for women to "control...circumstances rather than be controlled by them," as Kathryn Kish Sklar has observed. Some of the behavior commonly ascribed to Victorian women, including invalidism, asexuality and frigidity, take on a different light when considered through the lens of fertility control. Victorian definitions of true womanhood increasingly demanded that ladies demonstrate piety and purity. Along with this moral authority came the power to limit sexual relations: women could use these definitions to justify sexual abstinence and lengthen the time between pregnancies. Victorian men also had their own personal and economic incentives to commit to periodic abstinence, including their wives' health and their own economic and social advancement. The prevalence of periodic abstinence, which relied on male cooperation, demonstrated that Victorian men also were concerned with controlling births.¹²

However, whether women were simply modest or believed these methods to be more reliable, most women consistently chose female-controlled contraceptive methods. Douching was the most popular contraceptive method in the nineteenth century: women often used douches in combination with periodic abstinence. Douching was entirely under female control; using this method, a woman did not have to consult her husband or a physician (unless she became ill). "Feminine syringes," used to administer douches.
could be bought at the local apothecary shop, ordered by mail or exchanged between women. Dr. Knowlton’s book demonstrates the widespread use of douches during the Victorian period. Knowlton attempted to weed out ineffective douching practices and outline how they could be used effectively with spermicidal agents. Using clinical terms, Knowlton discussed frankly the limitations of each chemical. By 1890, when Dr. Clelia Mosher would conduct a survey among faculty wives at Stanford University on family limitation, douching was still the preferred method among these conservative women. Mary Poor, married to a railroad businessman in the mid-nineteenth century, jotted down the following douching ingredients in her diary: “weak carbolic acid, vinegar, baking soda, and vegetable astringents.” These ingredients were available to all women, from upper-crust matrons to rural farmwomen. Well into the twentieth century, American women continued to use douching as a primary means of contraception, because it was cheap, readily available, and could be done in relative secrecy.

The safe period, the time in the female cycle when the egg remains in the ovary and cannot be fertilized, was a widely advocated method throughout the 1800s. Unfortunately, the medical experts and writers could not agree on the exact details of women’s monthly reproductive cycle. Books and speakers often gave conflicting and inaccurate advice on the so-called “safe period,” which made this technique relatively unreliable. However, it continued to be a widely used, if questionably effective method of fertility control into the next century, despite scientists’ lack of knowledge about the female reproductive system.

Withdrawal, or *coitus interruptus*, had the advantage of being both inexpensive and simple. A prominent physician complained in 1865 that withdrawal took place “in a large proportion” of sexual acts between married couples. Although withdrawal was a common practice, it was also morally suspect and believed to be dangerous. Physicians argued that withdrawal was harmful to men and could cause impotence in extreme cases. Even some sexual reformers of the time vehemently argued against *coitus interruptus*, claiming that
it was psychologically harmful to both sexes. In addition to the side effects envisioned by doctors and sex reformers, withdrawal also relied on male initiative, which probably made it less popular among women. The popularity of douching in Dr. Mosher’s study supports the argument that women did not want to leave husbands totally in charge of contraception, because they were embarrassed, they considered it unreliable, or both.15

In theory, both the condom and the pessary were more scientifically advanced than these primitive methods. Although sheaths made out of animal intestines had been used as condoms for hundreds of years, in the early nineteenth century condoms had to be imported from overseas, which made them prohibitively expensive. By 1837, however, vulcanized rubber had been patented, and within two decades vulcanized rubber was being used to create thinner, more durable and less expensive condoms. By the 1850s, condoms were widely available even to working-class men and women. A package of twelve condoms would have cost only a few dollars; some lecturers handed them out at their speaking engagements, and they could be bought in apothecary shops or by mail by the 1870s. Not only were condoms accessible, but doctors could not discover any adverse side effects to men or women who used condoms. On the other hand, condoms did not have a pristine reputation: they were considered somewhat unsavory by the genteel classes, and many people associated condoms with prostitution in the antebellum period. Most middle-class physicians refused to prescribe condoms. As indicated by Dr. Mosher’s study, most upper-class women preferred more delicate methods. However, condoms remained popular among the working class.16

The “womb veil,” the “French shield,” or the “Ladies rubber protector:” under a seemingly infinite list of names, pessaries — the precursors to diaphragms — were prescribed to Victorian women for collapsed uteruses. Rapidly, entrepreneurs began to market pessaries as contraceptive devices. However, a pessary needed to be fitted properly, which meant that a woman had to pay a doctor and consult him on this highly personal subject. Although European physicians endorsed the pessary and it became the
preferred method in the clinic systems across Europe. In America the pessary never received the necessary endorsement by doctors and was never widely utilized in the nineteenth century.¹⁷

By mid-century, fertility control, despite the questionable effectiveness of the techniques listed above, had become an accepted aspect of married life. After the publication of the first edition of *Fruits of Philosophy*, Dr. Charles Knowlton was indicted for public obscenity in 1832. The reaction to Knowlton’s indictment demonstrates the cultural tolerance for family limitation. After Knowlton was judged not guilty, not only did the embarrassed prosecutor waive Knowlton’s court fees, but one of the jurors approached the doctor and asked if he could have a copy of Knowlton’s book! Despite the laws in place against open discussion of sexuality, few people believed that married couples should not be allowed to control and space births. Family limitation, practiced by married partners who already had children, was considered part of the loving, egalitarian marriage that had become the middle-class romantic ideal.¹⁸

As the practice of contraception became more commercialized, and more people looked to profit from women’s efforts to control fertility, public uneasiness regarding contraception began to grow. As the business of contraception became increasingly competitive, entrepreneurs had to find new customers. Aggressive marketing techniques, such as contraceptive companies sending information to newlyweds in the mail marketing ineffective or dangerous products, angered physicians and motivated critics. For the first time in history, contraception became a topic of public debate. Despite widespread cultural acceptance, by the 1870s, according to Ellen Chesler, there was no political consensus about the right to practice family limitation:

While options were abundant, they remained essentially primitive and often unreliable, so that no agreement ever developed about their utility, safety, or moral efficacy. Instead, religious, social, and scientific taboos against contraception gained currency as the century progressed and eroded confidence in commonplace behavior. Attitudes toward contraception incorporated the larger
sexual and social tensions of the culture, and private strategies for limiting fertility became more problematic, rather than less.19

These “sexual and social tensions” were the result of unprecedented cultural and economic change: the shift from an agrarian to an urban culture, the erosion of traditional religious values, massive waves of immigration and migration, and an altered dynamic between women and men. The shifting relationship between the sexes was perhaps the most disconcerting and disturbing change for nineteenth-century Americans. Even as women were idealized as submissive and domestic, real women were pushing the boundaries of this subservient role. In the 1830s and 1840s, the Second Great Awakening launched a number of female reform movements. The New York Female Reform Society was founded in 1834 in the wake of mass spiritual revivals in New York. These pious, middle-class women intended to control men’s sexual behavior by eradicating prostitution and adultery and ending the sexual double standard. Women reformers entered houses of ill repute and confronted patrons, went on the lecture circuit and spoke in public, and announced that it was the God-given “duty of ladies everywhere” to engage in moral reform. The Society hired an all-woman staff to write and publish a popular weekly magazine, The Advocate. In their magazine, women writers argued that women were confined to poorly paid domestic work, declared that many husbands were little better than petty tyrants and announced the names of men accused of engaging in seduction or prostitution.20

The temperance movement also pulled middle-class women out of their homes and into the streets in the name of moral reform. In Ohio, the Woman’s Crusade closed saloons across the state, as temperance women sang and prayed in saloons, harassed customers, and rolled kegs out into the street, destroying them with axes. Frances Willard of the newly formed Women’s Christian Temperance Movement approved heartily, saying that women were getting accustomed to doing “aggressive work” for the cause. The WCTU supported woman suffrage and women’s active participation in politics.
claiming that both would create a more family-oriented, morally pure society. Temperance activity not only expanded the domestic ideal for women; it effectively justified a role for women in the political arena.21

The women participating in the woman rights movement made even more radical demands. By the time Elizabeth Cady Stanton and other activists gathered in Seneca Falls in 1848, many of these women were political veterans from years of moving in temperance, moral reform and abolitionist circles. These early leaders in the feminist movement moved beyond testing the limits of woman’s sphere to demanding unabridged equality for women, including property rights and the right to vote. In their public speeches, both Victoria Woodhull and Elizabeth Cady Stanton encouraged voluntary motherhood; the right of women to control their own bodies and decide when they wanted to have children. Stanton exulted in her diary at the “radical thought” she had “permanently lodged” in the minds of her female audience: that a woman had a right to decide when she would bear children. Stanton, like many other feminists, openly applauded more accessible divorce laws, and by the 1880s the rising rate of divorce was a serious public concern. Although the relaxation of the divorce laws were not directly the reason for the rising number of divorces, feminism and divorce became conflated in the American psyche.22

By the Civil War, it appeared to many Americans that women had gained power at the expense of the traditional family. Historian Carl Degler has argued that nineteenth-century women challenged the traditional family structure in a variety of ways: by engaging in vital relationships with other women, refusing to marry, requesting a divorce, and, in increasing numbers, by limiting births. In Carroll Smith-Rosenberg’s words, Mid-nineteenth century men...molded the twin themes of birth control and abortion...into condensed symbols of national danger and decay. Whether they appeared in race-suicide jeremiads or in anti-abortion propaganda, the women who practiced birth control and the aborting mother became metaphors for all that appeared “unnatural” in small-town America.23

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The political attack on abortion is the most glaring example of how controlling reproduction was viewed as a threat to traditional values. In the early nineteenth century, abortion was hardly viewed as a social problem. The laws reflected this attitude: a miscarriage before "quickening" was not considered a criminal offense, whether or not the woman had done anything to bring on that miscarriage. Doctors and laypeople were in agreement that pregnancy was not determined until the fourth month, when the movement of the fetus could be felt. By the 1840s, however, James Mohr has observed that the practice of abortion went "from being invisible to being visible, from being quantitatively insignificant to being a systematic practice." The number of abortions increased dramatically, driven upward by the changes in communication and advertising. No longer just a last resort for distraught, unmarried maids or women in the prostitution trade, abortion had become another method of limiting fertility among married women. Physicians and patent drug companies placed advertisements in newspapers for drugs and services, and abortionists began to actively seek out customers in outlying rural towns. As competition increased among commercial abortionists, the prohibitive price for an abortion dropped significantly to about ten dollars. As Mohr has remarked, some abortionists even allowed poor women to pay in installments, making abortions even more accessible. All these factors dramatically increased the number of commercial abortions being performed, which in turn increased its visibility to the American public.

Beyond the increased availability of commercial abortions, women also were influenced by feminist rhetoric that encouraged women to control their own lives and by reformers who demanded an end to the sexual double standard. In Degler's view, the dramatic increase in abortions was a "striking measure" of women fulfilling "their own individual interests.... Abortion does not depend upon male agreement or cooperation. It is the supreme assertion of individualism, since the claims of the woman are judged to be superior to those of the man. The 19th century could not condone it." Abortions were sign of growing female independence that had been continuing since the Revolutionary
era. Many well-known feminists, including Stanton, condemned the rising abortion rate and blamed men who refused to practice abstinence. But the rate of abortions continued to increase. It was not difficult for concerned individuals to associate contraception and abortion with free love and feminism, and regard both as a threat to monogamy, marriage, and control over the sexuality of wives and daughters.\(^\text{26}\)

The response to the rising abortion rate was handled in the courts. From the 1840s to the 1860s, states began to pass strict anti-abortion legislation. Male physicians led the lobbying campaign to pass these laws. They were successful, in Smith-Rosenberg’s opinion, because they were able to persuade the male public and politicians that both contraception and abortion were a “threat to social order and to male authority:” that abortion threatened the power of every man, not just their own influence as established physicians.\(^\text{27}\)

The medical profession also had economic reasons to end the abortion trade. In the early part of the century economic and demographic changes challenged established traditions within the field of medicine. As young people were lured off the farm and into the cities, many viewed medical school as their path to prosperity. These young men and women from rural towns brought with them democratic ideas about medicine. Rural communities had turned to individuals who were the most adept at healing, whether they were male or female, licensed or not. Along with a huge influx of potential competition, these self-trained entrepreneurs often questioned bleeding and other traditional medical practices. Medical reformers criticized the frequent use of opium and other manmade drugs; homeopaths in particular encouraged the use of natural products to aid healing and disapproved of traditional (allopathic) procedures, which they considered invasive. From homeopaths to midwives, these alternative healers threatened the control physicians held over the practice of medicine in Eastern cities.\(^\text{28}\)

In response to these changes, established physicians argued that it was necessary to “reorganize” the medical profession. They formed the American Medical Association
to lobby for stiff licensing requirements to practice medicine, and they launched the campaign to pass stricter anti-abortion laws. The anti-abortion campaign was a powerful tool in the fight against competition from "irregular" physicians. Commercialized abortion was a way for unschooled physicians to gain patients; the AMA sought to remove this competitive edge. Playing upon fears of social disorder in an uncertain age, physicians accused the middle-class wife of ignoring "the course marked out for her by Providence" through her unnatural selfishness and pleasure-seeking. Newspapers, which had profited from the growth of commercial abortion, now played a role in condemning it. Editors shocked their readers by printing lurid horror stories about the fate of young women who had gone to abortionists. Public sentiment began to turn not only against commercial abortionists, but the women who sought them out.29

Many states began to pass stiff penalties against abortion practitioners and their female clients. Most of the early anti-abortion laws already on the books punished commercial abortionists and were lenient to the women who sought abortions. Connecticut was the first state to enact an anti-abortion law in 1821; although English common law had already dictated that it was a crime to kill a fetus after quickening, a fetal death before quickening was considered a miscarriage. The Connecticut law also clarified that taking abortifacents before quickening was not a crime. As more states enacted anti-abortion laws in the early 1800s, most of these laws forbade attempts to cause a miscarriage by any means, but exempted from the ban any abortion that was deemed necessary to save the life of the mother. These early laws were interpreted as protection for the woman, who was viewed as a victim along with the unborn child. But after the Civil War, stricter anti-abortion laws were rapidly put into place across the nation. Anti-abortion legislation was passed in at least forty states and territories by the turn of the century. Significantly, almost all of the new statutes accepted the view that "an interruption of pregnancy at any state" was an illegal act. Now the pregnant woman was not a victim, but a criminal.30
The complex social forces that turned public opinion against abortion also turned the public against the respectable practice of family limitation. Contraception also became entangled in the political debate over women's proper role, as discussion of contraception became not only obscene but criminal behavior. Anti-obscenity reform did not occur in a vacuum: it was one filament within the larger social purity reform movement that flourished after the Civil War. Temperance workers, prostitution reformers, individuals working to end the white slave trade, and anti-obscenity crusaders were all recruits involved in a widespread campaign to purify American society.

The common thread among these campaigns for social purity was the restriction of sexuality. The temperance reformers supported efforts to curb the spread of contraceptive information and the WCTU staged public protests against obscene plays and reading materials. Social purity reformers also tried to control the sexuality of freed African Americans, immigrants, and the working class, as well as women. Enacted in 1865, the Black Codes of Mississippi restricted sexuality among freed slaves, reassuring concerned white Southerners. The Codes punished “rogues and vagabonds” who “habitually misspend their time by frequenting houses of ill-fame” or “tippling shops” with jail time and fines. Under the aegis of middle class values, social purity reformers tried to regain a sense of order by controlling sexual behavior of “unruly” groups, including blacks and women.31

Perhaps no reformer in America was more concerned with illicit sexual behavior than Anthony Comstock. Born in 1844 in the New England countryside, Comstock became a leader in the anti-obscenity movement and a crusader against the dissemination of contraception. Comstock had fought against the excesses of slavery as a Union soldier; returning to New York after the war, he witnessed how thriving saloons, houses of prostitution and gambling dens lured young men and women into vice and sin. He was shocked by the behavior of the young men at the boardinghouses where he roomed, as they visited brothels and brought home scandalous magazines and erotica. He became an
active member of the Young Men's Christian Association, steering new arrivals to the city to law-abiding, sober activities. Eventually, Comstock became obsessed with strengthening the anti-obscenity laws, which were on the books but largely ignored at the time. He left his work with the YMCA to lobby for a New York State law that would eventually become the model for the federal anti-obscenity laws. In 1869, he convinced the New York State legislature to pass a state anti-obscenity bill. With the support of the YMCA, he moved on to lobbying in Washington for a similar federal law.32

In 1873, he was able to persuade the United States Congress to pass a bill that closed the loopholes in an 1872 anti-obscenity act that forbade the mailing of obscene materials. The Comstock bill was the first to explicitly label contraceptive information obscene. However, the bill was unusually vague. In one historian's interpretation, the Congressional legislators had not intended to impact married couples. In fact, the Comstock bill initially allowed doctors to prescribe birth control advice, but a zealous Connecticut legislator was able to have that section of the bill eradicated.33

Section 211 of the Federal Criminal Code read as follows:

Every obscene, lewd, or lascivious and every filthy book, pamphlet, picture, paper, letter...of an indecent character, and every article...adapted or intended for preventing conception or procuring abortion...and every article, instrument, substance, drugs, medicine, or thing which is advertised or described in a manner calculated to lead another to use or apply it for preventing conception or producing abortion...and every written or printed card, circular, book, pamphlet, advertisement or notice...giving information, directly, or indirectly, ...for the procuring or producing of abortion...or how or by what means conception may be prevented...is hereby declared to be non-mailable matter....34

The punishment was relatively severe; according to the U.S. Criminal Code, those who violated the law were subject to a fine of up to $5,000 or five years in prison. Shortly after the laws were passed, Anthony Comstock was appointed Special Agent to the United States Post Office, and from this post he rigorously enforced the new laws. Forty years after the laws passed the U.S. Congress, Comstock claimed that he had
brought 3,697 individuals to trial during his employment with Post Office, leading to over 500 years in jail time for the convicted parties. His greatest victory was when Madame Restell, the infamous New York abortionist, committed suicide after she was indicted and threatened with prison and heavy fines.35

In the conservative political atmosphere after the Civil War, no politician was willing to speak out against the Comstock laws. Throughout the 1870s, there were attempts to repeal the Comstock laws: opponents gathered thousands of signatures on petitions, but Comstock was able to convince Congress to leave the law as it stood. As James Reed has observed, physicians demonstrated a notable unwillingness to defend contraception as the social purity forces took control of American politics. Organized medicine also did not sanction research to improve the effectiveness of contraceptive methods and products, which would have eliminated dangerous products on the market and defused much of the criticism against commercial contraceptive products. In Reed’s words, physicians, as an organized body, reacted to the Comstock laws “as social conservatives rather than scientists,” putting up little fuss against a law that restricted their ability to prescribe medicine to women, even when women’s lives were in danger.36

An 1890 speech given by Dr. John Reynolds, the president of the American Gynecological Society, indicates the dominant view among physicians towards women who tried to avoid childbearing. In his speech, he angrily reprimanded women who tried to shirk the duty of motherhood, women who were no better than the “free lovers” who had ignored traditional codes of sexuality in the early part of the century. “Those...who seek abolition of marriage,” Dr. Reynolds argued, were “...the outspoken worshippers of Venus and Bacchus...troubled by no scruples for man’s asserted need of permanent monogamous union.” If the Comstock laws were not enforced, he asserted, only women would have the power to decide if children would be born. Indeed, existing children would not be “treasures jointly owned” but the sole property of wives and mothers. He also blamed the childlessness of selfish women for the divorce rate, insisting that “the
demand for divorce” was “a vexation to the nation” and that its “all-potent cause” was “the restriction of childbearing.”

He reminded the members of the American Gynecological Society that they could not show any sympathy to the woman with two children who came into their office and begged them for advice on contraception. How many “unhappy girls” would have been ruined by their wild behavior, he argued, until “marriage, multiplied childbearing and the tumult and care” of a household had molded them into “strong and useful women?” Instead, doctors should discourage women from the extraneous physical activities that they were used to enjoying, like camping and horseback rides, and the “pleasures of social life,” so women could keep up their strength to bear future children.

Reynold’s speech demonstrated the dramatic shift in public attitudes towards contraception since Dr. Knowlton had published *Origins of Life* in 1832. In just a few decades, family limitation had become associated with social disorder, commercialized abortion, and lewd behavior. Once a private, acceptable decision made by married couples, contraception became a grave threat to the social and sexual order in America, as the effects of industrialization fueled the rise of commercial industries for contraception and abortion. From the 1870s onward, restriction of contraception and abortion would be utilized as an effective method to keep women in their designated roles and to attempt to preserve the stability of the traditional family, even as the Industrial Revolution wreaked drastic changes in all other areas of American life. Instead of defending women’s rights to medical care, most physicians defended the right to restrict women’s access to birth control.

During the first decades of the new century, the Comstock laws had the greatest effect on rural and poor Americans. Even as educated women discovered sources of information on contraception, rural and poor women were effectively cut off from receiving reliable information and contraceptive instruments by the Comstock laws. Despite all the social changes and technological advancements during the first years of
the twentieth century, contraception had been frozen in time when the Comstock laws were put into place. Not only did the laws restrict information about current contraceptive techniques, they discouraged research into new, more effective methods.30

However, the Comstock laws did not prevent rural women from wanting to control fertility. Among women who lived on the homesteads of Montana during the first decades of the twentieth century, there were many who desired effective methods for limiting births and were willing to experiment with even the most outlandish, dangerous methods in spite of the laws. While reform laws labeled contraception as a threat to American society, women in Montana viewed reliable contraception as a matter of survival.

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3 Brodie, *Contraception and Abortion*, 187-188.

4 Ibid. 108, 113-114.

5 Quoted in Reed, *The Birth Control Movement and American Society*, 12. See also Brodie, *Contraception and Abortion*, 192-201, and Chesler, *Woman of Valor*, 36, on mass advertising and selling of contraceptive products, and on rural women’s fertility, respectively.


*Cotius interruptus*, prolonged nursing, and abortion would have been the techniques used in colonial America. According to Brodie, there is little historical evidence that clearly indicates family limitation in colonial America. But as she points out, by the closing of the colonial era, there is some evidence that women did not approve of unlimited pregnancy. Martha Ballard, the midwife whose diary was studied by Laurel Thatcher Ulrich, was disapproving that a neighbor in her forties had an “unwelcome” late pregnancy. Brodie, *Contraception and Abortion*, 41.


On Poor, see Brodie, *Contraception and Abortion*, 31. Mary also used breastfeeding as a means of contraception, but it was fairly well known in the nineteenth century that this method was unreliable. Doctors discouraged women from breastfeeding for longer than a year anyway, saying it would harm their child. On Mosher’s study, see Chesler, *Woman of Valor*, 37. The other methods were, in order of popularity, rhythm method, *cotius interruptus*, the condom, pessary, and feminine sponge.

On the safe period as a method, see Degler, *At Odds*, 213.

Degler, *At Odds*, 212. It was not just male reformers that denounced withdrawal as sexually unhealthy. Margaret Sanger complained in her 1914 pamphlet *Family Limitation* that women were left in a “dissatisfied state” by the withdrawal method. David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven and London: Yale University Press, 1971), 130.


Brodie, *Contraception and Abortion*, 95.

Chesler, *Woman of Valor*, 34.


were those born between 1860 and 1880. The proportions ranged between 10.0 and 11.1 per cent.” In
addition, on page 167, Degler dismisses relaxation in divorce laws as the reason for the upsurge in the
divorce rate because the rate of successful divorce petitions remained stable, while the number of applicants
surged upward. He also points out that a vast majority of men filing for divorce cited their wives
insubordination as the main reason, including their failure to perform the “traditional duties” of a wife, like
mending, sewing and cooking.


Women and Power in American History. 269.

25 On abortion in nineteenth-century America, see Carroll Smith-Rosenberg, “The Abortion Movement and
the AMA, 1850-1880.” in Disorderly Conduct. 225-226, and Mohr, “The Social Character of Abortion in
America,” in Women and Power in American History. 262-263.

26 Mohr, “The Social Character of Abortion in America.” in Sklar and Dublin, eds., Women and Power in

228-229. Quote on 235.

28 Ibid.

and the AMA, Disorderly Conduct. 236.

30 Degler, At Odds. 237-238.

31 On Comstockery and the temperance movement, see Barbara Leslie Epstein. The Politics of Domesticity.

32 On Comstock’s career, see Reed, The Birth Control Movement and American Society. 37-38, and
Chesler, Woman of Valor. 66-70.

33 Chesler, Woman of Valor, footnotes, 68.

34 United States Criminal Code. Section 211, quoted in Mary Alden Hopkins. “Birth Control and Public


36 Quote in Reed, The Birth Control Movement. 45. On the response to the Comstock laws, see Chesler,
Woman of Valor, 69, and especially Reed, The Birth Control Movement, 44-45. In 1881, New York
amended their state law to allow physicians to prescribe condoms in venereal disease cases. See Chesler,
Woman of Valor, 69.

Phil: W.J. Dorman, 1890. Reprint. American Gynecological Society (New Haven, Conn.: Research

38 Ibid.
Cott, *The Grounding of Modern Feminism*, 165. As Cott observes, the study of middle-class Americans’ habits by Robert and Helen Lynd, in Muncie, Indiana, found that “business class” women used scientific birth control at a much higher rate than “working class” women.
Chapter 2

‘Grim Realities of Involuntary Motherhood’: Pregnancy, Childbirth and Birth Control in Montana, 1917-1930

Homesteading in the mountains and homesteading on the plains seems as great as the difference between shopping for a T-bone at the supermarket and running a buffalo down on horseback. In the mountains, there was a degree of shelter from the weather, and fuel and water were readily available. On the plains, all these things had to be secured with a level of sustained human effort that seems almost unbelievable today. The homesteader newly arrived didn’t even have anything to tie his horse to, until he built something.

— Daniel Vichorek

In no civilized country have the cultivators of the soil adapted their home life so badly to the conditions of nature as have the people of our great Northwestern prairies.

— E.V. Smalley

In the summer of 1917, Miss Viola I. Paradise arrived in Montana by train. The United States Children’s Bureau had assigned her the task of interviewing mothers in a vast homesteading county in the eastern stretch of the state. Viola’s first impression of the landscape did justice to the harshness of life on the Montana homesteading frontier: "Always there are tremendous, almost incredible distances. The great, wild, rugged, sweeping plains...were at the end of a cruelly dry season burnt dun and brown....The country has been used almost exclusively for grazing, very little of it being under cultivation." As Paradise and her agents covered the sprawling 5,500 square miles in the rural county, interviewing every woman who had given birth in the last five years, they
recorded the enormous challenges faced by pregnant women on Montana’s isolated farms and ranches.

During the early years of the twentieth century, optimistic homesteaders made their way to the plains of Montana, lured by the Enlarged Homesteading Act of 1909 and a railroad campaign that promoted dry-land farming as an opportunity for quick riches. The invention of “railroads, bankers, chambers of commerce...and real estate brokers.” the dry-land farming campaign seduced many into believing that they could have land, a new start, and prosperity in the “Great American Desert,” as the area had been dubbed in the nineteenth century. Experienced farmers, familiar with the unique difficulties of farming in the semi-arid west, remained skeptical that new, eager homesteaders could support a family on three hundred and twenty free acres. However, nature conspired to encourage the homesteading boom. From 1900 to 1916, Montana’s homesteaders enjoyed relatively good rainfall. With the start of World War I, wheat prices skyrocketed upward, encouraging even inexperienced farmers to make the move west to Montana.

The homesteading boom dramatically altered the physical and political landscape in the Treasure State. With the rush of homesteaders, Montana’s population and politics shifted from urban mining towns to rural communities. Between 1900 and 1920, Montana’s population doubled to over 548,000 people. According to the 1920 Montana state census, over two-thirds of the state’s residents lived in rural areas; only 41,611 people lived in Butte, the most populous city in Montana at that time. Montana was a demographic and cultural frontier, a region defined by labor-intensive work, low population and a transient immigrant community. Before the Homestead Act, the cattle, sheep and mining industries reigned supreme; in the early 1910s, eastern Montana became a land of farmers overnight.

The typical dwelling of the homesteader barely provided enough shelter to survive the long winters. The perils of cold, disease and lack of water threatened even seasoned farming families:
"[There was a] twelve by eighteen feet, two rooms, one outside door, and perhaps two windows. His insulation was tarpaper or, in many cases, newspapers glued to the wall with flour-and-water paste. In the wintertime, the cast-iron stove...warmed only its immediate vicinity, while a...circle of frost encompassed the rest of the house. Water was a constant problem. The honyocker either hauled his water in barrels from the railroad, or employed cisterns or shallow reservoirs. Windmills were rare....Various stomach disorders and typhoid were common...."^4

Often men came out on the train to Montana, located their homestead, built their rudimentary tarpaper shack, and then returned to their home state to bring their family to their new home. Once settled in for the long haul (or the short haul, as the case may have been), Montana homesteading families faced extraordinary challenges, including poverty, isolation, insects, hail, fierce cold, and drought. As the photographer and rancher Evelyn Cameron commented dryly to a family member. "We have the troubles of Arctic explorers out here but none of the credit." In her diary, Cameron recalled taking her bread dough into her bed to keep it from freezing, being struck by lightning, fighting prairie fires, and seeing a tornado kill their livestock, among other calamities.\(^5\)

For women, life on the homesteading frontier dramatically increased the risks presented by childbirth. Most women on homesteads had to travel daunting distances to reach the nearest town. According to Viola’s report, most of the women were fifty-odd miles from the nearest railroad, the Great Northern, sweeping across the northern Hi Line of the state. The railroad helped businesses, but was too far away to be of use in an emergency, leaving families "as remote as if the rail had never come at all. If you lived twenty miles from the town...you lived a long, hard haul away: two days, maybe three." The homesteaders were dependent on the roads, which Viola described as little more than "old buffalo trails" rutted by wagon wheels. Only one-eighth of the surveyed families in the county owned automobiles. Even for those homesteaders with strong horses, in the spring many creeks became impassable. As one man remarked to Viola, if the weather turned ugly these homesteads were "cut off from the world."\(^6\)
Because of their physical isolation, pregnant women who lived on Montana homesteads could only hope that everything went according to plan. If all went well, a doctor or midwife could attend the birth. In 1917, one farmer, homesteading northwest of Harlowton, Montana, arranged to put a lantern in the window when his wife went into labor. They hoped that their nearest neighbor would see the lantern and ride into town to fetch the doctor, stopping to let the local midwife know about the birth. For the Dixons, the plan went well: the midwife arrived in time, riding to the Dixon homestead across the prairie in the middle of the night, and the doctor arrived soon after the birth. As her daughter remembers, her mother stoically "took the risk. They all took risks," she recalled.\

Blizzards, flooding and other events could disrupt even the best-laid plans. In winter, many husbands departed to work in town or labor for the railroad. Often they were prevented from returning by inclement weather and the wife and the children would be left "huddled in the shack...burning the homestead to stay alive" until spring, when the men would return to put in the harvest. In her report, Paradise noted that a significant number of women gave birth with only their husbands in attendance. One woman even gave birth on her own. A nineteen-year-old expectant mother arranged for a neighbor to attend her when her husband left on business. When the neighbor unexpectedly could not be with her, the young woman gave birth, cut and tied the umbilical cord on her own, and waited two days for her husband to return.\

Intimidated by the uncertainty of giving birth on their homesteads, some homesteading women left the county to give birth. Viola's report indicated that one-quarter of the 463 women surveyed left their farms for the city or to return east to family when the expected birth drew near. However, for cash-strapped homesteaders, the high cost of leaving their farms was an extraordinary economic burden. Physicians charged anywhere from twenty-five to 100 dollars for their services, and women who traveled to a city or returned to their family to give birth paid even more for the train fare and board.
For most of the women Paradise interviewed, leaving their homestead was not an option. In the year Paradise visited the region, the state had just endured a bitter winter and a long, dry summer. Many of the dry farmers in the region had watched their small herds of cattle die and their crops fail. The common arrangement at the time was that family or neighbors helped with the birth and took care of the chores while the mother recovered, and the doctor would call within the week to determine that all was well. However, even the typical post-birth visit might still be viewed as an extravagance by some of the homesteading families trying to stretch every dollar. 

Unlike women in other rural regions of the country, women on Montana’s homesteading frontier did not have access to a circle of experienced and knowledgeable women who attended births regularly and could handle medical difficulties. There were no licensed midwives in the county, according to Paradise’s report, although some of the women in the area were reputed to be skilled birth attendants. Paradise did not consider these women, who lacked formal training, the equivalent of a "city midwife" or the skilled practitioners in southern rural communities who possessed numerous "home remedies" to aid in childbirth. According to Paradise’s assessment, few women in the area, at least those of Anglo-Saxon descent, could do much more than offer olive oil to women in labor. A woman who grew up on a homestead remembered that most birth attendants “helped out the midwife a few times, and then [they] knew how to do it.” This lack of experienced midwives undoubtedly contributed to the high maternal mortality rate in the state.

Even if there were no emergencies during labor, homesteading women could rarely afford postnatal care, which often resulted in health problems. Paradise noted that many women had "never been well" since the last difficult birth. This problem was not unique to Montana. In the early twentieth century, postpartum infections, or puerperal fever, remained the greatest cause of death among childbearing women. Some of the other possible consequences of childbirth included “adherent placenta, placenta. 

27
*pruvia...abnormal presentations, fistula, prolapsed uterus, blood poisoning, abnormal weakness of the muscles from exhaustion in labor, [and] breast troubles." among other health troubles. Paradise also listed lacerations and hemorrhaging as the most common postnatal ailments among women on Montana's homesteads. Because of complications from their previous birth, many women were fearful that they would not survive another pregnancy. In a 1924 letter, one mother of two described living in "constant fear" of getting pregnant, after her doctor ordered her to have no more children because of serious complications in her previous births. For some women, multiple pregnancies caused persistent health problems that affected their health and their ability to work.12

All of these factors, including isolation, poverty, primitive transportation, poor postnatal care, and a lack of experienced midwives, led to a maternal mortality rate in this eastern Montana county that was twice the national average. As historian Judith Walter Leavitt has observed, most American women recorded their fears of childbirth during this period in diaries and letters; with each pregnancy, women planned for and worried over the possibility that they would not survive the birth. Paradise observed that women on the homesteading frontier did not take the dangers of childbearing lightly. Almost every household she visited had "known of a death or a narrow escape...on account of childbirth." and these women, living on their isolated farms and ranches, told harrowing stories to the Children's Bureau agents who knocked on their doors.13

In addition, homesteading women were never just mothers - they were also workers. Expectant mothers were household laborers, responsible for the daily chores of running a homestead. Paradise observed that on homesteads, even as a farming wife kept the house in order. she "care[s] for the stock, raises a garden, keeps chickens, milks, separates, and churns." She noticed that it was the money earned by the sale of butter that paid for improvements — a new windmill — on one relatively prosperous homestead. As farming became increasingly mechanized, women were sometimes responsible for equipment repair. To Paradise's dismay, most women continued their farm work and
chores almost until they went into labor, and were at their work once more only a few weeks after delivering their babies. "I have five children," one woman wrote, "my oldest seven years... Our family is so large we can hardly live. I had to get up when [the] baby was eight days old because we could not pay for help and I haven't been well since." Another farm woman lamented, "I have so much work to do. I raise garden enough for seven or eight people to eat all summer. I canned six hundred quarts of fruits last summer. Always do. I have to raise enough chickens to eat, some to sell and enough to supply our family in eggs and help keep up the table. I do all our washing for our family and I have been injured when my first baby was born until I can hardly stand on my feet and no one knows what I suffer." Each pregnancy and childbirth disrupted the arduous work performed by women that ensured the family's economic survival.14

Despite the fact that children were valuable workers to help operate the family farm, as Montana historian Laurie Mercier has observed, rural women partly viewed childrearing as a distraction from their economic contributions to the farm. Childrearing was seen as "demanding and time-consuming." in Mercier's words, a task that interfered with a woman's ability to get her daily work done, care for her older children, and do the important additional work, such as making cream or raising hens, that improved the financial situation for the entire family. As Mercier has seen, women had a strong sense of pride in their outside work and their economic contributions, and in order to contribute, many homesteading women believed they needed to limit the number of children they bore.15

In response to the risks of pregnancy and a desire to improve their family's lot, rural women tried to find a contraceptive method that worked. Few rural women knew of a method that was both cheap and effective. One Montana woman observed in a 1923 letter that "the greater number of women I know either bear children annually or are continually going to the operating table. The best way is to prevent having babies, but the
women are ignorant on this subject." Despite their lack of knowledge on contraception, Montana women experimented with different techniques and tried to find methods that worked. Women rarely wrote in their diaries about their experiments with contraception; they also seldom discussed birth control in letters to friends and family. However, decades later in oral interviews. Montana women were willing to speak about their efforts to control pregnancy. These oral interviews remain a vital source of information on rural women and birth control in the early twentieth century.17

Women discussed proven techniques, passed on information to neighbors, friends and family, or tried various methods on their own. A few women were fortunate enough to discover a method that worked. Dovie Zehntner knew of "many ways of limiting it [births] without doing anything bad," proudly claiming that she only "had but one [child] that I didn't plan for beforehand."18 Another wife on a homestead claimed she had a "certain and sure preventative" given to her by her mother as a wedding present.19 One new Montana bride recalled that she learned about using a diaphragm from her mother. despite the fact that her mother was almost overcome with embarrassment at having to discuss sexual matters with her young daughter.20 Another new bride created a rudimentary sponge at home from a "gummy mixture" she learned from one of the women in her family. Women quietly discussed effective techniques and tried different ones recommended by other women.21

Women still used the chemical and natural douches that had been popular in the nineteenth century. Some women swore by kerosene douching for its spermicidal qualities. Lysol cleverly advertised its product as an "antiseptic medicine" as well as a disinfectant, and it was not difficult to get Lysol and other household chemical products by mail. Even as late as the 1940s, the prostitutes working in one Eastern Montana town relied on immediate douching, according to the local doctor. Douching remained a common thread among the women interviewed, even if they combined it with other methods.22
Abortion often was performed at home, sometimes with the help of friends or family. One Montana physician suspected that women were taking ergot, a type of fungus that grew on wheat, to deliberately induce miscarriages, knowing that doctors would then give them another dose of ergot after they had miscarried to contract the uterus and expel its contents. A female student in Billings recalled a girl in the dorm room across the hall who used a knitting needle to induce an abortion in her room. A ranching woman struggling to make ends meet during the Great Depression had her friend purchase slippery elm in Livingston from a pharmacist, which her friend used to give her an abortion. She described a slippery elm as a 10-inch long sharpened tool, "soaked a bit" to make it slippery, that was inserted into the uterus and left in for at least a day to swell and induce abortion. She recalled "a heavy flow of blood" signaled that it had worked, and remembered the technique being "very successful." Other instruments used by Montana women to induce abortion at home included crochet hooks and coat hangers.

Some women described using even more rudimentary methods, such as heavy lifting or jumping up and down, hoping to induce a miscarriage. Aino Hamalainen Puutio, a midwife, would often have her pregnant patients ask her for medicine that would cause a miscarriage. When she refused to give one patient any advice on how to abort her fetus, the pregnant ranch wife starved herself until she miscarried. Aino's experiences led her to become, in her granddaughter's words, a "strong advocate" for birth control later in life. Whether women used instruments or even more crude methods, often abortion was an at-home remedy to an unwanted pregnancy.

However, even as abortions continued privately among women, the underground commercial abortion industry continued to prosper in rural communities. One ranch wife, determined not to subject children to her "wretchedly poor" life, contacted a pharmacist in a nearby mining town who treated the local prostitutes. He sent her to a local madame, who inserted sterile packing to cause an abortion. In oral histories, rural women often
described seeking out the pharmacist in town to find out how to contact local abortionists.27

Even if these Montana women found a method that worked, it was extraordinarily difficult to maintain these birth control methods. Many women did not have the cash to replenish supplies if they ran out. Other women worried that their technique might be ineffective or unsafe, but they could not afford to see a doctor who might offer advice or comfort. Most women could not afford to obtain expensive abortions regularly and they feared the medical consequences of multiple abortions. Even for rural women with a rudimentary education and some disposable income, trying to control fertility was often an impossible task.

Faced with so many difficulties and obstacles, many rural women stopped trying to prevent pregnancy. Oral histories indicate that in the 1920s and 1930s, women often began their marriages with strong intentions to space births, but eventually admitted defeat in the face of daunting challenges. After Sophie Guthrie’s first child came eleven months after her marriage, her older sister gave her something she described as looking "like a rubber," that she used for a short time. She managed to prevent further pregnancies for three years before her second child arrived. But it started to pain Guthrie and she removed it. As she wryly observed, diaphragms break eventually anyway and the family’s sheep ranch was 25 miles away from the nearest drug store in Big Timber. She remarked, "I used that [diaphragm] just a little while, but I had no confidence. You've got to have confidence, of course. and if I'd kept on I might have controlled....Well, I don't know. I didn't get one and then from then on I was careless and didn't try." Women learned to be stoic about the repetitive cycles of pregnancy and childbirth.28

Emma Campbell also became resigned to the lack of control women had over their reproduction. As she described it, "Oh, I guess some of them did [know about birth control], but not like it is now...[you] just let nature take its course."29 One ranching couple, newly married in 1930, was determined not to have children until they were
financially secure. The couple used salt-water and kerosene douches along with condoms. She tried to use a diaphragm but "gave that up in a hurry," unsure whether it would work. Unable to get professional medical advice or ask other women about the diaphragm, she "had so little faith in it" that she discarded it. Despite the fact that the diaphragm, if fitted and used properly, was the most effective method available in the early twentieth century, many women refused to use a contraceptive product that they did not fully understand.30

Decades later, Guthrie said she must have had a moral objection to birth control that led her to stop trying; that she must have "objected in my mind," as she phrased it, or she would have tried harder to replace her diaphragm. After her diaphragm broke, Guthrie grew "careless" and stopped trying to prevent pregnancy. However, Guthrie found birth control morally objectionable only after her contraception failed and she found herself unexpectedly pregnant once again. It was perhaps easier for women like Guthrie to keep their marriages and their sanity intact if they decided that it was their own choice to stop using birth control. Anne Ellis, in her famous memoir *The Life of An Ordinary Woman*, a recollection of life in the mining towns of the Rocky Mountains, expressed this sentiment perfectly: "In those [childbearing] days I would have been a fine believer in birth control, but the older I get the less sure I feel about this. After a time I am reconciled to this child and am more...happy than before, having reached a 'don't care' state of mind..."31

Dovie Zehntner also demonstrated this sea change in women’s attitudes towards birth control use. She recalled that with the birth of her second child that "of course she rejoiced after" the birth. Zehntner had thought that it "had to be a while" after giving birth before you could get pregnant again, but Dovie's prolonged nursing was not an effective birth control technique: she conceived only eight months after her first child was born. However, when she was interviewed in 1976. Zehntner remembered this unwanted pregnancy as something she and her husband were happy about after the baby was born in
good health. As one woman commented who managed to avoid childbearing for ten
years. "You know, they'd use anything...like even sleep with a knife under the
pillow...anything that would limit the size of the families because, while some of them
went on and on, and made a virtue out of what was a necessity, went on about how close
they were and how wonderful it was to have a large family. I always was very dubious. It
was a case of. 'He doth protest too much.' Rural families on Montana's homesteads tried
to prevent pregnancy, but often their methods failed. At that point, many women "made a
virtue out of necessity" and resigned themselves to the grim realities of involuntary
motherhood.32

Although women on the Montana homesteading frontier confronted unique
hardships, they were not alone in their struggles to control fertility. They were joined by
thousands of other women in America who coped with unwanted pregnancies and risky
contraceptive methods. As a national birth control movement gained momentum in the
progressive years before World War I, it was both a radical and grassroots movement, and
it was based on the ideology that all women, single or married, had a right to control their
own reproduction and to be safe from dangerous, unreliable contraceptive methods. In
the United States, women in the Socialist Party took the lead in calling for overturning the
Comstock laws and educating all women on the subjects of reproduction and
contraception. Many rural women eagerly supported their efforts, hoping to gain access
to reliable contraceptive advice.

1Viola I. Paradise, Maternity Care and the Welfare of Young Children in a Homesteading County in
Montana (Washington: GPO, 1919), 15. Paradise never revealed which county was used for the study.

2 On dry-land farming and the homestead era, see K. Ross Toole, Twentieth Century Montana: A State of

1 Ibid. On the definitions of a frontier environment, see Garceau, The Important Things of Life, 35.

1 Toole, Twentieth Century Montana, 63-64.


17 BCR, (December 1923), 327. As stated in the introduction, this paper relies heavily on the Montana Women’s Oral History project, a collection of oral histories housed in the Mansfield Library at the University of Montana: I have also utilized a collection of anonymous oral interviews on illegal abortions in Montana, also housed at the University of Montana Mansfield Library.


19 BCR (July 1925), 204.


23 Anonymous, OH Coll. 164-5. Illegal Abortion in Montana.


Chapter 3

The Woman Rebel: Margaret Sanger and the Emergence of the National Birth Control Movement, 1914-1920

*When the history of our civilization is written, it will be a biological history and Margaret Sanger will be its heroine.*

~ H.G. Wells

In 1914, Margaret Higgins Sanger gathered a group of radical friends and colleagues in her rented apartment in uptown New York. She informed them that she had decided to publish a journal called *The Woman Rebel*, aimed at defying the Comstock laws and giving working class women information on preventing births. Over the course of the evening, a friend suggested that the phrase “birth control” seemed more unambiguous than “family limitation” or “voluntary motherhood,” both of which had been in use since the Victorian era. Sanger adopted the phrase enthusiastically, and began her lifelong career of challenging the Comstock laws and speaking publicly on the provocative subjects of sexuality and contraception.¹

The birth control movement emerged during the Progressive era, a time when political dissent and reform were at their height in national and local politics. As industrialization moved rapidly forward in major cities across the nation, the working conditions for many men and women became intolerable. Progressive, middle class reformers fought for minimum wage and worker safety legislation, argued for limited working hours, and demanded cleaner city streets and working conditions. Women were vital players in reform politics and protests, working to confront corrupt political machines and justifying their political demands based on women’s unique nurturing abilities and moral nature. They argued that it was their duty to clean up not just their
own homes, but society as a whole. Women formed organizations and associations to
lobby and petition politicians; as they did this, they began to feel, as Mary Ritter Beard
phrased it, "a conscious national womanhood." Female reformers eventually filled the
ranks of the suffrage movement and were instrumental in gaining the vote for women.

Radicalism was also at its peak during the years before the first World War.
While progressive reforms were motivated by the conservative goal of rescuing the
capitalist system, rather than dismantling it, radical movements envisioned an endless
struggle between owners of capital and laborers, and sought fundamental changes in the
economic and social structure in the United States. From the Socialist Party to trade
union leagues, women were also active in these radical groups, and it was out of this
atmosphere that the birth control movement was born. Birth control began as a radical
cause, not a conservative one.

By the Progressive era, important social and economic changes facilitated
widespread support for the birth control movement. Most important, in spite of the
Comstock laws, which outlawed dissemination of information rather than personal use of
birth control, the use of contraception had continued to rise. Married couples were still
trying the same methods uncovered by Dr. Clelia Mosher when she conducted her 1890
study. Although these methods were primitive, they were effective enough to continue the
downward trend in birth rates. To many Americans, it began to seem illogical to have
laws that forbade the spread of contraceptive information at a time when increasing
numbers of American approved of its use and chose to use contraception within their own
families. The suppression of vice, which seemed so vital in Comstock's era, had become
an anachronism in American life by the early twentieth century.

In addition to the continued personal use of contraception, European sexual
reformers were gradually influencing morality in the United States. The sexual act was
beginning to be viewed as an expression of a healthy marriage and not just a route to
reproduction. The "sexual revolution" usually associated with the Roaring Twenties was
already beginning by the turn of the century. By World War I, heavy petting and even premarital sex was permissible if it led to marriage, although “frivolous sexuality” (sex between couples who were not engaged) was still not accepted by middle class society. The new sexual mores were an expansion of the ideals of companionate marriage, as sexual compatibility and satisfaction became increasingly important characteristics of a happy union. This new view of sex as healthy, pleasurable and vital for reasons other than procreation was necessary before the widespread birth control movement could gain favor. By World War I, more middle-class Americans were willing to discuss sex, which had the effect of encouraging the birth control activists and public debate.5

Economic changes and the war also accelerated this rapid leap into the modern era. Prostitution and venereal disease had become serious concerns during the war; in order to reduce the problem of venereal disease, government officials launched a wartime campaign to encourage condom use. The United States Armed Forces distributed prophylactics to the troops, which had the effect of making them seem less disreputable. For many middle-class young men, it was their first education about condoms and other contraceptives. In addition, the government also encouraged marriage at a younger age in order to discourage prostitution and the spread of venereal disease. These young couples often could not afford children, and they had either learned about contraceptives during war service or they were eager for more information.6

By the end of World War I, a new “sexual system” was in place: early marriage was encouraged, knowledge of contraception had increased dramatically, and Americans were more willing to talk openly about sexual matters. An unusual combination of economic factors and wartime emergency measures loosened sexual conventions, facilitated the need for reliable contraception, and contributed to the rise of a grassroots birth control movement.7

Margaret Sanger emerged from the Socialist ranks as one of the leaders of the birth control cause. Eventually, her name would become synonymous with the fight for
birth control in the United States. Margaret Higgins, born in 1879, was the sixth child in a sprawling Irish family. Five more children were born to her mother, Anne Higgins, before she succumbed to chronic tuberculosis at the age of fifty. Margaret remembered that her mother would cough so violently she would have to lean against a wall until she got her strength back. It is probable that her mother’s chronic ill health, exacerbated by so many pregnancies, would always be in Sanger’s thoughts throughout her political life.8

Sanger was, in person, both fragile and intimidating. She would alter her public persona many times over, but her personal views would remain subversive throughout her long life. Ellen Chesler, her most recent biographer, views her as a study in contradictions:

Margaret Sanger was an immensely attractive woman, small but lithe and trim. As H.G. Wells once described her, she also had a quick Irish wit, high spirits, and radiant common sense. Men adored her. At the same time, she could be impossibly difficult and was known to make enemies. She was not easily scorned, and those who dared to disagree with her quickly discovered her explosive temper.

Yet it was probably less temperament than sheer tenacity and doggedness of purpose that made her so controversial. She...claimed too much for birth control, antagonizing supporters on the left...and yet...provoking conservatives whom she sometimes courted despite an underlying contempt for convention and conformity.9

Margaret Higgins married William Sanger in 1902, and soon after their marriage, they moved to New York and joined the local chapter of the Socialist Party. Sanger was an active participant in the Socialist fight for labor causes, helping to lead the women involved in the Massachusetts textile mill strikes in 1912, encouraging workers in their fight for overtime pay, an eight-hour work day, and minimum wage reform, and honing her skills at direct action.10

Sanger also worked as a nurse in the poorest neighborhoods in New York City. She was profoundly troubled by the women she tended, whose lives seemed defined by hungry mouths to feed and seemingly unending toil. She was dismayed by how many women she saw lined up in the alleys for cheap abortions. One night, working on the
lower East Side. Sanger was called to the home of a young mother, Sadie Sachs, who was gravely ill after a botched abortion. Sachs begged Sanger for information, but Sanger could only tell the desperate woman that she must convince her husband to use condoms. Sadie said her doctor had told her to make her husband sleep on the roof. Sadie lived, but only a year later she died from another abortion. Whether the story was true or a combination of many desperate women she had seen over the years, Sanger would tell and retell this story as the pivotal moment when she became determined to help women prevent unwanted pregnancies.11

Politically, Sanger was growing increasingly frustrated with the unwillingness of Socialist leaders to address the problems faced by working-class women. The main goal of labor organizers was improving economic conditions for male workers. Most labor groups overlooked women workers: as Sanger discovered, even the most radical organizations totally disregarded the needs of working-class mothers. Bill Haywood, charismatic leader of the Industrial Workers of the World, often filled his speeches with comments about women being able to have all the children they wanted once the ruling classes were defeated. Socialist leaders argued that only higher wages and better working conditions would solve the problems of the working class: they had little desire to disturb traditional gender roles.12

In 1914, Sanger published the first issue of *The Woman Rebel* with the provocative IWW slogan “No Gods, No Masters” emblazoned across the front page. Not only did Sanger want working-class women to have improved economic and political rights: she also questioned marriage, motherhood, and sexual roles. She called for an end to “sex conventions” and “superstitions,” and claimed the right for “rebel women” to create a life of their own choice, whether it was bearing a baby out of wedlock or marrying and refusing to bear children. In Sanger’s view, birth control was the key to the liberation of women, rich or poor, and she would maintain this viewpoint for the rest of her life.13

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Sanger quickly learned that the Comstock laws served as a useful tool for controlling political dissent. After the August issue was released, Sanger was indicted for violating the Comstock laws and for inciting sedition and “assassination.” While Sanger awaited her trial, she wrote a small pamphlet called *Family Limitation*. In the pamphlet, Sanger tried to respond to women’s uncertainties about birth control and explain how to properly use common methods that women often did not completely understand. She urged women not to depend on the “safe period,” breastfeeding, or lying on their left side to prevent pregnancy, and she reminded women that “if the semen is not prevented from entering the womb” they could become pregnant. Sanger urged women to become more familiar with their bodies in order to improve the effectiveness of birth control. She also listed various recipes for douching and vaginal suppositories (Boric Acid – 10 grains, Salicylic Acid, 2 grains, Quinine Bisulphate, 3 grains, and Cocoa Butter, 60 grains). Sanger suggested douching before removing a pessary to make it more effective, and told women where to procure sponges and condoms for the cheapest price. *Family Limitation* was filled with practical advice that working-class women could understand, and Sanger’s supporters began distributing the pamphlet in New York City and mailing it to radicals in other cities who supported contraception use for women.11

Under the Comstock laws, Sanger could have been sent to prison for 45 years for publishing *The Woman Rebel*. She chose to flee overseas until the uproar had died down and she could return home. While in Europe, she was able to visit contraceptive clinics in the Netherlands and France and observe how they operated. Women were given a physical examination, fitted for diaphragms, and offered advice on how to improve the effectiveness of their diaphragm. In France, Sanger also met Havelock Ellis, a sexual reformer and writer who would have an enormous influence on her ideas about sexuality and contraception. Ellis strongly believed women had an erotic nature, and, unlike Freud, he believed humans could discuss sexuality, bringing it to the surface and eliminating anxiety and neuroses. He also blamed “male ineptitude,” not female frigidity, for some
women's inability to gain sexual pleasure. When Sanger decided to return to stand trial over a year later, she had gained extensive medical knowledge and a sexual ideology that justified birth control because it would free women to express their healthy and natural eroticism. Sanger's experiences in Europe strengthened her resolve to demand access to birth control for American women.¹⁵

Sanger returned from Europe to stand trial. Sanger's arrest and trial kept the formerly taboo subject of birth control in the national spotlight. The New York Times published over 90 articles on birth control in those years, and numerous other national magazines closely covered the trial and the ideological debate over birth control. In her trial, Sanger defended herself based on free speech, and it became difficult to pursue her conviction when respectable magazines and newspapers were covering the trial in every detail. Sanger was eventually exonerated of the charges in 1916. She had become a national celebrity, and she immediately launched a nationwide speaking tour. Traveling to over 100 cities, Sanger was heard by supportive crowds made up of an unlikely mix of feminists, labor organizers, free speech advocates, and other sympathizers. On this tour, Sanger learned that there was a strong response to birth control among rural women and working-class women, as women in small towns and rural communities came to her speeches and sent emotional letters in support of her cause. As the birth control movement gained momentum, it was clear that birth control crossed class lines. A number of privileged women in San Francisco were arrested for openly distributing birth control pamphlets to poor women, and Sanger was adamant that the working women in the "stock yards" and the "factories" hear her message. Women of all backgrounds were ready not only to listen, but to act in support of the birth control cause.¹⁶

Although one writer at the time adoringly described Margaret Sanger as "Joan of Arc" setting forth alone "to combat the enemies" of birth control, Sanger was not alone in the organized fight to eradicate the Comstock laws. Other women and men were arrested, went on hunger strikes, distributed pamphlets, and organized local clinics, sometimes at
Sanger’s behest, but sometimes independently of Sanger. Before Sanger’s 1916 speaking
tour, several women active in Socialist organizations had started grassroots birth control
leagues. These women, all experienced political activists, argued that control of
reproduction was vital to both gender and class equality for the laboring classes. Only
when workers had fewer, healthier babies would they gain power in relation to the
owning class. The early birth controllers were also feminists; they wanted not only to
improve women’s health but also to transform women’s role in society to include sexual
freedom and the right to reproductive control. They strongly believed that birth control
was not only crucial to altering the distribution of power between the classes, but also
between men and women.¹⁷

Much of Sanger’s ideology and language came from Emma Goldman, the
outspoken Jewish anarchist. Before her exile during World War I, Goldman had a
reputation as the most dangerous woman in America, the country’s “arch revolutionary,
both frightening and fascinating. She flaunted her lovers, talked back to the police,
smoked in public, and marched off to prison carrying James Joyce’s Portrait of the Artist
under her arm.” In 1900, Goldman attended the Neo-Malthusian Conference in Paris.
Neo-Malthusian ideology, spreading rapidly through Socialist circles in Europe, argued
that controlling the birthrate was vital to improving employment conditions. Fewer
workers meant more power and control over employers. After the conference, Goldman
included birth control as one part of her radical agenda to disrupt the American political
system.¹⁸

At first reluctant to be arrested, Goldman only criticized the Comstock laws. But
when Sanger left the country fearing arrest for publishing The Woman Rebel, Goldman
felt she must also do the subject “practical justice” and give women direct information on
how to prevent births. She began giving out practical contraceptive methods in her
speeches and pamphlets. When she gave a talk on contraception and sexuality to club
members in New York, over 600 people filled the room. Goldman was finally arrested for

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her birth control lectures in the Jewish neighborhoods on the lower East Side, and a public protest was held at Carnegie Hall. The sympathetic president of the American Medical Association, Dr. Abraham Jacobi, spoke on medical issues, while other speakers discussed the legal status of birth control. At another public meeting protesting Goldman’s arrest. Rose Pastor Stokes handed out typed information on contraceptives to bystanders. Both women inspired Sanger’s efforts and were in turn inspired by her outspoken behavior.10

In her autobiography, Goldman acknowledged the individuals who had spoken out when Comstock’s power was at its height:

Neither my birth-control discussion nor Margaret Sanger’s efforts were pioneer work. The trail was blazed in the United States by the grand old fighter Moses Harman, his daughter Lillian, Ezra Heywood, Dr. Foote and his son, E.C. Walker, and their collaborators of a previous generation. Ida Craddock, one the bravest champions of women’s emancipation, had paid the supreme price. Hounded by Comstock and faced with a five-year sentence, she had taken her own life. She and the Moses Harman group were the pioneers and heroes of the battle for free motherhood.20

But as Goldman acknowledged, Margaret Sanger was the first woman in America to give women direct birth control information in her articles for Socialist magazines and in her pamphlet *Family Limitation*, ending “years of silence” and making birth control a topic of national debate. Furthermore, as James Reed has observed, Margaret Sanger was the first activist to attempt to end unsafe practices and improve contraceptive methods. Perhaps most importantly, Margaret Sanger was the focus of the average woman’s hopes and dreams for a better future, a living symbol of their private and often painful battle to achieve control over their own bodies. She was, quite simply, a heroine. In 1916, a St. Louis woman wrote Sanger to let her know that women everywhere were behind her efforts, that they were “awakening up all over the nation and waiting for someone to lead the way. I think – in fact, I know – there is a well-spring of gratitude to you...they think
you are fighting for them and they are waiting hoping and praying....If there is anything that you think I could do, please let me know. And oh. Please dont give up...."21

Sanger did not give up. While she was traveling the country on her speaking tour, local activists opened an illegal clinic in Ann Arbor, Michigan. When she returned to New York in the summer of 1916, she immediately set to work planning a clinic in a poor neighborhood in Brooklyn. Sanger actually wanted to open her first clinic in the West, where local legislation did not directly outlaw contraception and there had been a more hospitable environment for women's suffrage. Eventually, for the sake of greater publicity, she chose New York over a western state. Sanger's Brownsville clinic opened its doors on October 16, 1916.22

Sanger was unable to find a doctor willing to supervise the clinic in its early days, so she and her sister Ethel gave out pamphlets and advised women rather than doing examinations and fittings. The clinic fee was 10 cents per visit. In turn, she received an enormous response from working-class women in the neighborhood. The clinic received hundreds of customers in the first days of operation, the line stretching down the street and around the block. For Sanger, Brownsville was not just one clinic, but a model for socialized, federally funded clinics across the country. She envisioned a clinic system much like the European clinics, where poor women would be able to receive medical examinations, ask questions, and receive pessaries or condoms for little or no charge. Rather than simply an attempt to aid poor mothers, the early birth control movement was based on a critique of privatized medicine and a belief that socialized health care was ideal for women, children and families.23

The birth control movement thrived during the Progressive era, a time when a significant bloc of American citizens challenged the existing political order. Women from all backgrounds had spoken up in a spontaneous and unorganized appeal for birth control. Socialist women opened illegal birth control clinics, gave speeches and distributed illicit information in open defiance of the anti-obscenity laws. Poor and
uneducated women responded by expressing their own willingness to defy the laws, by utilizing clinic services, and by writing letters of support and encouragement to national leaders. By engaging in direct action, educated women involved working-class women and rural women in the birth control cause. In the case of the early birth control movement, illegal direct action turned a fringe cause into a mass movement. While the movement was committed to opening illegal birth control clinics, women in rural areas who desired contraception were hopeful that their access to information would improve.

Instead, even as Sanger triumphantly opened the doors of her birth control clinic in New York, the announcement that America had joined World War I would dramatically and irrevocably alter the movement. As the United States joined the fighting in the spring of 1917, the government cracked down on political dissent. Any public assembly or speech that questioned or hindered the war effort could be considered seditious. Even following the armistice of November 1918, meetings were broken up, offices ransacked, and leaders rounded up and arrested. Eugene Debs’s 10-year sentence was only the most infamous of the prison terms given to dissidents during the red scare. Dozens of journals, magazines and liberal publications were closed down permanently.24

As Kathleen Kennedy has discussed in her recent work on World War I, the war gave anti-feminists both “language and opportunity” to reassert male power after years of women working to secure their role in American political and public life. Nationalists tried to connect motherhood with unquestioning patriotism: peace activists (many of whom had also been woman’s rights advocates) argued that women, as nurturing mothers, were innately against war. As Kennedy points out, many anti-feminists argued that the women’s peace movement demonstrated the power of maternal politics if it went unchecked. If President Wilson was not worried enough about dissenting women, he need only look out his White House window at the National Woman’s Party (NWP) protestors who questioned the war for democracy when American women at home still
did not have the vote. Wartime politics made it expedient to crack down on all types of political dissent, including birth control.25

Wartime trials often seemed to condemn women defendants as much for their gender politics as their peace politics. Emma Goldman, for example, was condemned, convicted, and put in jail for two years not just for her anti-war speeches, but for being a woman whose “powerful personality” held significant authority and influence over other immigrant women. Rose Pastor Stokes, an early leader in the New York-based birth control movement alongside Goldman and Sanger, was condemned for not being one of the “good women” in the war effort: the prosecutor in her case remarked that she had stopped volunteering for the Red Cross and refused to be one of the women “who have raised families, who are taking part in the great economic machinery of this country without complaint.” Goldman and Stokes, both loud-mouthed complainers if there ever were any, refused to comply with visions of patriotic womanhood that coalesced during wartime. Birth control activism represented an extreme example of female influence run amok, threatening the core of “Americanism:” the American family.26

By 1920, the birth control leagues that had started before the war, inspired by Sanger’s fiery speeches, had lost almost all membership. In Socialist circles, the birth control effort was overshadowed by anti-war and free speech efforts. In a 1918 issue of Sanger’s Birth Control Review, Minnie Parkhurst, the secretary of the Seattle birth control league, declared that the Washington birth controllers had operated a determined “campaign of education” for birth control before the war, but now free speech was a far more pressing concern. “All I have time to do now with the Birth Control League is merely to try to hold it together. There is no money in the treasury. What little we did have has been given to various defense funds.” Parkhurst lamented. The early birth control movement, with its radical aims and ideals, was dismantled by World War I politics.27
With sweeping changes in the political climate, Sanger rapidly shifted her strategy for the national birth control movement. She focused on keeping birth control in the public eye and making it a respectable cause, by rallying the financial and public support of prominent, respectable women. In order to accomplish this feat, Sanger worked to gain the support of leaders of the eugenics movement. Historians have criticized Sanger for ostensibly abandoning her feminist and radical past and allying the birth control cause with conservative thinkers in the 1920s. However, Sanger’s decision to accommodate conservative political and social ideas stemmed from an unwavering belief that working-class women, if given the choice, would want information on how to control their own fertility. Sanger thought, perhaps naively, that the approval of eugenicist scientists would give birth control a patina of scientific respectability and lead to a new willingness on the part of politicians to speak out in favor of birth control.28

Ego also played no small part in Sanger’s willingness to compromise her radical views about sexuality and women’s rights. Her new strategy partly came from her stubborn determination to retain personal and public credibility during a period of sweeping conservatism. Sanger had an antagonistic relationship with Mary Ware Dennett, director of the Voluntary Parenthood League in New York, the other well-known leader of the birth control leader in the United States, and Dr. Marie Stopes, the famous British birth control activist. Stopes rejected the labor movement entirely by the end of the war, and both women were harshly critical when Sanger showed any tendencies in the press toward a “lingering political and sexual radicalism.” In the conservative political climate after World War I, Sanger was well aware that reducing the government’s costs for “defective” children and “racial betterment” would be more compelling arguments than women’s reproductive rights.29

In the 1920s and 1930s, as the feminist movement splintered into different factions, and birth control reformers struggled to find the most effective tactic for
advancing the birth control cause, rural women continued to do the best they could to control and space pregnancies with the materials and information they had available. At a time when women were coming together around the vote, birth control also had the potential to rally women around a single cause. Birth control held enormous promise to unite women of all classes and races into a powerful political coalition fighting to ensure and defend women’s reproductive rights. However, the climate during and after World War I was hostile to radical and feminist agendas. It was all that birth controllers could do to keep the movement alive.\(^{30}\)

In the 1920s, Sanger and her organization switched their focus from clinics to doctors. In the following chapters, the results of this ideological change begin to emerge. As birth control activists tried to educate rural physicians about birth control and to enlist women in the public health movement, both doctors and public health reformers, as organized groups, refused to support birth control. In part, the rejection of both groups explains the inability of national birth control reformers to reach rural women in the decades following the pivotal changes of World War I.\(^{31}\)

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\(^{1}\) Chesler, *Woman of Valor*, 97.


\(^{5}\) Reed, *The Birth Control Movement and American Society*, 61-62.

\(^{6}\) *Ibid*. From 1890 to 1910, the number of single women in the job market doubled; growing numbers of women lived away from the supervision of their families, and this number would continue to increase during
the war. The growing number of independent young women also had the influence of relaxing sexual and moral codes.

7 On the “sexual system” that emerged during World War I, see Gordon, Woman’s Body, Woman’s Right, 200-202. Chesler, Woman of Valor, 70-72.

8 Chesler, Woman of Valor, 33-34. In the historiography of the birth control movement, a central argument is over Margaret Sanger’s role in the movement. Historians depict her as a pioneering, heroic activist, a crafty political player who capitalized on the successes of others, and a social conservative who turned the movement away from its radical roots. The answer, of course, is that she displayed all these characteristics at one time or another in her long career. There are a variety of historical opinions on Sanger’s role in the birth control movement. The most thorough biography of the life of Margaret Sanger is Ellen Chesler’s Woman of Valor. David Kennedy’s book, Birth Control in America: The Career of Margaret Sanger, is flawed by sarcastic commentary, but offers a good overview of the movement’s status in the medical and legal communities. James Reed’s work, Public Vice, Private Virtue, covers the timespan of the movement but does not offer as much detail on Sanger’s personal life as Chesler’s work. Carole McCann and Linda Gordon focus more on politics of the birth control movement than on the woman herself.

9 Chesler, Woman of Valor, 16.

10 Chesler, Woman of Valor, 75-78.

11 Brodie, Contraception and Abortion, 290-291. Chesler offers a detailed version of the Sadie Sachs story; she does not claim to know whether it was truth or simply an anecdote created from dozens of women Sanger treated who resembled Sadie Sachs. Chesler, Woman of Valor, 63. See also Reed, From Private Vice to Public Virtue, 80.

12 Chesler, Woman of Valor, 81.

13 Chesler, Woman of Valor, 98-99.


15 Chesler, Woman of Valor, 115-116.

16 Chesler, Woman of Valor, 140-141. Sanger quote in Gordon, Woman’s Body, Woman’s Right, 225.

17 Gordon, Woman’s Body, Woman’s Right, 203-204. Gordon offers the most thorough analysis of the “first phase” of the movement, 1910-1920, a grassroots movement led by members of the Socialist Party rather than the later conservative era centered in New York and other cities.

18 Quotes in BCR (March 1917), 4. On Goldman, see Alice Wexler. Emma Goldman in Exile: From the Russian Revolution to the Spanish Civil War (Boston: Beacon Press, 1989), 1. For more on Goldman’s influence, see Chesler, Woman of Valor, 86.


20 Ibid., 553.

21 Reed, From Private Vice to Public Virtue, 69. Quoted in Gordon, Woman’s Body, Woman’s Right, 227.

Chesler, *Woman of Valor*, 150-151. Chesler claims that Sanger opened the first birth control clinic in the United States, while Gordon credits grassroots activists in Michigan for opening the first. Certainly, Sanger’s clinic was the first to hire a doctor to supervise examinations and do meticulous clinical research.


Kathleen Kennedy, *Dishonorable Mothers and Scurrilous Citizens: Women and Subversion during World War I* (Bloomington and Indiana: Indiana University Press, 1999), 3. Radicals faced a particularly brutal campaign in Montana. One historian has described the political repression that occurred as an “orgy of hysteria” that swept the state, as the I.W.W., the radical worker’s party, was accused of aiding German spies, striking workers were considered traitors, and newspapers were used to point fingers at suspected Socialists and radicals. After the execution of an I.W.W. campaigner, Frank Little, the *Helena Independent* editor called on the police to “hang every I.W.W. in the state.” The Montana Sedition Act of 1918 made political opposition risky, and the Montana Council of Defense ensured an “orderly, moral, proper [and] fervently patriotic” Montana. County Councils of Defense prevented Socialist, I.W.W. and Non-Partisan League members from public speaking engagements; even Congresswoman Jeannette Rankin was prevented from speaking because of her Non-Partisan League connections. For a description of World War I in Montana, see Chapters 6 and 7 in Toole, *Twentieth Century Montana*, quotes on 139 and 179.

Ibid, 50-52. Quotes on 44, 60.

“The Fight from Coast to Coast,” *BCR* (April 1918), 10.

See Gordon, *Woman’s Body, Woman’s Right*, 275-289, for an excellent overview of the movement and eugenics. In the end, most prominent eugenicist thinkers rejected Sanger and birth control, skeptical that it would reach the “unfit” classes. Historians disagree over how close Sanger came to eugenic thought. David Kennedy, in *Birth Control in America*, claims that Sanger’s need for dictatorial control led her to make questionable allies. McCann rejects Kennedy’s interpretation, arguing that far more important than Sanger’s psychological motives were the ways that the conservative politics of the interwar years shaped the present contraceptive system. James Reed and Ellen Chesler view Sanger’s attempts to put birth control under the auspices of physicians and her alliance with the eugenics movement as political compromises, not changes in Sanger’s personal ideologies.


Chapter 4

‘The Days of Ignorant Midwives are Almost Gone’: Women, Clinics and Doctors in Montana in the 1920s

Now, don’t you feel that instead of all the money the government and magazines are spending on telling how many children die from lack of care and how many mothers go to pieces and how many fathers are failures, they would take this money and either through good literature on the subject or a few good nurses sent out to lecture to the “Poor Mountain Women” or by good displays in the drug stores teach these same mothers a good way to prevent having so many children? Every home wants a child. It’s when they come too often that sorrows stack up.

— “Mother of Four,” Letter to Margaret Sanger. Birth Control Review. 1921

Dear Friend:

I have four children...all born so close that my physical condition is a nervous wreck. I have consulted doctors on this subject and it certainly is amazing to find these men so ignorant on this subject

— Letter to Margaret Sanger. Birth Control Review. 1923

As Margaret Sanger attempted to remake birth control into a respectable, middle-class cause in the 1920s, she also worked to forge an alliance between the birth control movement and organized medicine. Sanger adopted this strategy because of a judicial precedent, established in 1918, which allowed doctors to prescribe contraception if it was necessary for medical reasons. Judge Crane, presiding over the appeal case against Sanger in New York after her arrest for opening the Brownsville clinic, expanded the existing obscenity laws to allow a medical professional to “in good faith.” give contraceptive information or materials to “a married person to cure or prevent disease.”
The judicial community, while certainly not welcoming change with open arms, had opened the door just slightly to the dissemination of birth control.¹

Sanger was deeply ambivalent toward male doctors, distrusting their control over women and their desire to consolidate their hegemony over the dispensation of medical knowledge. In her pamphlet *Family Limitation*, Sanger argued that a nurse could easily make sure that a diaphragm was fitted correctly, and then women were capable of teaching each other how to insert diaphragms properly. However, by the 1920s, she argued that without the approval of professional medicine, without establishing a connection between the birth control movement and physicians, women who went to their family doctor seeking information would continue to come away empty-handed. In addition, Sanger believed that an open market for contraception could be dangerous, and she was infuriated that some patent medicine companies were already using her name to sell untested products. Deciding it was the right path, Sanger moved forward and began courting the AMA and influential physicians within organized medicine.²

The alliance with doctors in the 1920s led to a fundamental change in the rhetoric of the birth control movement. Where women’s needs had once been the focus of the cause, now private doctors’ needs became paramount. Birth controllers replaced “reproductive rights,” the right of women to have choice about reproduction, with “doctor’s rights,” the freedom for doctors to work without restrictions on their private practice. At the same time, physicians were lobbying to prevent the creation of a socialized medicine program through the Sheppard-Towner Act. As Sanger and her colleagues allied with doctors, they gave up on the possibility of allying with women reformers, working to bring socialized health care and education to poor and uneducated mothers under the Sheppard-Towner programs. This decision had a profound impact on the birth control movement and the health care system in the United States.³

Unfortunately for birth control activists, they had made reluctant new allies. In the early 1920s, most physicians exhibited a profound disgust towards birth control. This
disgust prevented many doctors from conveying information about contraception to their female patients. Protective of their status as medical professionals, most doctors declared birth control untested and unsafe, separating themselves from the taint of sexuality and indecency. Some gynecologists at this time refrained from conducting internal examinations to avoid embarrassing their female clients. Heirs of Victorian customs, many doctors were uncomfortable with the subjects of sex and sexuality, and even if they were willing to prescribe contraceptive products this discomfort hindered their ability to help women.⁴

Adding to their embarrassment of sexual matters, many physicians felt they had a duty, as respected, elite members of society to oppose the corrosion of moral values represented by birth control. Without the threat of pregnancy from illicit sexual activities, they argued, women had little reason to remain committed to husband and children. The image of the “New Woman,” which emerged at the turn of the century as elite young women went off to women’s colleges, delayed marrying so they could get an education, and created fulfilling lives outside of the traditional family, threatened the social order and the separation of the genders. In the 1880s and 1890s, physicians believed the rejection of motherhood would lead to physical consequences: sterility, facial hair, nervous exhaustion, and hysteria, among other symptoms. In the 1920s, a younger generation of New Women were derided in the media as mannish creatures whose demands for economic and political power were motivated by sexual frustration. Despite the changes in sexual and social mores, it was difficult for physicians to overcome the belief that women who rejected their traditional roles were “unnatural” and sexually troubled. Confronted by married women demanding birth control information in the 1920s, most physicians avoided the issue and simply advised their female patients to practice abstinence.⁵

There were some younger doctors who were willing to learn more about contraception. In 1921, a handful of doctors attended the National Conference on Birth
Control in New York, hosted by Sanger's newly formed American Birth Control League. Records from the conference indicate that a doctor from Laurel, Montana, made the trip and wrote down afterwards that he supported the aims of the conference. These physicians heard about the effectiveness of various birth control methods, and in his keynote talk, Dr. Adolf Meyer implored his fellow physicians to discuss sexuality openly with their patients. Four years later, at the Sixth International Neo-Malthusian and Birth Control Conference in New York in 1925, over one thousand physicians gathered to hear Dr. Hannah Stone report on her birth control clinic studies at the Clinical Research Bureau, which Sanger started in 1923 on Fifth Avenue with seed money from two wealthy benefactors. Although not yet willing to act, some physicians were at least willing to listen.6

Sanger was convinced that doctors were simply ignorant of new information on contraceptives and that education would help. Sanger sent Dr. James Cooper into the field in the 1920s to meet with medical societies across the country and educate doctors about birth control. On his national tour, Dr. Cooper arrived in Montana in the summer of 1926. As the Great Falls Tribune reported, Dr. Cooper addressed the Cascade County Medical Society on the “recent advances” in the birth control movement. Cooper told the reporter that he had gone from being barred from holding a public meeting on the subject to having trouble finding room in his schedule for more appearances. He reassured Montana doctors that putting birth control in their hands would keep it “private” rather than a subject shouted about from the rooftops by women reformers. He also assured them that Sanger supported physicians controlling the information women would hear about contraception. When Dr. Cooper visited the Western Montana Medical Society in Florence, The Daily Missoulian reported that he also stressed the health of the family, observing that too many children in improper living conditions was unsanitary. Dr. Cooper’s justifications, which talked more about doctor’s needs than women’s rights, was a far cry from the fiery rhetoric in Sanger’s first issue of The Woman Rebel. Dr. Cooper
expressed the fundamental change in the message of the birth control movement during the 1920s: doctors, not women in clinics, should control contraceptive information.

In part, the alliance between doctors and birth control activists emerged because more physicians were seeing female patients. The decade saw a rapid growth in the new fields of obstetrics and gynecology, and women relied increasingly on the family doctor for medical care, including prenatal care and childbirth. Women went from giving birth at home, with other women in attendance, to hospital deliveries under the care of a licensed physician. In an age when most Americans trusted that scientific progress was beneficial, more women began to put their trust in doctors instead of midwives and other practitioners.

This transition did not happen overnight, particularly on the homesteading frontier. Most pregnant women in rural Montana were still attended by midwives or neighbor women during the 1920s. Even into the 1930s, a doctor in Jordan, Montana estimated that less than half of the pregnant women in his county had a physician at their bedside for childbirth. Physicians sometimes observed deliveries at the woman's home in case of an emergency, but a birthing woman continued to gain advice and solace from her family and friends who surrounded her in the room. "Neighborhood midwives" often helped out during childbirth: these women would go to a birthing woman's house, help deliver the baby, and stay for a week or two until the new mother was back on her feet. Usually, the woman would give the neighbor a few dollars in payment. Emma Campbell, a Montana homesteader, argued that this system of female cooperation worked well. Significantly, however, Campbell's last two children were born in the hospital in the next town. The shift from home to hospital had begun, and it meant that women were increasingly dependent on physicians for their personal medical care.

Other homesteading women interviewed remembered when the system of neighborhood midwives was still dominant. Jessie Bierman, born in Kalispell, Montana, in 1900, recalled that neighbors were present at her own birth. On that day, her father

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wrote in his journal that "Mrs. Sinclair and Mrs. Waugh [were] present." It was not until the next day that her father went to town and "brought Mrs. Van Wagnen and Mrs. Angwood back to stay with Alice. Dr. Carver called," he finished. This scenario was typical at the turn of the century: women, at an expectant mother’s home, handled the birth and neighbors stopped by to pitch in with the housework. A doctor “called” briefly to ensure the mother was well.10

In the cold spring of 1920, Dovie Zehntner, delivering twins, faced a dilemma: with bad weather imminent, her brother-in-law asked whether she wanted him to fetch the neighbor or the doctor. Dovie chose to have her neighbor by her side during the delivery. She insisted he get Bessy, who arrived just as the second child was being born. For many women, assistance with the household chores was probably more of a priority than the medical examination by a physician after the birth.11

Gradually, more births shifted from home to hospital in the late 1920s. Elizabeth Weldon had her mother, experienced in midwifery, attend the births of her first children, but she also had a Billings doctor by her bedside at each birth. Like Emma Campbell, Weldon's last two children were delivered in a hospital, despite the fact that her mother was an experienced midwife. By the late 1920s, a Montana newspaper could declare with confidence in a headline that the “Days of Ignorant Midwives” were almost gone.12

This transition occurred much later among Montana’s immigrant communities. The "grandmothers" in the German and Russian communities in Montana practiced medicine unknown to outsiders, and these elderly women also tended to women in labor. Many immigrant women were reluctant to be treated by a male doctor, particularly about matters of pregnancy and childbirth, and some even chose to find women doctors when they received hospital care. However, even within immigrant communities the shift to hospital medical care had begun by the 1920s.13

Although gynecologists and obstetricians saw an increasing number of women patients, they were not able to lower the risks of childbirth. During the 1920s and 1930s.
according to Judith Leavitt’s analysis, more women died in labor at the hands of medical doctors than midwives. Midwives did not use “twilight sleep,” the use of chloroform or ether during delivery, which caused women to be unconscious during labor and required doctors to use forceps more frequently. First used in Germany, "twilight sleep" (scopolamine) was introduced to America in the early twentieth century to end the pain of childbirth. Many obstetricians marketed it as more humane, scientific and modern, in an attempt to separate their own field from general practitioners and midwifery. In fact, many women were demanding that doctors use chloroform or ether during labor to avoid the pain of childbirth. Some doctors were reluctant, but others used the drugs haphazardly. Leavitt argues that physicians agonized over the complications that resulted from interference in the birth process, including tears, hemorrhaging, and other problems. Obstetricians wanted to separate their profession from the practice of midwifery, but they could not provide a less risky alternative.14

This shift from home to hospital put women’s health, for better or worse, in the hands of family physicians. Women now approached their private doctor when they wanted reliable contraception. Practitioners of non-traditional medicine (“irregulars,” as established physicians called them) had often provided local women with contraceptives and abortions. In one Montana town, a local osteopath performed abortions in his home "right on Main Street" where he was operating "his own little hospital." In Miles City, a husband and wife with no medical background performed abortions using herbs as a profitable side business. In Billings, a girl was given the name of the local chiropractor when she decided to go into town for an abortion procedure. Women had often turned to non-traditional medical practitioners as a vital source for contraception and abortions.15

In Montana’s larger towns, maternity homes had also served as a connection to contraception and illegal abortions. Maternity homes housed rural women in town, allowing them to deliver their babies and receive postnatal care for a small fee. The La Rue Maternity Hospital was started in 1922 in a quiet residential neighborhood in
Missoula. According to town gossip, rural women could obtain abortions at this small, privately-run hospital. The La Rue hospital was only in operation for five years before it shut its doors around 1927.¹⁶ One doctor recalled that abortion procedures were done at these “so-called hospitals” because the big hospital in town was run by the Catholic sisters. Doctors certainly blamed maternity homes for high maternal and infant death rates in Montana. In her 1923 report, Dr. Frances Sage Bradley, Director of the Child Welfare program of the Montana State Board of Health, assured her readers that “a careful check is being made on all maternity homes in order to accurately place the responsibility for the high maternal mortality and the low birth rate which is accredited to this state. Midwives also are being investigated for the same purpose.” Maternity homes had served as an alternative to hospitals and licensed physicians, and as a source for birth control, but by the end of the decade many maternity homes were also disappearing as licensing requirements grew more strict. With the gradual disappearance of unregulated medical practitioners, maternity homes and midwives, women relied increasingly on private doctors for medical advice and contraception.¹⁷

As the economic situation in Montana worsened during the 1920s, desperate women entered the offices of their family doctors and demanded an alternative to unwanted pregnancies. Even in Catholic hospitals, sympathetic doctors would occasionally perform abortions: one social worker remembered that they “call[ed] it a cystic ovary...they would practice it even in Catholic hospitals, and be all over and done before the head Sister would even know, and they'd call it by another name.” Although a few doctors in Catholic institutions were willing to secretly help women who requested abortions, most physicians refused to consider the procedure if it was not a medical necessity.¹⁸

Doctors’ unwillingness to take a public stand in favor of reliable contraception allowed contraception and abortion to remain linked in the public mind. In 1934, the American Birth Control League sent a questionnaire to each medical society in Montana.
Despite Dr. Cooper's hospitable reception from the doctors in Montana in 1926, the response was chilly. In Cascade and Deer Lodge Counties, no doctor was willing to commit to giving "contraceptive instruction" to patients. In Lewis and Clark County, one physician, a Dr. Shearer, declared a willingness to take referrals and give advice. The Fergus County Medical Society wrote back that two doctors were willing to take referrals, and that their group had engaged in "informal discussions" on how to handle the topic for a number of years. On the other end of the spectrum, Dr. B.L. Pampel of the Livingston Medical Society wrote back to the ABCL that they considered birth control "dangerous" and they were "absolutely opposed" to it. In 1934, in fifteen counties across Montana, only three doctors were willing to talk to their female patients about birth control options. Even more surprising, only four medical societies wanted to even see the latest scientific information on the subject. Although Montana women had received scanty information from other medical providers, they fared worse when they turned to their own doctors."

Even as birth controllers forged an uneasy alliance with the medical community, they found few friends among the women in the public health movement. The public health movement reached its peak during the Progressive era; as politicians embraced the idea that government could play a role in reducing disease and cleaning unsanitary streets and neighborhoods, they also embraced the idea that government could prevent disease and hardship through education. A few public health officials came out publicly in support of birth control during the Progressive years: the Commissioner of the State Board of Health in New York gave Sanger his official endorsement, supporting contraception as part of a cure for New York's problems with overcrowded tenements, disease, and illness. Dr. S.A. Knopf also spoke in favor of birth control at the 1916 American Public Health Association annual meeting. He strongly advocated the creation of free birth control clinics where doctors would give out birth control information and services to mothers with tuberculosis and other health problems. During the height of
progressivism, public health reformers and birth control activists seemed to share the common belief that the government had a responsibility to improve the health of mothers and children.\textsuperscript{20}

When the Sheppard-Towner Maternity and Infancy Protection Act was passed in 1921, birth control activists viewed the act as an important opportunity. The Sheppard-Towner Act was a groundbreaking program that allocated matching federal funds to state-run clinics devoted to maternal and infant health. Sanger thought that she could either model clinics after the Sheppard-Towner clinics, or convince federal agencies that birth control should be included as part of the organized Sheppard-Towner campaign. It seemed possible that together, the Sheppard-Towner bureaucracy and birth control leaders could negotiate a place for birth control in a pioneering program devoted to women’s health and funded by the federal government.\textsuperscript{21}

However, the women who worked in the U.S. Children’s Bureau and the Sheppard-Towner clinics never advocated birth control as a solution to poor maternal and infant health. Despite their common goal of improving the lives of mothers and their children, welfare feminists - the term historian Molly Ladd-Taylor applied to women in the Sheppard-Towner bureaucracy - and birth controllers were unable to forge an alliance during the decisive years of the early 1920s. In part, welfare feminists were understandably concerned that any public approval of birth control would threaten the government funding for their educational work. They feared that being depicted as free lovers, a label used to discredit feminists and woman suffrage in the nineteenth century, would ruin their credibility with politicians. For many welfare feminists, their personal disapproval of birth control probably matched their public distaste. As Carole McCann has observed, Catholic women were instrumental in the passage of the Sheppard-Towner Act, and extremely active in implementing its programs. Probably in private, and certainly in public, welfare feminists clung to traditional ideas about female chastity.
purity, and moral superiority that clashed with the fiery rhetoric of the early birth control movement."

The actions of birth controllers were also to blame for the problems between the two groups of feminist reformers. Birth control activists quickly established a hostile relationship with the federal government that precluded the possibility of working within the structure of the Sheppard-Towner programs. As historian Robyn Rosen has observed, the alliance with doctors in the 1920s led to a change in the rhetoric of the birth control movement, from women’s freedom of choice to doctors’ freedom from federal control. Birth controllers, in Rosen’s words, were changing “the freedom to use birth control into the freedom of physicians to help their patients” without government interference, as reproductive rights became doctor’s rights to work without restrictions on their private practices. At the same time, physicians were engaged in an organized campaign to end the Sheppard-Towner programs and prevent the implementation of socialized health care. As Sanger and her allies fought the “inappropriateness of federal power” in women’s lives and argued against the “custodial welfare state,” they were at cross-purposes with Sheppard-Towner women. In Rosen’s interpretation, concrete political differences prevented welfare feminists and birth controllers from becoming allies, not just differences in how women viewed their own sexuality and “proper” role in society. Birth control activists threw in their lot with physicians, who were actively opposed to the socialized medicine articulated by Sheppard-Towner feminists.

For their part, welfare feminists wanted nothing to do with the birth control movement. Many welfare feminists strongly supported sterilization laws that would reduce the problem of “unfit” children. In 1927, the U.S. Supreme Court ruled sterilization laws were constitutional, and many states had passed a new wave of legislation promising to prevent the "manifestly unfit" from foisting their "degenerate offspring" on the welfare of the state. By 1932, over half of the states in the nation had active sterilization laws in some form. Maggie Smith Hathaway, Montana’s Director of
Child Welfare, also served as a lobbyist for the Legislative Council of Montana Women, the political arm of various Montana women’s clubs. With Hathaway’s help, the Legislative Council successfully lobbied for a sterilization bill, which the President of the Women’s Federation announced as “one of the outstanding triumphs” of the 1923 session. In response to criticism about government spending on the unfit, welfare feminists advocated sterilization instead of sex education and contraception. With birth control activists and welfare feminists fiercely intent on their own agendas, an alliance between the groups became virtually impossible. Due to these differences, a broad political coalition of women fighting for reproductive rights never emerged during the 1920s.\(^{24}\)

By the end of the decade, the birth control activists had gained a degree of legitimacy and popular support because of their alliance with physicians. However, they achieved this credibility only by compromising their fundamental message. In an attempt to gain respectability, birth controllers abandoned sexual freedom as the keystone of the birth control movement. In the birth control propaganda distributed by the American Birth Control League and its affiliates, the image of the ideal woman shifted dramatically from a sexually liberated woman to a "responsible" and well-educated mother. Doctors’ rights took precedence over women’s rights, and the result was that men gradually took over birth control organizations and clinics.

As the core message of the birth control movement was transformed, the strategies for the movement also changed. Instead of distributing birth control pamphlets in the streets to working-class women, national birth control leagues focused on strengthening their connections with the medical community and hosting charity balls attended by wealthy society women. Birth control leaders did not completely abandon feminism; instead they utilized conservative ideas that were shared by mainstream feminists. As eugenics gained credence with many Americans, birth control activists were willing to use eugenic and economic arguments if they facilitated widespread approval for the
movement. In some ways, their strategy was effective. Under the watchful eye of doctors, a handful of birth control clinics across the country were able to provide information and services to some women who would not have received the information otherwise. However, their actions encouraged the belief that physicians should not only control women's choices about reproduction, but also judge which women were unfit for motherhood.25

Ultimately, the choices made by the birth control movement hindered the creation of new clinics. As the federal government refused to fund birth control clinics, the clinic system faltered by the end of the decade. The Sheppard-Towner program, hounded by critics of federal spending and the AMA campaign against “socialized” medicine, was cut off from federal appropriations by 1929. Clinics had been struggling to retain clients, primarily because they rarely received referrals from local doctors and clinic staff tried to serve only desperately poor women in order to placate physicians. To make matters more complicated, the diaphragm proved to be unpopular among the clinics’ working-class clients. By 1930, there were 55 clinics in only twelve states across the country. Margaret Sanger’s clinic in New York aided nearly two times as many patients as all the rest of the clinics across the country. The chain of birth control clinics envisioned by Sanger, which would have been an effective way to reach rural and uneducated women, had never materialized.26

While the national birth control leadership focused on legislation that would give doctors the power to prescribe contraception, instead of concentrating on creating a federally subsidized clinic system, radicals gradually drifted away from the birth control movement to other causes. Despite her efforts to gain their support. Sanger herself retained her skeptical view of doctors, refusing to allow physicians to control which clients received birth control in her New York clinic. But publicly, the movement’s alliance with the medical community excluded the mass meetings, public protests, and illegal clinics which had been vital in the early years in the birth control movement.
Unlike European birth controllers, as one population expert observed, it also led to an extremely cautious approach, with an emphasis on "case histories," "white coats," and a disapproval for both abortion and non-licensed providers of birth control. Despite the proven need and desire for contraception, politicians were unwilling to support or subsidize birth control and doctors were largely unsupportive of the research to find better birth control methods. Sanger had succeeded in turning birth control into a mainstream cause.27

The cautious approach shown by most birth control reformers in the 1920s alienated rural women. In an article about her tour of the west in 1919, Sanger observed that western women wanted "practical knowledge" and were weary of "indirect methods." She noted that "only women who are the heads of clubs are still hopeful of having the laws changed...the rest simply...want the information." She stated:

It had become plain to me that these women had lost faith in legislation, just as they had lost faith in the courts. They demanded something more than they demanded four years ago or two years ago...ten or fifteen women were upon their feet at once — not to discuss generalities, but to ask advice upon their own practical problems...the decided shift to direct action indicated how thoroughly they have put aside their faith in the machinery of law making and law enforcement.

Rural and poor women were not hostile to feminism in the 1920s, but they were left adrift by feminist organizations. Despite the fact that rural women wanted information, there was no organized effort to recruit their involvement. As most doctors were still opposed to contraception, and the birth control movement abandoned direct action strategies that put information in the hands of poor women, rural women were still left in the dark about birth control as the Roaring Twenties drew to a close. As seen in the next chapter, rural women refused to quietly acquiesce to their own disenfranchisement. Instead, they took action by writing letters to the local newspapers, to women reformers, and to their political representatives. By "bursting into print," as one angry man phrased it, rural women expressed their frustration that they were still
uninformed on the subject of contraception, and their unwillingness to tolerate unwanted pregnancies.28


4 Linda Gordon, *Woman’s Body, Woman’s Right,* 255. See also Chesler, *Woman of Valor,* 269. James Reed, *From Private Vice to Public Virtue,* 145, 157-159. As Chesler points out, some doctors were so uncomfortable with women’s sexuality that they discouraged women from riding bicycles because they feared women would become sexually stimulated.


8 Leavitt, *Brought to Bed,* 87, 79.


11 Zehntner Interview, Women’s Oral History Project, Mansfield Library, University of Montana, Missoula.


16 *History of the West Side,* (Missoula: 1971). In author’s possession.


Margaret Sanger Papers, Library of Congress, Volume 149, Reel 96 of 145, microfilm.


Rosen, "Federal Expansion. Fertility Control, and Physicians in the United States," *Journal of Women's History* Vol. 10, No. 3 (Autumn 1998), 53-73; pp. 62-63, 65. Rosen disagrees with McCann that the crux of the issue was women's sexuality, arguing that the two groups did not have significantly different views on women's sexuality, and that the actions of women reformers were about more than their "ideas about women's proper place." Activist women were, in her words, politicians who "made compromises, formed coalitions, and acted strategically to reach their goals."


McCann, *Birth Control Politics,* 126-127. McCann disagrees with Linda Gordon that the birth controllers rejected their feminist roots. In McCann's words, if their compromise constituted an "abandonment" of feminism, "then there were no feminists during this period."


Quoted in Gordon, *Woman's Body, Woman's Right,* 268.

Chapter 5

‘Women are Bursting into Print and Crooked Politics’: A Montana Town Meeting, 1921

I am willing to wager my next week’s salary that Mrs. Katzoff runs the house – but she is careful that Father Katzoff doesn’t know about it. Men are children – run the household the way you want to but be sure to let hubby think he’s doing it.

– Letter to Editor, Daily Missoulian, 1921

The public debate over birth control was partly driven by a deep uncertainty about the role of married women in American society in the 1920s. One journalist observed, looking back in 1932, that "no topic was so furiously discussed at luncheon tables from one end of the country to the other as the question whether the married woman should take a job." As radical activist Crystal Eastman phrased it in 1927, married women and work was “the great woman question” of the day. Despite Sanger’s best efforts at educating the public, the compelling need for birth control was overshadowed once again by ideas about women’s proper role.

From 1900 to 1930, the number of married women workers steadily increased. In 1900, married women comprised only 15 percent of the female work force: by the end of the 1920s, that number had risen to one-third of working women. Although only a fraction of all wives worked during this decade, the issue remained highly controversial. Particularly visible were the small but growing number of professional women: while they were still only 14 percent of all working women, these women had the most chance of achieving economic independence. In a 1924 survey of middle class men, a majority stated that married women should not work at all, and an even greater majority believed
that mothers should not be working. Even feminists, who advocated women's equal access to work, often supported part-time work as the solution for busy housewives. Overall, most women and men viewed women's work as a "temporary removal" from the home. Nancy Cott has theorized that the result of the "hostility and discrimination" against married women who worked was not to keep women out of the work force but to maintain them "in its least lucrative or desirable sections" working for dismal pay. Regardless, in the face of widespread cultural disapproval, the number of women who kept working after marriage or joined the workforce as married women continued to rise throughout the 1920s.2

The rising divorce rate was also a topic of concern for Americans during the 1920s. By 1924, one in seven marriages ended in divorce. Women continued to initiate divorces; in 1928, two-thirds of all divorces granted by the courts were filed by women. Glenda Riley has noted that while Americans had a number of theories for the rising divorce rate, including secularization and industrial changes, women's altered status was most often blamed. The issues of married women working and divorce seemed inextricably linked.3

To many Americans, it seemed that helping women gain access to birth control would only accelerate a number of pressing social problems. Not only would wives be able to continue working after marriage, but married women could leave their husbands with impunity. Freeing women entirely from the fear of pregnancy seemed to pose a terrible threat to the family and the nation. As historian Lynn Dumenil has observed in her outstanding history of the 1920s. The Modern Temper, ideas about "women's primary duty to the home" grew stronger at the same time that these fundamental changes in women's lives altered that ideal. Just as it had in an earlier century, disconcerting social change inspired attempts to control women's sexual behavior in the 1920s. While society seemed helpless to slow the divorce rate or prevent women from working, certainly the
Comstock laws could remain in place. This seemed to comfort many Americans that traditional values would not be entirely eradicated.¹

As this public debate over “the woman question” heated up in communities across the country, rural communities seemed particularly threatened by the changing status of women. Across the Great Plains states, households were already strained by poverty, transiency, and environmental disasters. In 1919, drought crept across the plains, and fires and insects came in its wake, destroying struggling homesteads. In Montana, by 1920 wheat prices had bottomed out after the boom years of World War I; lumber and mining industries also suffered. As one-half of Montana homesteaders lost their farms, thousands left the state for greener pastures. Montana was the only state to lose population in the 1920s. As Lillian Schlissel has noted, in sparsely populated areas where social institutions were makeshift at best, family households served as the most vital "bulwark" against disorder. In a frontier environment, the family became the most important line of defense against chaos and uncertainty, and threats to the family were especially alarming. The husband-wife team was central to the organization of the family homestead and farm: without it, rural communities believed the agrarian system would collapse entirely.²

Since rural communities had the most to lose by women abandoning their traditional roles, it made sense that rural communities fought the hardest to ensure that women remained devoted to their role as wives and mothers. Even as moral codes loosened in big cities in the twenties, vigilant kin and community prevented rural women from testing these new moral codes. As Dee Garceau has argued, girls in small ranching communities were still held responsible for sexual misdeeds, and they could be cast out of the community if they were caught in an indiscretion. Dance halls did not emerge as they did in eastern states: fathers wanted to make sure that their daughters married “their own kind” – preferably a boy from a local farm who stood to inherit his own farming
land. To ensure the survival of rural communities, the traditional division of labor could not be questioned.⁶

Even as divorce, work and economic hardship threatened the family structure, and rural communities tried to combat these influences, other forces encouraged Montana women to challenge the traditional division of labor on the homestead. Montana women did not lack for role models that had scorned conventional roles as wives and mothers. "Pioneers, prostitutes, and politicians" were an unholy triumvirate that served as potential examples to a new generation of daughters. Led by the Populist lawyer Ella Knowles, Montana women had won the vote in 1914 and flexed their political muscles by electing three women — Emma Ingalls, Maggie Smith Hathaway, and Gwen Burla — to the state legislature, and sending Jeannette Rankin to Capitol Hill as the first female to serve in the United States Congress. In addition to strong-minded female politicians, the Women's Christian Temperance Union had established over 200 local clubs across Montana by 1916. Culminating in the vote, women had exerted a powerful moral and political influence in Montana. In more recent years, Butte's own Mary MacLane, who sold her best-selling, lurid diary of her teenage years to a Chicago publisher in the 1910s, represented a "dangerous influence" to impressionable youth. If young Montana women wanted to defy tradition and convention, they had plenty of homegrown role models.⁷

In 1921, an editorial debate occurred in a local Montana newspaper, the Daily Missoulian, that pitted rural men against women in the debate over the "woman question." The newspaper debate revealed rural women's attitudes about birth control during the 1920s. Montana women were challenging the Comstock laws, and demanding greater access to birth control information. Significantly, few women who wrote into the newspaper questioned their role as wives, mothers, and unpaid domestic workers.

However, many women had begun to view birth control as a vital component of these traditional duties. Rural women were willing to serve in their familiar role as wives and
mothers, but they were not willing to raise as many children as their own mothers had raised. They clarified this unwillingness through their letters to the editor during the newspaper debate. If conditions did not improve within rural families, younger women threatened to take more drastic steps: divorce and desertion. Ultimately, younger women threatened to abandon the rural community for greater freedoms in the city.

Men, on the other hand, vocalized a determination to keep women in their place, even using physical violence if necessary. They also voiced a belief that motherhood "tamed" women, ensuring that they continued to serve the family and did not become too independent. Even as rural women argued that birth control would enable them to be better wives and mothers, rural men insisted that denying women birth control ensured that women would not abandon the family.

The editorial "war between the sexes" began over an article about a doctor who claimed to have "solved the problem of matrimonial felicity." at least according to the enthused male reporter. "AT LAST! A MAN WHO KNOWS ABOUT WOMEN," the headline announced. Dr. Simon Katzoff, psychoanalyst, author, and lecturer, had established a "School for Brides" in Connecticut. He also had a book coming out, "How to Hold a Husband." to educate future brides.

According to Katzoff, husbands deserting their wives were the main cause of rising divorce rates. Therefore, it was vital to teach women how to keep a man. "Education of wives and future wives is a vital need." Dr. Katzoff affirmed. "Too many women take it for granted that the moment they marry a man they have a mortgage on him...they must learn the divine gift of silence — the power of saying nothing." Wives, rather than wandering husbands, would need to modify their behavior.

Katzoff blamed "traditions" for causing misunderstandings and "mis-education" among younger women. The term "tradition" implies knowledge handed down from mother to daughter, father to son. A generation of mothers apparently did not appreciate the "divine gift of silence;" instead, they had campaigned publicly and vociferously for
woman suffrage and prohibition. The traditions of female authority handed down by earlier generations of American women were apparently to blame for hostility among couples and a rising divorce rate. The "modern" woman of the 1920s would need to relearn how to keep a man.9

Katzoff created "Ten Commandments" for modern wives, including the following suggestions:

1. Marry for love if you want to hold your husband.
2. Give him freedom to come and go as he likes, to do what he wants to do.
3. Use endearing terms.
4. Ask for things; never demand them.
5. Correct his habits by giving him attractive substitutes.
6. Give him plenty to eat — the kind of food he likes and not the kind you like — and serve it on time.
7. Achieve neatness and simplicity in your dress.
8. Use twin beds — or separate rooms if possible.
9. Keep the home and business separate.
10. Keep healthy and don't complain of headaches.

Katzoff also argued that women who worked outside the home destroyed the "patience, kindness [and] tolerance" required of a proper wife. Women who entered the business world, smoked, or cut their hair were trying to imitate men. The doctor argued that the growing number of women working was the direct cause of most divorces.11

It did not take long for Montana women to respond. As an editor of the newspaper phrased it, the article "struck like a bomb shell" in a community trying to come together to weather financial catastrophe. Although the article had never mentioned birth control, women's letters implied that unwanted pregnancies, not women's desire for independence, were the main source of acrimony between rural husbands and wives. A young woman (calling herself "Subscriber's Daughter") declared that women had a right to "make their own laws" governing themselves and their children, since men's laws left
women helpless and overburdened. She criticized the Comstock laws that prevented knowledge of birth control from reaching rural women:

Look at the big families there are. Mothers are worked to death and children brought up in ignorance and poverty. There were eight in our family and my mother has worked and worried until she is older than she should be by many years. But man makes laws against child-birth control and...fills all the homes and asylums in the country.11

During the Progressive years, standards of motherhood had grown considerably. The “better baby” movement, which resulted in the establishment of the U.S. Children’s Bureau in 1912, sought to educate rural women on hygiene and infant care. Many (though certainly not all) rural women were eager to learn more scientific information on homemaking and childrearing. In 1927, one radio announcer claimed to have “thousands” of “progressive women on farms” listening to his station’s programs on nutrition, child care, and domestic economy. Women’s magazines, demonstration trains, well baby clinics, radio shows, board of health bulletins and county fair booths also brought information to rural women. As more rural women were influenced by middle class ideas about what constituted “proper” motherhood and modern practices of hygiene, nutrition, and education, they wanted more for their own children than they could provide.12

Rural women argued that knowledge of birth control was a prerequisite to “better babies.” Clearly, Subscriber’s Daughter was no longer willing to bear eight children, as her mother had done without question or protest. She also was unwilling to raise her own children in “ignorance and poverty,” as she viewed the upbringing of many children on farms and homesteads. Knowledge of effective methods of birth control would allow rural mothers to have fewer, more educated, healthier children.13

Another writer (“Bachelor Girl”) questioned the logic of the Comstock laws, observing that women had always known about methods to prevent births:

In the olden days all the married women were supposed to know was about the efficiency of tansy pills, tansy tea, and such compounds...when married women spoke of Lydia Pinkham’s Vegetable Remedy in those
days they spoke of it in a whisper...If women know all of these things why
is it such a crime to let it be known.\textsuperscript{11}

As Bachelor Girl keenly observed, it was not the private use of birth control that
was objectionable, but women who questioned birth control laws. When women openly
discussed contraception, they were held up as a glaring example of female rebelliousness.
Rural women argued that some men were trying to bring women back to the time when
"an expectant mother couldn't walk down the street without feeling [the] jeers" and "ugly
glomerces."\textsuperscript{15} Subscriber's Daughter remarked that men prevented women from "knowing
anything" because they were afraid women would "begin to have a few rights and become
independent of you." It was not the use of birth control that was offensive, but the open
discussion of it that presented a challenge to traditional social roles. By acting rebellious,
rural women threatened to "become independent" of the nuclear family: the foundation of
homesteading life.\textsuperscript{16}

In the editorial debate, Montana women also demanded that women deserved
compensation for domestic work, including mothering. A married woman from the small
town of Darby observed sarcastically that. "Being a man. [Katzoff] overlooked the main
rock in the matrimonial seas — money." She argued that wives should receive a "decent
allowance" for the "household drudgery" they performed "for a man and the children he
brings into this world."\textsuperscript{17} Echoing this theme, Subscriber's Daughter proclaimed that
husbands needed to help with the housework: wives who "work for their share of food.
clothes and pleasures" had a right not to ask for equal freedom and independence, but to
"demand them." Most feminists in the 1910s focused on women's right to a career, and
viewed the abandonment of housework and the move to wage earning as a crucial step
towards women's individual independence. Rural women, on the other hand, continued
to argue that household work was of value to society and deserved just compensation.
Rather than simply accepting the traditional division of labor, where farm wives labored
without compensation or ownership, rural women sought solutions that compensated wives for their hard work.18

Other women criticized the sexual double standard still powerful in rural communities. Women who wrote to the newspaper castigated those who "receive the prodigal son" but "cast the prodigal girl from their doors with a curse."19 One woman scolded those who claim that girls who "go wrong" are as much to blame as men. "I know better...the prodigal girl is not received, even if she is tolerated, and never lives down her reputation." She noted that there were "good pure men as well as women...who believe in the single standard" but that society still held women to a different code of manners and morals.20

According to Deborah Fink, the sexual double standard in rural communities served to control women's behavior: it discouraged women from living alone and from engaging in any behavior that cast doubt on her "moral credibility." The rigid codes for women's sexual purity affected women's ability to do outside work: country school teachers were fired when they got married partly because school boards did not want sexually active women teaching children. Single female teachers were role models for young children; therefore, their morality had to be beyond question. Rural women understood that the double standard limited women's ability to grasp new freedoms. They criticized the sexual double standard, not to encourage younger women to be sexually promiscuous, but because the double standard reinforced ideas that women's sexuality was the property of men, which only husbands and fathers should control.21

The newspaper began to run the incendiary debate under the eye-catching headline "The Battle of the Sexes." As the men entered the fray, it was clear that the debate itself was a sign of women's increasing independence. One man complained. "Why do not the women drop this stuff [sic]? It is rarely brought up by man...Cut out this stuff, fair ones, and stick to the old fight." He criticized the women writers for "burst[ing] into print and
crooked politics” in order to control men. A man (writing under the name of Watt) called Subscriber’s Daughter a "regular he-girl" whose critical view would "rob" her of the ability to find a man. The fact that women were writing to the newspaper at all was a violation of their proper place in the community.--------------------

In other words, women deserved the protection of the law but had no right to demand that protection. Watt commented that women were "not meant" for "mixing in politics or business" or "having to be a public servant.":

Yes, you have a right to have laws to govern yourself...but why not try to use your influence in your [own] home... the woman of today is pretty well educated along the lines of birth control, despite the law against it.

Watt, who was married with only one child, apparently did not condemn the use of birth control. But rural women who demanded information were "mixing" in political matters. Montana men showed resentment at the political influence that women already possessed. Under the eyebrow-raising pseudonym “Another Beast,” one man grumbled that "Woman [sic] have ruled the world for years and do now." According to Another Beast, some women apparently were not satisfied with being "the power behind the throne:" they thought "the only way...is via the vote and getting into office." Obviously, not all men were happy with the fact that Montana women had won the vote in 1914, and they continued to try to limit women’s political involvement.

In a region where the signs of economic depression were already apparent, anxious breadwinners feared that relaxed birth control laws would lead to married women competing for scarce jobs. “Watt” was particularly incensed that birth control would enable married women to work outside the home. He argued that when husband and wife both worked, one woman was deliberately "starving a whole family." Working wives were personally responsible for "poor little cold, hungry... children" whose father could not find work. For many men, birth control was not only a symbol of social chaos and the disintegration of traditional gender roles; it was also a symbol of deepening economic chaos. Even as men saw the economy worsen in rural areas in the plains (and Montana’s
economy had been on a downturn since 1919) birth control would mean that hard-
working heads of households would be unable to get work because of “selfish” women.
These arguments were effective in the 1920s; they kept women in marginal, poorly paid
jobs, and married women were the first to be fired. To many, birth control would cause
economic ruin as well as social disorder.24

For rural men, motherhood, not just marriage, was the key to social and economic
harmony. Nurturing motherhood not only "tamed" women but also controlled the next
generation of daughters, who would run amok if their mothers were negligent. "Another
Beast” declared that Subscriber’s Daughter was just a young "man-hater" who had been
created by a negligent mother. "Its a pretty safe rule that, if you want to know a girl, study
the mother," he pronounced. Allowing the birth control laws to remain kept in place a
vital tool for controlling these "unruly" young women. Only constant motherhood would
keep these girls in line.25

Where laws failed, physical punishment was an effective response to wives who
challenged their husbands. “Diogenes” suggested punishing an "unruly woman" by
locking her in the clothes closet with only bread and water until she could "be decent
about matters pertaining to authority." "Misguided" modern girls, in Diogenes’s view,
were children who strutted the streets with hair "puffed out" and stockings exposed.
Diogenes ridiculed working women, implying that stenographers wasted their work hours
applying powder. He told the story of one "unlucky creature" who had the "hard luck" to
be married to a "self sufficient" woman. "We all know that there are men who beat their
wives," he noted, "but do we ever stop to think that perhaps they have been provoked
beyond control?” To Diogenes, physical punishment was justified if rural wives were
"unruly," or even overly “self-sufficient” and modern in the way they dressed or acted.26

Rural women were all too aware that physical violence was often how men kept
women fulfilling their traditional duties. One woman writer recalled a childhood spent
with "terror in our hearts," as the children "stopped any activities...as soon as father came
into the room. Mother had to get out of bed as soon as the alarm went off or she got a kick out of it." She asked the newspaper to call off the war between the sexes, claiming that the hostility surrounding the subject of birth control was not worth causing animosity between rural husbands and wives. She insisted that it was "destroying...happy homes" and "spreading strife and turmoil" wherever it was read. She argued that "patient years of training, teaching and taming" had gone into convincing men that they were "no longer brutes," that women had used their "ingenuity and not a little prevarication" to bring men to a "higher standard." Women insisting on additional rights would only result in a return to the days when her mother stood terrified that the coffee she had served was not the right temperature.27

Tragically, western men could draw on a long and glorified tradition of using force to "tame" their surroundings and its inhabitants in American myths about the frontier west. The myth of the western vigilante condoned physical aggression and frontier justice. The isolation of farm women rendered them particularly helpless against domestic violence. During this period, women would ordinarily turn to kin for protection against an angry husband. However, few women on Montana homesteads were within reach of extended family. In the Progressive era, social work agencies were created to respond to family violence; however, in Montana, the child welfare agents had a vast territory to cover and far too many cases to investigate. Farm women were often unwilling to destroy the family over incidents of violence, as indicated by the woman's letter to the newspaper. Instead, they often devoted themselves to temperance, blaming alcohol for the violence they experienced. All too often, men in isolated rural environments did use physical beatings as a last resort to quell the demands of an "uppity" wife who demanded more household money or help with children.28

The town meeting served not only as a battleground between men and women over birth control and "the woman problem on the farm," but also between different generations of women. In the 1920s and 1930s, the gap widened irrevocably between the
moral and social codes of mothers and daughters. Unable to shake off the Victorian codes instilled since childhood, many women feared their daughters were on a path to sexual licentiousness. Many older women were wary of unrestrained sexuality as the path to women's rights: relaxing birth control laws did not seem to represent the path to equality between women and men. Younger women, meanwhile, had different motives. They did not want to serve as "social housekeepers," working tirelessly and selflessly to purify American society and provide for children and husbands. As Nancy Cott has observed, no generation had seen greater changes in sexuality than in the 1920s; these changes would lead to an impassable breach between many older and younger women, who spoke an entirely different language from their Victorian mothers.  

It is apparent from the newspaper debate that this generation gap was alive and well in rural communities as well as urban ones. An older woman chided Subscriber's Daughter for getting "carried away" in her "defense of her sex." In her opinion, "common sense" was the only "practical" birth control law; the kind that could be "neither...passed nor enforced" by legislation. Girls who found themselves pregnant had only themselves to blame for engaging in premarital sexual activity. She wryly claimed to "know too much about the 'innocent young girl' of the present age" to blame men for ruining young girls. She was vocal about women's rights to equal participation in politics and marriage: she argued that "marriage is a partnership," and that women "have as much right" in business or politics as men did. In addition, social changes did not indicate sexual looseness — "cigarettes" had "nothing to do with sex" and both men and women had "a legal right to smoke and drink." But she adhered to the view that women were the moral guardians of society, while men were "children" to be guided and influenced.  

"Alberton," another older woman, agreed, insisting that while "woman may be competent to manage her interests, vote and hold office," when she wanted "the same standard of morals" she defied her innate nature. She warned Subscriber's Daughter to remember "that man is a hunter." These older women, clearly advocating women's
political equality, feared that relaxed morals were a questionable path. An older generation of women believed that "marriage and monogamy were a woman's hard-won protection against the merciless selfishness of men." They feared sexual promiscuity and "clung to the view that motherhood was a woman's vital source of dignity." For a younger generation of women, on the other hand, modern views on marriage and sexuality brought positive changes in women's role. To younger women, divorce was a powerful bargaining chip in negotiating women's duties as wives and mothers. According to Subscriber's Daughter, when she eventually married "and the kids are cross...and the brute comes home telling his troubles. I'll soothe...him with a rolling pin and when he comes to or from under the ether, he'll find the divorce in full operation."

Another woman wrote defiantly: "My mother's family numbered in the teens...I grew up with ideas of my own as to the rights of women...we never had to suffer what our mother did." Daughters were not willing to have as many children as their mothers, and in this they had the full support of those mothers. As Paula Petrik has found in her study on two generations of Montana women, the self-reliance demonstrated by mothers had a strong influence on the independence of their daughters. Petrik found that where mothers "endured" and accommodated, daughters "refused" to do the same. Where an earlier generation of wives and mothers viewed divorce as an unrecoverable shame, and therefore lost what little power they had within marriage, their daughters viewed divorce as their escape from a similar fate. Although divorce often harmed women more than men, younger women also saw advantages to the possibility of divorce.

Clearly, Montana women did have their own version of the New Woman, both independent and traditional, sexually forward but lacking clear political direction. She gained her sense of superiority from the wide spectrum of Montana women, from hard-working homesteaders to suffragists to politicians. Subscriber's Daughter represented the New Woman on rural farms, unwilling to accept old customs and traditions:

Of course, we're superior to any old mere man; we've led the way and blazed the trail ever since the world began.

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I'll tell you all and all the world, that I'm no clinging vine; can stand straighter in my number two's than you ever could in nines...

Suffragism hurts you, son, but just calmly wait until I get my vote and help to run the Ship of State. I, too, would vote old Barleycorn into a watery grave.

I'll show you to your offices and show you out again, for I'll vote straight and not take bait, my conscience. I'll not stain.

Your trousers you are welcome to. They're uncomfortable as can be. I've worn them in the hayfield and to climb apple trees. I've worn them in the garden and when I plowed the spud; In mending fence and rounding up — I've worn the darned old duds.

I'm comfortable in short skirts, thin waists and 'sassy Janes; in low-necked bungalow aprons and things I dare not name.\

Rural women were not unaware of the debate over women's role in the 1920s. Instead, they were active participants in that debate. Older women in rural communities largely supported an older vision of woman's rights defined by motherhood and duty. Younger women, on the other hand, advocated a newer version of their traditional role as wives and mothers, linked to sexual freedom and expression. Many rural women strongly argued for birth control as a way for them to improve their own lives and that of their families. Although they were largely unwilling to jeopardize their place in the community, rural women criticized the Comstock laws, questioned the sexual double standard, and argued that women should be compensated for their economic contributions to the community. Certainly, the newspaper published the most extreme views in the "battle between the sexes." Not all rural women supported birth control or questioned women's economic role: nor did all rural men argue against women's political participation or advocate physical violence. While acknowledging that these views were extreme, they also shed light on the widening chasm between rural men and women and the increasing dissatisfaction among rural wives and daughters.

Rural women justified their demands for birth control (and greater equality within marriage in general) on their vital economic contributions to the farm and household. In Linda Gordon's words, "the demand for and use of birth control among working-class women...presaged the possibility of greater sexual equality within the working class."
the 1920s, rural women’s demands for birth control were a first act towards more power in marriage and in their communities. Women took great pride in the fact that their hard work was vital to the farm economy and their family’s welfare; this pride justified their brave new demands.34

These demands did not mean that most rural women wanted to break away from traditional roles. Instead, Montana women argued that birth control would allow them to be better wives and mothers. While anti-feminist forces argued that motherhood was vital to social and economic order and that birth control would discourage motherhood, Montana women insisted that birth control would allow them to become more effective, modern mothers. Meanwhile, the generation gap between rural women widened, as daughters demanded even greater freedoms and rights. Far from being absent from the debate over the “woman question,” rural daughters envisioned their own version of the New Woman that included marriage and motherhood but also insisted on modern freedoms.

Montana women did not just demand new concessions from husbands; they also “burst into print” and wrote politicians on the birth control issue. As they picked up their pens to demand greater equality within marriage, they also wrote political figures and birth control leaders throughout the 1920s and 1930s, demanding information on birth control and an end to the Comstock laws.

The following chapter examines the letters written by Montana women to birth control leaders and local politicians. Even as rural women demanded change, Catholic groups organized against birth control in the 1920s and 1930s. Catholic lobbying organizations used their political clout in New Deal politics to ensure that birth control, which was rapidly gaining widespread public approval, was not included in Roosevelt’s vision for a new, more involved federal government. Primarily because of this organized campaign, rural women’s new demands went largely unheeded during these decades. In
the New Deal political atmosphere in Washington, where interest groups were increasingly rewarded for organizing and lobbying, rural women held few political cards.


9 Ibid.

10 Ibid.


13 On rural women and raised standards of motherhood, see Fisk, *Agrarian Women*, 158-173. World War I greatly affected the organization and decreased the isolation of many rural women. The Wild Rose Women's Club of Opheim, Montana, for example, met to make clothing for soldiers and hold quilting bees. See Holt, *Better Babies*, 74.

14 *Missoulian*, December 17, 1921.
15 Ibid.

16 Missoulian. December 17, 1921.

17 Missoulian. December 16, 1921.

18 Missoulian. December 17, 1921.

19 Missoulian. December 17, 1921.

20 Missoulian. December 30, 1921.

21 On the sexual double standard in rural communities, see Fink, Agrarian Women, 115 and Garceau, The Important Things in Life.

22 Missoulian. January 2, 1922.


26 Missoulian. January 9, 1922.

27 Missoulian. December 24, 1921.


29 On the generation gap and tensions between older woman's rights advocates and 1920s feminists, see Smith-Rosenberg, Disorderly Conduct, 284, 295. Cott, Grounding of Modern Feminism, 149, and Dumenil, Modern Temper, 138.

30 Missoulian. December 22, 1921.


33 Missoulian, January 10, 1922.

Chapter 6

Rectifying the ‘Comstock Blunder’: Politicians, Catholicism, and the Birth Control Bills, 1920-1930

_One great truth lifts its head above all the interesting facts thrust upon us... This is the immediate and pressing need for intelligence tests for legislators._

- Margaret Sanger, 1923

In 1931, Montana Senator Thomas Walsh received a letter in support of a birth control bill from a husband and wife near Great Falls:

Great Falls, Mont.
February 12, 1931.

Dear senator,

I have wrote to Margaret Sanger for help I think it would be a good idea to pass this bill. We are a poor family and cannot get ahead for when we think we will make good and have our bills payd along comes another baby which sets us back from $200 to $300 I have ask my friends about this and they have ask me to sign their names and addresses to the bottom of my letter and used my letter as one from all. We all would like to vote for the Dr. Bill which will amend the law. My husband is a farmer and you know the price of wheat we are out of flour and potatoes now with our babies going hungry and broke I wonder senator if you could tell us some way to get something for our babies it isn’t so hard on us we understand but [we have] little ones saying mother I am hungry please oh please senator write us a letter and tell me where I can get help and please pass this bill.

Your truly friends,

Mr. And Mrs. Victor Maxwell

p.s....I haven’t much time to rite letters with 6 little ones to care for and my eldest is 12.

Two other neighboring families of the Maxwells also signed the letter. Walsh wrote back to inform the families that their letter had been received and that they could contact the Red Cross in Great Falls for assistance. He offered them little encouragement.
that he would support the "doctors only" birth control bill on his desk at the time, despite their pleas for help.¹

As a member of the Senate Judiciary Committee, Senator Walsh was a key player in the future of the Senate birth control bills during his years in office. Walsh received a flood of letters regarding the birth control bills that crossed his desk in the 1920s and 1930s. Walsh was a liberal, Catholic Democrat from Helena, whose first wife, Elinor, was a women's rights advocate. Perhaps under his first wife's influence, Walsh strongly supported women gaining the vote in 1920. Walsh, a stern, brusque character, would make his name in the Senate in 1923 by uncovering the Teapot Dome scandal under the Harding Administration, which would lead to the prosecution of President Harding's Secretary of the Interior for bribery charges. Because of his position on the Judiciary Committee, he was an important ally for birth control lobbyists to court.²

Throughout the 1920s, Sanger had made little legislative progress with her "doctors only" bills. From 1923 to 1929, various bills were sponsored at the state level that were designed to expand the obscenity statutes to allow doctors to prescribe contraception at their discretion. All of these bills were unsuccessful. Meanwhile, Mary Ware Dennett, director of the Voluntary Parenthood League, had been trying without success to find a sponsor for a broader birth control bill in the United States Congress. On January 10, 1923, Republican Senator Albert Cummins from Iowa agreed to sponsor a bill written by Dennett and the Voluntary Parenthood League. Senate Bill 4314 was referred to the Judiciary Committee with the intention of completely striking out the words "preventing conception" from the federal obscenity laws. While Dennett and the Voluntary Parenthood League fought for sweeping legislation that would allow the open discussion and distribution of birth control, Margaret Sanger remained loyal to her own legislation, disagreeing strongly with the Voluntary Parenthood League's strategy. Sanger's American Birth Control League, and their physician allies, continued to argue for a "responsible amendment" that kept birth control information in the hands of doctors.
In response to Sanger, Dennett argued against the doctors-only approach, protesting that it left birth control "in the category of crime and indecency" and drastically restricted access to contraceptive information.³

Dennett, representing the Voluntary Parenthood League, visited Senator Walsh on January 16, 1923, to try to persuade him to support the Cummins bill. Only days after Dennett’s visit, Walsh received his first letters from his home state regarding the birth control bill. They indicated the support among Montana clubwomen in the early 1920s for overturning the Comstock laws. Inez Mountjoy, President of the Jefferson County Federation of Woman’s Clubs, assured Walsh that she represented the “women of Montana” when she stated that “we are all looking to you to work for S.B. 3414 (sic) and H.B. 13756,” which was an equivalent bill that had been introduced in the House of Representatives. “PLEASE do not disappoint us,” she demanded.⁴ Only days later, another letter arrived at Walsh’s office from Archer, Montana. Mrs. H. H. Hendersen informed Walsh that “thousands of Montana women” were waiting on him to “rectify the ‘Comstock Blunder’” and push through Senate Bill 4314. Walsh’s response to these ladies was cool. He informed Mountjoy and Hendersen that the bill could not possibly be acted upon during a lame-duck session of Congress and assured them that there would be ample opportunity in the near future to “secure expressions from the representative bodies of Montana women” on this legislative “innovation.”⁵

As the bill sat in committee, Dennett passed along a letter to Walsh from “Mrs. Shaw” in Montana. Shaw was not representing a ladies’ club, but the women working and living on homesteads. Shaw claimed she was on “the best dry land Homestead” in the whole “dear old State,” but that “over work, poor nourishment, and general lack of things” meant she could not raise the kind of children who could fight the “dry land battles.” She had five children, and more than one doctor had told her she must stop having children. One doctor told her it was “criminal” for her to have babies so close together, while another told her she would be “leaving them all” if she got pregnant again.
Despite the medical circumstances, none of these physicians dared to give her any information. She wrote to Walsh that she was in bed for two months after a miscarriage and her nine-year old girl had cooked for the family, done the dishes, and cleaned the house until “she was so tired she cried.” Shaw finally found a doctor willing to perform an abortion “in spite of loss of population” in the state, which had saved her from the fate of local women who had died at the hands of a “neighbor wretch whose family have made a specialty of such crimes.” She reminded the senator not to let his “high station” keep him “from citing hundreds of similar cases in our own dear state.” As a Catholic, Shaw’s only wish was to send her children to the local Catholic schools, St. Charles and St. Vincent’s, and she was convinced her priest would not want her to “commit suicide in one way any more than another.” Shaw had reconciled her Catholic faith with her support for birth control, and she asked Walsh to do the same.6

Walsh wrote to Dennett that Shaw wrote “intelligently” and “persuasively.” that he was in an “uncertain state of mind” about the birth control bill, and he was sure there were many other congressmen who felt the same. But he admitted to Dennett that public sentiment had not yet “sufficiently crystalized” regarding birth control for Congress to act on its behalf. In 1923, the year that Shaw wrote her letter, Senator Walsh still seemed willing to consider the possibility of approving a birth control bill in committee.7

In a February press release from the Voluntary Parenthood League, Dennett claimed that there was scant opposition to the Cummins bill. Dennett argued that the Catholic Church could not, without hypocrisy, try to thwart freedom of speech, and remarked that Catholics did not oppose birth control legislation because they “evidently realize...that the Cummins-Kissel Bill will merely open access to knowledge on this subject but will not compel...anyone to use it....Just as the Catholics have opposed the Sterling-Towner Education Bill because they interpret it as a menace to their right to teach in freedom...they could not consistently oppose the right of others to teach or use
knowledge according to their belief." Dennett tried to position access to birth control as a freedom of speech issue that had nothing to do with feminism, sexuality or radicalism.™

Despite Walsh's waverings and Dennett's confidence, she had overestimated the acquiescence of the Catholic Church. Her aggressive lobbying campaign for the Cummins bill motivated the Catholic Church to organize against the birth control bills. During the 1930s, the Catholic Church effectively mobilized battalions of dedicated women and created a nationwide lobbying campaign that was remarkably effective at shaping public policy regarding contraception. By the early 1920s, the National Catholic Welfare Council had created a Washington office, under the direction of Father John A. Ryan, to address the anti-parochial school movement, anti-Catholicism, and other political concerns. Disturbed by the increasing secularism and commercialism of American life, Ryan and the NCWC became increasingly focused on fighting the birth control legislation in Washington.™

Before the early twentieth century, the Catholic Church had condemned contraception since St. Augustine first argued that procreation was the true purpose of marriage and that a wife who had prevented contraception was a "harlot." From Augustine's time into the nineteenth century, the Roman Catholic Church expanded the edict against contraception. Contraception was not only a sin against marriage, but also a sin against "nature," which was an affront to God.™

The modern battle against birth control, however, occurred within the political events of the twentieth century. The Catholic Church grew more organized politically, in part, to defend itself against a wave of anti-Catholic sentiment in the 1920s. Anti-Catholic figures blamed the Catholic Church for subverting American progress and democratic institutions. Even as the different ethnic groups created tensions within the Catholic Church, they could all come together to fight the anti-Catholicism evident in American society in the 1920s. As the Catholic Church became more involved in local and national politics in order to defend itself against anti-Catholic legislation, it only drew
more fire for "interfering" in American politics and possessing a clandestine agenda for all Americans.\textsuperscript{11}

In 1930, the Vatican issued an edict that clarified the Church's position on birth control. The Catholic Church fully condemned the practice of contraception. Other organized religions had begun to slowly accept scientific contraception in some form in the 1930s: the Anglican Church endorsed birth control in 1930, followed closely by the Unitarians and Reform Judaism, and the Federal Council of the Churches of Christ in America endorsed birth control in 1931 to widespread publicity. Pope Pius XI condemned these endorsements by the Protestant denominations, even as he established the rhythm method as a possibility under a liberal interpretation of the 1930 edict. The medical profession had made advances in determining the female menstruation cycle, and this gave Catholic doctors the option they needed to acquiesce to their patients' demands for contraceptive knowledge without defying Church doctrine.\textsuperscript{12}

In 1929, Dr. Norbert C. Hoff, President of Montana's Mount St. Charles College, gave an eloquent speech in front of the elegant arching doorway of the Cathedral of St. Helena. Hoff intended to articulate the Catholic view on scientific contraception for Montanans. More importantly, he was attempting to counter the diverse groups in Montana who supported birth control. In his speech, Hoff countered the view that the Catholic Church was simply backwards and hostile to modernity, while arguing against the business interests that disapproved of fertility among working class families.\textsuperscript{13}

In Montana, the Catholic Church's arguments against birth control were complicated by the struggles between business interests and labor. "The Company," as The Anaconda Mining Company was informally called, was a vast corporation that "ruled supreme" over the political culture in sparsely populated Montana. Montana's economy was largely dominated by mining; a large proportion of the state's residents worked directly or indirectly for "the Company." In the 1920s, the Anaconda Company controlled all the major newspapers in the state of Montana, excluding the Great Falls
In 1925, the *Anaconda Standard* ran an approving editorial on the Neo-Malthusian Conference in New York. The editorial agreed with the Neo-Malthusian argument that "birth control would...make for general health, happiness [and] prosperity." The editors complimented Margaret Sanger's admirable performance before the New York legislature as she testified on behalf of a "doctors only" birth control bill in that state. The "champions" of the movement had "made some progress." and the editors hoped that some legislative success would eventually come from their efforts. As the Anaconda Company voiced its support for the birth control cause, other Montana business interests pushed birth control use for its workers. In 1929, the superintendent of one business in Montana told his married workers that if they wanted to stay employed "they better figure on practicing Birth Control" because worker's benefits were cheaper for smaller families.¹⁴

The support of birth control by business interests alarmed many in the labor movement. Norman Thomas, Socialist candidate for president in 1928, expressed alarm at birth control being advocated "as a kind of cure-all for unemployment, overcrowding and even poverty itself." Although he argued for equal access to information among all classes, in Thomas's view, the movement was being used as a justification for encouraging some classes to bear more children while the poor classes were encouraged to use contraception. In the Montana press, birth control had been used as a political grenade between ownership and labor. Laborers, many of whom were Catholic, remained suspicious that birth control was a tool for decreasing the power of the labor movement and the Catholic Church.¹⁵

While the political battle between workers and business interests remained in the backdrop, Dr. Hoff argued against birth control based on traditional values. Indeed, opposition to artificial birth control was "neither Catholic or Jewish or Protestant." but based on a "natural law" which was "older than Christianity itself." Contraceptives were a perversion of the laws of nature, which all religions professed to follow. Hoff claimed
that birth control advocates ignored the option of birth control "by self-control." or abstinence from the act of sexual intercourse. Dr. Hoff also argued that the desire for birth control was based on "pleasure alone." and if ethics were based on man's pleasures, even the most extravagant excesses could be justified.16

Dr. Hoff also criticized the "companionate marriage," which had gained favor in the 1920s. According to social scientists, psychologists, and others, the ideal marriage was not authoritative and patriarchal, but intimate and emotionally satisfying. They viewed marriage as a "sexual partnership" where both partners were friends, lovers, and emotional helpmates to each other. The centerpiece of the marital partnership was that both husband and wife had "healthy" sexual drives and that women could receive total satisfaction within the modern marriage.17

Companionate marriage, according to Dr. Hoff, was ill conceived. The stability of families would be threatened if marriages were based solely on sexual pleasure. Marriages based on passion and youthful attraction were meant only to satisfy "selfish gratification" and could not last. Instead, marriage had to remain solidly founded upon "devotion...sympathy, self-forgetfulness." and most of all, sacrifice. Childrearing ingrained these wholesome characteristics: contraception, on the other hand, only glorified "egoism."18

In Hoff's view, not only would families suffer if the Comstock laws were overturned, but women would suffer as well. Hoff argued powerfully that women would ultimately lose if middle-class Americans accepted the erosion of traditional values. "In this orgy of selfishness woman will be the chief sufferer," he orated. "Should she lose her charm, there is nothing to link man and woman: she is dismissed, childless, lonesome and alone: she reaps the whirlwind of selfishness to which she has given bestial drive."

Women had a right to support for their children, but contraception would inevitably result, in Hoff's view, in children without fathers and mothers without financial protection. "Where further conception is a peril to the mother," he stated, "there is but one
real solution...the solution of continence." Husbands and wives would have to exercise self-restraint.19

Sanger was all too familiar with Hoff's sophisticated arguments. Long before she entered the legislative arena on Capitol Hill, Sanger had already butted heads with the Catholic Church on numerous occasions. In 1924, Archbishop Patrick Hayes of New York had arranged for a local birth control meeting to be shut down by city police. Sanger was enraged at the Knights of Columbus for boycotting hotels that housed birth control luncheons, and politicians swayed by the influence of the "powerful ecclesiastical organization" of the Roman Catholic Church. In Sanger's opinion, the "professional celibates," as she liked to call Catholic priests, were openly attempting to force their morality on non-Catholic Americans. Sanger knew her lurid description of a modern-day "Inquisition" carried out by a secretive and powerful Catholic hierarchy would resonate with many Americans who resented Catholic power in the 1920s.20

Organized pressure from the Catholic Church clearly had an effect on Senator Walsh's "state of mind" regarding the Cummins bill. Letters from Catholic women and organizations all over the country were sent to Walsh protesting the measure and demanding that he prevent the favorable reporting of the bill out of the Judiciary Committee. When a Catholic woman from Philadelphia told Walsh that Mary Ware Dennett had described him, in front of a Philadelphia audience, as a certain "Catholic Senator" that did not oppose the birth control bill, Walsh snapped back in a letter that he had had "no such conversation" with Dennett and that he did not have the "slightest sympathy with the bill advocated by the so-called Voluntary Parenthood League."21

In the next session of Congress, when the Cummins bill was reintroduced as Senate Bill 2290, Walsh was inundated by letters from the National Council of Catholic Women in Washington, D.C., the Catholic Women's Association in St. Louis, the Catholic Daughters of America in Atlantic City, and the League of Catholic Women in New York. The only letter from Montana came from a high school agriculture teacher in
Eureka asking Walsh to not allow the “oil scandal” to distract him from voting favorably on the birth control bill. Walsh again assured each Catholic women’s association by letter that the bill would not be considered during that session of Congress. He did not bother responding to the Eureka teacher.22

Mary Ware Dennett wrote Walsh asking him to consider the Comstock laws as the type of “pernicious legislation” that was endangering the civil liberties of Catholics by preventing freedom of religious instruction. A vote for the Cummins bill, she argued, was a vote for “freedom of speech and press.” Walsh wrote a frosty letter back that informed Dennett that he was unimpressed with the wisdom of changing the anti-obscenity laws, and that if she felt her constitutional right to free speech had been violated she was welcome to take up the case with the Supreme Court.23

Even as the Catholic Church ensured that the five Catholic Senators in Congress and the thirty-seven Catholic members of the House were “at one” in opposing the bill, supporters for the Cummins-Vaile bills continued to argue that their legislation was a matter of freedom as an “underlying American principle.” The Voluntary Parenthood League had crafted an organized lobbying campaign that depicted the Comstock laws as an affront to American values of freedom and justice. A Massachusetts man writing to Walsh argued that his ancestors, who had come to America on the Mayflower, had “made a place where men might have liberty” and now Catholics “want to keep on the books a law that tells me what books I shall not buy! How did your own people like it when there were similar laws in Ireland?” he taunted Walsh. The birth control bills pitted Catholics against Protestants, as birth control lobbyists strategically cast the Catholic Church as attempting to undermine American freedoms.24

In the coming weeks of February, Walsh received dozens of letters asking him to vote the bill favorably out of committee, from men, women, doctors, engineers, scientists, social workers and professors. He did not respond to any of these letters. He received one letter of dissent against the bill, and wrote back the next day assuring the writer that
he was in complete agreement with her regarding the “unspeakable” Cummins-Vaile Bill
and that there would be no further Congressional action on the measure in the near future.
Clearly, Walsh had resolved any doubts he might have held about opposing the birth
control bill.25

In 1931, Montanans again sent Walsh to the U.S. Congress, and the topic of birth
control was still in the national spotlight. By this time, Sanger had made a key decision
that the “onus of illegality” must be obliterated for women to get much-needed
information and services. Reversing her previous strategy, Sanger now believed that the
swiftest way to reach uneducated and isolated women was to pass legislation that
removed contraception from the obscenity statutes, allowing local doctors to feel
comfortable discussing birth control and enabling national birth control organizations to
mail pamphlets that contained clear and precise instructions for contraception. In 1928.
Sanger organized the National Committee on Federal Legislation for Birth Control and
quickly obtained hundreds of key endorsements from women’s clubs, religious groups,
and other national organizations. The National Committee exerted strong, well-organized
political pressure on key members of Congress throughout the 1930s, trying to secure
legislation recognizing the overwhelming private belief among Americans for birth
control.26

However, the Catholic Church responded in kind to Sanger’s aggressive lobbying
campaign. As congressional hearings were held on the long line of birth control bills
between 1931 and 1934, Sanger and Father John Ryan would face off in a verbal battle
over birth control in front of Congress and the American public. Senate Bill 4582,
sponsored by a Republican Senator Gillette from Massachusetts, was an effort to amend
the Tariff Act to allow the importation of contraceptive literature and instruments. In
these hearings regarding the Gillette bill, Sanger tried to argue that increased use of birth
control would slow down the economic depression, by reducing the number of people on
federal relief. Ryan skillfully countered these economic arguments, arguing that reducing
the birth rate, rather than helping economic recovery, would hinder it by lowering consumption and production. Throughout the Depression years, economists argued that the slowed population growth would lead to economic ruin, and many Americans believed that less population meant less consumers. Ryan used these economic theories effectively to counter Sanger’s pro-birth control arguments.27

Sanger hoped that Senator Walsh would not continue to oppose the birth control bills. In a 1930 letter to Mrs. W. F. Perham in Glendive, trying to convince her to take over as Montana State Chairman, Sanger commented that "Senator Walsh of course being a Catholic, he "may not dare to come out for us - but if only he understands what we are doing and why, he at least may not oppose." However, the Catholic opposition was far more organized by the 1930s. Walsh received numerous form letters from Catholic organizations within Montana in opposition to altering the tariff laws.28

When the bill reemerged as the Hatfield Bill in 1932, during the first session of the 72nd Congress, Catholic groups again quickly mobilized against the new bill. Walsh received letters and telegrams from the St. Patrick’s Council of the National Council of Catholic Women in Butte, along with hundreds of Catholic organizations across the country. In 1934, Senate Bill 1842, the final birth control bill of the 1930s, was reported out of the Judiciary Committee and was voted on favorably by the Senate on the last day of the session. However, a Nevada senator who had been out of the room when it was passed called for a re-vote. The bill was tabled and the National Committee never succeeded in getting another bill discussed on the Senate floor. It was the closest the National Committee on Birth Control would come to success in the legislative arena.29

Montana Senator James Murray, elected in 1934 after Walsh’s death, also assured his Catholic constituents that he would “make every effort” to defeat the birth control bills. Murray was the Democratic Party Chairman of Silver Bow County when he began work on Franklin Roosevelt’s campaign. Ironically, Murray would eventually be a strong advocate for a national health care system in the 1940s, but the powerful AMA and drug
company lobbyists would thwart his bills. Catholic women's organizations in Billings, Glasgow, Lewiston, and Butte repeatedly requested Murray to act against the birth control measures. Only Miss Genevieve Parke from Meadowlark Farm in Stevensville wrote Murray in 1935 asking him to vote for an amendment to Senate Bill 1541 which would exempt doctors from restrictions on mailing and giving information on birth control. Parke wrote that Sanger, whom she had known as a friend for two decades, was engaged in the "greatest of all causes" and deserved the support of a "small voice...from the 'sticks' of the Bitterroot." Parke had worked for a local birth control league in Portland; she continued her support for the movement from the Bitterroot Valley through letters to Montana's political representatives and to Sanger.30

In the 1920s and 1930s, birth control was still too controversial for politicians to touch. As one reporter sarcastically observed, it was ironic that the legislators were waiting for the doctors and the doctors were waiting for the legislators to take steps regarding birth control and the anti-obscenity laws. The combination of a fierce Catholic campaign against the birth control bills, the divisions between birth control groups over what type of legislation to propose, and the hesitant and conservative response by politicians halted any legislative progress on birth control. Montana's Catholic senators were openly hostile to the birth control legislation. Meanwhile, rural women who supported birth control had received no response to their letters asking for help. Rural women eventually grew tired of waiting for both doctors and politicians. By the Depression, they took matters into their own hands. Through increased abortion, deciding not to marry, or leaving their farms for cities, rural women expressed their discontent with the lack of progress on the birth control issue.31

1 Mr. And Mrs. Victor Maxwell to Senator Thomas Walsh, February 12, 1931, TJW Papers, and Senator Thomas Walsh to Mrs. Herbert Maxwell, February 23, 1931, TJW Papers.

2 Toole, Twentieth Century Montana, 234. Peter Johnson, "Montana Democrat Leads Senate Investigation into Great American Scandal," Great Falls Tribune, March 28, 1999, 1P.
1 Dennett quote in Gordon, Woman's Body, Woman's Right. 261. On the split between Dennett and Sanger, see also Kennedy, Birth Control in America. 223 and Chesler, Woman of Valor. 299. In her work "The Sex Side of Life": Mary Ware Dennett's Pioneering Battle for Birth Control and Sex Education (New York: The New Press, 1996), Constance M. Chen describes Sanger as grabbing the leadership of the movement away from Mary Ware Dennett. Partly, Sanger feared the commercial exploitation that would and did inevitably result from the loosening of the laws against contraceptive materials. Products for sale multiplied rapidly in the 1940s and some companies even illegally used Sanger’s name to sell their products.


7 Letter from Senator Thomas Walsh to Mary Ware Dennett. February 20, 1923. TJW Papers.


9 Chesler, Woman of Valor. 211.


11 On anti-Catholicism in the 1920s, see Dumenil, The Modern Temper. 211-214, 261.

12 Ibid. 318-320. As Chesler points out, Protestant denominations remained deeply divided on birth control between their left and right wing branches. The endorsements certainly did not represent unanimous support for birth control in most denominations.


16 Helena Catholic Monthly. 9-10. MHS.

17 Ibid. On definitions of companionate marriage in the 1920s, see Cott. Grounding of Modern Feminism. 158.

18 Helena Catholic Monthly. 9-10. MHS.

19 Helena Catholic Monthly. 10. MHS.

20 Margaret Sanger. “The Fight Against Birth Control.” BCR (September 1924). 247. Sanger argued that the “frenzied opposition” of the Catholic Church actually helped the cause by bringing birth control to the most remote outposts of civilization. Sanger called Catholics a “bloodthirsty tribe” circling moral disgressions like “Indians descending upon a pioneer’s wagon.” Needless to say, Sanger often described the
Catholic hierarchy as barbarians unwilling to accept modernity. On the strong anti-Catholic sentiment during the 1920s, see Dumenil’s work *The Modern Temper*.


22 Letter from J. Fred Cline to Senator Thomas Walsh, March 14, 1924, TJW Papers.

23 Letter from Mary Ware Dennett to Senator Thomas Walsh, January 16, 1925. TJW Papers. Letter from Senator Thomas Walsh to Mary Ware Dennett, January 21, 1925, TJW Papers.


25 Letter from Mrs. Elizabeth Finigan to Senator Thomas Walsh, February 15, 1925, TJW Papers.


27 Kennedy, *Birth Control in America*, 236-238.

28 Margaret Sanger to Mrs. W. F. Perham, May 10, 1930, The Margaret Sanger Papers, LOC.


Chapter 7

A ‘Medieval Disgrace’: The Depression, Birth Control, and the New Deal, 1930-1940

*The saddest sight in the world is a child unloved by its parents. As the causes of crime are studied, the unloved and misunderstood child stands out more and more prominently as a potential wrongdoer.*

— Caroline Hadley Robinson, *Survey of Seventy Birth Control Clinics*, 1930

Eleanor Mast had been married for eight months when she realized she was pregnant. The year was 1930, and things were so bad on her family’s Livingston ranch that her husband had already sold the fence posts in exchange for poultry. The Masts hunted and fished for food to eat, but as she phrased it, “we just didn’t have two nickels to rub together.” Eleanor and her husband visited an abortionist in Butte, recommended by a pharmacist who was a family friend. The couple sold what they could to pay the $100 for the abortion. They stayed in a hotel for five days until Mast had recovered, and then drove back to the ranch. “There were no feelings of regret,” Mast remembered, “only feelings of relief that we were not taking on a burden that was unjust to a child and to ourselves....the abortion was an act of compassion.”

Many married women found themselves in a similar situation as Eleanor Mast during the Great Depression. Initiated by the stock market crash in October 1929, the Depression was at its worst during the winter of 1932 and 1933. During that year, twenty five percent of American workers were unemployed. Franklin Delano Roosevelt was elected in 1932 promising to use the power of the federal government to address the suffering of Americans; he created numerous government agencies and public works
projects to give Americans a sense of hope and to help fight unemployment. However, the economy would remain in a depression until the war industry mobilized forces for World War II.\(^2\)

The reality of mass unemployment contributed to a new popular acceptance for birth control. By the end of the decade, opinion polls showed that 79 percent of women in the United States believed birth control was acceptable. Overall, the Depression made Americans more conscious of the need for birth control and the anomalous nature of the laws that prevented the dissemination of birth control. For women who did not have access to reliable contraception, the number of abortions also increased significantly during the Depression years. Married women enter their doctor's office and demanded "therapeutic" abortions: physicians could not ignore the fact that a growing number of their female patients could not support another child.\(^3\)

The Great Depression weakened traditional gender roles, even as government policy tried to emphasize that women's place was in the home. As the economic depression deepened, the number of married women who went to work outside the home continued to grow. Women received conflicting messages about their role in the workplace in the 1930s. On the one hand, women were told to set aside their feminist ambitions in a time of economic hardship, to put family before individual interests. Single women who worked were denounced for taking jobs away from breadwinners, and married women who worked were the first to be laid off and the last to be hired. As displaced men shifted into teaching and social work, the percentage of women in the professions declined. However, the overall number of married women entering the work force continued to grow, as women sought jobs to support elderly parents and feed hungry children. The jobs filled almost exclusively by women, such as secretarial and service industry work, were not hit as hard as the heavy industries. And as the New Deal programs were created to address the economic situation, more "women's work" opened up in the office and clerical fields for the expanded federal government. Women were
forced into paid work out of economic need and encouraged to fill new jobs, even as they were being urged by the American public to stay home and reserve jobs for male breadwinners.⁴

While all women experienced lower birth rates during the 1930s, the fertility of rural women remained higher than that of urban women. In a study on the contraceptive use of women in the thirties, 83 percent of middle-class women used birth control, compared to 70 percent of working-class and 65 percent of farm women. *Harper's* magazine estimated that clinics across the country had in the previous decade helped only about 160,000 women, and that only a “small minority” of women had been properly instructed by a private doctor. Despite the fact that rural women had been vocal in their demands for birth control, few rural women had been reached by the national birth control movement during the 1920s and 1930s.⁵

Just as birth control reformers had done in the 1920s, birth control activists in the 1930s responded to the new realities of the Great Depression by changing their message. As unemployment worsened, many Americans viewed feminism as selfish and narrow-minded. It was easy for birth controllers to abandon feminist justifications for birth control and rely on economic arguments to persuade politicians and the American public. Birth control became the solution to the suffering of the poor and a means to reduce the number of families on relief. In Linda Gordon’s words, the Depression completed the transformation of the birth control movement into an “official program for economic improvement” aimed at preventing social unrest. Gordon argues that many birth control supporters, fearing a rebellion against capitalism, saw birth control as a way to placate the masses. Birth control activists used these fears to advance their cause. The increased access to birth control during the Depression was intended not to bring women economic or sexual independence, but to stabilize poverty-stricken families.⁶

In a 1934 *Harper's* magazine article, this transformation is readily apparent. Birth control supporters had abandoned women’s rights and were now protectors of the social
order. In the article, Dorothy Dunbar Bromley, the Harper's journalist, related the sad story of an unwanted child: Jimmy “had cost the community a total of $130.02 for hospital, nursing and medical care.” and when he died of pneumonia four months later the taxpayers paid for his burial. Bromley pointed out the fact that families on relief allowances had a far higher birth rate than those families not receiving relief. During the 1930s, sickly and unwanted infants replaced independent women as the image used by birth control propagandists. During the economic crisis, economic and social arguments proved to be far more effective than feminist concerns at rallying public support for birth control.7

By the 1930s, the birth control movement had few connections to organized labor or feminist groups. After his inauguration in 1933, birth control reformers turned to President Roosevelt’s administration to attempt to win a place for birth control in his New Deal. First Lady Eleanor Roosevelt was a former board member of the American Birth Control League, so Margaret Sanger assumed she would have the ear of the President. She was outraged when key administration officials refused to even acknowledge birth control, much less endorse it officially. When Roosevelt was elected, despite her past support Eleanor remained deliberately mute on the subject of birth control. The Roosevelt administration was unwilling to incorporate birth control into its new relief programs for economic and political reasons. Some economists argued that under-consumption had caused the Depression and that the declining birth rate in America would only aggravate the economic decline. The Catholic vote was a coveted group in the New Deal political coalition, and President Roosevelt refused to risk alienating Catholic voters. In a furious letter, Sanger wrote that while Catholic priests were “having tea” at the White House, birth control remained outside the inner circle in Roosevelt’s Washington, expressing her anger at birth controllers being left out of this new and powerful coalition in Washington.8
In addition to political and economic realities, as Carole McCann has accurately observed, the New Deal in both ideology and practice "enshrined...the traditional family roles of both genders." The fact that the new welfare state that emerged under the New Deal did not subsidize birth control movement or the existing clinics represented the Depression-era return to traditional family values. Instead of providing birth control education, New Deal reformers offered classes to rural and farm women on how to expand their home production of canned foods, so they could add more to the family income while reducing expenses. Despite the innovative nature of many New Deal programs, they were predicated on the belief that families should be composed of a male breadwinner and a female who stayed at home and raised children.9

Even as New Dealers were reluctant to publicly include birth control in relief programs, the commercial industry for contraception skyrocketed in the 1930s. In her article in Harper's magazine, Bromley outlined the "quack remedies" that were being peddled in national magazines and newspapers, including dangerous chemical douches and ineffective household solutions. Bromley wrote: "commercial contraceptives...are on sale in corner drugstores, gasoline stations, and cigar stores, peddled from door to door, and advertised in thinly veiled terms in the most respectable magazines." She argued that the "passive attitude" of doctors allowed advertisers and untrustworthy businesses to profit from the ignorance of poor and uneducated women who read advertisements with headlines like "Calendar Fear" and "Can A Married Woman Ever Feel Safe?" and ordered their questionable products. These companies, she argued, actually profited from poor women being kept in the dark about birth control. Door-to-door salesmen sold diaphragms to women without any instruction on their use, and pharmaceutical manufacturers made enormous profits from condoms, diaphragms, and vaginal jellies. Birth controllers responded to these injustices by continuing to push for a doctors-only bill, rather than demanding greater education for poor women through expanded clinic services.10

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Meanwhile, letters continued to arrive at Sanger's offices from women asking for help. A majority of letters sent to Sanger during the Depression era were from women in rural areas who had no access to clinic services. Many of these women could not afford private health care, so they continued to use whatever contraceptive methods they could find. Since birth control had not been integrated into far-reaching New Deal relief programs, birth control organizations could only reach rural women through sympathetic doctors. A typical Depression-era letter came from a frustrated woman in Troy, Montana in 1935: "I have 4 children. I have tried everything in the line of Birth Control. I seem to have the children just the same: I thought maybe you might have something, that is a sure, that will not fail. for life, this life is no Joke of having to [sic] many children. I would like to hear from you...." As the economic recession worsened, Sanger received more letters from distressed women in isolated rural communities.\(^\text{11}\)

Francis Vreeland, who studied the birth control movement in 1929, observed that rural women played an important role in the birth control movement because they wrote the "main agitators" and provided evidence of the desperate need for birth control among poor women and their overwhelming approval for contraception. In 1928, Sanger collected hundreds of these "mother's letters" and published them in a book, *Motherhood in Bondage*. These letters requesting information served as highly effective propaganda for the birth control movement. Since rural women did not have the money or leisure time to join birth control leagues, writing letters was the only outlet for their frustration and their desire to help overturn the anti-obscenity laws.\(^\text{12}\)

Rural wives who used birth control during the Depression did not justify their demands for birth control based on their own individual rights or needs; instead, they argued that it would help them improve as wives, mothers and household workers. As letters proved, Montana women wanted to control pregnancies to perform their duties more effectively, not to escape them. Indeed, a vast majority of the Montana women who wrote letters to Sanger were married, and most had already had more than one child. In
their letters, women insisted that birth control would help them take better care of their living children. A sixteen-year-old young girl wrote to Sanger that her children were coming too quickly: “Eleven months [after marriage] a baby girl arrived. She is now seven months old and I am expecting another...I love my baby...but if I continue to bear a child each year I cannot give her the proper care she should have.” Another woman lamented that she could not afford the basic necessities for her children: she refused to send her little boy to school because she could not buy shoes for him. Rural mothers asked for birth control, not for themselves, but for their living children.

These Montana women bore little resemblance to the “selfish” women envisioned by anti-feminist spokesmen. Fearful of the social consequences of providing women access to birth control knowledge, they cut all women off from birth control. These women argued that they were trying to protect their families from hardship, rather than attempting to gain personal freedoms, sexual, economic or otherwise. Montana women argued that controlling fertility would allow them to give their children greater opportunity for success, and allow them to have more energy for proper mothering.

Married women also desired birth control because of illness or chronic health problems. In letters from Montana printed in Birth Control Review, women listed frequent miscarriages, goiters, swollen glands, tuberculosis and epilepsy, and other conditions that made pregnancy dangerous or futile. Sanger printed one grim story of a young Montana woman:

I...have two little girls, one three years old and the other sixteen months. I am subject to fainting spells. I was nursing...when I fell and my right hand went into hot ashes. I lay there 25 minutes, and when I came to myself, my right hand was burned off. I am writing to you to see if I cannot get some help. Although my doctor knows about these spells, he will not tell me anything, as he is a Catholic. I don't believe I should have any more children while I have these spells....

Many desperate women believed they would die if they had more children. Like the woman homesteader who wrote with certainty and dread that “continued bearing of
children" would mean "an early grave and...some motherless little ones." Many rural women feared that they could not survive another pregnancy. In a time when women's work often supported the whole family, if a mother died in childbirth the whole family suffered the economic consequences.  

Women also argued that birth control would save their marriages. A woman writing from Troy had read *Sex Searchlights* but was looking for more information: "We have been married 14 years and through that time we have tried numerous things and none of them have been satisfactory....It has come to the time in life that if I am able to hold my Husband it will be necessary for me to find out some things about myself that I do not know." Another woman declared that if she could not get reliable information on birth control "the only course left for me...is separation or divorce." A Montana father wrote that he was "a drowning man clutching at a straw" who was hoping to "save my family" by finding out how to use birth control. The father of four sons, his oldest boy was only four years old. His wife's latest pregnancy had sent her into a "terrible rage" and made him "unreasonable and angry." In articles and speeches, Sanger would often read from similar letters, describing how involuntary parenthood brought "chaos and misery" to far too many marriages and ruined otherwise stable and happy families.

Many women in Montana offered to help the birth control cause. "I will do everything I can to help your good work along," one woman vowed to Sanger. A woman purchased Sanger's books and shared them with any friends and acquaintances who seemed like they needed help or showed an interest in birth control. One birth control worker, whose husband's work took her to the Rocky Mountain states, went from door to door handing out birth control information in mining towns. Sanger applauded her for bringing contraception to women who lived in "unspeakable misery."  

A woman who lived on an Elgin ranch in wrote to Mary Ware Dennett, head of the Voluntary Parenthood League:

> Dear Madam - I have been reading the book called "Sex Searchlights" by Dr. Stone and found it very interesting especially the chapter on birth
control which I am very much in favor of. My husband and I have been married ten years and have three beautiful children which we are very proud of but we feel like we have all we can provide for just now as we live on a ranch 33 miles from the nearest town and 80 miles from the nearest railroad we have no school closer than five miles and it is very hard to have to send the children away from home to go to school and we want to give our three children the best education and opportunities we possibly can.

We would like very much to know the scientific methods of birth control. If you can tell me what they are or where I can obtain this information we will certainly be thankful and will be very careful not to let the law find out anything about obtaining this information.

If there is anything we can do to help in changing the law in regard to birth control please let us know. Hoping to hear from you soon...23

Despite the lack of an organized local birth control league, Montana women found ways to actively help the movement, and promised that they would not reveal where they received the information.

Mary Ware Dennett recommended to Montana women that they order a copy of "The Hygiene of Marriage," a 75 cent pamphlet published by the Y.M.C.A. in Chicago. She also recommended a doctor in Chicago who might be willing to send information, acknowledging that she knew of no sympathetic doctor in the state.24 By 1933, Dennett listed other circulars that she was willing to send to rural women, including Dr. Stopes's "Letter To Working Mothers," which she said "explained the control of conception for mothers who are ignorant of physiology and all scientific language." She told her readers to especially note a particular page in the latest edition that described "a simple method (probably a douche formula) that has been perfectly successful in thousands of cases." Dennett was reluctant to give more specific advice, even though by this time the postal service was far more lax about contraceptive information being sent through the mail.25

Some social workers tried to assist Montana women who asked for birth control. In 1936, Jean Kabrich, the American Red Cross director in Billings, wrote to the American Birth Control League in New York to ask for birth control pamphlets. Welfare agencies had to proceed with caution regarding birth control or risk losing the financial support and assistance of the Catholic community. Being aligned publicly with birth
control would have irrevocably damaged a charity's reputation among its Catholic supporters and volunteers. Whether Kabrich circulated pamphlets to Montana women on relief is left unrevealed.26

While women on homesteads wanted information, other women in Montana's cities fought against the dissemination of information on birth control during the Depression. Through women's church groups, Catholic women continued to write letters to Congress arguing against the legalization of birth control and the relaxation of moral codes. Adelaide Douglas, an active clubwoman in the 1920s and 1930s, remembered fighting legislation "detrimental" to the Church. Douglas came from an affluent family who moved to Montana in 1923 after a family trip through Yellowstone Park. She recalled that she and her girlfriend would steal the horses tied to downtown hitching posts, ride them, and bring them back. Her Catholic club activities partly involved protesting birth control activities. "We would write...to our Congressman...a weekly came out in favor of...birth control measures and contraceptives. I remember I got up and disclaimed that..that wasn't right. And the magazine went broke." Even as some Montana women wrote letters to Sanger begging for information, Catholic women fought against the growing irrelevancy of the Comstock laws.27

Into this divided political atmosphere, Sanger decided to send a field worker to Montana. She chose Edna Rankin McKinnon, the sister of Jeannette Rankin, who had been the first woman elected to the United States Congress in 1916. In 1936, McKinnon returned to Montana from New York with the formidable task of trying to drum up support for birth control. McKinnon's upbringing gave her the skills she would need for a political career, although birth control certainly would have not been an obvious choice to the Rankin family. Edna was the youngest of seven children: her sister Jeannette was the oldest. Their mother, Olive, gave birth to her first four children in four years, including her only son, Wellington. Edna eventually studied law at the University of Montana and was the first woman born in Montana to pass the bar examination. When
Edna married Jack McKinnon, a young Harvard grad dabbling in ranching in Montana, she knew nothing about birth control. They had two children before they amicably separated and Jeannette found a government position for Edna in Washington, D.C.28

While McKinnon was working in the capitol she was invited to a birth control luncheon, and she knew she had found her chosen career. She was invited to meet with Margaret Sanger in New York, and Sanger hired her for one year of outreach work. McKinnon returned to Washington, D.C. to meet with various officials and learn more about the political obstacles to birth control. When she met with the U.S. Surgeon General, he told her that he feared if he integrated birth control into the public health programs he might be excommunicated by the Catholic Church. However, he did tell her that if enough pressure was mounted by individual states, the U.S. Public Health Service might have no choice but to offer contraceptive services.29

Meanwhile, Sanger’s lobbying was rewarded not by Congress, but by the courts. In the 1936 case United States v.s. One Package of Japanese Pessaries, Judge Augustus Hand ruled that it was legal for contraceptives to be imported for use by a qualified physician. A year later, the American Medical Association finally gave its official endorsement to contraception. Declaring that birth control distributed by doctors was effectively rendered legal. Sanger’s National Committee eventually shut its doors in 1937.30

Sanger abruptly told McKinnon that her services were no longer needed. But Dr. Clarence Gamble, a wealthy birth control supporter who was one of the heirs to the Proctor and Gamble fortune, hired McKinnon to organize birth control clinics in various states. She was to return to Montana in May of 1937 to promote the birth control cause. Her objectives, dictated by Gamble, were to convince the State Board of Health to adopt birth control measures: to help counties integrate contraception into their health programs; and to organize a birth control league that could eventually open a free clinic for Montana women.31
There had been some activity among the clubwomen in Montana before McKinnon's trip home. One woman in Missoula had presented the subject in front of her woman's club in 1935, and that same year, a resolution was proposed to the state Federation of Women's Clubs that the group formally endorse birth control. When McKinnon sent out dozens of letters in October of 1936 to friends in Montana, a Billings acquaintance passed around pamphlets and introduced the subject at several of her club meetings. When McKinnon wrote to Marjorie Toole in Missoula, she invited Edna to run her birth control campaign out of her house if she returned in spring. Toole also suggested contacting a Mrs. Hutchins, who was active among the woman's clubs and a strong supporter of birth control, who might be willing to start a league.32

However, when McKinnon, filled with optimism and enthusiasm, returned to Montana in her new black Ford, the response by Montanans was not what she would have hoped. Her good friend, Belle Winestine, had accomplished nothing with the Montana Congressmen since McKinnon had written to her in the fall. Winestine wrote to her, "I admit I did not even try to reach Senator Murray or Representative O'Connor from Livingston, because they are both staunch Catholics...and are sincerely pledged to abhor all birth control discussions. I'm so sorry to have been unable to do anything about it, because I do think this birth control business is the most important matter in the whole world today, with world peace second, at its heels. If you still want me to write them in Washington, I'll do it. But it looks a little hopeless to me." After McKinnon had written to suggest that Margaret Sanger come speak in Helena, Winestine wrote again, "I seriously suggest trying...other cities – Great Falls or Billings probably. Butte would be futile, I'm afraid, on account of the great preponderance of [Catholic] citizens who are opposed to even listening to birth control legislation..." In Billings, Winestine suggested that the president of the Business and Professional Women's Club might be able to help Edna, but could not suggest anyone else who was not "connected with the church which looks askance upon Mrs. Sanger's cause."33
The physicians and State Board of Health officials were just as discouraging. Although she had succeeded in making birth control “the topic of the day” at ladies’ luncheons in Missoula, she made little headway with her objectives to convince the heads of state agencies to adopt the cause. Social workers in government agencies informed Edna that birth control still too “controversial.” The doctors she met were either ignorant of birth control or refused to support it publicly. A woman doctor told her that, as the only female member of her county medical society, she tried to keep a low profile by not attending society meetings. Some doctors were eager to learn more about the latest techniques and methods, including a “foaming powder” that Dr. Gamble had been experimenting with in his laboratory. Most had very little knowledge on the subject or feared contributing to the lowering of the birth rate. She reported that one group of town doctors had made a “gentleman’s agreement” to oppose any sort of free clinic, despite the growing number of families on relief in their city. Eventually, McKinnon determined that she had picked “probably the most difficult state in the Union” to try to introduce birth control.34

Her brother Wellington’s intense disapproval was the final straw for McKinnon. Wellington Rankin was a political power within the Republican Party in Montana, and Edna’s cause reflected on his own reputation. Years later, Edna recalled a conversation with her brother in which she tried to convince him of the need for birth control. Wellington replied coldly, “Sewers are important. But you don’t have to dig them.” Rankin’s distaste for the public discussion of contraception was typical of most politicians during the 1930s. Birth control still bore the taint of sexual and political radicalism, despite Sanger’s best efforts to cast the need for contraception as a medical and economic crisis.35

McKinnon wrote to Dr. Gamble informing him that she could not make progress in her home state without her brother’s approval and support. Dr. Gamble told her she could do field work in Knoxville, Tennessee, and McKinnon left Montana in September.
1937, convinced that there were other states where people would be more interested in learning about birth control. Throughout the Depression years, McKinnon would travel the country talking to people about birth control and organizing clinics, a total of 32 states in all. A businessman in Chicago who heard Edna speak at a luncheon described her as a woman "who could sell a corpse on birth control."  

However, she was unable to sell Montana on birth control. Ultimately, the economic crisis of the Great Depression made birth control a panacea that leaders could no longer deny to the masses. In 1938, the ABCL and the Clinical Research Bureau merged and the new organization was named Planned Parenthood of America. By the advent of World War II, court decisions and the approval of the AMA had made the movement a respectable cause. However, the Great Depression had the effect of cementing the transition from women’s reproductive rights to “planned parenthood.” Women no longer controlled birth control organizations and feminist arguments for the movement itself were silenced. The birth control movement in the interwar years could list numerous accomplishments, including getting birth control information into the hands of poor and working-class women, increasing the number of clinics across the country, and making birth control a viable topic of public debate. Ultimately, however, Sanger and her colleagues abandoned their previous attempts to challenge traditional ideology, to refute the notion that motherhood was the "sacred duty" of all women or challenge the role of the male breadwinner. The economic and social arguments used to justify birth control could just as easily be turned against contraception when the economy improved, which is exactly what occurred after World War II. The right to contraception, once a personal decision, remained on shaky political ground as Americans turned their attention to the imminent threat of war in the 1940s.  

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Ware, Modern American Women, 172–174.

Chesler, Woman of Valor, 300. In the 1940s would there be a backlash against the increased number of abortions in the United States. Poll figure in Gordon, Woman’s Body, Woman’s Right, 316.


McCann, Birth Control Politics in the United States, 184. Only 20 percent of any group used diaphragms, the most effective method in the 1930s if used correctly. Bromley, “Birth Control and the Depression,” Harper’s, 573.

Quote in McCann, Birth Control Politics, 127. Second quote in Gordon, Woman’s Body, Woman’s Right, 335.


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Wilma Dykeman, *Too Many People, Too Little Love: Edna Rankin McKinnon, Pioneer for Birth Control* (New York: Holt, Rinehard and Winston, 1974), 17-28. Dykeman interviewed McKinnon as her sole source for her biography when McKinnon was in her seventies. Some of her facts about the birth control movement in the 1930s are hazy; I have tried to check them against the Montana file in Margaret Sanger’s papers, held in the Library of Congress.


Letters from Belle F. Winestine to Edna Rankin McKinnon, January 3, 1937, and February 4, 1937, MS-LOC.

Dykeman, *Too Many People, Too Little Love*, 47.

Dykeman, *Too Many People, Too Little Love*, 49.

Dykeman, *Too Many People, Too Little Love*, 93.

Conclusion

Montana Women and Birth Control Today

Oh! To reach the women in the tiny villages and in the backwoods! How can it be done unless we go to them? It seems to me that it must be done. eventually, all over this country: that someday each State must have its own traveling clinic...I know you will pardon my enthusiasm, but I see this thing so clearly, and what it could mean to future generations.

- Letter from a Maine nurse to Margaret Sanger. 1933

In the years between World War I and World War II, access to birth control for rural women did not improve significantly. This did not mean that rural women did not desire birth control. Despite the Comstock laws passed in the 1870s that classed contraception as an obscenity, rural women discussed contraceptive techniques among themselves and passed along successful methods to daughters, friends, and neighbors. Women on the Montana homesteading frontier experimented with every type of birth control available in the early twentieth century. From chemical douches to commercial abortions. Montana women tried all the methods that women had been using in the nineteenth century and earlier. The results were mixed. Often rural women gave up trying to prevent pregnancies and insisted in later years that they morally objected to scientific contraception.

However, rural women did not accept their own ignorance. Through letters to politicians, birth control activists, farm magazines and local newspapers, homesteading women announced that unwanted pregnancies were central to many of the difficulties and
conflicts with agrarian life in the early twentieth century. While homesteading women often expressed overwhelming pride in the hard work they did on the farm, their letters leave little doubt that they believed that contraception would greatly improve their lives and the lives of their families.

During the Progressive era, when Socialist women began opening birth control clinics in spite of the Comstock laws, there was strong support for the birth control movement in the western states. There was also a great deal of optimism during this period among rural women that Margaret Sanger’s leadership would get the Comstock laws overturned and government and public health agencies would acknowledge rural women’s need for contraceptive education and materials. As local birth control leagues started in Seattle, Spokane, Portland, and other cities across the west, there was a belief that no woman would be left behind when the Comstock laws were finally eradicated.

However, after World War I, Socialist organizations found themselves under attack. Birth control activists, led by Sanger, scrambled to keep their message in the public limelight and to retain legitimacy during a decade where the political milieu grew increasingly conservative. Birth control propaganda shifted during the 1920s, from women’s reproductive rights to physicians’ rights to freely treat female patients. In allying with organized medicine, the birth control movement abandoned its radical roots.

The result of this shift was that rural women were left to fend for themselves. Their demands to husbands, politicians, family doctors, and birth control leaders went unheeded. The result, during the Depression years, was that many rural women left their farms. Deborah Fink has argued that the farm exodus in the 1930s and 1940s was partially caused by the fact that agrarian women’s unhappiness over gender inequality in rural communities had not been addressed. In particular, young unmarried women in the 1920s and 1930s, who vocalized their strong refusal to live the lives that their mothers had led, left their farming communities for modern freedoms in the big city. As the Depression deepened, young rural women also delayed marriage or refused to marry.
indicating that they did not want to raise children in “ignorance and poverty.” In response to a lack of change, many rural women simply left their communities and farms for what they saw as a better life elsewhere.¹

Eventually Sanger’s “chain of clinics” did become the model for distribution of birth control in the United States. Throughout her life’s work for birth control, Sanger consistently searched for simpler, less costly, and more effective contraceptives. In the 1920s and 1930s, she arranged for the American manufacture of the Dutch-based spring-form diaphragms she had been smuggling in from Europe. However, over time it became clear that the diaphragm had disadvantages for poor and rural women, primarily because it required costly visits to the doctor. Determined to find a contraceptive that was both cheap and easy, Sanger encouraged and helped fund a variety of research efforts to develop spermicidal jellies and foam powders.²

During the 1930s, it was discovered that hormones prevented ovulation in female rabbits. In the 1950s, in her eighties, Sanger convinced Katherine Dexter McCormick, a wealthy heiress and long-time supporter, to invest over three million dollars to finance research and clinic studies into hormonal contraception. The research eventually resulted in the successful invention of oral contraceptives. In 1960, the Food and Drug Administration approved Enovid, the first birth control pill.³

A reenergized feminist, grassroots movement for reproductive rights was the catalyst for renewing the clinic system. It was not until 1965 that the Supreme Court removed all restrictions on contraception with the Griswold v. Connecticut decision, and in 1973 the Court legalized abortion in Roe v. Wade. Currently, over a thousand clinics affiliated with the Planned Parenthood Federation of America exist across the nation, along with additional thousands of commercial clinics. It would not have surprised Sanger at all that the creation of a national network of birth control clinics occurred without the initial support or initiative of politicians. Yet birth control has never been seamlessly integrated into the public health bureaucracy in the United States in the
manner envisioned or hoped for by Sanger. Most birth control clinics continue to be privately funded, and are reliant on government funding that shifts precariously with the political winds.4

Carole McCann has written that the "hazards to which PPFA [Planned Parenthood Federation of America] succumbed during the 1930s remain, particularly in regard to abortion rights."5 Due to the nature of health care in the United, rural women still have difficulty gaining access to contraception and abortion. As one Montana newspaper reported in 2001, "in most counties of Montana, reproductive rights are as restricted as they were before Roe v. Wade." Only five of 56 Montana counties have abortion providers. Forty-five states, including Montana, allow medical providers to choose not to provide abortions because of religion or morality. The Montana Annotated Code dictates that "no private hospital or health care facility that objects on religious or moral grounds...may be required to admit a person for a sterilization" or perform an abortion, and they cannot be punished legally for their refusal to provide these services.6

In 2001, the pro-life movement in Montana introduced a bill to extend this exemption to pharmacists. HB 413, referred to as the "Pharmacist Conscience Clause," was intended to permit pharmacists to refuse to fill any prescriptions if they objected on moral or religious grounds. Currently, nineteen Montana counties have fewer than three pharmacies, and four have none. The bill was killed, after its impact on rural women was stressed to legislators.7

During the same session, other legislation was aimed at amending the abortion laws to include a parental notification provision. The bill would have allowed a pregnant girl to get consent from a judge rather than a parent in emergency cases. However, reproductive rights activists argued that the judge often knows every family in rural counties, adversely affecting girls in those areas. The parental notification bill was also voted down by the Montana state legislature. These bills represent attempts to steadily
erode the progress made during the modern feminist movement and to turn the tide against access to contraception and abortion.8

This paper has focused primarily on the experiences of white and immigrant women in Montana. It will take further research to unearth the attitudes of Montana’s Native American women towards birth control during the early twentieth century. Shadowy evidence hints that women on the reservations had their own methods for controlling pregnancies, and their own reasons. One scholar of Native American women in Montana recalled that the women on Catholic reservations would end pregnancies as a deliberate rebellion against the Catholic priests. An anthropologist studying the Assiniboine culture in the 1950s wrote that Assiniboine women, like other Plains Indian women, traditionally wore contraceptive charms around their necks. He also observed that a woman on the Fort Belknap Reservation was supposedly “doctoring” women “to keep them from having any more children.” Native American women in Montana had their own knowledge, their own history and experience with controlling fertility. It is an important topic that deserves further attention from Native American and women’s historians.9

Contraception and abortion remain linked to social and economic disorder in the minds of many Americans. In recent years, Montanans have blamed abortion for everything from the declining birth rate to shrinking school enrollment, among other perceived problems. As the history of contraception in the United States demonstrates, controlling sexual behavior has always been a means to controlling or slowing social change. It is not startling that access to reproductive control is still not considered a universal right for all women. Instead, even as the thirtieth anniversary of Roe v. Wade approaches, access to contraception and abortion continues to be highly problematic, primarily for the poorest and most isolated women.10

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1 Fink, Agrarian Women, 117.

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4 Ware, Modern American Women, 348. Margaret Sanger and 'a Glorious Chain of Clinics'. Margaret Sanger Papers Project Newsletter, #9, Winter 1994/5.

5 McCann, Birth Control Politics in the United States, 204.


8 Ibid.


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**Dissertations**