

“For the Public Good”: Birth Control Access in Ontario, 1920-1940

By

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Abstract

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Abstract: Despite a Criminal Code ban on the publication of birth control information, private clinics and companies were able to sell and provide birth control products to the public between the 1920s and 1940s. As these were the only avenues through which many Ontario women could access birth control, women were forced to rely on these organizations who often placed their private interests before the effectiveness or safety of the products they provided. This study explores the ways in which the Canadian government and medical establishment contributed to these conditions by refusing to engage in birth control debates or alter laws to protect the safety of women.

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Introduction

Throughout the twentieth century, the prevention of pregnancy took on various meanings. Birth control went through stages of being seen as immoral, to being viewed as a selfish choice, to being understood as an assertion of bodily autonomy, to being understood as a social responsibility. Condoms, pessaries, feminine douches, and sterilizations were used during the decades between the 1920s and 1940s as ways to prevent pregnancy. Women who were overburdened by their ever-growing families often found little legal resistance when seeking out products that offered a promise of relief. This was despite birth control being illegal in Canada, as Section 207 of the Dominion Criminal Code, which banned pornography and the publishing of abortion instructions, also banned the publication and sale of any materials related to birth control.¹ As a result of this law, birth control was not openly discussed in Canadian life for many decades. As such, physicians and the medical establishment in Canada neglected to step in on the side of women to publically argue against laws banning birth control products. This led to a situation where women were forced to rely on knowledge gained from one another and from advertisements about which methods of birth control would best fit their needs. While birth control clinics and feminine hygiene companies offered their own answers, the products and services they offered were often unsafe and ineffective. By being forced to go through these private avenues for access, women were also subject to the whims, ideals, and priorities of the individuals who funded those organizations. At the Parents' Information Bureau and Hamilton Birth Control Society this meant only receiving

¹ Section 207 Dominion Criminal Code, 172 Parents' Information Bureau Box 2 Series 3 File 20, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

methods of birth control which fit the ideology of those clinic leaders. By refusing to participate in birth control debates between the 1920s and 1940s, the medical establishment and government of Canada created these dangerous conditions for women seeking reproductive care.

During the early twentieth century, women's reproductive healthcare in Canada came to be understood as the physicians' domain. Prior to the turn of the century midwifery dominated in Canada, and reproductive care did not usually entail medical attention.² However, changes in the medical field resulted in male physicians replacing female midwives in delivery rooms. This physician control extended itself into questions of birth control, as physicians came to be seen as the holders of reproductive knowledge. The assent of the medical establishment was needed before Canadian lawmakers would accept birth control. However, this acceptance was not quick to come due to reluctance on the part of the medical community to become associated with birth control, religious viewpoints prevalent during these decades, and class divisions which affected how physicians viewed patients. As a result, Canadians had to wait decades, using methods that they believed to be safe and effective, before the wider medical community was willing to share their knowledge on the subject.

While this thesis is intended to develop a thorough understanding of birth control access in Canada between the 1920s and 1940s, it is by no means comprehensive.

Limitations, in terms of the scope of this work, must be acknowledged. This thesis

² Judith Young, "'Monthly' Nurses, 'Sick' Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 35.

includes information on Canada as a whole where law and the influence of the medical establishment are concerned, but when specific case studies are necessary to provide a deeper understanding, Southern Ontario is used. This area of Canada was well into urbanization during the time period in question. While urbanization was occurring across Canada during these decades, a large portion of Canada was still rural.³ As such, the access that rural Canadians would have had during these decades was not the same as the urban families discussed here. This is especially pertinent to the discussions of birth control clinics and to the access to department stores in chapters two and three.

Discussions of the intersection of race and birth control access are also limited throughout this thesis. This is due to the unavailability of primary and secondary resources that explicitly discuss race. While Indigenous women's experiences are discussed when possible, very few sources presented evidence on the availability of birth control to Black or immigrant women. While evidence points to these materials being inaccessible to minority women, due to restrictions based on class, further studies are needed in order to fully appreciate how their access differed from their white counterparts.

Additionally, unlike a variety of other works on birth control during these decades, this thesis will only discuss abortion access and views of abortion as they relate to views on birth control. Despite birth control and abortion being somewhat conflated in the decades discussed, modern understandings of these topics are much more distinct.

³ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 17.

Further studies are needed to develop a comprehensive understanding of each of these two issues and how they interact.

The nature of the primary sources available also presented difficulties within the writing of this thesis, as sources that showcase the viewpoints of ordinary women have been difficult to locate. While this thesis seeks to discuss how ordinary women were affected by the restrictions surrounding birth control, the majority of primary sources used here come from newspapers, advertisements, and the archives of birth control organizations. Focus has been placed on letters sent to these organizations from Canadian women in order to ensure that every day Canadians still have a voice within this narrative. Additional research that includes personal sources such as letters and diaries will be necessary in order to ensure that these voices are fully realized.

This thesis was written using a variety of primary and secondary source material. Primary sources used include a variety of newspapers, especially the *Toronto Daily Star* and *The Globe*. Articles from these newspapers are often used together to discuss the same topics as a way to ensure that the opinions discussed within these articles are representative of wider opinions at the time. Issues from *The Canadian Medical Journal Association* are also used as a major primary source throughout this work. These journals serve to represent the opinions and ideas of the medical establishment in Canada during these decades. The discussion of birth control clinics in chapter two has been created largely through the use of archival documents. The Parents' Information Bureau archives are located at the University of Waterloo Archives, and the Hamilton Birth Control Society archives are located at the Hamilton Public Library Archives. Within these archives a variety of documents were used in order to explore the workings of the

organizations. These include informational pamphlets, internal memos, and correspondence. The variety of materials found within these archives allows for a discussion of both the organizations and their leaders. These primary sources were read in conjunction with a variety of secondary source material in order to evaluate the arguments made by previous historians.

The historiography of this topic has shifted since historians began exploring the subject during the 1980s. Early works, such as Angus McLaren and Arlene Tigar McLaren's 1986 book, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* and Diane Dodd's 1990 book *Delivering Motherhood* argue in favour of the middle-class white reformer approach to birth control access. In these telling's of birth control history, white women took to birth control advocacy as both a form of charity and as a way to uplift their fellow woman.⁴ Since these early works, historians have begun to shift towards a tradition that critiques these early birth controllers. They have worked to analyse their motivations in ways that complicate this narrative.

The historiography of birth control in Canada was altered by the trend towards social and feminist histories, as later writing began to focus on how everyday women effected and were affected by birth control access.⁵ In addition, critiques of the medical

⁴ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 100-102. and Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 152.

⁵ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 526.

profession have also emerged in the twenty-first century.⁶ Historians writing more recently have begun to question the motivations of the medical establishment in order to develop a more thorough understanding of the choices made by physicians. Physicians have become acceptable subjects of critique, and their views of their patients has become an important topic of analysis. More recent histories surrounding birth control have also begun to focus on race and the different experiences of minority women. Lesley Biggs' "Rethinking Midwifery" and Shaw's "The Medicalization of Birth and Midwifery as Resistance" have explored the ways in which minority women experienced access to birth control differently from white women in Canada.⁷

This thesis attempts to continue these trends of social and feminist histories in order to create a history of birth control in Canada which views women as active participants in their reproductive healthcare. It attempts to showcase the ways in which women worked within the parameters made for them by the law and by society in order to exercise agency in their birth control choices. Chapter One of this thesis details the decline of midwifery in Canada and the resulting medicalization of birth which happened around the turn of the twentieth century. At this time women were turning increasingly towards male physicians to deliver their babies as they saw this choice as safer and more

⁶ Wendy Mitchinson, "Controlling Fertility: Birth Control and Abortion." In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 166-167.

⁷ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 526. and Lesley Biggs, "Rethinking the History of Midwifery in Canada," in *Reconceiving Midwifery*, edited by Ivy Lynn Bourgeault et al, (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2004), 24 and 35-36.

progressive.⁸ This turn placed physicians at the center of birth control debates in the next century. However, the reluctance of physicians to become involved in this conversation, for a variety of social and political reasons, resulted in safe birth control not being accessible to Canadians for a number of decades.

Chapter Two explores how private organizations came to fill the gaps left by the government and medical establishment's reluctance to discuss birth control. Functioning as a comparison case study of the Parents' Information Bureau and the Hamilton Birth Control Society, the chapter investigates how each of these organizations functioned. Using primary source material from the archives of each organization, located in Kitchener, Ontario and Hamilton, Ontario respectively, the chapter explores how the organizations and their leaders viewed the function of birth control and how they discussed their patients. This comparison works to show that in the absence of any official channels through which to access birth control, Canadian women were forced to turn to organizations that placed their own needs and motivations alongside their desires to help patients. It finds that organization leaders only encouraged the use of birth control that fit their needs and goals as birth control advocates. At the Parents' Information Bureau, led by popular eugenicist A.R. Kaufman, this meant encouraging male sterilization of the poor and cheap methods such as condoms.⁹ In the case of the Hamilton

⁸ Lesley C. Biggs, "The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 23.

⁹ An Alternative to Female Sterilization, 172 Parents' Information Bureau Box 2 Series 3 File 28, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada. And

Birth Control Society, this meant encouraging more effective, yet far more expensive methods such as the pessary. This was due to the fact that this clinic's leader, Mary Elizabeth Hawkins, believed that this method encouraged the respectability of birth control, as it required a physician's approval.¹⁰ The pressures exerted by each of these clinics shows the concessions that women had to make in order to get access to birth control.

The final chapter of this thesis discusses the role of commercial interests in birth control during these decades. It explores the feminine hygiene industry's sale of feminine hygiene products, particularly the feminine douche.¹¹ Using advertisements found in newspapers, magazines, and catalogues as well as secondary source analysis, this chapter explores the tactics that companies used to sell contraceptive products. Often these advertisements worked to create anxieties in women. They told the female public that their beauty, youth, and happiness was all connected to how they cared for their vaginas.¹² This chapter also explores the dangerous side effects that these products could have, as they could cause chemical burns if used improperly.¹³ The exploration of this industry works to showcase the ways in which women were forced to make uninformed,

Instructions for Use of Condom and Jelly, 172 Parents' Information Bureau Box 2 Series 3 File 37, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

¹⁰ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 154-155.

¹¹ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 151.

¹² "Wife in Name Only," *Chicago Daily Tribune*, Jun 5, 1942. And Amy Sarch, "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s," *Critical Studies in Mass Communication* 14, no. 1 (1997): 35.

¹³ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919-1939," *Enterprise & Society* 14, no. 1 (2013): 91.

potentially dangerous decisions related to their reproductive healthcare. With no trustworthy medical voice guiding their choices, women became consumers of birth control rather than patients receiving medical care. This meant that companies had incentives to hide the truth rather than motivations to deliver an effective product.

Together, these chapters weave together an understanding of reproductive access in Canada between the 1920s and 1930s. Laws forced birth control to go underground, meaning that it was not regulated. The lack of medical oversight or government intervention meant that individuals and corporations could bend birth control into anything that they wanted it to be. They could use it to exert control on women who had little power, or to take money in exchange for ineffective products. As a result, Canadian women were not afforded the protections they deserved as patients or consumers.

Literature Review

The historiographies of the medicalization of birth and of birth control are separate but are linked in important ways. Both of these historiographies deal with the impact of the government, physicians, and social conditions on the health care that women have received throughout Canada's history. Writing in these fields has exploded in the late twentieth and early twenty-first century as trends towards feminist and social histories have led historians to question aspects of medicine that were previously taken for granted. The medicalization of birth is a prime example of this, as doctor attended births have become so common that it took historians until the 1990s to truly question the processes that led to this. This thesis will complement and question the existing literature by arguing that the medical establishment's desires to professionalize their field led to dangerous conditions for patients seeking birth control, as they were forced to turn towards clinics and companies that were not solely focused on the best interests of individual women. As this literature review will show, historians have approached this question in a number of ways which has led to dominant interpretations taking form. Many of these perspectives will be critiqued within this thesis to argue that dominant understandings need to be re-evaluated within current historical discourse in order to question the place that these interpretations should have in history written today. In order to explore the discussions between historians in this field, this review will first address writing on medicalization of birth and then explore works on birth control in Canada.

Historical analysis of the decline of midwifery and the medicalization of birth is a relatively recent field. Despite this, many great changes have occurred within the historiography that have led historians towards a more comprehensive and nuanced

understanding of this process. This has involved widening the scope of analysis to include rural and secluded areas, as well as bringing in discussions of various ethnic and religious minority groups. Historians have begun to examine the ways in which this process has not occurred in the same way or at the same time across Canada. Historians have also worked towards a more nuanced approach by moving away from a strictly top-down view of medicalization of birth towards studies that explore the actions of individual physicians and everyday Canadians reactions to these changes. These changes are impressive considering that the vast majority of the works discussed on this topic were written in the last two decades. It is apparent that the trend towards social history has had a great impact on this historiography, as it has created discussions that look at the impacts of all levels of society and on minority groups.

Lesley C. Biggs' 1990 chapter "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900" explores the decline of midwifery in Ontario. In the chapter, she makes the claim that in all times and places the decline of midwifery was caused by the "emergence of a male-dominated medical profession."¹ While she will retract this statement in later works, it is important here as it sets the tone for the medicalization of birth debate to follow. The argument posits that midwifery was destroyed as a result of the medical establishment's desire to be the only providers of health care to pregnant women. Biggs argues that physicians accomplished this by using an "aggressive interventionist role" in birth which included utilizing unnecessary

¹ Lesley C. Biggs, "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 20.

procedures and tools such as caesarian sections and forceps. These tools worked to convince patients that only physicians had the knowledge and training to keep a woman in labour and her infant safe.² Additionally, Biggs explores the sway that the College of Physicians and Surgeons had in crafting legislation. She accomplishes this by showing how they used their influence to promote laws that required a license in order to legislate midwives out of practicing.³ Biggs' initial work uses a top-down approach and focuses mainly on urban areas of Ontario. By looking mainly at legislation, she is able to examine the technicalities of the process, but she lacks a deep exploration of what occurred in reality.

Returning to her work fourteen years later, Biggs' begins the process of filling in gaps that her original work had left. Biggs' 2004 article "Rethinking the History of Midwifery in Canada" does just that by admitting that she misinterpreted this history by privileging the concept of the neighbourhood midwife. She admits that her earlier chapter may have lead readers to believe that this concept was universal, when in reality it did not apply to many groups in Canada. These groups include indigenous communities, women on the prairies, or those living in Newfoundland and Labrador.⁴ She admits that by failing to do this she homogenized a wide variety of birth helpers under the same term despite

² Lesley C. Biggs, "The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 29.

³ Lesley C. Biggs, "The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 23.

⁴ Lesley Biggs, "Rethinking the History of Midwifery in Canada," in *Reconceiving Midwifery*, edited by Ivy Lynn Bourgeault et al, (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2004), 24 and 35-36.

great variances existing between them. In adding to her earlier work Biggs shifts the focus away from the medical establishment and government to show that they did not have sway throughout the entire country. Rural and difficult to reach areas were largely free of this influence for many years, which allowed traditional birthing practices to continue. While this re-evaluation does result in a more comprehensive picture of medicalization of birth across Canada, it still lacks an exploration of reactions of mothers and families to this process. Historians that will be discussed work to emphasize patient-centered histories in greater detail.

In 1993 Comacchio's *Nations are Built of Babies* continues Biggs' original work by expanding the exploration of the medicalization of birth. Rather than focus on the decline of midwifery Comacchio focuses more directly on the medical establishment's work in pushing the dominance of physicians in reproductive health. Comacchio argues that this push towards medicalization of birth was part of a larger movement towards the construction of a medical hierarchy that firmly placed physicians at the top of medicine.⁵ The medical establishment accomplished this by emphasizing the importance of scientific evidence and building public faith in doctors.⁶ Comacchio also points to the importance in legislation in cementing the role of physicians. She shows that legislation such as the Ontario Public Health Act represented significant advancements in the professionalization of medicine.⁷ This shows that physicians and the government worked

⁵ Cynthia R. Comacchio, "'Guarded Against Harmful Conditions': The Campaign's Setting." In *Nations Are Built of Babies: Saving Ontario's Mother's and Children 1900-1940* (Montreal & Kingston, London, Buffalo: McGill-Queen's University Press, 1993), 22.

⁶ Ibid, 23.

⁷ Ibid, 27.

together in order to create the climate in which the physician was seen as the only trustworthy figure in medicine and birth. Unlike many others, Comacchio connects professionalization to public health campaigns occurring during the twentieth century to show that another major reason for this was a national crisis that focused on the health of children as representative of the nation's health.⁸ Governments and the medical establishment therefore worked together in order to solve this problem, looking to one another for support and legitimization.

Comacchio situates this movement towards professionalization within a greater context of eugenic ideals at the time. Early twentieth century Canada feared for the health of the nation and wanted to improve infant mortality rates. She shows that while the medical community did not have definite answers on solving infant mortality they were nonetheless insistent that medicine was the only way to solve this issue. While physicians admitted the influence that social conditions such as poverty could have on children's outcomes they were reluctant to agree that poverty was the main issue to be solved.⁹ This is representative of yet another way that physicians used public fears and the social climate in order to improve the standing of the profession as a whole. This led to physicians being seen as a special order of society which in turn contributed to the inequity in doctor-patient relationships that persisted throughout the twentieth century.¹⁰

⁸ Cynthia R. Comacchio, "'Guarded Against Harmful Conditions': The Campaign's Setting." In *Nations Are Built of Babies: Saving Ontario's Mother's and Children 1900-1940* (Montreal & Kingston, London, Buffalo: McGill-Queen's University Press, 1993), 16.

⁹ *Ibid*, 38.

¹⁰ *Ibid*, 22.

Writing in 2014 Gwenith Siobhan Cross shows that two decades later many of the ideas that Biggs and Comacchio originally brought forth are still present and accepted by historians. Therefore, despite writing “Rethinking the History of Midwifery in Canada” in 2004 Biggs did not render her 1990 chapter obsolete. In “A Midwife at Every Confinement- Midwifery and Medicalized Childbirth in Ontario and Britain, 1920-1950” Cross repeats Biggs’ argument that physicians and the government worked together to push midwives out of childbirth using campaigns and legislation.¹¹ In order to prove this she compares the presence of regulated midwifery in Britain to the absence of midwifery in Ontario. This helps to show that physician attended births were not safer than those attended by midwives. It also shows that midwives in Britain were able to make important medical advancements that were simply not possible for midwives in Ontario.¹² Cross discusses instructions that midwives and nurses were given in Ontario that urged them to not work as midwives in areas where physicians are present and stated that they should “not interfere with the legitimate work of medical men.”¹³ She therefore shows that through constructing physician-attended birth as legitimate that midwifery was simultaneously constructed as illegitimate. The use of Biggs’ original argument two decades after its publication shows that it remains valuable for historians writing on midwifery today. While the works discussed later in this historiography add to Biggs’ ideas by expanding them beyond urban Ontario, they do not greatly alter her original

¹¹ Gwenith Siobhan. Cross, “A midwife at every confinement- Midwifery and medicalized childbirth in Ontario and Britain, 1920-1950,” *Canadian Bulletin of Medical History* 31.2 (Winter 2014): 140.

¹² *Ibid*, 140.

¹³ *Ibid*, 148.

argument in that they do not dispute that the medical establishment purposefully pushed midwives out for their own gain.

Also largely supporting Biggs' original claims is Ivy Lynn Bourgeault's 2006 book *Push: The Struggle for Midwifery in Ontario*. She agrees with Biggs' that the medical establishment pressured midwives out of practice, and adds that nurses also contributed to this process.¹⁴ The reason for both, she argues, was a combination of factors. Physicians saw the move into obstetrics as a way to gain patients.¹⁵ At the same time, nurses helped contribute to the decline of midwifery as the nursing profession wanted to gain influence previously held by midwives.¹⁶ The continuity of this financially based argument suggests its accuracy, and that while the history can be expanded to include childbirth in other areas of the country, original arguments made about the urban context were largely correct.

The publication of *Caregiving on the Periphery* in 2010 works to fill in the gap left by these earlier writers by expanding the exploration of the decline of midwifery into rural areas across Canada. Authors writing in this volume discuss rural Canada in order to show that the decline of midwifery was not inevitable and that it occurred very differently for rural women, especially those belonging to minority groups. Marlene Epp's 2010 exploration of birth and death in Mennonite communities in Manitoba, Saskatchewan,

¹⁴ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 47.

¹⁵ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 44.

¹⁶ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 47.

and British Columbia does this by showing that in rural areas physicians relied heavily on midwives in order to make their own workloads manageable.¹⁷ Midwives set bones and performed other chiropractic procedures. Jayne Elliot's study of Red Cross Outpost nurses accomplishes a similar goal, as Elliot shows how female practitioners were absolutely necessary in rural areas of Canada. These women were sent, often on their own, to rural areas of Ontario in order to act as the community's only access to health care. As such, they assisted with childbirth and performed a variety of medical procedures.¹⁸ This led to a great deal of professional autonomy that simply did not occur in the careers of urban nurses, due to their distance from physicians. However, as Elliot acknowledges this professional autonomy was constantly being negotiated and readjusted when physicians were present.¹⁹ By describing the great deal of professional knowledge that these female practitioners had in the absence of physicians, Elliot adds to the argument that the medical profession worked to prevent others from gaining esteem in areas of medicine by showing what was possible in the absence of physicians. This work helps to further Biggs, Comacchio and others' argument that the medicalization of birth was done for the benefit of the medical establishment and not necessarily for the good of

¹⁷ Marlene Epp, "Catching Babies and Delivering the Dead: Midwives and Undertaker's in Mennonite Settlement Communities," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 62.

¹⁸ Jayne Elliot, "A Negotiated Process: Outpost Nursing Under the Red Cross in Ontario, 1922-84" in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, edited by Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 251.

¹⁹ Jayne Elliot, "A Negotiated Process: Outpost Nursing Under the Red Cross in Ontario, 1922-84" in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, edited by Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 251.

patients. Also within *Caregiving on the Periphery* is Judith Young's chapter "'Monthly' Nurses, 'Sick' Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91." Within the chapter she argues that midwives were not disappearing in urban areas. Instead, many of them became licensed and unlicensed nurses when midwifery went out of fashion. She historicizes midwives by arguing that in Toronto they were seen as the top of the hierarchy of female medical practitioners in the 1820s, but that this changed in the 1830s when the number of physicians in Toronto rose.²⁰ Rather than agree with Biggs that physicians overused medical tools in order to drive midwives out, Young does not view the use of tools as a sinister plot by physicians. She argues while the public was drawn to physicians for their use of advancements and instruments physicians were not using these things solely to gain patients.²¹

In 2013 Shaw continues to expand the understanding of birth by exploring how childbirth was altered in Aboriginal communities within Canada beginning in the 1950s. In "The Medicalization of Birth and Midwifery as Resistance" she shows that the Canadian government imposed physician assisted births onto Aboriginal communities. Rather than examining how poverty was related to high infant mortality rates in Inuit communities, the Canadian government blamed a lack of modern techniques on mortality and evacuated pregnant women to give birth out of their communities and away from their families.²² Therefore, unlike historians who see physicians as the cause for the

²⁰ Judith Young, "'Monthly' Nurses, 'Sick' Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 35-36.

²¹ *Ibid.*, 40.

²² Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 526.

medicalization of birth, Shaw argues that in this case it was the Canadian government who imposed this practice on women. Shaw's feminist exploration of this process argues that it led to a lack of choice for women, reduced women's confidence in their ability to give birth naturally, and led to an overall "disempowerment" of Aboriginal women in Canada.²³ Shaw differs from previous historians by focusing on the effects of this process rather than solely the causes. She focuses on women's loss of freedom and agency instead of placing the loss of midwifery as a practice at the center of this story. This is in part due to the fact that assistance in childbirth in Aboriginal communities was not viewed as a profession in the same way that it was for European-descended Canadians. This shows that the same framework cannot be applied across Canada as childbirth and assistance in childbirth be experienced in different ways and has taken on different meanings over time.

Another way in which historians have expanded upon Biggs' original conception of the medicalization of birth is to explore the multitude of reasons why women turned to physician-attended birth. Whitney Wood does this by analysing how conceptions of the fragility of Victorian era women led to the notion that they needed to be saved from the pain of childbirth. In "'The Luxurious Daughters of Artificial Life': Female 'Delicacy' and Pain in Late-Victorian Advice Literature" Wood shows how shifting ideas about pain led to medical intervention in childbirth to be seen as necessary.²⁴ This alters previous conceptions of the reasons for childbirth assistance by showing that it was not only

²³ Ibid, 528.

²⁴ Whitney Wood, "'The Luxurious Daughters of Artificial Life': Female 'Delicacy' and Pain in Late-Victorian Advice Literature," *Canadian Bulletin of Medical History* 31.2 (2014): 77.

physicians and the government that pushed women towards physician-attended births; society at large was telling women that they were not strong enough to have natural births. On top of these pressures were social conceptions of womanhood that were historically-based and therefore shifted over time. The inclusion of this argument in the historiography provides another explanation as to why medicalization of birth occurred earlier in urban areas, as female fragility was associated with the idleness of urban life.²⁵

While most authors writing about the medicalization of childbirth have remained historical in their approach, Shannon Stettner and Tracy Penny Light argue that within this field writers have the opportunity to become “historian-activists” by using history to reflect on today’s issues.²⁶ They write this in the introduction to the 2014 issue of the *Canadian Bulletin of Medical History*, an issue which focuses on the history of childbirth and reproductive health in Canada. They argue that the historical medicalization of childbirth has “medicalized and colonized” women’s bodies, resulting in women losing control of their own bodies.²⁷ In making the argument that historians can use historical analysis in order to comment on today’s issues they bring the political nature of this field of research to the forefront. This introduction colours the reading of the rest of the issue, as it reminds readers that the issues occurring in birthing rooms in the nineteenth century may still be occurring today. This argument makes the issue all the more meaningful as it argues that these things have been historically made and can therefore be unmade.

²⁵ Ibid, 78.

²⁶ Shannon Stettner and Tracy Penny Light, “The Politics of Reproductive Health History: Visible, Audible, and Consequential,” *Canadian Bulletin of Medical History* 31.2 (2014): 9.

²⁷ Ibid, 10.

In common with the historiography of birth's medicalization, the history of contraception in Canada has made great shifts in how it defines major actors in the birth control movement. Despite being written during the time of second wave feminism, this historiography carries with it many of the lapses and omissions of first wave feminism. Many of these early works fail to mention non-White women, support the belief that poor women needed protection, have strict understandings of masculinity, and are in favour of the hierarchical social systems present during the time. The tradition of this early writing continued unquestioned for some time, until historians in the twenty-first century began to re-examine these notions. While early writers supported reformers like Mary Hawkins, her notions about the poor and non-White women came to be questioned by historians who recognized that these histories had not been challenged in decades. Twenty-first century writers began examining less told stories of the birth control movement in order to bring justice and representation to those who have been left out of this conversation. Historians have turned away from a top-down history towards one that focuses on patients and would-be patients to see how policy and practice effected everyday Canadians.

In his 1978 article "Birth Control and Abortion in Canada, 1870-1920" Angus McLaren was one of the first to write about contraception from a Canadian perspective. As such, many of the claims that he puts forth have been repeated by historians who have followed. In the article McLaren outlines the context of contraception in Canada by arguing that fears of race suicide were prevalent across North America.²⁸ Urbanization

²⁸ Angus McLaren, "Birth Control and Abortion in Canada, 1870-1920," *The Canadian Historical Review* 59.3 (September 1978): 319.

also led to fears of idleness and of women refusing to do their rightful duty by becoming mothers.²⁹ This led to a social rejection of birth control by middle-class whites in Canada as a way to protect themselves from being outnumbered by the French and other visible minorities. In this way, he positions the rejection of birth control on social grounds, not necessarily moral ones. When describing the patient-doctor relationship McLaren frames it a relationship in which physicians decide how much information and assistance they are willing to give to patients, arguing that physicians often refused to provide particular products that were deemed associated with vice.³⁰ McLaren argues that this was a tactic used to prevent physicians themselves from being associated with immorality. This shows that the argument that physicians used reproductive healthcare to legitimize their profession that is so prevalent in the historiography of the medicalization of birth is also a claim repeated in this historiography. While this thesis will extend upon this point by outlining a multitude of reasons for this rejection, it is important to note that historians have supported this claim for decades. McLaren also discussed abortion in conjunction with birth control, a trend which falls in popularity as more historians write about the topics.

Angus McLaren followed up his original article with the comprehensive *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* in 1986, written in conjunction with Arlene Tigar McLaren. The book's ambitious one hundred-year span and the volume of topics covered make it one of the most thorough and influential books on contraception in Canada. The

²⁹ Ibid, 321.

³⁰ Ibid, 325.

book repeats and expands upon McLaren's past work using specific examples to legitimize those claims. Relevant to this thesis is "Chapter Five: Population Control and Reproductive Rights" which focuses on A.R. Kaufman's Parents' Information Bureau and on Mary Hawkins' Hamilton Birth Control Clinic.³¹ Within the chapter the authors argue that Hawkins' birth controlling activities were essentially altruistic. As a middle-class white reformer Hawkins focused on making birth control respectable by gaining physician support.³² The authors support this top-down approach to contraception by arguing that the only way to achieve acceptance of contraception was to gain the respect of physicians. Alternatively, when describing A.R. Kaufman these authors depict him as a man who utilized the birth control movement in order to push a eugenic agenda onto the poor.³³ The authors compare Hawkins to Kaufman, arguing that she pushed for patient good by insisting on using trained physicians to effectively fit pessaries (the most effective birth control methods), whereas Kaufman used travelling nurses with far less experience and to provide cheaper methods of contraception that did not require a physician.³⁴ In making this comparison by arguing that Hawkins' efforts were better for women and suggesting that Kaufman only wanted an opportunity to push his eugenic agenda, McLaren and McLaren set the tone for many years of writing to come. This belief that physicians were necessary in order to have safe and effective birth control was

³¹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 92-123.

³² Ibid, 100.

³³ Ibid, 102.

³⁴ Ibid, 07.

a presupposition that remained unquestioned until historians began critiquing doctor-patient power structures.

Diane Dodd's 1990 exploration of the Hamilton Birth Control Clinic largely repeats McLaren and McLaren's arguments. Dodd agrees with McLaren's view that middle-class reformers brought respectability to the birth control movement during the depression, and that middle-class female reformers focused on emancipation of women, whereas middle-class male reformers used birth control to support eugenic practices.³⁵ In "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic" Dodd agrees with McLaren and McLaren that a top-down approach to legitimizing birth control was the only acceptable and responsible way to achieve social and legal acceptance of contraception. In her comparison of Hawkins and Kaufman, Dodd argues that Hawkins' emancipation-driven model of contraception was legitimate whereas Kaufman used his clinics and travelling workers in order to exert patriarchal control over the poor.³⁶ Dodd does not overtly question any of the claims put forth by McLaren and McLaren, instead continuing to pit Hawkins against Kaufman in order to argue respect for her and condemnation for him.

An important question to consider when reading McLaren, McLaren, and Dodd is whether gender has come into play in their depictions of Kaufman. Britain's Marie Stopes and America's Margaret Sanger are both examples of women working to help women. This idyllic depiction of women helping one another is an inspiring image and

³⁵ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 152.

³⁶ *Ibid.*, 159.

one that is easy to support. This is particularly true as these events were occurring at a time when women were just beginning to be able to exercise their political voices on such a scale. As Kaufman is in many ways this Stopes/Sanger figure for Canadians (on a smaller scale), the question arises as to why he does not enjoy the same level of acceptance as his female counterparts. One reason may be that as an upper-class man who worked in this sphere he represented, to these historians, male encroachment into a female arena. He may have been seen as a male attempt to end the female driven progress that the contraception movement represents. The validity of this argument comes from the fact many historians ignore the work that he did in making contraception available to the poor. He worked as a realist, understanding that poor women may not be able to go for pessary fittings and he understood that male sterilization was an effective means of contraception that did not emasculate those who had the procedure.³⁷ While primary sources reveal his blunt way of discussing the topic of contraception, his actions cannot be ignored due to a distasteful personality.

This question of sterilization, too, is an interesting one. McLaren is highly skeptical of Kaufman's sterilization initiatives, which may be the result of McLaren writing at a time when vasectomy was still not widely accepted in Canada.³⁸ Ideals of masculinity tied to reproduction and virility may have influenced McLaren and other early writers into viewing Kaufman's acceptance of sterilization as a wealthy man having

³⁷ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 97.

³⁸ Sarah Shropshire, "What's a Guy to Do?: Contraceptive Responsibility, Confronting Masculinity, and the History of Vasectomy in Canada," *Canadian Bulletin of Medical History* 31.2 (2014): 172.

an enormous amount of control over his working-class employees. While this may have been the case, it is important to historicize McLaren, McLaren and Dodd's arguments in order to understand that they wrote during a time when conceptions of masculinity were precarious and were strongly tied to the male body. It is therefore possible that they were pushing contemporary views of masculinity onto this historical narrative without questioning where those social conceptions of masculinity came from.

In 2006 Linda Revie pushes this negative depiction of Kaufman a step further, adding capitalist to his list of sins. In "More Than Just Boots! The Eugenic and Commercial Concerns behind A. R. Kaufman's Birth Controlling Activities" she makes calculations based on newspaper articles written during the Dorothea Palmer case to argue that Kaufman was making money through the Parents' Information Bureau. She argues that he was able to do this because only the first order of contraceptives was given out for free.³⁹ In making this argument Revie suggests that beyond wanting to control the poor, Kaufman wanted to profit off of them. The date of this article is interesting, as its recent publication shows just how influential McLaren and McLaren's work has been. Demonization of Kaufman, warranted or not, has been a tradition of some feminist writers who reject the notion that he intended to help.

This tradition is interesting when one compares it to the historical treatment of Mary Hawkins. As a middle-class reformer, she too had economic concerns. One of her most powerful arguments was that birth control would reduce reproduction of the lower classes, leading to less crime, disease, degradation of morality, and fewer social issues.

³⁹ Linda Revie, "More Than Just Boots! The Eugenic and Commercial Concerns behind A. R. Kaufman's Birth Controlling Activities," *Canadian Bulletin of Medical History* 23.1 (2006): 120.

This helped to convince other middle-class women to support her position.⁴⁰ Authors who write in favour of Hawkins argue that she used these economic based arguments purely to garner support, but these historians offer little proof of this motivation. Many seem comfortable to argue that Kaufman acted out of a desire to control the lower classes while simultaneously arguing that Hawkins' motivations were purely altruistic. It appears as though the belief that middle-class women were only involved in birth control to emancipate women is more of an interpretation than an undeniable truth. Even if Hawkins did believe in emancipation and only emancipation, those financially supporting her needed to hear the financial (and therefore somewhat eugenic) argument that it would reduce breeding in the lower classes.

In 2013 Erika Dyck complicates this narrative by historicizing eugenics programs in Canada. In her book *Facing Eugenics* Dyck explores how eugenics were understood as a science during the early twentieth century. She shows that within Canada eugenics programs were seen as nation building efforts that would modernize Canada.⁴¹ She explores what eugenics meant to different levels of society. While her focus is on the expansive Albertan eugenics program, these understandings can help illuminate the Kaufman-Hawkins debate. Dyck argues that on the left side of the political spectrum support came from reformers who believed that scientific intervention in procreation would lead to a more progressive society, and on the right conservatives saw the benefits

⁴⁰ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 157.

⁴¹ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. (University of Toronto Press, 2013), 6.

that could come from the program during the depression years.⁴² In this way, she shows how eugenic beliefs permeated various levels of society and political ideologies. In doing so she shows the multifaceted nature of this debate, making it clear that these beliefs were seen as legitimate to many reformers acting during the era. This becomes important within the context of this thesis as it shows that the medical establishment was willing to act to control birth in specific instances, when doing so would fit the goals of the nation. Their reluctance to participate to benefit individual women then shows that this refusal was less linked to morality and more socially driven.

This exploration of physician motivations is a trend which has grown within the twenty-first century. It appears as though it took social historians until this point to question whether physicians have always acted in the best interest of women in relation to contraceptive care. In her 2013 book *Body Failure: Medical Views of Women, 1900-1950* Wendy Mitchinson adds significantly to this historiography by exploring this doctor-patient relationship. Within the book she examines the justifications that physicians gave for their refusal to provide contraception. Mitchinson explores the many arguments that physicians used against providing birth control to women, including accusations by some that women wanted to prevent pregnancy to avoid pain, beliefs that women were “shirking their duty” to bear children, and the notion that because contraception was unnatural that it was inherently unhealthy.⁴³ She uses medical journals to show that these were not just beliefs held by a small number of physicians, as they

⁴² Ibid, 10.

⁴³ Wendy Mitchinson, “Controlling Fertility: Birth Control and Abortion.” In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 166-167.

were accepted enough to be published in prestigious journals. Mitchinson explores the many non-medical reasons that physicians gave for rejecting contraception to show the outside factors that effected the availability of birth control. She shows how physicians ventured into the realm of morality in providing these opinions, showing that these discussions involved claims that any form of contraceptive was damaging to the purity of intercourse and should therefore be avoided.⁴⁴ This exploration adds to the historiography as it questions the place of physicians as the figures who have historically been linked to decisions regarding contraceptives. By showing that in many ways individual doctors and the medical establishment worked against their patients she gestures to the topic of this thesis, which will explore the motivations and results of that refusal.

Exploring sterilization in a different way, Sarah Shropshire's 2014 article looks at the history of vasectomy in Canada to question previous historians' aversion to and snap judgements about the topic. In "What's a Guy to Do?: Contraceptive Responsibility, Confronting Masculinity, and the History of Vasectomy in Canada" Shropshire looks at historical conceptions of vasectomy to argue that social conceptions about the procedure have drastically changed since its inception. Vasectomy, she argues, was bogged down by forty years of negative associations with eugenics that prevented a thorough and unbiased exploration of how the procedure has been used and understood within Canada. Masculinity is interrogated in the piece as Shropshire shows that the procedure has been discussed so rarely because of Western society's aversion to putting the male body on

⁴⁴ Ibid, 180.

display.⁴⁵ Additionally, the procedure was linked to a loss of masculinity and overall health due to associations between these aspects and sperm.⁴⁶ Expanding upon Shropshire's findings on social understandings and aversion to vasectomy during the early twentieth century this thesis will explore how these understandings have affected the historiography on contraception in Canada that followed. As a key aspect of this thesis will be an analysis of Kaufman and the Parents' Information Bureau it will be important to note whether Kaufman's support for vasectomy amongst his workers and the clinic's patients led to the negative characterization of him by many historians.

Occurring alongside historical discussion of birth control have been articles and books written about the feminine hygiene industry. These works have shifted focus towards the commercialization of birth control in order to explore how private companies responded to the demand for birth control. While the feminine hygiene market has been discussed in historical writing for the past two decades, these articles have largely centered around the American context. However, there are many ways in which the American and Canadian contexts are similar. The Comstock Laws in America mirror Section 207 C of the Criminal Code in Canada, as both put restrictions on the publishing of birth control information.⁴⁷ However, in both contexts contraceptive douching solutions were freely sold under the "feminine hygiene" label despite publication bans. Canada and America both also dealt with conflict, as more traditional birth controllers

⁴⁵ Sarah Shropshire, "What's a Guy to Do?: Contraceptive Responsibility, Confronting Masculinity, and the History of Vasectomy in Canada," *Canadian Bulletin of Medical History* 31.2 (2014): 163.

⁴⁶ *Ibid*, 165.

⁴⁷ Amy Sarch, "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s," *Critical Studies in Mass Communication* 14, no. 1 (1997): 33.

who wanted birth control legitimized through organized medicine came up against the commercialization of birth control products.⁴⁸ For these reasons the works discussed here illuminate the Canadian context as well, and show the need for additional research on the Canadian experience of the feminine hygiene industry.

Andrea Tone's 1996 article, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s" began the conversation on the feminine hygiene industry. Within the article she explores the techniques used by companies in order to sell their products, with an emphasis on the use of fear.⁴⁹ Additionally, she analyses the ways in which companies attempted to convince women that purchasing feminine hygiene products was an act of emancipation.⁵⁰ In 2001 Tone expanded on her original arguments in *Devices and Desires: A History of Contraceptives in America*. Within this book her chapter on the feminine hygiene industry largely repeats her claims from "Contraceptive Consumers." The book also includes chapters on the condom industry, pessary, and the contraceptive pill in order to present a comprehensive look at decades of contraceptive access in America.

Amy Sarch continued this conversation with her 1997 article "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s" in which she explores tensions between birth controllers like Margaret Sanger and the feminine hygiene industry. She argues that Sanger's goal was the "desexing" of birth control in order to legitimize it as a

⁴⁸ Amy Sarch, "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s," *Critical Studies in Mass Communication* 14, no. 1 (1997): 37.

⁴⁹ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 488.

⁵⁰ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 487.

medical product.⁵¹ Working against them, however, was the feminine hygiene industry which used advertisements that focused on marital drama and fear in order to sell products.⁵² She argues that the desexed version won out as after the One Package Deal passed in the United States in 1937 birth control could only be advertised to the medical community, not to the public.

Kristen Hall's 2013 article "Selling Sexual Certainty? Advertising Lysol as a Contraceptive in the United States and Canada, 1919-1939" brought the conversation on the feminine hygiene industry into a Canadian context. Within this article she explores the similarities between the American and Canadian experiences of the feminine hygiene industry. She argues that in both cases advertisers shifted from scientific forms of proof towards appeals to emotion in order to sell products.⁵³ This coincided with changing ideas about marriage during these decades that saw focus being placed on "love, companionship, and the enjoyment of sex."⁵⁴ In both countries, Hall argues, women turned to the feminine hygiene industry because birth control clinics were inaccessible to the masses.⁵⁵ Hall's article largely focuses on the psychology of these advertisements, as she explores exactly how they convinced women to use their products.⁵⁶

⁵¹ Amy Sarch, "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s," *Critical Studies in Mass Communication* 14, no. 1 (1997): 32.

⁵² Amy Sarch, "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s," *Critical Studies in Mass Communication* 14, no. 1 (1997): 34.

⁵³ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 71-22.

⁵⁴ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 75.

⁵⁵ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 77.

⁵⁶ *Ibid*, 94.

Much has been accomplished in the historiographies of the medicalization of birth and of birth control. Historians have begun to consider how these processes affected individuals and have delved deeply into the motivations of physicians, governments, and figures of the birth control movement. This expansion has also meant that minority communities have been more represented. Rural and minority experiences have come to shape this historiography in ways that have both expanded upon those experiences and illuminated urban experiences by comparison. However, there are still missing pieces to this story, especially within the history of birth control. A new exploration of vasectomy in Canada needs to be done in order to evaluate the use of vasectomy as birth control in the early twentieth century, as this may help historians more accurately place key figures in the birth control movement. Additionally, studies on the impacts of these movements on individual women need to be done. More work needs to be done to fully understand the feminine hygiene industry in order to show private corporations were able to take advantage of individuals as a result of the government and medical establishment preferring to remain ignorant. This thesis will seek to close some of these gaps in knowledge by applying modern historical trends onto issues previously examined. The intention of this is to provide alternative ways of understanding issues and figures related to these movements.

Chapter One The Medical Establishment's Response to Birth Control

In late nineteenth and early twentieth century Canada reproduction was not exclusively an individual affair.¹ During this time Canadian society came to see individual health, especially of mothers and babies, as representative of the health of the nation. As such, women's reproduction became an issue of national debate about health and fitness of the nation.² Canadian women were seen to not only reproduce for their families; reproduction was tied to the strength of emerging Canada as a nation.³ This led to the state treating reproduction as a national initiative, one that the state had to become involved with in order to protect its citizens. Linked to this as well were fears of race suicide, made popular by American president Theodore Roosevelt when he accused women who refused to have children as being traitors to their country.⁴ Across the border in Canada falling birth rates exacerbated these fears. Between 1871 and 1901 the birth rate in Ontario dropped by 44%,⁵ leading policy makers, social activists, and physicians to look for ways to prevent the decline of Anglo-Saxon Canada. Anxieties about being

¹ Mariana Valverde, "When the Mother of the Race Is Free': Race, Reproduction, and Sexuality in First-Wave Feminism," In *Gender Conflicts*, ed., Franca Iacovetta and Mariana Valverde (University of Toronto Press, 2000), 4.

² Shannon Stettner and Tracy Penny Light, "The Politics of Reproductive Health History: Visible, Audible, and Consequential." *Canadian Bulletin of Medical History* 31.2 (2014): 10.

³ Cynthia R. Comacchio, "'Guarded Against Harmful Conditions': The Campaign's Setting." In *Nations Are Built of Babies: Saving Ontario's Mother's and Children 1900-1940* (Montreal & Kingston, London, Buffalo: McGill-Queen's University Press, 1993), 16.

⁴ Angus McLaren, "Birth Control and Abortion in Canada, 1870-1920," *The Canadian Historical Review* 59.3 (September 1978): 319-320.

⁵ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 18.

outbred by immigrants and French Canadians only served to put additional stress on women as reproducers of the nation.⁶

During these decades, Canada was rapidly urbanizing.⁷ The shift away from rural life and towards cities intensified worries about women and reproduction. Urban centers were seen as dangerous places, especially for women. Women's bodies were seen as particularly delicate and susceptible to the stressors and contamination of city life. As reproduction was seen as intrinsically connected to women's health, fears about their bodies led to fears about their ability to reproduce healthy children. During this era, it was believed that women were becoming increasingly fragile due to a lack of strenuous physical activity, and thus the reproductive health of the nation was called into question.⁸ Beyond questions about physical health, the increased freedom that came with city life and factory work for women intensified debates on the topic.⁹ Growing fears over single, childless women increased beliefs that city life was dangerous for women, as city life upset the traditional patterns of marriage and procreation.¹⁰ These rapidly changing social conditions in the late nineteenth and early twentieth centuries led to increased fears surrounding women's ability to propagate a healthy nation.

During this era, reproductive healthcare and delivery of infants was well within the domain of midwifery. While many differences existed in the responsibilities, duties,

⁶ Ibid, 17.

⁷ Ibid, 11.

⁸ Whitney Wood, "'The Luxurious Daughters of Artificial Life': Female 'Delicacy' and Pain in Late-Victorian Advice Literature" 79-80.

⁹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 16.

¹⁰ Angus McLaren, "Birth Control and Abortion in Canada, 1870-1920," *The Canadian Historical Review* 59.3 (September 1978): 321.

and views of midwives during the nineteenth century what was common across Canada was that births were typically attended by female practitioners. Physicians were rarely present at births; when they were it was typically due to medical complications.¹¹ During this time midwives were seen as the top of the medical hierarchy when it came to reproductive health care, sitting above other female practitioners such as nurses. While institutions to train midwives did exist in Europe and in Canada they were not necessary in order to practice midwifery at the beginning of the nineteenth century.¹² This was because at this point pregnancy and childbirth was viewed as a natural phenomenon; these processes had not yet been medicalized. Medicalization, as referred to here, is the “biomedical tendency to pathologize otherwise normal bodily processes and states.”¹³ This is the process by which natural bodily occurrences, such as pregnancy, come to be seen and treated as diseases. This leads to increased medical intervention, desires to change or adjust bodily processes, and increased medical control over the human body. Women are especially susceptible to the dangers associated with medicalization as patriarchal control over women’s bodies has occurred consistently throughout history. Male physicians, legislators, and social advocates have used women’s bodies as sites for political debates. These debates sometimes ignore the damage that changes to women’s healthcare can have on women’s health and alter the amount of power that women believe they have over their own bodies. Medicalization reduces women’s ability to make

¹¹ Judith Young, ““Monthly” Nurses, “Sick” Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91,” in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen’s University Press, 2010), 35.

¹² *Ibid*, 36.

¹³ Jessica C.A Shaw, “The Medicalization of Birth and Midwifery as Resistance,” *Health Care for Women International* 34.6 (2013): 523.

decisions related to their own health, as the hierarchical power structures present within in the medical profession claim control over women's bodies.¹⁴ Medicalization also pathologizes women's bodies by understanding processes such as pregnancy and menstruation in terms of diseases that must be cured or controlled. This leads to circumstances in which women are afraid to speak up for themselves in medical contexts, as they are conditioned to believe their voices and opinions are invalid and uninformed.

Prior to this process of medicalization of childbirth occurring in urban Ontario, birth was typically attended by neighborhood midwives who often did not gain their knowledge or experience in formal education settings. Instead they learned midwifery skills from other women who passed down what they knew through experience.¹⁵ The involvement of midwives began during labour as their knowledge did not extend very far into pregnancy.

In addition, midwives provided assistance in countless ways to ease life for new mothers. This ranged from caring for newborns, to assisting with household work, to childminding if the mother already had other young children.¹⁶ In this way midwifery was not solely medical, it involved all aspects of easing life for new mothers within the community. Despite the great amount of personal care that midwives provided, women who fit this category of the neighborhood midwife were often given gifts instead of being paid in a traditional sense.¹⁷ This further shows that this form of birth assistance did not

¹⁴ Ibid, 523.

¹⁵ Lesley Biggs, "Rethinking the History of Midwifery in Canada," in *Reconceiving Midwifery*, edited by Ivy Lynn Bourgeault et al, (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2004), 21.

¹⁶ Ibid, 21.

¹⁷ Ibid, 21.

reside solely within the realm of business. While some midwives charged for their services they were not viewed as part of the medical marketplace in the same way as nurses or physicians.

This concept changed when physicians began to become involved in childbirth in urban Ontario on a larger scale. There were a multitude of reasons which drove physicians to participate in childbirth, and the ways in which the medical establishment made this happened shaped birth as a highly medicalized event going into the twentieth century. This in turn led to the dominance of physicians in every aspect of reproductive health. This was no accident, as many of the reasons that physicians initially became involved in childbirth were linked to the advancement of the medical profession. The drive to gain clients, increase revenue, and legitimize the medical profession's involvement in reproductive care were the main catalysts for the medical establishment's decision to push out midwives.

As the medical profession is a business, the intentions of physicians can be viewed through the lens of business. Clients and money were driving forces for physicians to begin to see childbirth as a viable outlet for their medical skills. As Bourgeault argues, physicians were initially hesitant to become involved in childbirth but began to see it as a way to showcase skills, meet new families, and therefore gain clientele.¹⁸ This led to increased profits, as not only were physicians able to charge for their delivery services, but they were also able to grow client lists. Beyond this, physicians were also able to charge much more for their services than competing

¹⁸ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 44.

midwives. Physicians in Ontario during this era were known to charge five dollars per delivery. This was more than the two dollars that midwives who operated within the medical marketplace charged, and much more than midwives in communities who charged nothing for their services.¹⁹ This made childbirth significantly more expensive for families while greatly increasing earning potential for physicians.

The specific tactics that physicians and the medical establishment used in order to cement their place in childbirth make it even more apparent that this was not solely done for the benefit of patients. Popular beliefs at the time about urban women were used against them in order to reduce women's confidence in their body's ability to give birth. This led to an increased reliance on physicians, as their claims about reducing pain became convincing. Women who had been taught that their bodies simply could not go through birth alone were socialized through advice literature and medical opinion into turning to medical interventions such as anesthesia in order to quell these fears.

The concept of urban women in Canada being unable to deal with pain was one that grew from fears of urbanization. As women's bodies and reproductive health have historically been used to represent the health of the nation it makes sense that they would be the sites of concentration for anxieties about the changing Canadian landscape and way of life. This, combined with the delicate nature that women were already believed to possess, led to physicians professing the dangers associated with childbirth. These fears came out in advice literature published during the late nineteenth and early twentieth

¹⁹ Judith Young, "'Monthly' Nurses, 'Sick' Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 37.

centuries. Dr. Ira Warren's claim that "women are subject to a class of distressing complaints peculiar to themselves... involving considerations of a delicate nature" represents this fear, as women were the site of national obsession with health and lifestyle.²⁰ The article, published in an 1884 edition of *Warren's Household Physician*, shows the active involvement of physicians in debates surrounding women and pain. It also shows that it was understandable for the public to accept these claims, as they were medical opinions published by physicians. Advice literature was wildly popular during the era, as women without direct access to physicians still wished to apply modern scientific principles to their lifestyles.²¹ This literature emphasized pain in new terms, as while pain and suffering was previously seen as honourable, they came to be constructed as an evil to be avoided at any cost. Women were told their lifestyles were leading to this increased pain, as urban women were thought to live without physical stressors provided by rural life. In 1909 Dr. Thomas Ponton, a physician from Manitoba, argued that life of the prairies strengthened women "and consequently made childbirth easier."²² Pain, a bodily occurrence previously thought to be natural and inevitable, was constructed through this advice literature as unnatural and something that delicate Victorian women in Canada were to avoid at all costs.²³

In order to avoid this pain without changing their entire lifestyles, middle-class women were encouraged to turn towards modern medical advancements in order to

²⁰ Whitney Wood, "'The Luxurious Daughters of Artificial Life': Female 'Delicacy' and Pain in Late-Victorian Advice Literature," *Canadian Bulletin of Medical History* 31.2 (2014): 78.

²¹ *Ibid*, 75.

²² *Ibid*, 80.

²³ *Ibid*, 74.

protect themselves and their infants during childbirth. The popularization of anesthesia during childbirth occurred during the late nineteenth century.²⁴ It was depicted as a way to save delicate urban women from the unnatural pain of childbirth. As the only ones in Ontario able to administer anesthesia physicians, therefore, gained a distinct advantage to midwives. Through anesthesia the medical establishment was able to reinforce the claim that physicians were the safest option for childbirth, as medical advancements and pain-reduction were solely in their domain.²⁵

Additional scientific advancements also shifted the medical hierarchy away from midwives and towards physicians. The use of forceps and caesarian sections became more common during this era, and just like anesthesia, they were procedures and tools entrusted only to physicians.²⁶ This linked doctors to scientific birth, and by comparison reduced respectability of midwives. Fears about maternal and infant mortality rates during the era led the public to trusting these advancements as ways to protect mothers and babies.²⁷ While debate exists over whether or not the medical establishment

²⁴ Judith Young, ““Monthly” Nurses, “Sick” Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91,” in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford (Montreal & Kingston, London, Ithaca: McGill-Queen’s University Press, 2010), 40.

²⁵ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 31.

²⁶ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 31.

²⁷ Cynthia R. Comacchio, “‘Guarded Against Harmful Conditions’: The Campaign’s Setting.” In *Nations Are Built of Babies: Saving Ontario’s Mother’s and Children 1900-1940* (Montreal & Kingston, London, Buffalo: McGill-Queen’s University Press, 1993), 3.

intentionally medicalized birth in order to legitimize their place in delivery rooms,²⁸ what is clear is that this was the end result. This created an environment in which midwives could not compete, due to their inability to participate in these medical advancements.²⁹ Knowledge passed down between midwives was no longer considered safe or legitimate enough for birth in urban Ontario.

While the lower classes may have wanted to participate in these new scientific birthing practices, initially physician-attended births were only open to middle- and upper-class women due to geographic and financial constraints. Middle-class Canadian women initially turned to physician-attended births as a way to show prestige. The medical interventions used in those births suggested a level of luxury that was unattainable for many. The medical establishment went so far as to point out the Queen's use of a physician in childbirth in order to align their practices with respectability of the upper-classes.³⁰ Shaming of unscientific methods occurred as well, showing deliberate attempts by the medical profession to delegitimize other practitioners. In 1875 a letter published in *The Globe* by a "County Practitioner" accused midwives of only practicing their profession in order to have something to gossip about.³¹ This suggestion of ulterior

²⁸ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 50-51.

²⁹ Judith Young, "'Monthly' Nurses, 'Sick' Nurses, and Midwives: Working-Class Caregivers in Toronto, 1830-91," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 40.

³⁰ Lesley C. Biggs, "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 25.

³¹ Lesley C. Biggs, "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices*

motive shows that there did exist, in the minds of individual physicians, beliefs that midwives were not legitimate practitioners.

In order to solidify their place in the reproductive healthcare hierarchy medical establishment turned to the government as early as 1795 to lobby for professional dominance. Between 1795 and 1806 a law was put in place in Upper Canada making it illegal to practice medicine without a license. The law made no distinction between midwives and those practitioners viewed by the medical establishment as illegitimately representing themselves as physicians, which resulted in a two-decade span during which midwifery was illegal in Upper Canada. While the law was passed it was never truly enforced as the lack of physicians in rural Ontario made the call for a physician at each birth impossible to fulfill.³² While the law was amended in 1806 to allow midwives to practice, their legality was questioned and negotiated in the decades following. These years saw attempts to impose examinations and licensing onto practicing midwives. One such law was passed in 1865 which removed the exemptions previously in place that allowed midwives to practice without licences. This resulted in the practices of midwives being illegal in Ontario for a period.³³ During this era midwifery existed in an in-between state, as it was not technically illegal and yet it was not formally recognized under the

in the 19th and 20th Centuries, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 25.

³² Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 44.

³³ Lesley C. Biggs, "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 21-22.

law.³⁴ Canada's rural landscape at the time made full regulation and adherence to strict laws essentially impossible during this era, especially in rural areas which had very limited access to trained physicians. This shows that while the law may appear to have been protecting women it was in reality only protecting the professional interests of urban physicians during the era. This pressure for professionalization intensified with the 1869 act that established the College of Physicians and Surgeons. The College became responsible for all medical licensing and standards.³⁵ The College soon took to rooting out those practitioners that they deemed to be medical quacks in 1874 by appointing Ontario a public prosecutor.³⁶ While the College had the opportunity to recognize midwives at the creation of this law, their refusal to do so again forced midwives to operate in a state of legal limbo. Bourgeault argues that while this did not legislate midwifery away it may have frightened off would-be practitioners, thus reducing competition for physicians.³⁷ The goal was to allow physicians dominance over the market in order to protect patients and the medical profession. The argument was made that because physicians spent so much money on their education that their earning potential should be protected through legislation.³⁸ During the era some midwives were

³⁴ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 44.

³⁵ Lesley C. Biggs, "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 23.

³⁶ *Ibid*, 24.

³⁷ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 45.

³⁸ Lesley C. Biggs, "'The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices*

targeted with threatening letters from physicians that accused them of being ignorant and dangerous for patients.³⁹ Nurses also supported the forced licencing and regulation of midwives, as the emerging nursing profession did not want to be put at a disadvantage.⁴⁰ Nurses and physicians joined together in order to protect their respective professions from the lax regulations that midwives enjoyed prior to the 1870s. This banding together of nurses and physicians as legitimate practitioners opposed to midwives further positioned these women as unfit for modern medical practice.

The decades that followed saw a lively debate between those who favoured the safety of modern science and regulated physicians versus those who were uncomfortable with the large monopoly that physicians had over all medicine. The College lobbied the government, using claims of scientific progress and safety in order to limit the ability of midwives to practice within the province. Suggestions that midwives be regulated and licensed rather than pushed out completely were not listened to, as the 1895 Haycock Bill which would have certified midwives to work within Ontario, was defeated.⁴¹ The College instead promoted physician-attended birth as the only safe modern option.

There were segments of the population who opposed physician-attended births. Often, this was based on arguments of modesty and comfort for women in labour. The idea of having a male physician in the delivery room was rejected by some who argued

in the 19th and 20th Centuries, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 24.

³⁹ Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 46.

⁴⁰ *Ibid*, 47.

⁴¹ Gwenith Siobhan Cross, "A midwife at every confinement- Midwifery and medicalized childbirth in Ontario and Britain, 1920-1950," *Canadian Bulletin of Medical History* 31.2 (Winter 2014): 140.

that women would much prefer to deal with other women during the stressful experience of childbirth. Some argued that women were unlikely to be honest with male physicians, leading to potential complications during labour.⁴² These arguments show that the loss of a woman's power in the delivery room was a fear foreshadowed in the early days of the decline of midwifery. Advocates noticed the possibility of danger in the shifted power hierarchy that occurred when medical men participated in delivery. This combination of factors resulted in the decline of midwifery in urban areas of Ontario. Areas that had access to physicians were encouraged to opt for physician attended birth, as it was assumed to be the safest and least painful choice for mothers and their infants.

Gwenith Siobhan Cross' comparison of British and Canadian midwifery between 1920 and 1950 shows the limitations and pressures that existed in Ontario which led to physician dominance of birth did not necessarily occur in other spaces. Cross explores the practitioner autonomy that midwives enjoyed in Britain to show how this allowed midwives to practice for many years and to engage in medical advancements. For example, midwives in Britain were often made responsible for the administering of anaesthesia, allowing them more ways to care for their patients and maintain a competitive edge against physicians. In 1902 the *Midwives Act* gave midwives practicing in England and Wales professional status, legitimizing their practice in the medical field. The profession was held accountable to the Central Midwives' Board, a body designed to foster improved professional relationships with physicians. All of this

⁴² Lesley C. Biggs, "The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andrée Lévesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 24-25.

resulted in an environment in Britain in which midwives were often preferred to physicians.⁴³

In Ontario, however, the opposite process occurred. In 1895 the Haycock Bill, which would have allowed midwives to practice in the province, was defeated. Following this organizations within the province discouraged the use of midwives. Advice literature only encouraged women to seek midwives when physician were unavailable, and physicians and politicians argued to the public that physician-attended births would lead to more safe births. Nurses in the province were encouraged to support physician dominance, as they were instructed by the Victorian Order of Nurses to not participate in births when physicians were available. Cross concludes this study by arguing that countries who encouraged midwifery more than in Ontario had better outcomes in terms of maternal mortality.⁴⁴ With this hindsight it becomes clear that the conditions in Ontario, designed by the government and physicians, that were intended to help mothers and babies may have been more harmful than good. While physicians may have been well intentioned in their desires to medically manage birth in order to create a safer environment, the ways that this was done resulted in gaps being created that midwives previously filled. This shows the importance of professional autonomy, as midwives who are trusted by fellow medical practitioners and governments were in turn trusted by the women they were serving.

⁴³ Gwenith Siobhan Cross, "A midwife at every confinement- Midwifery and medicalized childbirth in Ontario and Britain, 1920-1950," *Canadian Bulletin of Medical History* 31.2 (Winter 2014): 143.

⁴⁴ *Ibid*, 151.

While much of the focus here has been on urban Ontario, it is important to note that this process did not occur in the same way or to the same degree in all other areas of Canada. Rural areas of the country had far less access to physicians. As a result, midwifery existed in those spaces for much longer. The social structures present in these rural areas also had an effect on the way midwifery was practiced and understood. In some areas, rather than taking the form of an occupation, midwifery was seen as one's community responsibility. This reshapes the original construction of the "neighbourhood midwife" depicted by Lesley Biggs in her 1990 article "The Case of the Missing Midwives." This concept of a group of women who helped others during childbirth and who sometimes included individuals with more formal training, was common in Ontario between 1830 and 1880, but is not a term that can accurately be applied everywhere.⁴⁵

In some rural places the neighbourhood midwife did exist. On Canada's prairies midwifery was practiced by women who had gained degrees of medical knowledge in their home countries of Russia or Germany before coming to Canada. These skills were then passed down through the generations once families settled in Canada.⁴⁶ Settlement patterns of Mennonite communities in Manitoba, Saskatchewan, and British Columbia meant that women had close access to one another. As such, women would practice midwifery for members of their community. In addition, these women often had training in areas such as bone setting, and would therefore perform these tasks typically reserved

⁴⁵ Lesley Biggs, "Rethinking the History of Midwifery in Canada," in *Reconceiving Midwifery*, edited by Ivy Lynn Bourgeault et al. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2004), 37.

⁴⁶ Marlene Epp, "Catching Babies and Delivering the Dead: Midwives and Undertaker's in Mennonite Settlement Communities," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 67.

for physicians.⁴⁷ The rural nature of prairie life made this possible and necessary, as it would not have been feasible to wait for a physician for each birth. In this way seclusion allowed these women increased autonomy, in that they were able to practice freely without pressure from the medical community.

Similarly, geography and seclusion pushed off the decline of female-assisted birthing practices in many of Canada's Aboriginal communities. Aboriginal communities in some areas were able to continue traditional birthing practices for much longer as it was not feasible for physicians to attend births in less populous areas. In some areas of Canada this took until as late as the 1950s and was the result of a desire to fix an already broken system.⁴⁸ For example, in 1958 the Canadian government noted that the Inuit infant mortality rate was the highest in the country. The government chose to dispatch physicians to the areas as a means of improving outcomes rather than examine how poverty and social conditions resulted in higher rates of infant mortality. While this process occurred much later than in other areas of Canada, the government and medical establishment's tendency to turn towards the use of medical science as the only means of improving infant and maternal mortality rates remains similar throughout the nation. In urban areas of the country this occurred near the beginning of the twentieth century, as physicians and governments recognized the role that poverty may play in infant mortality. Instead of focusing on improving social and economic conditions they chose to focus

⁴⁷ Marlene Epp, "Catching Babies and Delivering the Dead: Midwives and Undertaker's in Mennonite Settlement Communities," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherdale (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010), 68-69.

⁴⁸ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 525.

their efforts on increasing medical intervention and presence in birth.⁴⁹ Reasons for this may be the relative ease of increasing physician-attended births in comparison to reducing poverty and improving social conditions across the nation.

Going beyond simply introducing physicians into these communities, the second half of the twentieth century saw women forcibly removed from their communities.⁵⁰ In the 1970s and 1980s women in remote Aboriginal communities were evacuated to urban areas to give birth, even when they had already successfully given birth in their own communities.⁵¹ This forced separation of women from their communities shows both how strongly the government desired to improve infant mortality rates, as well as their trust in the methods they employed. While the intention of these forced physician attended-births was to improve outcomes, the result was that Inuit women now lacked choice in birthing practice. This removal of traditional knowledge led to a lack of women's confidence in their ability to give birth naturally. This colonization of birth made Inuit women dependent on the government in ways that they were not before.

Communities in Newfoundland and Labrador are also notable in this discussion for the enduring presence of midwifery long after many other areas turned to physicians. Unlike as in Canada, midwifery in Newfoundland was made legal in 1931 and remained legal until 1970 due to the rural and isolated nature of the province. As such, midwives

⁴⁹ Cynthia R. Comacchio, "'Guarded Against Harmful Conditions': The Campaign's Setting." In *Nations Are Built of Babies: Saving Ontario's Mother's and Children 1900-1940* (Montreal & Kingston, London, Buffalo: McGill-Queen's University Press, 1993), 38.

⁵⁰ Lesley Biggs, "Rethinking the History of Midwifery in Canada," in *Reconceiving Midwifery*, edited by Ivy Lynn Bourgeault et al, (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2004), 33.

⁵¹ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 526.

worked in cottage hospitals and participated in formal training between the 1930s to 1960s.⁵² This training and seclusion allowed for increased professional autonomy, a trend seen in other areas in which female practitioners were not under close watch by physicians.

Similarly, areas of rural Ontario relied on female practitioners for assistance in birth well into the twentieth century. Nurses working across rural Ontario in Red Cross Outposts between the 1920s and 1980s were often the only access that a rural community had to medical care. As such, women working as nurses in these nursing stations often acted alone, making medical decisions and treating a variety of ailments.⁵³ Due to the general lack of support for midwifery in Ontario these women were often not formally trained in delivering babies and instead had to learn these skills on their job. As Jayne Elliot's study of these nurses found, their distance from physicians led to increased professional autonomy. They were able to make medical decisions for their patients. The cost of their services was also much more accessible than that of a physician, as they charged approximately \$5 per birth in cases when a physician would charge \$25.⁵⁴

While the decline of midwifery in Canada followed different paths depending on geography, it is valuable to note the trends common to this decline. In most areas of the country, where there was an inadequate number of physicians, midwifery was able to

⁵² Ivy Lynn Bourgeault, "The Rise and Fall of Midwifery in Ontario." In *Push: The Struggle for Midwifery in Ontario*. (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2006), 52.

⁵³ Jayne Elliot, "A Negotiated Process: Outpost Nursing Under the Red Cross in Ontario, 1922-84" in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, edited by Myra Rutherford (Montreal & Kingston, London, Ithaca: McGill-Queen's University Press, 2010): 251.

⁵⁴ *Ibid*, 261.

flourish and, indeed, encouraged to do so. As urban areas had more access to physicians, their reliance on midwives declined more quickly. However, even in rural areas with established birthing traditions and practices, physician entrance into the realm of childbirth reduced the preference for midwifery. A combination of factors was involved, including pressures by the governments and medical establishment that pushed physician-attended births, advice literature that created a degree of fear about midwifery, and a reluctance on the government's part to address larger social issues in order to reduce infant mortality rates. Additionally, the absence of physicians in these communities led to an increased professional autonomy of midwives. As such, midwives and nurses who practiced midwifery were more respected and trusted in communities that lacked direct access to physicians. As physicians working in reproductive care came to be more common and accessible they came to be seen as the most respectable holders of knowledge in this field. A degree of standardization followed, as physicians working within the Ontario College of Physicians and Surgeons came to be the sole access point of reproductive knowledge. As will be discussed, this will have a powerful impact on the early birth control debates in Ontario. Reliance on physician knowledge and approval shaped access, debates, and the medical care that women received.

Feminist historians have come to analyse the negatives that came with the trend towards physician-attended births in Canada. Jessica Shaw points to the lack of autonomy that women giving birth came to have within this new system, particularly Aboriginal women. She repeats the argument that this lack of choice and freedom in giving birth is

significant, as medicalization has historically been used to control women's bodies.⁵⁵ The hierarchy inherent within hospitals feeds into this process, as physicians hold all of the power within this system. Women are not encouraged to question or understand the medical decisions made for them because the hierarchical organization of hospitals, the patient-physician relationship, and social reverence towards doctors conditions patients to place absolute trust in physicians. This new male presence during birth also changed dynamics, as the companionship of women was replaced by yet another barrier between patient and carer.⁵⁶ The existing insistence on efficiency in hospital births meant a turn towards increased use of medical tools that sped up birth, turning birth from a natural process into a medicalized one.⁵⁷ Additionally, as doctors required higher payment than midwives who charged for their services, this change shifted birth into a more commercial relationship.⁵⁸ Shaw also argues that this process meant that midwifery knowledge was "forcibly lost," meaning that a turn back to this system and towards community self-reliance in birth would be difficult.⁵⁹ This removal of agency and ability from communities and women meant increased reliance on physicians and medicine that has only in recent years been questioned by the re-emergence of midwifery.⁶⁰

⁵⁵ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 523.

⁵⁶ Whitney Wood, "'The Luxurious Daughters of Artificial Life': Female 'Delicacy' and Pain in Late-Victorian Advice Literature," *Canadian Bulletin of Medical History* 31.2 (2014): 77.

⁵⁷ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 525.

⁵⁸ Whitney Wood, "'The Luxurious Daughters of Artificial Life': Female 'Delicacy' and Pain in Late-Victorian Advice Literature," *Canadian Bulletin of Medical History* 31.2 (2014): 77.

⁵⁹ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 525.

⁶⁰ *Ibid*, 529.

This discussion is included here to illuminate the similarities between the rise of physician-attended births and early birth control debates in the 1920's and 1930's. In both situations, the entrance of physicians into the medical discussions of reproductive care led to the decline of female autonomy and voice. Women in both situations were expected to submit to the hierarchical system in place without question. This removal of choice from reproductive decisions led to women losing power over their own bodies. In both of these instances the government and medical establishment worked together, relying on the power structures of each institution to enforce decisions made. Socio-economic conditions in both cases were considered only after medical choices. The mirrored nature of these two stories shows patterns of power that exist within the medical establishment in the way that they implement their choices and exert power. Patient choice consistently comes second to what the physician deems as what is best for the patient.

This shift towards physician-attended birth also worked to create a context in which physicians came to be seen as the only one's knowledgeable and trained enough to make reproductive healthcare decisions. This consolidation of power and knowledge created a situation in which physicians were looked to as the holders of knowledge during the birth control debates. As will be seen, while medical decisions were of course involved in birth control debates they centered much more on morality. This, in effect, made physicians the ones in charge of making moral decisions for the nation. The esteem with which physicians were viewed meant that this seemed, to many, to be the natural course of action.

Many factors contributed to the contentious birth control debates during the 1920s and 1930s. Economic conditions and social fears during the era had particular influence

over these conversations. The birth rate in Canada was declining for many years prior, with the birth rate in Ontario dropping 44% in the thirty-year period between 1871 and 1901.⁶¹ As a result, fears grew in white British-descended groups within the country that their birth rates would be outpaced by immigrants, leading to a shifting racial-makeup within Canada.⁶² While birth control was not openly discussed during these years, many historians view the declining Canadian birth rate, which dropped until 1940, as proof that methods of birth control were being used within the country during these years.⁶³ These methods most likely included withdrawal, rhythm method, condoms and/or douching. Many of these methods could be used without physician guidance or approval, which is why they were able to flourish during these years that saw a strict ban on publishing contraception related materials.

The Canadian law prohibiting publications discussing contraception was inspired by the stricter Comstock Laws, put in place in America in 1873 after a lobbying effort by purity movement activist Anthony Comstock.⁶⁴ These American laws did not make contraceptive products themselves illegal, but instead prohibited mailing any material deemed “offensive” through the US Postal Service.⁶⁵ These laws lumped all things considered “obscene” into a single category. These laws greatly inspired the Canadian

⁶¹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 18.

⁶² Ibid, 16.

⁶³ Wendy Mitchinson, “Controlling Fertility: Birth Control and Abortion.” In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 161 and Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 26-27.

⁶⁴ Aharon W. Zorea, *Birth Control* (Santa Barbara: Greenwood, 2012), 35.

⁶⁵ Ibid, 37.

law, beginning in 1892 with Section 179 C of the Criminal Code of Canada, which was updated in 1900 and came to be known as Section 207 C.⁶⁶ The law, titled “Publishing Obscene Matter” stated that: “Every one is guilty of an indictable offence and subject to two years’ imprisonment who knowingly, without lawful justification or excuse—... (c) offers to sell, advertises, publishes an advertisement of, or has for sale disposal any means or instructions or any medicine, drug or article intended or represented as a means of preventing conception or of causing abortion or miscarriage; or advertises or publishes an advertisement of any means, instructions, medicine, drug or article for restoring sexual virility or curing venereal disease or diseases of the generative organs.”⁶⁷ The law effectively associated birth control, abortion, and venereal disease into one category labelled “obscene.” However, the second part of the law went on to state that “No one shall be convicted of any offence in this section mentioned if he proves that the public good was served by the acts alleged to have been done, and that there was no excess in the acts alleged beyond what the public good required.”⁶⁸

Essential for the birth control debates to follow was this “public good clause.” This clause opened the law to debate, as opponents could make the social and legal argument that their birth controlling activities were in the interest of the public good. This was due to the variance between contemporaries in how they defined this term. Each side

⁶⁶ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 19.

⁶⁷ Section 207 Dominion Criminal Code, 172 Parents’ Information Bureau Box 2 Series 3 File 20, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁶⁸ Section 207 Dominion Criminal Code, 172 Parents’ Information Bureau Box 2 Series 3 File 20, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

defined “the public good” and who was able to work in the public good in their own terms in order to prove the legitimacy and legality of their position. For example, in the 1936 Dorothea Palmer Case, Crown Attorney Raoul Mercier argued that the clause was put in place as a means to protect physicians who found it medically necessary to prescribe contraception.⁶⁹ The defence in the same case argued the opposite, that the woman making these products available, social worker Dorothea Palmer, was serving the public good by helping reduce birth rates in an already economically depressed community.⁷⁰ The contestation and interpretation of this law will be central to this thesis, as the ways in which various groups used the law to their benefit show the ulterior motives that they each had at work.

Despite the degree of protection afforded to physicians through the public good clause the medical establishment at large was resistant to the birth control movement. Historian insights and primary source material help to reveal that the reasons for this resistance were not necessarily based on the fact that individual physicians did not view birth control as a benefit to society, but rather that physicians and the medical establishment distanced themselves from birth control to legitimize their profession and to assert a level of paternalistic control over the reproductive choices made by women. An analysis of these reasons helps to reveal that physicians were one of the major barriers to women’s access to birth control, which in effect meant that women were forced to make dangerous medical choices for themselves. This included carrying out large

⁶⁹ “Calls Defence ‘Onslaught’ on Church ‘Smoke Screen,’” *Toronto Daily Star*, Feb 11, 1937.

⁷⁰ “Birth-Control Case is Finished,” *The Globe and Mail*, Feb 12, 1937.

numbers of pregnancies, turning to private birth control clinics, and utilizing dangerous materials sold as contraceptives.

One of the major reasons that the medical establishment refused to participate in the birth control conversation during these years was due to a paternalistic desire to control women. As the vast majority of physicians were male, there existed a disconnect between their understandings of their female patient's needs as well as their distrust and fear of women. Some of this distrust stemmed from the fact these issues were occurring during the same years when physicians feared being made accomplices in illegal abortions by female patients.⁷¹ One reason which physicians gave for their refusal to provide birth control was that it would lead to nervous symptoms in men.⁷² The use of contraceptive instruments and withdrawal method was seen as disrupting the natural act of intercourse in such a way as to increase stress and reduce pleasure for men. As a result, birth control was seen as an unnatural addition into sexual life. The crux of this argument lies in the balance of needs between women and men. Physicians at large acknowledged that too many pregnancies could have devastating effects on women's health, in terms of increased maternal and infant mortality rates.⁷³ Despite this, male pleasure and mental health was still weighed above the physical and mental health of women. