

“ONE OF THE PROUDEST ACHIEVEMENTS:”
ORGANIZED BIRTH CONTROL IN INDIANA,
1870s TO 1950s

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PREFACE

Case No. 1771—Married 19 years, has had 19 pregnancies; 6 living children, 7 dead, 6 abortions. One child unable to talk or walk.

Case No. 4202—Totally blind. 10 living children. Income, \$25.00 per week.

Case No. 51—5 living children. 9 abortions, self-induced.

Case No. 2147—28 years old. Married 11 years. 9 pregnancies, 8 living children. Family living in one room.

Mrs. Y.—26 years old. Had 2 normal children, 2 feeble-minded and 1 still-born.

Mrs. H.—Has 3 children. Was referred by the doctor who was treating Mrs. H. and her husband for active syphilis.

Mrs. T.—Has 3 living children, 3 still-born children. Has had 13 abortions, 11 of them self-induced.

Mrs. W.—27 years old. Married 11 years. Has 6 children. Husband has chronic heart trouble. Unemployed for more than a year. Mrs. W. suffers from asthma. One girl, age 11, has been a patient in a tuberculosis hospital until recently.¹

In 1943, the Maternal Health League of Indiana, the state's first official birth control organization, published a brochure extolling its services and how they impacted the community. As proof of the need for contraceptive services, the organization shared the above case histories of some of its patients. These vignettes indicated some of the most common tactics organizers used to promote birth control in Indiana.

Hoosier supporters of birth control had to tread delicately to place their aims within the confines of the law and contemporary society. Starting in 1873, Congress prohibited the transportation of birth control information through the mails as part of a

¹ Untitled brochure, Maternal Health League of Indiana, c. 1943, Indiana State Library, Indianapolis.

federal anti-obscenity law. Many other states, Indiana included, passed their own such laws soon after. These statutes effectively limited access to birth control and led to the rise of birth control reformers like Margaret Sanger and Mary Ware Dennett. While birth control created a full-fledged controversy on the national scene, regional organizers utilized tactics that allowed their clinics to open quietly.

Local birth control advocates often found themselves attempting to open birth control clinics in restrictive climates that did not welcome open discussions of sexuality. To accomplish this, the organizers chose their tactics carefully and followed common strategies. The case histories above show some of these key tactics. First, organizers tied the need for birth control to formalized medicine. In one vignette, the birth control advocates emphasized that their clinic had aided a couple who suffered from syphilis, thus slowing the impact of the disease in the community. In the final vignette, the pamphlet called attention to the clinic's aid of a family suffering from a multitude of illnesses: heart trouble for the father, asthma for the mother, and a daughter ill from tuberculosis. In this way, the birth control advocates made it clear that their clinic existed under the oversight of a doctor and implied that birth control could decrease sickness in society. The vignettes also illustrated the organizers' tactic of framing their arguments in terms that were acceptable to the larger society. In the cases above, the clinic only aided women who already had children (thus assuring that birth control agitation was not deemed an issue of women's rights). All of the women listed had at least three living children. As another acceptable argument, birth control advocates stressed the economic benefit to the greater society of contraception. The second story noted the client's income and the woman's blindness. In another case, notes explained that this family all lived in

one room. The final story highlighted that the husband had been out of work for more than a year. The birth control organizers clearly implied that these families would become dependent upon the community for support if they continued to have more children. These vignettes illustrated to readers that birth organizers sought to work within the acceptable standards for the local societies.

After a few stumbles, organized birth control in many states began in earnest in the 1930s. By 1943, just ten years after its opening, the Indianapolis birth control clinic could boast that it had served 4,531 women and openly solicit funds from the community. The Maternal Health League's plea on its fundraising brochure assured citizens of their patriotic duty to help. The league reminded Hoosiers, "In War and In Peace a Nation is as Strong as the Health of Its Mothers and Children."² Arguments such as these allowed the clinic to open and assured its existence for many years to come. Indiana birth control organizers relied on specific tactics that allowed them to accomplish their goals in a restrictive Midwestern state. Indiana's birth control story offers modern-day readers a very different picture than that offered by studies of the national movement of birth control. Indiana offers an account that relies more on cooperation and less on confrontation.

² Ibid.

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CHAPTER ONE: NATIONAL VS. REGIONAL BIRTH CONTROL ORGANIZATION

In 1912, Margaret Sanger penned a series of articles for the *Call*, a Socialist newspaper in New York. Sanger titled her writings “What Every Girl Should Know” and focused on venereal disease and feminine hygiene. Under the federal Comstock law, which included birth control in its definition of obscene materials, the Post Office banned the *Call* from the mails. In response, Sanger wrote a new article. The headline still read “What Every Girl Should Know,” but underneath stood a box empty, save for the words “NOTHING! By order of the Post Office Department.”¹ Sanger’s fight with the Post Office continued in 1914 when she published her magazine the *Woman Rebel*. In an early issue, Sanger coined the term “birth control,” and the Post Office again banned her writing.² These examples of Sanger’s very public action form the heart of the national birth control movement. National birth control, in contrast to regional efforts, relied on public exposure and sought to change existing birth control laws. Birth control efforts at the local level instead consciously avoided controversy.

National Birth Control

From its beginning, the national movement for birth control has been inextricably entwined with controversy. Linda Gordon’s book *Woman’s Body, Woman’s Right: Birth Control in America* and its recent revision *The Moral Property of Women: A History of Birth Control Politics in America* argued that the movement for birth control had been a conflict. Gordon felt that woman’s sexual freedom had been oppressed. She saw the

¹ David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven: Yale University Press, 1970), 16.

² *Ibid.*, 23.

movement for contraceptive freedom as a struggle involving the work of many women. National birth control organizers sought to publicly challenge federal contraceptive restrictions. While many historians have credited the impetus of the movement to Margaret Sanger, Gordon maintained that Sanger was “part of a movement, not its inventor.”³ The national movement faced disagreements over methods and conflicts between people and competing organizations. While many of the moral issues, such as the Catholic church’s response and concerns over promiscuity, faced by national organizers proved the same for regional organizers, the two groups responded in different ways.

Legal restrictions against birth control formed the backdrop of most national agitation. Almost a century before Sanger began her agitation for birth control, lawmakers opposed the publishing of contraceptive information. In 1832, Massachusetts doctor Charles Knowlton wrote the earliest American medical work on birth control. He titled his work *Fruits of Philosophy*. Hoosier Robert Dale Owen’s tome *Moral Physiology: A Brief and Plain Treatise on the Population Question* had inspired Knowlton’s work.⁴ While Massachusetts did not pass a law specifically prohibiting the dissemination of birth control information until 1847, the state still convicted Knowlton for his book under existing statutes. Historian Michael Grossberg noted that this conviction pointed out a clear disparity in nineteenth-century attitudes toward birth

³ Linda Gordon, *Woman’s Body, Woman’s Right: Birth Control in America* (New York: Grossman Publishers, 1976, revised, New York: Penguin Books, 1990), 213 (page citation is to the revised edition). See also Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2002).

⁴ Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth-Century America* (Chapel Hill: The University of North Carolina Press, 1985), 157. Owen, long a proponent of women’s rights, advocated birth control as a way to slow population growth and to also increase the status of women. Donald F. Carmony and Josephine M. Elliott, “New Harmony, Indiana: Robert Owen’s Seedbed for Utopia,” *Indiana Magazine of History* 76, no. 3 (September 1980): 186-187.

control. He wrote, “the law would be used not to punish contraception directly, but rather to halt the dissemination of birth-control devices and knowledge.”⁵ Knowlton’s case would not stand alone for long as many other states pursued the banning of contraceptives and information about them.

The strongest legal prohibitions on birth control formed the so-called Comstock Law. In March 1873 reformer Anthony Comstock persuaded Congress to pass legislation that barred the transportation of obscene material through the mails.⁶ The legislators included any item that provided information on “the prevention of conception” in their definition of obscene. Furthermore, they appointed Comstock as a special agent to the Post Office and gave him the power to make arrests. In response to the Federal action, twenty-four states passed their own “mini-Comstock” laws that also prohibited sending contraceptive information within these states. These prohibitions included a ban on birth control advertising.⁷ Thus began the primary legal prohibitions on birth control.

As a direct result of the Comstock Law, the Post Office’s banned Sanger’s column “What Every Girl Should Know.” Throughout her career, Sanger would remain the most visible example of conflict between contraceptives and the law. In their study of American sexuality, John D’Emilio and Estelle B. Freedman branded Sanger a “militant fighter, willing to use any means necessary to achieve her goals.”⁸ Most biographies of Sanger place her at the forefront of attempts to overturn the Comstock law.⁹ In 1936,

⁵ Ibid., 158.

⁶ Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York: Simon & Schuster, 1992), 67.

⁷ Andrea Tone, “Black Market Birth Control: Contraceptive Entrepreneurship and Criminality in the Gilded Age,” *Journal of American History* 87, no. 2, accessed online at www.historycooperative.org/journals/jah/87.2/tone.html on 18 February 2004, 4.

⁸ John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* 2nd ed. (Chicago: The University of Chicago Press, 1997), 243.

⁹ See Chesler and Kennedy.

Sanger effectively challenged the federal law by having contraceptives sent to her from a Japanese doctor. Customs intercepted the supplies, and Sanger again requested their delivery. This time, however, she had the contraceptives mailed to a physician. The resulting court ruling deemed that the federal law had not intended to prohibit physicians from helping their patients.¹⁰ This case essentially legitimized the medical profession's involvement with birth control.¹¹

Well before this case, Sanger and her husband had established an adversarial relationship with Anthony Comstock that would set the tone for birth control reform in New York and at the national level. Sanger's husband William preceded her in a direct confrontation with Comstock. Comstock himself arrested William in 1915 for giving one of Comstock's disguised agents a copy of Margaret's pamphlet "Family Limitation."¹² Comstock worked as a member of the New York Society for the Suppression of Vice (NYSSV), as well as an inspector for the Post Office.¹³ According to historian Andrea Tone, Comstock's "zeal" led to the majority of obscenity arrests under Federal and New York state law. Comstock's involvement helps explain why 54 percent of all arrests related to violations of the ban on contraceptive dissemination occurred in New York.¹⁴ Two weeks after a judge convicted William of violating the law, Comstock died of pneumonia. The legal challenges facing birth control did not die with Comstock though. Sanger herself had been living in Europe during this time to avoid prosecution for her writing in the *Woman Rebel*, a Socialist publication. After William's trial, she returned to

¹⁰ Chesler, 373.

¹¹ Many authors attribute this contraceptive victory to Sanger. Other writers, such as James Reed, include Sanger as just one of several persons influential in the birth control movement. See James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, Inc., 1978).

¹² Kennedy, 32-33.

¹³ Tone, "Black Market Birth Control," 1.

¹⁴ *Ibid.*, 4.

the United States to face charges. However, in 1916, the prosecutor dropped all charges against her as he was unable to decide how best to form the indictment.¹⁵

National publicity surrounded William Sanger's trial and helped increase interest in birth control. Legal opposition, however, hampered organizers. In 1915, Socialist Emma Goldman traveled the country speaking in support of birth control. In Portland, Oregon, police arrested Goldman and her partner Ben Reitman for distributing contraceptive literature.¹⁶ A year later, Margaret Sanger undertook a well-publicized speaking tour herself that included a stop in Indianapolis.¹⁷ From almost the beginning of her agitation for birth control reform, Sanger sought the spotlight and encountered opposition. Police arrested her in Portland as well (but immediately released her); in St. Louis Sanger found the theater where she was to speak locked.¹⁸ It became clear to Sanger that stronger action was needed.

In October 1916, Sanger and her sister, Ethel Byrne, also a nurse, opened the first birth control clinic in the nation. The clinic was in the Brownsville section of New York. By the end of the month, police inspectors had confiscated the clinic's supplies. In early November, they arrested Sanger and her sister for violating New York law.¹⁹ Both were convicted and spent time in jail.²⁰ The clinic's opening proved to be a turning point for Sanger and the national birth control movement. Previously, Sanger had sought to defy the law and draw publicity to her cause. After her conviction for operating a clinic,

¹⁵ Chesler, 127 and 140.

¹⁶ Kennedy, 76.

¹⁷ As will be examined later, while there does not appear to have been much controversy over Sanger's Indianapolis visit, it generated little media coverage.

¹⁸ Kennedy, 81-82.

¹⁹ *Ibid.*, 83.

²⁰ Chesler, 152-158.

though, Sanger shifted her focus from direct action to advocating for changes in the law, convinced that this would be a more effective method of change.

Sanger's original emphasis on action serves as an example of another area of conflict within the movement for birth control. Personal conflict over tactics remained one of the largest obstacles to the national birth control movement. Several biographers of Sanger have pointed to her strong personality as a hindrance to birth control reform. Most of the personality clashes occurred between Sanger and another national birth control advocate, Mary Ware Dennett. Dennett founded the National Birth Control League (NBCL) in 1915 while Sanger lived in Europe avoiding prosecution. From its inception, the NBCL opposed Sanger's action-centered tactics and, instead, focused on legally repealing birth control restrictions. Biographer David Kennedy contended that Sanger so disagreed with this approach, and begrudged sharing the birth control spotlight, that her relationship to Dennett's NBCL "often verged on open hostility."²¹ The NBCL offered Sanger a board position in 1915, but she refused it. In fact, Kennedy viewed Sanger's opening of a birth control clinic as primarily a way for Sanger to regain control of the movement.²² The greatest conflict between Sanger and Dennett, however, revolved around their different interpretations of what birth control reform should look like.

By 1917, Sanger agreed that direct action was not working and that legislative reform was needed. The NBCL, Dennett's organization, advocated a change in the existing Comstock law that would have struck the words "for the prevention of conception" from the definition of obscene materials, thus removing *all* restrictions on contraceptives. In contrast, Sanger's New York Birth Control League (organized in late

²¹ Kennedy, 76-77.

²² Ibid., 90 and 84.

1916 to combat Dennett's group) sought to remove the language "for the cure and prevention of disease" from Section 1145 of the Comstock law. This section permitted doctors to prescribe birth control for strictly medical reasons. Sanger's proposed change would have eliminated medical restrictions on birth control, but kept contraceptives under a doctor's control. Additionally, Sanger's organization sought to organize birth control clinics and so viewed state laws as the primary targets. The NBCL sought change at the federal level.²³ Congress, however, focused most of its efforts on World War I and paid little heed to Sanger and Dennett's calls for reform. The NBCL folded in 1919 due to a lack of financial support, and Dennett immediately formed the Voluntary Parenthood League. This new organization's sole aim became the repeal of federal legislation. "Mrs. Sanger," Kennedy wrote, "would join no group with such a limited focus, nor one she had no hope of controlling."²⁴ The variety of national birth control outlets showed the splintered nature of the movement. Into the 1940s, Sanger formed different birth control organizations as they best suited her needs.

Earlier, Sanger and Frederick A. Blossom, formerly of the Ohio Birth Control League, founded the magazine the *Birth Control Review*. This magazine actively sought the support of radicals, as Blossom was a Socialist and later a member of the Industrial Workers of the World.²⁵ In 1921, Sanger established the American Birth Control League (ABCL).²⁶ While the ABCL boasted national membership, most of its supporters lived around New York City. Other states with a large number of members were Illinois, Ohio,

²³ Ibid., 90-91, 220.

²⁴ Ibid., 94.

²⁵ Ibid., 88.

²⁶ Ibid., 94.

California, Michigan, and Texas.²⁷ Sanger also founded the Clinical Research Bureau. This merged with the ABCL in 1939 to form the Birth Control Federation of America. By 1942, the organization changed its name to the Planned Parenthood Federation of America, the organization that still exists today.²⁸

The vast array of birth control organizations provided space for more personality conflicts. This time, wealthy heir to the Proctor & Gamble fortune Clarence Gamble provided the catalyst. Gamble worked closely with another birth control organization, the National Committee on Maternal Health (NCMH). However, Gamble's wealth provided him independence. He remained free to work with the ABCL, the Clinical Research Bureau, or the NCMH as each one suited his purposes. Several times, the ABCL hinted that it would be best if Gamble resigned from its board. Instead, Gamble continued to start projects and then offer to share them with the ABCL. If it refused, Gamble funded the projects on his own.²⁹ While Gamble's personal projects had a strong impact on regional birth control, they also reveal a disjointed movement with disagreements over tactics.

Conflict within the birth control movement also related to groups of people, not just individuals. Political conflicts hampered the movement in its infancy. Sanger's association with radicalism started early. As she became more involved in the formation of birth control activism, Sanger "eschewed the Socialists' political approach and

²⁷ Ibid., 100. While its neighbors were well represented, Indiana was not a large base of support.

²⁸ Reed, 265.

²⁹ Ibid., 260-261 and 264. Gamble also served as president of the Pennsylvania Birth Control Federation for 1934, board member of the American Birth Control League, and medical field director of the Clinical Research Bureau (Sanger's organization) for 1937. Doone and Greer Williams, *Every Child a Wanted Child: Clarence James Gamble, M.D. and his Work in the Birth Control Movement* (Boston: Harvard University Press, 1978), 104-105.

embraced the anarchist tactic of direct action.”³⁰ This formed the strongest source of contention between the nation’s most public activists for birth control. While Sanger and Dennett publicly clashed over tactics, Sanger also became frustrated with what she saw as a lack of support from the Socialists with whom she had long been associated. Sanger became discouraged with the radicals’ disregard of woman’s issues and their advocacy of large families.³¹ In the *Call*, Sanger wrote, “Most radicals are stirred by the Socialist call to the workers to revolt from wage-slavery, but they are unmoved by the Socialist call to women to revolt from sex slavery.”³² Still, this group provided much of Sanger’s early support. Subscribers to Sanger’s *Woman Rebel* came from labor union lists and ads in other radical journals.³³ The *Birth Control Review* relied on a strong Socialist base as well. During Sanger’s exile to Europe, the radicals distributed her pamphlet “Family Limitation.”³⁴ As she shifted from direct action to legislative reform, however, Sanger’s link to Socialism weakened. At the same time that Sanger became disenchanted with Socialism, that movement sought to distance itself from her. Many Socialists feared that the emphasis on women’s sexual freedom would deter possible supporters of their economic goals. Additionally, many Socialists felt that once economic prosperity had been achieved many women would want to have large families.³⁵ Ultimately, though, the birth control movement would split from Socialism because the contraceptive movement required more money than the Socialists would commit.

³⁰ Kennedy, 11.

³¹ Reed, 80.

³² Qtd. in Chesler, 81.

³³ Reed, 86.

³⁴ Kennedy, 72.

³⁵ Gordon, *Woman’s Body, Woman’s Right* (1990), 237.

Class tension also played a role in creating conflict within the birth control movement. During Sanger's 1916 trial for distributing contraceptives at her Brownsville clinic, upper-class women, for the first time, formed the bulk of her supporters.³⁶ This moment proved to be a turning point in the national birth control movement. After this trial and World War I, birth control increasingly became a movement of the wealthier middle class. The break proved to be mutual. Supporters of the Socialist party did not feel comfortable with birth control. Similarly, the working class radicals who most needed access to birth control clinics did not take interest in the movement. Dennett foresaw the value of breaking from the radicals and consciously excluded them from her National Birth Control League.³⁷ As birth control centralized into several large organizations that focused on legislation, the movement experienced its greatest change. Increasingly, birth control reform could be found in the hands of the wealthy. Originally a movement of the working class, birth control agitation became the property of society women who viewed it as another outlet for their charity work.³⁸ This transition helped the movement gain acceptability as well as success. Members of the upper class proved less likely to be arrested for violating birth control statutes than workers or radicals. Samuel Colgate, president of the New York Society for the Suppression of Vice and heir to the Colgate Company, manufactured Vaseline. In the 1870s, Colgate began an advertising campaign that extolled the virtues of Vaseline as a spermicidal, yet Comstock's group never took legal action against the company.³⁹ Class distinctions played an important role in birth

³⁶ Chesler, 156.

³⁷ Kennedy, 75-76.

³⁸ Gordon, *Woman's Body, Woman's Right* (1990), 245-246.

³⁹ Tone, "Black Market Birth Control," 5.

control. At local levels, prominent men and women led the efforts to organize birth control organizations.

Moral objections to the use of contraceptives provided one of the most powerful arenas for conflict over birth control. The table of contents of Dr. William J. Robinson's 1928 volume presented a good overview of some common objections. In *Birth Control or the Limitation of Offspring by Prevention*, Robinson listed the most common contemporary objections to birth control and refuted each one. They included: "The Race Suicide Bugbear," "It Will Lead to Immorality," "It is Injurious," "It Produces Sterility," "It is Not Absolutely Safe," "Would Lead to Excess in Married Life," "It is Against Religion," "It is Immoral," and "It Leads to Divorce."⁴⁰ These objections arose over and over in discussions of birth control, but appeared more often during national discourse about birth control, rather than local movements.

The term "race suicide" provides a good example of objections to birth control at the national level. This idea began in 1905 when President Theodore Roosevelt criticized wealthy families of traditional American stock for not having enough children. The race suicide arguments achieved their strongest support from 1905 to 1910. During that time, the continuing rate of high immigration concerned many in American society who feared that "Yankee stock" with its low birth rate "would be overwhelmed, numerically and hence politically, by immigrants, nonwhites, and the poor."⁴¹ Although this defined fear only lasted a short while, it had a lasting impact on the eugenics movement.

Advocates of birth control often used eugenic arguments to gain support for their programs. At the local level, the economic arguments used by birth control advocates

⁴⁰ William J. Robinson, M.D., *Birth Control or the Limitation of Offspring by Prevention* (New York: Eugenics Publishing Co., Inc., 1916), 19.

⁴¹ Gordon, *Woman's Body, Woman's Right* (1990), 133-134.

sounded eerily like those that would be used by supporters of eugenics. Sanger herself was often a public supporter of eugenics. Her publication the *Birth Control Review* espoused both “positive” and “negative” eugenics. While negative eugenics sought to discourage births among those deemed unfit (generally immigrants, the poor, criminals, or those deemed “feeble-minded”), positive eugenics encouraged some groups (the wealthy and/or intelligent) to have larger families.⁴² Author Donald K. Pickens argued that the changes leading to the Progressive Era naturally led to American eugenic thought. He noted that the “naturalistic, nationalistic, and nativistic thought” of that movement lent itself well to the aims of eugenics, which sought to improve society through selective breeding.⁴³ Other discussions of eugenics echoed this goal, although they did not link the movement to birth control agitation.⁴⁴

Many scholars place Indiana as a leader in the eugenics movement, especially in regards to involuntary sterilization laws, which became one of eugenics most famous legacies. In 1907, the Hoosier state became the first to pass a law that permitted the sterilization of criminals and the mentally ill without their consent. Other states soon followed and copied the wording of Indiana’s law.⁴⁵ Writers on this topic have argued that Indiana had a strong public health program which helped lead to the focus on eugenics, rather than birth control. While most discussions of birth control included an examination of the influence of eugenics, writings on eugenics did not seem to mention

⁴² Mary D. Lagerwey, “Nursing, social contexts, and ideologies in the early United States birth control movement,” *Nursing Inquiry* 6, no. 4 (1999): 252.

⁴³ Donald K. Pickens, “The Sterilization Movement: The Search for Purity in Mind and State,” *Phylon* 28, no. 1 (1967): 78.

⁴⁴ See Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001) and Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, MD: The Johns Hopkins University Press, 1991).

⁴⁵Pickens, 86.

the connection to contraception. Many scholars have already examined the state's link to eugenics and the public health movement, but they have paid less attention to birth control itself and the efforts to promote it in Indiana.⁴⁶

Nationally, churches provided some of the strongest opposition to birth control. Catholic opposition prompted Margaret Sanger's lockout in St. Louis in 1916 and provided some of the strongest opposition to Sanger's efforts throughout her career. Catholic pressure prevented meetings to discuss birth control in Boston in 1922; Albany, New York, in 1923; and Syracuse, New York, in 1924. Historian David Kennedy maintained that the fear of Catholic reprisal "served as the most effective obstacle to governmental support of birth control." Protestant churches offered little support. Their clergy either openly condemned contraception or publicly ignored the topic.⁴⁷ Religious opposition would also factor at the local level as birth control organizers would struggle in communities that had large Catholic populations.

The medical profession's relationship to birth control presented a final area of conflict. The American Medical Association did not endorse birth control until 1937.⁴⁸ In 1936, however, the U.S. Court of Appeals for the Second Circuit ruled in the case *United States v. One Package of Japanese Pessaries* that doctors could legally receive birth

⁴⁶ See Jeff Bennett and Richard D. Feldman, "'The Most Useful Citizen of Indiana': John N. Hurty and the Public Health Movement," *Traces of Indiana and Midwestern History* (summer 2000): 34-43; Angela Gugliotta, "'Dr. Sharp with his Little Knife': Therapeutic and Primitive Origins of Eugenic Vasectomy: Indiana, 1892-1921," *Journal of the History of Medicine and Allied Sciences* 53, no. 4 (1998): 371-406; Stephen Ray Hall, "Oscar McCulloch and Indiana Eugenics," Ph.D. diss., Richmond: Virginia Commonwealth University, 1993; Thurman B. Rice, *The Hoosier Health Officer: A Biography of Dr. J.N. Hurty and the History of the Indiana State Board of Health to 1925* (Indianapolis: Indiana State Board of Health, 1946); and Alexandra Minna Stern, "Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935," *American Journal of Public Health* 92, no. 5 (May 2002): 742-752.

⁴⁷ Kennedy, 82, 149, 153, and 269.

⁴⁸ *Ibid.*, 217.

control information and supplies.⁴⁹ Of his decision, the judge wrote, “Its design [the Comstock law’s prohibition on birth control], in our opinion, was not to prevent the importation, sale, or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life or promoting the well being of their patients.”⁵⁰ Still, the medical profession proved reluctant to endorse birth control. Doctors feared the quackery associated with birth control and lamented the lack of clear information. As late as 1930, the *Journal of the American Medical Association* asserted to its readers, “We do not know of any method of preventing conception that is absolutely dependable except total abstinence.”⁵¹ Many doctors also objected to Sanger’s practices and resented having a laywoman direct their actions. Additionally, they feared that clinics started by Sanger and her supporters would become a form of socialized medicine.⁵² Eventually, through Sanger’s emphasis and the *One Package* decision, physicians would become a vital component of the dissemination of birth control. At the local level, the support of the medical profession proved more common.

Following the *One Package* ruling, Sanger disappeared from the birth control scene until after World War II. The name change of Sanger’s organization to Planned Parenthood reflected the general attitude toward birth control that would come to prevail in the post-war era.⁵³ While birth control dissemination remained illegal in lay hands, the

⁴⁹ Ibid., 251. Pessary was a catch-all term for several forms of birth control, such as diaphragms or cervical caps. Andrea Tone, a historian of contraceptives, defined a pessary as “a substance or device inserted into the vagina that blocks, repels, or otherwise neutralizes sperm.” Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 13.

⁵⁰ Qtd. in James S. Murphy, *The Condom Industry in the United States* (Jefferson, North Carolina: McFarland & Company, Inc., 1990): 11-12.

⁵¹ Kennedy, 176 and 208.

⁵² Reed, 117-119.

⁵³ Ibid., 121-122.

availability of contraceptives increased. During World War I, the military introduced more than four million servicemen to condoms. The military, fearing the spread of venereal disease, advocated this form of protection. After the war, these men took their new-found contraceptive knowledge and helped increase the usage of condoms in the United States. Concern over venereal disease helped bring the discussion of contraceptives into the open. It also opened the door to another avenue for contraceptives—public health.⁵⁴ During the next decades, contraceptive usage spread, but legal restrictions and community opposition still remained. The Great Depression had increased public support for birth control, but little government support developed. Many officials in the Federal Emergency Relief Agency privately supported birth control, but feared acting publicly.⁵⁵ Many middle- and upper-class Americans, though, began to use birth control in their own homes.⁵⁶ Until the 1960s, most women received their contraceptive information from sources other than their physician.⁵⁷ Legal access to birth control would not be guaranteed to married couples until the 1965 Supreme Court decision *Griswold v. Connecticut* which struck down that state's ban on the usage of birth control. It took until 1970 for Congress to officially remove birth control from the Comstock law. Finally, in 1972, the Supreme Court ruling in *Eisentadt v. Baird* granted access to contraception to unmarried people.⁵⁸ The next phase of conflict related to birth control would surround abortion. Historians of sexuality John D'Emilio and Estelle B.

⁵⁴ Tone, *Devices and Desires*, 105-106.

⁵⁵ Kennedy, 258.

⁵⁶ Gordon, *Woman's Body, Woman's Right* (1990), 297.

⁵⁷ Tone, *Devices and Desires*, 155.

⁵⁸ Chesler, 230 and 376.

Freedman noted that “even as the legal restrictions on contraception were fading, those on abortion seemed to tighten.”⁵⁹

Probably because of her visibility, most birth control scholars focused on Margaret Sanger and her national efforts. The national movement for contraceptive access used public tactics and revealed personal and organizational conflicts. Most historians of birth control examined the national movement, with emphasis on New York, the center of Sanger and Comstock’s activities. Other writers chose to study conservative New England states such as Connecticut. These studies prove invaluable in offering a large, national picture of birth control. They help individuals today understand the context for larger federal issues of censorship and abortion rights. They do not, however, provide the complete picture. Birth control movements at the local level proved much less controversial than the national and New York Stories. An examination of regional birth control organizations offers a compelling contrast.

Birth Control at the Local Level

Pick up any tome on the birth control movement and you are sure to read about Sanger and her Brownsville clinic or Comstock and his New York Society for the Suppression of Vice. Perhaps you might even find mention of Connecticut’s strict stance that outlawed even the use of birth control. In other words, you’ll read about the extremes, and most likely, the eastern coast of the United States. But what about the rest of the nation? Were the birth controllers elsewhere as radical as Sanger? Did they face laws as strict?

⁵⁹ D’Emilio and Freedman, 253. A sustained study of abortion and its struggle remains a topic outside the scope of this study.

The historiography of birth control in the United States presents a story about the nation as a whole. Regional studies are rare, but they can provide valuable insight into what the average person in the nation was doing and thinking. They offer a better reflection of mainstream America than studies focusing only on extremely conservative areas like New York and Connecticut. Regional studies can also provide an alternative to birth control studies that focus solely on people like Margaret Sanger and Clarence Gamble. Local studies tend to focus on the actions of a group of people, rather than an individual or two, and they explain the impact of those actions in specific communities. For a Midwestern reader, then, it might prove easier to relate to the challenges faced by a Hoosier farm woman than those of a recent immigrant to New York.

While controversy dogged the national movement for birth control, efforts at the local and state level presented a very different picture. Regional birth control organizers avoided much of the publicity and personality conflicts that marked Margaret Sanger and her efforts. They relied on softer tactics and shunned open conflict. While local birth control efforts still faced funding challenges and some opposition from their communities, they represent a much quieter side of the movement. Birth control advocates at the state and local level often worked in restrictive climates, but, as was the case in Indiana, they succeeded by tailoring their messages and their methods to their local communities.

Christine E. Nicoll and Robert G. Weisbord's study of the Rhode Island Birth Control League offered the best support of this idea. Nicoll and Weisbord illustrated the contrast between regional and national birth control. They observed that most historians of the national movement have painted it as "one of the great legal wars between demons

and heroes,” specifically Sanger and Comstock.⁶⁰ They countered that the local movements present a more accurate picture of the state of American birth control access by highlighting the challenges, or lack of them, faced by the majority of American women. Rhode Island proved unique in comparison to many of the states examined in this study because it did not have its own mini-Comstock law. Rhode Island also had the highest percentage of Catholic residents of any state in the nation. Yet, even in the face of some Catholic opposition, the Rhode Island Birth Control League thrived and had to open additional clinics. “It achieved this success,” Nicoll and Weisbord noted, “with only a minimal public controversy and without a charismatic leader like Margaret Sanger.” The authors credited this success in part to the Catholic Church’s desire to avoid a legal battle that would have brought attention to the topic and might have cemented access to birth control in the law. Instead, “the church sought to stress the immorality and the possible illegality of birth control, without resorting to risky litigation.”⁶¹

Some controversy existed in Providence, Rhode Island, site of the state’s first birth control clinic. At a Board of Aldermen meeting, eight aldermen voted to prosecute the clinic operators on the grounds that birth control could be harmful to the public health. At the following month’s meeting, enough aldermen that had missed the previous meeting attended and tabled the motion. A year later, the board officially dropped the motion.⁶² This instance offered the strongest example of opposition to birth control I encountered while researching regional stories. In other more restrictive states, like Indiana, opposition at even this minor level did not seem to exist.

⁶⁰ Christine E. Nicoll and Robert G. Weisbord, “The Early Years of the Rhode Island Birth Control League,” *Rhode Island History* 45, no. 4 (November 1986): 111.

⁶¹ *Ibid.*, 111-112 and 117.

⁶² *Ibid.*, 121-122.

In her examination of the Minnesota Birth Control League, Mary Losure offered many of the themes common to regional studies of birth control. This organization, the forerunner of Planned Parenthood of Minnesota, first began as the Motherhood Protection League in 1928. Its initial focus on motherhood, rather than birth control, no doubt helped the public accept the association. Like other local birth control organizations, the Minnesota Birth Control League carefully crafted its message so as to garner as little opposition as possible. By 1931, the group had opened a birth control clinic in downtown Minneapolis. That same year, group members brought a petition before the Minnesota Council of Social Agencies. The petition urged the Council to find ways to provide contraceptive information to women. This group, responsible for Community Chest planning, refused to even discuss the measure.⁶³ This difficulty in finding community funding proved to be a hallmark of localized birth control.

For the most part, however, the Minnesota group worked quietly. Fearing recrimination, the founders opted only to publish general notices of meetings. The organization's minutes noted that the clinic's opening was not published in the local press, nor were board members listed. Instead, the initial media coverage of the Minnesota Birth Control League remained limited almost exclusively to "...newspaper society pages under headlines announcing luncheons and teas." Like many other social movements, the well-to-do of Minnesota formed the basis of the organization. Instead of press coverage, most women heard about the clinic's work through referrals from social agencies, while others learned from the testimonies of friends or family members who

⁶³ Mary Losure, "'Motherhood Protection' and the Minnesota Birth Control League," *Minnesota History* 54 (winter 1995): 359-361.

had availed themselves of the clinic's services.⁶⁴ In many ways, the Minnesota Birth Control League resembled other local birth control entities.

The importance of outside influence also proved to be a common theme in regional birth control, at least in the Midwest. Clarence Gamble provided the link between Indiana, Ohio, and Michigan contraceptive services. Gamble's interest in birth control was exercised in part through the National Committee on Maternal Health (NCMH). Gamble served as this organization's chairman of field service in 1934 and as its treasurer in 1935.⁶⁵ Earlier, Gamble befriended Dr. Robert Latou Dickinson, founder of the NCMH in 1923. Originally, this New York organization sought to provide birth control referrals, rather than provide an actual clinic as Margaret Sanger had done. Dickinson's focus remained on keeping contraception within the medical profession and to provide an avenue for contraceptive research.⁶⁶ In 1930, Gamble referred Elsie Wulkop, a social worker, to Dickinson's group. Per Gamble's suggestion, the NCMH sent Wulkop to Detroit, Michigan, to establish a birth control clinic. Wulkop was "to act as the agent of an anonymous donor to offer seed grants for the establishment of birth control clinics and promote maternal health leagues that would hopefully assume future-fundraising responsibilities."⁶⁷ Wulkop's work formed a vital part of the Midwestern birth control story.

Prior to Wulkop's arrival, one small clinic existed in Detroit. The Jewish Welfare Federation and other groups started the clinic in 1927. With Wulkop's arrival, however, the situation changed quickly. By 1939, Michigan had 29 birth control committees and 22

⁶⁴ Ibid., 361-363.

⁶⁵ Williams, 104 and 110.

⁶⁶ Ibid., 86.

⁶⁷ Ibid., 111.

clinics. Lansing offered the only real opposition to Wulkop in Michigan. There, local doctors opposed the creation of a free clinic; not an uncommon attitude at this time. Fear of socialized medicine remained a strong obstacle to the medical profession's involvement in birth control clinics. Still, Wulkop proved so successful that Dickinson's committee sent her to other Midwestern states—Iowa, Nebraska, Kansas, and Indiana. By 1935, 22 cities in these states had started birth control clinics. Fourteen of them were in Michigan alone.⁶⁸

With Gamble's help, Ohio proved to be another success. In her examination of Cincinnati birth control, Kriste Lindenmeyer noted that the medical profession had a firmly established involvement with issues of birth control access. Lindenmeyer argued that by the 1920s Sanger and Dickinson had shifted their focus from feminism to medicine. Birth control advocates no longer saw the issue as one of women's rights, but rather as one of women's health. In this way, they sought to achieve mainstream acceptance. Cincinnati gynecologist Elizabeth Campbell started plans for the city's first birth control clinic in January 1929. From the beginning, Cincinnati's clinic was tied closely to the medical profession. Clarence Gamble was a native of the city and Campbell approached Gamble about the funding of a clinic. Gamble agreed on the condition that Campbell would secure the support of the city association of doctors, the Cincinnati Academy of Medicine. A doctor herself, Campbell agreed. The Academy easily endorsed Campbell's idea after a lecture by Dr. Robert L. Dickinson.⁶⁹ Thus Ohio birth control emphasized another key tactic of regional birth control advocates—a strong association with organized medicine.

⁶⁸ Ibid., 111-114.

⁶⁹ Kriste Lindenmeyer, "Expanding Birth Control to the Hinterland: Cincinnati's First Contraceptive Clinic as a Case Study, 1929-1931," *Mid-America* 77 (spring/summer 1995): 146-150.

Just as the Minnesota birth controllers had avoided conflict, so, too, did Cincinnati's organizers seek to minimize public opposition. While Minnesota's organization had avoided publicity, Campbell's group sought a different route. First, they established their clinic in a hospital, but sought private funding. Gamble himself promised \$5,000 for the clinic's first-year expenses through the NCMH.⁷⁰ In contrast, the same organization typically offered \$300 to \$500 in matching grants in other places such as Michigan.⁷¹ Second, the clinic also offered infertility treatments, not just contraception. Thirdly, the group sought to disassociate itself from Sanger and her organizations. "In the end," Lindenmeyer noted, "birth control advocates and opponents in this typical Midwestern city reached an acceptable compromise on this volatile moral issue without the explosive public protests that surrounded Margaret Sanger and the national reform effort."⁷² A similar situation existed in northern Ohio with the founding of the Maternal Health Association of Cleveland.

Jimmy Elaine Wilkinson Meyer examined birth control in Cleveland in her 1993 doctoral dissertation.⁷³ Meyer explained that the Maternal Health Association (MHA) formed in February 1928 "avoiding the potentially inflammatory term 'birth control' in its name." The MHA also utilized the tactics of other localized birth control organizations in its efforts to minimize conflict. Like its buckeye cousin, the Cleveland group made sure to remain separate from Sanger's American Birth Control League, as well as Mary

⁷⁰ Ibid., 150-151.

⁷¹ Williams, 115.

⁷² Lindenmeyer, 147 and 151.

⁷³ Meyer recently expanded her work into a book length study of the topic—one of the few regional studies of this magnitude. See Jimmy Elaine Wilkinson Meyer, *Birth control policy, practice and prohibition in the 1930s: The Maternal Health Association of Cleveland, Ohio*, Case Western Reserve University, May 1993, PhD dissertation and Jimmy Elaine Wilkinson Meyer, *Any Friend of the Movement: Networking for Birth Control, 1920-1940* (Columbus: Ohio State University Press, 2004).

Ware Dennett's Voluntary Parenthood League.⁷⁴ The MHA also maintained close ties to the medical profession. In fact, the group's first annual report asserted "The purpose of the Maternal Health Association is to aid and support physicians in medical service and advice to married women for the protection of the health and strength of such women and their children."⁷⁵ With this statement, the Cleveland organization established a very strong link to the medical profession. While other fledgling birth control groups simply hoped to avoid publicity, the MHA made a concerted effort to ensure that they would. Prior to the clinic's opening, organizers visited the local media and specifically asked that the event not receive coverage. Like other groups, the MHA declined to participate in the Community Fund and relied, instead, on private contributions.⁷⁶ In aim and founding, the Cleveland MHA seemed to mirror other regional birth control organizations.

However, in Meyer's eyes, one substantial difference existed. The Cleveland organization offered a decidedly feminist focus. Other clinics, including those in Indiana, avoided feminist arguments in favor of those with a broader appeal. It is unclear if the emphasis on women's actions proved unique to Cleveland, or if this was a distinctive focus of Meyer's analysis. Meyer asserted that the start of the MHA "demonstrates the power of women's voluntarism to modify public policy and elucidates the role of gender within a social movement."⁷⁷ As proof, Meyer offered the clinic's daily practices. An all-male medical board oversaw the clinic, but women managed daily operations. "The male physicians conducted the research clinic and provided men's consultations; the women

⁷⁴ Meyer, *Birth control policy*, 87-88.

⁷⁵ Qtd. in *Ibid.*, 87.

⁷⁶ *Ibid.*, 88 and 100.

⁷⁷ *Ibid.*, ii.

actually provided birth control,” Meyer explained.⁷⁸ Because clinic staff feared that the Comstock law would stop shipments of clinic supplies, board members and volunteers often traveled to New York with empty suitcases. There, these individuals, usually women accompanying their husbands on business trips, would load up their luggage with diaphragms and contraceptive jelly.⁷⁹ Of all the local birth control histories available, only Meyer had the luxury of detailed primary sources. The Maternal Health Association archives provided her with scrapbooks, annual reports, patient ledgers, articles, and, most valuable of all, letters from clinic patients to the clinic staff. Perhaps, then, this allowed Meyer to reveal a more feminist set of behaviors than other historians.

