RESPONSIBLE MOTHERS AND WELL BORN CHILDREN: SOCIAL AUTHORITIES AND THE DISCOURSES OF NINETEENTH-CENTURY PREGNANCY

BY

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Tori Barnes-Brus

Submitted to the graduate degree program in Sociology and the Graduate Faculty of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

________________________________
Brian Donovan, Chair

________________________________
Robert Antonio

________________________________
William Staples

________________________________
Shirley Hill

________________________________
Jeffrey Moran

Date Defended: September 23, 2010
The Dissertation Committee for Tori Barnes-Brus
certifies that this is the approved version of the following dissertation:

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________________________________
Brian Donovan

Date approved: January 25, 2011
ABSTRACT

During the late nineteenth century, issues of pregnancy and reproduction were deeply political. Competing authorities converged and diverged in the ways they presented their messages regarding women’s “proper place” and proper behavior as mothers of the race. This project provides a cultural mapping of the discourses of pregnancy, reproduction, and mothering during the late Victorian era (1870-1900). This cultural mapping demonstrates the ways in which three different social groups, physicians, The Lydia E. Pinkham Patent Medicine Company, and Free Love reformers, defined themselves and used their writings to legitimize their own authority. In articulating the standards Victorian women should strive for, each of these groups framed their messages within a discourse of fear and empowerment, where fears often focused on the potential racial decline of the nation and empowerment was generally equated with increased personal responsibility for individual women. By locating pregnancy discourse in the wider context of Victorian culture wars, struggles over the ideology and practice of the Cult of True Womanhood, and the growing, yet uneven, professionalization of medical authority, this research reveals the intertwined relationships amongst social authorities as they competed for power in a changing social world. Through analysis of the writings, speeches, and public dialogue offered by and about these social authorities, I argue that social discourse about reproduction pregnancy and motherhood produced by physicians, the Pinkham Company, and the Free Lovers, forms the basis for symbolic boundaries between various groups of people: between the three groups of social authorities; between men and women; and between good, moral women and their uncivilized, irresponsible counterparts. Specifically, through their advice, speeches, and advertising materials these groups created symbolic distinctions between the types of women whose reproduction would benefit society and those who would not, thus setting standards for ideal middle-class womanhood.
ACKNOWLEDGEMENTS

This project, like most, would not have been possible without the support and guidance of numerous people. First, I can’t express enough gratitude for my advisor, Brian Donovan. Brian’s thoughtful feedback and persistent confidence in me and this dissertation certainly sustained me throughout the long process. Really, thank you, Brian! Of course, I’m also thankful for the comments and guidance from the rest of my committee, Bob Antonio, Shirley Hill, Bill Staples, and Jeff Moran. The intellectual conversations I had with these wonderful scholars shaped the teacher-scholar I have become.

Several friends and colleagues also aided my thinking about this project. Erin Calhoun Davis’ unending willingness to read drafts and listen- over and over and over- as I worked through the final framing of the dissertation gave me the motivation to keep working. I’m incredibly grateful to have Erin as my colleague. Rebecca Entel and Jennifer Rouse also provided much needed feedback as the dissertation neared completion. Thank you, Ladies. I still owe you a glass of wine!

Finally, the true support for this project has come from my family. My parents Winfred and Wilma Barnes have always been supportive and encouraging. Their contributions to this project, although indirect, were essential. My mother’s constant desire to “help” me, took many forms from doing the dishes at our house to taking care of Jackson. Mom and Dad, I could not have gotten this far without you. THANK YOU. Most of all, I am forever indebted to my husband, Andy. He never wavered through the emotional roller-coaster that graduate school and dissertation-writing brought to our family. He listened- even though he had no idea what I was talking about, stayed up
while I pulled “all-nighters,” and even helped with some of the final editing of the dissertation. Andy took on all of the family responsibilities of childrearing and housekeeping, without complaint, during those times when I simply could not emerge from the dissertation. But most of all, he was simply “here for me.” He is an incredible husband and father. Thank you, Andy, I love you! Finally, Jackson has literally grown up along side this dissertation. His unbelievable understanding throughout this project moved me and motivated me beyond belief. Balancing work and family is challenging, but Jackson’s frequent questioning, “Mama, did you get some good work done on your dissertation?” certainly eased that some. So thank you Bittle, for being you and for being such a big help!!! I love you.

For Jackson
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CHAPTER 1: Introduction

The nineteenth century was plagued with “The Woman Question,” troubled by debates of “Variety Versus Monogamy” in sexual relations, and succeeded by “The Population Question” and the Eugenics Movement. Social reformers debated the propriety of marriage and love, the contagion of prostitution, the increasing obscenity in daily life, and women’s rights to control their own sexual behavior. Newspaper articles, the lecture circuit, novels, and other media also engaged debates of sexuality, women’s roles, and the pursuit of civilization. These discussions both implicitly and explicitly addressed pregnancy and women’s reproduction. Doctors, because of their perceived pursuit of scientific truth and the changing notions of healing, rose to prominence on such matters. They asserted themselves as experts on the female condition, thereby providing a respectable arena for discussing many of these issues. Other social authorities such as reformers, patent medicine companies, and even the clergy also addressed women’s reproduction and sexuality. Collectively nineteenth century advice and reform literature produced a distinct cultural map about women’s social roles as mothers.

Cultural messages about sexuality and women’s reproduction during the late Victorian era (1870-1900) were multi-faceted, with messages coming from the free love movement, moral reformers, medical authorities, religious leaders, and early feminists. Historian Helen Lefowitz Horowitz characterized the late Victorian Era (1870-1900) as “the first culture war” in American history (2002:69). This culture war, rooted in sexuality had ramifications for gender roles and the perpetuation of “civilization” a great concern for the elite classes during this era (Bederman 1995; Beisel and Kay 2004).
Women’s fertility became an important cultural resource during the nineteenth century because it was essential to continued racial dominance by Anglo-Saxons (Beisel and Kay 2004). Issues related to reproduction and sexuality such as abortion (Beisel and Kay 2004; Luker 1984; Mohr 1979; Morantz-Sanchez 2000; Petchesky 1990), contraception (Brodie 1994; Gordon 2007 [1974]; Tone 2002), obscenity (Beisel 1997; D’Emilio and Freedman 1997 [1988]; Horowitz 2002), prostitution (Donovan 2003; D’Emilio and Freedman 1997 [1988]; Hobson 1982) and the rise of the medicalization of childbirth (Borst 1995; Leavitt 1986; Martin 2001 [1987]; Oakley 1984; Ray 1982; Smith-Rosenberg 1985; Wertz and Wertz 1989) have been well documented. Yet, little attention has been given to the cultural construction of pregnancy beyond the medicalization of women’s reproduction. There remains a disconnect in the literature concerning this pursuit of “civilization,” sexuality, and women’s roles of motherhood. Contemporary scholarship on the Victorian era implies that women were expected to be the “mothers of the race” yet once they have become pregnant and embarked on reproduction, they became invisible (Beisel and Kay 2004). An analysis of pregnancy within the context of these cultural wars and the perpetuation of “civilization” demands attention.

Existing research on women’s reproduction during the late Victorian era emphasizes gender relations, focusing primarily on the increased institutionalization of male-controlled medicine as the authority on women’s bodies (Borst 1995; Ehrenreich and English 1989 [1978]; Leavitt 1986; Martin 2001 [1987]; Mitford 1992; Oakley 1984; Rothman 1991; Smith-Rosenberg 1985; Wertz and Wertz 1989). While (predominantly male) physicians certainly produced a great deal of information on issues
of pregnancy, the standard picture of the rise of gynecology and obstetrics, illustrated in works such as those by Ehrenreich and English (1973; 1989 [1979]), Oakley (1984), and Ray (1982), does not tell the entire story. Utilizing a variety of primary source material, my research counters traditional understandings of Victorian pregnancy to understand the relationships between various social authorities of reproduction as they interact, refute, challenge, and co-opt the messages from their counterparts. Physicians were detailing standards of gendered, racial, social and moral expectations as well as providing “medical” advice. Additionally, social radicals like the Free Lovers and enterprising companies like the Lydia E. Pinkham Company which sold a compound for treating women’s ailments, also produced materials prescribing social expectations of pregnant women. Rather than explaining the medicalization of pregnancy, my research analyzes the social expectations presented to pregnant and potentially pregnant women from three different social authorities, physicians, the Lydia E. Pinkham Patent Medicine Company, and the Free Lovers, during this time of increasing urbanization, moral reform, strict gender roles, and the rise of the bourgeoisie.

This project explores the cultural messages of sexuality, pregnancy, and childbirth presented by competing discourses during the late Victorian era. I propose three interconnected theories regarding these competing messages. First, a variety of authorities were addressing issues of women’s reproduction, either directly or indirectly, thus providing the opportunity to analyze the thin coherence of culture. While medical authorities were certainly exerting control over women’s bodies, the shift was not absolute (women attempted to maintain reproductive rights) and various other groups challenged and co-opted doctors’ ideas of reproduction. Indeed, advice literature, reform
materials, and advertising pamphlets served to legitimize each groups’ authority and bolster their social standing within the broader society. Second, my research conceptualizes women’s reproductive bodies as a cultural resource and a source of capital for the individual woman, but also as a source of capital for these authorities as they attempt to set standards for the appropriate ways to reproduce the next generation (Beisel and Kay 2004). Pregnancy has implications beyond the individual family; the broader social structure has an interest in women’s behaviors during pregnancy. Finally, the struggle over control of women’s bodies also involved larger concerns about the perpetuation of a “morally just” civilization, devoted to racial perfection and gender role specialization (Bederman 1995:23-25). Thus we find that even medical discourses that focused on women’s biology were deeply imbued with moral and racial messages about preserving the civilization. The issue of pregnancy was deeply political as women were instructed regarding the proper ways to be pregnant in order to achieve racial dominance. Because social change appeared to threaten White Anglo-Saxon Protestant status, women’s reproduction and sexuality became a site of control and contestation. While competing authorities converged and diverged in ways they presented their messages regarding women’s “proper place” and proper behavior as mothers of the race, all three of the groups in this study argued that well-behaved women served society through promoting racial progress.

The Victorian Era and the Culture of Pregnancy

For decades, historians, sociologists and other scholars have argued that the “Cult of True Womanhood” – the idea that women were sexually passionless and inherently
moral – constituted the dominant gender ideology for white women during the Victorian Era (1870-1900) (Welter 1976; see also Horowitz 2002; Smith-Rosenberg 1988). However, Victorian middle-class ideology was a site of contention and transformation, subject to criticism and reconstruction. Thus, there were a number of competing ideologies during this same time period (Beisel 1997; Davidson 1998; Foucault 1990[1978]; Horowitz 2002; Kerber 1988; Poovey 1988; Smith-Rosenberg 1985; Welter 1966). Male authorities like doctors and upper middle class reformers equated women’s sexuality with morality, and often stressed preservation of the “race” (understood specifically as white, protestant, and upper-middle class). At the same time, the women’s suffrage and other social movements calling for women’s equality challenged the ideology of the Cult of True Womanhood and offered women alternative understandings of their rights and their bodies. Thus, there were competing messages regarding femininity, in addition to contradictions between dominant ideology and everyday practices by women.¹ Poovey (1988), for example, argues that while a dominant understanding of gender ideology runs through the Victorian period, it developed as a result of uneven and contested representations of women in addition to the dominant representations that reinforce the Cult of True Womanhood ideology (Poovey 1988; Smith-Rosenberg 1985; see also Davidson 1988; Kerber 1988). As a result, Smith-Rosenberg argues that the unevenness of gender ideology during this time reinforced a number of “sexual confrontations between men and women” during the late 1800s and early 1900s, including debates over abortion, seduction, prostitution, and women’s hidden intimacy with other women (1985:22).
While much has been written on women’s sexuality during the Cult of True Womanhood, existing studies of nineteenth century pregnancy focus primarily on the rise of gynecology and the medical institution and the decline of midwifery (Borst 1995; Fuchs 1992; Leavitt 1986; Oakley 1984; Ray 1982; Sullivan and Weitz 1989; Wertz and Wertz 1989). Leavitt (1986), for example, has provided a social history of pregnancy that chronicles the medicalization of pregnancy throughout the nineteenth century without much attention to the competing discourses. Others scholars discuss pregnancy within the broader context of reproductive rights (Solinger 2005), birth control (Brodie 1995; Gordon 2002 [1974]), or abortion (Luker 1984; Mohr 1979; Petchesky 1990). While some scholars have attempted to place pregnancy within the social context of the Victorian era, a detailed cultural analysis focused solely on this era will add to the existing histories of women’s reproduction and help us to answer the broader question of reproductive politics.

This dissertation provides some answers to Victorians’ conceptualization of pregnancy standards and the gendered and racialized implications that arise from those standards. In doing so, I demonstrate the ways in which three different social groups defined themselves and used their writings to legitimize their own authority. Through their advice, speeches, and advertising materials the physicians, the Lydia E. Pinkham Patent Medicine Company, and the Free Lovers also created symbolic distinctions between the types of women whose reproduction would benefit society and those who would not. Finally, in articulating the standards Victorian women should strive for, each of these groups framed their messages within a discourse of fear and empowerment,
where fears often focused on the potential racial decline of the nation and empowerment was generally equated with increased personal responsibility for individual women.

Further, my research also contributes to the broader literature on the sociology of reproduction (Bobel 2010; Borst 1995; Davis-Floyd 1994; Ginsburg and Rapp 1991; Kirsis 1996; Martin 2001 [1987]; Mitford 1992; Monto 1997; Oakley 1984; Rothman 1993 [1986]; Rothman and Simonds 2006; Solinger 2005). Ginsberg and Rapp (1991), Davis-Floyd (1994), and Monto (1997) have all offered research on marginalized groups such as midwives or women seeking “natural birth” options who express an understanding of pregnancy that is at odds with that presented by the medical model. Scholars such as Avishai Bentovim (2002) and Bailey (2001) separately argue that workplaces include particular constraints on pregnant women and Davis-Floyd and Sargent’s (1997) edited volume offers cross-cultural analysis of the roles of states in shaping women’s reproductive options. While more recent research on contemporary women’s reproduction has addressed issues of self and identity and the body (Bordo 1993; Brumberg 1997; Davis-Floyd and Davis 1997; Geronimus 2003; Martin 2001; Mitford 1992; Weitz 1998), as well as the social implications of new reproductive technologies (Davis-Floyd 1992; 1997; 2001; Hartouni 1997; Rothman 1989; 1993 [1986]; Rothman and Simonds 2006), much of the early research in reproduction critiques the medicalization of women’s reproductive processes and the increased use of technology to define standards of reproduction (Davis-Floyd 1992; Davis-Floyd and Sargent, eds. 1997; Kitzinger 1980; Martin 2001 [1992]; Mitford 1992; Rothman 1989; 1991). This research has manifested in a broader critique of contemporary maternity care through numerous expose-like works within the last decade including journalist Ricki
Lake’s (2007) documentary *The Business of Being Born*, Jennifer Block’s (2007) *Pushed: The Painful Truth about Childbirth and Modern Maternity Care* and Dr. Marsden Wagner’s (2006) *Born in the USA: How a Broken Maternity System Must Be Fixed to Put Women and Children First*, placing the problems of contemporary reproductive care more centrally in the mainstream American media. This body of literature critiques the medicalization of maternity care and the institution of medicine, my research offers insights into the early process of that medicalization by demonstrating physicians’ attempts to gain legitimacy and other social authorities’ efforts to challenge or co-opt physicians’ advice. It explores the ways in which cultural messages of pregnancy move beyond the biological or medical understanding of the even to encompass the moral and social implications Victorians pronounced about women’s reproductive capacities.

My research analyzes social prescriptions, directed at pregnant or potentially pregnant women, as a means to understand the connections between sexuality, motherhood, and the pursuit of “civilization.” By locating pregnancy discourse in the wider context of Victorian culture wars, struggles over the ideology and practice of the Cult of True Womanhood, and the growing, yet uneven, professionalization of medical authority this research reveals the intertwined relationships amongst social authorities as they competed for power in a changing social world. I argue that social discourse about reproduction pregnancy and motherhood produced by physicians, the Pinkham Company, and the Free Lovers, forms the basis for symbolic boundaries between various groups of people: social authorities; men and women; and good, moral women and their uncivilized, irresponsible counterparts.
In the forthcoming chapters I illustrate the overlapping and incongruous advice employed by social authorities as they negotiated a culture war rooted in sexuality (Horowitz 2002). Advice about sexual reproduction, pregnancy, and motherhood offered readers distinct justifications for gendered and racial social hierarchies. Women’s knowledge about their reproduction was simultaneously viewed both as a source of empowerment and a threat to the Anglo-Saxon privilege. Various social authorities argued for women’s morality and health as a means to support the nation. Some did it as a strategy of social control, while others framed women’s morality as empowerment and a reason for social reform. Debates over women’s reproductive health were integral to larger concerns about the perpetuation of a morally just “civilization,” devoted to progress towards racial perfection and gender specialization of roles (Bederman 1995).

Analyzing competing messages regarding pregnancy illustrates the intersectionality of race, class, and gender. My research contributes to an understanding of reproductive politics as an ongoing struggle over the body. Women’s body has meaning as a social resource with important consequences in the maintenance of social inequality (Beisel and Kay 2004; Gordon 2002 [1974]; Solinger 2005). Advice literature from the nineteenth century illustrates the importance of women’s bodies a cultural resource for the changing American nation. Incorporating William Sewell’s (1999) conceptualization of culture as “thinly coherent” along with Nicola Beisel’s (2004) assertion that fertility is a cultural resource, I argue that a great deal of discursive borrowing takes place amongst Victorian social authorities. Nineteenth century social authorities co-opted, challenged, shared, and refuted information presented by one another in order to promote their own agendas, including their ideal pursuit of
civilization. In constructing expectations for the women’s sexuality, fertility and maternity, these social authorities also created important symbolic boundaries. This research offers a cultural map of Victorian messages of reproduction to illustrate that social authorities perceived the structural implication of women’s behaviors (prior to, during, and after pregnancy) as integral to the perpetuation of race, class, and gender privilege.

Cultural Theory

Traditionally, sociologists have explained culture in terms of the norms, values, beliefs, symbols, and/or material goods of a society (Billington et al 1991; Crane 1994; Griswold 1994). Like Crane (1994) who critiques this use, contemporary cultural sociologists now believe it is a rather simplistic understanding of a complex concept. Many sociologists of culture have drawn from anthropologist Clifford Geertz’s (2000 [1973]) definition of culture as “an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate and develop their knowledge about and attitudes towards life” (p. 89). Geertz (2000 [1973]) argues that culture should be understood as a semiotic concept and he defines it as webs of significance that need interpretation and analysis. Meaning-focused sociologists of culture are concerned with how and why people share collective understandings. For example, Ryan (1989) argues that parades are symbols and rituals of social order and self-discipline in that they provide “a ceremonial method of forging and asserting the diverse social identities that compose American Culture” (p. 153). Scholars in this vein view culture as a tightly organized and
coherent set of meanings that are generally agreed upon by those within the society or group.

   In another theoretical vein, scholars emphasize the production of culture. For example, in his classic study of art production, Becker (1982) argues that artists must be connected to the conventional practices of the art world in order to be successful. Production studies such as this minimize the importance of cultural meaning, and instead focus on the institutional processes that construct the production of cultural objects. The advice manuals, pamphlets, newspapers, and speeches analyzed in this dissertation can certainly be understood as cultural objects, and I do pay close attention to the author’s of such documents. However, applying a strict culture of production model minimizes the messages presented by these groups as they vie for social legitimacy and they prescribe the expectations for the public’s interpretations of reproduction.

   Classic Frankfurt School theorists emphasize the production processes, commodification, and standardization of culture as inherent in capitalism. By their account, the structure of the culture industries, and society as a whole, leaves little room for the general public to challenge or resist the messages of the mass culture (Adorno 1990 [1975]; 1981; Horkheimer and Adorno 1972 [1944]). Mass culture eliminates individuality, perpetuating dominant ideology (Adorno 1990 [1975]; Jay 1984). Thus, the structure of the media industries, as described by Frankfurt theorists, leaves little room for individual interpretation or adaptation of the dominant messages disseminated and perpetuated in the everyday world of culture consumption. –

   Scholarship, particularly early women’s history, on the medicalization of pregnancy and childbirth often frames these processes as if they were, or have become,
They emphasize medicine and science as the dominant ideologies, yet they often neglect discussion of how the medical ideology permeated the public consciousness. This scholarship focuses on medicine as a dominant institution without much attention to other potential voices on reproduction, either those of other social authorities or of women themselves. These accounts of the history of reproduction often focus on physicians’ practices and documents, including medical records and medical journals, rather than the cultural tools more broadly available to the public. The difficulty in finding nineteenth century women’s voices on these matters has likely contributed to the dominant understanding of medicalization as the primary framing for pregnancy. However, research like that by Leavitt has successfully incorporated women’s choices into the story of medicalization.

Some scholars concerned with the ways that culture brings about change in various levels of society, challenge the totality of hegemony and ideology as overly determinant (Morawska and Spohn 1994; Sewell 1992; Swidler 1986). These scholars emphasize culture as practice (Bourdieu 1990; 1984; Mukerji 1994; Sewell 1992; 1999; Swidler 1986; 2003). Practice theorists argue that culture is “a sphere of practical activity, shot through by willful action, power relations, struggle, [and] contradictions” (Sewell 1999:44). Culture, then, is unstable and provides opportunities for continual negotiation and the potential for social change. People have agency within social structures, yet social structures can influence (empower or constrain) human actions as well.
Rather than understanding culture as a coherent system of meanings, practice-oriented sociologists often draw on Swidler’s (1986; 2003) metaphor of culture as a “tool-kit” that provides individuals with the resources to perform in various settings or contexts. Rather than individuals’ understanding of the social world being predetermined by society, she argues that during unsettled times, or times of change, new ideologies or understandings of the world, emerge through individuals’ creative use of cultural tools. These unsettled periods provide the opportunity for new strategies of action to emerge from competing cultures, which influence individuals’ actions and their belief systems, providing examples of authority and security (Swidler 1986:279).

According to Sewell culture involves a dialectical relationship between the social world and the actors within it. Cultural practice demands both the understanding and use of semiotic code of symbols and acting on these codes. Specifically, “to use a code means to attach abstractly available symbols to concrete things or circumstances and thereby to posit something about them” (Sewell 1999:51). Furthermore, these tools can be “transposed” to settings/contexts outside of their intended use (Sewell 1992; Swidler 1986; 2003). People are skilled in the use of culture, sharing values but capable of utilizing these values and resources in different actions (Crane 1994). According to Crane “culture provides a general structure of meaning which individuals use to figure out how to solve the problems they face,” that is, culture helps people make sense of the world (1994: 12; see also Derne 1994; Swidler 1986).

Sewell’s (1992) conceptualization of social structure also incorporates a theory for social change that empowers actors working within the social structure. According to Sewell (1992) structure is composed of schemas and resources- rules of social action and
the material and non-material goods (including humans) that perpetuate society. These resources and schemas both constrain and empower social action. The key is that these schemas and resources must reinforce one another for social structures to be perpetuated. Culture becomes embedded, rather than distinct from, social structures (1992; see also Crane 1994; Morawska and Spohn 1994). Sewell argues “structure is dynamic, not static; it is the continually evolving outcome and matrix of a process of social interaction” (1992:27). From this view, human actors (resources) have an impact on culture and, by extension, social structure, just as social structure provides the context for their actions. Thus, people have the capability both to reinforce or transform existing social structures (Sewell 1992:27).

Kirsis (1996) argues that “cross-cultural research has shown that birth, as well as other physical events of human life, such as death and illness, is constructed by cultural ideology, which provides a framework for how to ‘properly’ enter the event and progress through it to the end goal, in this case, a healthy birth” (p. 62). People draw on culture, then, to understand both how to be pregnant, but also what reproduction means for the broader society. Thus, there are various cultural understandings of pregnancy and opposing definitions of childbirth.

I situate my analysis of the reproduction within this vein of culture as practice. These three groups, physicians, the Pinkham Company, and the Free Lovers, all express concerns about the changing social world in which they live. During the nineteenth century, religion, infant mortality, women’s health and death, fear, nature, evolutionary theory, and sexuality all contributed to Americans’ perceptions of pregnancy. The doctors, the Pinkham Company, and the Free Lovers, incorporated these “codes” into
their discourses of pregnancy and used their interpretations to support their own agendas. These various cultural voices create a hierarchy and an “official cultural map” emerges and informs others where they stand in regards to that more dominant ideology (Sewell 1999). Producers of both the dominant ideology, in this case doctors, and those that challenge it, the Pinkham Company and Free Lovers, are influenced by the discourses of one another, often-times sharing similar language, but not always with similar meaning or intent in order to strengthen or defend their perspective (Bederman 1995).

These groups draw from existing cultural tools, like fears of the new immigrants from Southern and Eastern Europe to make their own cultural claims about the perpetuation of the Anglo-Saxon race and women’s reproduction. They transpose understandings of science and medicine into their own advice rhetoric, reshaping the meanings to support their own legitimacy. While not explicitly individual action, each of these groups “practice” culture in the ways that manipulate existing cultural codes to their own benefit.

In contemporary American society the medical institution’s dominance and power legitimates a particular construction of pregnancy that has been “comprehensively embedded in our cultural ideals,” yet this process was still underway during at the end of the nineteenth century (Monto 1997:313). Applying Sewell’s (1999; 1992) dialectic model of culture as both system and practice, earlier systems of meanings emphasizing midwifery and women-centered births were challenged by newer ideologies proffered by emerging medical authorities and other social authorities, but also by broader cultural messages of science, race, wellborn children, and women’s social expectations. In the later half of the nineteenth century, with the increased use of anesthesia, cultural schemas
regarding childbirth changed even more as both physicians and patients came to believe
that doctors possessed the skills to shape the childbirth event, lessening the influence of
fate (Leavitt 1986; Rothman 1991). The practice of women seeking relief from these
burdens, the practice of male physicians vying for professional turf, and the cultural
schemas about women’s roles in society and health more generally, all set the stage for
the rise of a model of pregnancy dependent on medical authority, intervention, and
technology. These groups then create new, competing, and overlapping messages about
pregnancy and reproduction from the pre-existing and changing cultural tools such as the
expectations of gender, the professionalization of medicine, the culture war over
sexuality, and the fear of racial decline. Shifts in the cultural understandings of
pregnancy had implications for the broader society related to concerns of preserving the
“civilized” race. During the late nineteenth century, women’s reproduction and the role of
motherhood became synonymous with white middle and upper class womanhood.

Monto (1997) argues that childbirth is such “an intrinsically intense and socially
important event [that it] seems to draw out cultural understandings that are usually
unspoken and implicit” (p. 310). In other words, there seems to be a “standard” or
normative way of being pregnant and birthing a child. In contemporary American
society, the medical model, with its emphasis on birth as a production process and
increasing technological intervention informs others, such as those seeking/supporting
more women-centered births, where they stand. Producers of both the dominant
ideology and those that challenge it are influenced by the discourses of one another,
often-times sharing similar language (not always with similar meaning or intent) in order
to strengthen or defend their perspective (Bederman 1995; Sewell 1999). Sewell (1992;
1999) argues that rigid cultural coherence is not necessary for cultural dominance. Therefore, competing ideologies or cultural voices are organized into a hierarchy (Sewell 1999:56). The case of pregnancy, I argue, is no exception. This study provides insight into the ways that competing discourses of nineteenth century pregnancy illustrate a normative way to be pregnant, thus leading to a complex cultural map of women’s reproduction fashioned from a variety of cultural producers. In this light, pregnancy is a cultural phenomenon in that the actors (doctors, women, family, reformers, the state) draw on the available symbols of pregnancy from the broader social world— from interactions, public discourse, religious doctrine—to understand what reproduction means in a given context.

My research illustrates how these groups contributed to the culture of pregnancy by borrowing, refuting, and co-opting the rhetoric of one another. These groups transpose meanings from one context to another. For example, Free Lovers adopt the theories of Darwin and manipulate them to their feminist agenda of women’s reproductive control. Sewell argues that this transposition of meanings from one context to another allows for meanings to change and reshape existing meanings. Rather than one unchanging ideology of pregnancy, the nineteenth century is marked by a thinly coherent culture of reproduction, whereby various cultural perspectives contribute to it. Sewell argues that rigid cultural coherence is not necessary for cultural dominance, thus while certain ideas about pregnancy dominate, these authorities manipulate or extrapolate other meanings to construct an understanding of reproduction that aligns with their broader agendas—health and wellborn children for doctors, women’s health and company profits for the Pinkham Company, and social change, sexual freedom, and well born children for Free Lovers.
There was a great deal of overlap between the ideologies of these groups, yet they also made symbolic distinctions between themselves to bolster their own status, and between women who are held as the hope of the race. These symbolic boundaries, drawn from cultural resources, have the potential to lead to social inequality.

**Symbolic Boundaries**

Bourdieu’s (1984) cultural capital concept is perhaps one of the most important for explaining the connections between culture and inequality. Cultural capital operates as a form of exclusion that perpetuates the existing class structure representing high status symbols equated with the “legitimate” culture of the dominant class (Bourdieu 1984; Jenkins 2002[1992]; Lamont and Lareau 1988). The work of the symbolic boundary theorists (see Alexander 1992; Beisel 1997; 1992; Bryson 1996; 1997; DiMaggio 1992; Fournier 1992; Lamont 1992; 1999; 2007; Peterson and Simkus 1992; Zolberg 1992) have elaborated on this sound foundation to illustrate that there are various types of cultural capital and multiple cultural markets, revealing the complexity of status situations presented in society. Scholars such as Michele Lamont, Bethany Bryson, and Nicola Beisel focus on the ways that symbolic boundaries are created and maintained through access to differing cultural resources. Rather than focusing on “cultural capital” because it is too rigid, Lamont (and many other contemporary cultural sociologists such as) draw on the concept of symbolic boundaries to understand the way that culture leads to social inequality. These scholars have used symbolic boundaries to address class-based inequality via art (DiMaggio 1992; Halle 1992; Zolberg 1992), gender inequality (Epstein 1992; Beisel 1997), sexuality (Stein 2001), race and ethnicity (Anderson 1999; Gans 1999; Lamont 1999; 2000; Massey and Denton 1993), and various other distinctions.
including those regarding science and communities. While Lamont shares Bourdieu’s assertion that class reproduction occurs because of common cultural styles she argues that “cultural capital theory adopts a narrow definition of morality, making it the privileged domain of particular groups and that it conceives morality as an ancillary resource while subsuming it to socio-economic achievement” (Lamont 1992:181; see also 33; Chapter 7). Applying symbolic boundaries to the discourses of nineteenth century social authorities on reproductions illustrates the ways that individuals’ use of culture can reinforce the social structures of race, class, and gender as the authors’ of these documents erect boundaries that align with the status quo.

Symbolic boundaries also demonstrate the fluidity and permeability of culture. While Bourdieu (19984) indicates that there is a coherent high class culture, and knowledge of it results in cultural capital that can then be turned into economic capital, symbolic boundary theorists question this cohesion. Symbolic boundary theorists argue that cultural differences are not as clearly defined, thus individuals and groups engage in boundary work, rooted in numerous distinctions, to identify their social place. Symbolic boundary theorists illustrate the complexities of culture. Rather than rely on the preconceived idea of cultural capital as marker of place, symbolic boundaries theorists argue that “what counts” as a marker of inclusion or exclusion varies across time and space.

Symbolic boundary research also focuses on the ways that groups of people create boundaries to distinguish themselves from others (Lamont 2000a; 2000b; 1999; Lamont and Molnar 2002; Small, Harding, and Lamont 2010). These boundaries may originate in individual’s psyches, through interactions, or be imposed through sociopolitical forces
Boundaries, argues Lamont, create rules and norms of behavior and status symbols for specific groups. Boundaries are often taken-for-granted, drawn from available cultural resources, and external to particular social situations. Symbolic boundaries are the means by which people acquire status and gain or monopolize resources (Lamont 1999; 2000a; 2000b; Lamont and Molnar 2002).

“Symbolic boundaries are conceptual distinctions that we make to categorize objects, people, practices and even time and space (Lamont 1992:9; see also Lamont and Molnar 2002).” Drawn as a means to identify and define one’s self, boundaries indicate inclusion and exclusion, potentially leading to inequality.

The messages represented in pregnancy advice literature form the boundary distinctions between various social authorities. Physicians, the Pinkham Company, and the Free Lovers draw on cultural resources such as interpretations of science, medicine, marriage, and sexuality to symbolically set themselves apart from other social authorities. In doing so, these groups lay the foundation for legitimizing their own beliefs, and as such, excludes others. The boundaries erected between the various social authorities served to solidify their positions on women’s reproduction and health, and helped to distinguish them from one another. Patent medicine companies, for example, distinguished themselves from physicians, whom they deemed distrustful butchers. Physicians in turn, referred to lay practitioners and patent medicine companies as quacks. Free lovers embraced scientific theories and medical discourse to further their radical causes. These groups, vying for status- professionalization for doctors, economic status for the Pinkham Company, and credibility for the Free Lovers- also blurred the boundaries with other groups if it ultimately served their benefit.
The maintenance and perpetuation of boundaries results in norms, which serve to maintain the status quo (Lamont 1992). Pointedly, Lamont argues that the maintenance of boundaries and difference, does not result in inequality; strong boundaries based in specifically shared cultural meanings are the basis for exclusion and by extension, inequality (Beisel 1997; Epstein 1992; Lamont 1992; Lamont and Molnar 2002). Boundaries perpetuate inequality as the people within groups ascribe to these rules, reinforcing existing boundaries and “indirectly producing typification systems” (Lamont 1992:11). My research also illustrates the potential implications for women. While I cannot access the extent to which women subscribed to the pregnancy standards set forth in these documents, the documents themselves indicate clear distinctions between healthy, moral women and their irresponsible counterparts. Nineteenth century natural law, incorporated into the discourse of doctors, the Pinkham Company, and the Free Lovers, dictates that women must be strong to fulfill their roles as caregivers. Failing at health meant that a woman became a burden to those around her and she failed as a woman. These boundary distinctions between women ultimately rested on issues of mothering.

The similarities in the messages of good mothers and their bad irresponsible counterparts presented in by the doctors, the Free Lovers, and the Pinkham Company, represent such systems. I argue that each of these groups incorporated what I would call “fear-empowerment” discourse into their literature on women’s reproduction. This fear-empowerment paradox highlighted existing concerns about women’s health and reproduction, such as fears of dying in childbirth or producing still-born or ill children, while also offering women potential solutions to these problems. The specific fears and
their various directives for empowerment or change contribute to and blur the boundary distinctions between these groups. For example, all of the groups celebrate maternity as central to nineteenth century womanhood, but the advice or empowerment techniques these groups offer to ensure maternity—doctors’ advice, taking an herbal remedy, or ending the institution of marriage—mark the differences between physicians, the Pinkham Company and Free Lovers. Additionally, each group recognized that the changing landscape of the modernizing society contributed to the various fears they described, yet the doctors and the Pinkham Company offered individual level advice to counter things such as sterility, diseased children, and poor health. The Free Lovers, by contrast, offered women advice to negotiate their individual situations, but they also advocated for institutional social reforms as such as abolishing the institution of marriage. While I describe this paradox as one of both fear and empowerment, in some cases the “empowerment” is more like glorified responsibility. Once educated to reproduce the “most perfect children” then failing to do so was women’s own shortcomings. Thus, with empowerment came increased responsibilities and expectations for women. According to Berger (1991:14-15), “The business of generalizing sociology of culture is to understand as exactly as possible how a range of possible choices is presented to the consciousness of a potentially active agent, and how situational or intervening variables (i.e., micro social structures) reinforce or undermine the predisposition to choose from among the range of possible choices...” Understanding nineteenth century pregnancy discourse as a tension between fear and empowerment illustrates some of the possible ways in which women might comprehend reproduction, but it also frames these opportunities in ways to support social authorities’ own legitimacy. They drew on existing cultural concerns to
situate their expectations. Physicians, Free Lovers, and the Pinkham Company intended
women to choose understandings of pregnancy and reproduction that aligned with the
messages they espoused.

**Methods and Data**

Victorian advice, reform and advertising literatures illustrate the myriad of
cultural meanings surrounding nineteenth century pregnancy. Social actors transpose
these meanings from one context to another, they serve as the foundation for determining
group boundaries and legitimizing authority, and they offer a fear-empowerment
discourse that informs women how to procreate in order to best serve the larger social
order, thereby also forming the boundaries between good and bad women.

In order to illustrate my arguments, I researched a wide range of archival
materials including advice books, advertising pamphlets, speeches, newspaper articles,
and the organizational records and documents from the Pinkham Company. Given that
these materials are not centrally located in one archive, I consulted a number of online
research databases including the Nineteenth Century Masterfile, The Women and Social
Movements Database, and WORLDCAT to identify an extensive list of possible
materials.

Medical books on pregnancy during this time period are abundant. While quite
technically specific books exist (entire volumes on extra-uterine pregnancy for example),
I selected those that broadly fall into the categories of “marriage guides,” “hygiene,” or
“health” related books targeted to the public and I eliminated books aimed at medical
students or explicitly detailing biological processes. These materials came primarily from
the Gerritsen Collection of Women’s History, 1543-1945, the University of Kansas Medical Library, the Countway Library of Medicine at Harvard University, and Elizabeth Schlesinger Library on the History of Women in America at the Radcliffe Research Institute.

The materials on the Lydia E. Pinkham Medicine Company Records are archived at the Schlesinger Library of The Radcliffe Institute of Research. This collection span the years of 1851-1968 and the scope and content of the 194 boxes of documents and more than 500 oversized items and folders which comprise this collection is quite broad. Financial records beginning in 1859 include things such as journals, ledgers, tax statements, employee records, inventories and invoices. The records of the Board of Directors, technological and pharmacological information relating to various herbs and studies of female maladies also exist in this collection. The general records include newspaper clippings, correspondence and articles written about Lydia Pinkham. In addition, the Company maintained extensive documentation of their advertising efforts. The Company’s advertising and advice pamphlets from 1873-1900, along with the Lydia E. Pinkham Text-Book, form the bulk of data for the chapter devoted to this Company. Through these documents, which were available with purchase of the Vegetable Compound, or by mail order, the Company disseminated its ideas on women’s health and reproduction.

The Free Love chapter relies heavily on the speeches and writings by key reformers associated with the movement. The Free Love movement also depended heavily on newspapers, thus three publications, Woodhull and Claflin’s Weekly, The Word, and Lucifer, the Light-Bearer form the bulk of the data for this chapter. These
materials came from The Gerritsen Collection of Women’s History, 1543-1945 and the Southern Illinois University Woodhull Collection.

Historical data has a specific set of concerns; specifically the availability of data is beyond the researcher’s control. Discussing the limitations of personal documents, Mariampolski and Hughes (1978) argue that there is no reliability test to tell researchers if their data is a representative sample of experiences, thus I must made judgments on the representativeness of my documents by comparing various materials within a particular genres (medical books, advice books, etc.)

While Mariampolski and Hughes (1978) argue that sociologists are often not skeptical enough of their historical documents, I collected and analyzed the data for this study with the particular cultural producer in mind. Following Milligan’s (1979:184) caution to be wary of documents “made to advance one’s own interested or to win public approbation,” I approached the materials for this study with careful skepticism. Given that each of the groups in this study were attempting maintain, or even further, their own social position, I recognized that a great deal of these materials were, in fact, written to persuade their readers to support the producers’ own perspectives. While I approached these historical documents with skepticism and a critical eye, I also made certain to be sensitive to the historical context and climate in which these documents were produced.

Mariampolski and Hughes (1978:106) further remind researchers that “experience is very selectively recorded,” thus I investigated these messages not to explain “what happened” but rather to decipher the meanings about pregnancy, womanhood, race, and civilization within the texts. As such, I analyzed these documents with the “interpretive strategies” of the new cultural history (Biersack and Hunt 1989:14). Primary analysis of
the data included a qualitative investigation of the latent and manifest message on pregnancy, race, class, gender, and motherhood specifically. I begin the study by coding the documents with these broad categories. As I progressed, I focused on the other themes that emerged such as heredity, maternal impressions, women’s health, wellborn children, and the hope of the race. I construct a loose narrative of nineteenth century reproduction that takes culture “as an abstract analytical category” removed from the “complex realities of human existence” and as demonstrating the “concrete and bounded world of beliefs and practices… belong[ing] to ‘society’” or some subgroup therein (Sewell 1999: 39).

**Chapter Outline**

While each chapter offers more background on the time period as it relates to medicalization, patent medicines, or the free love movement, Chapter 2 offers a brief outline of the social context of the Victorian Era. This chapter addresses overarching issues such as the discovery of the child, fears of abortion and racial decline, the role of science in the public discourse and a general discussion of changes in pregnancy and childbirth.

White middle class women had the opportunity to utilize non-medical methods for addressing pregnancy and childbirth, but the proliferation of doctors by the turn of the century was astounding. The American Medical Association, formed in 1847, was well established by this time, lending credibility to doctors studying and addressing women’s ailments. Chapter 3 explores the medicalization of pregnancy by analyzing the proliferation of advice and etiquette books written by doctors. These advice books offer
some detail regarding the daily expectations of pregnancy including what to eat, how much to sleep, and how to spend one’s leisure time, but they also set specific and high standards for women’s morality and her responsibility for the morality of her unborn. It is through these materials that physicians’ social authority is legitimized as they use a fear-empowerment paradox to set standards for women’s reproduction and mothering. These advice manuals draw on science, natural law, and the desire for social progress to set the expectations presented to pregnant and potentially pregnant women. As such, medical advice literature provides the cultural tools for distinguishing between good and healthy mothers and degenerate and uncivilized women.

In Chapter 4, I analyze the advertising materials of the Lydia E. Pinkham Patent Medicine Company. This company produced numerous educational/promotional materials to accompany their Vegetable Compound. These pamphlets incorporate the era’s faith in nature, skepticism of medicine, and acceptance of women as chronically ill. The Company’s advertising reflected and reinforced notions of women’s reproduction as the root of all female illnesses that demand cure. Pamphlets and advertising on women, reproduction, and maternity claimed that their product could cure women’s ailments, thus implying that ill women were responsible for their own situations. Pinkham advertising also utilizes a fear empowerment discourse, whereby fears of sterility, doctors, and poor health can be overcome with a little advice and ingestion of the Vegetable Compound. While the producers of Lydia E. Pinkham’s Vegetable Compound were not explicitly dividing the nation into groups, their advertising pamphlets mark the symbolic differences between responsible, healthy, women and helpless, unhealthy ones, between doctors, quacks, and educators. Company literature celebrated maternity and encouraged
women to take responsibility for their own health. Women were upheld as the “Hope of Race” and the “Architect of Men” as a means to inspire maternity, yet within these allegedly powerful roles, women’s opportunities beyond mothering was limited. Ultimately, the Pinkham Company lauded women as the moral backbone of society as it commercialized women’s reproduction.

Chapter 5 explores progressive anti-marriage reform advocated by the free love Movement of the nineteenth century. Social reformers associated with the free love movement refuted the middle class ideology of marriage as central to the moral worth of society, yet they upheld mothers and mothering as the quintessential calling of women, and as the source for women’s social power. Free lovers argued for the abolition of marriage, which they believed, enslaved women and resulted in sexual abuse. These reformers argued that the right to love freely, thus the end to marriage as a legal institution, would emancipate women and improve the next generation of children. Free lovers, like the doctors and the Lydia E. Pinkham Company, used fear-empowerment discourse in their publications and lectures. However, unlike the other two groups, the Free Lovers readily implicated the social structure in their discussions of women’s reproductive rights and advocated for social change rather than focusing predominantly on individual responsibility.

The final chapter explicates the intricate cultural map of Victorian pregnancy presented by nineteenth century doctors, the Lydia E. Pinkham Patent Medicine Company, and the free love reformers. This chapter illustrates the ways that overlapping themes such as maternity science, and women’s health were used to promote each groups own agenda. In articulating the specific-fear empowerment rhetoric employed by each
group, this chapter reiterates the symbolic boundaries between these authorities, as well as between groups of women, this chapter demonstrates. Finally I argue that understanding the interplay between race, class, and gender structures and the cultural schemas that comprise them provides the foundation for contemporary reproductive rights.

**Conclusion**

Advice on mothering, pregnancy, reproductive health, and sexuality permeated Victorian America (D’Emilio and Freedman 1997 [1988]; Gordon 2002 [1974] Horowitz 2002; Solinger 2005). Mothering, and by extension reproduction, was a central concern for men and women in the late Victorian Era as they attempted to make sense of a changing world. The social construction of pregnancy during the Victorian era is an important, and missing, component to the ‘ideological work of gender’ that has historically occurred in American society (Poovey 1988). Women’s fertility was a major concern to the nation’s progress and cultural authorities debated the best way to encourage healthy reproduction.

This historical study fills the gap between understanding women’s sexuality and motherhood by emphasizing the cultural messages of pregnancy that hold women to nearly unachievable standards in the name of their children and the betterment of society. Given the lack of access to prenatal care available to marginalized groups, the lack of alternatives to medical models for understanding pregnancy and the proliferation of self-help pregnancy and childrearing manuals that espouse an essentialist understanding of motherhood attainable only to a minority group of privileged women, Victorian messages
regarding pregnancy parallel many presented in contemporary American discourse. Thus understanding the historical cultural schemas of pregnancy can point to the problems in contemporary constructions of pregnancy and provide a starting point for future research that moves beyond understanding the medical components of pregnancy culture, but also the moral, social, and broader cultural messages as well.
Chapter 2
The Victorian Context & The Discovery of the Child

“I propose to speak briefly of children… since a perfected humanity must come of perfect children.”

~Children, Their Rights and Privileges
Victoria Woodhull 1871

As indicated earlier, the Victorian Era was one of questions. Victorian middle-class ideology of gender, sexuality, and reproduction was a site of contention and transformation, subject to criticism and reconstruction (Beisel 1997; Cott 1997 [1977]; Foucault 1990[1978]; Horowitz 2002; Poovey 1988; Smith-Rosenberg 1985; Vickery 1993; Welter 1966). Male authorities equated women’s sexuality with morality, and often stressed preservation of the “race” (understood specifically as white, protestant, and upper-middle class). Many nineteenth century representations of women described a “true woman” as pious, pure, domestic, and submissive (Welter 1966). At the same time, social reformers advocating women’s equality challenged the ideology of true womanhood and offered women alternative understandings of their rights and their bodies (Beisel and Kay 2004; Horowitz 2002; Laqueur 1990; Poovey 1988; Smith-Rosenberg 1985; Laqueur 1990). Thus, there were competing messages regarding femininity, in addition to contradictions between dominant ideology and everyday practices by women (Poovey 1988; Smith-Rosenberg 1985).

The nineteenth century was also marked by contestations over sexuality. Representations of sexual knowledge coincided with expectations of sexual repression and legal suppression. Historian Helen Lefkowitz Horowitz (2002) characterized the Victorian Era as “the first culture war” in American history, one rooted in sexuality. According to Horowitz, nineteenth century Americans understood sexuality in four major frameworks: in terms of Christian morality, the bawdy vernacular of popular culture, as a means of
connection between the nerves and health, and finally as the core of the human being.

Americans’ acceptance of sexual education and public discussions of sexuality varied based on their place within these frameworks, thus the ensuing moral conflicts. By the mid-nineteenth century women’s reproductive capacities signaled the primary difference between men and women, yet cultural messages about sexuality and women’s reproduction (1870-1900) were multi-faceted (Laqueur 1990; Poovey 1988). Women’s fertility became an important cultural resource during the nineteenth century because it was essential to continued racial dominance by Anglo-Saxons (Beisel ad Kay 2004). Thus, this culture war had ramifications for women’s reproductive control and the perpetuation of “civilization,” a term used to pursuit of gendered and racial advancement (Bederman 1995; Beisel and Kay 2004; Stern 2005).

Additionally, in the in the decades leading to the twentieth century, authorities and reformers increasingly recognized the moral and social importance of the unborn child over that of the mother. According to social critics Barbara Ehrenreich and Dierdre English (Ehrenrich and English. 2005 [1978]), late nineteenth century Americans believed that “in the child lay the key to the control of human evolution” (p. 204). Thus, the turn of the twentieth century brought with it the “discovery of the child” (Ehrenrich and English. 2005 [1978]: Chapter 6). Under this new framing, the “child” served as a means of progress and as a tie to a more romantic past. Many of the fears expressed about the changing social landscape were expressed in terms of the negative effects to children.

Taken together, these questions of sexuality, gender, race, and children create the backdrop for nineteenth century discussions of and advice about pregnancy. This chapter describes the social context surrounding that advice and introduces key issues that shaped the
advice offered by reformers, physicians, and the patent medicine company. Before exploring Victorians’ pursuit of civilization through control of women’s fertility, I first describe the popularization of science in the nineteenth century. Science increasingly informed all aspects of Victorian life, including those related to sexuality, gender, and reproduction. After that I turn to the discussion of race and civilization by explicating the importance of children and social policies geared at children’s protection. Finally, I shift to a discussion of the medicalization of reproduction which framed the way women gestated and birthed the next generation before outlining the remaining chapters of this dissertation.

Science, Natural Law, & the Pursuit of Civilization

Science became a prominent authority and the prevailing worldview in America during the nineteenth century. The popularization of science permeated nineteenth century culture (Smith-Rosenberg and Rosenberg 1973). According to Hyman Kuritz, (1981) this popularization is “inseparable from the democratization of Western society in the early modern era” (p. 259). Ehrenreich and English (2005 [1978]) describe nineteenth century “scientism” [as] science worship” (p. 84). Appreciation for science represented an intense ideology, a sort of “neo-religion… tough and yet transcendent—hardheaded and masculine, yet at the same time able to ‘soar above’ commercial reality” (Ehrenrich and English. 2005 [1978]:84). Science pervaded in so many areas of social life that it became almost a common language (Cantor and Shuttleworth 2004:2). General periodicals and other discourses readily evoked scientific understandings for a variety of social phenomenon. Numerous articles expressed concerns about gender within a Darwinian framework (Shuttleworth, Dawson, and Noakes 2001:67). The science of evolution had the greatest impact on popular culture, but
nineteenth-century science also saw breakthroughs in other field relating to the body, including physiology, bacteriology, embryology, and heredity (Hayden 2007:35-36).

Americans also equated science with morality and goodness (Smith-Rosenberg and Rosenberg 1973:332). According to historian Todd Timmons (2005), many Americans believed that their leadership in technology and science rested on the moral superiority of Americans (p. 5). Late nineteenth century figures such as Upton Sinclair and Horace Greeley invoked the power of science for the future of the nation. Sinclair argued that “the skillful use of scientific knowledge was the way to eliminate social distinctions” a concern faced by many Americans (cited in Timmons 2005:5). Horace Greeley claimed that scientific progress lead to social improvements including increased luxuries, previously fit for nobles. Late nineteenth century culture not only accepted, but embraced science as the means to American’s moral, political, and economic superiority, but also as evidence of it. With many health-related milestones—inoculations, germ-theory, successful use of anesthesia—occurring during the nineteenth century, doctors readily embraced science to set them apart from other healing practitioners. According to Smith-Rosenberg and Rosenberg (1973), “would-be scientific arguments were used in the rationalization and legitimization of almost every aspect of Victorian life [particularly] in those areas in which social change implied stress in existing social arrangements” (p. 332). Despite the fact that scientific and technological advances did not always improve lives, many Americans, rich or poor, educated or not, viewed science as the great equalizer, capable of curing “all that ailed the world” (Timmons 2005: 5).

Additionally, Victorians embraced and debated the notion of natural law. In the nineteenth century, “natural law” represented the universal laws of morality or the use of
reason to understand human nature and the moral expectations of society. The idea of natural law represented the contemporary understanding of nature as both divinely and scientifically constituted. Thus, natural law offered a bridge between spirituality and science that social authorities could manipulate or invoke in order to further their own agendas. As science, particularly Darwinism, gained in popularity, notions of natural law shifted. According to Bederman (1997), “instead of God working in history to perfect the world, believers in civilization described evolution working in history to fix the world” (p. 26). From this perspective, individuals could aid nature to the betterment of society, rather than viewing their social world as preordained by God.

Just as science permeated American culture in the nineteenth century, so to, did the notion of “the advancement of civilization.” Many Americans envisioned a superior race, the white race, characterized by the most perfect construction of manliness and womanliness possibly. Bederman credits the cultural power of the pursuit of civilization discourse to the interconnectedness of middle-class ideologies of race, class, and gender, particularly, the notion that male power remained “natural.” As such, “it was the duty of all civilized people to do what they could to bring about this perfect civilization” (Bederman 1995:26). Maintaining one’s health and producing well born children contributed to this pursuit.

Children as the Hope of the Race

Americans, living in a context of rapid change, were concerned with issues such as increasing industrialization, urbanization, poverty, immigration, changing gender roles, and health and hygiene, a euphemism often referring to matters of sex and sexuality. The fate of the nation, indeed the “race” was uncertain and Americans’ concern with the declining
population is discussed in terms of “the woman question” and later “the population question.” In 1800, the fertility rate in the United States averaged 7 births per 1,000 women. By 1900 that number had dropped to an average of 3.5 per 1,000 (U.S. Census 2001, cited in Gordon 2002 [1974]: 22). Infant mortality rates soared around the turn of the century, prompting historians Haines and Preston (1991) to dub the era “the fatal years.” Deaths by children under age five comprised as much as 40% of the total death rate during the nineteenth century (Preston and Haines 1991). Infant mortality did not drop significantly until the turn of the twentieth century after advancements in public health and nutrition also improved the general standard of living (Condran and Lentzner 2004; Condran and Murphy 2008). Such rampant death likely fueled concerns over propagation.

Stern (2005) argues that “doctrines of racial decline coincided with the advent of modern contraception and fertility drops in parts of Western Europe and the United States, each of which prompted some reformers to worry that the flagging birthrate of the ‘fit’ was being outpaced by the rampant propagation of the ‘unfit’” (p. 13). Concerns over the degeneration of society, the return of the nation to a more primitive state, contributed to campaigns against immigration. In light of these concerns, debates about contraception and abortion also emerged in newspapers and on the lecture circuits. By the turn of the century, these concerns led to reprimand against “race-suicide.”

Early in nineteenth century, mothers replaced God as the primary “guarantors of their children’s welfare” (Dye and Smith 1986). Mothers were obviously responsible for children’s development but were also perceived as the greatest threat to that progress. Contemporary arguments of “child’s right to be born in a healthy state” are reminiscent of nineteenth century rhetoric of the “rights of the child to be well-born,” which reflected
assertions regarding children’s importance, born or conceived, to the community, the civilization, and the race (Sperry 1900:176). Such literature equated healthy children with social progress. Thus women’s responsibilities obliged them not only to their own children and families, but also to the larger social structure. “The idea that the child was the key to the future, banal as it sounds, had a definite political message. To say that the child alone held the key to the social change was to say that the present generation of adults did not” (Ehrenreich and English 2005 [1978]:207). Ehrenreich and English (2005 [1978]) argue that this “child-centrist ideology” represented slow, but steady social reformation over generations, many related to the social expectations of mothers.

Concerns over children brought on numerous reports by social workers and various reform groups. Citing research a report to the State Board of Charities, Dr. A. N. Bell asserts that while Americans bore fewer and healthier children than people in other countries, the poor tenements of American cities house nearly 80% of children under age five. Concerns over urbanization, overpopulated tenements and conditions of the poor permeate discourse on childrearing advice. Cited in Dr. E. B. Foote’s (1886) Borning Better Babies, Dr. Bell warns that “‘in these places multitudes of children are brought into the worlds by feeble and diseased parents, apparently for no other purpose than to sicken and die; but still many puny ones survive, and the more children in such places the more orphans and paupers’” (p. 32). In describing tenements as breeding grounds for the sick and puny, doctors like Foote (1886) and Bell indict irresponsible reproduction (p. 30-31). Much like the anti-abortion discourse, indictments against ill children represent parents’ moral responsibility to the social progress of the nation. Authorities dismayed that so many infants didn’t make it to adulthood, emphasized the belief that Americans be productive citizens in adulthood; dying before that
was possible was a burden to the state. Reformers believed that social distinctions between Americans would dissolve over time, as an “American upbringing” of public education and improved childrearing practices “would produce a ‘higher’ type of human personality,” one which would lead to productive citizens (Ehrenreich and English 2005 [1978]: 207). Children were viewed as the hope for the race and essential to combating the ills of capitalism as such they needed to be physically and morally healthy.

**Obscenity Law**

Anti-vice and social purity campaigns attempted to rid cities of sexual deviance and protect youth from sexual knowledge, including contraception. The 1873 passage of the Comstock law marked a changing social climate regarding matters of sexuality. Sponsored by Anthony Comstock, co-founder of the New York Society for the Suppression of Vice, this law prohibited the mail distribution of materials deemed obscene. Contraception, abortion, and reproductive information, as well as materials advocating free love and divorce, fell within this category. Disputes ensued over obscenity and sexual knowledge, with some regarding its dissemination as a form of free speech or sexual education and others classifying it as pornography and vice forms. Physicians, Free Lovers, and even the Pinkham Company faced charges under this law. The most egregious, like some Free Lovers, faced imprisonments and fines as the government presented such information as obscene and detrimental to society. Through the Comstock Law, the state became an additional authority concerned with women’s reproduction.

Early historical accounts of Comstock and various anti-vice reforms emphasized Comstock’s pro-censorship efforts as state-supported fanaticism and sexual repression.
Later, historians argued that Comstock’s anti-obscenity crusade represented nineteenth century fears over the increasing urbanization of life. Cities brought with them the increasing interaction between stable elites and the seemingly rootless working-class employed in the factories. Some scholars argue that Comstock’s campaign attempted to enforce a unified moral order for all those living in the cities (Boyer 1968; Dennis 2002).

Sociologist Nicola Beisel (1997) argues that changing notions of the “the social meaning of sexuality” and gender roles, along with “the growing numbers, social presence, and political power of immigrants” allowed anti-vice supporters to connect concerns about their children’s moral health with threats to their social standing (p. 4). Expanding on previous assertions that the anti-vice movement exemplified “puritanical hypocrisy,” efforts to reform the working-class or broader moral panics, Beisel draws on the claims of anti-vice societies that obscenity laws necessarily protected America’s children and protected them from laziness and immorality. Ultimately, for Beisel (1997; see also Dennis 2002), the anti-vice movement represents elite families’ anxieties about their own children’s likelihood of reproducing economic and social standing they held. Feminist historians such as Bates (1995); Brodie (1994); Gordon (2002 [1974]), and Smith-Rosenberg (1985) view nineteenth century obscenity legislation as representative of a patriarchal response to women’s growing independence after the Civil War. These scholars argued that suppression of abortion and contraception information was a central component of Comstock’s law. As such, it both punished women for attempting to assert reproductive freedom while also reinforcing traditional gender roles through the perpetuation of pregnancy (Dennis 2002). Such reproductive politics illustrate significance of struggles over women’s bodies. Their bodies and fertility became important material and cultural resources in the last half of the
nineteenth century because they were essential to continued racial dominance by Anglo-Saxons (Beisel and Kay 2004). Solinger (2005) argues that “the special status of whites was built out of the rules, laws, and norms governing white sex-and-pregnancy every bit as much as the slave system and Indian degradation depended on reproductive control of nonwhite people” (p. 47).

Abortion and Racial Decline

According to historian Laura Lovett (2007), idealizations of motherhood, the family and home served legitimate political agendas and constructed social policies concerning reproduction. For example, anti-abortion laws were enacted beginning in the mid-1860s, in part as a result of the fear that middle class, native born women were choosing abortions and thereby threatening the social standing of privileged Anglo Saxons. Discussion of abortion reflected larger social fears of racial decline and invoked the scientific attempts at race betterment that emerged in the mid-nineteenth century.

As “The Evil of the Age,” discussions of nineteenth century reproductive politics focus predominantly on the medicalization and criminalization of abortion (Gordon 2002 [1974]: 25). Until the mid-nineteenth century, abortion prior to feeling fetal movement (known as quickening) was commonplace and generally considered another form of contraception or a general practice to “stop suppression of the menses” (Brodie 1994; Gordon 2002 [1974]; Mohr 1979). Mohr (1979) argues that regular doctors under the auspice of the AMA spear-headed the moral crusade to criminalize abortion in order to limit medical practice. Doctors argued that the declining birth rate amongst middle and upper middle class women was due to aborting matrons within that class and the rampant
propagation of immigrants and the poor (Beisel and Kay 2004; Brodie 1994; Gordon 2002 [1974]; Smith-Rosenberg and Rosenberg 1973). Indeed, many portrayed women who received abortions as selfish and morally irresponsible, denying their duties to both family and the state (Beisel and Kay 2004). Through complicated political strategizing, AMA-sanctioned doctors effectively united with other middle and upper class reformers in an attempt to garner a monopoly over reproductive care. By 1890 nearly every state in America had instituted laws criminalizing abortion, most of which gave physicians authority in such matters (Beisel and Kay 2004; Brodie 1994; Luker 1984; Mohr 1979; Petchesky 1990; Reisman 1998). This campaign contributed to the professionalization of obstetrics and further placed women’s generative care in the hands of physicians (Beisel and Kay 2004; Brodie 1994; Luker 1984; Mohr 1979; Petchesky 1990; Reisman 1998). Feminist reproductive scholar Rosalind Pollack Petchesky (1990) argues that debates over abortion illustrate a “broader ideological struggle in which the very meanings of the family, the state, motherhood, and young women’s sexuality are contested” (p. XI). According to prominent gender scholar Carol Smith-Rosenberg (1985), “the AMA’s campaign succeeded because physicians convinced the male bourgeois public and male politicians that abortion constituted a threat to social order and male authority” (p. 35). Other scholars recognize that women were not passive victims of the medicalization and criminalization of abortion. Suffragists’ ideology of ‘voluntary motherhood’ attempted to persuade women that choosing when to conceive was a better alternative to abortions after the fact (Bell 2004; Gordon 2002 [1974]; Brodie 1994; Solinger 2005). Sociologists Beisel and Kay (2004) argue that suffragists’ alignment with physicians’ anti-abortion efforts helped the passage of such laws. As a result, the original push for medical control over abortion practices resulted in the complete
criminalization of abortion and other contraceptive tools during the late nineteenth century (Bell 2004; Brodie, 1994; Reagan 1997; Rissman 1998).

**Pregnancy and Medicine**

The medicalization of women’s reproduction is another key piece of the late Victorian cultural map. Just as debates over sexuality infused public discourse, so did notions of women’s health. Discourse repeatedly expresses women’s health as essential for healthy, productive children. Women’s social roles, morality and social power were linked with their reproductive capacities. Disorders relating to menstruation, falling womb, hysteria, and barrenness were connected to working women’s inability to meet their daily responsibilities as clerks or milliners in their youth and mothers after that. The image of upper class womanhood during the late Victorian Era was one of delicacy and nervousness. These characteristics were thought to stem from women’s reproductive systems (Laqueur 1990). Ehrenreich and English (1973) argue that the rise of the medical profession in cities resulted in two classes of women, the working class who couldn’t afford medical attention and the wealthy who could afford extended and repeat medical care. Doctors would diagnose these women with a myriad of ailments that would likely send women off to bed, for fear of shocking their systems (Ehrenreich and English 1973; Laquer 1990). Numerous historical accounts of the late Victorian Era indicate that women were expected to be weak and troubled by their reproductive organs.

Providing an historical account of childbirth in America, Leavitt argues that women’s biology seemed to dictate the course of their lives. While childbearing and motherhood can certainly be rewarding, the uncertainty and dangers created the cultural boundaries within
which women lived their lives (Leavitt 1986). The reality of repeat pregnancies accompanied by unclear physical risks equated women’s social roles to their biology. Childbirth brought with it the very real possibility of death. Maternal mortality rates for this era are difficult to determine, but one report estimates that 15,000 women died from childbirth related issues (hemorrhaging, misuse of forceps, infections, ‘childbirth fever’ each year in New York alone (Schlereth 1992).

Prior to the nineteenth century, midwifery and women-lead birth prevails as a social and natural event (Kirsis 1996; Leavitt 1986; Mitford 1992). Historian Judith Leavitt (1986) estimates that 80% of births in 1800 were attended by midwives. Further, Sullivan and Weitz (1988) argue that “a majority of births” were still attended by midwives until about 1910; by 1930 this declined to less than 15% (see also Borst 1995). Maternity hospitals, which accommodated women during the birth of the child but rarely provided prenatal (antenatal in Britain) to pregnant women, gained popularity in the late nineteenth century (Oakley 1984). The institutionalization of poor pregnant women increased during the nineteenth century, while women of higher socio-economic status continued to give birth at home, although increasingly with the attention of a physician (Leavitt 1986).

Fears and dangers of childbirth, coupled with the realities of rearing children, contributed to the rise of the obstetrics/gynecology and to the ensuing medical model of pregnancy. In the later half of the nineteenth century, with the increased use of anesthesia, childbirth changed even more as both physicians and patients came to believe that doctors possessed the skills to shape the childbirth event, lessening the influence of fate (Leavitt 1986; Rothman 1991; Wolf 2009). Obstetrics was increasingly legitimized and doctors and lay folk debated pregnancy as a natural phenomenon or a pathological experience in need of
medical intervention (Oakley 1984:12). The late nineteenth and early twentieth centuries experienced “the gradual reconstitution… of pregnancy as a distinct type of social behaviour falling under the jurisdiction of the medical profession” (Oakley 1984:4).

Ehrenreich and English’s (1973) assertion that “medicine stands between biology and social policy, between the ‘mysterious’ world of the laboratory and everyday life” exemplifies the culture of pregnancy from 1870-1900 (p. 5). Specifically, as mothering became an “ennobled status” for white women in the late 19th century, acceptance of medicalized notions of pregnancy served to separate white women from racial minorities who continued to rely on folklore to justify prenatal social prescriptions (Solinger 2005:46). The increasing acceptance of medicine played an important, albeit nuanced, role in these changing norms and laws.

Conclusion

According to historian Ricki Solinger (2005), the term reproductive politics, coined by second wave feminists in the 1970s, addressed women’s struggles over abortion, contraception, sexuality, adoption, and a host of other issues. In her use of the term, ‘reproductive rights’ refers to the question of “Who has power over matters of pregnancy and its consequences?” (p. 3). This query permeated nineteenth century discourse, in medical books, reform literature, newspapers, advertisements, and novels. This dissertation attempts to provide some answers to Victorian’s understanding of reproductive control and the gendered and racialized implications that arise.
“Then pregnancy, by every true woman will be desired, and instead of being a period of disease, suffering and direful forebodings, will become a period of health, exalted pleasure and holiest anticipations. Motherhood will be deemed the choicest of earth’s blessings; women will rejoice in a glad maternity and for any self-denial will be compensated by healthy, happy, buoyant, grateful children.”

~ Dr. Alice Stockham
Tokology: A Book for Every Woman 1883

“The generative function has for its special object the continuation of the species, and it is intimately connected with the highest order of organic and animal life.”

~ Counsel to Parents, and How to Save the Baby
Dr. I.D. Johnson, MD 1889

During the late nineteenth century, issues related to women’s fertility and women’s health gravely troubled Americans. Women’s moral responsibilities to bear healthy children and society’s rights and interests in such children, filled medical and public discourse from the mid 1870s well into the twentieth century. Social authorities of the time, including doctors, saw healthy women as “The Hope of the Race,” capable of reproducing greatness. Rather than the contemporary rhetoric “children are our future” or “today’s children are tomorrow’s leaders,” late nineteenth-century dictates of “the rights of children to be well born” set standards of conduct for women, and to a lesser extent men, that policed their behaviors for gestating and rearing children. While doctors argued that “we must be rightly born, and live in accordance with the laws of life,” both doctors and the general public viewed middle-class women, with whom such hope rested, as sickly (Johnson 1889:7). Sickly women needed advice on their physical ailments as well as their mental health and social responsibilities in order to improve their own health and bear the best possible...
children. At the same time, childbirth was a dangerous process, one which women often approached with fear and uncertainty. At the same time, the late nineteenth century “the discovery of the child” brought intensified standards of motherhood as medical and social discourse maintained that women’s health and the health of their children represented social progress (Ehrenreich and English 2005 [1978]; Dye and Smith 1986). As the opening quotation by women’s advocate and Dr. Alice Stockham illustrates, physicians attempted to change the public expectations of pregnancy from one emphasizing disease and “foreboding” to a “desired…period of health, exalted pleasure, and holiest anticipation.”

Dr. Stockham’s quote further demonstrates the ways in which physicians stressed potential dangers of pregnancy and childbirth and countered them with advice and strategies women could use to control and manipulate their pregnancies. Doctors deemed women’s natural instincts insufficient to ensuring good mothering, thus they published a large corpus of scientific advice literature dedicated to elaborating on the laws of nature so that women could engage in a more self-conscious approach to mothering (Ehrenreich and English 2005 [1978]; Oakley 1984; Scholten 1977). This Victorian Era advice literature emphasized maternal self-denial in order to produce healthy, pleasurable children. Given these changing standards for procreating and the ideology of a sick and troubled (middle-class) womanhood, doctors seized the opportunity to educate, inform, and advise women on the most effective behaviors for producing a strong and healthy child.

Doctors’ advice books contributed to the increasing medicalization of women’s reproduction while also setting standards that reinforced late-nineteenth century ideologies of race, class, and gender. I argue that physicians’ advice on reproduction created what I’m calling a fear-empowerment paradox in their discourse. In doing this, doctors include a fear-
empowerment discourse that explicates prevailing social concerns about society, women’s health, and the future of the nation’s children while also offering women readers a solution to challenge these concerns. While doctors framed their advice to women as a means of empowerment to free them from the bonds of middle-class weakness, their writing placed a great deal of responsibility on women, often setting unrealistic or unreasonable standards of conduct. Doctors’ promoted maternity as a means of social status for women, while also placing great responsibility on them to produce the “most perfect” children. This fear-empowerment rhetoric highlighted existing concerns about women’s health and reproduction, such as fears of dying in childbirth or producing still-born or ill children, while also offering women potential solutions to these problems. Doctors presented their advice as a means for women to both abide by nature and directly influence the outcome of their pregnancies. With the future of the race resting in their wombs, high mortality rates among the middle classes, and the potential of death in childbirth, doctors believed that women sought their advice to calm their own fears. According to these physicians, women should take responsibility for their potential children because of the social power it offered them as well as their responsibilities to the broader society. Thus, doctors drew on existing social concerns over pregnancy and childbearing while also offering specific ways in which to challenge these fears. Doctors simultaneously exploited women’s concerns over pregnancy, childbirth, and ill children while also invoking the idea that women had explicit and decided control over their bodies and the character of their future children if they followed doctors scientifically supported instructions.

In addition to utilizing a fear-empowerment paradox in their advice manuals, doctors also dictated appropriate social expectations for women. By detailing these social
expectations for women to follow, doctors contributed to the symbolic categorization of women while also establishing themselves as respectable authorities on women’s health and reproduction. Doctors created boundaries between their authority and that of others and they solidified the cultural distinctions between women by prescribing medical and social standards for women, and children. These distinctions, most explicitly described by Dr. Foote (1886) in *Borning Better Babies* separated “good and civilized” women from those “shiftless, good-for-nothing-but-breeding-and-and-not-even-that” women who ignored doctors’ advice, snubbed nature and disregarded hereditary law (p. 37). Doctors reminded readers that American women’s social standing could be jeopardized by a combination of women’s deteriorating health and the increasing propagation of the unfit, thus the cultural messages of pregnancy presented in advice literature served to maintain the social status of Anglo-Saxons. As doctors asserted themselves as experts on women’s reproduction, they created boundaries between their authority and that of others, and they solidified the cultural distinctions between “good and civilized” women and those savage and undiscerning women who ignored nature, disregarded natural and hereditarian law, and refused to follow doctors’ advice. In other words, doctors directly and indirectly, played a role in creating symbolic boundaries—the rules and symbols that distinguish groups from one another—that reflect the intersection of race, class, and gender as it relates to the health and progress of American society.

This chapter explores reproductive politics in medically penned advice books from 1870-1900. In analyzing doctors’ moral and medical authority I expand upon previous studies of reproductive politics centered on abortion, contraception, or childbirth to address more fully pregnancy, its preparation, and its “successful” result. This research analyzes the
messages physicians’ disseminated about how women should conceive and gestate in order to bear the most perfect children. In their writings, physicians presented women with a moral and medical perspective on pregnancy, which included attention to their own bodies, and attention to the unborn child. As Beisel and Kay (2004) argue, women’s reproductive capacities, indeed their bodies, represented a cultural resource in which numerous players, including doctors, sought access. In doing this, doctors’ moral discourse in advice books helped to set the ideological expectations for women as weak, women as natural mothers, and women’s reproduction as central to the progress of civilization. By setting standards of conduct that reinforced upper middle class ideals of civilized society, doctors’ messages perpetuated the reproduction of the powerful classes as well as the continuation of the state. Doctors’ advice messages on pregnancy also demonstrate the racialized interests of the ruling class. To achieve this goal and encourage women’s adherence to their advice, nineteenth century physicians utilized a fear-empowerment discourse in their writings that simultaneously exploited women’s concerns over pregnancy, childbirth, and ill children while also invoking the idea that women had explicit and decided control over their bodies and the character of their future children. Thus, doctors’ pregnancy advice, helped with the professionalization of the medical field, served as a means to further the social status quo, and reflected larger social concerns regarding xenophobia and the pursuit of the civilization.

In this chapter I discuss doctors’ use of science to legitimize their advice and expertise as they attempted to educate women on how to produce a type of child that best served the existing social hierarchy. Doctors asserted themselves as both scientific authoritarians and moral guardians in regards to women’s health. This occurs specifically within the late nineteenth-century “race problem” in which middle-class fears of
overpopulation by the “dangerous” classes frames physician’s advice. Specifically, I begin with a brief discussion of the professionalization of the medical field and the increasing medicalization of women’s reproduction. In the next section I explore doctors’ use of advice literature as a means of both legitimizing and reproducing their own authority. This section illustrates the ways that doctors effectively linked scientific knowledge with moral authority. Doctors argued that all social hierarchies followed a natural law, one that ultimately separated the sexes. Offering scientific evidence of hereditary transmissions, these physicians came to view themselves as responsible for the morality of their patients and society (Ehrenreich and English 2005 [1978]:127). The next two sections illustrate doctors’ use of scientific authority, specifically the application of natural law, heredity theories, and notions of maternal impression to demand women’s responsibilities for their own health, the health of their existing and future children, and the health of the nation as a whole. In the final section, I elaborate on doctors’ use of the “race problem” to address “the woman question.” According to doctors, unfit families overproduced, having too many children, while middle-class women, produced too few children. Additionally, due to middle and upper-middle class women’s health problems, doctors classified them as “unfit.” Thus, doctors’ offered advice to women to counter these issues and thus produce the most socially beneficial children possible. Ultimately, I argue that doctors’ assertion of medical and moral authority- rooted in scientific theory- set standards for women’s behavior in the context of the prevailing concerns over race. I argue that these standards marked symbolic boundaries between good, civilized mothers and bad, or savage women.
Professionalization of Medicine

Amidst the backdrop of the culture war on sexuality, physicians engaged in the rocky process of professionalization (Poovey 1988; Starr 1982). Professions are based, in part, on “exclusiveness” thus the professionalization of medicine included attempts to discredit the traditional methods of women healers as well as the practices of various other sectarian healing groups (Ehrenreich and English 2005 [1978]: 38; Gordon 2002 [1974]; Starr 1982). The American Medical Association (AMA), created in 1847, set specific standards for the title M.D. and instituted licensing laws that prohibited untrained healers from practicing medicine (Starr 1982:102-112). Throughout most of the nineteenth century, most medical schools (many of them proprietary) in the mid-to-late nineteenth century had no entry standards; aspiring physicians needed no formal education to embark on a career as a physician (Wells 2001:6-10). Reform of medical education began around 1870 coinciding with changes to the broader education system in the U.S. According to sociologist Paul Starr, the number of medical schools more than tripled between 1850 and 1900, with the number of doctors increasing by more than 150% from 1870 and 1910 (Starr 1982:112). By 1900, more than five thousand female physicians practiced in the U.S., comprising nearly 5% of the medical practitioners (Morantz-Sanchez 1985:445-45). Doctors faced severe competition and the most vocal amongst them sought higher standards for medical training as a means to limit entry into the profession (Starr 1982:112, 117).

Medicine during the nineteenth century included numerous sects such as “regulars” (or allopaths), homeopathy, water treatment, eclectics, and magnetic or electric therapies. While practitioners of these various sects vied for clients and professional standing, the distinctions between the factions were often unnoticed or unimportant to the public at large.
With such divergent therapeutic disciplines, “regular doctors” complained of overcrowding in the medical profession and organized the AMA to regulate the industry.

While most “regular” doctors came from the middle and upper-classes, American physicians’ social status in the mid to late nineteenth century remained precarious regardless of their classification as a “regular” or a sectarian (Morantz-Sanchez 1985; 1992; 2000; Starr 1982; Wells 2001:8). Early twentieth century reports of physicians’ salaries, although likely under-reported, indicated that medicine was not the route to an economic largess, yet as a “profession” it did offer its practitioners a level of social status greater than that experienced by the average laborer (Starr 1982:85-86). During the development of the medical profession, doctors’ demonstrated a “preoccupation with the image… projected to clients rather than to colleagues” (Starr 1982:86). As such they actively worked to distinguish themselves from other practitioners so that their clients would recognize their worth. Obstetricians, for example, feminized general practitioners as caregivers to communities in order to justify their own importance for all matters relating to childbirth (Costello 2006). Further, demonstrating competence to one’s clients, rather than actually achieving it served as a physician’s primary goal (Starr 1982:86).

Publishing, whether in medical journals or for the laity provided one way in which medical practitioners could demonstrate expertise. Sociologist Carrie Yang Costello (2006) argues that as obstetricians attempted to gain professional standing, their published articles dealt more with medical abnormalities than with care or treatment. Focusing on these abnormalities rather than routine births allowed obstetricians to distinguish themselves from midwives, whom they accused of being overly emotional and superstitious. This method
elevated physicians’ standings within the profession whereas writing advice books for the general public also served to demonstrate expertise to one’s current or potential clients.

In sum, doctors at this time experienced social standing above that of the local laborer, but in general had not received the social standing granted most doctors today. The elevation of the profession came largely through the general rise in social standing of those at the bottom or in the middle of the hierarchy as medical professionals ensured their social authority by the middle of the twentieth century. By the late nineteenth century, acute changes in the “political, legal, economic, social-structural, [and] cultural” dimensions of society contributed to the “consolidation of [physicians’] professional authority” and physicians increasingly applied that authority to women’s reproductive processes (Starr 2004:1009).

This chapter explores the shift of “expert knowledge” from individual women to medical authorities through medical professionals’ contributions to advice literature. The doctors in this study comprise a number of these sects, some even claiming loyalty to more than one sect, but they all worked to improve their social standing within the larger medical professional. Predominantly men, these physicians drew heavily on science to support their ideas about reproductive health and maternity. Physicians wrote about everyday pregnancy expectations with both medical and moral connotations. Doctors’ use of fear-empowerment discourse in their advice books furthered the professionalization process and served as a key means by which doctors created and maintained their legitimacy as moral and scientific authorities on women’s reproduction.
Medicalization of Reproduction

According to sociologist Barbara Reissman, medicalization involves the interconnected processes whereby conditions are given a medical meaning and defined in terms of health or illness. Furthermore, medicalization involves the application of medical practices to enforce social norms or to control events deemed deviant (Conrad and Schneider 1980; Reissman 1998). Gender and history scholars have produced an extensive body of literature debating the medicalization of women’s health and the movement of childbirth from a women’s centered ritual to a male controlled event remains a contentious issue (Apple 1990; Leavitt 1999; Morantz-Sanchez 1985; 2000; Rothman 2007; Smith-Rosenberg 1985; Solinger 2005). In their classic study of nineteenth century medical history, Smith-Rosenberg and Rosenberg (1973) argue the medicalization of reproduction gained validity as the economic benefits and technological feasibility of family limitation increased. Sociologist Barbara Katz Rothman (2007) argues that:

…during the course of the late 1800s through the early twentieth century, medicine gained virtually complete control over childbirth in the United States, beginning with the middle class and moving on to the poor and immigrant populations. And it did this without any indication that it was capable of doing it well (P. 15).

Rothman represents a group of scholars critical of medical models of childbirth that increasingly minimized women’s control of and agency over women’s reproduction. Others offer a more nuanced history of medicalization. Morantz-Sanchez (2000) argues that while nineteenth century doctor-patient relations often seem imbalanced, women were never entirely without agency. Women willingly sought doctors for relief from their suffering, but also from doctor to doctor, often based on recommendations from their peers, if that relief did not materialize. Further, women negotiated their illness and their power in relations with
their doctors; in some cases women willingly contributed to the medical dialogue, thus doctors and patients engaged in a mutual education process upon which doctors based their diagnoses (Leavitt 1986; 1987; 2009; Morantz-Sanchez 1999; 2000; Powderly 2000; Thierot 2001). Judith Walzer Leavitt (2009) argues that “medicalization” as we think of it today did not “develop in the nineteenth century as physicians became established figures in the home birthing rooms of most middle- and upper-class American women” (p. 24). Instead, she maintains that birthing women and doctors negotiated doctors’ interventions in the birthing room until the twentieth century when birth became a routinely hospitalized event.

Both birthing women and their physicians voiced similar concerns about maternal safety; both evoked an increasing faith in medical science, and both provided evidence during the prehospital era of a true interactive negotiation process as the way to accomplish labor and delivery (Leavitt 1986: 9).\(^{18}\)

Ultimately, this process was a nuanced and slow transfer of expertise from women to male physicians. Social understandings of reproduction, particularly as they relate to childbirth and pregnancy underwent a change in which both white women and their medical counterparts played an active role.

Prior to the nineteenth century, midwifery and women-lead birth prevailed as a social and natural event (Kirsis 1996; Leavitt 1986; Mitford 1992). Historically, women’s nurturance, compassion, knowledge of herbs, and position in the family prepared her for taking on healing roles within the family and the community (Ehrenreich and English 2005 [1978]: Chapter 2; Cayleff 1990: 322; 324-325). Women-centered approaches to healing relied on continual observations, in the course of daily life, as well networks of shared of information and support (Bogdan 1990; Ehrenreich and English 2005 [1978]: Chapter 2). Women healers learned by doing and observing, tending to the needs of their patients.
Knowledge of reproductive processes such as menstruation, pregnancy, and childbirth was largely transmitted through women’s folklore (Gordon 2002 [1974]:13). While women likely did not have sole control of their reproductive practices, nor were their methods or habits wholly effective, men generally respected and accepted women’s knowledge and expertise (Gordon 2002 [1974]:13).

During the Enlightenment, French physicians gained access to observe childbirth and English doctors perfected techniques of fetal removal, particularly when the mother or child experienced distress (Bogdan 1990:109; Ray 1982:24-25). By the middle of the eighteenth century, “scientific midwifery” came to the United States from Europe and equated the birth process to that of a machine. The specialty of obstetrics experienced vast development in the 1890s (Borst 1995). Medical training in the U.S. relied on theoretical scenarios and medical students rarely attended to patients as part of their training (Ehrenreich and English 2005 [1978]; Starr 1982). Despite physicians’ actual lack of experience with birth, women had been calling for their attendance at births since the mid-eighteenth century.

With a one in 154 chance of maternal mortality during childbirth, both doctors and procreating women deemed the event problematic (Leavitt 1986:27). Because of their fears of childbirth, women played an integral role in making physician-attended birth a fashionable event. In the later half of the nineteenth century, with the increased use of anesthesia, ideas about childbirth changed even more as both physicians and patients came to believe that doctors possessed the skills to shape the childbirth event, lessening the influence of fate (Leavitt 1986; Rothman 1991; Wertz and Wertz 1989; Wolf 2009). As such “women could begin to view the pain and bodily injury which resulted from [multiple] pregnancies as not simply as a condition to be borne with fatalism and passivity, but as a situation that could be
avoided” (Smith-Rosenberg and Rosenberg 1973:346). Scientific understandings of reproduction also lead women to believe that they could be active in childbirth, to affect their experiences and the outcome rather than being passive carriers of God’s will during the long, often dangerous labor (Bogdan 1990:105).

Despite the inclusion of male physicians in the birthing room, social birth, with women as decision makers, continued as the norm until the mid-nineteenth century when doctors’ decision-making abilities at these births then increasingly superceded women’s (Leavitt 1987; Scholten 1985). While Leavitt maintains that women were the most active agents of social change in birthing expectations prior to birth’s move to hospitals, this shift in power meant that women no longer dominated in the arena of medicine as they had for centuries before. Historian Janet Bogdan claims that with this new scientific understanding of birth, women’s expert knowledge of the mysteries of birth was “trivialized and degraded” (Bogdan 1990:109).

During the last decades of the nineteenth century medical understandings of reproduction increased. The medicalization of reproductive practices occurred, in part, as a result of the consolidation of medical authority during the last decades of the nineteenth century. Additionally, women’s shunning of pain during childbirth and increasing support for science also contributed to the increasing medicalicalization of reproductive matters (Scholten 1985; Wertz and Wertz 1989; Wolf 2009). My research expands upon the medicalization debates of childbirth by exploring the prescriptions physicians presented to pregnant and potentially pregnant women.
Physicians’ Authority in Advice Manuals

Sociologist Ann Oakley (1984) claims that Americans had access to “a substantial corpus of medical advice literature for pregnant women” which represents the encroachment of medical authority into issues of reproduction, taking authority away from lay women (p. 12). Medical “men” produced a massive literature on pregnancy and reproduction which detailed biological theories and explanations of women’s and men’s generative organs, provided sex education, detailed pregnancy expectations and diseases, and proffered advice on child rearing. For example, advice books, such as Dr. Hollick’s Complete Works: Diseases of Male and Female Generative Organs, The Matrons Manual of Midwifery and Childbirth, and The Diseases of Women’s Familiarly Explained (1878); Marriage and Disease: A Study of Heredity and the More Important Family Degenerations (Strahan 1892); and The Ladies Medical Guide: A Complete Instructor and Counsellor (Pancoast 1890 [1886; 1875]) represent the nineteenth century concern with women’s health and reproduction, specifically pregnancy. Publishing medical lectures and advice books to the laity provided one way in which doctors could assert themselves as “experts” or “authorities” on both physical and social matters.

Given that science was the new guiding ideology for medicine, pregnancy, and childrearing, doctors discounted women’s own intuition or advice as folkloric or unfounded. Women commonly discussed pregnancy and childbirth with one another, yet doctors wanted to diminish the spread of this local knowledge (Brodie 1994; Ehrenreich and English 2005 [1978]; Oakley 1984; Wertz and Wertz 1989). My analysis of Victorian medical advice books suggests that doctors cautioned readers against seeking advice from their friends and other women who may have had similar experiences. Encouraging deference from female
readers, doctor-advisers effectively transformed localized knowledge into authority-laden scientific discourse. In prefaces to advice books, doctors presented themselves as caregivers and men of science, justifying their advice over those of other women. This recognition of doctors as authorities represents the boundaries between doctors as “men” of science and lay women in need of education. A struggle over the hierarchy of expertise ensued whereby women’s knowledge was slipping compared to that of men trained in medicine or science, which was repeatedly used to justify their authority, yet women who followed doctors’ advice could be empowered. Often citing other physicians to support their prescriptions, doctors advised pregnant women to avoid excessive consumption of coffee and meat, to take regular exercise, to discard corsets and lacing, and to control their emotions during gestation. According to Oakley (1984),

> The authors of these books did not simply view pregnancy as a normal physiological function. To do that would have been to defeat their purpose, which was to provide information. What they did was a great deal more complex; essentially, they constructed a schema of pregnancy which systematized what was taken to be the everyday experience of pregnant women. Thus systematized, this experience then came to be represented as technical-medical knowledge (P. 14).

Oakley’s assertion demonstrates that as doctors provided information on pregnancy, they came to be the authority of an event or experience that had been under the purview of women for centuries before.

> The following examples demonstrate doctors’ assertion of authority over matters of pregnancy and their attempts to befriend and encourage their readers through their advice literature. Doctors also framed their advice as fulfilling a demand for information on delicate or sensitive matters relating to sexual knowledge, married life, and childrearing.22
Advice books like *Maternity: A Popular Treatise for Young Wives and Mothers* (1872) by Tullio Suzzara Verdi AM, MD and *Husband and Wife: A Book of Information and Advice for the Married and Marriageable* by Dr. L. B. Sperry explicitly ordered women to turn from female companions to physicians for pregnancy advice thus creating boundaries between those legitimated to talk on issues of pregnancy, and those whose advice should be avoided. Doctors attempted to comfort women and offer optimism, like Dr. Verdi’s advice to “first of all be hopeful… Do not appeal to old women, or listen to their stories. If you have any apprehension, apply to your physician who will assist you in case of need” (1872:41). The physician, not the woman, knows best how to help an apprehensive pregnant woman. These sentiments reinforce Starr’s (1982) assertion of social distance between patients and doctors and further support Oakley’s (1984) claim that doctors institutionalized women’s own localized knowledge. Discounting the experience and expertise of individual lay women, Dr. Sperry (1900) offered a more direct reasoning for turning away from one’s peers and towards doctors:

> The opinion of another woman, though she may have borne many children, is not of much value in deciding a particular case, for two different women may be very unlike in their general constitutional characteristics and also in their sexual natures. An experienced physician, by learning all the facts, and fully comparing all the indications may be able to decide correctly in a majority of cases (P. 171).  

Here Sperry discounted the experiential knowledge of other women by implying that doctors are better suited to assess women’s “constitutional characteristics” and their “sexual natures.” One’s general constitution or biological, mental, and emotional temperament and well as sexual instincts and behaviors, according to Sperry, could influence one’s pregnancy and childbirth. Sperry instructed women to share this information with their physicians, rather than their female companions, in order to get the best diagnosis of their condition. Sperry’s
discussion of particular cases, different constitutions, and fact-finding implies a scientific proficiency and illustrates the ways advice literature presented doctors as knowledge-keepers with expertise beyond that of the laywoman.

In The Wife’s Handbook: How a Woman Should Order Herself During Pregnancy, in the Lying-In Roon, and after Delivery with Hints on the Management of the Baby and on Matters of Importance, Necessary to be Known by Married Women, Dr. Henry Arthur Albutt (1888), charged his readers that “it is always the wisest plan for a woman to speak to a medical man as soon as she suspects that she pregnant because … he takes, moreover, an active interest in her welfare, and advises her as to her health during the trying time of her pregnancy” (p. 5-6).24 A friend or companion might take “an active interest” in one’s pregnancy, but Albutt implies that a physician’s advice will be more beneficial during “the trying time” expected during pregnancy. Here Albutt indicates that pregnancy is a worrisome time for women thus women should consult a physician early in their pregnancy in order to receive the best care.25 While subtle, Albutt’s brief quote illustrates doctors’ fear-empowerment paradox. First Albutt sets pregnancy as a worrisome time, and then he offers women the opportunity to curb that worry by securing the care of a physician. This fear-empowerment paradox allowed doctors to legitimize and maintain their authority on reproductive matters. Physicians in the late nineteenth-century believed that “They are and must be the personal teachers of their patients, and thus of the community” (Connor 1887:79). To achieve that goal, physicians frequently began their advice books by establishing themselves as moral guardians for their readers. Doctors insisted that they were educators, friends, and companions to women and the community, which helped justify their own advice. According to the publishers of Dr. Pancoast’s The Ladies New Medical Guide
(1890), this book “will prove at all times a profitable instructor, a good and safe counselor, a wise friend, and will be worth to her many times its cost” (1890:n.p.).\textsuperscript{26} As a friend, Dr. Johnson invokes a moral obligation for his advice manual \textit{Counsel to Parents and How to Save the Baby} (1889). Challenging the notion that doctors sought professional authority or economic gain, Dr. Johnson (1889) informed his “dear reader” that he “writes from other motives,” which include the hope that “the lives of these innocent little ones [can be] saved from a premature and untimely grave” (p. 8). Not only does Dr. Johnson invoke emotional language to hook his readers, he implies that answers to the issues of infant mortality and fears over pregnancy lie within the pages of his book. Because of Johnson’s “genuine concern” for their children, he expected women to believe in his advice and take responsibility for the care of their children in the manner he prescribed.

Other doctors, too, shared concerns about ill children and infant mortality and framed thief books as solutions to such issues. For example, Dr. John M. Keating used the fear-empowerment tactics by invoking public concerns over infant mortality. In the preface to \textit{Practical Lessons in Nursing: Maternity, Infancy, and Childhood} (1887), Dr. Keating writes:

\begin{quote}
This little work is intended for mothers, and for those who have undertaken the care of infants and children in health and sickness. The enormous mortality of children under three years of age, the greater part of which is preventable, has attracted the notice not only of physicians, who have long ago insisted that the methods adopted in general for the weaning of children were unscientific, but of the public also, who are beginning to realize this fact, and now willingly accept the advice of those who are giving especial attention to the subject (p. 7).\textsuperscript{27}
\end{quote}

Here Keating clearly articulated the prevailing concerns of childhood mortality and illness. Further, he invokes doctors’ scientific expertise as the most appropriate means to address such preventable illness. Keating’s instructions can empower women to act in accordance
with doctors’ advice. As child mortality gained medical recognition, doctors framed solutions to it in scientific terms and offered solutions to the growing problem.

These examples illustrate doctors’ methods of invoking fear and concern in order to offer advice on how to counter it. They manipulate the concerns facing women as they attempt to justify their own expertise to address the problems. Doctors’ attempts to calm (and perpetuate) these fears included thorough attention to natural law, theories of heredity, and mother’s mental and physical impressions upon their offspring. The culture of pregnancy and reproduction in the last decades of the nineteenth century rested on the idea of civilized progressed, achievable through the scientific application of natural law and hereditarian theory. Doctors also presented reproductive advice to women as a means of female empowerment, inferring that women could gain control over the unknown consequences of pregnancy by following doctors’ orders, which were solidly rooted in natural law.

**Science as Authority**

As men of science, “regular doctors” were adamant that their diagnoses, treatments, and experiences were well grounded within it. Doctors from various medical sects demonstrated the connection between science and women’s disposition and believed that science was the key to American progress. For example, Dr. E. B. Foote (1886) believed with Descartes that the scientific method provided the tools for society to “learn what is true in order to do what is right” (p. 4). In *Borning Better Babies*, Foote put so much faith and power into the scientific method that he described it to be the “art of civilization, and all efforts for the perfection of civilization in order to be successful must be in accordance with
the scientific method” (1886:4, emphasis added). Arguing that the scientific method held the key to civilization meant that men of science were the most qualified to dispense information on propagation, thus the most qualified to advise women on appropriate behaviors prior to and during pregnancy.

Doctors’ offered general directives about pregnant women’s behavior and offered a medical explanation regarding their significance. For example, Dr. Stockham, illustrates doctors’ medicalized prescriptions for some of these more general behavioral instructions. In her book Tokology: A Book for Every Woman (1878), Dr. Stockham’s discussion of breathing during pregnancy illustrates these more general instructions about women’s behaviors. She critiques women’s behaviors and frames the consequences of women’s inactivity in medical terms. She states:

… Especially should they breathe deeply and that, too, of pure air. Trall says, ‘If the mother does not breathe sufficiently the child must suffer. Many a mother gives birth to a frail, scrofulous child, for no reason except that during the period of gestation she is too sedentary and plethoric. I have know women of vigorous constitutions, who had given birth to several healthy child so puny and scrofulous that it was impossible for them to be raised to adult age. The reason is that the mother is obstructed in her respiratory system, and although she may breathe enough to sustain her own organization in a fair condition, she does not inhale oxygen enough to supply the needs of an intra-uterine being. Many ‘still-births’ are explainable on this principle (Stockham 1878:17).

Stockham’s explicit attention to the mundane act of breathing points to prevailing health concerns in the late nineteenth century, particularly those associated with respiratory illnesses. According to these doctors, women’s lack of exercise, poor breathing, and plethoric, or flushed and swollen complexion, caused “scrofulous,” run-down children. Stockham’s directive for appropriate breathing amongst pregnant women gave women a specific action they could take to ensure the health of their children. Stockham draws on the
work of Dr. Trall, author of the highly cited Sexual Physiology (1881), to illustrate the importance of the basic physical act of breathing, but also to encourage women to maintain a healthy lifestyle so that her pregnancy might not result in a “still-birth.” This discussion of breathing demonstrates doctors’ specific directions to pregnant women and illustrates the medical authority’s incorporation of science into their fear and empowerment into the dialogue. These instructions indicate that by following doctors’ orders, women can alleviate their fears of childbirth and exert some control over their pregnancy outcomes.

**Natural Law**

In line with prevailing ideologies, doctors upheld the laws of nature as imperative to the progress of science and society. In the nineteenth century, “natural law” represented the universal laws of morality or the use of reason to understand human nature and the moral expectations of society. Like many in the nineteenth century, doctors equated natural law with scientific truths as well as religious dictates. Natural law served to justify doctors’ own moral ideologies and as they directed women how to live in accordance with the prevailing moral order. Doctors claimed that “in truth, Nature is ever immaculate, and abhors everything which is repugnant to her pure and simple laws” (Pancoast 1875:32). For doctors, nature and natural law set expectations for the health and social behaviors of Americans that ensured human development and progress. But, as historian April Haynes (2003) states, “the laws of nature were hardly transparent” (p. 549). Had natural law been easily determined, men and women would not need to turn to doctors to help them understand the strict edicts nature demanded. Following nature’s laws, according to this advice literature, is not as
simple as it seems thus readers need doctors to help them to understand the complicated and opaque laws by which they should live.

One component of the nineteenth century pregnancy culture included societal expectations, even demands that women procreate. Advice literature explained women’s “natural” state and the moral/natural expectation of women’s childbearing and rearing within marriage. For example, Dr. Sperry argued that childbearing and rearing is, itself a natural and expected activity for married couples.

There is something seriously wrong about the man, and certainly something surprising and shocking about the woman, who does not feel an interest in children; and there is something sadly unnatural about the men and women who, being married and settled in a home, do not want children of their own to love and train up to intelligent happiness and usefulness. Such are the conclusions of generations of observant and thoughtful men and women. Agreement on the subject is almost unanimous (Sperry 1900:134).

In this passage Sperry’s effectively connects natural expectations for childrearing to one’s moral worth. Sperry represents the desire for children as natural, something which will bring happiness. Women, and men, must procreate in order to reach their moral imperative. Sperry’s account viewed childless couples as unnatural, indeed unhealthy, and criticized their lack of civic responsibility to produce “useful” children. Given that there is “almost unanimous” agreement on the subject, one perspective on nature’s law indicated that procreation is not a right, but a responsibility. For Sperry (1900), procreation and natural law were tied to issues of sexuality and those who possessed a normal sexuality, and did not follow “the laws of nature…[were] mentally and morally ‘defective’ and not worthy of heaven… Only those with normal sexuality can find a heaven on earth” (p. 21). Contributing to the cultural debates of the population question, Sperry argued that women and men had a moral imperative to reproduce according to the laws of nature. Sperry framed mental and
moral defectiveness as a result of discounting natural law, something that only irresponsible and morally unnatural women would do.

Pancoast placed women’s health at the center of nature and reproduction. He argued that every woman “should carefully contemplate the mysteries of her organism, and seek to arrest those abnormal influences which tend to the detriment of her native vigor and physiological perfections” (Pancoast 1890: xxxiii). This assertion attempts to enlighten women about health so that they might correct any problems prior to conception and gestation. Other doctors, like Albutt, argued that women’s ill health and poor constitution should prevent them from reproducing. Albutt claimed that “there are many women who may be fit candidates for matrimony, well qualified in every respect…but who are not fit physically to risk becoming mothers” (1888:24). This quotation illustrates Albutt’s expectation that women should know when their health is too much of a detriment to the production of a child. For Albutt women’s physical state supercedes their moral imperative to bear children. These examples illustrate the centrality of women’s health represents and the moral imperative for future generations within the broader nineteenth century culture of pregnancy. Doctors such as Pancoast and Albutt encouraged women to learn more about their bodies, and to seek out more information so that they could counter any physiological imperfections. While Pancoast still expected women to procreate, his instruction indicates that women have some control over their health; they can identify and correct anything that might challenge nature’s attempt at perfection. His emphasis on correcting any abnormalities further demonstrates doctors’ desire to cure the nations’ sickly women before they embark on reproduction.
Attempting to soothe women’s fears of pregnancy and childbirth, Dr. Keating (1887) describes pregnancy and maternity as natural functions, but also reinforces the notion that women need scientific pregnancy education to best follow nature’s dictates.

Pregnancy is not a disease, it is a normal function of woman, and this should be impressed upon the young wife that she may undertake its duties and responsibilities with a thorough knowledge of its requirements; that she may submit wisely to the laws of hygiene and make the proper preparation for the event which she naturally dreads. It is the natural function of woman to bear children, and nature endeavors to make all her functions normal; and diseases or disorders of various kinds are usually brought about by something which is controllable or avoidable” (p. 16).

In his 1887 text *Practical Lessons in Nursings. Maternity, Infancy, Childhood*, Keating asserts the common theme of women’s responsibility for following natural law, arguing that she has the power to avoid disease and control her fertility. Doctors portrayed obedience to their advice as a form of empowerment for women seeking to improve their pregnancies and the ensuing outcome.

Stockham (1898) reinforced this idea to her readers: “Understanding and following physiological laws, pregnancy *ought* to be as free from pathological symptoms, and parturition as free from suffering with American women as with any tribe on earth, or even the lower animals” (p. 3). Dr. Stockham advised readers that the symptoms of pregnancy and childbirth are counter to physiological law. If that is the case, then women have the opportunity to influence and shape their experiences. Stockham’s work goes on to outline standards for diet, exercise, general health, sexual relations, and even mate selection as a means to achieve a worry-free pregnancy in line with nature’s dictates.

Indeed, understanding natural law and the laws of health could calm women’s fears of childbirth and labor and better prepare her for her future obligation of mothering, as Dr. Alice Stockham (1878) illustrates:
Realizing her obligations to offspring and posterity, long before assuming the marriage relation, she will study and practice all known laws of health. Full of vigor, life, strength, power; her step elastic, bounding, her face radiant, her presence magnetic! What more charming sight that a rosy, robust, young woman! To such, there are no fears, no forebodings in maternity! (P. 75).

Stockham’s assertion demonstrates the extreme extent of women’s responsibility as dictated by the laws of health and nature. She exemplifies the medical claim that women need to educate themselves on these laws to maintain their own well being and strength long before she conceives. Like other doctors, Stockham asserted that the key to productive and useful children for the state and society, is a healthy and robust mother, educated on the expectations of her gestation. Thus, late Victorian-era pregnancy culture attempted to prepare women for childbearing even before they marry. Celebrating health, Stockham applauded women who cared for themselves. Her advice offered women the opportunity to counter fears associated with parturition. Likewise, Dr. Pancoast (1890) celebrated natural law as a benefit to women. His explicit advice simultaneously empowered women while holding them as responsible for abiding by natures’ laws.

She should have the option to bring only lovely and healthy offspring into existence, while she should be taught to look upon sickly and malformed as a crime against Nature, and a grievous offense in sight of immaculate Heaven (p. xxxiii-xxxiv).

In *The Ladies Medical Guide*, Pancoast balanced the crime of unhealthy children against women’s right to bear only healthy children, thus reinforcing the need for explanation of natural law. The language invoked by advice writers illustrates a fear-empowerment paradox which shapes the culture of nineteenth century pregnancy. Doctors such Pancoast marked social boundaries between women capable of conforming to nature and those offensive to Heaven and we can infer, by extension offensive and “dangerous” to society. By marking such differences, doctors offered women the hope of control over their pregnancies which
had previously been destined by “God’s will” (Bogden 1990:106). According to Verdi (1877), “If people would not transgress natural laws, they would have less occasion of blaming Providence for their own neglect” (p. 26). Verdi’s claim not only reinforced the significance of natural law, but also blamed those unwilling to follow it for their own misfortunes. In a time when trust in natural law permeated American thought about the propagation of society, gaining scientific knowledge of one’s body was one way to “control” or at least understand the consequences of one’s social actions. Thus, trust in natural law also justified the publication and reading of advice books, which could empower women to take responsibility for their own health and the health of their children. This sense of hope further served medical professionalization by contributing to women’s deference to physicians’ authority.

While offering women a sense of empowerment through application of natural law, doctors also reminded women that ignorance or lack of attention to nature’s laws had negative consequences. Advice books and medical texts detailed social fears surrounding situations of children’s congenital deformities, diseases, and moral failings. As they sought explanations for such misfortunes, doctors invoked natural law to explain unhealthy children. In the advice guide *Mother and Babe*, the anonymous author explained that nature’s laws could be thwarted by inconsiderate women. “While Nature endeavors to adopt all necessary precautions for the health of the mother and child, her plans are frequently frustrated by the ignorance or indolence of the expectant mother who pays no heed to the fact that to insure the perfect condition of her child and her own happy recovery, she must recognize and further the wise plans” (Anonymous 1894:2). This quotation illustrates women’s responsibilities to follow natural law.
Dr. Allbutt, too, placed responsibility for ill-born children on mother’s lack of attention to natural law. He claimed that many pregnant women “err through ignorance of Nature and her unchanging laws, embittering their own existence during the month of pregnancy, and bringing into the world feeble and puny children, born but suffer and die” (Albutt 1888:24). Dr. Johnson (1889) of Pennsylvania supported this notion as he informed parents that disease and premature death is often “the direct result of the violation of the physiological law,” which he had the expertise to explain in his book Counsel to Parents and How to Save the Baby (p. 6). Women’s lack of knowledge of health and inconsistent attention to natural laws jeopardized their authority on matters of pregnancy and childbirth because, according to doctors, obedience to nature’s laws was the surest way to ensure happy, healthy children.

If violation of physiological law caused malformations or disease, then women had a responsibility to the state, their husbands, and their children to know the laws and behave in accordance with them. In an era when science had become religion, natural law, above all else, guided physicians’ perceptions on their patients’ moral worth. Doctors asserted that their advice manuals helped to dispel many myths and contradictions of nature so that women could better reproduce in accord with nature’s laws. Advice manuals maintained that women were too unaware to follow nature’s dictates, thus they were responsible for their offspring’s malformations. The strictures of natural law had implications for men and women’s health, but it also set standards for mate selection, sexual experiences, and women’s behaviors during pregnancy and childrearing. Collectively, these topics contributed to doctors’ advice to women on how to manage pregnancies because they informed women that behaviors even prior to conception could influence the outcome of their pregnancy.
**Mate Selection**

For many of the physicians offering advice on pregnancy, the future generations depended on appropriate mate selection, rather than the chance that couples would secure a lasting and successful relationship. In this vein, reproductive choice included understanding how mate selection and frequency of child bearing aligned with one’s natural instincts or affected one’s health. Rather than leaving marriage to chance and risk interfering with human development, doctors’ advice literature demanded that mate selection become a conscious effort. Further, doctors placed a great deal of the responsibility for mate selection on women, but they also viewed this as women’s natural rights. For example, Pancoast (1890) argued that women “should know when and whom to marry—when and how often to bear children. She should have the privilege to be the guardian of her own procreative functions and the right to refuse sexual commerce when considered repugnant to the instincts of Nature, or when found inimical to her health, beauty and longevity” (p. xxxiii). By physicians’ accounts, the appropriate mate could allow women to meet the high standards of perfect, wellborn children while the wrong mate would constrain a woman’s procreative abilities.

While women could exert decided control over their pregnancies, doctors maintained that many of men’s harmful characteristics could not be overcome by even the most decided efforts during pregnancy, thus they encouraged women to be careful in selecting their mates and to do so according to their natural instincts. Dr. Johnson (1889) argued that women who marry men with addictions to vice such tobacco, alcohol, or lust do so “contrary to all her natural and womanly instincts” (p. 23). Furthermore, doctors instructed women not to
marry “invalids” or a man of disease lest one’s children be afflicted. Sperry (1900) warned that “no woman, however pure and vigorous can develop an ideal child from such poison saturated and defective spermatozoa as some men, because of their bad habits, must certainly supply” (p. 202). Bad habits result in bad seed, which in term result in bad children and a burden to society. Doctors detailed appropriate methods of pairing, but recognized that many couples paid no attention to the potential effects of their combined characteristics for their future children.

Offering some hope, Dr. Shew informed readers that heredity, nature, and one’s own behaviors all affected one’s health. Shew (1887) recognized the importance of heredity, and the potential negative effects a poor constitution can have on a woman’s constitution, but he also implicated women’s own behaviors for any problems.

Heredity has its influence upon the feminine organization, of course; but the great majority of the female difficulties are due to abnormal habits. The tendencies of nature are toward health and integrity of function; and in one who has by inheritance a weak constitution endeavors to fulfill the laws of governing life, nature appears to rally all her forces in the endeavor to re-establish a condition approximating the normal (p. iv-v).

Women’s abnormal habits can certainly cause problems, but attempting to “fulfill the laws of governing life,” that is abide by nature’s law, then “nature” herself actually “rally all her forces” to improve the health of those who follow the moral imperatives of social and physical life. Shew’s instructions indicate that a woman’s weak constitution can potentially improve if women choose to live within the laws of nature thus she should behave appropriately.

Late Victorian advice books emphasized parents’ responsibilities to understand their own health and disposition so they could consider the physical, mental and temperamental inheritance they might pass to their offspring. Hollick (1878) instructed those embarking on
marriage that “the future of the children themselves, of society, as it may be affected by them should be considered first.” This type of advice encouraged men and women to think of their future offspring before coupling and marriage, rather than relying on chance or some other measure of suitability. Like Pancoast’s indictment of the “the foolish and ridiculous conventionalities of society,” advice literature informed potential parents that they must more readily consider the constitutions of their potential mates’ contributions to their children over all else. So, according to Hollick (1878), “when men have progressed far enough to attend to these matters, as regards their own race, the same as they now do to the lower animals, human beings will be born immeasurably more perfect, both bodily and mentally, than anything we can now conceive” (p. 463). He further argued “that the man of the future will be as far above the present man as present man is above the orang-outang” (Hollick 1878: 462). Hollick (1878) demanded that “marriage must be a science, based upon a knowledge of physiology and the laws of natural selection, and hereditary descent, instead of a mere matter of chance, as it is now” (p. 462). By Hollick’s account, if men and women incorporated more hereditarian forethought into their mate selection and offspring, then the human race would benefit. While doctors recognized a fathers’ influence over the next generation, ultimately the high standards for women’s behaviors during pregnancy dominated the advice literature.

Echoing other physicians’ concerns over the consequences of civilization’s effects on the upper classes, Dr. Hollick (1878) indicted contemporary notions of marriage. He claimed that “as people become civilized… this natural mode of improvement is much interfered with, and marriage is determined by other considerations than those that prevail in the savage state” (p. 468). Hollick further argued that Americans were too concerned with money or
prestige rather than the more “natural” means of pairing. The language of civilized and savage reinforce racial separation, however, Hollick implies that overcivilization is negatively effecting marriage relations and, by extension, reproduction. According to advice literature, social pressures relating to marriage and mate selection play a role in arresting human development and couples let things like finances or socially profitable pairings take precedent over strong genes or desirable characteristics. During the last decades of the nineteenth century, physicians believed that men and women needed information on the natural laws of mate selection in order to fulfill their great responsibility to the society. The production of healthy and productive offspring necessitated medical advice on the hereditarian theories of natural law.

**Heredity**

According to Charles Rosenberg (1974), “heredity has always played some role in both medical and social thought” (p. 189). Generally speaking, nineteenth century heredity theory indicated that men and women passed a variety of traits to their young and these ideas prominently pervaded American culture. Gordon (Gordon 2002 [1974]) argues that “hereditarian thought in the nineteenth century was still largely folkloric in that it had not yet distinguished accurately between hereditary and nonhereditary characteristics” (p. 75). Heredity-centered ideas such as these produced numerous assumptions about the transmission of characteristics between generations. Physicians and the laity believed that characteristics were inherited through individuals’ overall tendencies that the process of heredity transmission began at conception, and that men and women contribute to heredity in different ways (Rosenberg 1974). Specifically, during the last decades of the nineteenth
century, the populace, including physicians believed that “like begets like,” therefore diseased parents could pass their ailments on to their children. Physicians, then, supported hereditarian theories as a means to rationalize their treatment of disease, justify their profession, and explain differences within the human race (Rosenberg 1974:201).

Dr. Johnson illustrated the foundations of hereditarian ideology when he wrote “as man is an animal he is subject to all the laws of hereditary descent which govern the propagation of other animals. So diseased parents beget diseased children, and through them it is handed down to the third and fourth generation” (Johnson 1889:19). In advice manuals published in the last decades of the nineteenth century, doctors emphasized the importance of parents, particularly mothers, passing good traits—mental, physical, and moral—to their children. As such, nineteenth century ideals of heredity permeated doctor’s advice as a significant sub theme to educate women on the day-to-day happenings of their pregnant bodies and the symptoms and ailments they might likely endure.

The advice literature encouraged women and men to know their character and improve any ailments or shortcomings prior to conceiving. Children had the right to be well born and doctors expected men and women to pass vigor, strength and morality on to their children. For example sentiments like Stockham’s (1878) notion that “bounding health is the inheritance of childhood. Woe to the parent who robs it of this inheritance!” permeated medical advice books and represented the goal of pregnancy (p. 78). Women had the responsibility to secure such “bounding health” in their children above all else. Parents reading Husband and Wife were discouraged from overemphasizing financial inheritance over physical health. “Never mind providing a fortune for your children to inherit at your death; but see to it that you give to them an inheritance of vitality at birth” (Sperry 1900:
Indeed, for doctors such as Sperry good hereditary germs were more important than economic standing.

Based on advice literature targeted at young women, they required strength and vigor—emotionally, mentally, and physically—to produce the next generation. Inheritance depended on men and women’s behaviors as well as their biological make-up. Dr. Lyman Sperry (1900) tells readers that “what one habitually is, not one occasionally or periodically does probably has the greater influence in determining one’s children. The influences which determine the capacities and character of a child begin further back than at the moment of conception. They certainly cannot be commanded at will during pregnancy” (p. 201). For example, a man’s behavior “sowing wild oats” or excessively consuming alcohol or tobacco, according to advice literature, would likely harm one’s children. Women enslaved to the fashions of the day or troubled by nervous disorders were also thought to pass negative inheritance to their young. Parents’ own constitutional characteristics limited the potential of their offspring.

The established mental and moral character and the habitual physical condition of both parents inevitably set limits to the possibilities of their seed. Established or chronic conditions, whether normal or diseased, must be recognized as permanent antagonists to special efforts or exceptional conduct during pregnancy. Still we know that during those nine months very much may be done to limit or modify the inherent tendency possessed by the germs at the time of conception. (Sperry 1900:202).

Thus both parents contribute to the future character of their children. Passing hereditary traits from either parent to child and even from man to woman via the child, means that women should seek only healthy and moral men as the “germ” providers for their offspring. Women and men learn that their past behaviors affect their potential offspring. “Young men while sowing their ‘wild oats,’ and young women indulging in unhealthful habits as to dress, or diet, or in general social dissipation are already laying the foundations for defects and
weaknesses in the little ones which are likely to come to them in later years” (Sperry 1900:203). In instances where “certain mental or moral infirmities” arise, Hollick (1878) warns that “neither medical treatment nor moral preaching can do much good in such cases,” but the “law of natural selection” will solve the problem as those with greater mental and bodily development will “weed out” the weaker ones (p. 463). Sperry warns readers to control their behaviors much prior to consideration of reproduction.

Doctors expected men and women to behave according to society’s norms in order to ensure the appropriate mental, moral, and physical outcomes of children they may not even yet intend. Dr. Johnson (1889) believed that “the parents at the time of begetting must be in all pure and natural and in a healthy condition. The primary cause of disease is a hereditary lack of vitality, either in the germ, the sperm, or in the combination of both” (p. 46). Scientific language invoked to lend authority to doctors, also served to set standards of health for potential parents. In analyzing these messages, doctors embed fear in their language. Doctors’ advice implied that men and women who fail to heed doctors’ warnings were bad and careless parents. By identifying potential hereditary defects and offering opportunities to avoid these defects, doctors constructed those who sought and followed their advice as good and civilized parents.

Readers learned that their tainted constitutions had lasting effects and those effects had moral implications for both the parents and the child. “The parent that transmits disease to his offspring, causing it to decay before its full development, is infringing upon God’s law, and committing a moral crime” (Verdi 1877:21). Here Dr. Verdi’s message has a religious tone, which reinforced the way that doctors drew on existing ideologies and the connections between science and morality, to offer a clear warning to young parents. Passing negative
characteristics onto children demonstrated an ethical failing in the parents, perhaps best demonstrated by Dr. Verdi’s severe indictment. Additionally this quotation demonstrates the increasingly popular view that the developing child has more rights than the parent. Here Verdi reinforced the idea that women needed healing before they could procreate because of the social problems caused by underdeveloped children. Knowledge of hereditarian ideas offered a significant way to begin such healing.

Exemplified by Dr. Sperry’s (1900) assertion that “The real welfare of each human being is largely determined before it is born,” doctors adamantly proclaimed that the time in the womb has the utmost influence on a baby’s future character (p. 135). Doctors, furthermore, argued that beyond the biological or physical characteristics, which constitute the potential mother, she can exert mental and emotional influence over her unborn. Women’s behaviors and character, then were more significant than men’s given the development of the child during gestation.

Women, when pregnant, faced their greatest responsibility, one in which they had some influence, but which the laws of nature also controlled. Johnson clearly states doctors’ increasing interest in pregnancy as central to human progress. He informs women that “The woman who assumes the relation of mother takes upon herself the most sacred obligations of humanity. No period of her life is fraught with greater responsibility that that of utero-gestation, or the time during which she carries the embryo in her womb” (Johnson 1889:50). Johnson’s quotation illustrates doctors’ celebration of motherhood as a sacred obligation and emphasized women’s responsibility to their unborn as means of empowerment.

Doctors advocated the natural laws of women’s health as a means to secure the healthiest and most civilized offspring, which oftentimes pitted mothers’ choices against fetal
health. Prior to this the mid nineteenth, doctors, religious authorities, and the laity prioritized the mothers’ health over that of her unborn child, but now, with the age of the child and the politicizing of abortion, the importance of fetal life dominated. Rhetoric of “inheritance” and the “well-born” permeated advice manuals, prioritizing the benefits of the potential child over the life and well-being of the mother. Doctor Sperry exemplified this shift in his 1900 edition of *Husbands and Wives*. By his account, “Every human being that comes into this world has a natural right to be well-born, and no parent has a moral right to do anything that shall tend to curtail the powers or injuriously stamp the disposition of a child before its birth” (Sperry 1900:176). Doctors believed that the imprints of heredity began at conception and that one’s pre-conception behaviors affected the child. The time in utero, however, was by far the most significant to the development of a healthy child. In one excerpt Sperry argues that a mother cannot “command at will” the desired character of her child, and in another he insists that during pregnancy “the inherent tendency” of the germs can be manipulated. From this, readers learn that they need to be careful of their behaviors prior to, during, and after conception in order to influence their children in the best possible ways. Women, however, became accountable for the past mistakes of either parent because they, according to the doctors, could exert influence over the fetus during the gestation period and as such, they played a much larger role in shaping the character of the next generation.

**Maternal Influence**

Doctors’ believed in heredity, but they also argued that women had the power to control their children’s intellect, interests (i.e. music, literature, etc), and their moral worth. Dr. Johnson maintains that “the influence which she exerts upon the future physical and, we
may add moral and intellectual condition of her offspring, during this eventful period, if of the greatest importance” (1889:50). Women had the power to influence the outcome of their children, but with that power came the responsibility to be consumed with “exerting influence” over the unborn child. As indicated earlier, a potential child’s time in the womb served as the building blocks for their future constitution. Doctors instructed pregnant women to concern themselves predominantly with the life growing within their womb. Dr. Sperry (1900), the author of *Husband and Wife* further exemplifies this idea that women, through the connections with their unborn children, control its outcome.

The life of the embryo is so closely connected with that of the mother, and it is so sensitive and responsive to her condition, both physically and mentally, that she must of necessity exert decided influence in determining not only its external appearance but its brain capacities and its general mental and moral tendencies (p. 202).

This quote further illustrates the doctors’ process of empowering women through unachievable standards of obligation. If women had the ability to control the appearance and the brain capacities of their children, then any failings in these areas were the mother’s fault. However, by arguing that women had control over these issues, doctors engaged in a subtle manipulation to encourage women to behave in accordance with late nineteenth century social expectations of maternity as women’s primary duty. The connections experienced between mother and fetus are the foundation for any future behaviors, actions, or outcomes of that impending child.

In advice books published during the late nineteenth century, physicians argued that women’s emotional or mental condition was essential to the transmission of temperament, morality, and mental condition to their unborn. According to Dr. John Keating (1887), “A moment’s thought will convince any one that the close relationship existing between mother and child, which continues up to the time of its birth, not only influences its growth and
development, but also through its close relationship, impresses upon it certain mental capacities” (p. 17). Keating’s assertion exemplifies the medical belief that the mother’s condition comprised the capacity of the baby. This theory of women’s responsibility sets unachievable standards for mothers. Based on these advice books, doctors maintain that a woman’s premiere task for the duration of gestation should be her focus on the relationship she is building with her child. This relationship depends entirely on the woman’s own ability and commitment to conduct herself so as to create the most perfect mental state in her child. This is all the more difficult when one considers, as many nineteenth century doctors did, that a pregnant woman’s emotional state is more unstable; she’s more irritable and nervous and these unflattering characteristics may be passed onto her babe. Dr. Johnson’s statement on the likely temperament of pregnant women illustrates this paradox. “During the state of pregnancy women are more sensitive, nervous, and excitable; an unkind word or look, any indifference or neglect shown, may produce a deep and lasting impression upon the future well-being of the child” (Johnson 1889:52). Johnson’s assertion that pregnant women’s natural predisposition towards irritability and sensitivity may result in negative impressions upon the unborn exemplifies doctors use of fear in their advice literature. By explaining this phenomenon, Johnson expects self-sacrificing women to heed his advice in order to ensure that their children do not suffer. Doctors’ use of both fear and empowerment or responsibility rhetoric illustrates the significance of mother’s influence over their unborn children.

Women learned that they must control their every thought and emotion lest they pass to their children physical ailments or traits such as nervousness, jealousy, or mental derangement. While hereditarian ideas such as this had folkloric histories, doctors validate
the premise of hereditary transmission by recounting the stories and accompanying them with explicit instructions.

If you believe that strong impressions upon the mother’s mind may communicate themselves to the foetus, producing marks of deformity, etc, how much more you should believe that irritability, anger, repinings, spiritual disorders may be impressed upon your child’s moral and mental nature rendering it weakly or nervous, passionate or morose or in some way a sad reproduction of your own evil feelings. And indeed, this is more frequently the case than the physical markings of a child by its mother’s impressions (Verdi 1877:42-3).

Doctors lead women to believe that their own feelings and emotions affected the temperament of their unborn. By indicating that mental impressions result more often than physical consequences, doctors present women with a situation in which their every thought and feeling can effect their potential child. Physicians repeated such pressures throughout the advice books and presented them as commonsense knowledge as well as scientific fact. Doctors warned women of the consequences of unpleasantries, but also reminded women not to dwell on their fears.

Avoid unpleasant sights, and do not listen to frightful stories: there are instances reported, which, although no physiologist can explain them, have created such an impression upon the mind of a woman carrying child, as to cause her to give birth to an infant bearing marks of these impressions… while I caution you against unpleasant impressions, I would by no means arouse in your mind any tendency to dwell on the fear of such and event (Verdi 1877: 41).

Dr. Hollick (1900) offers an example of the negative consequence that can result should women fail to keep a “cheerful” mind (1900: 702). He cites a case of a boy born to a mother distressed by fear of storms at sea during the first trimester of her pregnancy. The boy was nervous and miserable his whole life, eventually becoming “a wretched inebriate.” Hollick (1878) credits this tragic condition and consistent ailments on his mother’s constant fearful state during pregnancy, stating that the woman’s future offspring “developed under better influences” suffered no such symptoms (p. 317). This further illustrates women’s power to
control the emotional and moral outcome of their children. However, with that power came great responsibility; doctors expected women to manage, even sacrifice, their own emotions in order to produce the best possible children.

For physicians in the late nineteenth century, women’s physical and emotional connections to their unborn offspring represented the most important factor in the child’s future development and health. Advice authors expected women to keep a cheery disposition and avoid overstimulation, in whatever form. In *Maternity: A Popular Treatise for Young Wives and Mothers* (1877) Dr. Verdi tells pregnant women “but above all, keep a cheerful mind; do not yield to grief, jealousy, hatred, discontent, or any perversion of disposition. It is true that your very condition makes you more sensitive and irritable; still knowing this, control you feelings with all you moral strength” (1877:42). Indeed, women must harness “all… moral strength” to manage her own emotions for the benefit to their child. While doctors invoked fear of physical and spiritual disorders for the babies, they also explicitly directed women to think only pleasant thoughts. Doctors instructed women that every thought during her pregnancy works collectively to influence her child. A woman’s ability to manage her own emotions and summon her moral strength might be the difference between a healthy, happy child, or a morose and depressed weakling, dependant on constant medical care. Thus, doctors emphasized the importance of women’s mental exertions—her thoughts and feelings—on the future health of her unborn child.

Further illustrating the extent of the belief that a pregnant woman’s mental state influences her unborn, Hollick argued in 1878 that women must begin educating their fetuses as a means to counter many of the social ills effecting society.

Many other such cases could be given, but it is not necessary; it being now very generally acknowledged that habitual mental conditions in the mother during
gestation can, and do influence her offspring, both bodily and mentally. And it should be remembered that the influence may be good or bad. It is just as easy to thus impart to the child a healthy mind and body, with good impulses, as the reverses; and at some future day, it will be seen that the education (proper development) of a child must begin before birth, and not be neglected, as now, till several years after. When this truth is practically acted upon, many evils we now vainly try to cure will be prevented (P. 317).

According to nineteenth century advice literature, pregnant women must willingly do what is best for their unborn offspring and that includes controlling her own emotions and passing on a healthy and vigorous inheritance. Holding herself to these standards, focusing on the education of her unborn offspring, women held the key to preventing, not simply curing, the nation’s social ills. With such “power,” women likely felt pressure to conform to doctors’ demands and reproduce inline with the prevailing dictates of the day.

In Talks to My Patients, Mrs. R. B. Gleason, M.D. (1887) clearly articulates the dilemma faced by pregnant and potentially pregnant women “the point is, the mother is not to worry about that which cannot be controlled, but to keep her own body and spirit in the best estate possible, and thus do what she can for her unborn” (p. 68). Given that women receive mixed messages about what they can and cannot control, it is unlikely that nineteenth century women could experience a worry-free pregnancy. These medically-penned advice books indicate that mother’s emotions had a direct, or at best, potential impact on their children; women’s moral rights to act freely were subverted by the potential child’s right to health. Doctors presented a nearly unanimous message that women’s mental and emotional state had the utmost effect on their unborn. From such passionate medical advice, readers might infer that a woman’s mental state during pregnancy had a greater effect on her offspring than did her weak constitutions or her physical health. Doctors, though, believed that middle class women suffered from nervous disorders that affected mind and body and as such women
needed to correct these problems before conceiving in order to secure the hope of the next generation. While Gleason and her counterparts might attempt to empower women through knowledge and education of their role in shaping the very constitution of their offspring, the standards they set demand that women’s own desires and thoughts be subverted for those of the baby. Doctors set expectations for women that required such extreme emotion management that one wonders with what things women could safely occupy their minds.

Finally, doctors informed women that the consequences of their actions, indeed the effects of heredity and women’s influence go beyond the child a woman is carrying, and can continue well beyond two or three generations. Hollick (1878) argued that the potential influence of the mother easily reached two additional generations because a “a woman pregnant with a female child, really carries within her body three generations of human beings besides herself,” given that “in that female child are the rudimentary ovae [sic] from which its future children may be developed” (p. 159). This example, according to Hollick (1878) “may serve to show how far the injurious consequences of any mental, moral, or bodily derangement in a pregnant woman may extend” (p. 159). Arguing that women’s actions had lasting consequences, doctors offered various prescriptions for pregnancy behaviors, including following proper nutrition, taking the right exercise, and avoiding the constraints of heavy dresses and corseting. Should women choose not to obey these orders, blame for their unhealthy children lay only at their own feet. Doctors faulted women for any misfortunes, including any pain or hardship she might experience during pregnancy or labor. By the mid 1870s doctors ultimately, placed a higher value on the quality of the child than the health of the mother. Dr. Alice Stockham (1878) represented this subtle coercion: “Her easy or difficult labor, in fact, is almost entirely her own work. Her conduct during gestation,
it is true, is more immediately influential in the decisions than remoter periods, and is or may be very greatly more influential upon the future life of her offspring than even upon herself” (p. 7). Here Stockham implies that women’s behaviors during pregnancy influenced their experienced during childbirth. Given the prevailing dangers surrounding childbirth at the time, Stockham’s assertion could be viewed as either blaming women for their experiences or as a means to empower women to change their situations. Either way, Stockham places responsibility for the outcomes of birth squarely with women. Physicians intended to help women reach their full potential through the application of science and natural law. Advice literature aimed at the married and marriageable illustrates doctors’ claim to use science to the betterment of society via improving women’s temperament (Foote 1886; Hollick 1878; Pancoast 1890; Sperry 1900). By setting these standards, doctors not only asserted their own authority as distinct from others, they also marked the boundaries between moral and healthy women and weak or immoral women.

Repeatedly doctors argued that following their advice would assist women in abiding by natural law that therefore potentially counter the negative effects of heredity. These doctors tell us that women had control over their unborn’s physical appearance, mental capacities, and moral aptitude. Framed as a sort of socially empowering control, doctors advised women to subvert their own desires, health, and emotions in order to produce the most socially upstanding child. Women can “exert decided influence” over their children, their surroundings, emotions, behaviors, therefore their activities demand serious consideration. Doctors advised women to put aside their youthful or selfish habits and turn their concerns and behaviors to those in the best interest of their potential child. They informed women not to “dwell on fear” or “listen to frightful stories,” nor should pregnant
women go to dime stores, circuses, or dance too much lest they excite or agitation their unborn. According to Dr. Stockham (1878), women’s overindulgence in fashion also puts her child at risk. “The woman who indulges in the excessive gaiety of fashionable life, deprives her child of vitality as well as the over-worked woman” (p. 78). The implication here is that morally upright women will sacrifice their own desires, hobbies, or activities to benefit their children. Appropriately civilized women are careful in the influence they exert over their unborn, and by default mothers of sickly or unintelligent children are themselves morally inferior.

Through the frame of heredity, the medical profession constructs a particular understanding of pregnancy- one which makes women ultimately responsible for the outcome of their unborn children, which is rooted in natural law and moral correctness. These quotes illustrate that doctors and the laity similarly considered individual women responsible for the poor outcomes of their pregnancies. Lack of knowledge or understanding of nature’s law does not excuse women’s behaviors because doctors readily provide the necessary information. If something had gone wrong or a child was ill, doctors argued women’s behaviors were out of line with natural law. However women, even when uncertain as to the proper prenatal behaviors, were responsible for their offspring’s malformations. Women’s lack of knowledge of health and their inconsistent attention to natural laws jeopardized their authority on matters of pregnancy, childbirth, and the health of their children, thereby validating doctors as the experts. Doctors repeatedly claimed that happy, healthy children, indeed the success of the race as a whole, required obedience to nature’s laws.
While reproduction was certainly a requirement for nineteenth century womanhood, “reproduction is not sufficient, however. Unless it were healthy, it would not be conducive to the propagation of the species” (Verdi 1877:21). Doctors emphasized women’s health as the means to produce healthy children and the race as a whole. They repeatedly used science, particularly theories of natural law and heredity, to explain the consequences of ill-begotten health on the next generation. Doctors’ discussions of natural law, heredity, and maternal impressions set standards for women’s behaviors and expectations prior to and during pregnancy as a means to encourage “wellborn” children. By the late nineteenth century, doctors addressed these issues in terms of the “population question” (Drysdale 1892). This population question centered on fear of overpopulation amongst the poorer classes, increasing immigration, “the aborting matrons” of the respectable classes, limited fertility via contraception, and the nation’s overall ailing state (Mohr 1979; Siegel 1992). The next section elaborates on doctors’ discussion of the propagation of the race to further explain the significance of doctors’ reproductive advice.

**The Propagation of the Race**

In advice books to pregnant and potentially pregnant women, doctors described a strong relationship between individual families’ reproduction and the necessity to perpetuate the broader society. Doctors believed that the perpetuation of the race required compulsory motherhood by certain women, those women who had chosen the appropriate mate and were healthy enough to follow the laws of nature. As such, doctors’ moral messages regarding pregnancy indicated that the fertility and bodies of dominant and civilized women were important material and cultural resources for the continued racial superiority of Anglo-
Saxons. Doctors’ advice literature indicates that reproductive politics are also about the possibilities and expectations of the living child, which contribute to racial betterment and the pursuit of civilization. Dr. Sperry (1900) clearly articulated the emphasis on certain types of children as a means to improve society: “Let it be repeatedly declared and cried from the house tops if need be that good, healthful children are a blessing to every home into which they come, and also of great value to the world at large. But bad children are a burden to themselves, a source of sorrow to their parents and a curse to the race” (p. 136). Doctors’ advice equated healthy children with racial progress.

While Theodore Roosevelt did not warn against “race-suicide” until 1903, doctors’ advice discourse in the preceding decades foreshadowed the eugenics movement that followed by placing pressure on women to produce perfect children. Doctors described the advancement of the race and warned against “reckless propagation” by the unfit. Doctors critiqued uncontrolled “civilization” for shifting men and women’s attentions away from their “natural” instincts, thereby exacerbating the unfit amongst the “civilized” classes. Unhealthy women or inappropriate pairings classified one as unfit, but the term also applied to the poor or criminal as well as minorities. In proffering opinions on the population questions, doctors relied on heredity and natural law to explain the problems surrounding racial progress while also attempting to empower women that reproduction was their supreme mission in life. These concerns about the future of the race provided the backdrop for doctors’ advice on pregnancy, marriage, and health. Discussions of race, the propagation of the unfit, and critiques of civilization further illustrate doctors’ fear-empowerment rhetoric.
In many ways, late Victorian medical and advice books devoted to pregnancy and sexuality had a two-fold purpose, warning parents and potential parents of the dangers of ill-breeding while also setting explicit standards for reproductive success. Doctors placed responsibility for such failures and successes squarely with those capable of reproducing—parents. Dr. I.D. Johnson (1889), a homeopathic physician from Pennsylvania, exemplifies the reproductive standards of advice literature in his book, *Counsel to Parents and How to Save the Baby*. Johnson (1889) argues that if American society is “ever to have a strong, vigorous, healthy offspring, free from the taint of disease and out of which to construct a noble race of men and women, then we must look to the parents to give us such, for the first condition of health to every organized being is to be *well born*” (p. 34, emphasis added).

Here Dr. Johnson emphasized the importance of being “well born” while also reminding readers of their social responsibility to the “noble race of men and women.” Advice manuals and medical guides demonstrated the prevailing view that women owed children to the state, as well as their individual families. In their advice, doctors indicated that middle class, “civilized” individuals had a social responsibility to maintain Anglo-Saxon superiority and even contribute to society’s healthy redemption in the face of overcivilization, industrialization, and urbanization. Johnson (1889), a proponent of family health, argued that “every man and woman who lives in the conditions of health, and avoids the causes of disease, helps to make the race better; and if such persons would combine their purified lives in the production of *healthy* offspring, they would do a noble work for the redemption of humanity” (12). Johnson instructs all healthy couples of their responsibility to the race as a whole, thus demonstrating that the act of having children has consequences greater than one’s own family.
Pancoast, too, emphasized the importance of procreation to the larger society. He praises maternity and the home as the foundation upon which society was built.

Pancoast (1890) writes:

"Truly a woman’s sphere is Home. The family is conceded to be the most important of the divinely ordained institutions upon which the whole superstructure of society is based, and on which the happiness and moral welfare of all races and nations depend. ... It is from this source [the family] that emanate all the strong and holy influences of a mother’s love, all the sacred ties of parental affection and regard, all the filial and fraternal relation, obligations and duties of life, upon which not only well-being, but the very existence of society itself depends. It is through sacred privileges and immunities of the family that, according to the Divine dispensation, the race itself is to be perpetuated—not merely brought into existence, but nurtured, protected, educated, reared up to man’s estate. How supremely glorious, then, is woman’s mission! (P. 349)."

For Pancoast, family is the “superstructure” on which society is based. As such, doctors believed women’s roles as mothers to be of utmost importance. Pancoast goes on to argue that woman’s mission or calling in life as the perpetrator of the race places her on an equal field with men. In this quotation, Pancoast places “happiness and moral welfare of all races and nations” within the home. Since woman’s place is in the Home, according to Pancoast, it is her responsibility to ensure that the “race itself is to be perpetuated.” Pancoast describes women’s roles in the home as an important responsibility, but also as one that should be celebrated by men and women alike. Pancoast like other doctors, uses language to empower women. A great responsibility, women’s mission in life clearly centers on her ability to produce the appropriate offspring and properly nurture them to men’s standards, these authors also viewed maternity as the primary source for their social standing and the means for maintaining “the superstructure of society.”

Concerns over the perpetuation of the race meant that private issues such as one’s sexual drive influenced the fate of the nation and therefore had very real public
consequences. Some physicians, like Sperry, emphasized the importance of sexual health as a means for racial progress. In his book *Husband and Wife*, Sperry (1900) informed readers that “normal sex instincts prompt men to do that which contributes to the advancement and upbuilding of the race as well as to the welfare of their own families” (pp. 20-21). Here, Dr. Sperry equates sexual normalcy with racial progress, as well as familial happiness, thus indicating that those “normal” or natural desires for sex can benefit society if engaged in appropriately. While “normal sex instincts” benefited society, some doctors indicted “civilization” for negatively influencing these normal or “natural” instincts.

Civilization brought with it a lack of attention to natural laws and social arrangements that explicitly contradicted nature’s dictates. Social pressures of the industrial age countered natural laws and threatened women’s health. As such, doctors questioned the benefits of civilization and critiqued middle-class expectations. For Dr. Foote (1886), “Civilization in every one of its aspects is a struggle against the animal instincts” (pp. 56-57). Foote’s criticism of civilization invokes doctors’ support for natural law as he elevates natural instincts over the man-made laws and expectation of society. Doctors’ advice suggests that “civilized” women hold the future to society in their reproductive capacities, yet civilization also caused problems for middle and upper class women.

Advice literature published around the turn of century claimed that American women and men suffered in comparison to other civilized nations; doctors argued that the nation itself was sick and deteriorating. Dr. Seth Pancoast (1890), for example, identified the social arrangements and natural laws as cause for America’s social decline.

The cause of this inferiority of American females is undoubtedly owing to their improper physical training during the adnascent period of life—to premature marriages—to the cares of too early maternity—to the foolish and ridiculous conventionalities of society—to absurd customs, unjust laws, and a lack of a due
appreciation of what should constitute the sphere of the sex, as the procreant instrument for the perpetuation of the human race, agreeably to the sublime injunction and ordinances of the Great Creator and Lawgiver of Universal Nature (p. xxxii).

Pancoast’s quote clearly indicts American society and the social relations that have contributed to the decline of American women. Premature marriage and repeated or too frequent pregnancies, according to Pancoast, defied natural law. Doctors’ advice demonstrates contempt for American social pressures that are counter-productive to “the perpetuation of the human race.” However, Pancoast’s call for social reform and a change in gendered expectations has more to do with women’s roles as “the procreant instrument for the perpetuation of the human race,” than a suffrage or economic equality. The future of the race, more so than the plight of women, distresses these doctors. We see doctors’ attempts to address America’s sickly women primarily so that they might reproduce healthy, civilized, productive children. These doctors thought that in a nation of weak women and social decline, healthy women could become a vehicle for progress through their production of “wellborn” and useful children. On the other hand, female weakness could thwart appropriate reproduction. For example doctors and the public also believed that the Victorian disease of hysteria, which presented with reproductive symptoms relating to prolapsed uterus, problematic ovaries, and difficult childbirth, resulted from “overcivilization” (Briggs 2000). Advice books by physicians defined white women as overcivilized reproductive failures and argued that “savage” women, (read as poor, immigrant, or Black) were more fertile and gave birth naturally and easily, thus a posing a potential challenge to Anglo-American social power (Bederman 1995; Briggs 2000). As a disease predominantly afflicting white, native-born, middle and upper middle class women, a hysteria diagnosis reflected a racialized divide in late nineteenth-century gynecology and obstetrics. Feminist
Scholar Laura Briggs (2000) argues that hysteria diagnoses reinforced the notion of white women as reproductive failures, therefore “it was the language of ‘race-suicide’” (p. 266). Thus, middle and upper middle class women, suffering from hysteria or other female maladies comprised one category of the “unfit.” These women either could not or would not fulfill the expectations to produce “well born” children. Doctors encouraged these women to improve their health or forego reproduction so as not to bring unhealthy children into the world.

Doctors believed that unhealthy or under-production by the middle and upper classes posed a threat to the nation. Producing few children could mean less social and political power. Dr. Foote, Jr. moved beyond discussions of the advancement of the race to detail the negative effects of reckless propagation and its consequences, not only to families, but to the public sphere. American social reformers and medical authorities devoted lectures and writing to the issue of “reckless propagation” in hopes of countering the various social ills of the day. As illustrated in the earlier discussion on heredity, many doctors as well as scientists and the laity, social issues such as “vice” or “crime” and emotional characteristics like “misery” passed from parents to child. Doctors found this especially problematic given that the poorer classes, more likely to fall prey to such problems, had greater fertility rates than those amongst the upper classes. Foote (1886) argues that the costs, financial and social, are a significant.

[Children] crippled in body or mind … eventually become a burden to the state, perhaps to the extent of thousands of dollars before they are finally buried at public expense in the potter’s field…. The state suffers loss to support them, but they are more to be pitied than the state. Therefore we plead against the reproduction of such unfortunates, first for their own sake, second, for the economy of the state (p. 35).
Here, Foote (1886) pleads against the reproduction” of unfortunate members of society. He quantifies the costs to the state and the economy, marking reproduction as significant beyond the extent of one’s own family. Foote encourages men and women to prevent the conception and birth of children that will drain their own health, their families, and society as whole, thereby alleviating the burdens placed on the industrious taxpayers that must foot the medical and burial bills of the sickly children (p. 20). Bringing sickly children into the world, or bearing a multitude of children into starvation and misery is both immoral and irresponsible. Foote’s argument, as reinforced by the other authors’ uses women’s own health as a means to advocate family limitation. Supporting contraception, as Foote urged, demonstrated only one way in which to address the propagation of the unfit.

Stable fertility amongst immigrants, the poor, or other members of the “dangerous classes” also threatened the status quo. Limiting family size amongst the “unfit” represented one possibility to cure social ails such as crime, pauperism, and mental debility. Foote quotes social philosopher John Stuart Mills to support his call for limited family sizes as a means to civilized progress.

Little improvement can be expected in morality until the producing large families is regarded with the same feelings drunkenness or any other physical excess. But whilst the aristocracy and clergy are foremost to use the example of this species of incontinence, what can be expected from the poor? (Foote 1886:56-57).

Mills and Foote recognized the class-based differences in fertility as inherent to other social issues. They credit the upper classes with controlling their fertility while the lower classes continue to propagate (Wood 2008; see also Passet 2003; Sears 1977; Spurlock 1988).

Doctors discussed these differences between women in terms of “civilized” and “savage.” Dr. Hollick explains these differences and points to different circumstances based
on social class, but ultimately maintains that both the poor and the rich are involved in the
continued decline of American society. He states:

   The thoughtless selfishness of the very poor…is often encouraged by their spiritual
   teachers, who preach to them that Providence will provide. And this in face of the
   fact that thousands of their children, all around them, are born to misery, crime,
   disease, and untimely death. They are, however, no worse than the rich, who often
   from ignorance, or greed, deliberately marry disease and deformity, and perpetuate it
   as a family inheritance (Hollick 1878:468).

As part of his answer to the “population question,” which concerns the overproduction of the
lower classes, Hollick critiques the weak and degenerate offspring of the wealthy as a
consequence of illness and women’s unhealthy state (Haynes 2003). The nation as a whole,
according to this group of doctors, cannot progress until the population question is answered
in full, which means a discussion of the propagation of the other group of “unfit,” those of
the lower classes.

   Foote, too, indicts reckless propagation amongst the unfit and the civilized as well.
Concerned with unwanted pregnancies by members of all classes, Foote argues that without
sexual restraint, reproductive planning, or contraception, men and women amongst the
privileged classes would bear children without any forethought to the consequences, thus
making them no more “civilized” than animals. For Dr. Foote (1886)

   … it is certainly not too soon to call attention to the fact that reckless, hap-hazard,
   unrestrained, unregulated propagation is productive of vice, misery, and crime; that,
   in fact, people who delight to call themselves civilized, permit themselves to be
   controlled in the matter of reproduction by the law of waste, prodigality or
   extravagance, which prevails among all lower forms of life (p. 21).

Here Dr. Foote articulates the concerns about “unregulated propagation.” He suggests that
even civilized members of society, read white, middle and upper middle class, are ruled by
their sexual urges.
Bearing unwanted or unhealthy children, for Dr. Foote, is wasteful and should be avoided. In explaining excessive reproduction as wasteful or hap-hazard, Foote frames reproduction as a problem that needs to be addressed. Indicting contemporary society and its social arrangements, Foote offered women (and men) the opportunity to avoid unregulated reproduction; he advocates for women’s rights to control their own fertility through contraception if necessary, but he also supports reproductive rights only for the healthy, pure, and moral. Issues such as abortion and contraception as well as mate selection filled such lectures. Dr. Foote, a physician and contraception advocate clearly articulated some explicit concern with reckless propagation and exemplified the population question as presented by many reform-oriented doctors.38

While the propagation of the unfit concerned middle and upper class Americans, Foote was in the minority in his acceptance of contraception. Most physicians and other social authorities advocated the application of the laws of nature and hereditary transmissions as a means to secure the future of the race. Doctors increasingly advocated various forms of evolutionary theories or “stirpicultural propaganda—urging the adopting of scientific principles of generation to the human race” to provide the best possible solution for the population question (Foote 1886: 60). Many advice books began with plant or animal breeding and advocated using similar means to ensure the best offspring in humans. Dr. Hollick exemplified the connection between animal breeding and the perfecting of humankind.

Nature herself, by the process of evolution, is constantly at work perfecting our race. … Gradually, but surely, by natural means alone, the breed of human beings has improved, but very slowly, compared with the improvement which can and will be effected when man pays as much attention to his own propagation as he now does to that of the animals he controls (Hollick 1878: 478).
Hollick argued that the natural progression of the race can be improved by applying scientific understandings of animal breeding to one’s reproductive processes. As illustrated in the section on heredity, application of science offered doctors and women the solutions to their fertility problems and the problems of racial decline. In order to do so, children’s rights demanded attention as well. Following the laws of nature, especially those of heredity, provided the most assurance for healthy, moral children. Through doctors’ assertions of science and natural law as central to racial progress, the medical theories of reproduction became fundamental to the nation’s moral order.

Responsible for “the continuation of the species,” medical authorities believed that women needed instruction on how to conceive and gestate. This medical advice literature about pregnancy set standards not only for women’s behaviors, but also for the potential, and expected, children as well. These standards served the interests of the state and the race as doctors attempted to counter declining fertility rates amongst the ruling classes.

Numerous advice books from the middle of the nineteenth century, well into the beginning of the twentieth century, equated racial progress with appropriate mating, positive temperament at the time of conception, and women’s decided influence over gestation. Doctors writing to men and women on issues of marriage, reproduction, sexual education, and childrearing argued for the betterment of the race through discussions of science and nature, particularly in terms of hereditary impressions and human evolution from, and beyond, that of the lower animals. Doctors used their expertise and association with science and natural law as the groundwork for dictating morality to a nation troubled by illness, “delicate and sickly children,” and the threat of women seeking control of their own fertility.
Doctors beliefs in the “natural right to be well-born” was complicated by their concerns of women’s ill health and the overpopulation by the underclasses.

CONCLUSION

While various social authorities repeatedly reminded women of the calling to healthy motherhood, doctors were amongst the most prolific advice writers of the era. Intentionally or not, doctors’ publications of advice literature on pregnancy contributed to the medicalization of reproduction and the professionalization of the medical field. More importantly, doctors’ advice literature offered women and men a medical-moral understanding of pregnancy. Doctors created a fear-empowerment paradox whereby women were encouraged to seek medical advice out of apprehension over pregnancy and the health of their potential children and as a result of the “power” or control they might exert privately over their individual child and publicly as a “divine creator” of the next generation. While medicine offered women a new framework for understanding pregnancy and childbirth, the medicalization of childbirth contributed to less decision-making power for women.

Nineteenth century “natural law” indicated that women must be strong to fulfill their roles as caregivers. The last decades of the nineteenth century pregnancy advice subverted the emotions and behaviors of the mother against what would today be considered fetal rights. Failing at health meant that a woman became a burden to those around her and she failed as a woman. The ideologies represented in pregnancy advice literature form the boundary distinctions between healthy, moral women and their irresponsible counterparts. These boundary distinctions between women rested predominantly on issues of mothering and directly, and indirectly, marked the differences between respectable and “dangerous”
women. Ultimately, these advice books served as a policing mechanism for standards of race, class, and gendered boundaries. Medical advice books geared towards pregnant and potentially pregnant women served as a means to maintain Anglo-Saxon upper class social standing, and contributed to social and symbolic boundaries between women. As Dr. Foote argued, doctors separated “good and civilized” women from those “shiftless, good-for-nothing-but-breeding-and-and-not-even-that” women who disregarded their moral responsibility to family and the society as a whole.

By the late nineteenth century doctors professed the importance of the unborn child over the health or life of the mother. Nineteenth century rhetoric of the “rights of the child to be well-born” reflected doctors’ assertions regarding children’s importance, born or conceived, to the community, the civilization, and the race (Sperry 1900:176). While these advice books by doctors often detailed the potential harms that men could pass on to their children, responsibility for the unborn lay disproportionately at women. Women were responsible for the outcome of their unborn and the child’s time in utero was often considered more important than the rearing time after birth. Thus women’s responsibilities obliged them not only to their own children and families, but also to the larger social structure. Women held the key, through their uteruses, to social progression during a time of great cultural disjuncture. Physicians argued for more careful and thoughtful reproduction in the name of progress towards a more perfect civilization. In advice manuals, doctors inform readers of their moral responsibility to their own health, in order to pass on the best characteristics to their children. Doctors advocated for wellborn children rather than “reckless propagation.”
In doing this, doctors presented competing messages of pregnancy that simultaneously invoke language of fear and empowerment. Describing the potential negative outcomes of ill-managed pregnancies while also offering women advice and opportunities to shape the characteristics of their offspring through their own actions, doctors played on the women’s unstable social roles by exerting social control through the veil of education and knowledge. Doctors presented themselves as the social authority capable of helping women to achieve the goal of an easy pregnancy and a healthy child. By setting prescriptions for pregnancy conduct, doctors presented women with options in the creation of their offspring, but these options came with increased burdens. If, as doctors suggested, women did have some control in the moral, mental and physical distinctiveness of their unborn, then they must follow doctors’ orders of behavior, mate selection, and mental attitude lest they produce children that would burden the family, the community and the state. Following this advice, women became actively responsible for the mental, moral, and physical outcome of their children, while being passively accountable to and dependant on doctors’ directives. In detailing this fear-empowerment paradox, doctors addressed the future of the race, the importance of maternal impressions (or heredity), and the diseases and behavior standards of pregnancy itself. Doctors’ advice manuals overwhelmingly presented heredity, and some attempt to control it, as a means of upholding the race.

Messages from other social authorities, such as the Lydia E. Pinkham Patent Medicine Company, and the reformers of the Free Love movement also categorized women based on their commitment to following socially proscribed reproductive expectations. The next chapter details the Pinkham Company’s attempts to advise women on reproductive matters while discounting medical advice. In advertising and informational pamphlets, the
company incorporates the rhetoric of heredity, fear of pregnancy or sterility, and the spiritual mission of mothering, yet they also present doctors as women’s enemy rather than friend. Here “good” women draw on the Pinkham Company’s expertise rather than doctors’ to secure their positions a “happy maternity.”
Lydia Estes Pinkham was lauded as “the saviour of her sex.” A national icon in the late 1880s, Lydia E. Pinkham gained acclaim for her Vegetable Compound, which claimed to “cure entirely the worst Female Complaints.” Described as “an earnest, enthusiastic promoter of freedom… [whose] strongest trait, apart from her devotion to her family, was love of progress.” According to biographer Elbert Hubbard (1915), “The orthodox and the conventional were obnoxious to her. She had no use for arbitrary authority—whether in medicine, religion, or politics. She believed in advancement.” The proprietors of the Lydia E. Pinkham Patent Medicine Company, including her sons and advertising agents, positioned the Company and Lydia as an alternative to the medical authority. The Company situated itself as a woman-run company devoted to women’s health and, as such, the Company’s newspaper and pamphlet advertisements offered women advice on reproductive and general health. Social historian Sarah Stage (1979) described Lydia E. Pinkham as a reformer with a shrewd business sense and a woman devoted to what freeing women from what she believed was the dangerous control of doctors’ hands.

This chapter uses the early history (1873-1900) of the Lydia E. Pinkham Company and these particular advertising themes to explore the Company’s contributions to
reproductive knowledge in the later part of the nineteenth century. In analyzing these messages, I argue that the Pinkham Company used fear-empowerment discourse techniques to assert its social authority on women’s reproduction. Reiterating concerns of women’s chronic weakness and invalidism, the Pinkham Company invokes fear of suffering and empowerment self-help and health. The Pinkham Company’s key advertising themes implied distinctions between those women who appropriately accept responsibility for their health and those who evade that responsibility. The rhetoric of Pinkham advertising surrounding healthy maternity and female weakness marked these symbolic boundaries between ‘healthy’ and unhealthy women. The Pinkham literature also illustrated the differences between the Company, a genuine confident and expert on women’s complaints and physicians as unreliable, dangerous, and ill-informed. Despite the Company’s efforts to distinguish themselves from physicians, the Lydia E. Pinkham Company and physicians both draw on similar cultural ideologies to shape their advice about reproduction and women’s health. These symbolic boundaries and the shared ideologies contributed to the fluidity and permeability of cultural understandings of women’s reproduction and motherhood.

**Patent Medicine**

Patent medicine companies flourished in the last half of the nineteenth century, constituting an estimated $80-million-a-year industry (Holbrook 1959:12; see also Cayleff 1990:336). Called “patent medicines,” these products were really proprietary drugs that had secret or unpublished formulas. Composition of the drugs varied greatly but usually included some combination of alcohol, herbs, and various unknown components. Some of the patent medicines had no medicinal effect, while others incorporated herb remedies that
had been used for generations. Others contained substances such as opiates or cocaine, thus produced often dangerous results (Musto 1987 [1973]; Young 1961). Patent medicine claimed to cure symptoms such as tiredness, nervousness, small breasts, menstrual cramps, toothaches, arthritis, barrenness, impotence, and even cancer. Emphasizing symptoms most people experiences, these companies’ contributed to the medicalization of everyday life in American (Conrad and Leiter 2008; Starr 1982:127-140; Young 1961). By the passage of the first Food and Drug Administration Act in 1906, estimates indicate that over 50,000 patent medicines were produced and purchased in the United States (Parascandola 1999).

The height of patent medicine popularity (1860-1900) coincided with a transition from home remedies and self-doctoring to professional medicine and prescription drugs (Cayleff 1990:324-325). Generally responsible for family care, women’s interest in and use of patent medicines aligned with a long-standing domestic self-help tradition. Notions of “female weakness” amongst the middle and upper middle class permeated the public discourse. These chronically frail and suffering women sought relief from physicians, but were also leading targets for nostrum purveyors (Cayleff 1990:324-325). Increasing industrialization and the myriad of health issues that accompanied factory work and urban dwelling contributed to working women’s desire for self-medication (Young 1961). As, mid to late nineteenth century public health reform efforts encouraged Americans to take responsibility for their own health, this rather unregulated patent medicine industry offered American women the opportunity to treat their own symptoms (Morantz 1977:494). Further, popular fears over the “heroic” methods of physicians and patent medicines’ expansive direct to consumer advertising encouraged the use of patent medicines (Parascandola 1999).
Patent medicine companies epitomized direct-to-consumer advertising (Dary 2008; Pinkus 2002; Starr 1982; Young 1961). According to historian J.H. Young (1961), “nostrum literature was piled on the counters of drugstores and country general stores. It was delivered to the doorstep of the home. It was sent through the mail, sometimes to special lists of addresses secured from storekeepers and clergymen…The patent medicine message might be encountered in mail order catalogs and in the back pages of new novels” (p. 105).

Additionally, the rise of the penny press and increasing literacy made newspapers a prime source for companies to market their products. Early in the nineteenth century newspapers shifted from partisan sponsorship to a greater reliance on advertising; by the Civil War, over half of such newspaper advertising was devoted to drugs or medicines of some kind (Marcellus 2008). Patent medicine advertising was sensational, entertaining, and often grim. Fear played a significant role in patent medicine advertising, often depicting suffering, death, and tragedy (Parascandola 1999). According to Samuel Thomas (1982), these advertisements mirrored and maintained the prevailing stereotypes of women as inherently ill. Early advertising campaigns promoted patent medicines as cure-alls, but later narrowed their focus to specific ailments as it proved more profitable (Applegate 1998).

Patent medicine companies and physicians experienced a tumultuous relationship in the late nineteenth century. According to Starr (1982), “nostrum makers were the nemesis of physicians” because they undercut the authority of the professional medical field (p. 127). Patent medicine advertisements exploited Americans’ fears of doctors’ invasive heroic measures such as bloodletting by arguing that their own pharmaceuticals were more humane (Conrad and Leiter 2008; Starr 1982; Young 1961). While claiming to be better than the typical treatments offered by doctors, patent medicine companies also claimed that doctors
readily prescribed their products. For example, the Lydia E. Pinkham company claims that physicians of the times were “prescribing” their Vegetable Compound when not “jealous of its power” (*Guide to Health* 1893). Ultimately, these companies distinguished themselves as inexpensive, efficient, and effective alternatives to doctors who required repeat treatments, required higher fees, and often could not ease one’s suffering.

Many doctors resented the competition from these companies; others recognized the profitability of the medicines and experimented with their own medicinal compounds (Dary 2008:269). Eventually, “regular” doctors used the AMA to limit the scope of patent medicine. In their attempts to gain professional standing and carve out their professional terrain, the AMA adopted a code that prevented direct marketing to the public. “Ethical” drugs of known composition, marketed specifically to physicians were more highly regarded (Brody 2007:139-141; Conrad and Leiter 2008; Stage 1979:181-186; 192-93; Starr 1982:128-129). Many doctors resented patent medicine companies’ direct marketing and preferred to align themselves with these ethical drugs marketed specifically to them (Conrad and Leiter 2008: 826; Starr 1982: 128-129). At the same time, patent medicine companies regularly advertised in medical journals despite the AMA’s attempt to prevent it. Due to Americans well-developed habit of taking medicine professional doctors and the laity regularly turned to patent medicines to cure everyday ailments (Young 1961). Given the vast direct marketing of patent medicines, physicians’ patients might request such medicines from their physicians, much the way patients in the early twenty-first century seek prescriptions for drugs advertised on television. By the turn of the century, the AMA frustrated with the widespread use of patent medicines and their sensational cure-all claims, initiated a campaign to challenge patent medicine quackery. The AMA distributed over 15,000 copies of the “The
Great American Fraud,” a muckraking report revealing the deception of the patent medicine companies in the years following its publication. Ultimately these efforts culminated in the passage of the 1906 Food and Drugs Act which limited the advertising claims made by these companies (Sobel 2002; Starr 1982: 127-129).

One of the most famous patent companies of the time, The Lydia E. Pinkam Patent Medicine Company, targeted women consumers. A Company in the New York Times claimed that its Vegetable Compound provided “the surest remedy for the painful ills and disorders suffered by women everywhere,” including fatigue, back pain, uterine disorders and the restoration of menses. The Pinkham Company (1873-1968) emphasized advertising throughout the company’s first 50 years, printing thousands of ads in newspapers. This company also made history in 1879 as the first company to use a woman’s likeness in advertising. Like many of the other patent medicines of the time, Pinkham products and advertising included medical and moral advice on health, etiquette, and beauty, publishing over 167 different pamphlets on these issues between 1893 and 1935 with titles such as “The Guide to Health” or “Women’s Beauty, Peril, Duty.”

After introducing the Pinkhams and the beginnings of their company, I address the messages presented in early Pinkham advertising, including their public view of doctors, their ideas on women’s health, and their standards for maternity.

**The Pinkhams and the Lydia E. Pinkham Company**

Lydia Estes Pinkham came of age in an era and environment of rapid social change and political activism. Influenced by the reform-focused, intellectual environment of New England during the 1840s and 1850s, Lydia’s ideological perspectives on women’s rights,
social progress, religion, and medicine greatly influenced the advertising and advice offered by her company later in her life (Hubbard 1915; Stage 1979:20-23). Understanding these ideological foundations provides the basis for understanding Lydia E. Pinkham’s history and the early years of the Lydia E. Pinkham Patent Medicine Company.

One of twelve children, Lydia was born February 9, 1819 to William and Rebecca Estes in Lynn, Massachusetts, a hotbed for social reform. Lydia’s parents considered themselves amongst the founders of Lynn and were active in the community’s social and political arenas throughout Lydia’s life. Lydia’s father, Billy Estes a shoemaker by trade eventually provided for his family as a “gentleman farmer” (Simmons 2002:397; Stage 1979). Like Billy, Lydia’s mother Rebecca supported Quakerism. The family was also strong proponents of the abolition movement, not a widely popular sentiment in the 1830s and 40s (Lewis and Newhall 1865:400-401). Important abolitionists such as William Lloyd Garrison, Frederic Douglas, and Lucretia Mott frequented Lynn and considered the Estes family friends and supporters. Lydia, a staunch abolitionist, left the Quaker meeting house with other “Come Outers” when the Quakers refused to support slavery abolition. She also joined the Lynn Female Anti-Slavery Society at age 16 (Stage 1979).

In addition to political and social reform, the Estes family also explored alternative religious doctrines. Lydia’s mother Rebecca introduced her family to Swedenborg theology, which attempted to reconcile science to religion and offered a more calming alternative to the Calvinist stories of judgment before an angry God prior to admittance into heaven. Swedenborg, a Swedish scientist, philosopher, and theologian, theorized that angels accompanied the dead to “splendid places” to examine their lives. Rather facing the judgment of an angry God, the spirit of the deceased determined their eligibility for heaven,
an environment for the spiritually aware (Casey 2009; McDannell and Lang. 2001 [1988]).

Lydia later turned to Spiritualism, which drew on the Swedenborg ideology of an afterlife which reunites the soul and nature. Spiritualism encouraged contact with the deceased, based on the premise that one’s soul rises after death. Refuting evangelical Protestantism, Spiritualism offered women positions of leadership and provided followers with the opportunities for pursuing the true life (Weisburg 2004; see also Passet 2003; Spurlock 1988).

The first biography of Lydia E. Pinkham was published in 1915, over 30 years after the incorporation of the patent medicine company and emphasizes Lydia E Pinkham’s commitment to women’s issues (Hubbard 1915). As a testament to the Pinkham Company’s empathy with women, the book opens profoundly with the statements “This is the Era of Woman. Today is Woman’s day. Everywhere we see women actively engaged in pursuits and occupations that were at one time practically the monopoly of men” (Hubbard 1915:7). While this may have been true in 1915, “The Woman Question” was hotly debated in the mid to late nineteenth century. Related to the Woman Question were a variety of social concerns including the right to property, marital rights, education, and women’s health, a particularly relevant concern for Lydia in her later life. Coming of age in “the poisoning century,” a term coined by a nineteenth century medical practitioner, Lydia distrusted doctors’ use of techniques such as bloodletting and skin blistering (Stage 1979: 45). She condemned their misuse of dangerous drugs such as calomel and morphine and believed that women were better suited to care for their own health. Lydia Pinkham viewed women’s health as essential to her success in other areas of life and as such also supported the temperance movement. Thus, the biography of Lydia E. Pinkham illustrates the changing
social context of the nineteenth century in which Lydia embraced reforms including suffrage, spiritualism, temperance, and abolition.

At age twenty-four, Lydia Estes married Isaac Pinkham, a shoemaker and unsuccessful real estate investor. Over fourteen years, they produced five children, all born in Lynn, Massachusetts (Hubbard 1915, SL LEP Box 120, Folder 2433). Described by Elbert Hubbard (SL LEP Box 120, Folder 2433) in true Victorian ideals as “mother and companion to her children” Lydia had a close relationship with her offspring. Lydia’s Quaker upbringing manifests itself as she instilled the value of frugality and education in her children. Given Isaac’s poor investments, at times the family was too poor to afford school books for the children. Out of necessity the family pooled resources to manage financially, with oldest son Charles leaving high school to help support his younger siblings. With Isaac often away on various financial ventures, the surviving children (Lydia lost one son in infancy) Charles, Dan, Will, and Aroline held a variety of jobs as they reached adulthood including soldier in the Union army, teacher, grocery store owner, peddler, cattle driver, and mail carrier. When financial trouble struck in 1873 and Isaac became too ill to work, Lydia and her children continued to work collectively to meet the family’s financial obligations.18

Like many women of the time, Lydia E. Pinkham collected medical lore, mixed botanicals in her kitchen, and consulted books such as the John King’s *American Dispensatory*, a complete listing of the pharmaceutical uses of various botanicals. Home medicating was a matter of course during this era of therapeutic confusion and Lydia Pinkham kept a notebook called “Medical Directions for Ailments” (1873) which contained common and unique folk remedies (Medical Directions for Ailments, SL LEP Vol. 537). In addition to Lydia’s own remedies, legend claims that Isaac Pinkham received, as partial
payment for a loan, a recipe purporting to cure female complaints. This recipe may have contributed to the Vegetable Compound that would later make her famous (Stage 1979: 27). Regardless of the relevance of this recipe, Lydia mixed various remedies in her kitchen and on the stove in the cellar and kept a small stock on hand for use by her family, neighbors and friends.¹⁹

As the family struggled between 1873 and 1875, they drew upon Lydia’s remedies for support. In 1875 the family devised a plan to sell the Vegetable Compound, convinced of its success in part by the fact that some affluent people traveled from Boston to obtain it (Hubbard 1915: 19; Stage 1979). Dan, Lydia’s outgoing son, initiated the business possibility and, with brother Will, became both the brains and brawn behind the family venture. Lydia and Will mixed the Compound on a stove in the cellar and worked on early advertising pamphlets for Dan to distribute on his route as mail carrier. Charles and Aroline turned over their paid wages to support the family and the fledgling project, including purchase of the necessary botanicals and alcohol (Stage 1979:31).

The Lydia E. Pinkham Medicine Company, formally incorporated in 1876, began from Lydia Estes Pinkham’s home remedies for female maladies associated primarily with women’s reproduction systems. The company’s primary product, Lydia E. Pinkham’s Vegetable Compound claimed, in no uncertain terms, to be a cure for depression, menstrual cramps, hot flashes, fallen womb syndrome and barrenness, amongst other things. Advertising emphasized the curative powers of Lydia E. Pinkham’s Vegetable Compound with such persuasion as “My Vegetable Compound is a positive cure for Falling of the Womb. It restores the blood to its natural condition... so that the cure is radical and entire” (Guide to Health 1893, italics in original; SL LEP). Claiming to be a company for women,
by a woman, the Lydia E. Pinkham Medicine Company eventually had manufacturing
centers in Canada and Mexico and exported its products worldwide.\textsuperscript{20}

The Company offered the Vegetable Compound in liquid and pill forms. The liquid
compound bottle stood about eight inches tall and came in a box with Lydia’s picture on it.
Instructions indicated that one tablespoon be taken four times a day, before meals and at
bedtime, throughout the month. The original formula contained unicorn root, life root, black
cohosh, pleurisy root, fenugreek seed suspended in alcohol (Album of Lydia E. Pinkham, SL
LEP Vol. 538).\textsuperscript{21} At one point, the Compound contained 18\% alcohol, and in later years, the
packaging indicated that “15\% alcohol used solely as a solvent and preservative.”\textsuperscript{22} While
the Pinkham’s advocated temperance, they believed that the preservative effect of alcohol
benefited their customers; therefore it failed to violate strictures against drinking (Stage
1979: 167-168).\textsuperscript{23} However, in response to at least one concern over the alcohol content,
Mrs. Pinkham advised her readers to use the Vegetable Pills rather than the liquid, indicating
that it did not have such preservatives. Future generations of Pinkhams recognized the
financial benefit of the Compound’s alcohol content. Lydia’s grandson Arthur bought a still
for approximately $1,100 and recovered $50,000 of alcohol from “spoiled” Vegetable
Compound, but there is no evidence that the original founders of the Company shared
Arthur’s anti-temperance endeavors (Stage 1979).

Patent medicine flourished during the late nineteenth century, but with intense
competition and some suspicion regarding their effectiveness, the fledgling Company sought
a new strategy for gaining market share. The proprietors of the Lydia E. Pinkham Vegetable
Compound turned to advertising to further their business. While Pinkham Company (1873-
1968) emphasized advertising throughout the first 50 years, with thousands of inches of
newspaper ads totaling over $158,000 in the mid 1880s and publishing over 167 different advertising and advice pamphlets between 1893 and 1935, the advertising campaign had meager beginnings (Pinkham 1959).24

Getting jobs at local printers, the sons began to print advertising and advice pamphlets. At first, her sons went to large cities and distributed four-page pamphlets titled Guide For Women advertising the Vegetable Compound door-to-door and at drug stores. Dan, distributing advertising pamphlets in the city, often went hungry, spending more energy on the advertising than his own health. Lydia’s grandson, Charles H. Pinkham Jr. (1959) authored a book that celebrates the early advertising efforts of the financially distraught family:

…advertising came first, even if it meant sacrificing his own health and comfort.

Developed under such conditions, an advertising policy had to be both realistic and economically profitable.

Stated simply, it was “to spend for advertising every last nickel that the family could earn, save, or borrow.” Little thought was give to what the percentage of advertising to sales might be. The family had a product to sell. It was a good product. The only way to get people to buy it was to tell them about it. The more people they told, the great the sales volume. It was as simple as that.25

Already advertising in newspapers, the company hired an advertising agent to help propel their company forward. With Dan peddling the drug in the cities, and numerous other patent medicines vying for sales, the Pinkham Company was met with skepticism and some even doubted the existence of Lydia Pinkham. Challenging such views, the company began their most famous campaign in 1879. Amongst the first companies to use a woman’s photograph in marketing, Lydia Pinkham’s picture began running in numerous newspapers.26 Advertising agent H.P. Hubbard described Lydia E. Pinkham as “a lady of very comely appearance, with a benign and motherly cast of countenance; her expression revealed natural refinement and
general intelligence” (Hubbard 1892). This grandmotherly appearance, coupled with Pinkham’s dedication to answer women’s questions, lent legitimacy to the Vegetable Compound proved to be a good advertising strategy. With skeptics arguing that Mrs. Pinkham was actually a myth rather than a real person, the decision to inundate newspapers with her photograph proved successful. Business began to boom and by 1881, sales of the vegetable compound totaled nearly $200,000. Within six months of using Lydia’s likeness in advertising, the proprietors were offered, but declined, $100,000 for the business and trademark (Hubbard 1892, SL LEP Box 163, Folder 3012).

A prominent fixture in late nineteenth century newspapers, with multiple ads running each week, Lydia E. Pinkham and her Patent Medicine Company became a national icon in the late 1880s. Newspaper ads identified symptoms of female ailments, disavowed doctors, provided testimonials to the Compound’s effectiveness, and encouraged women to write to Mrs. Pinkham directly with any health questions concerning them. This strategy framed Lydia E. Pinkham as a caring and educated woman, eager to help other women in need. Pinkham advertising was so prevalent in the U.S. (and later internationally) that college choirs sang about it as early as 1894 (Advertising Expense Ledger, SL LEP Box 88, Folder 784). The song, to the tune of “My Redeemer” represents the extent of advertising and some key claims by the company:

> There’s a face that haunts me ever, there are eyes mine always meet, as I read the morning paper, as I walk the crowded street.
> CHORUS:
> Sing, oh! Sing of Lydia Pinkham and her love for the human race how she sells her vegetable compound and the papers publish her face.
> Ah! She knows not how I suffer! Her’s is now a world-wide fame, but ’til death that face shall greet me. Lydia Pinkham is her name.
Several additional versus exists, including the following:

“There’s a baby in each bottle.” Thus the old quotation ran but you read in every Text-Book that you still will need a man (Letter, SL LEP Box 168, Folder 3140 January 26, 1959).²⁸

This song illustrates the extent to which the Lydia’s picture was used to sell the Vegetable Compound, as well as its importance for perpetuating “the human race.” Offering a solution in the Vegetable Compound, and framing Lydia E. Pinkham as friend and confident to women, advertising for the Company inundated New England cities.

The public, however, did not universally embrace Mrs. Pinkham’s face in their newspapers or the topics associated with the Vegetable Compound, nor did they accept her existence. Pinkham advertising’s candid discussion of women’s reproduction reached a large audience, but not without controversy. In a letter dated March 1880, a newspaper reader challenged Lydia and her advertising staff to rethink their campaign, including the negative effect the frank copy had on young children:

Lombard Ill 3-30-1880

Mrs. Lydia E Pinkham,
Madam,
If it is necessary that you should parade your portrait in every country paper in the United States can’t you in mercy to the nation have a new one taken once in a while? Do your hair a little differently say – have a different turn to your head & look solemn. Anything to get rid of that cast iron smile! You ought to feel solemn any way that your face pervades the mind of the nation like a nightmare & that you have become a bug bear to innocent children. Also that portrait is destroying the circulation of the newspapers. I have stopped my county paper to get rid of it & I know of several flourishing papers that have been absolutely killed by it. I think my words express the heartfelt desire of a long suffering people & that I am sustained in this request by the strongest public sentiment ever brought to bear on any subject!

Yours
T.G Scott²⁹
This letter is evidence of the extent and scope of the Pinkham advertising campaign under H.P. Hubbard, early in the Company’s incorporation. Hubbard’s business stationary states that “Judicious advertising is the Keystone of success,” and it certainly was the cornerstone of the Lydia E. Pinkham Company. After the death of the key founders of the company (Lydia, and sons Dan and Will) her oldest son Charles Pinkham played a more active role in the company. He hired a new advertising agent who took some of Lydia’s sincere attempts to educate women and manipulated them into the advertising that seems to have made her famous.

When Wetherald took over the advertising in 1899-1890, he proposed a five-prong approach to increasing the success of the Pinkham Company’s advertising efforts. The proposed campaign, which follows, will be illustrated in the analysis of the pamphlets in the next section. First, the words Lydia E. Pinkham’s Vegetable Compound must be included in bold type because “many women have forgotten the remedy; others have never heard of it. They must be made to see it and remember it.” Second: “Trade-mark. Most women don’t know what Mrs. Pinkham looked like. Too many don’t believe she ever lived. This situation must be remedied.” The ‘Bill-of-fare’ component refers to listing the symptoms of female maladies cured by the Vegetable Compound. Both newspaper advertising and the pamphlets depended heavily on this approach. Wetherald informed Charles that “women must be told again and again what the product will do. Every trouble that a woman has which can be cured by this Comp. should be listed and the women assured that the Comp. is a positive cure for such troubles.” Wetherald’s fourth proposal expanded the pamphlet “Guide to Health” to include etiquette advice with illustrations. He also proposed that they claim the booklet was written by Lydia E. Pinkham. He argued that “if a woman is healthy when she reads
Comp. adv’g., she won’t write for a booklet that just tells her how to keep well; but every woman wants to learn more about etiquette….Women will think they are getting something of more value if we make them send in two 2-cent stamps.” The final change he offered was to indicate in the advertising that the Vegetable Compound was available by mail order or as a “standard article” by all druggists. Wetherald’s campaign was ultimately initiated in all regards. This campaign clearly illustrated the business sense of the company and the ways the company could better situate Lydia within the heard of the advertising campaign that ultimately made her famous. While her sons resisted some of Wetherald’s original ideas, he ultimately won on most of them, creating the savior of the female sex at time when doctors were distrusted, women experienced physical discomfort as a result of their social positions, and newspaper reading flourished.

The Pinkham Pamphlets

The Pinkham Company published numerous advertising and advice pamphlets throughout the company’s history. Indeed the first advertising efforts from came in the form of a four page pamphlet addressing women’s health. During the years 1893-1935, these pamphlets represented only ten per cent of the company’s advertising budget, but had significant influence. The image of Mrs. Lydia E. Pinkham as a concerned, educated, and trustworthy woman was created and developed through these pamphlets. The rhetoric of Lydia’s own contributions to the early pamphlets attempts to endear her, and the product, to the reader by illustrating her concern for women, distrust for doctors, and knowledge of herbal remedies. Wetherald, the ad agent, elaborated on this mythical image of Lydia Pinkham, expanded the symptoms cured by the compound, and included etiquette advice
with the medical advice in these “Guides” (Stage 1979: 117-123). Available for sale, through mail order, or with bottles of the Vegetable Compound, the pamphlets sent important messages about women’s health. Outlining the negative consequences of women’s ill health and the poor outcomes from doctors, the Lydia E. Pinkham Company contributed to nineteenth century fears of women’s reproduction. The Company also attempted to encourage women to control their own health through empowering them to be the “hope of the race.” According to Company literature, maintaining one’s health allowed women to contribute to the betterment of the race and the progress of civilization, an important task given the prevailing problems from industrialization, increasing medicalization of women’s health, and social expectations of women’s passivity. Under the guise of Lydia E. Pinkham, advertising agent James T. Wetherald asserted himself as a social authority on women’s roles and women’s bodies.

The format of the Pinkham Company pamphlets generally included an introduction signed by Mrs. Pinkham reassuring readers of her credibility and indicating that she should be trusted. A statement or definition of various ailments, potential cures, and later testimonies on the curative powers and aid provided by the Company and its products then followed in the proceeding pages. As the company progressed, the ad agent, Wetherald, insisted that symptoms such as headaches and nervousness be listed on the Vegetable Compound bottle and in its ads. The messages equated these symptoms with things such as uterine cancer, which demanded treatment, or more specifically a “cure.” According to the pamphlets, the Lydia E. Pinkham’s Vegetable Compound offered the only viable cure. Following the listing of the symptoms, or sometimes on the adjacent page, testimonies from named women, sometimes accompanied by a photograph further attested to the Compound’s
effectiveness. These testimonies indicated a “female problem” and the relief brought by one of Mrs. Pinkham’s various products, the Vegetable Compound, the Sanative Wash, Blood Purifier, or Liver Pills. Pamphlets also often framed a response to the female problem from Mrs. Pinkham.

The pamphlets targeted women discontent with physicians’ misunderstanding of their situations. A number of the pamphlets have the headline “Read! The Truth Shall Make You Free.” In *Common Sense Talks with Women* (1900), the second page of the pamphlet bears the heading THE TRUTH in large bold letters. On this page, the readers are informed that in addressing Mrs. Pinkham you are communicating with a woman- a woman whose experience in treating woman’s ills is greater than that of any other living person, male or female. A woman can talk freely to a woman when it is revolting to relate her troubles to a man.

Messages like this one filled Pinkham literature and attempted to build camaraderie and loyalty between the Company and its clients. Whereas the physicians’ attempted to discount the advice of other women in order to establish their authority, the Pinkham Company used Mrs. Pinkham’s gender to gain her readers’ trust. Pinkham advertising attempted to empower women to share their female problems with a female healer, rather than a male physician.

To gain this trust, the pamphlets claimed that Mrs. Pinkham would dictate responses to customers’ letters through her team of female clerks. These statements are evident in the 1893 “Guide to Health. For the Women of the Nation” published ten years after Mrs. Pinkham’s death. *Common Sense Talks with Women* dated 1900, nearly 20 years after Mrs. Pinkham’s death, stated on page three in bold letters “All letters are received, opened, read and answered by women only.” The following paragraph clearly demonstrates the company’s emphasis on Mrs. Pinkham’s role in advising America’s women:
This is a positive fact— not a mere statement. It is certified to by the Mayor and Postmaster of Lynn and hundreds of thousands of women. Thus has been established the eternal confidence between Mrs. Pinkham and the women of America which has induced more than 100,000 sufferers to write her for advice during the last few months.

This campaign not only attempted to calm women’s fears of seeing a male physician, it also supported the idea that women’s health was a conscious choice, one that could be accomplished with the aid and authority of other women.

*Testimonies and Half Truths*

The Pinkham Company certainly recognized the positive effect of their advertising campaign. In addition to getting information of their product out, the company made a name for itself through answering questions from concerned women. In *Guide to Health* circa 1893-1894, available for 15 cents, the Pinkham Company solicited questions from concerned women while indirectly downplaying the importance of physicians. The pamphlets indicated that Mrs. Pinkham received nearly 100 letters a day from troubled women asking for advice or praising the effects of the Vegetable Compound. The Company pamphlets relied heavily on testimonials to sell their products. Testimonies outlined symptoms of female maladies, indicted physicians’ inability to cure the ailments, and praised the Vegetable Compound (Engleman 2003; Stage 1979). Testimonies such as these were increasingly common-place during the nineteenth century, however most patent medicine companies used prominent individuals to sell their wares (Lears 1994; Schweitzer, Marlis, and Marina Moskowitz 2009; Stage 1979).

The advertising “men,” particularly the Pinkham Company’s ad agent, Wetherald, played a key role in devising the pamphlets. Wetherald, with Charles Pinkham, expanded on
the “genteel tradition” and themes credited to Lydia Pinkham and the company’s former agent, H.P. Hubbard in the 1870s.³⁹ In a letter to Charley Pinkham, Hubbard admitted that he had some difficulty getting newspapers to publish the testimonies he had “made up from your letters” due to “their being a little rank. As long as they will take them, however, and they will sell the medicine, we will put them out.”⁴⁰ While Hubbard’s confession of fabricating the letters demonstrates the company’s manipulative tendencies, the use of testimonials in advertising was an increasingly common practice by the mid-nineteenth century. The Company realized that the testimonies offered their potential consumers someone with whom they could identify. Hearing these stories, fabricated or otherwise, may have empowered women to take action against their own ailments. Repeated exposure to the testimonials that permeated newspapers gave the impression that the company had a great support network, thereby further legitimating the Pinkham’s authority (Engelman 2003: 37-41).

Perhaps because of the widespread prevalence of testimonials in patent medicine advertising, the nostrums came under attack after the turn of the century. The patent medicine companies faced great skepticism as the nineteenth century wore on and the Pinkham Company was a ready target for criticism.⁴¹ Muckraking journalists and physicians aligned to challenge the validity, benefit, and safety of proprietary drugs, eventually passing the 1906 Pure Food and Drug Act (Sobel 2002; Stage 1979; Starr 1982; Valuck and Poirer 1992; Young 1961).⁴² In 1908, a New York Times article indicated that The Pinkham Medicine Company was charged with $6,000 in damages for using a woman’s photograph without her consent to accompany a fabricated testimony.⁴³ Indeed there may have been letters to the company, yet only a few exist in the Pinkham records.⁴⁴ Stage argues that “the company
built up its institutional posture by the conscious use of half-truths. Deception operated to
salve conscience and at the same time to improve company credibility” (Stage 1979:115).

Stage argues that “the company built up its institutional posture by the conscious use of half-truths. Deception operated to salve conscience and at the same time to improve company credibility” (Stage 1979: 115). The ploy of a woman-run company is another element of the half-truths presented by Wetherald and his companions. The company used advertising to introduce Mrs. Charles Pinkham, Lydia’s daughter-in-law, into the role of “Mrs. Pinkham.” Ads indicated that Mrs. Lydia Pinkham, informed Jennie B. Pinkham of the company’s records with an “analysis of every case ever brought to my attention” (Stage 1979: 115; *Lydia E. Pinkham Text-Book* n.d.). There is no evidence that this conversation took place, nor do the company records indicate any such analysis of female diseases beyond a randomly inscribed notebook entitled “Medical Directions for Ailments” written by Lydia in the early years of her business. The company correspondence department consisted of approximately thirty women assigned to responding to letters from concerned women, with the company-provided standardized response book which they copied verbatim (Stage 1979: 115). While this set-up was in process prior to Wetherald’s employment, his commitment to half-truths pushed the mythical Lydia E. Pinkham further, providing a scenario for readers who recognized that she would not live on forever.

These manipulations reflect the Pinkhams’ construction of boundaries between women as keepers of their own health and those who refused to seek the necessary advice to do so. The men of the company recognized the positive effects of claiming that Lydia E. Pinkham ran the business and presented it as such. In efforts not to be fraudulent, they designed the company to support loosely these assertions. The cultural objects presented by
the company emphasize women’s strength, both through pictures of Lydia E. Pinkham as the figure-head of the company and the expansive copy encouraging women that their ailments will be handled by their own sex.

In claiming that Lydia E. Pinkham was a “Savior of Her Sex,” Pinkham’s advertisements lauded her as an authority on women’s health. The pamphlets indicted blamed passivity, protracted labor, and debility as potential causes women’s illnesses. Pointing to these behaviors as problematic, the Pinkham Company encouraged women to change their behaviors in order to be healthy. While the Company supported women’s health generally, they also emphasized the importance of female health for women’s roles as caregivers and bearers of the race. Drawing on women’s maternity as a source of social empowerment, the company demanded that women take responsibility for their own health. With the cure-all Compound as a solution, the Company symbolically constructed those women whose health failed to improve as reckless and uninformed.

“I Hate to Ask My Doctor”- Physicians, Friend or Foe

Central to the Pinkham Company’s advertising campaign was the idea that women were increasingly dissatisfied with physicians and women should take responsibility for their own health. The Company exploited women’s fear and lack of confidence in doctors to further the company’s sales. The discourse against doctors challenged their increasing authority, as well as the contemporary ideology of women as delicate and frail. At the same time, Pinkham advertising reinforced both of these assertions. In Guide to Health and Etiquette, a full page addressed the issue “I Hate to Ask My Doctor” and defined male
physicians and their lack of primary experience with women’s ailments as women’s peril. In
the pamphlet Womean’s Beauty, Peril, Duty (1893), the company asked:

Would a man suffering from a private disease seek a female physician? No! Why?
Because man’s sense of decency would forbid it, and his common sense would tell
him that, no matter how learned the doctress might be, her knowledge could only be
theoretical. Why, then, should a woman seek a male physician where the conditions
are precisely the same. Here lies woman’s peril.47

The Pinkham Company criticized contemporary expectations of women seeking treatment
from male physicians when the same was not expected of men. The solution, of course, was
to turn to the Pinkham Company advice and Vegetable Compound. Another Pinkham
Pamphlet, Guide to Health (1893.) informed readers that “there is no excuse for those who
reject assistance ‘when it comes from a woman’” because that assistance would be
successful.48 The first chapter of Lydia E. Pinkham’s text-book, “For Women Only,”
reinforced the idea that women are better suited to assist other women. The first sentence
states “Some things can be best and most freely spoken of only by woman to woman” (Text-
Book n.d.:5).49 Constructing the Company as a friend and confident, this type of advertising
created a sense of empowerment or support for Pinkham’s consumers. Much like the
physicians’ advice books, the text-book chapter idealized Lydia Pinkham as a
knowledgeable, helpful friend to women, yet, this very manuscript contains handwritten
margin notes from Dr. Adelbert Elone, regarding the content and company records indicate
the doctor was paid $100 by the company for his notes on the diseases. This example
illustrated the entwined relationships between patent medicine companies and physicians. It
also demonstrates the construction of boundaries between health-conscious women and their
physicians.
In *Guide to Health and Etiquette*, a full page is devoted to one woman’s success with Lydia Pinkham’s advice. The pamphlet states:

No more doctors for me! They told me I was consumptive, and sent me to Florida. I was to keep quiet, and no tennis. Just to think of it! One day I picked up a little book by Lydia Pinkham, and after reading it, knew precisely what ailed me. So I wrote to her at once, and got perfectly lovely letter in reply. She told me what to do, and I did it. My health now is splendid, thanks to her.\(^{50}\)

Many testimonials printed in the Pinkham Pamphlets reinforced women’s discontent with doctors. Thus in pamphlets such as *Guide to Health*, Lydia E. Pinkham is lauded as the “Savior of her Sex” because of her ability to advise women on how to relieve their long-standing pains in such elementary ways and because “she has no higher ambition than to do good to others.”\(^{51}\) The advertisement attempted to distinguish Lydia Pinkham’s altruistic advice from that offered by socially and financially ambitious physicians.

Several pamphlets include a letter signed “Yours for Health, Lydia E. Pinkham” in which readers learned of the dangers doctors presented in treating “falling womb,” a highly advertised and seemingly common-place ailment of women.\(^{52}\) These pamphlets reinforced women’s fears of physicians through a detailed discussion of their treatments of this disease, stating, “The usual treatment for falling, and ulceration of the womb, is both indelicate and barbarous, and productive in many instances, of fatal results.” The letter goes on to critique the use of speculums and warns that “the skillful physician should be wiser than to believe that the healing of a sore on the surface of the skin, removes the cause of the sore in the blood.”\(^{53}\) These advisements imply that if Lydia E. Pinkham did not offer her advice and alternatives, then women would continue to suffer at the hands of quacks and butchers. After reinforcing the success of the Vegetable Compound in returning the uterus to its proper
position, thus allowing uterine tumors to dissipate, the letter concludes that “skilled physicians recommend and prescribe it except where jealous of its power. Some even buy it in quantity and give it to their patients in plain bottles!”

Again, invoking the legitimacy of “skilled physicians,” the Pinkham Company bolsters its own authority. These examples further demonstrate the tumultuous relationship between the patent medicine companies and the physicians as well as the fear-empowerment discourse employed by the Pinkham Company. In this one section of the pamphlet, the Pinkham Company established a fear of doctors and offered an alternative in order to avoid a dangerous interaction.

Placing responsibility, or perhaps blame, on women, Pinkham advice pamphlets also implicated women in the increased professionalization of the medical vocation. “If American women understood themselves, doctors would be obliged to seek new fields of labor.” The contradictory messages illustrate the contested relationship that the company negotiated with physicians. Simultaneously trying to seek out those who fear doctors through criticizing their methods, the company also attempts credibility through claims that doctors recognize the value of the Vegetable compound.

Women experienced intense discomfort and abdominal pain from a variety of ailments like ovarian cysts or distended abdomens, yet there was no consensus amongst gynecologists regarding effective treatment (Morantz-Sanchez 2000). Women could seek multiple doctors, receive a variety of opinions and still suffer from their ailments (Morantz-Sanchez 2000). Additionally, in the mid nineteenth century, doctors’ medicines, calomel and laudanum, often contained mercury or other poisons were potentially fatal. Women suffering from the array of symptoms posed in the Pinkham guides were likely to turn to an alternative with such success claims from women with whom they can identify.
The Pinkham Pamphlets claimed to provide an alternative to physicians, yet in the Text-Book it states that “in those rare cases involving some knotty point which she [Lydia E. Pinkham] could not answer as she wished, she consulted a good physician and kept notes of what he said.” Thus, given the increasing professionalization of doctors and the specialty of gynecology, the Pinkham Company utilized them as a resource for their own credibility while also discrediting a number of seemingly common medical procedures (McGregor 1999; Morantz-Sanchez 2000). The tumultuous discussion of physicians in these pamphlets further demonstrates the company’s paradoxical discourse. While it seems that the messages of the Lydia E. Pinkham Medicine Company attempted to empower women by providing opportunities to discuss their female reproductive problems, the company also consulted medical authorities as a means to enhance its own social status and validity. Given the prevalence of the Pinkham advertising in newspapers, it’s likely that the Pinkham Company’s statements of physicians simultaneously reflected and influenced women’s perceptions of doctors.

The Pinkham Company asserted itself as an authority on pregnancy, amongst other things, and disseminated messages that constructed women’s difference from men based on the ability, and duty, to bear children. The Company’s advertising symbolically differentiated between those who were proponents of women, such as themselves, and those who were less sympathetic, such as doctors. At the same time, the company pointed to the importance of doctors for pregnancy or more serious ailments, thus illustrating an overlap in the discourse on reproduction. Making these distinctions validates the Vegetable Compound as genuine and effective cure for women’s female disorders. Additionally, the Company effectively distinguished between strong and useful women and those who fail to educate
themselves on health matters. During this time, unwed pregnant girls were a sign of moral and social failure, a threat to the upper classes (Beisel 1997; Fuchs 1992; Walkowitz 1992). The Pinkham Company expanded that category to include weak and unhealthy women. The Company discriminated between moral, knowledgeable, self-less mothers and immoral, ignorant, selfish women who refuse to understand their reproductive incapacities. The next two sections explore these distinctions through examining their advice on women’s responsibilities to health and maternity.

“*Strength is Never Born of Weakness*”

Pinkham advertising emphasized health as imperative to the continuation of American society and framed the company as health educators more qualified than doctors. Playing on women’s social power as mothers, the Pinkham Company employed typical language of the Victorian Era to set nearly unattainable standards for women. Pinkham pamphlets, like the physician-penned advice books and the free love reform literature, expressed a natural connection between women’s mental and physical health and morality with that of their children, born or otherwise. The following passage in *Guide to Health and Etiquette* represents the ways that the Pinkham Company articulated the connections between women’s bodies, actions, and emotions to reinforce the expectations that women should embrace strength and health rather than the common image of the frail or hysterical women. Perfect womanhood, the Pinkham Company claimed in *Guide to Health and Etiquette*, was essential to the continuation of humanity:

The normal life and well-being of mankind depend upon the physical health and perfection of WOMANHOOD,—the harmony of the vital powers, mental faculties, and organic functions in her constitution…Since upon the proper distribution of the subtile [sic] forces of her body—the harmonic action of the organs, which is health—is made to depend, it will be perceived that without these prerequisite conditions it is
physically and morally impossible to preserve the integrity of the race. No truth in physiological science is susceptible of clearer demonstration than the fact that the mental state, moral character, and physical condition of the mother inevitably determine the important faculties and essential qualities of her offspring. If she is feeble, it is impossible that her children should be strong. Here is a great fundamental principle, susceptible of universal application…. Humanity offers no exception to this all-governing law. Strength is never born of weakness, nor health of disease.57

Weak women, by Pinkham accounts, will result in weak children, causing a drain to the society. Invoking hereditarian ideology and science, the Company’s assertion that women’s mental, physical, and moral characteristics influence their children aligns with that of doctors. While Pinkham advertising incorporated science a great deal less than either the physicians of the free love reformers, their assertion that “strength is never born of weakness, nor health of disease” illustrates the prevailing hereditarian ideology of the time. For the Pinkham Company, this discourse encourages women to address their own physicality in order to produce healthy children. In fact the pamphlet No Wealth Like Good Health (1896) claimed, “To be healthy is a duty a woman owes to herself and to her coming children.”58 The implication was that all women wished for healthy children, thus they needed to meet the standards of perfect womanhood. Here, the Pinkham Company reflected the same emphasis on women’s health and importance to humanity as that presented by the doctors.

Hereditarian thought permeated the nineteenth century discourse on reproduction, yet each social authorities incorporated it to advance their own agenda.

“Weakness Never the Source of Power,” a chapter title in Guide to Health, further reinforced the Pinkham Company disdain for frail women. The title also implied that with a woman’s strength came power. Numerous other pamphlets framed women’s strength, socially, physically, and morally, with health. In Guide to Health. For the Women of the Nation, the Pinkham Company instructed women that “we are responsible for health as for
morality. Health and strength depend upon our manner of life, and knowledge of its immutable laws and obedience to them.”

According to the *Lydia E. Pinkham’s Private Text-Book Upon Ailments Peculiar to Women*, “Ignorance often leads to ill-health, and sometimes to permanent invalidism.”

The newspaper ads and guides offered women their health as a means of social power, however with this health came great accountability. The Company required “obedience” to natural law and education on all matters of health. This paradox appears throughout the pamphlets. While women were responsible for their own health, the underlying message eschews empowerment, and warns of possible distress to one’s family instead: “It is every woman’s duty to be healthy, vigorous, and strong. If through neglect, she fails to perform this duty, her punishment will be severe. And she is not the only sufferer—the friends and loved ones of the frail, ailing woman must share her burden of ill health.”

Messages such as this ferment the boundary distinctions between healthy, moral women and their irresponsible counterparts. Pinkham discourse, like that offered by physicians, invoked natural law to claim that women must be strong to fulfill their roles as caregivers. According to the physician-advisors and the Lydia E. Pinkham Company, women’s illness became a burden to those around her, thus illustrating her failure as a woman.

The Pinkham Company claimed to have broken the “general ignorance of that class of disease which were fast unfitting woman for the high duty of continuing the race,” referring to their open discussion of women’s reproductive ailments.

In *Woman’s Triumph*, the Company declares that Lydia E. Pinkham’s honesty, sympathy, and dedication to women has been central to “plac[ing] the preservation of the health of women in their own hands.”

Thus, education was the key to women’s preservation, health, and beauty and essential to
limiting doctors’ dangerous practices. *Women’s Beauty, Duty, Peril* (1895) instructs:

“Women must learn sooner or later that ‘a woman best understands a woman’s ills;’ and their self-respect alone will do much to bring about a revolution in the present system of malpractice to which the women of to-day are victims. Woman, “know thyself.”64 Not only should women “know” themselves, it also became their duty to educate less enlightened women on reproduction and the relief offered from the Vegetable Compound. Ads boasted that the Pinkham advice and Vegetable Compound united women across class lines:

> Women are solving the problem of self-preservation. Mrs. Pinkham has taught them that a great majority of cases of female disease are curable; how to interpret the symptoms, and what means to take for permanent relief. She has taught them that timely action is the key to woman’s health and beauty. By her system of correspondence, the poorest working girl or woman is enabled to obtain advice free of charge, and can cure herself, and save large doctor’s bills. She has proved to them by thousands of examples that Nature makes but few mistakes, that women are fruitful, and that Sterility (barrenness) is dependent upon a cause easily removed, and the joy of motherhood realized.65

Pinkham copy problematized work in the industrial age, claiming that some of the worst cases of female disease exist among young women “employed in our fashionable dry-goods, millinery, and other stores” where they stand all day and lose their jobs if they complained. This work, if not fatal, renders women “unfit to assume the obligations of maternity.”66 Late nineteenth century reformers expressed increasing concern about the potential reproductive problems faced by working women (Hepler 2000). Indeed workplace hazards like lead increased the likelihood for stillbirths. The Pinkham Company’s incorporation of these fears points to its reformist beginnings. At the same time using these fears furthers the Company’s assertions that all women, regardless of social class or lifestyle, would benefit from their product.
Regardless of occupation, maid or mother, women needed to be knowledgeable of the symptoms of reproductive ailments; their morality depended on it, and the Pinkham Company willingly provided it. Crossing class boundaries here, the Pinkham Company argued for the health of working class as well as middle class women. Pinkham’s teachings provided a network whereby girls and women without the means to pay for physicians might also find relief from their suffering. Permanent relief from female disease was available to women who educated themselves according to nature. Reading Mrs. Pinkham’s advice educated women, even the underprivileged, in the laws of nature and the proper conduct to become morally just mothers of the race, while taking the Vegetable Compound ensured that women’s bodies were fully prepared for such tasks.

The Pinkham Company’s reliance on women’s lack of understanding of their own reproductive processes formed the basis of the advertising campaign. In one of the first pamphlets published, the company defined “woman’s peril” as the “general ignorance among women of a class of diseases which are fast unfitting them for the high duties of continuing the race.”67 Women’s ignorance of their bodies and various female complaints “is a deplorable fact, and especially in a nation where female intelligence on all other subjects is so marked.”68 While women were applauded for their intellectual abilities, women’s knowledge of menstruation, pregnancy, barrenness, and other female ailments remain mysterious because “works for popular distribution have shut out this subject through considerations of delicacy, and physicians to a great extent conceal information that every woman should possess. Hence this fearful ignorance.”69 These statements illustrated the shortcomings of women and physicians when it came to reproductive matters. Further, the statement implicitly referenced other social authorities on women’s reproduction, specifically
the debates over sexual education which permeated Victorian society. On one hand, social purity reformers felt that knowledge of reproductive and sexual processes would lead to further vice and deviance (Beisel 1997; Horowitz 2002). Others, such as those affiliated with the free love movement and women’s education movements, believed that sexual education would end women’s enslavement to men (Harman 1907; Heywood 1878; Woodhull 1871). In this way, the Pinkham Company aligned with reformers arguing for women’s rights.

Accounts of Lydia Pinkham claimed that “She believed that health was largely a matter of habit, and claimed that every one should search out for himself that which maintain or restore the body to its natural healthfulness. She believed, however, that in her medicine she had a medium that was helpful to those who were suffering from the ailments peculiar to women” (Hubbard 1915:29). Again, the Pinkham Company invoked nature and behavior as an indicator of one’s health. Further, citing Lydia Pinkham’s own perspective on women’s health and habits, the Pinkham Company established itself as the woman’s authority, confidant, and truth-sayer, dedicated to ending women’s “fearful ignorance” and saving the human race.

With this end to ignorance, women were held accountable for their own health as well as that of their children and husbands. Much like the doctors discussed in the previous chapter, the Pinkham Company expected women to be the health care providers in their families. Whereas doctors expected women to understand natural law and seek their advice, the Pinkham Company expected women to know when the Vegetable Compound would work positively with the natural laws of health and therefore improve women’s ailments. In addition to furthering sales of the Vegetable Compound, the future of humankind demanded women’s knowledge of their own health.
The Pinkham Company emphasized education of female maladies and the potential cures, especially the Vegetable Compound. The messages presented, more so as the years progress, indicated that “good and moral” women were responsible for their own health and those who continued to suffer from female maladies such as falling womb, sterility, or pregnancy disorders were careless, ignorant and/or burdensome. The boundary distinctions between women ultimately resided in issues of mothering, a topic that the Pinkham Company repeatedly addressed in advertising and advice pamphlets.

“The Mother is the Architect of Man”

As the “highest office” for the “female sex,” Victorian social authorities (and some members of the public) viewed mothering as the source of women’s social power. Motherhood and health went hand-in-hand, both are prerequisites for perfect womanhood and both bring joy and strength to women. An advertisement running in 1898 titled “Healthy Maternity” advised women on the requirements of maternity: “The climax of life force in woman is capable motherhood. The first requisite for a good mother is good health. Health of body means health of the generative organs.” Health of the generative organs was necessary for “capable womanhood” and the reproduction of the race. As illustrated by the other themes of Pinkham advertising, the lack of trust in medical doctors required that women take their health into their own hands. Pamphlets threatened that women’s lack of responsibility for their own health resulted in barrenness, sterility, and the demise of civilized society, not to mention personal failing and sorrow. Maternity, cast as women’s ultimate goal and desire, represented true womanhood.
An 1896 newspaper reminded women that “reproduction is a law of nature, and no picture of joy and happiness can equal that of the vigorous mother and her sturdy child.” Maternity, then, is a natural condition, one which required and reinforced strength. Indeed the Text-Book states in no uncertain terms, “Woman is designed by Providence to be a mother…it is to this end that woman is endowed with all that makes her woman.” The Text-Book presented mothering as instinctual to women, the natural order of things:

Whether they actually become [mothers] or not, they still have that physical mother-nature of woman, and they must know how to preserve this in health, or else suffer grievously. But the charge that women do not wish to become mothers is one of the greatest of many gross and unfair libels which women have had to endure in silence. They are the few and unnatural who would not prefer this normal privilege of womankind.

This passage clearly distinguishes between groups of women, those who are natural and desire motherhood and those unnatural few who do not.

“Happy Mothers and Healthy Children” were a guaranteed result, according to an ad from 1898: “Lydia E. Pinkham’s Vegetable Compound goes straight to the cause of all female troubles and assures a healthy maternity.” Pinkham advertising described maternity as the root of women’s happiness and emotional well-being. The “Joys of Maternity,” promised women healthy motherhood in bottle form. Ad copy claimed that the Vegetable Compound:

possesses those health giving properties so absolutely essential to both mother and child. By their use nature is aided in its work; the mother is enabled to nourish and care for her little one, and to transmit to it her vigorous health. She rejoices to see her offspring daily grow in strength and beauty, and the spirits of both mingle in one great burst of joy and gladness. The reverse is the oft-told story of the sickly mother and puny child.”

Using the compound aided nature and prepared and provided women with “health giving properties” to pass on to the children. The copy invited women to experiences the
joys of maternity through the health and beauty they passed to their children. The Vegetable Compound allowed women to avoid producing a “puny child.” For the Pinkham Company, women’s health was “The Hope of the Race.” Women’s “highest office” was that of motherhood, according to Women Friends in Council.75 Furthermore, the good “wife is glad to do all that lies in her power” to ensure pregnancy, including “see[ing] to it that her bodily health is of the best and that her organs of reproduction are in fit condition.”76 The Text-Book reminded women of their social importance, claiming that “should our women not become mothers, our country would disappear, and America fade into the past as have Greece and Rome.”77 Women were the future, as long as they remain mothers.

The mothers must be strong, they must be healthy, or their children will be weaklings, and future generations fail to equal those of the past. The existence and the character of all future generations is dependant upon the mothers, especially upon the health of the mothers and their physical fitness for motherhood.78

Whereas physicians spent a great deal of time articulating the potential ill effects of heredity on the unborn child, the Pinkham Company’s nearly myopic emphasis on physical fitness for maternity was the foundation for both the fear and empowerment components of their discourse.

Pinkham advertising, liked doctors and Free Lovers, attempted to equate women’s reproduction with social power by defining motherhood in terms of women’s broader importance to society. “We must never forget that ‘the hand that rocks the cradle rules the world.’”79 Given the social situation of separate spheres, the idea that men are active in the public sphere, including politics, and women in the private domestic sphere, this statement attempts to open the nursery doors to allow women some room in the public sphere. However, that movement is limited to those who bear “healthy” children. Unlike the Free
Lovers who celebrated motherhood in their attempts to challenge the social position of women, the Pinkham Company’s praise of mothering focused on the individual woman. Accountability for one’s health and her child rested with the individual, not with the broader social relations.

The Pinkham Company encouraged women to seek cures for the ailments of “their sex” because “The Mother is the Architect of Man” and women’s mental, physical, and moral capabilities provided the seeds of their children’s traits. Establishing the standards for “true womanhood,” the Pinkham Company empathized with women incapable of conceiving and bearing a child, while still insisting that a woman’s responsibility to health was the most important criteria for maternity:

Every true woman has within her heart the mothers’ love and selfish indeed is the wife who does not hope and long for a child of her own. Statistics show that about one woman in every ten is unfruitful, although this is not sure evidence that the failure to bear children is her own. However this may be, the wife is glad to do all that lies in her power to bring about this happy event. She will see to it that her bodily health is of the best and that her organs of reproduction are in fit condition to fulfill the highest office.

“True women” desired maternity, therefore they worked diligently to guarantee the appropriate functioning of their reproductive organs. On the contrary, “a wife who does not hope and long for a child of her own” was considered “selfish” and not a “true woman.” Clearly distinguishing between “true” women and “selfish” or irresponsible women, the Pinkham Company reinforced the cultural expectations of middle class maternity.

The Pinkham Company advertising reinforced these Victorian ideologies, offered advice to facilitate women’s proper achievement of motherhood and emphasized women as the moral guardians of society. Describing women’s health as “The Hope of the Race,” these pamphlets considered women an important resource for the nation, imposing specific
standards of bodily comportment prior to, during, and after pregnancy. The pamphlets presented motherhood as the primary goal and achievement for women, one they must pass on to their daughters, as well. Women’s physical health was an important resource for the state and essential for perpetuation of the social class structure. The company had an important economic stake in women’s reproductive health as well. While the Company spent a great deal of time explaining that women must end reproductive suffering in order to bear and raise healthy children, the issue of pregnancy remained underrepresented. Only about half of the pamphlets published before 1900 specifically addressed the issue, yet medical authorities of the time claimed that women’s behaviors during pregnancy had important and direct effects on their unborn. While the Pinkham Company maintained that the Vegetable Compound would cure any discomforts associated with pregnancy, claimed it was “a boon in pregnancy,” they also conceded a great deal of authority to the medical professionals.

“A Boon in Pregnancy”

In addition to discounting doctors, embracing women’s responsibility for health, and dictating standards for motherhood, the Pinkham Pamphlets addressed a variety of female maladies including pregnancy and sterility. Their advice on these issues includes symptoms of discomforts in pregnancy as well the broader theme that women should become pregnant. According to the pamphlets, pregnancy and motherhood are God’s work.

In a most important sense, woman is the architect of God’s noblest work. Through all the period of gestation Nature works at the citadel of life to build up the new temple of a living soul. If the organs of her body are defective, and their functions feeble and inharmonious, Nature builds but a frail structure, that, failing to answer the proper objects, and ends of life, is doomed to a brief existence of suffering and to perish prematurely. This is the sad history of millions of human beings, imperfectly generated, and born of mothers whom constitutional weakness and disease had rendered unworthy to assume the important responsibility of maternity.
Here the Pinkham Company draws again on natural law to set up the need for their products. The Pinkham Company’s use of nature invokes religion, more so than the physicians. Whereas the physicians supported much of their discussion of nature with references to evolutionary or hereditary theory, the Pinkham Company invokes God. This quotation invoked fears of infant mortality, resulting from the mother’s poor health. “Millions of human beings,” the Company warned, lived too short lives because their mothers were “unworthy” of maternity. Here the fear element, reminiscent of the doctors’ fear rhetoric, shows. Pinkham consumers learned that “Nature…works to build up the new temple of a living soul,” but one’s own organs might be too “feeble” to assist it. Women might have “naturally” imperfect reproductive organs, which they should know prior to conception, thus requiring them to seek alternatives to assist nature in its endeavors. Incorporating women’s religious devotions, the Company reminded its readers that “the Almighty meant every wife to be fruitful and human interference alone prevents the consummation of His design.”83 The advertising implied that women’s behaviors (human interference) complicated conception and pregnancy. If one’s behaviors challenged “His design,” a change in activities and help from the Vegetable Compound could aid in reproduction. Indeed, the Company claimed that nine of ten cases of barrenness were curable, many by use of the Vegetable Compound.84 Given the Company’s insistence that maternity was woman’s natural desire and divine will, they argued that women lacking the desire to be mothers challenge both the natural and moral order. Whereas doctors invoked science to lend legitimacy to their theories of natural law, the Pinkham Company relied on religion. The Company implied that women without children wanted a solution to their sterility and reminded readers that “many a darling baby owes its existence to Mrs. Pinkham’s advice and the Vegetable Compound.”
Just as the Pinkham Company upheld the “joy of motherhood” as women’s primary goal, they presented barrenness as women’s ultimate failure. The nineteenth century witnessed the “discovery of the child” and parents’ attitudes towards children shifted towards the sentimental (Ehrenreich and English 2005 [1978]: Chapter 6; Maine 1995: 39). Romantic love emerged as a basis for marriage and parents came to view their children as “love tokens” (Lystra 1989: 77; Maine 1995: 39). Childlessness surfaced as a problem during the nineteenth century as individual happiness, and the wellbeing of society, depended on the appropriate bearing and rearing of the next generation. In addition to the individual level concerns over childlessness, social changes also influenced fears over women’s sterility (Maine 1995:11). “Reproductive manipulations” allowed Anglo-Saxon middle class couples to curb their childbearing, and as such the population amongst this group declined significantly at the same time that millions of immigrants, with higher fertility rates, entered the country. By 1900 a “race-suicide” panic erupted, after which childless Anglo-Saxon couples were suspect. The Pinkham Company incorporated these concerns over childlessness into their advice and advertising literature (Maine 1995: 18). “With a baby in every bottle,” the Vegetable Compound provided women the means to reach true happiness, express their love for their mates, and contribute to the citizenry of the nation. An entire page is devoted to the issue of sterility in the pamphlet “To the Women of America.” The Pinkham Company argued that homes with love, congeniality, wealth, influence, social status and happiness may exist, but “what would not the barren couple exchange for the music of a baby voice, the dainty touch of a dimpled hand, the untold happiness of parentage!” This sentiment reflects the May’s assertions about the changing notions of love and children’s significance for paternal happiness.
Concerns over sterility permeated Pinkham advertising. An 1896 ad with the heading “The Joys of Maternity,” asked “Why so many women are childless- A problem that has puzzled physicians for centuries.” The Pinkham Company questioned doctors’ inability to cure women’s sterility given the ease with which the Compound could aid in conception. Claiming that physicians had explored the causes of sterility for decades challenged their authority on the issue. The *Text-Book*, on the other hand, diagnosed the causes of barrenness as “displacement of the womb, constriction of the tubes leading from the ovaries, local catarrhal conditions, obstructed menstruation, and abnormal growths or tumors,” the ailments primarily target by the Vegetable Compound. Luckily, the Vegetable Compound “acts as a cure for all these evils.” The causes of sterility, according to the Pinkham Company were the very illness that doctors struggled to cure. The Pinkham Company viewed the physicians’ remedies for sterility ineffective and offered their advice instead.

The Pinkham Company sympathized with women’s reluctance or failure to discuss reproductive concerns or degenerative organs with physicians, yet they failed to excuse women’s lack of knowledge as justification for sterility or problematic pregnancy. Women no longer needed to wait for doctors to cure them they could turn to *Lydia E. Pinkham’s Text-Book* for assistance. To address sterility, women learned they must first get themselves healthy and in a normal condition as “it might be an extremely unfortunate thing both for mother and child, if children could be born from women having abnormal conditions of body which now prevent such a result.” Once this occurred, and the woman deemed “fit to have children,” Pinkham advertising claimed that there was little concern over infertility. Such statements inferred hereditary transmissions of health from mother to child. While the language of fitness aligned with the early eugenics discourse of the era, the Pinkham
Company reinforced the notion of general health and healthy reproductive organs over the more scientific theories of “like begets like.” Women, according to Pinkham, could improve their health rather than being prey to their unnatural constitutions. Once one’s health resumed, likely through proper diet, exercise, and the Vegetable Compound, then sterility would resolve itself and women could then produce a healthy child.

Combining a sense of fear with testimony to the success of the Vegetable Compound, many of the Pinkham ads running in the late 1890s resembled the one below.

Sorrows of Sterility.

Motherhood is woman’s natural destiny. Many women are denied the happiness of children through some derangement of the generative organs. Actual barrenness is rare. Among the many triumphs of Lydia E Pinkham’s Vegetable Compound is the overcoming of cases of supposed barrenness. This great medicine is so well calculated to regulate every function of the generative organs that its efficiency [sic] is vouched for by multitudes of women. Mrs. Ed. Wolford, of Lone Tree, Iowa, writes: “Dear Mrs. Pinkham-before taking Lydia E Pinkham’s vegetable compound I had one child which lived only six hours. The doctor said it did not have the proper nourishment while I was carrying it. I did not feel at all well during pregnancy. In time I conceived again, and thought I would write to you for advice. Words cannot express the gratitude I feel towards you for the help that your medicine was to me during this time. I felt like a new person, did my work up to the last, and was sick only a short time. My baby weighed ten pounds. He is a fine boy, the joy of our home. He is now six weeks old and weighs sixteen pounds. Your medicine is certainly a boon in pregnancy.”

This testimonial advertisement reiterated the Pinkham Company’s equation of maternity with women’s destiny and illustrated May’s assessment that children increasingly symbolized happiness during the nineteenth century. Further the testimony detailed a Mrs. Wolford’s suffering and the positive results she experienced after adapting to the Compound. This advertisement supports Historian Jackson Lears’ argument that patent medicine testimonials of the nineteenth century followed patterns of evangelical culture in that the “converted” testified to “deliverance from suffering” (Lears 1994:143). In the case of patent
medicine companies, the body, not the soul suffered from disease rather sin. In the Pinkham testimonial, the Mrs. Wolford’s suffering was both physical- her pain and illness during pregnancy, and emotional- the loss of a child. Delivered from her suffering, and having produced a healthy ten-pound son, Mrs. Wolford proselytized about her conversion, proclaiming that the Compound “is certainly a boon in pregnancy.” These evangelical testimonials played a significant role in constructing the Pinkham Company’s fear-empowerment paradox. Further, the dismissal of the doctor in this scenario demonstrates the Pinkham’s construction of physicians as cold and the Pinkham Company as a caring confidant. When advice from doctors was not fruitful, Mrs. Pinkham’s Vegetable Compound was. Further, Pinkham advertising provided women with “photographic evidence of the value of Lydia E. Pinkham’s Vegetable Compound in cases of sterility” in pamphlets such as *More Facts with Proof* which included pictures of four infants.91

Nearly all of these testimonies denounced doctors, claiming that they were unsuccessful in treating the discomforts of pregnancy. The following testimony identified from Mrs. Ida Treff of Leavenworth County, Kansas is typical of those under the “Pregnancy” heading in the pamphlets:

Soon after marriage I became pregnant and was miserable all of the time. Had three physicians, but at six months I miscarried. I became pregnant again, had the same bad feelings, and the doctor’s medicines did not do me a bit of good. My husband procured Lydia E. Pinkham’s Vegetable Compound. It built me right up, and I took it up to the time of confinement, and had an easy time at childbirth, and am to-day as well as any one…I truly believe if it had not been for your advice and Vegetable Compound that I would not have had him to-day.92

At only $1.00 a bottle, Lydia E. Pinkham’s Vegetable Compound was a bargain for a healthy child after repeated doctors’ visits. The reference to multiple physicians was characteristic of these testimonies. Other testimonies often referred to the exorbitant amount of money they
spent on physician’s care, without the desired results. These experiences reflected typical
doctor-patient interactions in the late nineteenth century. According to historian Regina
Morantz-Sanchez, “most patients moved from doctor to doctor fueled with a passionate
desire to mitigate disabling symptoms and restore functionality and competence to their
lives” (2000:297). Patent medicine companies like Pinkham’s provided women, who
frequently monitored their own symptoms and physical ailments, an alternative to the less-
than-effective physicians of the era.

Women who took charge of their fertility and produced healthy children could align
themselves with the moral superiority the Pinkham Company claimed for itself. Those
women unwilling to trust the advice of Pinkham and her company were left to identify with
the doctors, morally deplorable men who treated female maladies with poisonous
consequences rather than cure them. The potential for drawing boundaries between
responsible women, capable of productive reproduction and blaming those women without
children for their own situations infused Pinkham advertising regarding sterility.

While the advice guides devoted more space to female diseases such as painful
menstruation or “flooding” rather than pregnancy. However, when pregnancy was discussed,
as in Guide to Health and Etiquette, the company also explicitly encouraged use of the
Vegetable Compound for pregnancy: “Lydia E. Pinkham’s Vegetable Compound is
excellent to take during pregnancy. It strengthens the generative organs and assists in
carrying babe to maturity” and most women needed this assistance. To ensure that women
had “an easy time of pregnancy and childbirth” the Vegetable Compound was prescribed to
serve as women’s “prop and refuge” during this time.
Under the heading “Advice” in *To the Women of America*, readers learned that the “Vegetable Compound helped thousands of women through the trials of pregnancy.”

During pregnancy, women were susceptible to numerous “disorders” or discomforts. In the most comprehensive discussion of the Vegetable Compound’s usefulness for pregnancy, the Lydia E. Pinkham Company assured its consumers that they can help:

> The many disorders incident to pregnancy, such as costiveness, sick stomach, headache, loss of appetite, vomiting, or a tendency to convulsions, *all yield* quickly to Lydia E. Pinkham’s Vegetable Compound and Liver Pills. The company has repeated claims that the Compound “strengthens the generative organs and gives Nature the opportunity to perform her work easily and safely. It mitigates the pains of labor, and gives the patient the ‘easy time’ which should always be the case.”

Childbirth, a natural reproductive event, “has but little terror” only for the “fortunate few” who have “strong constitutions and healthy generative organs.” The “delicate and sickly,” which seemed to be most American women, should take the Vegetable Compound from the moment they became pregnant until their delivery because it “mitigates the pains of labor [and] utterly avoids mechanical delivery.” The Pinkham Company implied that nature, which makes few mistakes, created woman so that she may reproduce. Despite that, only a fortunate few could give birth without pain, complication, or intervention.

In the case of pregnancy, the Pinkham Company blamed American women’s delicate health on the particular “Americanism” of the changing and overcivilized social world. In *Woman’s Triumph*, the Company explains this perspective:

> This deplorable condition of affairs extended over the entire country, as a result of the haste, rush and whirl or our ‘go-ahead’ Americanism, combined with a due proportion of carelessness. It afflicted alike the society queen and the bread-winner; the wife, mother and daughter. *The average American woman was a wreck.*

The “average American woman was a wreck” because of the increased haste of society and because of women’s own actions. Americanism demanded a hurried lifestyle of carelessness.
Pamphlets such as this informed women that their behaviors lead to their own “deplorable conditions,” and as such, they should be careful to behave in ways that did not challenge their reproductive health. While denouncing women’s health as both a consequence of the social setting and the behaviors within it, the Pinkham Company expected women, not society to change in order to prepare for the maternity.

The ad copy reiterated the difficulties women faced conceiving and carrying a baby to term, despite these being natural acts. The fear of infertility and miscarriage filled the Pinkham discourse, likely reflecting and perpetuating prevailing social fears. Pinkham advice, generally, took the form of testimonials, rarely offering specific actions or solutions beyond use of the Compound, however a few pamphlets explicitly detailed the potential symptoms of and appropriate behaviors for pregnancy.99

Management of Pregnancy

*Lydia E. Pinkham’s Private Text-Book Upon Ailments Peculiar to Women,* available by request only, devoted an entire chapter to the issue of pregnancy. Adjacent to the table of contents, this book included a disclaimer that it “is not intended for indiscriminate reading, but for your own private information.”100 The *Text-Book* provided the Pinkham Company’s most detailed discussion of pregnancy; *Guide to Health and Etiquette* was the only pamphlet offering specific pregnancy advice, beyond testimonials.101 The advice from *Guide to Health and Etiquette* is summarized in Table 1 below. This pamphlet and the *Text-Book* provided detailed advice to pregnant women including attention to diet, exercise, and sleep. Item number one elaborated on the Company’s contradictory discourse on doctors. “Pregnant women should place themselves under the care of their physicians early in pregnancy.”102
Here the boundaries between doctors and the medicine company are blurred. Sullivan and Weitz argued that “a majority of births” were still attended by midwives until about 1910, yet physicians were upheld as experts, even by this Company that otherwise instructed its customers to avoid doctors (Wertz and Wertz 1989).

### Table 1. MANAGEMENT OF PREGNANCY

<table>
<thead>
<tr>
<th>PREGNANT WOMEN</th>
<th>MANAGEMENT OF PREGNANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Should place themselves under the care of their physicians early in pregnancy.</td>
</tr>
<tr>
<td>2</td>
<td>Should lead natural lives</td>
</tr>
<tr>
<td>3</td>
<td>Walking is the best exercise.</td>
</tr>
<tr>
<td>4</td>
<td>Avoid lifting and violent muscular effort.</td>
</tr>
<tr>
<td>5</td>
<td>Take meals regularly.</td>
</tr>
<tr>
<td>6</td>
<td>Good, wholesome, nutritious diet, such as all the different meals, plenty of good ripe fruit, fresh eggs, and beef.</td>
</tr>
<tr>
<td>7</td>
<td>Avoid pastries and indigestible food.</td>
</tr>
<tr>
<td>8</td>
<td>An entire fruit diet is not sensible.</td>
</tr>
<tr>
<td>9</td>
<td>Proper action of the bowels daily. If sluggish, take Lydia E. Pinkham’s Liver Pills.</td>
</tr>
<tr>
<td>10</td>
<td>Pure air at all times.</td>
</tr>
<tr>
<td>11</td>
<td>Sufficient sleep in a cool room.</td>
</tr>
<tr>
<td>12</td>
<td>Pregnant women require more sleep.</td>
</tr>
<tr>
<td>13</td>
<td>Baths moderately warm and then gradually cooler.</td>
</tr>
<tr>
<td>14</td>
<td>Clothing according to climate and season.</td>
</tr>
<tr>
<td>15</td>
<td>Avoid tight clothing, especially about the chest and abdomen.</td>
</tr>
<tr>
<td>16</td>
<td>Do not use stimulants, sitz baths nor vaginal douches (injections) except by advice of physician.</td>
</tr>
<tr>
<td>During the last month.</td>
<td>Wash the nipples twice daily with some astringent (Binding) solution, equal parts of brandy and water, to which a little alum has been added; or tincture and myrrh.</td>
</tr>
<tr>
<td>17</td>
<td>Have urine examined twice during the last month.</td>
</tr>
<tr>
<td>18</td>
<td>A specimen saved from the whole quantity voided in twenty-four hours, and kept free from dust and perfectly clean, will be required.</td>
</tr>
<tr>
<td>To PREDICT TIME OF LABOR</td>
<td>Assume that the child will be born at the time that the tenth menstrual period would occur if the woman had been regular in her monthly courses.</td>
</tr>
<tr>
<td>ANOTHER RULE</td>
<td>Add seven days to the date when the last menstruation began, and count forward nine months.</td>
</tr>
</tbody>
</table>
Much like the rest of the advertising literature, the Pinkham Company description of pregnancy symptoms and management focused on individual women and their health. The *Text-Book* informed readers that pregnancy symptoms varied by individual and context. The *Text-Book* outlined the indications of pregnancy as well as expectations of morning sickness, constipation, preparation of the breasts, miscarriages, and women’s general health during pregnancy. Standards for diet, exercise, and bathing practices informed women exactly how they should behave in order to produce socially appropriate children. Substantiating rather common-knowledge, even for the nineteenth century, the *Text-Book* described lack of menstruation as the first and “generally most striking indication of a pregnant condition.” The articulation of such behaviors also contributed to the increasing pathology of pregnancy.

Following the typical Pinkham distinctions between healthy and unhealthy women, the *Text-Book* categorized other symptoms based on women’s health. Healthy and normal women could expect nausea and vomiting, painful and swollen breasts, and a darkening of the area surrounding the nipples, while unhealthy women were prone to more discomforts at the onset of pregnancy, including “pain in the lower part of the back, also a morbid longing for unusual articles of food, and a disposition for fanciful ideas.” The Pinkham Company informed readers to “avoid violent exertion…excessive grief, or shock to the system,” food cravings, and “fanciful ideas” as these could be dangerous and result in the loss of the baby. Pain, spasmodic contractions, and a healthy condition could be secured, “thereby proving an almost certain preventative for miscarriage” if troubled women consumed the Vegetable Compound. Reminiscent of physicians’ advice to control one’s temperament, these similar proscriptions illustrate a shared understanding of pregnancy expectations. While the Pinkham Company encouraged women to avoid intense emotions or frivolous thoughts, their
literature as a whole focused more on testimonials than proffering advice, thus despite the similar sentiments here, the Pinkham Company minimized the fear discourse when discussing pregnancy symptoms.

The Pinkham Company pregnancy standards seem to support their notion that “American Women are a Wreck,” as women’s general health, not the health of the baby, was presented as the ultimate concern while pregnant. Since, according to them, many women suffered from weak constitutions, they must “avoid overdoing” and efforts “which might not at other times prove harmful.”

Unlike the Free Lovers’ or the doctors’ emphasis on the wellborn, the Pinkham Company framed their pregnancy discussions around maternal health. They argued that pregnancy caused a natural strain on the body and increased work for the physical system. Pamphlets frequently recommend resting and regular exercise in the open air. In addition to thorough ventilation indoors, pregnant women learned the techniques of proper exercise. “Severe exercise and too hard work are hurtful to pregnant women, but light exercise and an active cheerful life are of the greatest benefit.”

Healthy pregnant women needed exercise, sleep, and positive moods to ensure their well-being.

The Pinkham Company also informed women that “the diet in pregnancy is of especial importance.” Four of the seventeen instructions listed in Guide to Health and Etiquette relate directly to food. Readers learned that grains, vegetables, “and all the fruits that can be eaten” effectively build up the female constitution, whereas others of the “heating or stimulating nature” were less effective. The Pinkham Text-Book encouraged women to avoid eating “foods containing the mineral elements that build up the bony structure” as they “tend to make childbirth difficult and painful.” When mentioned, the consequences of countering the Pinkham advice affected the prospective mother’s health, not the unborn
child. For example, *Text-Book* advice claimed that ingesting a great deal of meat, beans, or rye, resulted in a difficult labor for the mother. While the *Text-Book* stated that women should produce healthy “souls,” the explicit focus throughout the prescriptions emphasized women’s health and the prospective of maternity, not the possibility of children unlike the ad copy detailing concerns of sterility or the reproductive rights rhetoric of the Free Lovers.

The chapter on pregnancy closed with a reiteration of the importance of diet and bath and finally points the reader to the effectiveness of the Vegetable Compound. Here the Company discussed women’s suffering and established a problem/solution frame; the language was not nearly as sensational as the fear-empowerment discourse of the advertising testimonials:

> A woman who has suffered much discomfort from pregnancy and childbirth will find these experiences altogether different, and hardly to be dreaded, if, next time, she follows these instructions as to diet and the cool sitting bathes, and whenever she fails to get along right in any way, takes Lydia E. Pinkham’s Vegetable Compound as directed.\(^{109}\)

This *Text-Book* chapter, coupled with the one early pamphlet, provided the Pinkham Company’s most explicit pregnancy advice. Emphasizing the women’s health, this chapter described specific guidelines for diet and exercise, yet many of these suggestions seem to be rather typical. For example, the *Text-Book* presented diet and exercise advice in a more factual tone, downplaying the fear factor (of sterility, ill children) and the overt exaltation of mothering so prominent in the testimonials and advertising copy. The Pinkham Company offered the instructions in order to encourage an “easy time” of pregnancy and labor. Women’s experiences of pregnancy and childbirth seemed to be the motivating force for the *Text-Book*, not the health of the unborn child.\(^{110}\)
CONCLUSION

The Lydia E. Pinkham Patent Medicine Company became a national icon during the nineteenth century. Founded out of economic necessity, the Pinkham family produced and distributed their Vegetable Compound to the ailing women of the country. In addition to selling their product, the Pinkham Company entered the social dialogue about women’s health and reproduction through their extensive advertising campaign. The Company reinforced prevailing ideologies of maternity as women’s calling and advocated women’s health as the key to successful mothering. The founders’ family history of reform finds its way into the advertising through the emphasis on women’s independence and the inclusion of working class concerns. Despite the company’s manipulative advertising ploy, of a “woman run company,” long after Lydia Pinkham’s death in 1883, the Company remains true to the founder’s insistence in women’s education and health.

Challenging the professionalization of doctors, the Pinkham Company presented themselves as confidents and advisors to America’s potential mothers. The company informed women that they were better suited to care for their own health than contemporary doctors, that maternity was the noblest profession, and a healthy pregnancy essential for a healthy child. Company advertising and pamphlets described women’s responsibility for their own health through advertising themes such as “I Hate to Ask My Doctor,” “Strength is Never Born of Weakness,” “The Joys of Maternity,” and “Boon in Pregnancy.” The Pinkham Company implied that women’s strength was a moral imperative for the future of the race, but unlike doctors who emphasized racial progress, the Pinkham Company stressed the importance of women’ health above all else.
The Pinkham’s advertising campaign rested on a paradox of fear and empowerment. The Pinkham Company reinforced Americans’ ambivalence towards doctors by constructing them as immoral, dangerous, and profit-driven. They also exploited public concerns over heroic medicine which further jeopardized patients’ lives as well as patients’ inability to get relief from chronic conditions. More significantly, the Pinkham Company magnified social concerns over women’s health, particularly related to reproduction. According to the Pinkham Company, nearly all women suffered some malady of the generative organs. Detailing the symptoms, and potential consequences of illnesses such as fallen womb or suppression of the menses, the Pinkham Company constructed an image of women in need of healing, one which mirrored social descriptions of leisured women as chronically frail. Further, Pinkham advertising elaborated nineteenth century fears surrounding pregnancy, childbirth, and infant mortality.

Offering advice, and the Vegetable Compound, the Pinkham Company had solutions to these social problems. Thus similar to the empowerment techniques used by physician-advisors, much of the Pinkham empowerment discourse emphasized women’s responsibility for their own health and their responsibility for a “healthy maternity.”\

Countering prevailing notions of Victorian women as passive or debilitated, the Pinkham Company encouraged women to be strong, active, and vigorous. For example, exercise, more than rest, was often prescribed alongside the Vegetable Compound. The Company, like the doctors, attempted to empower its readers through celebration of maternity, describing women as “the hope of the race” and the “architect of man.” Breaking with the physicians, the Pinkham Company emphasized women’s health rather than the rights of well born children. While the
future of the nation depended on women’s health and ability to produce the next generation, women health was the ultimate goal.

Like the advice from physicians and the reform literature of the Free Lovers, Pinkham advertising provided the standards to separate dutiful, moral, healthy women from those shirking their duties of health, maternity and preservation of a civilized race. The Lydia E. Pinkham Company comprised the mid-ground of these groups, using women’s mothering and heath as empowerment, but not advocating a radical change to the social system as did the Free Lovers, this more socially conservative organization distrusted doctors and positioned themselves in direct competition with the professionalizing medical field. The Pinkham Company’s key advertising themes implied distinctions between those women who appropriately accept responsibility for their health and those who evade that responsibility. The rhetoric of Pinkham advertising marked the symbolic boundaries between various groups, notably ‘healthy’ and unhealthy women, men and women, physicians and women, and the Lydia E. Pinkham Company and doctors. These symbolic boundaries contributed to the fluidity and permeability of cultural understandings of women’s reproduction and motherhood.
Chapter 5
“The Right of Children to be Well Born”:
Free Lovers, Science, and Reproductive Rights in the late Nineteenth Century

Now to what more than to anything else do humanity owe their welfare and happiness? Most clearly to being born into earthly existence with a sound and perfect physical, mental, and moral beginning of life, with nor taint or disease attaching to them, either mentally, morally, or physically. To be so born involves the harmony of conditions which will produce such results. To have such conditions involves the existence of such relations of the sexes as will in themselves produce them.¹

~Victoria Claflin Woodhull
“The Principles of Social Freedom, Involving Free love, Marriage, Divorce, Etc” 1871

On November 20, 1871, Victoria Woodhull gave a speech titled “The Principles of Social Freedom, Involving Free love, Marriage, Divorce, Etc” at Steinway Hall in New York City to one of the largest crowds the venue had seen.² Well publicized in Brooklyn and Manhattan, flyers announced the speech with the heading “Freedom! Freedom! Freedom! In Its Last Analysis: The Social Relations.” Newspapers such as the New York Herald published similar advertisements. After the event, the New York Times reported that onlookers from all social classes attended Woodhull’s speech (November 21, 1871). Woodhull drew such a crowd due to her notoriety as an advocate of free love and her provocative oratory style. As a woman, Woodhull broke social conventions by discussing issues of reproduction and sexual relations in public venues.³ She did not disappoint those audience members expecting a sensational lecture when she announced, “Yes, I am a Free lover” (Woodhull 1871).⁴ For Woodhull free love resulted in a union which unites two people only as long as that particular love lasts. She believed that mutual equality and spiritual affinity between the sexes formed the basis for love, and “the offspring of such love
was best and purest” (Woodhull 1871:36). “The Principles of Social Freedom” articulated the free love as an alternative to the institution of marriage and a path for the general betterment of society.

The quote from Woodhull’s speech which opens this chapter illustrates Free Lovers’ emphasis on the superiority of children as justification for ending the institution of marriage. For Woodhull and other Free Lovers, social conditions had a major impact on the state of the next generation. In “The Principles of Social Freedoms,” Woodhull indicted the unequal relations between the sexes for unharmonious situations that threatened to disease and taint the children born of such unions. Woodhull believed the foundation for a progressive civilization, including the welfare and happiness of humanity, resulted from healthy children. She claimed that “being born into earthly existence with a sound and perfect physical, mental, and moral beginning of life, with no taint nor disease attaching to them” offered the best possibility for one’s future welfare and happiness. Achieving such “sound and perfect” health required positive relations and equality between the man and woman conceiving the child. Demonstrating Free Lovers’ concerns for the broader society, for Heywood (1878) “the progress of civilization is marked by the degree of freedom and intimacy between the sexes” (p 19; for more on Heywood see Blatt 1989; Horowitz 2002; Passet 2003; Sears 1977; Spurlock 1988). Free lovers used this assertion for healthy and happy children to justify their radical beliefs such as ending the institution of marriage, advocating women’s rights to bodily integrity, and abolishing women’s economic and sexual oppression.

While the free love movement ultimately spanned several decades beginning before the Civil War and losing prominence after the turn of the twentieth century, this chapter analyzes the free love discourse from 1870-1900 (Passet 2003; Sears 1977; Spurlock 1988).
Throughout these decades, Free Love supporters depended on newspapers, pamphlets, books, and the lecture circuit to share their radical social ideals and their concerns with the current gendered social and political systems. Specifically, my research explores three key newspapers, *Lucifer, the Light-Bearer*, *Woodhull & Claflin’s Weekly*, and *The Word*, which devoted time and space to information regarding conception, pregnancy and parenthood. In addition to formal articles, editors of these publications allotted several column inches to correspondence from readers. In this vein, the newspapers represented a broader social network on people devoted to women’s rights and sexual freedom (Passet 2003). Finally, I include key speeches by prominent Free Lovers such as Victoria Woodhull in this analysis.6

This chapter explores the Free love movement’s contributions to nineteenth century understandings of reproduction. Building from historian Joanne Passet’s assertion that nineteenth century sex radicalism had a feminist core devoted to reproductive choice, and literary scholar Wendy Hayden’s assertion that female Free Lovers incorporated nineteenth-century science to justify their feminist, anti-marriage philosophies, I argue that the nineteenth century Free Lovers utilized a discourse of fear-empowerment, as did the other social authorities, their radical beliefs about marriage and frame their ideas on reproductive choice (Hayden 2010; 2007; Passet 2003). By co-opting the cultural fears around the over-civilization of the nation, sick children, and changing gender roles, Free Lovers embraced prevailing notions of science and nature to advocate for sexual education, women’s sexual emancipation, and the rights of children to be well-born. Science offered an increasingly acceptable frame through which Free Lovers illustrated the benefits of free love on unborn children and the future improvement of American society. Free lovers’ goal of ‘well born’ children is an important piece of late nineteenth century reproductive politics. Through
discussions of sexual freedom, nineteenth century sex radicals influenced societal expectations of women’s reproductive capacities. Specifically, Free Lovers promoted unions based on mutual consent and spiritual or sexual affinity; they advocated sexual education as an individual’s right, and ultimately they emphasized the role of heredity, “free mothering,” and an educated parenthood as essential to the production of healthy children.⁷

These tenets of belief—female reproductive control, sexual freedom, and spiritual love—form the boundaries that separate Free Lovers from other groups of nineteenth century American society. However, Free Love ideology also overlapped with some of these groups. Free lovers, doctors, and the Lydia E. Pinkham Company all celebrated maternity as women’s quintessential role. Doctors, like Free Lovers embraced science, and the Lydia E. Pinkham Company emphasized women’s health. The blurring of these boundaries allowed Free Lovers to simultaneously challenge the premier middle class institution of marriage while also justifying that criticism through co-opting middle class embracement of science and medicine. Free Lovers dialogued, explicitly and implicitly, with other social authorities of the day on matters relating to social and biological reproduction. For example, they embraced scientific/medical theories and evidence that celebrated sexuality as healthy, challenged mainstream notions of marriage, and emphasized the need for institutional social change. Free Lovers also used distinctions between themselves and other feminist groups to their benefit, sometimes emphasizing differences to argue for their own more radical beliefs, sometimes minimizing differences to legitimize their reforms. Free Lovers stressed the possibility of well-born children—achieved through sexual freedom—as the primary solution to many of the fears constructed in the popular milieu, particularly those of marital abuse, unwanted pregnancy, an unfit population, and ill-born children. Free Lovers’ solutions also
contributed to boundary distinctions between these social authorities. Free Lovers attempted to empower women and men via institutional or structural reforms as well as individual change to improve reproductive choice for nineteenth century women. These reformers advocated changes in civil law regarding marriage and sexual relations, they advocated for sex education in schools, they elaborated new ideologies of love, and promoted economic and sexual equality between the sexes.

The remainder of this chapter details the Free Lovers’ use of science and nature to further their radical reforms. I begin with a brief outline of the history and ideology of the free love movement. Then I turn to a discussion of Free Lovers’ dissatisfaction with the marriage institutions and its constraints on sexual freedom. This section explores Free Lovers’ critiques of enforced marriage on women and their potential children as well as the Free Lovers’ justification for altering or abolishing the institution of marriage. The next section addresses Free Lovers’ use of natural law and science to support sexual freedom, reproductive freedoms, and the propagation of the race. They present theories of heredity and mate selection, coupled with spiritual affinity, as the foundation for healthy offspring. Further explicating the principles for well born children, the next section explores the notion of free mothering and the importance of women’s careful consideration of their preparedness for the office of maternity. This chapter ends with a discussion of educated parenthood as essential to the propagation of the race. Ultimately Free Lovers offered a discourse of well born children as the hope of the future, women’s sexual freedom held the key to such progress.
Free Love Ideology and History

While many nineteenth century reformers criticized marriage, their concerns focused on the legal rights surrounding marriage. The Free Lovers, or sex radicals, focused their battles on sexual relations between men and women. Free Lovers brought the private matters of the bedroom openly into the public discourse. A discourse community, not as cohesive as the suffrage or social purity movements, the Free Love movement depended on women and men lecturing and writing about sexual matters (Davis 2008; Hayden 2010; Passet 2003). Free Lovers argued for a change to social expectations of marriage; some even called for the abolition of the entire institution of marriage. Many Free Lovers also promoted women as sexual beings, an idea that countered many prevailing norms of the mid-to-late nineteenth century. Women’s reproductive rights stood at the core of the nineteenth century free love movement.

American Studies scholar Jesse Battan (2004), describes advocates of free love, (self-identified as Free Lovers or sex radicals) as a small, geographically dispersed, yet active reform group that “occupied the fringes of the even the most radical efforts to transform society” during the nineteenth century (Battan 2004:620). Comprised of individuals from across the nation, Free Lovers came from middle and working class backgrounds and advocated for a variety of social reforms. Free love organizations such as the New England Free Love League or the National Defense League existed, yet the movement lacked the formal organization of other movements such those devoted to suffrage or temperance (Hayden 2010: 112; Passet 2003; Spurlock 1988). Spanning several decades, lacking a formal organizational network, and comprised of a diverse population, contemporary scholars find it difficult to define free love as a cohesive movement. According to rhetorical
scholar Wendy Hayden (2010), “the arguments, timeline, and publication of [free love] writings help us to discern a ‘movement’ among these radical[s]” (p. 112). Free love periodicals, pamphlets, and lecture circuits provide insight into the myriad players and perspectives operating under the frame of free love.9

Nineteenth century sex radicals applied the term “free love” to a variety of contradictory social relationships (Passet 2003:2). For some “free love” indicated a long-term commitment, although not necessarily within the bounds of a legal marriage, others accepted “serial monogamy” as free love, so long as those monogamous relationships were consensual. Further complicating the term, some sex radicals championed chaste relationships unless children were mutually desired while openly challenged the equation of sexual relations with procreation.10 Other Free Lovers advocated “variety,” or multiple sex partners a perspective met with great criticism from sex radicals and outsiders alike (Passet 2003:2).11 In his classic documentary history of the free love movement, historian Tom Stoehr argues states “[i]n the long run, ‘free love; became more than an easy label to paste on any sexual unorthodoxy; it was the rallying crime for the ultra-reformers who would not stop at one or two but demanded remedies for all the sexual evils the saw in society, whether marital unhappiness or adultery, jealousy or impotence and frigidity, kitchen drudgery or unwanted pregnancy, prudery or prostitution” (Stoehr 1979:5). In the press, “free love” became a catch-all phrase applied to anyone whose behaviors or beliefs appeared to operate outside the established norms of sexuality. Rather than condemning all unions between men and women, Free Lovers such as Woodhull argued that “all sexual love based upon consent must be free love, since there is no compulsion involved” (Woodull 1873:13). By this account, free love could occur within marriage, so long as that marriage- and the sexual
relations therein- were based mutually agreeable. Free Lovers further attempted to change the meaning of love to comprise a true and genuine union resulting from a spiritual and mental connection between individuals with similar aims, desires, and ideas, even those within the bounds of marriage (Cook 1897:30). Despite external critiques of free love, internal differences in defining free love, and its practical application in everyday life, most self-identified sex radicals challenged the application of civil law in individual matters such as marriage and sex, opposed coercion in sexual relations and advocated women’s self-determination in regards to her body (Passet 2003:2).

In addition to advocating for women’s rights and sexual freedoms, Free Lovers promoted numerous other reform efforts as well. Beginning as early as the 1830s and 40s, the free love movement burgeoned as an urban phenomenon in the mid 1850s and eventually spread beyond the East Coast to the Midwest. Many early adherents to free love lived in communal societies, as did thousands of nineteenth century American men and women. Free love communities, such as Berlin Heights, Modern Times and Oneida gained national attention, perhaps notoriety, for their radical ideas on sex and their attempts to create a society based on complete sexual equality.

Spiritualism, a religious movement based on communications with the spirit world that, according to historian Molly McGarry (2008), was ubiquitous in mid-nineteenth century America (p 19; for more on spiritualism see Braude 2001 [1989]; Bennet 2007; Weisberg 2005; for Woodhull’s spiritualist background see Gabriel 1997; Goldsmith 1999; Underhill 1996). Tens of thousands of middle-class Americans gathered around séance tables to communicate with the dead during the mid-to-late nineteenth-century. Spiritualism’s spread occurred along side the growing movement for women’s rights and other intense social
changes (Braude 2001; Tromp 2006). The theology of spiritualism opposed binaries distinctions such as differences between men and women, past and present, religion and science, and even life and dead and renounced the hierarchical power and authority of institutions such religion and medicine, preferring instead the authority of spirits and alternative healing (McGarry 2008:19).

Many of those advocating marriage reforms also embraced spiritualism. Spiritualists believed in an idealized notion of heterosexual love, often called “spiritual affinity” which they argued, was divinely sanctioned. Individual spiritual revelation determined one’s social bonds. Spiritualist doctrine maintained that individuals had ‘natural mates,’ based on complementary spiritual auras. Such divinely sanctioned “true love” could purify sexual relations regardless of whether or not sex occurred within the bounds of state and religious-sanctioned matrimony. Free Lovers, then, believed that “true marriages,” “spiritual affinities,” or “purity in love relations” resulted from unions based on spiritual rather than bodily connections and held the key for long term social change. It was only through “true love” that couples could produce children from enlightened forethought, not “repulsion and chance” (Passet 2003:33-34, 67-68). Spiritualists and Free Lovers agreed that force, whether physical or social, could pollute love, thus divine sanction did not ensure the permanence of love. Because “spiritual affinity superceded the bonds of legal marriage,” these radical reformers encouraged couples to end their marriage or relationships if their love waned or ceased altogether. Spiritual affinity, they argued, was fluid and changing, unlike marriage, thus men and women should end their unions when necessary. Indeed, according to these reformers, legal marriage without love was akin to slavery, and thus no better than prostitution. Such loveless unions demanded dissolution (Passet 2003; 68; see also D’Emilio

Sex radicals’ attraction to spiritualism aligns with their belief in individual sovereignty which recognizes the “precedence of individual and private revelation over group sanctioned and traditional wisdom” (Stoehr 1979:34-35). They viewed marriage and sexuality as private matters to be governed by individuals, not by the state or the church. As early libertarians, Free Lovers promoted individuals’ rights to control their bodies, to manage their resources, and to speak their minds. Thus, sexual freedom, the ability to consent or deny sexual advances, constituted an individual right according to Free Lovers. Victoria Woodhull’s famous speech at Steinway Hall in 1871, Victoria illustrates the free love understanding of female/male unions as individual matters beyond the control of civil law. She stated, “I am a Free Lover. I have an inalienable, constitutional, and natural right to love whom I may; to love as long or as short a period as I can; to change this love every day if I please, and with this right neither you nor any law you can frame have any right to interfere” (Woodhull 1871:23). Woodhull’s declaration not only illustrates the free love philosophy of individual rights, it also demonstrates Free Lovers’ “plain speech” approach to talking about sexual matters in public. By claiming publicly to be a free lover, Woodhull also executed her right to free speech.

For some Free Lovers, anti-marriage philosophies illustrated the changing understanding of and emphasis on individual rights in ante-bellum American society (Stoehr 1979:8, 12-14). Free lovers such as Moses Harman and Ezra and Angela Fiducia Heywood, used the constitutional notion of free speech and free press to advocate for sex education, contraception, and women’s rights to bodily integrity (Cronin 2006). Free lovers’ beliefs in
individual rights and free press put them at odds with anti-obscenity reformer Anthony Comstock. According to Blanchard and Semonche (2006), Comstock’s crusade against obscenity “inadvertently did much to focus attention on the need for freedom to speak publicly about” matters relating to sexuality and reproduction (p. 317). In some instances, the Free Lovers used Comstock’s anti-obscenity campaign as a catalyst for public discussions not only sexual matters but also issues of freedom of speech. In this battle, several key free love orators and editors of sex radical newspapers faced prosecution under the various state and federal Comstock laws for publishing such information (Beisel 1997; Cronin 206; Horowitz 2002; Koenig 2000).16

In addition to framing their anti-marriage activism in terms of individual sovereignty and spiritual affinity, many Free Lovers embraced “stirpiculture” or the scientific propagation of the race, more commonly referred to as eugenics (Passet 2003; see also (Carden 1969; Foster 1984; Youcha 2005).17 While Free love discourse throughout the nineteenth century used the language of “the propagation of the race” or “stirpiculture,” by the end of the turn of the century, sex radicals’ focused more on the science of “bornin better babies” and less on women’s freedoms as a means to ensure such progress.18 Drawing on science, Free Lovers used evolutionary theory to substantiate their efforts to dissolve the institution of marriage. Nineteenth century hereditarian scienc was grounded in the theories of scientists Thomas Malthus, Herbert Spencer, and Frances Galton. Medical popularizations of hereditarian science eventually provided the foundations for the more eugenic arguments of late nineteenth-century feminists. Sex radicals in the mid to late nineteenth century championed sexual freedom—the right to choose one’s sexual partner freely, without influence for the church, state, or society- as essential to the progress of the race and
civilization. Free love feminists (especially Victoria Woodhull and Juliet Severance) drew on sexual selection theory to support women’s choice in sexual partners, a practice observed in all other animals. Hereditarian discourse claimed that children received the characteristics of both the mother and father. This emphasis on passing traits to the unborn led to a “mothers of the race” discourse in free love discourse and other feminist texts. Free lovers argued for women’s rights on the assumption that improvements in women’s lives would be passed on to their children, thus leading to an overall betterment of society. Free lovers believed that any physical, mental, deformities in children resulted from less than perfect or loveless unions. Conceiving children out of love or spiritual connection, rather than marital responsibility (or in extreme cases marital rape) ensured that one’s best characteristics passed onto one’s children (Hayden 2007:47-48). According to Hayden, “the discourses of heredity often provided the strongest argument for sexual freedom through a new emphasis on women’s status as ‘mothers of the race’” (Hayden 2007; Beisel and Kay 2004 also use this term). Often thought of as a “lunatic fringe,” Free Lovers embraced both the “natural” and the “scientific,” Free Lovers believed that heredity determined the state of one’s offspring, and sexual education would alleviate a great deal of social degeneracy and unwanted pregnancies (Stoehr 1979).

Free lovers, like the other social authorities, constructed and elaborated on social fears to further their own agendas. Free lovers enumerated the problems of brutish sexual advances, unhappy marriages, unwanted pregnancies, and ill born children. Discourses of women as the “mothers of the race” offered an opportunity and responsibility framework for women to counter these unnecessary evils. Further, Free Lovers attempted to empower women by promoting well born children as well as sexual freedom. Given the controversy
surrounding Free Lovers beliefs about sexuality, situating their cause around the benefit of children likely justified their otherwise radical beliefs about marriage and women’s sexuality. Free lovers shifted the problem of women’s and children’s health to the realm of marriage and the sexual relations. Rather than placing the responsibility for such problems solely on individual women, Free Lovers sought abolition of the marriage system in its current inception.

**Well Born Children**

Free lovers believed that ending marriage, or at least ending state and religious control of marriage, would improve men and women’s lives, and by extension prevent a great deal of unwanted or frequent pregnancies (Blatt 1987:146; Brodie 1994:280; Passet 2003). Free love literature emphasized women’s equality and well born children as validation for free love. Unions rooted in love would result in better children, thus reforming marriage would improve society. More so than even the doctors, Free Lovers espoused a discourse of the rights of children to be well-born. Early free love advocates linked women’s sexual freedom and social equality to the healthy, pure children. The theme of “well born children” runs throughout the literature from 1870-1900. In his 1878 essay *Cupid’s Yokes or, The Binding Forces of Conjugal Life*, Ezra Heywood asked his readers “What graver act that to give life to a human being? What clearer right has a child than to be well-born?” (p. 17). Free lovers embraced the rights of the child to be well born as the foundation for social progress.
Emphasizing reason and intellect, Harman (1907) advocated the propagation of the race as a human rights concern.\textsuperscript{22} In his plan for “Motherhood in Freedom” Harman (c 1900) reiterated the importance of social conditions on children.

My reason teaches me that of all human rights the greatest is to be born well—if born at all…. Children cannot choose—cannot say whether they will be born or not. How cruel then to inflict life upon them under any but the best possible conditions! (p. 83).

By this account, Harman implies that abortion might be a better option than bringing ill-born children into the world. Harman argued that women must guarantee the best social and physical conditions for the rearing of their children lest they be cruel and negligent. By this free love account, women faced paradoxical situations. Incapable of denying advances by brutish husbands or forced with the social disgrace of an abortion, women were still responsible for their children’s health. Harman’s equation of well-born children as the premier human right fueled his promotion of free mothering and women’s reproductive control. Having healthy babies had become more important than the quantity of children. James (1872), like other Free Lovers, encouraged women to “be more solicitous to propagate superior specimens of mankind that to have many children” (p. 2).

Many Free Lovers believed spiritual affinity to be the premiere influence upon the next generation. Woodhull’s (1873) famous speech “The Elixer of Life, or Why We Die?” illustrates free love emphasis on “perfect love,” “mutual desire,” and “perfect health,” to ensure healthy children:

I do not believe it possible for a woman to producer her best child, except by the man whom she loves best and for whom she has the keenest sexual desire. If this be for the perfect physical man, why, all the better; but I have observed that even when the physical conditions of parents are not so good as they ought to be, but when they are closely allied by love, that good children follow; while I have seen the most inferior children results from parents, who, from physical appearances, ought apparently, to beget the very best; therefore I am obliged to conclude that the order of children depends not so much upon the physical perfection of parents as it does upon the
perfectness of the love upon which the sexual impulse is based, that precedes conception. The conditions for the future generation of children, then are: 1st, Perfect love; 2d Mutual desire; 3d Perfect health (p. 11). 23

Here Woodhull minimizes the importance of hereditary transmissions or “good stock” for producing healthy children. Instead, she advocated perfect love and mutual desire, before health. Given Free Lovers’ radical views on marriage, emphasizing well born children likely made their ideas more acceptable to the broader public. According to Free Lovers, unions based in mutual love, respect and consent produced better children than those begotten out of responsibility or coercion that often accompanied state and religious-bound marriage. Presenting well born children as a reasonable outcome to free love, these sex radicals attempted to empower nineteenth century men and women to end women’s sexual enslavement and change social ideals of marriage. Whereas doctors emphasized maternity as a means to improve the nation, Free Lovers called for the end of the marital institution and the production well born children as the route for social progress.

The Marriage Institution and Sexual Freedom

For Free Lovers, state and church sanctioned marriage represented economic and sexual enslavement of women, harmful to both present and future generations. During the nineteenth century, women’s limited opportunities for economic independence made marriage a probable option for most women. Social norms of the time expected women to accommodate their husband’s expectations for sexual relations. Marriage laws made divorce difficult and women had no legal recourse for marital rape. Free lovers abhorred social standards that required women, and men, to stay in marriages of economic convenience or sexual abuse or even displeasure. They advocated, instead, reform of the marriage laws and
rethinking of the notions of love. These reforms, they argued, not only benefited the individuals involved, they would also lead to a better society, and offspring born out of love, not lust or force. Free love reformers advocated changing the social structure, including cultural expectations of marriage, sex, and the family.\textsuperscript{24}

Free love reformers presented a model of marriage that critiqued civil interference into matters of love. Writing to \textit{The Word} in 1872, Henry Edgar expressed the free love criticism of state involvement in marriage as arresting human progress: “The moral relation is wholly outside the sphere of the civil government, and any interference whatever with it on the part of that government is a usurpation to be henceforth resisted by all who believe in human progress, and a really noble morality.”\textsuperscript{25} By this account, government’s civil enforcement of marriage laws in unsatisfying unions challenged the morality of women, unborn children, and social progress.

Another reader of free love publications, C. Severance, decried the hypocrisy of the conventional marriage and questioned the development of society in a letter to the radical, Kansas newspaper, \textit{Lucifer, the Light-Bearer}. Writing to the newspaper in 1886, Severance states: “The damnedest farce that exists to-day in the civilized (?) world is the marriage ceremony, and many are the hearts that are broken and the lives that are wrecked under a species of slavery against which every feeling and desire for personal liberty revolts.” Severance questioned the civility of a society governed by an institution of mockery. Marriage, according to Free Lovers like Severance denied women individual rights and controlled all who engaged in it:

Civil law to those who truly love is a needless power and an absurd attempt to control where no control is needed. It is only those who do not love, in truth and sincerity that need a restraining or compulsory power to keep them together for where a man and woman are irresistibly drawn together by the strong and subtile [sic] chords of
affection, and that healthy natural passion which exists between the sexes, they are
united by the most potent power that prevails…. (Severance 1886).26

Severance argued that marriage laws were only necessary for those who are not truly bound
to one another. Only couples who “are irresistibly drawn together … healthy natural
passion” will remain united. These couples do not need laws to ensure their unity thus “civil
law… is an absurd attempt to control where no control is needed.” Rather the marital laws
actually existed for those who lack these physical and spiritual connections. Severance’s
discontent with such governmental control illustrates Free Lovers’ support for individual
sovereignty.

Josephine Croff of Glenwood Springs, Colorado, a free love advocate shared similar
concerns about marriages negative effects on children in her letter to the free love newspaper
Lucifer, the Light-Bearer. Referring to parents of love-less marriages, Croff (1887) claims:
“Their children, if in their indifference to and sometimes even hatred of each other they can
produce any—are not the kind of children our country needs. What a mistaken law that
compels them to live together in misery!”27 Croff’s critique of loveless marriages
emphasizes the negative effects on children. By her account, married couples faced the
threat of unwanted or unhealthy pregnancies that would potentially harm the country as a
whole. This quotation further illustrates Free Lovers construction of marriage as a problem
in need of resolution. Rather than blaming the individual couple for the ill-begotten children,
Croff criticizes “the mistaken law that compels them to live together in misery.” The
examples from Severance and Croff both illustrate that laws that challenged rather than aided
nature’s progress, such as those governing marriage, disturbed Free Lovers.

Free lovers found these laws especially problematic because of women’s limited
sexual rights. Marriage, as it was constituted, allowed for male control of women’s lives,
including male control of reproduction through demands for sexual intercourse. Indeed, a
great deal of free love literature equated the marriage institution with prostitution or slavery.
Additionally, Free Lovers believed that healthy, strong children could not be well born if
they came from such enslavements. Free Lovers such as Woodhull (1871) expressed public
disdain against such arrangements:

I protest against this form of slavery, I protest against the custom which compels
women to give the control of their maternal functions over to anybody. It should be
theirs to determine when, and under what circumstances, the greatest of all
constructive processes—the formation of an immortal soul—should be begun. It is a
fearful responsibility with which women are intrusted by nature, and the very last
thing that they should be compelled to do is to perform the office of that
responsibility against their will, under improper conditions or by disgusting means.

Free Lovers indicted marriage as an institution that bestowed reproductive control to men
alone. Here Woodhull equates women’s lack of reproductive choice with slavery, thereby
setting marriage as the source of concern. Like much of the nineteenth century public,
Woodhull uses notions of nature to support her claims. Nature has entrusted women with the
responsibility for maternity, therefore women alone should make decisions about when and
with whom they should attempt to conceive, rather than being forced to conceive “by
disgusting means” of unwanted advances from one’s mate. Aware that men often put their
own sexual needs above the needs and desires of their wives, sexual reformers believed that
women should be the decision-makers in matters of sexual intercourse, that women would
only choose to unite with men whom they loved.

In order to accommodate such social change, Woodhull (1873) calls for “laws to
protect wives from the beastly lust that now prevails so fearfully in marriage, and by which
thousands of wives are annually sent to untimely graves, and the world peopled by
intellectual, moral, or social dwarfs and abortions.” While Free Lovers’ generally supported
individual sovereignty, the dangerous state of marriage in the mid-nineteenth century called for the intervention of civil law. Free lovers believed that civil law should aid, not arrest, social progress, therefore they disputed laws that subjugated women to men. Woodhull articulated fears of maternal death during childbirth, abortion, or unhealthy children as justification for changing laws about sexual relations within marriage. In contrast to instances where empowerment rests on the responsibilities of individual women, the Free Lovers’ empowerment calls for institutional change in the form of law. This law would give women the opportunity to make choices regarding their sexual partners.

Further illustrating the problems associated with unwanted unions, Free Lovers argued that those couples forced “to live together in misery” were also prone to unhealthy children. In his pamphlet, *Free Love: A Law of Nature*, R. D. Chapman (1881) reiterates Dr. Foote’s criticism of marriage and its ill effects on children. For them marriage often holds together for a lifetime the parents of continually dying progeny! … it keeps in the bonds of wedlock in a large number of instances persons of such similar physical temperaments that their children die in the womb, in infancy, or in advanced childhood… Differently associated, they might become the parents of viable children. Without the restraints of monogamic marriage woman would not allow herself to become pregnant the second time by a man whose germ united with hers could produce only a short-lived child.

Chapman and Foote condemn “the bonds of marriage” for holding together two people who produce children likely to die shortly after birth. If not bound by “monogamic marriage” women could choose different mates should their first unions produce degenerate or ill children. Free lovers blamed marriage for the high rates of stillborn babies and child mortality, significant concerns during the late nineteenth century. Marriage reform offered an alternative in which women could freely choose the fathers of their children. Should her first child only be “short-lived,” Chapman empowered women to seek an alternate mate. Free
love writers argued that the basis for such healthy unions rested in love, or affinity, between the woman and the man. According to Heywood (1878), “until lovers, by pre-good sense, become capable of temperance and self-possession in sexual intercourse, it is an outrage on children to be begotten by them” (p. 19). Sexual restraint, rather than animal lust, facilitated a healthy generation.

As Woodhull (1874) announced in her speech Tried as by Fire, marriage had “outlived its day of usefulness” and stood “directly in the way of any improvement in the race.” (p. 5, 7). For Free Lovers like Woodhull, women’s lack of sexual freedom in marriage arrests social progress or improvement in the race. Without laws intervening in love and marriage, individuals could recognize the true power of their feelings and experience a more genuine and spiritual connection, leaving them free to embrace love as it comes. For Free Lovers consent, respect, and intimacy between men and women better illustrated social progress. Freely united individuals had no need for the marriage institution because their unions represented a higher power. Indicting marriage as the source of child mortality, Free Lovers in the mid to late nineteenth century emphasized sexual freedom as the solution to the social decline. Nineteenth century sex radicals also advocated free love and sexual freedoms as solution to “the evil of the age”- abortion.

Abortion or Free Union?

Like their contemporaries, Free Lovers celebrated childbearing and motherhood as a rewarding calling however they recognized that the uncertainty and dangers associated with pregnancy and childbirth were also a real concern. The lack of access to contraception and women’s inability to deny sexual advances from husbands presented the reality of repeat
pregnancies, many unwanted. The realities of unwanted pregnancies meant that mothers
smothered thousands of children before their first birth days. Many Free Lovers, like other
more conservative social reform groups including the Anti-Vice League, supported the
outlawing of abortion.

The following excerpt from an article titled “A Crime of Mothers” printed in the
newspaper *Lucifer, the Light-Bearer* detailed the issues surrounding abortion. Responding to
a previous contributor, “Aunt Elmina” declared:

> While I do not believe…that the unborn or the born child, has an immortal soul, I do
believe with her that it is a crime against the moral and the physical nature to commit
abortion.

> Only those who have carefully studied clear into the question, realize how frequent
this crime is—how many thousands of women, all over the land, are trying year in
and year out, to prevent childbirth—to remove the consequences of imprudence,
ignorance, or sexual intemperance. One proof of this is the vast quantities of pills,
powders and potions taken by desperate and despairing wives already overburdened
with maternal cares and duties, to say nothing of single women who have ‘gotten
themselves into a mess,’ and wives who do not want any children.²⁹

Aunt Elmina clearly believed abortion to be a crime against society, but indicted the
gendered social relations that offer women no other alternatives than ingesting unnatural pills
and powders to counter unwanted pregnancies. She goes on to point to these unnatural
measures as cause for women’s frailty and disease. From her editorial, readers learned that
sexual temperance and knowledge could prevent unwanted pregnancy, and then the need for
abortion would decrease.

Some prominent Free Lovers, like Ezra Heywood (1878), openly denounced abortion.
He argued that Free Lovers freely entered sexual unions, thus they willingly accepted the
responsibilities of their sexual acts:
The fashionable method of single persons, and very many married people, is to get rid of the child before birth by abortion; but this murderous practice is unworthy of free-lovers; they accept and rear the child, but take care that the next one be born of choice, not by accident (p. 20).

Supporting this theory by Harman, Victoria Woodhull (1873) argued that without marriage as an institution of compulsory sex and by extension compulsory pregnancy and mothering, there would be an end to unwanted children.

In the first place, without marriage, and with women made, as they must be, independent of the individual man or support, there will be no unwelcomed children born; secondly, they will be born in health and with a lease of life beyond the adult age, and thirdly, they will all inherit the same right to equal education- physical, mental and moral, and thus enter upon adult life having had equal preparation.

Sexual temperance, free unions, and an end to marriage provided the means to healthy, desirable pregnancies for Free Lovers. Men and women joining by consent would lead to better relations between the sexes, an end to women’s oppression, and therefore only desirable and healthy children would result. ³⁰  As such, Free Lovers believed that widespread acceptance of free love would end the need for abortions. Conceived under only the best social conditions, children would be well-born. By this account free love would lead to the betterment of the race and American society.

During the late nineteenth century, discussions of abortion reflected larger social fears of racial decline and invoked the scientific attempts at race betterment. Many social authorities, including some doctors and some Free Lovers, recognized abortion as the “evil of the age.” Some amongst these groups, however, also recognized abortion as a necessary evil. Free lovers, especially, faced a great deal of criticism in the press and broader society because of their alternative ideas on marriage and sexuality. They promoted ideas of sex as a natural instinct for both men and women, yet many also advocated sexual temperance and control. Free lovers believed that spiritual affinity and mutual consent in sexual matters
would counter many of the dangers and tragedies of the time. Again, this affinity, they
believed, offered the best foundation for healthy offspring, and they, with their progressive
and thoughtful approach to unions, did not need abortificients or contraception. While most
Free Lovers abhorred abortions, many also felt it a necessary evil so long as the prevailing
social conditions limited women’s control of their bodies. Free lovers reiterated society’s
fears over unwanted, diseased, and degenerate children as well as the dismay over abortion.
Changes in the marital institution and equality between the sexes offered the best solution to
these problems. Free lovers invoked prevailing discourses of natural law to further support
their efforts to end the marriage institution and implement gender equality in sexual matters.

**Natural Law**

Free lovers, like doctors and the Pinkham Company, used the discourse of science to
support their assertions about reproduction. Nineteenth century American free thinkers
incorporated Enlightenment beliefs about science and reason into matters of sexuality. An
appreciation for rationality and medicine coincided with a belief in the natural world.
Science offered explanations for the natural and Free Lovers readily co-opted this rhetoric to
endorse women’s reproductive control. These reformers relied on notions of natural law to
further their movement to end marriage. According to Free Lovers, natural law, which
applies reason to deduce a moral order of human behavior, better served humanity than civil
law. Differentiating between natural instincts and socially produced/enforced regulations,
Free Lovers believed that social customs often worked against natural law. At the same time,
many Free Lovers believed that people could aid nature by steering it in the right direction
(Hayden 2007:41). 31
Using science and natural law allowed Free Lovers to identify their concerns with society, but it also provided Free Lovers an opportunity for empowerment. For Free Lovers, agency required the ability to steer nature in the appropriate direction. The application of natural law also allowed Free Lovers to advocate for social reforms that challenged human progress and also empower individuals to correct their own behaviors. Free lovers believed that humanity had an obligation to aid evolution and progress rather than challenge it (Hayden 2007:37-41).

While many nineteenth-century experts applied Darwin’s theories of natural selection and sex selection to justify women’s subordinate place in society, scholar Wendy Hayden argues that Free Lovers used these theories to feminist end. Free lovers looked to the animal kingdom and the evolutionary hierarchy explicated by Darwin, and later by Spencer to better understand the human social world. Since marriage was not represented in the animal world, Free Lovers like Woodhull believed it to be an unnatural institution. Further since no other species of animal subjugated women under men, this, too countered social progress (Waisbrooker 1893:83). The issue of sexual selection also informed free love discourse on reproduction and mothering. Free lovers argued that female animals chose the most appropriate or appealing mates. Since evolutionary theory indicated that humans were more intellectually and emotionally evolved than animals, it followed that women should have the rights to choose their mates based on similar characteristics rather than from economic necessity or social pressure rather than love (Hayden 2007:43).

Theories of hereditarian science permeated nineteenth-century public discourse during the late nineteenth century. Medical and advice texts popularized the works of Malthus, Spencer, Darwin, and Galton and social reformers co-opted the theories of to
support their causes. While Free Lovers expressed concern and knowledge of the hereditary passing of traits from mid-century, the writings and speeches from the latter decades illustrate an increasing concern with the “propagation of the race,” “the rapid multiplication of the unfit,” and “the rights of children to be born well” as indicated by titles of various Free Love speeches. These earlier discussions of hereditary passing of traits served Free Lovers efforts to end women’s sexual enslavement, whereas the later focus on the propagation of the unfit discourse emphasized the rights of the children over that of the women. Regardless of this shift, Free Lovers’ concerns regarding the hereditary transmission of traits from parent to child permeated their discourse throughout the last decades of the nineteenth century. Free lovers fears over degeneracy and disease resembled those espoused by other social authorities. Much like these other groups, Free Lovers’ believed that physical, mental, and moral characteristics passed from parents to child, they also believed that women could “mould” their unborn children. Woodhull (1888) illustrates Free Lovers adaptation of hereditary discourse in her speech “Stirpiculture; or The Scientific Propagation of the Human Race:”

We see people cursed to-day with hereditary diseases, hereditary brutish passions, and with hereditary criminal instincts. … Can we expect anything else than brutish ungovernable passions from men and women, when we consider that the mother-architect during the period of gestation was subject to unbridled passion and brutal treatment until all her capabilities for moulding the character of her yet unborn child for good were destroyed? Can we have anything but murderous instincts from the unwelcome child whom the mother did everything to kill before giving it life, and who engraved upon the child’s plastic brain the desire to murder? … The cruel irony of fate makes mankind the slaves of congenital instincts and congenital deformities. Here Woodhull indicted hereditary transmission producing ill-begotten children. Further, she argued that the social conditions of gestation can negatively impact the unborn child because of their effects on the mother. Woodhull blamed abusive relations between the potential
mother and father for the ill effects on the child. This quotation exemplifies nineteenth-century beliefs that the mother’s thoughts directly influence the temperament of the child. While this theory was widely accepted, Free Lovers distinguished themselves by using the hereditary theories of scientists and doctors to support women’s equality and an end to women’s sexual enslavement to men. Clearly articulating society’s fears over deformed or criminal children, Woodhull blamed the social relations between men and women for the outcomes, whereas doctors’ more readily placed responsibility on women. Free lovers co-opted scientific findings that children bore the traits of both their fathers and their mothers. This heredity discourse served Free Lovers’ advocacy for women’s sexual freedom. They argued that improving women’s circumstances would improve their potential children and the race as a whole.

The scientific propagation of the race demanded women’s sexual freedom in order to ensure the most successful reproductive unions. A female contributor to *Lucifer, the Light-Bearer* radically embraced Harman’s Free Mothering. Arguing “as a rule, like produces like,” “W” advocated illegitimacy as a means to end women’s enslavement. She celebrated her informed and loving decision to enter, knowingly, independently, and confidently into a relationship without consent by priest or judge. Because she and her partner entered into this relationship freely as a result of love, their child had a great potential to also be a “free soul.” ‘W’ advocates change to end the sexual and economic enslavement women and the emasculation of men resulting from repressive strictures of sexuality. Free love unions promise to end the proliferation of undesired, unhealthy children and prevent abortions. In Free Love form, W expresses her ideology, not only for her own individual gain, but also in the name of the dwarfed, puny, miserably begotten and womb-cursed, unwelcome little ones that are daily coming into the world through undesired and enforced
maternity, … the countless babes who have never seen the light but are struck back to the other shore when first nestling in that holiest of shrines- a mother’s womb. W’s editorial exemplifies numerous tenets of free love ideology. She supports women’s sexual freedom to alleviate social suffering. Individual freedoms espoused by late 19th century Free Lovers arguably lead to social progress. Rather than limiting sexual freedoms to eliminate vice, Free Lovers such as W argued that spiritual affinity would allow women the choice to engage in the sex act, thereby the choice of when to become pregnant. Children of these Free Love unions would restore society for the turn of the century (Passet 2003:31). Illegitimacy, in this context, served society better than unwanted pregnancy, abortion, or undesired children. Free lovers believed that left unrestrained, the society would experience racial decline. Degeneracy and disease threatened humanity because of unchecked breeding amongst the unfit. Free lovers believed that attention to one’s health and the health of one’s partner as well as the social conditions surrounding conception, pregnancy, and birth influenced the unborn. Free lovers cautioned women about their choices in mates due to the unknown consequences that might result from impregnation by a bad seed. Claflin’s essay “Regeneration of Society” warns women that “the sins of the fathers are visited upon the children much farther than to the third and fourth generation, for it is true in morals as in physics that all force is imperishable; therefore the consequences of human action never cease” (Cook 1897:55). Claflin’s statement warned women to consider all components of their potential mates’ characteristics due to the lasting effects of one’s behavior. Much like the fears specified by physicians, Claflin and other Free Lovers established mate-selection as a potentially dangerous endeavor.

Further, Free Lovers argued that it was individuals’ responsibility to engage in more conscientious breeding. Free lovers, like doctors, incorporated Galton’s analogy of animal
breeding to the reproduction of human children (Hayden 2007). Like Galton, Free Lovers believed that parents had a responsibility to children several generations later.

Doctors and Free Lovers both modeled human reproduction and development off that of lower life forms. Claflin clearly stating this position, informed readers that “By the same methods which breeders adopt, our race could be raised to the highest pitch of perfection and of excellence” (Cook 1897:36-37). While Free Lovers devoted less time to the particulars of the animal breeding than did doctors, they still berated people’s ignorance in applying what they believed to be common knowledge to the reproduction of the race. For instance, Heywood (1878) indicted such irresponsibility in *Cupid’s Yokes*: “Regarding the physical, intellectual, and moral character of children it is surprising that parents, who are careful to secure the best parentage for their canary birds and chickens, are utterly heedless in reproducing their own species.” Heywood chastised educated individuals for their lack of reason and knowledge in human reproduction. Citing Darwin’s *Descent of Man*, Heywood challenged readers to apply their knowledge of animal husbandry to their own lives and the mating of their children. Claflin’s detailed criticism in *Maternity* represented the free love aspiration for a more scientific and thoughtful approach to human reproduction.

We English are unsurpassed in the art of breeding the inferior animals- from a salmon to a shorthorn, from a pigeon to a racehorse. The method is no secret. All understand it. Healthy animals only, with the best points and free from hereditary taint, are selected…But, in the breeding of the highest animal, these salutary maxims are ignored. And men of natural affection and intelligence bestow more pains on the mating of their dogs than on that of their daughters (Cook 1897:32-33).

Claflin’s use of the words “natural” and “intelligence” here emphasize her disgust with the current standards for human reproduction. She outlined the Free Love standard of human reproduction as “the art of breeding,” yet this art demanded careful attention to
heredity. Concerned with crime, delinquency, and degeneracy, Free Lovers such as Claflin encouraged their readers to willingly accept the pains of mating and enter such situations with careful forethought and knowledge of their mates and their conditions, lest they result in a drone to society rather than the pride of the race.

**Pregnancy Prescriptions**

The rights of children to be well born guide the Free Lovers’ prescriptions for women’s behaviors during pregnancy. While they were less likely than doctors to detail specific rules of conduct, the Free Lovers draw heavily on theories of heredity as they contribute to the culture of pregnancy.

What graver act than to give life to a human being? What clearer right has a child than to be well born? More impressive than the theological “Judgment day” will be the tribunal before which diseased and crime-cursed children summon guilty parents to answer for the sin-begging use of their reproductive powers. … No woman or man should have a second child by his or her marital partners, when there is another person, willing to assume the relation, by whom he or she can have a better child (Heywood 1878:17).

Countering criticism of Free Lovers for sinful lust and sex out of wedlock, Heywood described parents’ unwillingness to recognize the negative consequences of their heredity traits—criminality and disease—as “sin-begetting use of their reproductive powers.” Here Heywood invokes heredity discourse to support children’s health, but also to end the marriage institution. Further, Heywood’s enthusiastic support of children’s well being borrowed religious references from his opposition and turned monogamy into potentially sinful behavior. Readers learned that seeking a better partner after bearing a diseased child was more enlightened than remaining in a mismatched union. This quotation illustrates Free Lovers’ incorporation of the heredity discourses to establish fear—“a crime-cursed and
diseased” child and severe judgment for producing such a child. Free lovers encouraged men and women to find a better mate before embarking on another pregnancy.

Acknowledging that nature dictated reproduction and responsibilities, Free Lovers also believed that women should behave in certain ways during the pregnancy and rearing of their offspring in order to aid nature’s work. Claflin devoted an entire essay to “Mothers and Their Duties” in which she argued “no mother can evade any of her responsibilities without injury to her offspring. No part of them can be advantageously delegated to another. So long as she is true to Nature, Nature is kind to her and hers” (Cook 1897:49-D). Free lovers used nature to support free mothering and extended its relevance to the scientific propagation of the race. Women, following nature’s dictates, could improve the race through attention to her health and the wellbeing of her unborn. The majority of Free Love literature demanded “strict attention to the laws of health during the periods of gestation and nursing” (James 1872:25).

Victoria Woodhull (1871) argued that while pregnant, “all practices which degenerate the character of children should be discountenanced by every humanitarian, and women encouraged to wisely and perfectly mould and fashion the life which they shall give to the world.” Like doctors, Free Lovers instructed women to limit their own desires and activities during pregnancy and instead focus all of their attention to building the next generation, a child for society, not the individual mother. During pregnancy, women were thought of as the “mother-teacher or teacher-mother.” Moses Harman believed that in free mothering, women would have all things her way in order to appropriately “impress and mould the plastic mind and body [of her offspring] with her own characteristics.” This molding occurred both consciously and unconsciously, thus women always needed to be aware of
their actions, thoughts, and feelings because it was only through women’s “organism-physical, mental and psychic, that any other influence,—fatherhood included—can be brought to bear upon the formation of the child” (Harman 1900:89).

Concerns over social reproduction complicated Free Lovers’ specific beliefs about maternity. Free Lovers reinforced prevailing understandings of heredity, and like doctors they also believed that women have some control over the outcomes of their offspring. Tennessee Claflin reiterated many of the commonly accepted prescriptions and consequences of women’s behaviors during pregnancy:

Practical philosophers have recommended that women on the way to be mothers should exercise the greatest care, not only in what they eat and drink, but also in what they feel and think; that they should way to no excessive emotion, and should read books of history or other lofty thought; in a word, that they should try to feel, think and do whatever is worthiest. It is well known that children have been born idiots through the mothers having used stimulants to excess; that they have produced deformed through her having been ordinarily frightened, and even with broken limbs from the fright of thunder or a cannonade. Her emotions therefore are proved to affect her unborn child more than herself (Cook 1897:50-51).

The prescriptions described above by Claflin were quite similar to those presented earlier in the physician’s books.39 Co-opting the messages by physicians, Free Lovers believed that women’s feelings had long-term effect on their offspring. These writings intersperse free love ideology with more socially acceptable and prevalent beliefs about maternity, thus blurring the boundaries between doctors’ advice and reform literature.

According to Woodhull (1873), “children must first be conceived, gestated and born in proper conditions; and afterward, properly and scientifically reared and educated…” Women’s body was viewed as the “creatory” for the next generation and as such, should be healthy and free from disease. However, physical health alone was not sufficient for the production of healthy children. “A well-proportioned body, free from organic and hereditary
disease, a sound and well balanced mind, a serene and generous disposition, combined with a
good moral and mental training, go to make up the requisites of a good mother” (Cook 1897:48). According to James (1872) a healthy physique and effective training are the
requirements for “a race of giants” (p. 25).

While Free Lovers believed in the hereditarian passing of traits from parent to child,
they also believed that the social conditions surrounding conception, gestation, and birth
influenced the potential child. The social conditions and scientific rearing of children
advocated by Free Lovers further included applying the breeding processes of animal
husbandry to humans, encouraging cooperative childrearing and demanding sexual education
for all children. Relying on such expert knowledge and applying it effectively to one’s own
sexual encounters and pregnancies ensured that children would be “well-born.”

Like doctors, Free Lovers encouraged women to understand the mental, moral, and
physical make-up of their mates, Free Lovers also emphasized the social conditions
surrounding conception. Sexual intercourse had serious consequences and Free Lovers
encourage men and women to fully consider the potential outcomes of their actions. Such
mutual consent in matters of sex increased the likelihood that children would be born free
from deformity.

**Free Mothering**

Advocating for the “Age of the Mother,” Free Lovers argued not that the natural
order demanded women *to be* mothers, but that their capability to mother offered them
opportunity for social elevation. Free lovers, like Moses Harman, argued for “free
mothering,” that is, women’s ability and willingness to enter into sexual relations only after
freely choosing their desired partner, considerable sexual education, and careful consideration of the possibilities, including maternity. Maternity, as it typically existed in the later nineteenth century, often resulted from unwanted pregnancies. Without mutual consent, women often succumbed to their sexually determined husbands in the name of duty. Free mothering, then supported natural progress as it allowed women to be the decision-makers in sexual and reproductive matters.

Free Lover’s believed women’s maternal functions were the foundation for equality between the sexes in terms of economics, political rights, social rights, and sexual freedom. While changes to marital and property law offered some opportunities for women to seize reproductive control, Free Lovers also believed that celebrating maternity and unveiling the sacrifices it entailed served not only contemporary mothers, but the next generation as well. Some, like Moses Harman, declared the late 1800s as “Woman’s Era” and applauded women’s reproductive capacities. He wrote in an 1894 issue of *Lucifer, the Light-Bearer*: “Beyond question the most important of all human duties, labors and responsibilities are those connected with childbuilding, or the creation of new human beings.” Tennie Claflin reiterated the importance of maternity in her essay “Mothers and their Duties,” stating that “no other office on earth is so sacred as this, no calling involves so much” (Cook 1897:47). Claflin elevated the calling of motherhood as imperative to society, while also indicating the immense responsibility she felt the station required. Free Lovers championed women’s equality by creating a meaning of motherhood as a source of empowerment for the betterment of society.

Free lovers used science to articulate their social reforms and empower women to engage in “free mothering” and advocate for social change. At the time, Darwin’s evolutionary
theory and a great deal of medical expertise used women’s reproduction and maternity as justification for subordination. In a February 9, 1894 article of *Lucifer, the Light-Bearer*, Harman challenged these typical interpretations of Darwin and argued that “the female sex is higher than the male.” Harman explained the science of embryology to support Free Lover’s radical assertions including the idea that women were the more advanced sex. The new science of embryology positioned the embryo as a model for evolution. According to Hayden (2007), “reformers could then situate evolution as occurring within the woman’s body. She, therefore, is agent of evolution and deserves protection” (278). Free lovers used this discourse to advocate for women’s social elevation, rather than subordination, because of their import in matters of childbearing. Women had the power to influence their environment, thereby aiding evolution.

Harman also indicted men’s minimal involvement in procreation as further means to justify free mothering. Specifically, Harman argued that men’s inability to tolerate the sacrifices of maternity placed them lower in the social order.

As now organized, man cannot if he would, and it is safe to say, he would not if he could, endure the labor, the pains and perils of maternity. To woman then, as a matter of justice, pure and simple, should be accorded SUPERIOR rights and privileges in all that pertains to the highest and noblest of human functions and duties—the function or office of childbuilding and child-bearing. The ‘elective franchise’ in this department of citizen rights and citizen duties, (honors and emoluments) should be hers and hers only.

In this excerpt, Harman challenged Darwin’s claim that women’s subordination to men resulted from evolutionary development. Harman celebrated women’s ability “to endure the labor, the pains and perils of maternity” because men would not do it. Because of this work, Harman believed that women should receive increased civil privileges and benefits. Women
should receive elevated social status and “superior rights and privileges” for childbuilding.

Furthermore, Harman (1900) argued that

the part assigned by nature to masculine man in reproductive is *not work at all*… It follows, therefore, on the principle known as justice or equity, that man should never assume for himself, nor arrogate to himself, the right of dictation or control in matters pertaining to race-reproduction (P. 81).

While Harman does not explicitly invoke evolutionary theory here, his exaltation of maternity seems to support other Free Lovers’ insistence that women hold the key to evolution and progress in their wombs, thus making them more socially and naturally valuable to society. Men’s contributions to “race-reproduction” paled in comparison with women’s therefore men should relinquish all control over women’s bodies. Harman reiterated his position that nature subordinated men to women in terms of reproductive power, therefore men should not have social power over women’s bodies or sexual endeavors. He argued that society could not achieve an “equality of the sexes” until nature granted men the ability to bear children or until women achieved reproductive freedom. Free lovers campaigned to change the rules of social reproduction that allowed men to make decisions about when and with whom to have sex in order to confer that power to women. If women had the social privileges and resources to make decisions about sex, they argued, then race-reproduction would be more successful.

Free lovers’ celebration of maternity and reliance on natural law to support women’s reproductive roles overlaps with the views of physicians and the Lydia E. Pinkham Company. All of these groups presented maternity as the most natural and important calling for women, thus the boundaries between these groups can be blurry. However, Free Lovers pushed that belief further than the other groups. Rather than simply celebrating maternity,
Free Lovers promoted a change in the social relations between men and women. The Free Lovers distinguished themselves from other social authorities by asserting that men should give up privileges in order to reach gender equality. Further, Free lovers insisted that women determine who would father their unborn. Comparing the Free Lovers’ view on maternity to those offered by other social authorities illustrates the ways groups share similar rhetoric while also furthering their own agendas— for the Free Lovers, women’s sexual freedoms. With these freedoms came great responsibility.

Free lovers advised women to educate themselves on the demands and responsibilities associated with procreation, including self-reflection and the selection of their partners in reproduction. Emphasis on women’s self-reflection, education, and decision-making represented Free Lover beliefs that women and men could aid nature by gently steering it in the right direction. While Harman (1900) believed that nature had spent “thousand, even millions” of years preparing women’s bodies for “the work of reproducing itself,” he also believed that women could aid nature by entering into motherhood better prepared (p. 83). In his 1898 pamphlet *Motherhood in Freedom*, Moses Harman advocated open and frank discussion between potential procreators, initiated by women. He suggested that “intelligent” women “of the future” would state to her mate or “co-operator,” “I am a candidate for the office, the honors and the responsibilities of *maternity*. I want to be a race-builder. I want to be a MOTHER!” (Harman 1900:82). Harman (1900) also directed responsible woman to study embryology, heredity, and tempermental adaptation prior to declaring to their partners that they “sought for the best types or models of manly excellence” (p. 82). Harman (1900) informed his readers to prepare for procreation and maternity so they could openly declare to their potential partners “[I] have studied and given due weight to my
intuitions, unreasoning attractions and preferences, and the result of it all is that I come to YOU for co-operation in my prospective maternal work” (p. 83). Harman’s (1900) instructions represent Free Lovers’ believe in women’s agency to support natural law. In this discussion, women should inform men that “Nature, or God” has given the woman a “good body,” “a sound mind” and “endowed this mind and body with desires, with yearnings for offspring—for a new edition of myself, to take the place of myself and, in turn, to continue to reproduce the human race” (p. 82). Free love expectations for maternity required that women know the limitations of their own intellect and bodies and come to maternity after thoughtful reflection so they readily steer nature in the best possible direction. Free mothering offered women specific prescriptions for an empowered maternity. For Free Lovers, self-reflection, communication, and education about sexual matters all offered individual level empowerment to counter the evils of unhappy marriage or ill-begotten children.

To ensure that women properly fulfilled their as “child-builders” and reproducers of the race, Free Lovers demanded that women have the opportunity to deny their partners sex and a choice in the paternity of their children. That choice, based on true love, or spiritual affinity, as well as physical and mental characteristics, would enable women to produce the most creditable child. Tennie Claflin, a strong proponent of intelligent maternity, viewed women’s rights to choose their lovers as crucial to the natural order:

And every woman should be allowed to choose the father of her child if he be willing. It is she who for weary months will bear that child beneath her heart, and for years will nurse it in her bosom. Will she desire an idiot, a drunkard, a weakling? No, She longs for a ‘man-child,’ one who will be tender, wise, and valiant. Woman is a hero-worshipper, and desires to produce heroes. Her instincts are true, and she would select the bravest and best. What, a natural child say you? Most certainly. All children are natural, except the offspring of enforced and unnatural marriages (Cook 1897:35).
Women, when given the chance, without social pressures or economic incentive, would choose an appropriate father for her unborn. Like the females in the animal kingdom, women deserved the right to identify their appropriate mate. By Claflin’s account, women’s “instincts are true” and will aid social progress, when not corrupted by “unnatural marriages.” Claflin’s suggestions that women will follow their instincts implies a natural order women’s social power. Free lovers’ argued that women could become better mothers by gently guiding nature, in part through mate selection. Correspondent Milda Thorne concluded her editorial in *Lucifer, the Light-Bearer* in this vein: “The coming age is *Mother age*, and see, we will give to the earth a race of Gods.”

**Race Development and Educated Parenthood**

Advocating for their cause, Free Lovers presented an argument supporting open and honest discussion of sexual matters as essential to healthy pregnancies and beneficial to children, and by extension to society as a whole. The Comstock Law attempted to silence such discussions under the guise of maintaining the social purity of the nation. Free Lovers, on the other hand advocated sexual education as a means to free women from sexual enslavement and hold both men and women responsible for their sexual encounters and potential children. Free Lovers believed in freedom of speech and thought as essential to women’s inequality. The right to talk openly about sex and procreation would lead both men and women to better understand their relations and reproduce a better generation. In order to achieve this goal, Heywood unveiled the “mystery of sex.” He argued that sex had been mysterious due to “ignorance and superstition; whether it [sex] produces a child is a matter of choice” and education would free discussion could better inform one’s decisions (Heywood

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According to Noyes, cited in Heywood’s (1878) *Cupid’s Yokes*, “a very large portion of all children born under the present system, are begotten contrary to the wishes of both parents, and be nine months in their mother’s womb under their mother’s curse” (p. 20).\(^4\) Free lovers believed that access to knowledge about physiology, reproductive organs, sex acts, conception, and vice enlightened men and women and armed them against sexual indiscretion and unwanted pregnancies. Thus, Free Lovers challenged others’ expectations for female prudery, mock-modesty, and double-standards in sexual matters.

Free lovers also advocated discussions of sexuality under the auspices of freedom of speech. Harman (1907) linked censorship, reproduction, and middle class concerns over the progress of the race.

That the American people, with all their boasted love of freedom on all lines, and especially love of freedom of speech and press, should submit to this moral censorship, is one of the amazing anomalies of our time and is explainable only on the ground that all the other trusts are in conspiracy to prevent free discussion of sex and reproduction, for fear that such free discussion would in the long run result in the birth of a race so well born that their own hereditary and law-protected privileges would be endangered (p. 41).\(^4\)

Harman criticized the Comstock law and censorship of materials of sexual education. He viewed such sexual knowledge as essential to the production of a well born race. Harman used rhetoric of free speech and free press to criticize the privileged class in American society, arguing that those supporting the censorship of sexual education materials did so to maintain their own social privileges, rather than to improve the race. For Harman, open discussion of sexual matters would include a discussion of theories of heredity, as well as intelligent mothering, thus all classes of society could improve the constitution of their offspring, therefore contributing to the betterment of society and the race. Harman received a great deal of support for his advocacy of free speech and sexual education. In a letter of
support written to Harman, Dr. Alice Stockham argues that “race development progresses primarily through an educated parenthood. Men should be educated as husbands, women as wives, and both as parents” (cited in Harman 1900:18). For many Free Lovers, and some doctors, freedom of speech should ensure that Americans learned about sexual reproduction so they could contribute to the progress of society.

While education on such matters could aid one’s natural instincts, Free Lovers also believed that lack of educated regarding sexuality or vice would lead to the disintegration of society. Heywood (1878) presented the lack of sexual knowledge as a challenge to Nature.

…coming into this new relation [marriage] without knowledge of its uses or of self-control,- they prey on each other, and a few years of wedded life and child-bearing may leave the wife an emaciated wreck of her former self, and the husband very much less a man, than Nature designed him to be (p. 7-8).

Sexual knowledge benefited women and men by allowing them to compliment nature’s endeavors. Without understanding the natural workings of the body, including women’s reproductive cycles, men and women would “prey on each other” rather than honoring each other. Self-control, according to Harman, would improve men’s character and women’s constitution. Failure to truly understand the physiology of one’s body would most assuredly lead to character flaws. Without appropriate knowledge of one’s biology, one risked being less of a human.

Ignorance and lack of information about maternity and reproduction further troubled Free Lovers and prevented women from intelligently meeting the responsibilities of their calling. Writing to Lucifer, the Light-Bearer, Milda Thorne demanded an end to “the ignorance that has degraded the blessed office of maternity so long.” 48 Outlining the responsibilities of maternity in her essay Mothers and Their Duties, Claflin criticized women for not realizing, ahead of time, the weight that comes with mothering. By her account, “an
immense proportion of women, however, undertake the duty without the least forethought or consideration, without weighing their own fitness for mothers, or that of their husbands for fathers” (Cook 1897:47). Free lovers established ignorant mothering as a fear, one that could have negative consequences for women and their potential children.

Rather than passively accepting maternity as it may arrive, Free Lovers encouraged women and men to educate themselves on matters of biology and reproduction. Free Lover C.L. James (1872) argued that “increased knowledge of physiology will, moreover, make women more cautious about becoming mothers” (p. 2).49 Education, then could empower women to know their reproductive cycles and possibly avoid unwanted pregnancy.

Victoria Woodhull, for example, repeatedly attempted to dismantle the Victorian presentation of prudishness and advocated knowledge as essential to reproductive power. After several speeches to men and women in mixed company, she acknowledged in Woodhull and Claflin’s Weekly women’s fear to discuss matters of sex in company with men. Men’s continual demoralization of the women in the audiences led Woodhull to lecture to groups of women so that she may:

…show women how she best may redeem herself, and next the race; show her the secret by which she shall be emancipated from her slavery of thousands of years, which shall install her sovereign in the domain of sex, and which will save her in the future from undesired pregnancy and unwilling child-bearing; through the realization of which alone can the curse of the race be removed…50

Woodhull attempted to educate and inform women regarding their sexual rights and responsibilities. Women’s redemption came from sexual liberation, which would release her from objectionable pregnancies and obligatory motherhood, both of which she described as a “curse of the race.” Woodhull believed it her calling and duty to break with middle-class convention and talk openly to women about sexual matters so they could find alternatives to
the suffering of compulsory reproduction. Concerned with repeat pregnancies and deformed children, Woodhull (1871) criticized America as a society that “society pretend[ed] to blush” at the mention of subjects related to sexuality while it reinforced the role of mothers in shaping the worth of their unborn. Removal of this double standard offered the best possibility for the future of the human race; and that possibility rested in the uniform and widespread education of men, women, and children in matters of sexual reproduction.

Rather than demonstrating modesty, both Woodhull sisters argued that mothers must educate their daughters in matters of sexuality, procreation, and maternity. According to Tennessee Claflin:

Mothers should encourage entire confidence between their daughters and themselves, and should carefully instruct them in regard to sexual relations and female functions. Procreation, Child-bearing, Maternity, should not be left to chance or to prurient instructors. The mother is the fittest teacher of her daughter. How many girls would have been spared miserable lives had they not been cursed with foolish or mock-modest mothers? (Cook 1897:35).

Woodhull and Claflin, like Harman, challenged the “mock-modesty” of middle-class, Anglo-Saxon, mothers and instead encouraged mothers to take responsibility for the sexual education of their children. This form of empowerment mirrors that of doctors and the LEPC by placing the responsibility on individual women. While some physicians supported education on such matters, they discounted the advice and experiences of mothers. Claflin, on the other hand, criticized notions of maternal reticence as symbolizing good mothering, and instead endorsed mothers’ experiences as essential to their daughters own wellbeing:

And those who are accounted the best mothers are those who withhold from their young daughters all the invaluable stores of information which their experiences has provided ready to hand, and which, if discreetly communicated, would save thousands of girls from ruin or disgrace (Cook 1897:50).
If mothers had the forethought and courage to inform their girls about their own reproductive bodies, then social ills such as undesired pregnancies, and unhealthy babies would diminish. Claflin, like her sister, critiqued the social expectations that women remain uninformed and silent on such matters. Both established such silence as detrimental to the individual women, their daughters, and society. They argued that once mothers adequately addressed sexual questions at home, the taboo would cease and sexuality as a scientific study would become more respected as well. In this regards, individual level empowerment could create a movement that changed social expectations on a larger scale. As early as 1872, Woodhull promoted institutional change through sexual education in schools and in public.

As I have said before, within twenty years, the science of sexuality will be, as it ought to be now, one of the regular branches of education, and it will also be as common a topic for conversation as politics and religion are to-day. And furthermore, it will be wondered at that we, of this generation, could have ignored it so completely, when there is not a woman of average intelligence who does not know better than to bear children by a man whom she loathes and hates.51

Here Woodhull connects the lay understanding that women know note “to bear children by a man whom she loathes and hates” to a more developed science of sexuality. Harman published Dr. Stockham’s advocacy of institutionalizing sexual education:

This education requires special branches in the curricula of school, besides the circulation of scientific literatures that gives essential knowledge. … The demand of the house is more light—more knowledge upon hitherto forbidden topics, and the freedom guaranteed by the constitution of the United States to disseminate this knowledge. May this occasion, this greeting to Moses Harman, be significant in its purpose—demanding that the light of all truth and knowledge shall be free to those who seek it? (Stockham, cited in Harman 1907:18).

Knowledge represented “light” and that light was necessary to achieve the racial progress hoped for by nineteenth century Americans. Woodhull and Stockham shared similar views on the importance of sexual education. This overlapping discourse between some physicians
and Free Lovers, illustrates the blurred boundaries between social authorities. In this case, both groups believed institutional change necessary to improve the society. Both Woodhull and Stockham promoted sexual education to normalize such matters. Normalization of the mysteries of sex would not only end women’s enslavement to men they do not love, but also promised an end to the unnecessary passing of negative heredity, a grave concern for many at the turn of the century.

Free lovers advocated sexual education as a means to free women from sexual enslavement and hold both men and women accountable for their sexual encounters and potential children. Access to knowledge about physiology, reproductive organs, sex acts, conception, and vice enlightened men and women and armed them against sexual indiscretion and unwanted pregnancies, believed Free Lovers. Through education, discussion, and expression, individuals could arm themselves with knowledge to control their own reproduction, thereby aiding society rather than populating the society with undesirable children. Free Lovers considered sexual decisions the domain of the individual, but they believed sexual knowledge a public right. They encouraged parents to educate and inform their children, they supported physiology curriculums in schools, and they advocated for social acceptance of “a science of sexuality.” Free Lovers believed that such education would end women’s sexual enslavement, thereby producing better children, and ultimately ending the necessary “evil of the age,” abortion. Thus, Free Lovers implied a fear-empowerment paradox in their discourse of sexual education.

CONCLUSION

Victoria Woodhull concluded her 1873 speech “The Elixir of Life” with an optimistic note lurking through the all the fears and concerns of late Victorian America:
And although, at the present time, in the industrial, civil, financial, intellectual and social world, every thing appears to be in chaotic confusion, I have the faith to believe, that the picture of the future I previously painted will soon be succeeded by a glorious and unending reality….That human beings may speedily be relieved from their fetters, and men and women walk forth free in the light of perfect purity, holiness, liberty, and love (p. 24).

Free lovers demanded that gender relations change. Although their movement diminished at the turn of the twentieth century, their numerous publications, sensational speeches, and noteworthy persecution in the nineteenth century marks them as important social authorities on women’s reproduction and thereby contributors to the culture of pregnancy.

For nineteenth century sex radicals, free love, not civil law should govern relationships between men and women. The involvement of civil law, according to these Free Lovers, enslaved women into undesirable unions, which arrested social progress because it threatened the potential offspring. Free lovers believed that the root of women’s liberation lay in her power to deny sex with any man. These reformers argued that the right to love freely, thus the end to marriage as a legal institution, would emancipate women and improve the next generation of children. Free lovers challenged middle class standards of love, marriage and sexuality as a means of social progress and a sign of civilization.

Free lovers’ implicit application of evolutionary theory challenged typical interpretations that justified women’s subordination to men. Women’s role in race reproduction superceded that of men therefore women deserved their sexual freedom, according to Free Lovers’ interpretation of natural selection. Society could never reach its full potential until civil and religious, specifically Christian, understandings of love and marriage were abolished and women were free to mother without interference by the civil courts or suffer the consequences of social disgrace. Free lovers radical ideas about women’s
social power, their challenge to the marriage system, and their expressions of men’s natural subordinate position to women marked the boundaries of their movement.

While Free Lovers shared a celebration of maternity with physicians and the Lydia E. Pinkham Patent Medicine Company, they relied heavily on scientific theory to support their radical ideas about sexuality and gender equality. By equating with maternity, Free Lovers espoused what would today be considered essentialist ideology, and they did so in the name of empowerment. Contributing to the culture of pregnancy and reproduction, Free Lovers promoted women’s reproductive authority with men as their assistants. Sexual freedom for women required additional labor and acceptance of the sacrifices and pains of pregnancy, labor, and childrearing. With this authority came greater expectations to produce “perfect” offspring. To deserve the right of reproductive control, Free Lovers directed women to research science, take care of their own bodies, enter into unions out of love, and seek the best physical, mental, and moral partners for their unions. They believed “free mothering” or “intelligent mothering” offered a solution to the propagation of the race.

Free Love literature addressed reproductive rights as they related to women’s right to choose their sex partners, the dissemination of sex education, and the influence of theories of heredity on prescriptions of women’s pregnant behaviors. Free love was not only an individual right, it was a moral obligation that would produce healthier children. With this freedom, however, Free Lovers instilled women with increased social responsibility. No longer able to blame mis-matched unions for unhealthy children, Free Lovers insisted that women must be concerned about the moral and physical worth of their partners so as to produce children that would not be a burden to society.
Free Lovers, like the doctors and the Lydia E. Pinkham Company, used fear-empowerment discourse in their publications and lectures. However, unlike the other two groups, the Free Lovers readily implicated the social structure in their discussions of women’s reproductive rights. For Free Lovers, the social relations surrounding marriage enslaved women and lead to ill-born children. Free lovers co-opted existing fears about ill and diseased children, abortion and contraceptive use, sexual abuse, and even concerns over civilization, much like the nineteenth century physicians did. The Free Lovers implicated the social structure and society more in their discourse of fear.

However, unlike the physicians, Free Lovers’ “solutions” to this fear rested with society as well as individual men and women. Whereas doctors explicitly set standards for women’s reproduction and placed primary responsibility for children’s health with women, Free Lovers’ use of empowerment focused more on challenging the existing system of marriage and sexual relations than with placing responsibility on individual women. Free lovers certainly offered women specific advice on how to best procreate, but they also advocated social changes in marriage laws, freedom of speech, and sexual education. Free lovers’ “empowerment” discourse came in the form of advocating these larger scale social reforms as well as more individual level support that came from the free love laity.
Conclusion

According to Kirsis (1996), “birth, as well as other physical events of human life, such as death and illness, is constructed by cultural ideology, which provides a framework for how to ‘properly’ enter the event and progress through it to the end goal, in this case, a healthy birth” (p 62). Nineteenth century social authorities collaboratively constructed this cultural ideology. Drawing on “codes” related to women’s health, sexual knowledge and education, heredity, and civilization, these social authorities transposed cultural meanings from one setting to another.

During the late nineteenth century, the medical model of pregnancy, with its emphasis on science and technology, gained significance as the “official cultural map.” While medical understandings of pregnancy were gaining dominance during the late Victorian Era, these messages had moral and social implications that were simultaneously accepted and challenged by authorities in various social reform movements, and patent medicine companies. Comparing discourses between the physicians, the Lydia E. Pinkham Company, and the Free Lover reformers illustrates the convergences and divergences of competing social authorities and illustrate the ways that culture is transposed from one setting to another. Comparing advice on pregnancy illustrates the ways that different authorities use culture to further their own agendas.

This research illustrates a cultural map of reproduction whereby each group borrowed language and meaning of maternity and the benefit to society, but refuted and challenged the means to achieve it. Complicating the picture of women’s reproduction, each group identified different concerns for civilization: women’s health and fear of sterility for Lydia E. Pinkam Company, unwanted pregnancy and well born children for Free Lovers, and well
born children and women’s health for doctors. These concerns overlapping issues illustrate a fluidity within the nineteenth century discourse on reproduction. Rather than holding tight to a collection of meanings, these groups borrowed and responded to one another in regards to the health of the nation and racial concerns leading up to the new century. The culture of pregnancy was one of competing meanings, loosely organized into a hierarchy aimed at reproducing society.

A more authoritarian scientific discourse developed over the last third of the nineteenth century as the Victorians faith in science and physicians improved (Morantz-Sanchez 2000). The doctors, the Pinkham Company, and the Free Lovers, incorporated these “codes” into their discourses of pregnancy and used their interpretations to support their own agendas. These various cultural voices contributed to an “official cultural map” of pregnancy advice whereby doctors offered the dominant ideology. Doctors presented themselves as “men” of science. They incorporated localized knowledge into authority-laden scientific discourse and justified their medical advice over those of other women. The Pinkham Company and Free Lovers, influenced by the discourses of science, shared similar language, but not always with similar meaning or intent, thus they could manipulate the scientific meanings in order to strengthen or defend their perspective (Bederman 1995). For example, the Free Lovers explicitly incorporated Darwinian theories into their reform discourse and their literature on reproduction. The Lydia E. Pinkham Company relied less on science in their advertising. They invoked public understandings of inheritance, but their rhetoric lacked a scientific backing. Instead, the Pinkham Company emphasized woman-centered advice and denied the effectiveness of physicians, some of the very physicians celebrated by nineteenth century sex radicals, including Foote, Trall, Severance, and Stockham. This continual co-
optation illustrates culture as process, whereby groups erect symbolic boundaries through which other ideas can be filtered.

As each group presented their perspectives on reproduction, the importance of sexual education, or racial progress, they melded together, fell apart, and reinvented themselves as part of the broader culture of sexuality and reproduction permeating the late nineteenth century. This continual co-optation illustrates culture as process, whereby groups erect symbolic boundaries through which other ideas can be filtered.

Doctors, for example, set standards for pregnancy conduct that limited women’s roles beyond mothering. These doctors presented women with advice on how to have a healthy child, but along with that advice came increased burdens. Doctors detailed the potential harms to unborn children and claimed that women had some control in developing the general temperament of their unborn. To ensure healthy outcomes, women must follow doctors’ orders of behavior, mate selection, and mental attitude lest they produce children that would burden the family, the community and the state. Following this advice, women became actively responsible reproducing the next generation, while being passively accountable to and dependant on doctors’ directives. Doctors’ empowerment then placed responsibility solely on individual women.

The Free Lovers erected strong boundaries around shared cultural meanings of marriage as the sexual enslavement of women which framed their notion of well born children. Free Lovers believed healthy children resulted from consensual unions marked by spiritual affinity rather than those forced by marriage. They challenged middle class standards of love, marriage and sexuality and drew on doctors’ assertion of physiology to support these claims. These reformers argued that the freedom to love whomever, whenever-
the end to marriage as a legal institution—would produce healthier children. With this freedom, however, Free Lovers instilled women with increased social responsibility. No longer able to blame mis-matched unions for unhealthy children, Free Lovers insisted that women must be concerned about the moral and physical worth of their partners so as to produce children that would not be a burden to society. At the same time, they advocated changes to the marital laws as a form of institutional change. The state and the medical field provided cultural resources to support Free Lovers’ attempts to abolish women’s enslavement in marriage.

The Lydial E. Pinkham Company is symbolically situated in the mid-ground of these groups, using women’s mothering and health as empowerment, but not advocating a radical change to the social system. This less radical organization distrusted doctors and situated themselves in direct competition with the organizing medical profession. Pinkham advertising and informational pamphlets, emphasizes women as the Architect of Man and celebrates maternity as a means for racial progress. While espousing similar ideas on the significance of maternity and concerns of women’s health, the Company presents doctors as women’s enemy rather than instead encourages educate themselves about their health.

While each of these groups expressed concern for the unborn and the effect of that potential child on society, Free Lovers clearly articulated love or “true affinity” as the source of a healthy child. Doctors, on the other hand, focused their attention on dictating particular behaviors to potential parents, primarily mothers, even before they had sexual relations and the Lydia E. Pinkham Company emphasized maternal health. Free love reformers used rhetoric of women’s equality and the abolition of sexual slavery to justify their support of women’s reproductive rights while doctors erected symbolic boundaries through use of
medical language that established them as scientific authorities devoted to the betterment of society through specific standards of conduct. By contrast, the Pinkham Company refuted medical knowledge and celebrated women’s folk understanding of their bodies. The boundaries are erected from the taken-for-granted cultural resources of each group. Each group drew on the status symbols of women as the keepers of the hearth. Both doctors and the LEPC equated maternity and marriage, ultimately holding women responsible for caregiving. The intricate cultural map of Victorian pregnancy presented by these three categories of social authorities illustrates elaborates on the ways in which each explains maternity and women’s responsibility for the race.

Pregnancy has implications beyond the individual family; the broader social structure has an interest in women’s behaviors during pregnancy. The struggle over control of women’s bodies involved larger concerns about the perpetuation of a morally just civilization, devoted to progress towards racial perfection and gender role specialization even medical discourses focused on women’s biology were deeply imbued with moral and racial messages about preserving the civilization (Bederman 1995:23-25). The issue of pregnancy was deeply political as women were instructed regarding the proper ways to be pregnant in order to support racial progress. Because social change appeared to threaten White Anglo-Saxon Protestant status, women’s reproduction and sexuality became a site of control and contestation. Competing authorities converged and diverged in ways they presented their messages regarding women’s health, reproductive rights, and proper behavior as mothers of the race, yet the issue of race remained a prominent thread throughout these various authorities. Each of these groups celebrated women’s maternity as means to support the future race. In addition they all contributed to the symbolic distinctions between good,
responsible, women celebrated for their reproduction versus those irresponsible, unhealthy women criticized for bearing children. These distinctions allude to notions of who is “fit” or “unfit” to reproduce the nation civilization. At the turn of the twentieth-century, as scientific efforts at better breeding and eugenics movements took hold, questions became “who decides what potential progenitor or offspring is ‘better’ and has the leverage to enforce such preferences?” (Stern 2005:11). Standards for women’s are constructed to benefit the state and the perpetuation privileged social reproduction. In the first chapter I posed Ricki Solinger’s (2005) question “Who has power over matters of pregnancy and its consequences?” (p. 3). Nineteenth century discourse over pregnancy indicated that power was shifting to medicine and the state. In terms of individual reproduction, white women of means had more opportunities to negotiate reproductive choice.

As an historical study this research fills the gap between understanding women’s sexuality and motherhood by emphasizing the cultural messages of pregnancy that hold some women to nearly unachievable standards in the name of their children and the betterment of society, particularly those of privilege. Women’s fertility remains an important cultural resource in contemporary American society. Control over women’s fertility is an underlying theme in many of the contemporary debates over family values or the moral worth of the nation. Many of the competing discourses (medical authority, advice books, the feminist movement, and family values rhetoric) prevail today and women are faced with these complex cultural schemas as they attempt to make decisions on whether or not to conceive, “how” to be pregnant, where to give birth, and how to raise their children. There remains a proper way to be pregnant and give birth in this country, which falls within the confines of a medical model that ritualizes and celebrates technology while devaluing social relationships.
Access to alternative models of pregnancy is constrained by race, class and gender. For example, midwifery costs are not as likely to be covered by public or private health insurance providers as obstetrician-attended hospital births, thus limiting poorer women’s opportunities to experience less medically-mediated pregnancies. Lack of access to prenatal care available to marginalized groups, the lack of alternatives to medical models for understanding pregnancy, and the proliferation of self-help pregnancy and childrearing manuals that espouse an essentialist understanding of motherhood attainable only to a minority group of privileged women continue to set racial and class based standards for pregnancy and reproduction.
APPENDIX A

The records of the Lydia E. Pinkham Medicine Company are located at the Arthur and Elizabeth Schlesinger Library on the History of Women in America at the Radcliffe Institute for Advanced Study. The Lydia E. Pinkham Collection contains over 190 boxes and 600 volumes of materials. Many of these items are referenced in the endnotes with the abbreviation LEP SL followed by volume and folder information. Of particular interest for this study are the Pinkham Pamphlets and the advertising copy from 1870-1900. In-text citations generally use the advertisement or pamphlet title and year. The Pamphlets are listed below:

*Guide for Women, 1893*

*Guide to Health. For the Women of the Nations, 1893*


*Women’s Beauty, Peril, Duty, 1894*

*Women Friends in Council, 1895*

*Women’s Triumph, n.d.*

*No Wealth Like Good Health, 1896*

*Facts with Proof, 1897*

*More Facts with Proof, 1898*

*To the Women of America, 1899*

*Lydia Pinkham’s Private Text-Book Upon Ailments Peculiar to Women, n.d.*

*Health, Vigor, Strength, 1900*

*Common Sense Talks With Women, 1900*
ENDNOTES

ENDNOTES CHAPTER 1

Introduction

1 Davidson (1998) argues that the ‘separate spheres ideology’ commonly applied to this era never existed in a general or definitive way in much of America, and instead serves as a trope for scholars discussing femininity in this era. Kerber (1988) maintains that the term “separate spheres” has been overused so that it no longer has real meaning; rather it is a trope for the gendered power relations of the era.

2 Tina Cassidy’s Birth: The Surprising History of How We Are Born was one of the first recent books to bring birthing issues into the public arena.

3 Davis-Floyd (2001) argues that the ritualized standards and practices of hospitals represent a technocratic model of medicine that has become the unquestioned “common sense” standard for childbirth in the United States.

4 See Staples and Gotham (1996) for a discussion of the New Historical Sociology that moves beyond asking “what happened.”

ENDNOTES CHAPTER 2

The Victorian Context & The Discovery of the Child

1 Woodhull, Victoria. 1871. Children, Their Rights and Privileges. Delivered at Troy, New York, Wednesday, September 13, 1871. Published in Woodhull & Claflin’s Weekly, October 7, 1871. This speech led to Victoria Woodhull’s election to President of the American Association of Spiritualists at their Eighth National Convention.

2 See Davidson 1998; Kerber 1988; Vickery 1993 for reviews of the use of the concept “separate spheres” in the scholarly literature.

3 Cities, especially experienced high infant mortality.

4 Sperry, like other nineteenth-century public commentators used the phrase “right to be well born.” See Andre and Vasquez (1988) and Dye and Smith (1986) for more on the issue.

5 Foote argues that “children born into such situations become are a burden to society as the cost of maintaining the child while it lives and of tending to it during sickness practically amounts to a dead loss to the community at large, if death occurs before the time when it can becomes a working member. Sickly, deformed and idiotic children that become the wards of the state are a direct and appreciable burden, and the aggregate is a large item of the tax levy” (1886: 30-31).

6 See Free Love periodicals such as Lucifer, the Light-Bearer; Woodhull and Claflin’s Weekly, or The Word for such articles.

7 Dr. S. Weir Mitchell’s “rest cure” exemplifies this diagnosis. See Martin (2007) for a recent review of Mitchell’s cure and its effect on women.

ENDNOTES CHAPTER 3

Natural Law and Maternal Impressions

8 Stockham, Alice B., M.D. 1883: 159.

9Johnson, I.D., MD 1889: 50.

10 Dr. I.D. Johnson uses the phrase “to be rightly born” in Counsel to Parents and How to Save the Baby; Scholars such as D’Emilio and Freedman (1997: 145-146) and Smith-Rosenberg and Rosenberg (1973) address issues of Victorian women’s health.

11 Dr. Alice Bunker Stockham (1833-1912) earned her medical degree in 1854 and became one of the first female physicians in the United States. Stockham, trained in Eclectic and Homeopathic medicine practiced medicine in Chicago, Indiana and Kansas, specializing in treatment of women and children. Stockham’s Tokology was quite popular, selling over 160,000 by 1891. On its 45th edition by 1897, the book was considered a standard work on pregnancy, childbirth and sexuality. Stockham was a reformer and author. She supported suffrage and free speech, and an elimination of the sexual double standard- the idea that sex was natural for man, but not woman. While I have found no evidence that she embraced the term “Free Lover,” Stockham’s ideas about sexuality, equality, and marriage align with that reform movement. In addition to Tokology,
Stockham’s work *the Karezza* advocated a continent version of sexuality. She advocated moral, consensual sexual unions between husband and wife. Taking time to mutually appreciate the sex act, argued Stockham, would reduce the frequency of a husband’s demand for sex. Further, she argued that husband and wife should remain chaste during pregnancy to ensure the child had a pure and natural life. Stockham offered a letter of support and a financial contribution to Free Lover Moses Harman during one of his imprisonments for publishing information on contraception (Satter 1999: 134-137; see also Passet 2003: 149-150 and Stoehr 1979). Stockham also co-authored a few novels that criticized the state of women. Beyond this, not much is known about Dr. Stockham as no bibliography exists and I have been unable to locate her historical papers.

For the most complete discussion of the Footes see Wood (2008). Dr. Foote, Jr. earned his medical degree from the New York College of Physicians and Surgeons. Foote, Jr.’s medical career was closely connected to his fathers. E.B. Foote, Sr. received his training in homeopathy and eclecticism at Penn Medical University in Philadelphia, but also described himself as an allopath (Wood 2008: 34-35; 54-55). According to Gordon (2002:113) Foote Sr. began his career as an ‘irregular,’ but gained respect from the “regulars.” Foote, Jr., too, achieved standing as a “regular” physician.” Foote, Sr. established a medical practice Manhattan, but gained acclaim through his publishing house, Murray Hill Publishing, and mail-order medical advice. Foote, Sr.’s medical advice books like *Plain Home Talk* sold hundreds of thousands of copies. Foote, Jr., also active in Murray Hill Publishing, published a reprint of Dr. Alice Stockham’s *Tokology* in 1900. Publishing more than 60 books and pamphlets on reproductive control, free speech, social reform, the Footes were targets for Anthony Comstock. In 1875, the publishing house received a letter requesting the *Words in Pearl* pamphlet on contraception. Not knowing the letter was a decoy, a common Comstockian ploy, a clerk filled the request, but Foote, Sr. was arrested and held accountable as the responsible party. The following year, Sr. was convicted and fined $3,500, less than the $5000 maximum allowed under the law. The Footes’ reformist ideas, particularly those relating to reproductive freedom and free speech made them allies with the free love movement. Foote, Jr. was founder of the Free Speech League and also actively campaigned for repeal of the Comstock Act (Gordon 2002: 113.). See also Horowitz 2002; Spurlock 1988.

Poovey (1988: 24-50) argues that mid-nineteenth century physicians’ debates about the source of women’s difference from men—physiology or morality—impeded the professionalization process. These two different views of women contributed to the acceptance of medical authority, but they implied different roles for medical practitioners. For a discussion of the professionalization or acceptance of female physicians see Morantz-Sanchez (1999; 2000) and Wells (2001). For discussion of professionalization of obstetrics and gynecology see Barker-Benfield 2000; Borst 1990; Costello 2006; Ray 1982; Roy 1990.

Wells (2001: 7) points out that aspiring ministers, typically required to master complicated questions of theological theory and ancient languages, often faced higher standards of professional preparation than many physicians of the time. Morantz-Sanchez argues that women won the battle to be trained as physicians in the nineteenth century by appealing to the idea that women were more sympathetic with their female patients. Thierot (1993) argues that women physicians’ differed from their male counterparts in regards to debates about gender and science. More recently Wells (2001) explores female physicians’ writing during the professionalization of science and medicine. More, Fee, and Parry (2008) provide a history of women’s diverse careers, struggles, and accomplishments as physicians over the last 150 years.

Starr (1982) argues that overcrowding in the profession brought a turf war between “regular” doctors and others such as homeopaths as both groups struggled to gain and maintain social acceptance and authority. According to Ehrenreich and English (2005: 1978) as men of science, “regular doctors” were adamant that their diagnoses, treatments, and experiences were well grounded within it. With this scientific view, healing and caring was increasingly commodified, something to be bought and sold in the market place. By this view, healing became detached from personal relations and “a male enterprise;” rooted in apprenticeship networks as the primary source of training (Ehrenreich and English 2005 [1978]: 46). While the majority of doctors during the mid-to-late nineteenth century were men, Starr notes that women comprised more than 10% of the students in coeducational medical schools. Additionally, over 7,000 female doctors practiced medicine at the turn of the twentieth century. In this effort to demonstrate their professionalism, ‘regular’ doctors also exhibited greater social distance from their patients. Homeopaths, on the other hand, relied on on-going report with their clients. These sectarian medical practitioners demonstrated a sympathetic relationship with patients, one that demanded individual diagnoses, reduced pharmaceutical dosages (compared to ‘regulars), and was likely a more “pleasant” experience. While social distance may have allowed the ‘regulars’ to gain authority through
institutionalize dependence on their expertise, upper class patients often sought the skills of the homeopaths. Despite professional differences and struggles between these groups, Starr argues that it is unlikely that the public could readily distinguish the doctrinal differences that separated these practitioners (1982: 81, 97, 117, 144).

17 In a 2004 essay, Starr reviews his argument in the 1982 classic and responds to several critics. He reiterates the claim that neither physicians nor medicine were the primary or sole “movers” in the transformation of medicine into a profession. Starr maintains his argument that “professional power, as it emerged by the early twentieth century, derived from wider forces” (2004: 1009). While I agree with Starr that the professionalization of medicine could not have happened as it did, without these wider social forces, I believe that doctors’ advice manuals played a significant role in spreading their social authority. By putting in writing their prescriptions about health and their knowledge of science, nature, and the body, doctors established themselves as authorities on the subjects, regardless of whether or not the laity directly followed such advice.

18 Leavitt (1987) argues that doctors used emergency situations, such as those potentially requiring surgical intervention, to assert their authority over the birthing room. In such situations, doctors offered explicitly scientific justifications for their decision to intervene. Other scholars support the notion of doctor-patient negotiation.

19 Wolf (2009) argues that the cultural characterizations of women as chronically weak and debilitated contributed to medical and lay interest in pain relief during childbirth. Physicians responded with chloroform and ether. During the last decade of the century, women advocated for painless birth in the form of twilight sleep. She argues that twilight sleep, a consumer driven intervention originally discounted by obstetricians, eventually served to elevate these physicians’ social and professional standing.


21 Women physicians comprised nearly 5% of the regular doctors by the turn of the twentieth and some of these female doctors authored advice literature to women (Wells 2001; see More et al. 2008 for a detailed history of women physicians’ contributions, struggles, and careers). Histories of medicalization of reproduction focus on the transmission of reproductive authority from women to men. As the previous section illustrates, this process of medicalization was not quite so linear. Women play a key role in inviting physicians into the birthing room; they sought medical advice to counter the pains and fears of childbirth. At the same time, primary documents from 1870-1900 regularly refer to doctors as “men of science.” Thus, I use this language to describe doctors, even when advice comes from women. Believe in and support for science outweighs female “instinct” in matters of reproduction for both male and female doctors. Historian Susan Wells (2001) finds that female doctors embraced scientific writing and contributed to medical discourse very early in the development of the profession. Wells examines the rhetoric of female scientists and claims that there is no distinctly female scientific voice.

22 For example, Dr. Lyman Sperry draws on the success of his past works to indicate the demand for additional information relevant to those approaching marriage. The preface of his book Husband and Wife (1900) opens: “Of the thousands who have read [his previous] books many are now married. Others are approaching the years and circumstances which suggest that marriage is probable for them in the near future. Doubtless many hundreds have felt, -- what so many scores have expressed in letters to the author, -- a desire for such information and suggestions as are important to those who take upon themselves the responsibilities of married life, the establishment of a home and the rearing of a family. This book is intended particularly for such” (Sperry 1900: 9). Sperry’s message attempts to provide advice requested by his previous readers and as well as the larger populace. He establishes his book as a essential for the every day life any one hoping to have a family.

23 In addition to his medical profession, Dr. Sperry was a professor at Oberlin College and an avid explorer; Sperry Glacier in Glacier National Park is named after him. Sperry’s social network and status demonstrates doctors’ gains in social standing, and these gains likely contributed to the doctors’ ability to attend to issues of sexuality and reproduction in the public arena. According to the New York Times on May 19, 1900, the subject of Sperry’s forthcoming “sociological study...may be considered a particularly delicate one [yet] he is said to have treated it with the utmost propriety, ... in a perfectly clear manner.” Sperry’s status as a reformer and physician evolved in part because of his previous advice books, Confidential Talks to Young Men and Confidential Talks to Young Women in which he offers direct discussion of matters of sexual education, health, and hygiene.
Dr. Albutt’s work, like many of those writing on materials of reproductive processes, faced enduring controversy. Specifically, he faced prosecution from under the Comstock Act. For example, the Michigan State Board of Health purchased Dr. Albutt’s publication for their library, but his name was stricken from the Medical Register in 1886 for the “obscene” content of manuscript. Despite the controversy over the sexual or obscene language of Dr. Albutt’s publication, his introduction demonstrated professional loyalty and discouraged women from seeking advice from other women (Campbell 1999: 56 FN 5; Sixteenth Annual Report of the Secretary of the Board of Health of the State of Michigan. 1888: viii).

Albutt was charged for selling obscene materials in London as well. On February 2, 1889 The British Medical Journal reported that Albutt’s offenses including selling The Wife’s Handbook at “so low a price as to bring the work within the reach of the youth of both sexes to the detriment of public morals.”

Pancoast (1823-1882) a Pennsylvanina doctor and scholar of occult sciences, served as a professor of anatomy at the Women’s Medical College of Philadelphia for two years. He joined the faculty at Penn Medical College, Philadelphia where he remained as an emeritus faculty after his private practice demands drew him away from teaching. Pancoast’s The Ladies Medical Guide (1875) saw at least three printings. Pancoast was a bit of an adventurer towards the end of his life. He organized several expeditions to retrieve copper and gold from a British warship sunk in Delaware Bay (Kelly and Burrage 1928: 935; New York Times, December 17, 1889).

In an American Lancet review of Practical Lessons in Nursing, the editor commends Keating for addressing “The portion of the existence of every individual the intrauterine and extra uterine life during childhood this period is laid the foundation for vigorous health” (Connor 1887: 279). This sentiment from a medical journal illustrates a dominant position on the importance of pregnancy. The review further encouraged every doctor, and their associates to read the book because “most of the good done by this book this work will be by and through doctors. They are and must be the personal teachers of their patients and thus of the community” (Connor 1887: 279). Praising Keating’s book, which he aimed at nurses and mothers, The Lancet, claimed that doctors would need to mediate the book’s information for the best results. This assertion elevates doctors’ authority over that of women.

Poor air quality in cities troubled American physicians. Foul odors and poor air often contained bacteria, which threatened individuals with respiratory problems. While physicians had not yet made these direct connections, their inability to “cure” respiratory problems such as bronchitis or pneumonia meant that breathing-related illnesses had dangerous consequences (Preston and Haines 1990: 17-19). Respiratory problems, influenza and pneumonia (together) and tuberculosis were the leading causes of death in 1900, with more than 200 deaths per 100,000 people (Leavitt and Numbers Eds. 1997[1978]: 6).

Plethoric refers to a flushed complexion caused by excess blood in the system, or to excessive swelling. Scrofululous, generally indicates a “run-down appearance.” In more medical contexts it refers to problems with the lymph nodes of one’s neck.

Stockham’s use of the common practice of citing other physicians also reinforces doctors’ collective authority over reproductive matters.

Albutt (1888) makes this statement in the “Introduction” to The Wives’ Handbook.

Johnson, I.D., M.D. 1889. Counsel to Parents and How to Save the Baby. Kennet Square, PA.

Frederick Hollick, a proponent of popular health and homeopathy, stood trial in 1846 on obscenity charges for the sexual nature of the language in his book The Origins of Life and for his lectures, in which he dissected a paper mache mannequin on stage. Rather than face re-trial, Hollick skipped out on bail on at least one occasion. A self-described medical man, Hollick was also an itinerant lecturer and a writer. Despite the obscenity charge, Hollick’s works were well received by the public. According to Michael Sappol, cited in Haynes (2003) Hollick’s books went through at least five hundred printings of 2,000-10,000 copies each. For more on Hollick, see Donna 2005; Gordon 2002 [1974]: 110-111; Sappol 2002: 199-200.

These messages also comment on late Victorian social expectations of women’s limited movement within the public sphere. Physicians’ advice also reinforced the public discontent with upper class women’s frivolity.

Wood’s (2008) Struggle for Free Speech in the U.S. provides a comprehensive biography and history of the Drs. Foote, Dr. Edward Bond Foote (1854-1912), and his son of Dr. Edward Bliss Foote (1829-1915). Wood (2008) clarifies that the doctors, sharing similar first and last names had different middle names. Despite this, they used the terms Sr. and Jr. in their professional work. I follow the same practice here. While Foote, Sr. had a successful medical practice and publishing practice business, his son Foote, Jr., also a physician, never reached the medical success of his father. Instead, Foote, Jr. gained social standing as a free-speech activist and later as an advocate for sex education in the public schools. His most prominent work, The Radical Remedy in Social Science or, Borning Better Babies through Regulating Reproduction by Controlling Conception (1886),
drew on the philosophy of population control to advocate contraception use (Wood 2008). The Drs. Foote not only advocated for women’s rights, they fought for the repeal of the Comstock Law, which prohibited the mailing of “obscene” materials including information on contraception. Opposing abortion, Foote, Jr. indicted the legal system for allowing physicians more leeway to provide abortions than to offer contraception. Social reformers concerned with freedom of speech and women’s reproductive rights, the doctors Foote lectured for the National Liberal League’s repeal of the Comstock Law, supported the National Defense Association which provided funds to those prosecuted by Comstock, and were involved with the Free Speech League. Both Drs. Foote advocated contraception to prevent unwanted pregnancies and allow men and women sexual freedoms. In addition to Foote Jr.’s assertion that unwanted pregnancy is harmful to the children and society, he detailed the consequences to women’s health: “Every physician who has to do with the diseases common to women is daily compelled to note the fact that a large number of cases are directly traceable to excessive and ill-timed child-bearing; that from this cause their nerve-strength is exhausted, rendering them easy victims to the diseases of debility, and also to death in the act of labor from no other cause than mere exhaustion—the act of calling for more strength that the body can afford, and death comes as from the shock of an operation” (Foote 1886:20).

For Hollick, the “population question” was tied to race. Drawing on “scientific racism,” and his own observation of natural progression, Hollick condoned slavery in 1843 as beneficial to society and advocated for the white working class to find their own form of “racialism.” Hollick, once a self-proclaimed socialist, believed that working class whites suffered more under industrial capitalism than did black slaves. His criticism of industrial capitalism is evident in his stance on the class-based differences in fertility. The racial implications of such class-based concerns over population continued long after the end of slavery (Haynes 2003: 547-548).

Doctors such as Foote argued that without sexual restraint, reproductive planning, or contraception, men and women amongst the privileged classes would bear children without any forethought to the consequences, thus making them no more “civilized” than animals. For Dr. Foote “… it is certainly not too soon to call attention to the fact that reckless, hap-hazard, unrestrained, unregulated propagation is productive of vice, misery, and crime; that, in fact, people who delight to call themselves civilized, permit themselves to be controlled in the matter of reproduction by the law of waste, prodigality or extravagance, which prevails among all lower forms of life” (1886: 21). Here Dr. Foote articulates the concerns about “unregulated propagation.” He suggests that even civilized members of society, read white, middle and upper middle class, are ruled by their sexual urges.

ENDNOTES CHAPTER 4
Saviour of Her Sex, Lydia E. Pinkham

1 Vol. 463 LP SL. From the papers of the Lydia E. Pinkham Medicine Company, Arthur and Elizabeth Schlesinger Library on the History of Women in America, Radcliffe Institute at Harvard, Cambridge, MA. Hereafter SL LEP. The Lydia E. Pinkham Medicine Company Records, located at the Schlesinger Library of The Radcliffe Institute of Research, span the years of 1851-1968. The scope and content of the 194 boxes of documents and more than 500 oversized items and folders which comprise this collection is quite broad. The abbreviation LEP SL refers to this collection. Financial records beginning in 1859 include things such as journals, ledgers, tax statements, employee records, inventories and invoices. The records of the Board of Directors also exist. Technological and pharmacological information is available relating to various herbs and studies of female maladies. The general records include newspaper clippings, correspondence and articles written about Lydia Pinkham. A portion of the collection is devoted to litigation faced by the Pinkham Company. The company was charged with distributing obscenity, counterfeiting, and faced legal battles over ownership by Lydia E. Pinkham’s heirs. Oversized materials include pictures, drawings, phonographs with radio ads, and actual samples of the Vegetable Compound. Future research might investigate the company’s century-long contribution to women’s reproductive knowledge.

2 “Advertisement” 1884 LEP SL
3 Guide to Health 1893:27 LEP SL
4 Hubbard, Elbert. 1915. Lydia E. Pinkham. Being a Sketch of her Life and Times. Box 120, Folder 2433 LEP SL
5 The term “patent medicine” is a misnomer as patents require that the producers file their formulas with the government. These drugs were actually “proprietary” (Starr 1982:129). Patent medicines originated in Britain, but also grew out of home remedies in the United States (Young 1961). I use the term “patent medicine” to stay
consistent with the nineteenth century usage of the term. The full name of the Pinkham Company includes the word “patent.”

6 See Dary (2008: 244-273) for a discussion of the history of patent medicines, including medicine shows, the use of race in advertising, and regulation efforts.

7 Guide to Health 1893 LEP SL

8 Advertisement, New York Times, May 3, 1887 LEP SL


10 Hubbard, Elbert. 1915. Lydia E. Pinkham. Being a Sketch of her Life and Times. Box 120, Folder 2433 LEP SL; Stage (1979) offers the most contemporary and comprehensive history of Lydia E. Pinkham and the Patent Medicine Company.

11 According to Lewis and Newhall, (cited in Stage 1979: 21), abolitionist lectures sometimes found themselves locked out of churches and lectures halls or greeted by angry mobs in Lynn during the 1830s and 1840s.

12 Lydia left the Lynn Friends in the 1830s. The Estes family strongly supported abolition, hosting gatherings with William Lloyd Garrison in their home. Fugitive slave Frederick Douglass resided in Lynn and considered Lydia and the Estes family amongst his friends. Lydia’s “Friendship Album,” one of the rare personal items in the collection, contains an inscription from Douglass dated 1848, stating, “My dear Friend, How unspeakably pleasant it is to meet old and dear friends after a long separation” (Album of Lydia E. Pinkham, Vol 538 LEP SL.) See also Stage (1979) Chapter 1 “The Woman Behind the Trademark” for more details on Pinkham’s early life.


14 Hubbard, Elbert. 1915. Lydia E. Pinkham. Being a Sketch of her Life and Times. Box 120, Folder 2433 LEP SL; Other biographies include Burton 2009 [1949]; Collyer (1931); Stage (1979); Washburn (1931). Few other books have been devoted solely to Pinkham or the LEP.

15 Hubbard, Elbert. 1915. Lydia E. Pinkham. Being a Sketch of her Life and Times. Box 120, Folder 2433 LEP SL

16 Blood letting, a practice whereby physicians extract large quantities of blood from a patient in effort to cure illness, often had serious consequences, including death. Blood letting had a long history as a healing techniques but it faced increasing criticism in the mid-to-late nineteenth century. Stage (1979: 45; n1) argues that the term “The Poisoning Century” was coined by a medical practitioner troubled by the dangerous therapeutic practices in use.

17 Calomel, another term for mercury chloride, and also known as mercury horn or horn quicksilver, was used as a laxative and as a treatment for syphilis. Calomel is now known to be toxic in large quantities and can cause fatalities.

18 A financial crisis hit the United States (and Europe) in 1873. The United States experienced a boom period of construction, particularly in the railroad industry, following the Civil War. In September 1873, financial houses, again, those related to the railroads, crashed, leading to financial difficulties for many Americans. Thus, the Pinkham’s were not alone in their troubling financial situation. See Lee (2008) for a comparison between the current financial recession and that of 1873.

19 Later advertising by the Company emphasized Lydia’s caring nature, claiming she offered her Compound to friends, neighbors, and the poor.

20 The Lydia Pinkham Herbal Compound is still available today. Numark Laboratories of Edison, NJ, produce the compound and continue to promote its effectiveness for menstrual and menopausal discomforts. Advertising on the Numark Laboratories website (August 2010) is similar to that used by the company in its early years: “Do you suffer pain or distress because of your monthly period or your change of life? Discover Lydia Pinkham® Tablets for nutritional support for women during all stages of life from menstruation through menopause. Lydia Pinkham® is the world’s most time-proven indication for women. It was first introduced in 1875, and since then has been used by generations of women the world over. The remedy was formulated specifically for women’s problems by a knowledgeable, caring woman, Lydia Pinkham. The medication contains 7 natural medicinal herbs traditionally found to be beneficial in menstrual and menopausal distress. In addition, it provides iron, calcium and vitamins C and E to promote general well-being and health.” The Lydia Pinkham Herbal Compound can be bought online directly from the manufacturer, at Amazon.com, or at walgreens.com. According to Numark, it may also be available in select discount stores or drug stores.
century. It is a mild tonic and diuretic. Dandelion (taraxicum officinale) has been known as a medicinal herb since the Arabs of the 10th Cimicifuga racemosa) has a tonic, restorative effect; promotes easier menstruation; and, as a diuretic, reduces inflammation of the uterus, or prolapsed uteri. The 1876 edition did not list a recipe with all these ingredients combined, thus it might be Pinkham’s own invention. Pinkham did not seem concerned combining unicorn root, alleged to prevent miscarriage, with life root, believed to induce abortion. The Dispensatory did not mention fenugreek seed in relation to female maladies, thus it seems to be Lydia Pinkham’s own contribution to the formula, perhaps because of its reputed aphrodisiac qualities. See Stage (1979:90-92 and endnote 3) for more detail on King and the herbs used in the Vegetable Compound.; See Simmons (2002:396-400) for a discussion of Pinkham’s contribution to modern medicine. Brodie (1997:75) discusses the contraception effects of Lydia Pinkham’s Vegetable Compound and Uterine Tonic. The contemporary version of the vegetable compound known as The Lydia Pinkham Herbal, produced by Numark Laboratories describes similar herbs and their benefits in the contemporary version on their website (www.numarklabs.com retrieved August 2010):

“Motherwort (leonurus cardiaca) Motherwort’s name comes from the fact that it has traditionally been viewed as specially useful in female disorders. It acts as a natural tranquilizer; it fights depression; and aids in promoting easier menstruation. It has a cheering, stimulant effect.; Gentian (gentiana lutea) Revitalizes and invigorates; Jamaican dogwood (piscidia erthrina) has been recommended by generations of herbalists to reduce painful menstruation. Pleurisy root (asclepias tuberosa) From early days, pleurisy root has been regarded as a valuable medicinal plant. It was an American Indian remedy. It exerts a general mild tonic effect on the system, and acts as a gentle laxative. Licorice (glycyrrhiza) is not just flavoring. It has been widely used as a herbal medicine since the Ancient Greeks and Romans. It has soothing and rejuvenating effects. Black cohosh (cimicifuga racemosa) has a tonic, restorative effect; promotes easier menstruation; and, as a diuretic, reduces bloating. Dandelion (taraxicum officinale) has been known as a medicinal herb since the Arabs of the 10th century. It is a mild tonic and diuretic.”

22 Vegetable Compound Packaging Box 186 LEP SL
23 Stage (1979:167-168) notes that the Pinkham Company maintained positive relations with the Lynn Women Christian’s Temperance Union; Charlie Pinkham hosted the 1899 WCTU garden party at his home. The early twentieth century crusade against patent medicine companies also critiqued the WCTU for their endorsement of alcohol-containing proprietary drugs like the Vegetable Compound.
26 Stage (1979:41) argues that advertisers had used photographs, but no one had yet used a woman’s likeness on their product.
27 Hubbard, H.P. November 1892. “The Story of Lydia Pinkham” in Fame 1(9). Box 163 (Folder 3012) LEP SL
28 Letter to Professor S Foster Damon from William Hall, January 26, 1959. LEP Box 168 (Folder 3140) SL
29 LEP SL
30 LEP Box 84 (Folder 764) SL
33 See also Pinkham, Charles H. LEP Vol 328 SL; Guides LEP SL
34 Pinkham literature criticized physicians for their inability to actually cure, rather than treat, women’s maladies such as headaches, amenorrhea, dysmenorrhea, or fallen womb. Doctors often prescribed rest, engaged in heroic measures that were increasingly questioned, or required multiple visits. Pinkham claimed that the Vegetable Compound, when taking regularly, would cure, not simply treat, illnesses.
35 This theme is evident in pamphlets such as Guide to Health. For the Women of the Nation; Guide for Women; and Guide to Health and Etiquette.
36 The Company kept a book of sample responses to their client’s letters.
37 Stage (1979: 103-104) remarks that it was likely difficult for the Pinkham Company to find prominent women willing to associate themselves with the types of illnesses benefited by the Vegetable Compound. Engelman argues (2003) argues that the testimonials in the Pinkham advertising, which included the name and
address of the consumer, created an advice network that spanned the nation. I discuss the Pinkham testimonies later in this chapter, but it is important to note that I approach them with more skepticism than Engelman.  

38 Moskowitz (2009) supports the use of testimonials as a means of community building amongst the consumers/testimonial writers. She also argues that testimonials played a role in the construction of national markets and identities.  


40 LEP Box 84 (Folder 764) SL; The Pinkham Company archived a great deal of their advertising along with the meticulous records of their advertising efforts. Central to this ongoing campaign was the use of testimonial letters written by consumers of Lydia E. Pinkham's Vegetable Compound, yet only a few of these testimonial letters remain in the collection. I discuss the role of testimonies in nineteenth century advertising and by the Pinkham Company later in this chapter. “The Pinkham Pamphlets” utilized women's testimonies to offer advice on female maladies, by a woman described as “The Savior of Her Sex” and genuinely concerned with women's reproductive problems, as the primary advertising mechanism.  

41 As proprietary medicines came under increasing investigation, critics challenged these testimony-heavy advertising strategies. In 1905 *Collier’s Weekly,* ran a two-part series of essays titled “The Great American Fraud: Articles on the Nostrum Evil and Quacks” by Samuel Hopkins Adams. Adams critiqued the prevalence of testimonies in proprietary medicine advertising arguing that only those who return to health are capable of testifying; those who die from the ill effects do not have the opportunity. “As to Testimonials: The ignorant drug taker returning to health from some disease which he has overcome by the natural resistant powers of his body dips his pen in gratitude and writes his testimonial. The man who dies in spite of the patent medicine or perhaps because of it doesn’t bear witness to what it did for him. We see recorded only the favorable results the unfavorable lie silent. How could it be otherwise when the only avenues of publicity are controlled by the advertisers. So while many of the printed testimonials are genuine enough they represent not the average evidence but the most glowing opinions which the nostrum vender can obtain and generally they are the expression of a low order of intelligence. Read in this light they are unconvincing enough But the innocent public regards them as the type not the exception” (Adams 1905: 4). Adams excerpts from an article which ran in *The Ladies Home Journal* specifically critiquing the Pinkham’s advertising, given Lydia Pinkham’s death in 1883. Starr (1983:130) offers a solid summary of Adams’ “Great American Fraud.”  


44 Additionally, given the vast scope of the Pinkham collection, it seems unlikely that only few testimonies out of “hundreds per week” only a few remain. Here is one such testimony (ver batim) from the collection:  

“Cinci May 23rd 1881  

Mrs Lydia E Pinkham  

Dear Mad  

Will you be kind enough to send me one of your pamphlets: I have been dealing for several years from ulcers on the womb. Falling and displacements—weakness of the back. That feeling of bearing down and causing pain, weight—I could be on my feet—but a short time. But seeing your advertisement in the paper one day and you described my ailments so beneficially that I concluded to buy your compound. I have taken three bottles and I am note beginning to feel like a new woman. In fact I am feeling better in every respect. For the sale of all female suffering let them take my advice and use your compound and be cured.  

Yours with respect, Mrs. W A Liox, 239 Everett St  

Cincinatti, OH”  

45 *Lydia E. Pinkham’s Private Text-Book Upon Ailments Peculiar to Women.* n.d. LEP Box 12 (Folder 2492) SL. Hereafter *Text-Book.*  

46 Pinkham, Charles. *Advertising* 1959 LEP Vol 328SL  

47 *Woman’s Beauty, Peril, Duty* 1893:4, emphasis in original. LEP SL  

48 *Guide to Health, For the Women of the Nation* 1893:18, emphasis in original. LEP SL  

49 *Text-Book* n.d. LEP Box 12 (Folder 2492) SL  

50 *Guide to Health, For the Women of the Nation* 1893:42 LEP SL
“Fallen womb” is the colloquial term for prolapsed uterus, a condition whereby the ligaments holding the uterus in place weaken, allowing the womb to fall into the vagina or outside it. Fallen womb is a fairly common in post menopausal women but may also occur in women who experienced frequent childbirth or heavy labor. The Pinkham Company blamed women’s “violation of the laws of health” as the cause of falling womb, but they do not identify the specifics of these laws” (Guide to Health and Etiquette, n.d.:7). Dr. Frederick Hollick (1878:42-62.) offers a nineteenth century medical perspective on the condition. Treatment for fallen womb varied based on the stage of the condition. According to Hollick, bed rest and attention by a physician might cure the disease in the early stages. Later detection might require the use of supporters, galvanizing treatments, or pessaries. In severe cases, women were left to suffer the pain in their abdomen and back or faced abdominal surgery to reinforce the ligaments (Morantz-Sanchez). Stage (1979:91) argues that many physicians were skeptical of localized treatments and disgusted by these radical surgeries. They prescribed proper diet, soap and water, and strengthening regiment. The Pinkham Company prescribed their Vegetable Compound as an alternative, one supported by King’s Disepensatory. Twenty-first century protocol involves lying down so the uterus can return to its appropriate location. If recurring, surgery to reattach or remove the uterus is likely.

The Speculum use was quite controversial during the nineteenth century. The Pinkham Company felt the use of speculums immoral and dangerous. Given that germ theory had not thoroughly taken home, the risk of infection from unsanitary speculums was also high. Dr. J. Marion Simms popularized the tool during the mid-nineteenth century through his research of vesico-vaginal fistulas (a condition effecting the connection between the vagina and bladder) which he conducted on slaves. Many physicians believed it immoral to visually examine a woman (McGregor 1998:40-48, 140, 177).

The connection between God’s will and Nature’s design recurs in others pamphlets as well. In To The Women of America (1899:17 LEP SL) the Company states:
“Implanted in the heart of every true woman is the mother’s love, the longing for the God-sent being which is flesh of her flesh, bone of her bone. The wife who does not yearn for a child of her own is indeed a perversion of nature.”

83 Health, Vigor, Strength 1900:28. LEP SL
84 Women Friends in Council 1895 26 LEP SL
85 Until the middle of the nineteenth century, men were considered fertile unless they were impotent, thus barrenness and childlessness were socially deemed women’s problems.
86 More Facts With Proof 1898:21 LEP SL
87 To The Women of America 1899:17 LEP SL
88 Lydia E. Pinkham’s Private Text-Book upon Ailments Peculiar to Women 1900: 32-33 LEP SL. Catarrhal conditions are respiratory ailments, often having symptoms such as allergies or sinus infections including headache, mucus, and perhaps difficulty breathing.
89 Lydia E. Pinkham’s Private Text-Book upon Ailments Peculiar to Women 1900:32 LEP SL
90 Pinkham Advertisement, April 1899. Vol 356 LEP SL
91 More Facts With Proof, 1898:21 LEP SL
92 To the Women of America 1899:29 LEP SL. This testimony also exemplifies Lear’s (1994: 143) pattern of a converted women delivered from her suffering. In this case, Mrs. Treff repeatedly sought assistance from doctors before converting to the Vegetable Compound.
93 Guide to Health and Etiquette n.d.:95 LEP SL
94 To the Women of America 1899:n.p. LEP SL. Common Sense Talks with Women 1900 n.p. Health, Vigor, Strength 1900:28 also have similar language.
95 Common Sense Talks with Women 1900 n.p. LEP SL; costiveness refers to constipation, a common ailment accompanying pregnancy.
96 Health, Vigor, Strength 1900:28 LEP SL
97 Health, Vigor, Strength 1900: 28 LEP SL
98 Woman’s Triumph 1895:2 LEP SL
99 Woman’s Beauty, Peril, Duty, 1893:30 LEP SL, (Emphasis in original); Woman’s Triumph, n.d.:25 LEP SL
100 Lydia E. Pinkham’s Private Text-Book upon Ailments Peculiar to Women, 1900:2.
102 Guide to Health and Etiquette n.d. LEP SL
103 Text-Book n.d.:33 Box 123 LEP SL
104 Text-Book n.d.:33 Box 123 LEP SL
105 Text-Book n.d.:36 Box 123 LEP SL
106 Text-Book n.d.:37 Box 123 LEP SL
107 Text-Book n.d.:38 Box 123 LEP SL
108 Text-Book n.d.:37 Box 123 LEP SL
109 Text-Book n.d.:39 Box 123 LEP SL
110 Perhaps the only place in which the Text-Book prioritizes the potential child occurred within the discussion of breasts, which, during pregnancy, “are gradually being prepared for their office in furnishing nutrition for the child.” While the Text-Book offers on how to help prepare women’s breasts for nursing children, the topic of children’s well-being, a major theme for physicians and Free Lovers, received more attention in a previous chapter on child-rearing than do the negative effects of behaviors during pregnancy.
112 Advertisement. “Happy Mothers and Healthy Children.” October 6, 1898. LEP SL
113 The rest cure, a popular “treatment” for middle and upper class women sent them to bed. Women were forbidden to read and write, or engage in other intellectual activities. The rest cure also freed women from child rearing and housekeeping duties. Charlotte Perkins Gilman’s (1899) Yellow Wallpaper critiques this treatment. Martin (2007) offers a contemporary discussion of the rest cure.
ENDNOTES CHAPTER 5
The Right of Children to be Well Born

2 According to historian Janet Brodie (1994:106-112), lecture circuits were an extremely important form of education and entertainment. By the 1860s, the lecture circuit was well established as a source of self-help. Reformers offered organized lectures to encourage Americans to take action in a variety of social issues such as temperance, health movements, women’s rights, the abolition of slavery. Some reformers addressed more taboo subjects such as sexuality and marriage, obstetrics, or reproductive control. Numerous, perhaps hundreds, of lecturers toured the country offering both formal and informal talks to large audiences as well as intimate gatherings.
3 Victoria Woodhull (September 23, 1838 – June 9, 1927). Through speeches and the newspaper, Woodhull and Claflin’s Weekly (W&CW), Woodhull explicated the many tenets of Free Love movement, including the right to free speech, women’s rights, an end to the marital institution, and open discussion of sexuality. Some scholars question whether Woodhull wrote the speeches and articles that bear her name. Scholars speculate that her second husband Colonel Blood or prominent reformer Stephen Pearl drafted the speeches for Victoria to ‘perform.’ Regardless, Woodhull is credited for these speeches, in part because of her theatrical delivery of the information. Just a year after the “Social Freedom Speech,” authorities arrested Victoria Woodhull and her sister Tennessee Claflin at the direction of Anthony Comstock, a key player in the Society for the Suppression of Obscene Literature, for disseminating such material. The November 2, 1872 ‘scandal’ issue of W&CW detailed the adulterous actions of Henry Ward Beecher, the most prominent preacher in the nation and the seduction of two young girls by a prominent Wall Street Broker. Woodhull was a woman of many firsts. She and her sister Tennessee Claflin were the first female stock brokers on Wall Street. Woodhull was also the first woman to testify before congress and she ran for President in 1872 before women had the right to vote. Without his knowledge, Frederick Douglass was listed as her running mate. Under her editorship, Woodhull and Claflin Weekly provided the first U.S. printing of Karl Marx’s The Communist Manifesto, although she was later expelled from the International Workingman’s Union (First International). For more on Woodhull see Frisken 2004; Guitierrez 2005; Gabriel 1998; Goldsmith 1998; Sachs 1928; Underhill 1995).
4 Victoria Woodhull made this statement after which direct probe from her disgruntled sister sitting in the audience. Woodhull supported some of her extended family in New York and her sister was allegedly angry about finances.
5 The New York Times ran this quote on November 21, 1871.
6 Woodhull’s speeches were amongst the most significant in spreading the free love message around 1870. She routinely drew large crowds, she toured extensively, and often reprinted speeches in Woodhull & Claflin’s Weekly, a paper published by the Woodhull sisters. Her speeches were also frequently the topic of other free love and free thought papers.
7 Coined by Moses Harman, “free mothering” involves women’s rights to choose their mates in order to produce healthy, productive children. Harman argues that women should contemplate their decision to mother and their physical and mental preparedness for maternity. Women should enter motherhood, freely, on their own volition after careful consideration of their own health, the health of their selected partner, and the social context for the union. Free mothering will be discussed further in this chapter.
8 There was some overlap between the Free Lovers and the suffrage movement, but also a great deal of tension. For example, Elizabeth Cady Stanton’s views on marriage overlapped some with the Free Lovers (Davis 2008). Victoria Woodhull is often credited with contributing to the split between the National Women’s Suffrage Association and the American Women’s Suffrage Association (Davis 2008; Passet 2003; Pounds 2004).
9 Most research on the free love movement incorporates analysis of free love periodicals and some discussion of mainstream press coverage of key free love advocates or events. For a discussion of the Kansas periodical Lucifer, the Light-Bearer, see Hal Sears’ classic (1977) work, Sex Radicals. Passet’s (2003) Sex Radicals Quest for Women’s Equality moves beyond earlier scholarship’s focus on writings of free love editors to emphasizes the articles and writings that readers submitted for publication. She argues that Midwestern women found free love periodicals to be a “safe space” to share their radical opposition to marriage and sexual or economic oppression. In Victoria Woodhull’s Sexual Revolution: Political Theater and the Popular Press in Nineteenth-Century America, historian Amanda Frisken (2004) uses the “sporting news,” nineteenth century tabloids, to trace Woodhull’s transformation from notorious to celebrity. Frisken (2004) analyzes the images and copy in
tabloids to reconcile competing views of sisters Victoria Woodhull and Tenessee Claflin as sex objects and sex radicals (p. 15).

10 For Angela Heywood, editor and regular contributor to the Free Love newspaper The Word, the issue of marriage and sex rested in “the pivotal question of to-day…what proportion of motion (or Liberty, the ethical name of motion), or of vibration, have the Penis & Womb a right to without creating babies, faces; what degree of association is justifiable this side of impregnation…” (Heywood, Angela. April 1883. The Word. “The Woman’s View Of It, No. 4” p 2.) Heywood questioned society’s ambivalence to sex and asked her readers to ponder the idea that engaging in the sexual without the intent of conception might be desired. With so many “questions” filling middle-class nineteenth century culture, Heywood’s radical printing of the words ‘Penis & Womb’ (her word for vagina) illustrated the Free Love emphasis on reproductive freedom as essential to social change. They refuted understandings of sex as sinful and undesirable and instead argued that sex for the sake of pleasure, was natural and healthy. Discussions addressed the proper ways to engage in sex in order to remain healthy, but they also discussed the importance of choice and good mating in reproducing a healthy and productive race. These ideas demanded sweeping cultural changes and end to marriage as the sexual enslavement of women.

11 Passet (2003) utilizes the term “sex radicals… to describe the broad range of nineteenth-century women and men who did not always call themselves Free Lovers but who nonetheless challenged customary beliefs about sexual relationships, the institution of marriage, and women’s lack of economic, legal, and social rights” (p 2). I understand her reluctance to label reformers as Free Lovers if they did not do so themselves, however, I use the terms Free Lover and sex radical interchangeable, as have other scholars such as Wendy Hayden (2007); John Spurlock (1986); Hal Sears (1977).

12 Braude’s (2001) book details the connections between spiritualism, abolition, women’s rights, and radicalism. Marlene Tromp (2006) argues that “spiritualism was sexy” in that it broke the norms of decency in the very parlors that constructed that decency (p 21). She argues that spiritualism blurred the boundaries between the spirit and material worlds, thereby leaving space to challenge notions of respectability, particularly those related to sex and marriage (Tromp 2006:24).


14 Woodhull’s indication that “love” may change or diminish represented a broader social change in the meaning of romantic love. During the mid-nineteenth century, romantic love gradually replaced God-love as the overarching emotion in American’s everyday lives (Beisel 1997:82-83; Lystra 1989).

15 Cronin (2006) argues that some of the Free Lovers who faced severe persecution under the Comstock law argued explicitly for the rights of free expression. As such, their efforts played a significant role in shaping contemporary understandings of the First Amendment. By bringing issues of free speech into the public discourse free thinkers/Free Lovers like Dr. E.B. Foote, Ezra Heywood, and Moses Harman spurred discussions of the state control over individuals and society.

16 Beisel (1997) argues that anti-vice and anti-obscenity efforts attempted to alleviate middle-class fears about their seemingly precarious social class standing. Howoritz’s (2002) work attempts to re-read nineteenth century sexuality as a culture war which includes Free Lovers confrontations with Comstock. Wood (2008), focuses her analysis on the doctors Foote (father and son) and their involvement with the National Defense League which offered financial support to those targeted by Comstock’s anti-obscenity crusade. Wood’s analysis provides insight into the experiences and contributions of the doctors Foote, but she does not make explicit, continuous connections to the Foote’s’ free love philosophy. Cronin (2006) argues that Free Lovers, along with other libertarian reformers, brought notions of freedom of expression and federal protection for first amendment protection of ideas into the public arena. She argues that Free Lovers and free thought advocates asserted a libertarian philosophy of individual rights which promoted free expression for all citizens. Specifically addressing Ezra Heywood and Moses Harman, historian Brigitte Koenig (2000) places free love philosophy within the anarchist reform movement. Through analysis of the anarchist utopian Home on the Puget Sound, anarchists’ represented the foremost promoters of individual freedoms as the foundation for an egalitarian society.

17 Stirpiculture refers to the “scientific propagation of the race” or to eugenics. John Humphrey Noyes, credited with coining the term stirpiculture, first introduced such ideas in writing as early as 1848. Members of the Oneida community desiring children had to first receive approval from the “Stirpicultural Committee” to ensure that “best” women and men mated in order to ensure “superior” results. The committee only granted permission to those couples or individuals deemed fit. While Free Love feminists writing in the 1870s, such as Woodhull and Severance, used the term stirpiculture, they critiqued Noyes application of it, arguing instead that mating on
the basis that love, rather than a notion of “superiority,” would create more fruitful unions. Passet (2003) argues that as male Free Lovers such Moses Hull and Moses Harman embraced eugenics around the turn of the century, illustrated by Harman’s change in the name of his radical free love periodical from *Lucifer, the Light-Bearer* to *The American Journal of Eugenics* in 1907, they minimized their commitments to women’s sexual freedom. Free lover Lois Waisbrooker critiqued this shift. Rather than dismissing eugenics entirely, Waisbrooker attempted to align eugenics with women’s sexual rights.

18 Dr. Foote, a free-thinker and free love sympathizer, published a book with the title *Borning Better Babies*. Dr. Foote and this pamphlet are discussed in Chapter 2 of this dissertation.

19 Hayden’s (2007) chapter 5 provides a full discussion of hereditary theory, key physicians addressing the topic, and a thorough discussion of Woodhull’s application of hereditarian theory to support her feminist agenda.

20 In the twenty-first century contraception provides the most successful means to prevent pregnancy. In the nineteenth century, however, debates surrounded the use of contraception and many felt the use of artificial means to curb pregnancy countered natural law. A diverse group, Free Lovers had no official stance on contraception. Some Free Lovers like Mary Gove Nichols (dates) and the Heywoods played important roles in disseminating information on the subject. Writing in *The Word*, Angela Fiducia Heywood (1888) compared “the womb-syringe question” to the slavery issue after her husband Ezra was jailed under the Comstock law for advertising douching syringes (p 2).

21 Passet (2003) argues that the Free Lovers’ focus shifted from advocating an end to sexual slavery to a focus on eugenics at the end during the 1890s. Free lovers de-emphasized women’s sexual enslavement as the decades wore on, but criticism of the marriage institution and women’s subordinate status prevailed, even in the eugenics discourse.

22 Moses Harman (October 12, 1830 – January 30, 1910) was publisher of the anarchist-individualist, free love newspaper, *Lucifer, the Light-Bearer*. Harman’s passionate pursuit of free speech and critique of the Comstock Law landed him in prison some five times and propelled the writing of his accounts with the courts regarding such matters (Harman 1907).

23 Woodhull recognizes the social expectations that hereditary transmissions effect children, yet in this speech she emphasizes spiritual affinities. In late essays, her support for the propagation of the race is more firmly rooted in hereditarian theories and science and she ultimately supports positive eugenics. Passet (2003) argues that by the turn of the twentieth century the free love movement waned and merged into the eugenics movement as the emphasis on women’s sexual freedoms decreased. The role of heredity in free love discourse will be addressed later in the chapter.

24 Like nearly all reform groups, Free Lovers debated the best ways to enact change. Specifically, Free Lovers question whether or not the institution of the individual home should be reformed or torn down. Free Love women celebrated the benefits of free unions. Correspondent A.D. writing to *Lucifer, the Light-Bearer* applauded fellow Free Lover Sada Fowler’s statement “that love-unions result in responsibilities which demand homes—homes for the hearts of the man and woman—homes for the children.” A.D. argued that the public will have to take control for such changes to be successful. “If co-operative homes are to take the place of the present isolated homes—and I have no doubt they will—the people will first have to be educated with that end in view; and it seems to me that years and years must elapse before such homes become general.” Free lovers discussions of challenging the nuclear home further demonstrate their dedication to institutional social reform (A.D. “Another Woman’s Views.” *Lucifer, the Light-Bearer*, November 25, 1887, p. 4.).


28 Ezra Heywood’s (1878) *Cupid’s Yokes* elaborates on this issue.


30 Free lovers differed in their views on contraception and abortion. While some Free Lovers, such as Harman, endorsed contraception as an expression of sexual freedom, others like Celia B. Whitehead, another contributor to *Lucifer, the Light-Bearer* reinforced the emphasis on sexual temperance. She argued that consenting adults should only engage in sex if they are willing to accept the possibility of a baby. “I believe positively, that sexual union should never be indulged in while either of the participants is unwilling to accept the natural consequences of such union. Perhaps I am a believer in ‘anti-naturalism,’ but certainly not to the extent of believing that artificial preventatives may rightfully be resorted to. Nor do I believe that the child in embryo should be disturbed by sexual acts.” Whitehead presented sexual temperance as a natural method of birth.
control, preferable to artificial contraception. Whitehead supported sexual freedom, that is women’s choice in sex and mutual consent. She did not advocate promiscuity, but rather women’s control over reproduction. Women and men should consider their actions and be willing to accept the consequences of nature rather than turning to “artificial preventatives.” Furthermore, she believed that sex during pregnancy was harmful to the unborn (Whitehead 1886).

Hayden (2007) elaborates on this idea and details Darwin’s evolutionary theory and outlines the feminist debates about its usefulness.

Hayden (2007) offers an explicit discussion of Free Lovers’ use of scientific warrants to support their feminist reform efforts. She argues that Woodhull’s speech Tried as by Fire exemplifies the use of such warrants.

Hayden (2007) argues that sexual selection theory supports Woodhull’s insistence on “the right of woman to rule in the domain of affections” (p 43).

Woodhull’s (1891) speech The Rapid Multiplication of the Unfit exemplifies this eugenics turn.

Drawing her theories from her own life, Woodhull’s interest in eugenics resulted from her own son’s mental disability. According to biographer Madeline Stern, Woodhull blamed her first husband’s drunkenness and sexual licentiousness for her son’s degeneration. Woodhull believed that her husband’s lack of responsibility to his family reinforced the necessity of women as decision-makers in matters of reproduction. Victoria argued that because she knew that her husband Dr. Woodhull, several years her senior, would not be suitable father for children, she should have had the right to deny his sexual advances. She took extreme measures and left Dr. Woodhull, but remained in contact with him throughout her life.

For Free Lovers, none of the problems of society can be resolved until women are free to make choices about their bodies. In a powerfully idealist sentiment, Claflin (Cook 1897) illustrated the social advantages of women’s sexual, economic, and social freedom. “We believe in the future of humanity, when it shall cast off its sickness and be free from disordered dreams and piling sentiment; when wars shall cease, and the arm of oppression be lopped; when Truth shall penetrate every thought, and Justice ride triumphant. But never can that glorious time arise until woman first be made free” (p. 37).

Woodhull’s sister, Tennessee Claflin published also published under her married name, Lady Cook. In keeping with the literature and to minimize confusion, I use “Claflin” when talking about Ms. Claflin and her works, but I reference the materials with the name Ms. Claflin used for that particular publication. Thus many of Ms. Claflin’s writings on mothering occurred after she married, thus they are cited as “Cook.”

Further relying on science, and contrary to the perspective of the Lydia E. Pinkham Company, Woodhull’s sister Tennessee Claflin argued that doctors should care for women in pregnancy at during birth. According to Claflin, “we are bold to say that the regeneration of society requires the services of the physician rather than those of the faddist” (Cook 1897:65-E).


Woodhull’s (1891) speech Tried as by Fire exemplifies this eugenics turn.

While many Free Lovers’ focused more explicitly on eugenics by the end of the nineteenth century, this remark by Claflin illustrates her prolonged commitment to critiquing the institution of marriage.

Comstock and his law served as a real enemy for the Free Lovers, one that allowed them to further their cause. Yet, Comstock’s federal “represented only one form of defense of middle-class marriage and represented only part of the middle class.” Comstock’s 1873 law prohibited the dissemination, via mail, of materials deemed obscene and many physiology books or sexual advice manuals fit Comstock’s categorization. The Comstock law limited women’s ability to control their reproductive capacities through restricting access to knowledge about their sex organs and options beyond pregnancy. Free Lover Angela Heywood, contributor to The Word and Ezra Heywood’s spouse, indicted social purity reformers for their censorship. “In nothing is the devilish stupidity of men more apparent that in decreeing sexual knowledge ‘obscene’…” Angela Heywood brought a gendered dimension to the analysis by recognizing that men were the powerful ones determining the
difference between obscenity and morality. Women’s improved position in society demanded free and equal access to sexual knowledge.

Heywood (1878) believed men and women needed appropriate information about women’s reproductive cycles and fertility. He informed his readers that women were most fertile in the six to eight days prior to menstruation through ten to twelve days following menstruation. He believed “intercourse at other periods rarely causes impregnation.” While Heywood miscalculated ovulation and fertility, his effort to expand knowledge of procreation attempted to curb unwanted pregnancies and empower both women and men to have control over their reproductive capabilities.

Moses Harman’s (1907) insistence on Free Speech and critique of the Comstock Law landed him in prison some five times and propelled the writing of his accounts with the courts regarding such matters.

According to Hayden (2007), “The term “physiology” had both scientific and cultural currency, and it often carried associations of reform ideology. Placed side by side with “anatomy,” particularly in medical texts, the term denoted the study of the body and how it works. But writers and lecturers also used “physiology” synonymously with “hygiene” and sometimes with the “natural.” It was even employed in some contexts as sexual knowledge itself. Finally, more spurious uses of the term are revealed within justifications for obscenity” (p.72).


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