Nashville, Tennessee, offered another good example of local birth control. The historiography of Nashville proved unique in that two authors have examined the city. In 1977, Gwendolyn Pamenter Aseltine wrote her dissertation on the Planned Parenthood Association of Nashville. Her paper focused on the organization’s work from 1938 to 1976. The city’s first birth control clinic opened in November 1937.⁸⁰ From Aseltine’s observations, it appeared that this clinic was not a private effort. “The dissemination of birth control information and contraceptives had long been accepted by socially conscious Tennesseans,” Aseltine explained, “for Tennessee and North Carolina were the first states to have birth control clinics associated with health and welfare services in the 1930s.”⁸¹ In fact, Tennessee State Welfare Commissioner George Cates proved such a strong supporter of tax payer supported birth control that he argued, “There should be a

⁷⁸ Ibid., 106.

⁷⁹ Ibid., 151.

⁸⁰ Gwendolyn Pamenter Aseltine, “The Planned Parenthood Association of Nashville” (PhD diss, George Peabody College for Teachers, 1977), 6.

⁸¹ Ibid., 4.

state birth control law and we should have a sterilization law.”⁸² Initially, the visiting nurses service in Nashville referred women to health clinics, including the birth control clinic. These nurses also worked in the clinics and helped provide transportation for patients. It was these women who formed the Maternal Health Association of Nashville in 1938. In 1942, this group reorganized as the Planned Parenthood Association of Nashville and lasted until 1945.⁸³ A new Planned Parenthood group formed in the city in 1962 and remained the focus of much of Aseltine’s work.⁸⁴

In a brief article titled “Class, Controversy, and Contraceptives: Birth Control Advocacy in Nashville, 1932-1944,” William B. Turner provided another look at birth control in the Tennessee city. Here, Turner refuted several of Aseltine’s claims and emphasized that the Nashville chapter of Planned Parenthood did not end at the same time as the state chapter.⁸⁵ Turner’s discussion of Susan Kirtland Green proved more important to the general historiography of birth control than his conflicting timeline of Planned Parenthood in Tennessee. Green’s work offered a rare look into the private side of birth control in Nashville. From 1932 to 1941, Green operated a private birth control clinic in Nashville. Named the Tennessee Birth Control Bureau, her organization attracted little attention. Only eighteen patients visited the clinic in 1934. After her clinic closed, Green continued her birth control work by selling Fem-A-Gyn, contraceptive suppositories that she produced from a recipe in Margaret Sanger’s “Family Limitation” pamphlet. Green and her daughter continued to sell this product through the mail until

⁸² Qtd. in *Ibid.*, 8.

⁸³ *Ibid.*, 7 and 27.

⁸⁴ *Ibid.*, 30-31.

⁸⁵ William B. Turner “Class, Controversy, and Contraceptives: Birth Control Advocacy in Nashville, 1932-1944,” *Tennessee Historical Quarterly* 53 (1994): 176.

1970.⁸⁶ Turner's examination of Green illustrated another avenue, besides clinics, through which women could obtain birth control information and supplies. The need for such an anonymous service also pointed to the fact that birth control may not have been as widely accepted in Nashville as Aseltine argued.

In her study of Cincinnati, Lindenmeyer called for more local birth control studies to prove or challenge assertions made by Nicoll and Weisbord in their study of Rhode Island. These authors argued that our current perceptions of reform movements and the many studies of Margaret Sanger have led historians to assume that local birth control efforts also faced strong opposition. Instead, they suggested

The Rhode Island story also illuminates the neglected middle passage of the birth control movement, in which clinics opened quietly and remained in operation decades prior to the judicial battle that finally proved the deathblow for Comstock laws. Until much more is known about birth control advocacy at the state level, generalizations about this movement may very well perpetuate distortions concerning modern reforms. Studies of other states without Comstock laws and containing only a small proportion of Catholics, for example, may reveal that often the battle for birth control was won without a war being fought.⁸⁷

Linda Gordon's research echoed this assertion. Gordon noted that surveys taken in the 1920s found a large amount of support for birth control in rural and small communities otherwise known for their conservatism.⁸⁸ Local birth control in the United States did not create a large amount of controversy. Instead, it slipped quietly under the radar. While some conflict existed, organizers sought to minimize it through lessened publicity and linking their actions tightly to the medical profession. This, too, proved the case in Indiana.

⁸⁶ Ibid., 167 and 171-172.

⁸⁷ Nicoll and Weisbord, 125.

⁸⁸ Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), 323.

CHAPTER TWO: THE RESTRICTIVE STATE OF INDIANA

Readers of *The Ladies' Own Magazine*, a national publication that claimed Indianapolis as its headquarters for several years in the 1860s and 1870s, encountered the writer Rose Geranium. This charmingly named author explained that old maids often became “cross” because there was no one to receive their affection. “There is a feeling akin to pity,” she wrote, “which should go forth to the childless.”¹ In another Indianapolis magazine, the *Ladies' Christian Monitor*, editors reminded readers that “Woman assumes peculiar responsibilities when she enters the sacred bonds of matrimony and becomes a mother.”² The 1871 poem “The Sacred Mother” made this connection even more clear. The author described the young mother in the poem as “Very near to the Infinite Nature— / Very near to the heart of God— / More blest than the ‘hills of Beulah’ / Which the white feet of angels trod ...”³ Ladies’ magazines continually stressed the glory that women would find in motherhood. Not to be left out, one Indianapolis doctor as late as 1915 admonished readers of the state’s medical journal, “... I hope the time may come when every man who approaches the environs of a woman soon to become a mother will feel that he is treading on holy ground.”⁴ From the Victorian era and well into the twentieth century, motherhood formed the ideal state for women in Hoosier society. This attitude helped shaped the state’s restrictive response to birth control.

¹ Rose Geranium, “Baby’s Mission,” *The Ladies' Own Magazine* (February 1873): 79.

² “The Mother’s Impress,” *Ladies' Christian Monitor*, 6 (April 1867): 112-113.

³ “The Sacred Mother,” *The Ladies' Own Magazine* 3 (February 1871): 53.

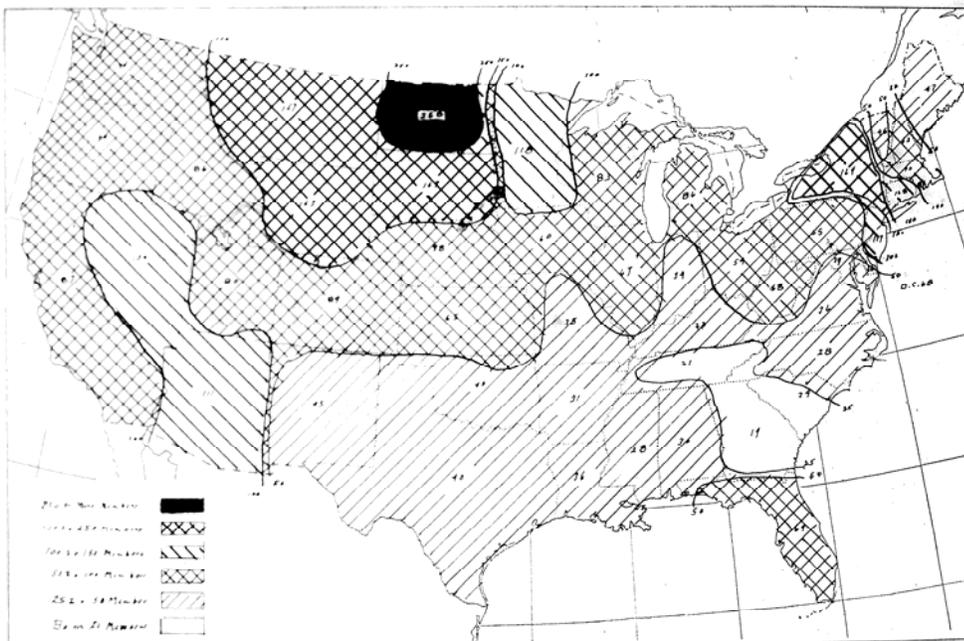
⁴ H.D. Fair, “Better Obstetrics,” *The Journal of the Indiana State Medical Association* (February 1915): 67.

Hoosier Conservatism

In her master's thesis *Organizing on Their Own Terms: Women and the Equal Rights Amendment in Indiana*, Eloise Scroggins argued that Indiana ERA supporters were able to succeed in the state's conservative climate because of their choice of conservative rhetoric and actions. A similar situation existed with Indiana birth control advocates. In the face of Hoosier restrictiveness, men and women who sought to create birth control organizations chose tactics that worked within the confines of the state's climate.

Hoosiers participated only slightly in the national movement for birth control, and Indiana membership in Sanger's American Birth Control League (ABCL) offered a clear illustration of the state's ambivalence to the issue. For his 1929 dissertation, Francis McLennan Vreeland examined the birth control movement in America. As a part of this, he analyzed membership in the ABCL, which had begun in 1921. Indiana lagged behind its Midwestern neighbors in supporting this national organization. Vreeland's map of ABCL membership from 1922 to 1926 offered a striking visual:

Map 7. TOTAL NUMBER OF MEMBERS IN THE A.B.C.L., BY STATES, Per 100,000 N.W.N.P., For the Five Year Period, 1922 to 1926 Inclusive.



The map indicated ABCL membership per 100,000 “native white, native parentage” residents. Indiana and Missouri stand in stark contrast to their neighboring states. While Ohio, Michigan, Illinois, and Wisconsin all boasted 50 to 100 members per 100,000 residents, Indiana and Missouri could only claim 25 to 50. Minnesota had 100 to 150 members per 100,000. Only Tennessee, South Carolina, and Georgia had the lowest rate of less than 25 members per 100,000.⁵ Vreeland noted that during the time period he examined, eight states had ABCL memberships of more than 1,000 members. Three of these states, as also seen on the map, were Illinois (2,070 members), Ohio (1,989 members), and Michigan (1,444 members)—all neighbors of the apparently more conservative Indiana.⁶

Vreeland also offered a statistical examination of increased ABCL membership based on the geographic size of the cities studied within each state. Indiana consistently fared lower than its neighbors, with the occasional exception of Wisconsin. Vreeland followed the United States Census classification to group Ohio, Indiana, Illinois, Michigan, and Wisconsin into Division 3. His results clearly indicated that organized birth control received a better response outside Indiana.

ABCL membership gains in population areas of less than 2,500 people:⁷

	1922	1923	1924	1925	1926	5-year gain
Ohio	51	271	179	77	33	611
Indiana	32	146	84	31	15	308
Illinois	73	335	213	72	35	728

⁵ Francis McLennan Vreeland, “The Process of Reform with Especial Reference to the Reform Groups in the Field of Population” (Ph.D. diss, University of Michigan, 1929), 460.

⁶ *Ibid.*, 162.

⁷ *Ibid.*, 157, 441.

Michigan	33	178	144	48	32	435
Wisconsin	20	151	131	49	23	374

ABCL membership gains in population areas of 2,500 to 10,000 people:⁸

	1922	1923	1924	1925	1926	5-year gain
Ohio	16	113	93	27	15	264
Indiana	14	74	44	21	4	157
Illinois	55	171	158	55	26	465
Michigan	18	68	63	27	14	190
Wisconsin	11	73	38	20	7	149

ABCL membership gains in population areas of 10,000 to 50,000 people:⁹

	1922	1923	1924	1925	1926	5-year gain
Ohio	28	153	100	44	24	349
Indiana	14	57	42	20	6	139
Illinois	34	87	82	55	24	382
Michigan	38	87	55	31	14	225
Wisconsin	16	66	53	18	13	166

ABCL membership gains in population areas of more than 50,000 people:¹⁰

	1922	1923	1924	1925	1926	5-year gain
Ohio	122	272	213	100	53	765

⁸ Ibid., 157, 443.

⁹ Ibid., 157, 445.

¹⁰ Ibid., 157, 447.

Indiana	30	82	42	31	9	194
Illinois	92	254	125	81	43	595
Michigan	306	166	88	86	48	594
Wisconsin	17	86	49	15	13	180

Vreeland's numbers indicated that in Indiana a higher percentage of residents in smaller areas than in larger cities chose to join the ABCL during the years he examined. While 308 people in areas of less than 2,500 people joined the ABCL during the years examined, the ABCL only gained 194 people in areas boasting 50,000 residents. The larger number of Indiana residents living in rural areas more likely accounts for this, rather than an indication of greater support in smaller areas. As will be seen, most activity for organized birth control in Indiana occurred in the state's largest cities. Of the five states examined above, Indiana ranked the lowest for total new members during the first five years of the ABCL. While Indiana added 798 members to the organization's ranks, Illinois added 2,170, Ohio contributed 1,989, 1,444 Michigan residents joined the ABCL, while even Wisconsin, which lagged behind Indiana in some geographic areas for membership, topped Indiana with 869 new ABCL members. Clearly, the ABCL found greater support outside the Hoosier state than inside.

Indiana Attitudes toward Obscenity

Indiana's conservatism toward sexuality began well before Margaret Sanger's agitation for birth control reform. Starting as early as the post-Civil War era, Indiana reformers sought to control women's sexuality and limit access to birth control. Many of

the post-war reform movements popular in the Hoosier state reflected the community's concern with obscenity. As will be seen, the Indianapolis press clearly conveyed this attitude and concern.

In *Intimate Matters: A History of Sexuality in America* John D'Emilio and Estelle B. Freedman argued that evolving ideas about sexuality have not been a struggle for freedom from repression, but rather a response to changes in society and politics. They contended "that sexuality has been continually reshaped by the changing nature of the economy, the family, and politics."¹¹ While D'Emilio and Freedman examined sexuality from colonial times to present day, many historians of sexuality in America have focused on the nineteenth century.¹² Our contemporary fascination with the restrictive sexuality of Victorian culture no doubt forms the basis of their focus. However, the Victorian era provided the backdrop for most of the nation's early ideas and laws about obscenity.

Society's concerns that birth control would lead to an increase in promiscuity formed one common and lasting moral objection to birth control. In her analysis of the birth control movement, Linda Gordon saw three primary stages: voluntary motherhood, birth control, and family planning.¹³ During the first stage, feminists sought to improve the role of women in society. As part of this, they feared that contraceptives could lead to promiscuity. In the eyes of these early reformers, abstinence remained the only appropriate form of birth control. These women worked during the Victorian era, a time

¹¹ John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* 2nd ed. (Chicago: The University of Chicago Press, 1997), xii.

¹² See Carl Bode, "Columbia's Carnal Bed," *American Quarterly* 15, no. 1 (1963): 52-64; Carl N. Degler, "What Ought To Be and What Was: Women's Sexuality in the Nineteenth Century," *The American Historical Review* 79, no. 5 (Dec. 1974): 1467-1490; and Estelle B. Freedman, "Sexuality in Nineteenth-Century America: Behavior, Ideology, and Politics," *Reviews in American History* 10, no. 4 (Dec. 1982): 196-215.

¹³ Linda Gordon, *Woman's Body, Woman's Right: Birth Control in America* (New York: Grossman Publishers, 1976, revised, New York: Penguin Books, 1990), xix-xxx (page citation is to the revised edition).

when society prized restraint in matters of sexuality.¹⁴ D’Emilio and Freedman contend women themselves contributed to the increasing public nature of sexual discourse. They cite nineteenth century reform efforts to regulate prostitution as one example. As women fought against sexuality outside the home, they “sought to retain their authority over sexuality by organizing moral reform and social purity crusades.” This, the authors noted, actually pushed sexuality further into public discussion.¹⁵ The federal Comstock law and its statewide incarnations formed one response to society’s growing concerns about inappropriate sexual behavior and discourse.

The Comstock law passed in the midst of a growing concern about obscenity. D’Emilio and Freedman emphasized that the concern over prostitution and sexual behavior grew from a focus on the individual’s control over sex. Obscenity, they wrote, pitted two camps against each other: “one embracing individual and the other social control of sexuality.”¹⁶ While Victorian reformers often urged self control in matters of sexual behavior, these laws sought to impose outside restrictions. This moved the responsibility for sexual morality away from the individual and onto the larger society. Even laws restricting access to birth control went beyond the individual to a concern with what was best for the greater society. Advocates for obscenity laws, like Comstock, sought to keep questionable material out of the hands of citizens and thus protect them from temptations. Yet, their greater goal proved to be the protection of a certain morality in society. D’Emilio and Freedman also defined obscenity as “open discussion of

¹⁴ Ibid., 93-98.

¹⁵ D’Emilio and Freedman, 139.

¹⁶ Ibid., 156.

sexuality and contraception.”¹⁷ Indiana contraceptive laws and advertising related to sexuality helped confirmed the state’s restrictive stance.

Indiana’s contraceptive law grew out of a new-found national focus on reform in the post-Civil War era. While much of the responsibility for the federal anti-obscenity and corresponding state ordinances has been credited to Anthony Comstock himself, these regulations also reflected the post-Civil War reform common in the United States at this time. Nationally, the largest political issues remained how to reintegrate the Southern states into the Union, what rights to extend to freed blacks, and how to deal with treasury notes created during the war.¹⁸ As the nation’s focus shifted away from war issues, lapsed reform movements could revive. In Indiana, two of the largest issues became women’s right to vote and the temperance movement.

Reformers resurrected the Woman’s Rights Association under the name Indiana Woman’s Suffrage Convention. At the 1865 session of the state legislature, Democrat Charles B. Lasselle proposed an amendment to the state’s constitution that would grant women the vote. While the committee assigned to the resolution supported it, lawmakers tabled the proposal. On the surface this reform does not appear to be related to contemporary concern with obscenity. However, in granting women access to the vote, Indiana would have granted women greater control in the political arena. As seen earlier, Victorian women had concerns about society’s increasing openness about sex and increasing promiscuity. Granting women the vote would have granted them the power to further restrict obscenity in society. While lawmakers dealt with voting issues, the

¹⁷ Ibid., 157.

¹⁸ Emma Lou Thornbrough, *Indiana in the Civil War Era: 1850-1880*, History of Indiana series (Indianapolis: The Indiana Historical Society, 1995, originally published in 1965): 252.

general population of the state considered the question of drinking.¹⁹ Concern over alcohol consumption also related to concerns over sexual mores. Both movements sought to control excesses in behavior.

During the 1860s and 1870s, the temperance movement gained many supporters in Indiana. By the late 1870s, advocates could join several “ribbon movements.” The Blue Ribbon and Red Ribbon groups urged supporters to sign pledges that they would not drink and asked them to wear a specific colored ribbon as a sign of this. The groups held revival-like meetings and became so popular that reports circulated of several hundred people signing the temperance pledges each night in Indianapolis. Besides the blue and red ribbon groups, advocates could also join the Ladies White Ribbon Club, the Independent Order of Good Templars, the Prohibition League, the State Reform Club, or the Prohibition party.²⁰ The Indiana temperance movement reflected Hoosiers’ concerns with moderating behavior in society.

Indiana’s modification of its divorce laws continued the focus on controlling citizens’ behavior. The state’s divorce statute, passed in 1852, granted divorces for adultery, cruelty, or “for any other cause for which the court shall deem it proper that a divorce shall be granted.” The law also required one year’s proof of residency “to the satisfaction of the court.” Because many saw Indiana’s law as liberal, those eager for divorce moved temporarily to the state. In 1873, however, the legislature tightened the proof of residency requirements and extended the time frame to two years. Additionally, only specific causes listed in the law could be used as grounds for divorce, and the statute

¹⁹ Ibid., 258-259.

²⁰ Ibid., 265.

forbade those granted divorces from remarrying for two years.²¹ To reformers, this emphasis on curtailing divorce ensured the sanctity of family, just as would prohibiting the alcohol trade and limiting access to “obscene” material.

In 1877, Indiana passed its own prohibition on the distribution of obscene material. Like the federal law, this one included birth control. The state law began “An Act for the suppression of traffic in, and circulation in obscene literature and prescribing punishment for its violation.” Sections 1 and 4 related to birth control and clarified the state’s position. Section one read, “... other articles of an indecent or immoral nature or use, or any drug or medicine, or any article whatsoever, for the prevention of conception, or for causing unlawful abortion.” Section 4, however, offered a strong exception that did not exist in the federal statute. The Indiana law code noted, “The words in this act in section one ‘articles of an indecent or immoral nature or use’ shall not be construed as applying to articles or instruments which are used or applied for the cure or prevention of disease.” In 1881, the state further clarified the law and exempted medical college instruction, medical books, and “the practice of regular practitioners of medicine or druggists in their legitimate business.”²² Thus, Indiana offered an important exemption to its definition of obscenity. Sexuality in the hands of the medical profession did not classify as obscene.

Indiana’s birth control laws existed somewhere in the middle of the rest of the nation’s laws. Birth control activist Mary Ware Dennett examined the various states’ prohibitions on birth control in 1926 and published her findings in *Birth Control Laws: Shall We Keep Them, Change Them, or Abolish Them*. Dennett began her volume by

²¹ Qtd. in *Ibid.*, 266.

²² Qtd. in Joseph F. Thompson, “‘Right of Privacy’: A History of Contraception, Sterilization and Abortion in Indiana” unpublished manuscript at Planned Parenthood of Central Indiana, Indianapolis, 1992: 30-31.

explaining that 46 of the then 48 states “form a legal barrier between the people and this [contraceptive] knowledge.” Twenty-four states, Indiana included, had specific proscriptions against birth control, although only Connecticut banned the actual use of contraceptives.²³ Indiana joined 22 other states in criminalizing the publication or advertising of birth control information. Additionally, Indiana and 21 other states prohibited items that could be used for contraception. Of the four nearby birth control movements examined in chapter one, Minnesota and Tennessee also shared these restrictions. According to Dennett, Indiana and these other two states joined an even shorter list of states that made it a crime to even possess contraceptive information. Only eleven states endorsed laws that strict. Indiana, Minnesota, and twelve other states also criminalized the act of informing someone where he or she could obtain information about birth control. While not as limiting as some state laws (such as Colorado’s which even prohibited bringing birth control information into the state and authorized the search and seizure of contraceptives), Indiana’s laws made it one of the most restrictive when it came to permitting birth control information. On the other hand, Indiana also offered several exemptions to its statutes. Indiana, Ohio, and Colorado appeared on Dennett’s list for every type of exemption offered. Seven states exempted medical colleges from their prohibitions, while medical books could freely discuss birth control in eight states. Only six states exempted doctors from birth control prohibitions. Even fewer, only four states, permitted druggists to share birth control information.²⁴ Indiana’s birth control laws, while restrictive, left the topic open in the hands of the medical profession.

²³ Mary Ware Dennett, *Birth Control Laws: Shall We Keep Them, Change Them, or Abolish Them* (New York: The Grafton Press, 1926): 7 and 10.

²⁴ *Ibid.*, 268-270.

Despite all of the state birth control statutes, almost all of the prosecutions occurred at the federal level. In fact, Sanger's biographer David Kennedy asserted that only three cases even attempted to challenge state or local birth control laws.²⁵ Historian Andrea Tone echoed this emphasis on federal prosecution. She noted that of the 105 arrests for birth control made by the New York Society for the Suppression of Vice, only twelve prosecutions took place outside the federal courts.²⁶ Indiana's evidence supported the claim that police did not enforce state birth control laws, nor did advocates challenge the statutes in court. *West's Indiana Digest*, an index of Indiana federal and state court cases since 1817, included numerous cases related to abortion laws, but very little related to birth control during the time frame of this study. An Indiana Attorney General opinion formed the only relevant birth control reference made in the digest.²⁷ Questions from William F. King, then secretary of the State Board of Health, prompted the July 1923 missive.

King asked "First—Is it illegal to give advice in regard contraception under the laws of Indiana? Second—If it is illegal to give such advice does this apply only to physicians or others engaged in a professional capacity, or does it apply to all persons?" The attorney general's response left the matter in a gray area. He explained the basic premise of Indiana's statute and its exemption for doctors, pharmacists, and medical texts. He then continued:

²⁵ David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven: Yale University Press, 1970), 218. These cases occurred in Massachusetts (1917), New York (1918), and Chicago, Illinois (1923).

²⁶ Andrea Tone, "Black Market Birth Control: Contraceptive Entrepreneurship and Criminality in the Gilded Age," *Journal of American History* 87, no. 2, accessed online at www.historycooperative.org/journals/jah/87.2/toner.html on 18 February 2004, 18.

²⁷ "Abortion and Birth Control," *West's Indiana Digest 2d: 1817 to Date, Vol. 1 Abandoned and Lost Property—Appeal and Error: A Digest of Indiana Legal Authorities State and Federal* (St. Paul, Minn.: West Publishing Co.): 56-66.

... I am of the opinion that the language is not broad enough to include merely the giving of advice in regard to contraception. The giving of advice on the subject would not, in my opinion, be an offense unless the proof showed that information had been given, by one other than a physician or by other person within the exception above stated, as to *how, when, or in what manner the articles and things mentioned could be procured*. With this explanation, I am of the opinion that the first question should be answered in the negative.

Apparently, then, anyone could share contraceptive advice as long as he or she did not share how to obtain contraceptives themselves. As to the second question, the attorney general explained that neither doctors, pharmacists, medical school teachers, nor medical texts faced censure under the law. He did not address the “all persons” of the question unless one considers his first answer to the inquiry.²⁸ While the attorney general never contradicted the state statute against birth control, his opinion made it clear that he did not seek to prosecute individuals using birth control.

While Indiana law did prohibit the dissemination of birth control information and materials, it was hardly iron-clad. Women of means could legitimately seek such information from their doctors and pharmacists, who were free to learn about contraceptives in Hoosier medical schools. Still, the stigma attached to birth control and fear of prosecution limited access for many women and inhibited the growth of contraceptive services. Historian David Kennedy wrote:

In the early days of Mrs. Sanger’s activity ... the federal statutes did little to impede her work. ... The state laws were another matter. They directly retarded the establishment of clinics and in some cases thwarted the organization of local leagues to propagandize for birth control.²⁹

²⁸ *Opinions of the Attorney-General Indiana for the Period From January 1, 1923, to January 1, 1925* (Indianapolis: William B. Burford, 1925): 375-376.

²⁹ Kennedy, 219.

While evidence of federal birth control prosecution suggested otherwise, Kennedy's observation offered an interesting point. The simple fear of prosecution stalled local efforts at birth control in Indiana and many other states.

While Indiana's anti-obscenity law permitted the medical profession to offer access to birth control, evidence abounds that it limited the portrayal of sexuality in the Indianapolis press.³⁰ In April 1872, *The Ladies' Own Magazine* removed its headquarters to Chicago, and soon after New York. The magazine's chief editor, Cora Bland, continued to be listed on the cover, but with its move from the Hoosier capital the magazine underwent a subtle change. Advertising and fashion pages increased as did ads offering women an escape from motherhood.

For fifty cents, women could order *The Magic Wand and Medical Guide*, a book that promised a variety of information including "very important, private, and valuable secrets" for married people.³¹ A more reliable sounding book was *Sexual Physiology, A Scientific and Popular Exposition of the Fundamental Problems in Society*. This tome claimed to include information on "How and when Menstruation, Impregnation and Conception occur; giving the laws by which the number and sex offspring are controlled ..."³² Due to the federal Comstock law, many advertisers chose the terms they used carefully. In the same December 1874 issue, women readers could also order *Talks to My*

³⁰ The publications chosen for this study included all available issues of women's magazines published in Indiana during the time frame of this study (the 1860s through the 1940s), as well as a random sampling of Indianapolis newspapers during this time. A special emphasis was placed on self-proclaimed spicy newspapers that sought to serve the general public. Recommendations from a reference librarian at the Indiana State Library, repository of the state's largest newspaper archive, helped guide this selection. The examination of publications ended in the 1940s because birth control organizations were well established in so many areas by that time that women no longer had to rely solely on advertising for contraceptives.

³¹ Ad for *The Magic Wand and Medical Guide*, *The Ladies' Own Magazine* (August 1874): 398. The same book promised to teach "how to put black spots on a horse; also how to make them have a star on their foreheads;" along with numerous other improbable tasks.

³² Ad for R. T. Trall, M.D., *Sexual Physiology, A Scientific and Popular Exposition of the Fundamental Problems in Society*, *The Ladies' Own Magazine* (December 1874): 590.

Patients; Hints on Getting Well and Keeping Well by Mrs. R. B. Glason, M.D. The list of topics in her book dealt primarily with women's health during and after pregnancy. The book promised to also address intentional and accidental abortion. Perhaps to forestall prosecution under the law, a review by the upstanding sounding *Liberal Christian* noted, "There is not a sentence in it that can be perverted or misused, so as to do any harm."³³ Yet, no doubt, many women turned to these pages with a desire to terminate their pregnancies or to prevent unwanted ones. With the magazine's move away from Indianapolis, more ads hinted at the availability of contraceptives.

While in Indiana, *The Ladies' Own Magazine* followed a trend found in Indianapolis-based magazines and newspapers from the 1860s through the 1930s. In accordance with the state's conservative stance, women's sexuality appeared as something titillating and as something to be regulated, but never as something women themselves could control and use as they desired. Historians of birth control and of advertising asserted that working-class women, unable to afford doctors, could access birth control through ads in periodicals. However, these authors looked to cities such as New York and national magazines like *Cosmopolitan* for their evidence. An examination of Indianapolis revealed a different picture.

A surprisingly small number of advertisements for female health products appeared in the Indianapolis press. Historians of birth control and of advertising argued that lower-class women continued to receive contraceptive information through the popular press in the post-Comstock years. D'Emilio and Freedman cited examples from the New York paper the *Police Gazette* and affirmed that "veiled advertisements in

³³ Ad for Mrs. R. B. Glason, M.D. *Talks to My Patients; Hints on Getting Well and Keeping Well, The Ladies' Own Magazine* (December 1874): 591.

newspapers” served as a source of contraceptive information.³⁴ Andrea Tone, author of *Devices and Desires: A History of Contraceptives in America*, devoted her entire manuscript to an examination of birth control methods and rates of use. She pointed to evidence such as arrest records, letters between lovers and family members, catalogues, and ads to show that women still had access to birth control during the years of the Comstock law.³⁵ Tone argued, however, that New York was not unique. She maintained that lower-class men and women encountered the most ads for contraceptives in “sensationalist tabloids specializing in sports, theatrical news, murders, police reports, and courtroom dramas.”³⁶ Professor of communications Amy Sarch echoed Tone’s findings in her examination of birth control advertising in the 1920s and 1930s. Sarch explained that advertisers used terms such as “feminine hygiene” to legally promote their products for contraceptive purposes. She asserted that ads for contraceptive douches appeared in “urban dailies, rural weeklies, specialty publications, popular magazines, and on private cards in the nineteenth and early twentieth century.”³⁷ Sarch, however, focused on national publications. Indianapolis publications did not follow this trend and reflected the state’s restrictive attitude.

Instead, Indianapolis newspaper advertisements clearly stressed the importance of motherhood. Numerous ads for a medicine called “Mother’s Friend” appeared in the *Indianapolis Press* in 1900. The ads claimed that this ointment “does away with the danger and pain of birth.” While it is not surprising that a product with such a name

³⁴ D’Emilio and Freedman, 61.

³⁵ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 24.

³⁶ *Ibid.*, 83.

³⁷ Amy Sarch, “Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s,” *Critical Studies in Mass Communication* 14 (1997): 31-33.

would extol the virtues of motherhood, one ad for “Mother’s Friend” especially emphasized the expectation placed upon women. “A True Woman,” the opening line stated, “looks forward to motherhood with more pleasure than dread.”³⁸ By linking motherhood to true womanhood, the copywriter left little room for married women who chose not to have children. The ad implied that women who did not want children did not fulfill the role assigned to “true women.” Ads for Lydia E. Pinkham’s Vegetable Compound also filled the columns of Indianapolis newspapers. One ad told the story of an Illinois woman who could not have children unless she underwent an operation. Her testimonial asserted that thanks to the elixir, she conceived a child without having to undergo the operation.³⁹ Even as late as 1916, advertisers could more easily discuss female health problems in the state’s conservative climate if they linked them to motherhood. Throughout advertisements and articles in both newspapers and magazines, the standard of motherhood reigned supreme.

Just as the advertisers for Pinkham’s concoction sought to link their product to maternity, copywriters for other female health products, including birth control, sought to frame their goods in a reputable, medical light. Most of the medicines featured aimed to regulate a woman’s body. For example, one ad urged mothers to give their daughters Wine of Cardui to help regulate their periods and remove “much agony and torture.” “Too often,” the ad warned, “beautiful and promising girls become permanent invalids because of a lack of proper caution at this critical period of their lives.”⁴⁰ Advertisements for Bradfield’s Female Regulator echoed these sentiments, but expanded their audience to

³⁸ Ad for “Mother’s Friend,” *Indianapolis Press*, 3 August 1900, 8.

³⁹ Ad for “Lydia E. Pinkham’s Vegetable Compound,” *Indiana Daily Times (Indianapolis)*, 17 May 1916, 9.

⁴⁰ Ad for “Wine of Cardui,” *Indianapolis Press*, 22 September 1900, 4.

include married and menopausal women.⁴¹ Yet another product connected an unhappy marriage to a woman's poor health. An ad for Dr. Pierce's Favorite Prescription carried the title "The Marriage Problem" and explained that "The general health of woman is dependent on the local health of the delicate womanly organs." The ad inferred that a woman who had problems with her reproductive system could expect her marriage to suffer.⁴² While products aimed specifically at the concerns of women appeared with less frequency than those for general health, many remedies for seemingly unrelated products claimed a beneficial impact on women's health. For instance, an ad for Peruna claimed it would cure "Summer Colds, Nervous Depression and Catarrhal Weakness." Testimonies for the medicine stressed its aid in healing liver problems, lung trouble, dyspepsia, and more. One final testimony, however, asserted that Peruna also alleviated any "pelvic irregularities" in women.⁴³ These ads clearly illustrated the significance of a woman's reproductive health and linked it to healthy marriages and happiness.

Several authors have echoed this connection between a woman's general health and her reproductive system. D'Emilio and Freedman argued that scientists in the 1800s saw the womb as the central focus of a woman's health. One doctor wrote in 1871 that a woman was "what she is in health, in character, in her charms, alike of body, mind and soul because of her womb alone."⁴⁴ Some historians have suggested that nineteenth-century doctors promoted such theories because women started moving away from their traditional sphere of the home. As more women sought work and autonomy away from home, these historians argued, doctors used science and biology to promote women's

⁴¹ Ad for "Bradfield's Female Regulator," *Indianapolis Press*, 1 August 1900, 8.

⁴² Ad for "Dr. Pierce's Favorite Prescription," *Indianapolis Press*, 22 September 1900, 2.

⁴³ Ad for "Peruna," *Indianapolis Press*, 4 August 1900, 12.

⁴⁴ D'Emilio and Freedman, 146.

traditional roles. As evidence, one historian noted that “For the most part, doctors prescribed individual will or self-control to cure men, while they prescribed medical and surgical interventions for a wide range of female complaints, whether or not the complaints were sexual in nature.”⁴⁵ Indianapolis ads for products like Dr. Pierce’s Favorite Prescription illustrated the lasting nature of this theory. The ad text asserted, “The general health of woman is dependent on the local health of the delicate womanly organs.”⁴⁶ As late as this 1900 ad, the connection between a woman’s reproductive health and her overall health persisted. This connection to medical health made these ads acceptable in light of Indiana’s restrictive stance. Linking these products to legitimate medical concerns removed them from the realm of obscenity, just as linking birth control to doctors had done under the state’s Comstock law.

Oblique references to birth control did exist in a few Indianapolis advertisements. The clearest indication of a contraceptive product appeared in an 1869 listing for doctors Pickerill and Cole of Indianapolis. The doctors invited patrons to use their “Vitalizer, or Vacuum Apparatus” which would cure “Lung Diseases, Paralysis, Rheumatism, Gout, Impotency, many cases of Suppressed Menses ...”⁴⁷ Even in the years prior to the Comstock law, Indianapolis advertisers felt compelled to use the euphemism “suppressed menses” to indicate pregnancy. Other ads chose equally vague language. Desperate women seeking to terminate unwanted pregnancies might turn to Chichester’s English Pennyroyal Pills which promised “Relief for Ladies.”⁴⁸ Historian Linda Gordon explained that contraceptive ads camouflaged their real purposes. The description

⁴⁵ Freedman, “Sexuality in Nineteenth-Century America,” 207.

⁴⁶ Ad for “Dr. Pierce’s Favorite Prescription,” *Indianapolis Press*, 22 September 1900, 2.

⁴⁷ Ad for “The Vitalizer, or Vacuum Apparatus,” *The Ladies’ Own Magazine* 1 (July 1869): back cover.

⁴⁸ Ad for “Chichester’s English Pennyroyal Pills,” *Hoosier* 31 (19 July 1890).

“French” was a common euphemism for contraception while “Portuguese” implied that a product would induce abortion.⁴⁹ While these designations did not appear in the Indianapolis press, local women became equally adept at reading the implied meaning behind advertising terms. For contraception, Indianapolis women could purchase “rubber goods” from a local store. Reluctant customers were assured that “a lady is always in attendance” to exhibit the goods.⁵⁰ While this ad possibly referred to condoms, the most likely rubber goods used in contraception were syringes. Douching was the preferred method of contraception for many women during the nineteenth century.⁵¹ Few references to birth control existed in Indianapolis advertising. Veiled ads for birth control did appear, but the most common link to women’s sexuality emerged in listings for doctors specializing in women’s health.

In lieu of medical products to prevent or terminate pregnancy, Indianapolis women could instead visit physicians who advertised a specialty in women’s health. Dr. Farnsworth declared his area of expertise was “Female and Chronic Diseases” and promised “The utmost confidence and secrecy [sic] observed in all cases.”⁵² For a woman seeking contraceptive information, this might prove critical. The Indiana Medical Institute also promised confidentiality to both men and women who consulted with them in person or through correspondence. The organization’s marriage guide could be had for fifty cents and promised to include information “that the married, or those contemplating marriage, should be acquainted with—a true marriage guide and private counselor.”⁵³

⁴⁹ Linda Gordon, *Woman’s Body, Woman’s Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), 53-54.

⁵⁰ Ad for “Rubber Goods,” *Indianapolis Sunday Herald*, 20 September 1873.

⁵¹ D’Emilio and Freedman, 246.

⁵² Ad for “Dr. Farnsworth,” *Indianapolis Daily Evening Mirror*, 3 February 1869.

⁵³ Ad for “Indiana Medical Institute,” *Indianapolis Sunday Herald*, 17 May 1874, 3.

Couples seeking to limit their family size often turned to just such guides. In 1874 poor women could turn to the Bobbs Free Dispensary in Indianapolis for their health needs. On Tuesdays and Thursdays at the clinic, women could visit Dr. T. B. Harvey who focused on the diseases of women.⁵⁴ While few advertisements offered working-class Indianapolis women the chance to procure birth control, this clinic may have given them the opportunity to learn such practices from a doctor, a method clearly within the boundaries of Indiana law after 1881 and presumably legal to advertise. Just as women's health products sought to regulate the female cycle, medical advertisements strove to put female health concerns in the hands of physicians. One exception to this was the previously mentioned Bradfield's Female Regulator, which promised to help women "completely away from the eyes of a physician."⁵⁵

While still fairly conservative, Indianapolis newspapers presented readers with a racier view of sex than shown in the women's magazines, probably because male readers demanded a more titillating view of sexuality than did women. Most advertisements for women's health and birth control products appeared in local newspapers rather than local magazines. Cost also influenced audience. At its initiation, *The Ladies' Own Magazine* cost readers \$1.50 per year. A daily newspaper would have been cheaper and more accessible to a working-class audience. This, too, could explain the newspaper's racier approach. In 1869 the *Indianapolis Daily Evening Mirror* billed itself as "The Spiciest Sheet in the State of Indiana."⁵⁶ It published a story called, "That Hymeneal Horror," which told of two women who traded places on their wedding night, unbeknownst to

⁵⁴ Ad for "Bobbs Free Dispensary," *Indianapolis Sunday Herald*, 2 August 1874, 8.

⁵⁵ Ad for "Bradfield's Female Regulator," *Indianapolis Press*, 1 August 1900, 8.

⁵⁶ Ad for "*Indianapolis Daily Evening Mirror*," *The Ladies' Own Magazine* 1 (April 1869): back cover.

their new husbands.⁵⁷ Racy behavior appeared in other places in the newspaper, too. In a short blurb, a criminal defendant waited for his verdict while his wife and a witness visited another room and were “alleged to have behaved in a naughty manner.”⁵⁸ Sexuality in the pages of this paper served as a source of entertainment. The *Indianapolis Sunday Herald* presented similar racy coverage in the 1870s. A raid on the Daily mansion, a brothel, produced five female and two male prostitutes one night while a similar raid on the house of “Queen Mab” netted only the madam and her customer.⁵⁹ While the editors titled the blurb “The Wickedest,” there appeared to be more amusement than outrage at the incident. The same newspaper reported divorces under the heading “Unhitched.” The separation of “Matilda Locke vs. her matrimonial monster” listed “General cussedness” as the cause.⁶⁰

The newspapers almost lighthearted coverage of divorce and sexual misconduct stood in contrast to their general treatment of women’s issues. While advertisements continually promoted motherhood and the regulation of a woman’s health, the newspaper coverage remained spicy in tone for many years. The women portrayed in these articles violated the expected standards so greatly that the newspapers could present them as shocking and amusing stories. Women that avoided traditional motherhood roles posed a greater danger than these anomalies. For this reason, newspapers avoided topics such as birth control organizations and only accepted ads that endorsed women’s expected roles. Thus, the Indianapolis press walked a fine line in terms of obscenity. Articles and products that sought to disassociate sex from reproduction or the control of doctors

⁵⁷ “That Hymeneal Horror,” *Indianapolis Daily Evening Mirror*, 2 January 1869.

⁵⁸ “The Sequel to an Outrage,” *Indiana Daily Evening Mirror*, 25 November 1868.

⁵⁹ “The Wickedest,” *Indianapolis Sunday Herald*, 13 September 1873.

⁶⁰ “Unhitched,” *Indianapolis Sunday Herald*, 27 September 1873.

seemed to fall under the classification of obscene. Sexual behavior so far outside the norm as to be uncommon, however, proved a source of amusement and somehow fit to print.

The self-proclaimed spicy newspapers, like the *Indianapolis Daily Evening Mirror*, offered the most advertisements related to women's sexuality. Some newspapers presented no articles or ads related to the topic. For example, the 1924 *Indianapolis Star*, a more conservative paper, provided plenty of society news, but no racy ads. The 1885 *Evening Minute* was full of advertisements, but none related to women's sexuality, reproductive health, or issues surrounding these. Newspapers that focused on a specific topic proved even less likely to discuss sexuality. The 1916 *Patriot Phalanx* devoted its pages to promoting temperance. A similarly-focused paper was the 1926 weekly *National Enquirer*. Also an advocate of prohibition, this paper concentrated on politics. Another weekly paper, the 1914 *Marion County Mail*, offered a gossipy look at the county. Filled with farm news, it, too, ignored anything that might be remotely associated with birth control or sex.

By the early twentieth century, some serious coverage of issues once deemed obscene began to emerge in Indiana newspapers. In May 1916, the *Indianapolis News* reported on a conference of college leaders who met to discuss whether or not "social hygiene" (or sex education) should be taught in colleges. Seven Indiana colleges reported that they currently offered the subject.⁶¹ Indiana society had begun discussing and considering sexuality, but Indianapolis publications were reluctant to address the issue. Another serious article from this decade expressed a fear of changing sexual mores and

⁶¹ "Social Hygiene the Subject of Discussion," *Indianapolis News*, 12 May 1916, 4. The Indiana schools that offered instruction in social hygiene were Hanover College, Concordia College, DePauw University, Goshen College, Indiana Dental College, Taylor University, and the Indianapolis Teachers' College.

warned motorists that Pennsylvania police planned to arrest any young couples caught “spooning” in the newly popular motor vehicles.⁶² Numerous ads for corsets also appeared in newspapers at this time and featured drawings of ladies with bare ankles and shoulders, a significant change from Indiana newspapers’ earlier avoidance of anything sexual in nature.⁶³ Through their articles and ads, Indianapolis newspapers in the early twentieth century showed a greater inclination to discuss sex than did local magazines. Unlike the newspaper coverage of the 1870s, these articles reflected a more serious examination of sexuality.

Beginning in 1889, *Hoosier* offered both men and women in Indianapolis an entertaining magazine. This well-illustrated weekly presented stories, poems, jokes, fashion, society, and even a sports page. With few serious articles, references to sex or sexuality emerged only in a few of the many the ads in this magazine. Female sufferers could choose from Beecham’s Pills for their sick stomachs or the Chichester’s English Pennyroyal Pills that promised relief.⁶⁴ Ads also addressed men’s sexuality. Men *only*, one ad urged, should write for a book on “private and nervous diseases” from the Chinese doctor Gun Wa who had an office in Indianapolis.⁶⁵ Later, readers could purchase herbal remedies from Gun Wa that promised to cure many ills including “Female Weakness, Urinary Troubles, Seminal Weakness, and Blood Diseases.”⁶⁶ These ads were the exception; far more ads appeared for products to cure consumption and other illnesses than for sexual ills.

⁶² “Must Stop This Motor Spooning,” *Indiana Daily Times*, 18 May 1916, 3.

⁶³ Ad for “Two World Famed Corsets,” *Indianapolis News*, 5 May 1916.

⁶⁴ Ad for “Beecham’s Pills,” *Hoosier* 1 (April 1890).; Ad for “Chichester’s English Pennyroyal Pills,” *Hoosier* 31 (19 July 1890).

⁶⁵ Ad for “Gun Wa,” *Hoosier* 25 (14 June 1890).

⁶⁶ Ad for “Gun Wa Chinese Herb Remedies,” *Hoosier* 34 (9 August 1890): 19.

National publications exposed Indianapolis women to a different view of sexuality than offered by their local press. They presented a much more open view of women's sexuality. Yet even in the national publications, the maternal idea remained. In 1918, female readers could purchase maternity corsets as seen in the pages of *The Ladies' Home Journal*.⁶⁷ Women seeking contraception found rubber syringes for sale in the Sears Roebuck and Company catalog and also advertised in *The Ladies' Home Journal*.⁶⁸ Despite such ads, sexuality remained a questionable topic for national magazines. "Prospective mothers" reading *The Ladies' Home Journal* could write for advice, but the editors reminded them that "No questions of this character are answered in the magazine." Instead, they would receive a letter at home.⁶⁹ National publications presented one avenue for Indianapolis women who sought birth control information unavailable in their local press.

Indiana's birth control laws and the popular press set the tone for the emerging birth control movement in the state. Nineteenth-century Hoosier reformers were clearly concerned about issues of self control and obscenity. Their efforts to grant women more political access, to restrict divorce, and to encourage temperance all set the scene for the restrictive Comstock law that followed. At the same time that Hoosier lawmakers sought strict controls on birth control and the dissemination of obscene materials, they also struggled for a middle ground. From almost the beginning, the medical profession proved the only acceptable avenue for discussion about birth control and other matters labeled as

⁶⁷ Ad for "Ferris Maternity Corsets," *The Ladies' Home Journal* (February 1918): 58.

⁶⁸ Fred L. Israel, editor, reprint of *1897 Sears Roebuck and Company Catalog* (New York: Chelsea House Publishers, 1968), 329 and Joseph J. Schroeder Jr., editor, reprint of *1908 Sears Roebuck and Company Catalog* (Northfield, IL: Digest Books Inc., 1971), 793.; Ad for "'Wearever' Rubber Goods," *The Ladies' Home Journal* (February 1915): 31.

⁶⁹ Marianna Wheeler, "Advice to Prospective Mothers," *The Ladies' Home Journal* (March 1915): 58.

obscene. The Indianapolis press reflected this attitude. In sharp contrast to national publications, Indianapolis newspapers and magazines offered few opportunities for Hoosier men and women to obtain birth control. The press continually portrayed motherhood as the ideal state for women and only discussed sexual matters that proved extreme or amusing. This concern over obscenity helped explain why early Hoosier efforts at organized birth control failed.

Failed Early Attempts at Birth Control in Indiana

Margaret Sanger opened the nation's first birth control clinic in 1916. Soon after, organizers in other cities sought to copy her New York effort and open their own clinics. Indianapolis reformers followed this lead. However, early birth control efforts in the city never moved passed the planning stage.

In keeping with its typical response to any issue that could be deemed obscene, the city's press gave these efforts only limited attention. A small ad at the bottom of page ten of the *Indianapolis Times* on May 16, 1916, read:

BIRTH CONTROL
Public Lecture by
Mrs. Margaret Sanger
Murat Theatre
—Wednesday—
May 17, at 8:00 P.M.⁷⁰

While the editors of this paper accepted the announcement of birth control's most famous advocate, they chose not to cover Sanger's visit. Other city newspapers followed suit and

⁷⁰ Ad for "Birth Control Public Lecture," *Indianapolis Times*, 16 May 1916, 10.

ignored the lecture. Historian Linda Gordon said, “Newspaper coverage of [Sanger’s] speeches was copious and often enthusiastic,” but this was not the case in Indianapolis.⁷¹

The *Indiana Daily Times* did report on Sanger’s lecture and plans to form “a ‘birth control’ propaganda league.” The proposed league aimed to start a birth control clinic in a working-class neighborhood. A nurse would “tell workingmen’s wives how to prevent conception.” Sanger, the article noted, explained to the assembled group of social workers that even the community nurses would have to be educated on birth control as this was not a subject in which they received training.⁷² The *Indianapolis Star* also noted these plans. The attending group charged Mrs. Charles Carroll Brown with forming a committee for a proposed Maternal Health League. “The duties of the committee,” the reporter wrote, “were to get in touch with the heads of various organizations in the city and state and to enlist them in the support of the movement.”⁷³ In a letter to friends, Sanger wrote glowingly of the response in Indianapolis:

... in Indianapolis the interest was tremendous—all social workers—and all had been feeling the terrible need for this work for years. Nevertheless, the Catholic element was strong in the meeting, and when one woman rose to ask me ‘What about the order from the Divine book?—“suffer the little children to come unto Me,”’ the house went into a rage with her. They—the social workers, always on the fence in any really vital issue—actually hissed the woman down, and also every other opponent who dared to raise his head against birth control that day. It was thrilling.⁷⁴

While Sanger reported an enthusiastic response and those attending vowed to open a birth control clinic, no evidence of this group’s later efforts exists. As early as 1929, birth control researcher Francis McLennan Vreeland noted it was likely that no

⁷¹ Gordon, *Woman’s Body, Woman’s Right* (1990), 224.

⁷² “Steps Are Taken to Perfect ‘Birth Control’ League,” *Indiana Daily Times* (Indianapolis) 17 May 1916, 4.

⁷³ “Indiana Birth League Sought,” *Indianapolis Star*, 17 May 1916, 5.

⁷⁴ Qtd. in Esther Katz, editor, *The Selected Papers of Margaret Sanger Volume I: The Woman Rebel, 1900-1928* (Urbana and Chicago: The University of Illinois Press, 2003), 187.

such organization ever materialized. “It might be guessed,” he noted, “that starting, as it seemed, among prominent and relatively conservative groups, it lacked the strength to endure.”⁷⁵ While early verbal support existed in Indianapolis for organized birth control, proponents accomplished little. Vreeland asserted that most local birth control organizations had similar experiences and offered an explanation:

The pre-war [World War I] local leagues were either short lived or else somnolent during the period from 1917 to 1920, and later, so that there is not much to say concerning their work. ... There is much assertion, however, by contemporary reformers that the local league went into inactivity in 1917 directly after our entry into the war, and that doubts of the patriotism of such activity during war-time, draining of energy and funds to other quarters, and internal dissensions of various sorts were responsible for the stoppage.⁷⁶

Under Vreeland’s view, the failure of Indianapolis’ early clinic to come to fruition did not result from statewide forces, but rather reaction to a national crisis. This rationalization, however, does not explain why it took until 1932 for organized efforts to again begin in the state.

Indianapolis had other opportunities to campaign for birth control clinics. In 1922, Sanger again spoke in Indianapolis. The microfilm edition of Sanger’s papers offered Sanger’s notes for this November speech. Most of the notes on Sanger’s scribbled outline focused on eugenic arguments for birth control. In one section label “Consequence,” Sanger wrote “diseased reproducing” and “insanity and feeble-minded.”⁷⁷ While Sanger’s eugenic arguments would likely be well received in a state known for its eugenic tendencies, no efforts to organize a league arose from this visit. Vreeland offered some

⁷⁵ Vreeland, 382.

⁷⁶ *Ibid.*, 127-128.

⁷⁷ Margaret Sanger, Notes for Indianapolis speech [18 November 1922], in *The Margaret Sanger Papers: Documents from the Sophia Smith College and College Archives*, ed. Esther Katz (Bethesda, MD: University Publications of America, 1994), microfilm, S70:0943-0944.

tantalizing leads on Indianapolis birth control, but no concrete evidence of action.

According to the *Birth Control Review*, Sanger's 1922 visit was part of the First State Birth Control Conference of Indiana. Sanger's 1922 winter speaking tour sought the formation of state branches of the American Birth Control League. In January 1923, the same publication reported on an Indianapolis luncheon again featuring Sanger. While once more, no formal organization seemed to have existed, the *Birth Control Review* reported that "a committee of ten was formed with Dr. Amelia R. Kellar as President. A number of prominent people in Indianapolis have promised their cooperation."⁷⁸ No further mention of this organizing effort could be found. In contrast to the other Midwestern states, Indiana had very few members in the ABCL. Vreeland's research showed only Missouri in this region as having a similarly low rate of support for the national organization. With this in mind, it is not surprising that Sanger's advocacy on behalf of the organization found little success.

Other Indiana cities followed Indianapolis' trend of showing interest, but not action, in starting birth control clinics. Vreeland offered evidence of early efforts to organize birth control in Richmond, Indiana. In late fall 1922 the executive secretary's report of the ABCL shared that Sanger had spoken in Richmond on November 19. More than 200 people, including the city's mayor, attended this meeting. The league's publication, the *Birth Control Review*, reported in January 1923 that a second organizational meeting had been held in Richmond. Yet, just like Indianapolis, Vreeland found no other evidence of this group.⁷⁹ The minutes of the Indiana Birth Control League, which formed a decade later, did not contain any discussion of a birth control

⁷⁸ Vreeland, 382.

⁷⁹ Ibid.

organization in Richmond. With his close proximity to the time being examined, Vreeland offered valuable evidence of early birth control associations. The lack of evidence about the early Indianapolis and Richmond birth control organizations provides support for the argument that no serious reform efforts arose from them.

In her master's thesis, Scroggins wrote, "The Midwest has a reputation as a place of nostalgia where traditional values abound."⁸⁰ In this climate, Indiana proved a difficult place to find early support for birth control. Hoosier support for Sanger's national birth control group, the ABCL, lagged behind other Midwestern states. Readers of Indianapolis newspapers and magazines found traditional values of motherhood extolled and sexuality, when addressed, presented in cases of amusing extremes. The concern over obscenity culminated in Indiana's anti-obscenity statute that prohibited the dissemination of birth control information. Hoosier women had limited access to birth control in the late nineteenth and early twentieth centuries. Advertisers in the state provided few avenues for this information and early efforts at organized birth control did not succeed. Doctors provided the only acceptable avenue for birth control in an area of Midwestern restrictiveness. Until birth control advocates recognized this factor and shaped their organizing efforts around it, birth control access in Indiana would be limited by the state's desire to limit obscenity.

⁸⁰ Eloise E. Scroggins, "Organizing on Their Own Terms: Women and the Equal Rights Amendment in Indiana" (master's thesis, Indiana University, 2003), 109.

CHAPTER THREE: BIRTH CONTROL SUCCESS IN INDIANA

The November 1945 minutes of what would become Planned Parenthood of Central Indiana updated board members on a new initiative between the birth control organization and the Sunnyside Sanitarium. This proposal between the contraceptive advocates and the Marion County tuberculosis hospital called for Planned Parenthood to provide contraceptive supplies to married women being released from the sanitarium. The hospital doctor would fit the women with diaphragms and then direct them to visit the Indianapolis clinic for additional supplies and a follow-up visit.¹ This collaboration illustrated two very important tactics utilized by Hoosier birth control advocates. First, Planned Parenthood tied its efforts to medicine. Second, the group focused on offering its services within terms acceptable to the larger society. The group avoided controversy by offering this service only to married patients. The board members tied the need for contraceptives to the issue of public health, rather than of women's rights. For years, many well-off Hoosier women had found private, quiet ways to obtain the birth control they desired. Organizers who sought to offer birth control to a wider audience had to utilize tactics that made their public clinics acceptable in a restrictive state. Indiana birth control organizations could consider themselves successful by their lasting existence.

¹Minutes of Planned Parenthood of Central Indiana, 12 November 1945, Planned Parenthood Association of Central Indiana Records, 1932-1985, M0468, Indiana Historical Society, Indianapolis. Hereafter referred to as PPCI. This organization underwent several name changes from the Indiana Birth Control League, to the Maternal Health League of Indiana, to the Maternal Health League of Indianapolis, to finally Planned Parenthood of Central Indiana.

Birth Control Usage by Hoosier Women

Prior to the 1960s, birth control did not mean oral contraceptives, or the Pill as it is commonly referred to. During the early 1800s, couples relied on a variety of simple birth control methods that included extended breastfeeding, male withdrawal, and homemade suppositories or douching solutions. Condoms made from linen or animal intestines could be imported from Europe, while many women relied on compounds that induced abortion. In 1839, Charles Goodyear developed the process of vulcanizing rubber. This opened the door to the production of many more birth control articles in the United States. These included condoms, diaphragms and cervical caps (known as womb veils), syringes for douching, and intrauterine devices.²

While a variety of birth control devices existed, federal and state obscenity laws made it difficult for women to obtain information about them, except from their doctors. Those brave enough to seek out contraceptive knowledge feared legal retribution. Still, evidence points to Hoosier women using contraceptives and consciously limiting their family sizes. By the end of the Civil War, women most often relied on periodic abstinence, withdrawal, condoms, diaphragms, and douches.³ Demographic data, medical journals, some advertising, and the occasional anecdote provide glimpses of past attitudes and actions. It could prove difficult, however, for couples to find doctors willing to share birth control information. Declining family sizes provide our first evidence that Indiana women actively sought to limit their fertility, whether through contraceptive use or

² Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 14.

³ James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, Inc., 1978), 6.

abstinence. Nationally, the birth rate in America had been declining since 1800.⁴ The average American family in the 1700s had eight children, while their 1900 counterparts only had three.⁵ In almost every decade from 1850 through 1950, the number of people in each Hoosier family decreased.

Year	People/Household
1850	5.70
1860	5.43
1870	5.25
1880	5.06
1890	4.69
1900	4.40
1910	4.10
1920	3.97
1930	3.84
1940	3.60
1950	3.50
1960	3.65 ⁶

An unpublished document by the State Board of Health Statistician Robert A. Calhoun listed the number of births in each Indiana county from 1900 through 1953. While the overall trend indicated a rise in the number of births, several years indicate a declining birth rate. Most notably, the total birth in Indiana peaked at 68,247 in 1921 and did not reach that annual rate again until 1942. The lowest birth rate during those intervening

⁴ Ibid., 3.

⁵ Linda Gordon, *Woman's Body, Woman's Right: Birth Control in America* (New York: Grossman Publishers, 1976, revised, New York: Penguin Books, 1990), 48 (page citation is to the revised edition).

⁶ Department of the Interior, Census Office, *Report of the Population of the United States at the Eleventh Census: 1890*, Part I (Washington, D.C.: Government Printing Office, 1895): 914.; Department of Commerce and Labor, *Statistical Abstract of the United States: 1912* (Washington, D.C.: Government Printing Office, 1913): 79.; U.S. Department of Commerce, *Statistical Abstract of the United States 1933* (Washington, D.C.: 1933), 48.; U.S. Department of Commerce, *Statistical Abstract of the United States 1944-45* (Washington, D.C.: U.S. Government Printing Office, 1945): 51.; U.S. Department of Commerce, *Statistical Abstract of the United States 1953* (Washington, D.C.: U.S. Government Printing Office, 1953): 55.; U.S. Department of Commerce, *Statistical Abstract of the United States 1963* (Washington, D.C.: U.S. Government Printing Office, 1963): 43.

years occurred in 1933 when the State Board of Health record only 50,500 births.⁷ This decline likely reflected the increasing strain of the Great Depression on Hoosier families; scholars have pointed to the Great Depression as a time of increasing acceptance of birth control.⁸ Hoosier birth control advocates would utilize this feeling to promote their cause.

Indiana medical journals offered another valuable source of evidence for birth control usage within in the state. An examination of journals from 1874 through 1919 revealed only one direct reference to contraceptive use. In an 1885 issue Dr. J.H. Dunning wrote of the aftereffects of “Emmet’s Operation.” While the article did not clearly define this procedure, assuming its medical audience would be familiar with the term, it did indicate the physician’s concern with fertility. Dunning noted that of his ten personal cases dealing with the operation, “All of the patients except three used means to prevent conception.” He also observed that of a Mishawaka physician’s nine patients “All but one of the patients who did not become pregnant used means to avoid such an occurrence.”⁹ Clearly the women in Dunning’s study relied on some type of birth control, although he did not indicate what form it took.

Late-nineteenth and early twentieth-century medical journals usually did not provide such clear references to birth control. Instead, most articles focused on childbirth and a woman’s health after. Abortion, however, garnered much attention. In the 1887 president’s address to the Indiana State Medical Society, Dr. G.W.H. Kemper offered some thoughts for physicians. At one point during his lecture, he condemned abortion as

⁷ Robert A. Calhoun, “Births In Indiana by County 1900-1953”, Indiana State Board of Health, 1953, unpublished manuscript at the Indiana State Library, Indianapolis.

⁸ John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* 2nd ed. (Chicago: The University of Chicago Press, 1997), 242.

⁹ J.H. Dunning, “A General Practitioner’s Contribution to the Study of the Subsequent effects of Emmet’s Operation,” *Transactions of the Indiana State Medical Society 1885, 35th Annual Session* (Indianapolis: Wm. B. Burford: 1885): 120-121.

rampant in the community. “Men and women,” he wrote “with the vows of the church resting upon them engage with bloody hands to destroy their own offspring, as though marriage was but a legal prostitution.”¹⁰ While Kemper only devoted a small number of lines to abortion, a few years later Dr. H.B. Smith published an article titled “Criminal Abortion” in the same journal. Smith noted that he completed an informal survey of physicians asking them how many times patients approached them to seek an abortion. Twice per month was the average answer.¹¹ Articles such as these illustrated two important trends in Indiana birth control. First, there clearly existed a desire on the part of women to limit their fertility. Second, many women chose abortion to accomplish this. Laws limiting birth control information may have contributed to this, but the availability of abortion-inducing agents through the mail no doubt proved another factor.

Starting in 1820, several state legislatures began to outlaw abortion. However, they waited until the 1840s to prohibit abortion once the mother felt the child move. Nineteenth-century Americans referred to this movement as “quickenings” and thought that the fetus was not a person prior to this. Middle-class women began to rely on abortion as a form of birth control in the 1830s and 1840s.¹² Historian Linda Gordon maintained that abortion was *the* form of birth control for most women throughout history. It was not until the late nineteenth century that women began to look for other methods of limiting their family sizes.¹³ This changing attitude toward abortion helps explain the beginnings of the birth control movement. By the start of the twentieth

¹⁰ G.W.H. Kemper, “President’s Address: Practical Thoughts for Physicians” *Transactions of the Indiana State Medical Society* 1887 (Indianapolis: A.R. Baker: 1887): 11.

¹¹ H. B. Smith, “Criminal Abortion,” *Transactions of the Indiana State Medical Society* 1898 (Indianapolis: W. B. Burford: 1898): 236.

¹² Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth-Century America* (Chapel Hill: The University of North Carolina Press, 1985), 159-163.

¹³ Gordon, *Woman’s Body, Woman’s Right* (1990), 60.

century, birth control advocates, like Margaret Sanger, used abortion as an example of the need to prevent conception.

As shown previously, Indianapolis publications offered Hoosier women only limited access to contraceptives. However, some scant evidence of birth control manufacturing does exist. Andrea Tone wrote of South Bend resident Antoinette Hon's federal trial for running a mail-order birth control business. To prevent conception Hon offered douching powders for \$1.00 a box and spermicidal suppositories for \$3.25 a batch. In keeping with the conservatism of Indiana newspapers, Hon advertised her products in places such as Chicago rather than in state. A Polish immigrant, Hon marketed her wares in Polish publications which may have also made her focus on larger cities.¹⁴ In another example, the 1934 minutes of the Indiana Birth Control League (IBCL) (the forerunner of Planned Parenthood of Central Indiana), reported that members of the board of directors expressed concern about a vendor offering birth control information outside the organization's annual meeting.¹⁵ Such commercial ventures were not uncommon. By 1935, one group had gone so far as to claim it actually represented the IBCL as it made door-to-door contraceptive sales.¹⁶ These examples offered concrete evidence that Hoosier women had access to some contraceptives outside the intervention of the medical profession or organized clinics.

First-person accounts from Indiana women would provide the strongest evidence of birth control usage. Unfortunately, anecdotes proved to be the most difficult sources to find. The modesty of Victorian and Edwardian couples led few to write of such topics in

¹⁴ Andrea Tone, "Black Market Birth Control: Contraceptive Entrepreneurship and Criminality in the Gilded Age," *Journal of American History* 87, no. 2, accessed online at www.historycooperative.org/journals/jah/87.2/ton.html on 18 February 2004, 14.

¹⁵ PPCI Minutes, 5 March 1934.

¹⁶ PPCI Minutes, April 1935.

their letters. Additionally, over the years, their families no doubt eliminated such references from documents before placing them in repositories. The Middletown studies of Muncie in 1929 and 1937 offer some insight into birth control usage. In their 1929 study, Robert and Helen Merrell Lynd reported that all of the 27 business class women they surveyed used birth control. In contrast, of 77 women married to working men, only 34, or 44 percent, used any form of birth control. Of these 34 women, twelve were “careful,” two relied on “primitive practices,” and twenty used normally accepted forms of birth control. (The Lynds noted that even of the women who used accepted contraceptives, only half of them used the same methods as did the women of the business class.) The Lynds also explained that of the women who did not use any form of birth control, only nine did not know of any form and four knew only of methods that their husbands would not accept. By 1929, Muncie women exhibited an awareness of birth control and the ability to obtain it, although a definite class bias existed.¹⁷ In their 1937 follow-up study, the Lynds noted a high value placed on families with children. They wrote, “A marriage without children is regarded ... as incomplete, and healthy couples who choose to remain childless are alternately sympathized with, gently coerced, or condemned as ‘selfish.’” This attitude corresponded closely with that exhibited by the Victorian women’s magazines published in Indiana. Still, like in other Hoosier towns, Middletown family size decreased. The city’s average family size declined from 4.9 in 1890 to 3.7 by 1930. The Lynds interviewed a prominent druggist who noted a steady increase in contraceptive sales and increased frankness in both men and women in

¹⁷ Robert S. and Helen Merrell Lynd, *Middletown: A Study in Contemporary American Culture* (New York: Harcourt, Brace and Company, 1929): 123.

requesting such products.¹⁸ While not universally accepted, birth control had clearly become a common part of Muncie life by 1937.

Tactics Used by Organized Birth Control in Indiana

During the Great Depression, Indiana supporters of birth control organized the state's first contraceptive clinic. Working in Indianapolis, they recognized the state's restrictive stance. The organizers thus chose their tactics carefully. Keys to the eventual success of organized birth control in Indiana were relying heavily on outside assistance, keeping the movement as quiet as possible, collaborating closely with the medical profession, and framing the need for birth control in terms of economics.

Indiana women could read about the first lasting effort at organized birth control on the February 2, 1932, women's page of the *Indianapolis Times*. Next to an article explaining that sandals and toenail polish appeared to be the upcoming fashion for summer, readers learned that "Poor Mothers to Get Birth Control Information." This article explained the aims of the newly organized Indiana Birth Control League (IBCL). The group sought to create clinics that would grant birth control access for women who did not have contact with a family physician for this information. Mrs. Donald McGraw, an American Birth Control League (ABCL) field worker, provided much of the information in the article. The ABCL had sent McGraw to Indiana to establish a birth control organization. The article also listed Elsie Wulkop of Boston as one speaker at an

¹⁸ Robert S. and Helen Merrell Lynd, *Middletown in Transition: A Study in Cultural Conflicts* (New York: Harcourt, Brace and Company, 1937): 164 and 167.

upcoming luncheon. Wulkop, Clarence Gamble's Midwestern field worker, planned a talk titled "How to Establish a Birth Control Clinic."¹⁹

This article highlighted three of the most important aspects of organized birth control in Indiana. First, the importance of outside organizers became clearly apparent. Throughout the article, McGraw emerged as the most important figure in starting an Indiana birth control group. (Other sources, including the organization's own minutes, placed Wulkop in this position.) Second, the group garnered little publicity. While this article appeared in one of the capital city's widely read newspapers, it remained hidden on the women's page. Initially, this indicated a lack of interest in the topic on the part of the city's press. However, the IBCL itself also sought to limit its publicity. Finally, and most importantly, this article emphasized the need to link birth control to the medical profession. McGraw explained that 101 birth control clinics had been formed in the United States by early 1932. She noted "These clinics in close cooperation with gynecological wards of hospitals are directed by physicians assisted by nurses." The same would hold true in Indiana, McGraw stressed. If a clinic would start in the state, women would have to be referred "by social agencies, public health nurses or doctors."²⁰ In her talk just a few days later, Wulkop stressed this medical link. "The most effective way of securing proper regulation of birth control clinics," she said, "is to establish them with Grade A hospitals, where they will be under control of trustees and the medical staff."²¹ The early importance of forging strong links with the medical profession became readily apparent in another news story about the group's founding. An article

¹⁹ "Poor Mothers to Get Birth Control Information: Clinics Will Be Urged by State Group," *Indianapolis Times*, 2 February 1932, 6.

²⁰ *Ibid.*

²¹ "League for Control of Birth Forms," *Indianapolis Times*, 4 February 1932, 11.

titled “League Organized for Birth Control” noted that after the general public lecture Dr. William E. Brown, of the University of Cincinnati medical school, offered a special lecture for doctors only.²² The IBCL’s minutes confirmed these methods, as well as emphasizing the group’s deliberate choices to move slowly. From the very beginning, IBCL founders recognized that deliberate tactics were needed to allow their efforts to succeed in Indiana.

Initially, the IBCL relied heavily on supporters outside of Indianapolis. While the newspaper clippings highlighted McGraw and the ABCL presence, the real influence came from Elsie Wulkop, Gamble’s field worker. Just as she had done in Michigan, Wulkop provided advice and monetary support to clinic founders in Indianapolis and other Indiana cities. Wulkop’s influence shaped the Indiana birth control effort in several ways. Most importantly, it offered the impetus that citizens of a restrictive state needed to move beyond simply advocating birth control into offering contraception. Second, it freed local residents from the having to take the lead in organizing in Indianapolis. As a non-resident, Wulkop would not have to face any daily repercussions that might have plagued the men and women who founded the state’s first birth control clinic. The doctors and businessmen involved in the clinic’s startup might have seen their businesses suffer had it become public knowledge that they were financing a controversial endeavor. Others might have faced censure by their chosen places of worship if those organizations opposed the use of birth control. By living outside the community, Wulkop escaped any impact on her daily activities. The use of outside organizers allowed community members the freedom to participate in organized birth control. If any criticisms arose, they could point to Wulkop and her backers as the impetus behind the clinic’s founding

²² Kathryn E. Pickett, “League Organized for Birth Control,” *Indianapolis Star*, 5 February 1932, 7.

and thus blame out-of-state entities for any activities that conflicted with the community's view.

IBCL board members recognized the value of outside organizers. Explaining that she represented "a group of anonymous Eastern philanthropists with no commercial intent whatever," Wulkop offered the board \$500 for a clinic on the condition that the group agreed to raise the matching amount and to work with Wulkop in starting the clinic. The board easily agreed and a close relationship with Wulkop began.²³ An undated "Secretary's Report", handwritten and included in the minute books, recognized the importance of Wulkop.

While there were a number of persons in our community who were keenly interested in the subject, the impetus for the organization came from the outside, and partly because of that and because of the fact that the times were unfavorable for money raising projects our progress has been slow. This, however, has probably been a good thing in establishing a solid foundation of sympathy and interest for the work to which we can now point with pride. ... It is due to the financial help from Miss Wulkop's group that and to her wise counsel (based on much experience), her energy and enthusiasm that we have been able to sponsor a clinic as soon as we have.²⁴

Wulkop's name appeared repeatedly in the minutes of the IBCL throughout the 1930s. The group providing Wulkop's funding did not reveal their name until October 1934 when the IBCL minutes explained that "Wulkop's anonymous group is now know as the 'Maternal Health League of America.'"²⁵ It seems significant that birth control supporters in Indiana accepted direction, and funding, from outside donors whose names they did not even know for so long. The board's willingness to allow an unknown group to play such an influential part in founding the state's first clinic illustrated how little

²³ PPCI Minutes, 13 October 1932.

²⁴ "Secretary's Report," PPCI Minutes, no date.

²⁵ PPCI Minutes, 8 October 1934.

support the organizers anticipated receiving from the local community. Bias against organized birth control in Indiana must have been rather strong for local organizers to accept this situation and relinquish some control.

Despite the support offered by Wulkop's backers, the Indianapolis group remained firm on issues that mattered most to their members and allowed a clinic to be accepted in the city. The most distinctive rule imposed required women to have two living children before they could use the clinic's services. This rule best illustrated the restrictive climate faced by Indiana birth control advocates and their unique answer to the situation. The November 27, 1933, minutes listed all of the requirements of patients that to be seen at the newly created Maternal Health Clinic:

1. No advice to be given to any unmarried.
2. No advice to be given to any woman not having two or more living children, except when the physician in charge deems it fit, for medical reasons.
3. Advice to be given to any married woman providing the physician in charges judges it to be fit.
4. No advice to be given to any patient able to pay a private physician.
5. No patient to be given advice unless referred by a licensed physician or a recognized social agency, with a written report accompanying the patient.²⁶

Wulkop, in attendance at this meeting, expressed concern that her funders would not support the two-child restriction. In early December 1933, the minutes reported that Wulkop's backers had agreed to the restriction, although with regret.²⁷ The May 1934 minutes hinted at more tension between Wulkop and the Indianapolis group. The secretary wrote that a letter had been received by Wulkop, but it was not read at this meeting, only discussed. The board instructed someone to write the organization's Medical Committee "stating the Board's appreciation of their work, the Board's lack of

²⁶ PPCI Minutes, 27 November 1933.

²⁷ PPCI Minutes, 4 December 1933.

sympathy with the contents of Miss Wulkop's letter, and the Board's hope for their continued cooperation and support."²⁸ As to Wulkop, the board agreed to send her a missive acknowledging receipt of her letter, but not making any comments. This letter does not exist in the Planned Parenthood of Central Indiana records, and we can only guess at its contents. Perhaps Wulkop again expressed concern with the two-child rule. While Wulkop's name gradually faded from the Indianapolis minutes, the two-child rule persisted until 1940. At the February board meeting that year, the board voted to eliminate this requirement before granting birth control advice. The minutes noted, "We were the only clinic left in the U.S. with this antiquated rule."²⁹

Perhaps Indiana birth control organizers relied so heavily on outside support because they sought to keep their own actions quiet. The IBCL made repeated attempts to control its publicity. In a 1982 newspaper article, one of the organization's founding members, Roberta Nicholson, explained that she had been contacted by Margaret Sanger about forming a group because Nicholson had her name published in the national *Junior League* magazine. Nicholson asked two of her close friends to help come up with a list of possible contacts for a starting board of directors. "There wasn't much backlash," Nicholson remembered, "because we were careful about who we talked to."³⁰ Indeed, the minutes repeatedly indicated a desire to avoid attracting unwanted attention to the group. The April 1932 minutes commented "It was agreed that any publicity at the present time would be very undesirable."³¹ Note that just a few months earlier, the founding of this

²⁸ PPCI Minutes, 7 May 1934.

²⁹ PPCI Minutes, 12 February 1940.

³⁰ Diane Frederick, "Clinics Observe 50 Years of Aid," *Indianapolis News*, 2 June 1982. It is worth noting that while Nicholson is listed in the minutes as a founding member, her two friends, Elizabeth Hitch and Katie Watkins, are not. Nicholson's importance in the group's founding might be overstated in this article, but the emphasis on working quietly was not.

³¹ PPCI Minutes, 11 April 1932.

group had been covered in the local papers, albeit not on the news pages. A year after the organization's founding, it held a lecture open to the public. In an effort to gain support for their cause, board members sent out special invitations to the officers of Community Fund agencies. (A precursor to the United Way, the Community Fund was the source of much public charitable funding.) This lecture served as one of the group's earliest efforts to spread its message, yet the board members voted to not allow any questions from the floor during this talk.³² Even the supporters of this early Indianapolis birth control initiative often opted to keep their association quiet. At various places in the minutes, the secretary reported gifts from anonymous donors. As late as 1951, the minutes reported a gift from the Lilly Endowment to support the clinic's educational programs. "As requested," the minutes noted, "no public announcement of the gift was made."³³ Whether this was a standard policy of Lilly Endowment, or a nod to the still-controversial nature of birth control, is not clear. By working quietly, the founders of the IBCL avoided much of the conflict that had surrounded Margaret Sanger and her activities.

The IBCL also sought to avoid controversy by carefully choosing the language it used to relate its aims to the public. The publicly stated goals of the IBCL differed from its ultimate aim of providing contraceptive access. At the organization's initial founding, its listed goals avoided any specific mention of birth control. Instead, the group claimed it sought to reduce infant mortality, the occurrence of hereditary diseases, poverty and reliance on charity, and child labor. It also endeavored to prevent abortions.³⁴ At least publicly, birth control became the method of the IBCL, not the goal. While the

³² PPCI Minutes, 6 February 1933.

³³ PPCI Minutes, 14 February 1951.

³⁴ Joseph F. Thompson, *The Faithful Few: A History of Planned Parenthood of Central Indiana* (Indianapolis: Planned Parenthood of Central Indiana, Inc., 1995), 18-19.

chroniclers of birth control in Rhode Island wrote, “Reproductive freedom (i.e. the right of a woman to have the number of children she wanted when and if she wanted them) was the principle goal of Sanger and her allies,” this was not an articulated goal of Hoosier birth control advocates.³⁵ Instead, Indiana organizers focused on economic arguments that presented birth control as something that would save society money and preserve the sanctity of the family. Accordingly, shortly after opening a birth control clinic, the organization changed its name to something more acceptable to the general public—the Maternal Health League of Indianapolis. The minutes also noted that this term would prove more acceptable to the Indianapolis Medical Society.³⁶

As can be seen throughout the story of Indiana birth control, organizers highly prized the support of the medical profession. By working quietly and attracting little attention, the founders of the Indianapolis Birth Control League met their prime, although seldom stated, goal—the opening of a birth control clinic. Indiana birth control organizers did not want to simply advocate legal access to birth control or serve as a referral service for women seeking contraceptives. Instead, they wanted to offer direct access to contraceptive services for women. Indiana law already permitted women to gain birth control information from their doctors, but in reality this limited contraceptives to women in the middle and upper classes. By opening a clinic, Indiana organizers could offer working class women actual contraceptives.

As early as Wulkop’s offer of substantial financial aid in October 1932, the group sought the formation of a clinic. Wulkop and a Dr. McCormick first visited Methodist

³⁵ Christine E. Nicoll and Robert G. Weisbord, “The Early Years of the Rhode Island Birth Control League,” *Rhode Island History* 45, no. 4 (November 1986): 115.

³⁶ PPCI Minutes, 4 December 1933. The group would not adopt the Planned Parenthood name until the early 1950s.

Hospital to seek clinic space. Early choices also included other hospitals, the Public Health Nursing Association building, or a settlement house.³⁷ While the initial reception from the hospital superintendent proved positive, the hospital's Welfare Committee refused the clinic. The IBCL received the same reception at Indiana University Hospitals and the City Hospital. To aid their attempt to place a clinic in the City Hospital, the IBCL board members chose to approach the members of the Board of Health individually prior to their decision-making meeting. The IBCL board members requested Wulkop to visit from Detroit and join the meetings. The Board of Health refused to host a clinic, perhaps because the IBCL asked it to help fund the endeavor. Recognizing the need to place the clinic where the poor could have access, the IBCL abandoned its focus on a hospital setting within a few months and considered alternate locations.³⁸

Still, the IBCL maintained close ties to the medical profession. From the very beginning, organized birth control in Indianapolis sought the sanctioning of the medical profession. This served two purposes. First, and most importantly, this allowed the IBCL to operate within the restrictions of the state law. Second, this also granted the group greater acceptance with the general public. The state legislature's exemption of medical birth control from its obscenity definition removed much of the stigma attached to birth control. As long as the IBCL worked closely with doctors, it could avoid the perception of immorality in the public's eyes. At the IBCL's March 1932 meeting, ABCL representative McGraw made suggestions for the group's first moves. She recommended creating a statewide advisory council of about 85 people, at least 40 of whom should be

³⁷ PPCI Minutes, 13 October 1932.

³⁸ PPCI Minutes, 13 October 1932, 14 November 1932, 2 December 1932.

doctors. She also spoke of the need for a medical advisory committee.³⁹ As early as May 1933, this committee kept a list of physicians to which destitute women seeking birth control advice could be referred to, provided a social agency first referred them to the committee.⁴⁰ This medical committee played an even more vital role once the group began its own clinic in late 1933.

From the beginning, the IBCL recognized that the support of the medical community legitimized its birth control efforts. The early membership of the IBCL Board of Directors illustrated this link. An article in the local paper about the organization's founding listed twelve women who attended the first board meeting. They represented an influential part of the Indianapolis business and medical community. Several early board members of the IBCL had ties to the Indiana University School of Medicine (IUSM).

Their connections were:

1. Mrs. Robert Masters' husband, an ophthalmologist, was a staff member at the IUSM.
2. Mrs. Meredith Nicholson, Jr.'s, husband served as president of State Life Insurance Company. Mrs. Nicholson's memberships included the Dramatic Club, the Junior League of Indianapolis, and the Indianapolis Woman's Club.
3. Mrs. Dorothy Gugan Goodrich was also a member of the Junior League. Her ex-husband, Pierre F. Goodrich, was a prominent Indiana businessman and son of a former governor.
4. Mrs. Elias C. Atkins held memberships in the Junior League and the Dramatic Club. Her husband presided over the E.C. Atkins Saw Company.
5. Mrs. Lee Burns' husband worked as a prominent Indianapolis architect. Mrs. Burns was also a member of the Woman's Club.
6. Mrs. James O. Ritchey's husband chaired the Department of Medicine at IUSM and was an internist. Like many other women in this founding group, Mrs. Ritchey was a member of the Junior League and the Woman's Club.
7. Mrs. John C. Vaughn's husband was a doctor in Marion, Indiana.

³⁹ PPCI Minutes, 3 March 1932.

⁴⁰ PPCI Minutes, 1 May 1933.

8. Mrs. J. A. Goodman and her husband were members of the Beth El-Zedek Temple. Mr. Goodman founded the Real Silk Hosiery Mills.
9. Mrs. Theodore Griffith's husband was president of L.S. Ayres and Company, then the largest department store in Indianapolis.
10. Mrs. John H. Harrison's husband taught English at Butler University.
11. Mrs. Philip T. White was a member of the Junior League. Her husband was a superintendent of the Big Four Railroad.
12. Mrs. Benjamin D. Hitz was the daughter of the founder and owner of *The Indianapolis News*. Her husband owned a wholesale food business. Mrs. Hitz' other community involvements also included the Dramatic Club, Junior League, and Woman's Club.⁴¹

As the list of founding members appeared in the women's page of the local paper, no men were listed. The IBCL's minutes, though, do list several doctors that attended early board meetings. These included Dr. Charles O. McCormick, Sr., Dr. Arthur F. Mendenhall, Dr. Frank C. Walter, Dr. Jules H.P. Gauss, Dr. Murray Hadley, and Dr. Max Bahr. Several of these doctors held prestigious positions in the Indianapolis community. McCormick received national and international attention for his work on pain relief during labor. He served on several committees of the American Medical Association. IUSM faculty members included Hadley, a member of the Division of Gynecology; Gauss, a member of the Department of Medicine; and Bahr, a member of the Department of Mental and Nervous Diseases. Bahr also served as superintendent of Central State Hospital, the state's mental institution. These board members formed an unofficial medical committee for the fledgling organization.⁴² The early support of several prominent doctors ensured the IBCL's link to the Indianapolis medical community.

For its part, the Indiana medical community also saw the importance of the IBCL. An Indiana medical journal published the annual reports of the Maternal Health League

⁴¹ Thompson, *The Faithful Few*, 1718.

⁴² *Ibid.*, 20-21.

of Indianapolis' clinic and endorsed the study of birth control. The April 1935 issue of the *Journal of the Indiana State Medical Association* included the Indianapolis Maternal Health Clinic's annual report, which covered the clinic's first year of service, in a section of the journal titled "Societies and Institutions."⁴³ While the editors did not offer any commentary on the data, the inclusion of a birth control clinic lent legitimacy to the clinic's work. The Comstock law remained in effect toward birth control until 1936, but in Indiana doctors could write about birth control in medical publications without fear of reprisal. In August 1935, the same journal tackled the issue of birth control directly. An editorial explained that the American Medical Association had considered the topic (the AMA would not endorse birth control until 1937) and "now we feel free to express an opinion on the subject." The Indiana journal editors agreed with the AMA's decision to appoint a special committee to examine the topic. "Our only criticism," the editors wrote, "is that we believe this action should have been taken earlier."⁴⁴

The Indiana medical profession did not support all kinds of birth control, or all forms of access to contraceptives. They sought birth control's development as a medical issue, firmly under their control. The medical journal editors believed that it was time for birth control to move out of the hands of lay people and into the realm of the medical profession. "The doctor alone," they asserted, "in prescribing for an individual patient, is able to say whether birth control is necessary, and no law can establish a justifiable rule."⁴⁵ This attitude explains why the Indianapolis Medical Society had voted in 1932 to not support Margaret Sanger's proposed bill in Congress that would have legalized the

⁴³ "First Annual Statistical Report of the Indianapolis Maternal Health Clinic," *Journal of the Indiana State Medical Association* (April 1935): xix-xx.

⁴⁴ "Birth Control," *Journal of the Indiana State Medical Association* (August 1935): 385-386.

⁴⁵ *Ibid.*

distribution of birth control information and items through the mails.⁴⁶ Keeping birth control out of the mails would help keep it in the hands of the doctors. With this attitude in mind, it becomes easier to see how the medical profession could support the state's first birth control clinic. The medical community did not involve itself arbitrarily; it treated birth control as a medical, not a social issue, and sought to maintain control over it.

From the very start, the IBCL saw its survival as dependent upon the backing of the city's medical profession. The June 1933 minutes discussed the number of requests for birth control information that the fledgling organization had received. The board responded by compiling a list of reputable doctors around the state who would be willing to offer birth control information.⁴⁷ In November that same year, the minutes cheerfully reported that clinic quarters had been arranged in the Meridian Life Building. The original rent of \$30 a month had been waived after some board members hosted two influential women (possibly one of them the wife of the building owner) for tea. The Maternal Health Clinic began with \$75 of used equipment that Wulkop procured.⁴⁸ From the very beginning, doctors and nurses staffed the clinic, thus assuring its legality.

Associate Editor/Assistant Director of the Margaret Sanger Papers project Cathy Moran Hajo confirmed Indiana's emphasis on working closely with the medical profession. She wrote, "The one thing that stood out in the Indiana organization was the close support that they received from the medical profession. Very few clinics had their annual report

⁴⁶ PPCI Minutes, 10 May 1932.

⁴⁷ PPCI Minutes, 5 June 1933. At this same meeting, the group discussed the possibility of having a woman doctor on the board. From the very beginning, women were an integral part of organized birth control in Indiana.

⁴⁸ PPCI Minutes, 6 November 1933.

published in medical journals, and by interesting prominent medical men in the clinic's work they really avoided a lot of medical antagonism."⁴⁹

This concern with medical collaboration lasted throughout all the changes the IBCL underwent. As late as 1947, a secretary's report noted expounded the group's concern with gaining more support from doctors. The secretary wrote:

Exactly 100 doctors have requested copies of "Techniques of Conception Control." These have been mailed from Indianapolis instead of having them forwarded from New York. It is hoped that the new method may make doctors in Indiana more conscious of the planned parenthood program in general, and in time more amenable to giving it public support.⁵⁰

The IBCL's collaboration with the medical community was a mutual arrangement that allowed both parties to achieve their goals. The doctors maintained control over contraceptives, while the IBCL succeeded in its goal of establishing a lasting clinic. This alliance formed a vital component of the IBCL's success.

Providing services only to women who were financially unable to pay private doctors formed another key tactic of Indianapolis clinic founders. While these services filled a real need, they also made the clinic more palatable to the general public. The IBCL board minutes from October 13, 1932, noted the presence of Mrs. F. Robertson Jones, president of the National Association of Birth Control Leagues. Jones urged the IBCL to open a clinic as a "depression measure" and emphasized that Indiana remained "the only state in this section of the country without a single birth control clinic."⁵¹

Linking their organizing efforts closely to a need presented by the Great Depression allowed clinic founders to move their efforts away from an issue of women's rights and

⁴⁹ Cathy Moran Hajo, e-mail message to author, 14 February 2005.

⁵⁰ "Secretary's Report," PPCI Minutes, 17 September 1947.

⁵¹ PPCI Minutes, 13 October 1932.

into one of economic concern to the whole community. This addressed the general public's concern that poor women having too many children would overtax the available social services. An early report on the clinic's actions appeared in the *Indianapolis Star* on January 23, 1934. Readers learned that the clinic only saw women who had been referred to it by doctors, social agencies, or similar organizations. The story reported Wulkop's argument that "Already the clinic has saved welfare organizations much money in relief work."⁵² In January 1934, the IBCL board agreed that patients who could pay more than \$3.00 (the clinic relied on a sliding scale for fees) should be referred to a private doctor. The next month, the group set aside \$25.00 "for car fare for indigent patients to come to the clinic."⁵³

The IBCL's reliance on social agencies for help tracking patient return rates illustrated the organization's link to welfare providers. Encouraging patients to return became a major obstacle for all Indiana birth control organizations. Concern about follow up with clients appeared as a frequent issue in the IBCL minutes. The low rate of return frustrated IBCL board members so much that, at one point, all board members were asked to take ten names of patients who had not returned and to call them immediately. The board president suggested that social agencies that referred clients to the clinic be asked to assist with follow-up calls. To facilitate this, the IBCL held a meeting with fourteen different social agencies to request their assistance. This diverse group included the Public Health Nursing Association, the juvenile court, City Hospital, Family Welfare, the social services department of the public schools, and even Kingan's Social Department (a prominent meat packing plant, Kingan's was one of Indianapolis' largest

⁵² "Birth Control Held Fiscal Aid," *Indianapolis Star*, 23 January 1934.

⁵³ PPCI Minutes, 8 January 1934 and 5 February 1934.

employers at one time).⁵⁴ An Evansville clinic received patients through the city's Public Health Nursing Association and relied on this organization for follow-up visits.⁵⁵ These concerns existed primarily in the clinics' early years. By 1940, the minutes report that Mrs. Yakey, a paid field worker, felt that her visits were no longer necessary as the Indianapolis clinic had a 41 percent return rate.⁵⁶ All of the state's clinics relied on social services agencies for patient referrals. This assured the clinics that they were reaching the poorer women they wanted to target and made Indiana birth control an economic issue, not a moral one.

The welfare argument would prove especially important in a state that supported eugenics. In its 1935 endorsement of birth control, the Indiana State Medical Association agreed with an earlier editorial that had asked "Are not three generations of imbeciles enough?"⁵⁷ The implication existed that limiting the size of poor families would help prevent societal dependence on welfare. In a state that had already endorsed the involuntary sterilization of criminals, any efforts to curb reproduction among the working class would be welcome. The reports of patient returns sometimes took on a condescending tone. The IBCL cancelled a branch clinic at Mayer Chapel, a poor settlement house, due to a poor response from the neighborhood residents. The minutes reported on the closing, "It was felt that the intelligence of the group was entirely too low for any worth-while progress. Doctors who were consulted feel that a clinic in a poor neighborhood but in a more intelligent one would be advisable."⁵⁸ The clinic founders

⁵⁴ PPCI Minutes, 23 September 1935 and 1 November 1935.

⁵⁵ PPCI Minutes, 4 November 1938.

⁵⁶ PPCI Minutes, 12 February 1940.

⁵⁷ Qtd. in "Birth Control," *Journal of the Indiana State Medical Association*, 386.

⁵⁸ PPCI Minutes, 11 October 1937.

truly saw the need for birth control access for poor women and their approach helped frame the clinic's work in terms of economics, rather than women's rights.

The annual reports of the Indianapolis Maternal Health Clinic provided valuable insight into the clinic's clientele and growth. In the clinic's first year of service, it served 540 women. Of the 562 patients seeking advice, 368 were white and 194 were black.⁵⁹ The IBCL made serving African American women a priority. The average cost to each patient, regardless of race, amounted to \$0.36—a far cry from the \$3.00 cap imposed by the board rules. The average patient already had 4.4 children before she sought advice from the clinic. Most encouraging for the clinic founders had to be the patient return rate. Of the women seen, 396, or 73.3 percent, returned for a follow-up visit and 132, 24.4 percent, came back to obtain additional contraceptive supplies.⁶⁰ Follow-up with patients remained an important goal for the IBCL. Concern about this topic appeared often in the board minutes. In 1936, the *Indianapolis Star* reported on the clinic's second year of operation. In one year's time, the number of patients referred by doctors to the clinic quadrupled. Along with the increase in patients came an increase in revenue as the average woman now paid \$2.53 for the clinic services.⁶¹ The increased price women agreed to pay the clinic reflected the value they placed on this service. A 1943 brochure for the IBCL, then known as the Maternal Health League of Indiana, asked for financial support and shared general information about the organization. During the clinic's first ten years of operation, it served 4,531 patients for a total of 28,646 visits.⁶² Clearly, the

⁵⁹ The clinic refused advice to 22 women, two for mental reasons and twenty for physical reasons.

⁶⁰ "First Annual Statistical Report of the Indianapolis Maternal Health Clinic," xix.

⁶¹ "Mother Clinic Report Given," *Indianapolis Star*, 16 February 1936, 3.

⁶² Untitled brochure, c. 1943, Maternal Health League of Indiana, Indiana State Library, Indianapolis.

clinic was on a path to a lasting future, but not by stressing the benefits of smaller families, instead by celebrating more babies.

Just as this group had emphasized goals other than smaller family size in its founding aims, it continually reiterated its message of healthier women and babies. A banner quote in an organization brochure read, “Planned Parenthood Means More Babies Born to Healthier Mothers in Happier Homes.”⁶³ By accepting outside help, working quietly, relying on the backing of the medical profession, and presenting their need in economic terms, Indianapolis birth control organizers finally accomplished their aspiration of opening a birth control clinic in the city. The road ahead to provide continual funding for the clinic would not be an easy path. Again and again, the board of directors would have to return to the tactics that had worked so well before. At the same time the Indianapolis group carved out its existence, Wulkop and local organizers worked around the state to open clinics in other cities. All of these groups would face the same challenges after founding: sorting out their relationship to each other, serving minorities in their areas, encouraging patients to return, and, most challenging of all, funding their endeavors. A reliance on tested tactics would help them to succeed.

Struggles of Early Organized Birth Control

The December 1933 opening of the Indianapolis Maternal Health Clinic pioneered clinical birth control services in Indiana. Other cities soon followed. Unfortunately, much of the information about these early clinics and organizations has been lost over the years. What remains paints a picture very similar to that of Indianapolis: clinics that worked quietly and struggled to find the financing they needed.

⁶³ Ibid.

The relationship between the Indianapolis clinic and the rest of the state formed one of the largest challenges faced by proponents of Indiana birth control. The founding name, Indiana Birth Control League, implied a statewide organization. However, the founders themselves seemed confused on this issue. The first mention of other Indiana cities came in the April 1934 minutes of the IBCL. The board members questioned, “Is there to be any connection between our League and the clinics Miss Wulkop is establishing in Terre Haute and Evansville?”⁶⁴ By November 1934, the minutes listed clinics in South Bend and Evansville and claimed that clinics in Fort Wayne and Terre Haute would soon exist. The minutes credited all of this activity to Wulkop.⁶⁵ As in Indianapolis, the remainder of the Hoosier state required much outside motivation and funding to form local birth control leagues.

By default, Indianapolis became the center of Indiana birth control. The IBCL minutes listed numerous instances of citizens around the state inquiring as to how they could obtain birth control information or form a league in their town. Initially, the IBCL responded by providing limited advice and the names of doctors favorable to birth control. Even the national organization (presumably the ABCL although the minutes only call it the New York association) referred inquiries to the Indianapolis group. The March 1935 minutes discussed a letter received from someone in the small south central Indiana town of English. The letter’s author Paul Flanigan originally mailed his missive to the New York group who forwarded it to the IBCL. Flanigan sought information about founding a birth control league in his area. In response, the IBCL board decided to write him a letter urging him to contact doctors in his area who might be supportive of birth

⁶⁴ PPCI Minutes, 2 April 1934.

⁶⁵ PPCI Minutes, 26 November 1934.

control.⁶⁶ Soon after the Indianapolis board seemed to accept its role as the leader in Indiana birth control. By November 1935, the minutes reported receipt of a letter from the chair of the South Bend Maternal Health League whose organization “was looking forward to affiliation with the state organization at an early date.”⁶⁷

The relationship between the Indianapolis birth control group and other efforts in the state was essentially settled in October 1936. At that meeting, the Indianapolis board took a hard look at its own structure and questioned if it could “live up to our name as a state organization rather than as a local organization.” The group decided to accept the role of statewide leader and instructed its legal advisor to create an affiliation form.⁶⁸ After this time, the Indianapolis minutes would report on activity around the state and include notes from occasional statewide meetings. This situation lasted until 1947 when Indianapolis abandoned its statewide leadership role. The December minutes that year included a motion to change the group’s name from the Maternal Health League of Indiana to the Maternal Health League of Indianapolis.⁶⁹ Although no reason appeared in the minutes, the growth of the national Planned Parenthood organization was the likely culprit. As the local groups now had a strong national organization to rely on, and birth control moved into the realm of the legal and even acceptable, affiliates no longer needed a statewide connection.

Affiliate birth control organizations in Indiana started in the state’s larger cities. The details of these other birth control organizations have mostly been lost to time. The Central Indiana Planned Parenthood offices house some original records, most of which

⁶⁶ PPCI Minutes, 25 March 1935.

⁶⁷ PPCI Minutes, 20 November 1935.

⁶⁸ PPCI Minutes, 12 October 1936.

⁶⁹ PPCI Minutes, December 1947.

focus on Evansville from the 1950s onward. The IBCL minutes provide the best picture of birth control activity outside the state capital. These records indicate a slow, but steady, growth in organized birth control outside Indianapolis. By 1937, birth control organizations had been established in four Indiana cities: Evansville, Fort Wayne, Indianapolis, and South Bend. A one page fact sheet, titled “Centers for Contraceptive Advice in Indiana” from 1937 listed these centers as well as doctors that could offer referrals in Gary, Marion, Terre Haute, Vincennes, Washington, and Whiting.⁷⁰ Just one year later, a brochure published by the IBCL listed sixty-two doctors around the state who had agreed to work with the league and provide contraceptive advice to low-income women.⁷¹ Clearly, this indicated growing support for birth control among the medical profession as more and more doctors agreed to have their names associated with the maternal health league. It also shows the continued importance of framing Indiana birth control in economic and medical terms.

Still, statewide birth control in Indiana faced challenges. First, the groups had to establish their relationships to each other. As shown, most birth control organizations in Indiana chose to affiliate with the Indianapolis group. The only evidence of tension between the state group and the local affiliates appeared in the 1947 IBCL minutes. Representatives from Evansville, South Bend, and Indianapolis attended a state meeting and discussed their most pressing needs of better local organization and public relations. They also considered the statewide organizational structure. While the attendees ultimately decided to maintain the current structure, they all agreed on the need for better

⁷⁰ “Centers for Contraceptive Advice in Indiana,” Indianapolis: Maternal Health League of Indiana, May 1937, Indiana State Library, Indianapolis.

⁷¹ *Maternal Health League of Indiana Stands for Better Babies, Healthier Mothers, Happier Families*, Indianapolis: Maternal Health League of Indiana, 1938, Indiana State Library, Indianapolis.

communication from Indianapolis.⁷² Later that year, the Indianapolis organization dropped the state designation from its name. No evidence of tension or resentment between the state affiliates and the Indianapolis headquarters remains. While it may simply have been lost, it seems likely that little existed. Organized birth control in Indiana worked quietly and closely with the medical profession to avoid stirring up the ire of the community. A low profile statewide organizational structure would help provide support to small local groups dealing with a controversial topic in a restrictive state.

The Evansville story provided the best example of challenges facing clinics outside of Indianapolis. Like Indianapolis, the Evansville founders worked quietly. In 1934, Wulkop visited the southern part of the state and spoke with individuals who might be interested in starting a birth control organization. She warned the group, “It is advisable to keep the League as quiet as possible and approach only those people known to be interested.” The founding group heeded her advice, and also that of several social agencies, and sought to accomplish its work quietly. Both the Tuberculosis Association and the Public Health Nursing Association (the same group that provided the Evansville clinic with most of its referrals) advised the clinic founders that it was best not to approach the boards of these two organizations for official support. Mrs. Milford Miller, one of the first volunteers who had the task of addressing PTA groups, explained many years later that the group tried to work discreetly. “In fact,” she remembered, I dealt so ‘tactfully and delicately’ that I am sure no one ever knew what I was talking about.”⁷³

⁷² PPCI Minutes, 18 June 1947.

⁷³ Qtd. in Janet R. Walker, “The Dauntless Decades ... A History of Forty Years of Family Planning in Evansville” (March 1974) unpublished manuscript at Planned Parenthood of Central Indiana headquarters, Indianapolis.

While this quiet approach helped forestall opposition, it could also make fundraising more difficult.

Finding adequate funds appeared as the most common issue facing local birth control organizations. The Evansville Maternal Health League relied on donated services for most of its early years. The organization's newsletter in 1948 or 1949 updated members of a recent statewide meeting at the IBCL's headquarters in Indianapolis. The meeting reassured Evansville members that their system worked best. The newsletter boasted:

We were the only league using the referral system at that time. Other leagues were impressed with the way we conducted our clinic as it was much more economical than the methods they were using. They had the expense of clinic equipment plus a doctor or nurse each time the clinic was held. We were able to use volunteer workers, since the examination and fitting of the patient were taken care of by the doctor in his own office. Our patients were divided between the doctors who were giving us their help, so that it did not take too much of any one doctor's time from his own patients.⁷⁴

The Evansville group also saved on rent by housing its offices in the same building as the Family Welfare department, later known as Family and Children's Services. The Evansville newsletter noted that it paid "nominal rent" for the space.⁷⁵ While the Indianapolis clinic had received its initial space rent-free, it did not have the luxury of affiliating with a city agency. This offered Evansville a sense of legitimacy that Indianapolis and other cities lacked.

By 1949, the Evansville clinic had moved out of the welfare offices and into its own space. This change, along with an increased patient load, forced the clinic to initiate its first funding drive since its inception. The drive earned just over \$3,000 and proved so

⁷⁴ "Maternal Health League News Letter," Maternal Health League of Evansville, Inc. (c. 1948) Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁷⁵ Ibid.

successful that in 1950 the group decided not to host a funding drive and relied on the money earned the previous year.⁷⁶ While 1949 and 1950 proved rosy for the Evansville clinic, the 1950s brought more challenges and greater public opposition.

Documented opposition centered on the Catholic response to these organizations. Fear of Catholic reprisal often led to contraceptive organizations being excluded from community fund drives. In Evansville, a set of letters from 1961 shed some light on the presumed concern of Catholic reprisal. A letter on stationery from the Catholic Diocese of Evansville assured the Reverend Edward Ouellette that no malice, or larger plot, was intended in the visit of two Catholic-school girls to the Planned Parenthood clinic. The Catholic Reverend James R. Deneen assured his correspondent that the girls had heard mention of the clinic in a Christian Marriage course and decided to visit it themselves (after the teacher told a student she should verify her information that such a clinic existed). Rev. Deneen wrote:

The girls were indeed nervous, as your Director's report describes. But I gather that the Director was rather nervous too. Her conclusion that the girls were coached, and that their visit represented an attempt at 'pressure', (pressure to what?), was unwarranted. I can assure her that the girls did not regard her as a 'monster'. ... In summary, I feel that any possible ill-feeling from this visit arose out of misunderstanding and nervousness. I would not want anyone connected with our Catholic high schools to be guilty of exerting unwarranted pressure or of showing a lack of courtesy.⁷⁷

The Evansville clinic director responded to Rev. Ouellette and thanked him for sharing the letter from the Catholic priest. She noted:

⁷⁶ "File History [Evansville]," unpublished and undated manuscript at Planned Parenthood of Central Indiana headquarters, Indianapolis; "Evansville Maternal Health League Rates Headlines: Will Not Have Fund Raising Campaign This Year," 20 February 1950, Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁷⁷ Reverend James R. Deneen, Evansville, to Reverend Edward Ouellette, Evansville, 2 March 1961, Planned Parenthood of Central Indiana headquarters, Indianapolis.

I will admit to being over sensitive to any action toward Planned Parenthood by a Catholic Institution [sic] and I feel that this has some justification because past experience has not always been too friendly and pleasant. I believe there is some improvement however, and I sincerely hope it continues.⁷⁸

This incident showed that fear of Catholic opposition in Indiana often proved to be a greater stumbling block to organized birth control than did any actual opposition.

The 1950s and 1960s brought growth as well as opposition to Indiana birth control. Perhaps the earlier success of these endeavors created a public backlash. As Indiana birth control persisted, it also became more public, thus abandoning one of its crucial tactics. In the late 1950s, the Indianapolis clinic even hired a public relations firm to promote its activities. The clinic discontinued use of the firm's services in 1959 because it felt its own director could obtain better results, not because of any concerns over the publicity received.⁷⁹ Still, public opposition remained. The post-World War II Baby Boom reflected a renewed emphasis on larger families. In Indianapolis, the IBCL faced opposition from a variety of areas. The 1951 minutes noted that the State Nurses Association refused to allow literature from the IBCL to be displayed at its state convention and the Indianapolis Community Fund refused the league's request to participate.⁸⁰ The next year, Catholic opposition forced the group to remove an informative display it had set up at Union Station, the city's train depot.⁸¹ The increased conservatism of the 1950s Cold War era slowed the progress of organized birth control in the Hoosier state.

⁷⁸ Mrs. E.L. Erickson, Evansville, to Reverend Edward Ouellette, Evansville, 10 March 1961, Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁷⁹ Thompspon, *The Faithful Few*, 57.

⁸⁰ PPCI Minutes, 9 May 1951 and 13 June 1951.

⁸¹ PPCI Minutes, 6 November 1952.

Evansville's once strong birth control organization faced its own set of problems in the 1950s and 1960s. In 1951, St. Mary's Hospital notified four of its doctors, active in the Maternal Health League fund drive, that if they continued their association with the birth control group, the hospital would fire them.⁸² Internal strife also hurt the contraceptive organization. In 1957, an unsigned letter, possibly from the league's director, to the director of field services for Planned Parenthood of America strikes a despondent tone. "I am enclosing a copy of our annual report for 1957 which is being presented to our Board of Directors (what remains of it) on January 27. This will give you some idea of the difficulties we have been facing. At this point, I am wondering if we have bitten off more than we can chew."⁸³ The annual report, written by Edith Rosenblum outlined the challenges facing the organization. Board members ceased making follow up visits and began to miss board meetings. "As of December 31, 1957," the report lamented, "we stand with a depleted treasury, a poor response from the mail campaign ... We have a depleted board but an interested community, beautiful offices but not enough patients."⁸⁴ A history of the organization reported that the situation became so dire in the fall of 1957 that the clinic temporarily laid off Rosenblum and almost closed its doors. Only the support provided by a few key board members and their friends saved the clinic from shutting down.⁸⁵

While the patient load continued to grow in Evansville, problems continued. A 1964 letter to Dr. Alan F. Guttmacher, president of the national Planned Parenthood,

⁸² Joseph F. Thompson, "'Right of Privacy': A History of Contraception, Sterilization and Abortion in Indiana" unpublished manuscript at Planned Parenthood of Central Indiana, Indianapolis, 1992: 61.

⁸³ Unknown, Evansville, to Doris L. Rutledge, New York, 1957, Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁸⁴ Rosenblum, Edith, "Planned Parenthood of Evansville, Inc. Annual Report of the Year Ending December 1957," 1957, Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁸⁵ Walker, 4.

related more of these problems. The Evansville affiliate reported that it had invited Fred Kaempffe, mid-east regional director, to serve as the annual meeting speaker that year. In anticipation of the event, the Evansville chapter sent out many press releases and invited the boards of all other social agencies in the city. Kaempffe's message did not go over well with the Evansville group, but the letter to Guttmacher did not contain details. "Suffice it to say ...," the Evansville president wrote, "our Annual meeting was a catastrophe! Mr. Kaempffe did unbelievable damage to the public image of both our Evansville P.P. [sic] Chapter and to the National organization."⁸⁶ In response, Guttmacher agreed to speak at the Evansville affiliate the following year.⁸⁷ One can only guess at what Kaempffe said to upset the Evansville community so completely. This letter exchange does highlight that even well into the 1950s, birth control organizers needed to be very careful about the messages they conveyed if they sought to garner public support.

The Evansville clinic survived its struggles, but other Indiana birth control organizations did not prove so fortunate. In November 1942, the Indianapolis clinic minutes noted that "Terre Haute has abandoned their clinic." Not until March 1943 was a clear reason listed. Someone read a letter at the board meeting from Terre Haute explaining the situation. "Financial support has been withdrawn but the Terra [sic] Haute League hopes to reorganize the board and continue with what funds they have on hand."⁸⁸ Like other birth control organizations in Indiana, Terre Haute struggled throughout its early years. One of the earliest birth control clinics in state, it finally

⁸⁶ Mrs. Charles Roberts, Evansville, to Alan F. Guttmacher, New York, 1 November 1964, Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁸⁷ Alan F. Guttmacher, New York, to Mrs. Charles Roberts, Evansville, 7 November 1964, Planned Parenthood of Central Indiana headquarters, Indianapolis.

⁸⁸ PPCI Minutes, 9 November 1942 and 8 March 1943.

succumbed to the financial pressures and restrictive climate that all of these organizations faced.

The Indianapolis clinic fared best of all. Despite some minor setbacks in 1950s and 1960s, as shown above, the clinic continued to expand its services and to become more public. In the 1960s, the clinic began publishing ads in the *Indianapolis Star* and the *Indianapolis News* personal columns that listed its address.⁸⁹ The clinic also expanded its affiliation with the medical and social work community. In 1951, Wishard Memorial Hospital, whose chief of obstetrics and gynecology had once served the clinic's board, began supplying the clinic with doctors and interns.⁹⁰ Just one year earlier, the Indianapolis graduate school for social workers started including the clinic in its fieldwork training.⁹¹ Birth control had become a lasting and integrated part of the Indianapolis community by the 1950s and 1960s.

Prior to the start of organized birth control in Indiana, declining family size, medical journals, and some anecdotal evidence all pointed to a desire by Hoosier women to control their fertility. Early proponents of organized birth control still saw a need for official channels of birth control. To succeed in the state's restrictive climate, they relied on different tactics than those used by national organizers. Indiana organizers succeeded in establishing contraceptive clinics by seeking support from outside the state, focusing their efforts on quiet reform, working closely with the medical profession, and framing their arguments in economic, not feminist, terms. The earliest efforts at organized birth control focused on Indianapolis and many of the state's first organizations sought to define themselves in relationship to the Indiana Birth Control League (later the Maternal

⁸⁹ Thompson, *The Faithful Few*, 58.

⁹⁰ *Ibid.*, 45.

⁹¹ *Ibid.*, 48.

Health League of Indiana and eventually Planned Parenthood of Central Indiana).

Eventually, as the national birth control effort grew in popularity, most Indiana birth control leagues aligned themselves with Sanger's Planned Parenthood Federation of America. As this happened, the focus of Indiana birth control shifted to New York and away from Indianapolis.

CONCLUSION

In 1982, the *Castleton Banner* wrote about a new program administered by the Planned Parenthood Association of Indianapolis. As explanation to its readers, the paper reported “it is the largest provider of family planning services in Indiana and the eleventh largest in the United States.”¹ It had been a long road for organized birth control in Indiana. While the national movement for contraceptive freedom had waged a public battle with much controversy, the regional stories proved quite different. In various states, birth control advocates succeeded in starting clinics with little opposition from their communities. To accomplish this, the local organizers relied on tactics very different from those of Margaret Sanger and Mary Ware Dennett. While Sanger and Dennett sought to defy or simply change obscenity laws relating to birth control, regional organizers found ways to work within those laws. Restrictive community mores presented contraceptive advocates with a unique challenge: how to make their radical message acceptable in areas not known for their support of birth control. Even though Hoosiers offered little support to Sanger’s National Birth Control League and permitted few contraceptive products to be advertised in the state’s newspapers, they offered some leeway with their obscenity laws. The Indiana statutes exempted doctors and druggists from prosecution under the state obscenity law. Indiana birth control advocates recognized this factor and shaped their tactics accordingly. Organized birth control in Indiana succeeded because organizers relied on outside assistance, worked quietly, allied themselves with the medical profession, and framed their arguments in terms acceptable to the conservative society around them.

¹ “Planned Parenthood Adds ‘Project Decision’ Program,” *Castleton Banner*, 28 April 1982.

For birth control organizations, success could be defined by surviving and meeting their goal of offering contraceptive services. By the 1960s, organizers had firmly established birth control in Indiana. The Evansville Planned Parenthood proudly announced in its 1966 annual report that the clinic had received United Way funding.² For many Indiana birth control groups, acceptance into the community-funded United Way drive proved that these organizations had been accepted in their communities and would become permanent fixtures.

Changes to the allocation of federal funds eventually provided crucial funding for Indiana birth control. During the early 1960s, the federal government passed the Child Health Act (Title V of the Social Security Act) that funded projects aimed at maternal and infant health care. As a part of this, funds could be used to provide contraceptive services to postpartum women. By 1967, Congress ruled that six percent of the funds allocated for these programs must be spent on contraceptive services. A problem arose, in Indiana, because the State Board of Health insisted that county medical societies must approve the expenditure of state or local funds in their areas. Typically, local doctors opposed funding that supported any services outside of a doctor's office.³ In 1969, however, the State Board of Health expanded a grant to start a Division of Population Dynamics and Family Planning within the Department of Obstetrics and Gynecology.

² "Planned Parenthood of Evansville, Inc. Annual Report," 1967, Planned Parenthood of Central Indiana headquarters, Indianapolis.

³ A similar attitude halted contraceptive services in Muncie for several years. In 1949, two representatives from the Indiana Birth Control League visited Muncie to assess the situation there. The Muncie women concluded that clinic services were needed as the city's only hospital was private and would not accept those who could not pay. The women planned to discuss their clinic idea in the community and then present it to the Ball family, funders of Ball State University. Planned Parenthood did not open an affiliate in Muncie until 1965. Minutes of Planned Parenthood of Central Indiana, 10 June 1949, Planned Parenthood Association of Central Indiana Records, 1932-1985, M0468, Indiana Historical Society, Indianapolis. Hereafter referred to as PPCI.; Joseph F. Thompson, "'Right of Privacy': A History of Contraception, Sterilization and Abortion in Indiana" unpublished manuscript at Planned Parenthood of Central Indiana, Indianapolis, 1992: 58.

The grant charged this division with statewide family planning and thus avoided the veto power of the local medical societies.⁴ Now, the state could use federal funding for birth control. Around the same time, the final legal restrictions against birth control fell by the wayside. As late as 1964, it took a Supreme Court decision in *Griswald v. Connecticut* to guarantee contraceptive use protection under privacy laws. In 1970, Congress officially removed birth control from the Comstock Act.⁵ These federal changes removed the final obstacles to organized birth control.

Agitation for birth control took place amid a backdrop of changing American attitudes toward sexuality. As society changed its sexual behavior, advocates for birth control changed their focus and tactics. During the Victorian era, society prized self-control and restraint. At this time, women led the crusade for sexual restraint and sought to limit sexual behavior to the confines of marriage. Many Victorians feared that easy access to birth control would encourage promiscuity. It was during this era that restrictive laws at both federal and state levels sought to clearly define obscenity and limit access to such material, including contraceptives.

In the first two decades of the twentieth century Margaret Sanger began her agitation for birth control and made the issue a public topic. At the same time, society moved away from the restrictiveness of the Victorian era. Many historians have dubbed this time the first sexual revolution. American women began bobbing their hair, smoking cigarettes, and having sex outside of marriage. Still, birth control remained a controversial subject. Sanger was arrested and jailed for opening the nation's first birth control clinic and early efforts at organized birth control in Indiana faded away.

⁴ Thompson, "Right of Privacy," 65-67.

⁵ Joseph F. Thompson, *The Faithful Few: A History of Planned Parenthood of Central Indiana* (Indianapolis: Planned Parenthood of Central Indiana, Inc., 1995), 74.

It took the financial strain of the Great Depression for birth control to establish a lasting foothold in American society. In Indianapolis, a national birth control representative urged the start of a clinic as a “depression measure.”⁶ Americans all around the nation sought to limit their family sizes as they faced harsh economic times. While gender roles remained traditional and women’s role as mother was still sacred, society began to see the need to provide family planning services to poor and working class women. The nation’s new dependence on federal welfare programs created by the New Deal helped pave the way for birth control services under the discretion of social agencies. During this era, Indiana and other states began to form lasting birth control organizations.

In the 1940s, Sanger coined the term “planned parenthood” which emphasized the changing nature of birth control. The new designation placed birth control at the heart of family life and made it an issue for both men and women. At the same time, America became focused on fighting World War II. On the home front, women expanded their traditional roles to take on the jobs left vacant by drafted soldiers. In response to concerns about venereal disease, the armed forces introduced these soldiers to condoms and a new focus on public health began. After the war, these men brought home their new found contraceptive knowledge and birth control became an even more common part of American life.

The returning soldiers also brought home a desire to return to the old gender roles. In the conservative Cold War climate of the 1950s, society forced American women to leave their jobs and return to their traditional sphere of the home. There, the post-World War II Baby Boom emphasized the goal of large families. Opposition to birth control

⁶ PPCI Minutes, 13 October 1932.

continued, and may even have increased, during this conservative era. While birth control organizers had begun making their messages public, they still found little financial support and even some outright opposition.

The 1960s and 1970s brought the fastest changes to American birth control. The women's movement and the second sexual revolution made birth control a feminist issue. During these decades, several key Supreme Court decisions granted birth control legal protection and the movement's focus began to shift away from simple access to birth control to the fight over abortion rights. At the same time, the emergence of the contraceptive pill ensured that thousands of women would make birth control a part of their daily lives.

Throughout all these decades, birth control advocates continually had to shift their tactics to meet the changing arguments of society. At the same time, this does not account for the whole story. Regional differences also played a key role in shaping birth control at local levels. While national organizers, such as Margaret Sanger and Mary Ware Dennett, sought to very publicly change existing contraceptive laws, local organizers took different tactics. They worked quietly within the existing frameworks of their communities to achieve lasting contraceptive clinics. In some areas, birth control organizers faced very limiting laws and attitudes and had to work very carefully. Despite its exemptions for physician-administered birth control, Indiana appeared to have been one of the most restrictive of the states. This attitude can be seen in the slow and quiet growth of Indiana birth control.

Despite any opposition, real or imagined, organized birth control did continue in Indiana. The number of clinics continued to grow and Planned Parenthood expanded into

many areas of the state. In 1979, Mrs. Alan Guttmacher, wife of the former president of Planned Parenthood Federation of America, compiled the histories of Planned Parenthood organizations around the state. For Indiana, the book included essays from Bloomington, Evansville, and Indiana.⁷ The Bloomington group formed in 1964, as did organizations in Lafayette and Gary. In 1965 Muncie founded an affiliate and South Bend followed in 1966.⁸ Today, Planned Parenthood of Indiana offers 39 health centers around the state.⁹

By the 1960s the federal government directed states to use part of their federal funds to support family planning, and legal restrictions began to fall by the wayside. In the 1950s, patients at Wishard Memorial Hospital, the successor to the Indianapolis City Hospital of many years earlier, had to have already had eight pregnancies and living children before they could choose elective sterilization at the time of their next delivery.¹⁰ Legal restrictions like this began to be rescinded in the 1960s and 1970s. The change in legal climate permitted Indiana birth control organizations to flourish for a time.

Today, Indiana appears to be at a crossroad in terms of financing contraceptive access. A recent article in the *Indianapolis Star* noted that Indiana ranked 49th in the country in “efforts to prevent unintended pregnancies.” A study done by the Guttmacher Institute explained that only 49 percent of the state’s counties had clinics that offered birth control at a free or reduced cost. In contrast, 85 percent of the counties in the nation had such clinics. Also, Indiana ranked poorly in providing family planning services to

⁷ Mrs. Alan Guttmacher, comp., *Planned Parenthood Beginnings: Affiliate Histories* (Houston, Texas: Planned Parenthood Federation of America Annual Meeting, 15 November 1979), 44-50.

⁸ Thompson, “Right of Privacy,” 58.

⁹ Planned Parenthood of Central Indiana, www.ppin.org/locations.aspx, accessed 4 December 2005.

¹⁰ Thompson, “Right of Privacy,” 14.

women on Medicaid.¹¹ At first glance, this seems to contradict the successes made by Indiana birth control advocates. In actuality, this emphasizes tactics used by early organizers. Individuals seeking to start early birth control organizations in Indiana had used economic arguments to counter opposition to contraceptives. By arguing that providing access to contraceptives would eliminate dependence on welfare, birth control advocates avoided controversy in Indiana communities. As they moved their arguments away from economic issues to those of reproductive freedom, financial support may have declined. It is important to note that the Guttmacher Institute's statistics examined funding for birth control, not access. Despite these findings, Indiana women have many more birth control options thanks to the pioneering efforts of early birth control organizers.

The work of Indiana birth control organizers impacted individual lives and shaped the future of the state. As a recent first-time mom, I am grateful to these organizers who allowed me the freedom to plan my pregnancy. The anonymous author of the Bloomington affiliate history wrote, "Of all the things I have done in my life, I consider my work with Planned Parenthood to be one of the most rewarding. ... It is one of the proudest achievements in my experience."¹² Her pride, and that of her predecessors, has been well earned.

¹¹ Shari Rudavsky, "Indiana scores poorly on access to family planning," *Indianapolis Star*, 7 March 2006.

¹² Qtd. in Guttmacher, 48.

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 - Manage daily gift entry and acknowledgement
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 - Answer donation inquiries and communicate with donors
 - Assist with special event registration and gift processing
- Morris-Butler House Museum** Indianapolis, IN
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- Accession new objects into collection, rotate textiles, general care of collection
 - Research and write history of Indianapolis for volunteer newsletters and manual
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Museum Store Clerk and Receptionist

August 1993 to August 1997

HONORS

- Presented paper "The Trials and Tasks of Union Nurses" at Indiana War Memorial, March 2000
- Presented paper "The Trials and Tasks of Union Nurses" at Phi Alpha Theta conference, Bloomington, IN, February 1999
- Copy editor for *The Franklin*, Franklin College newspaper, fall 1998
- National Merit Scholar, 1995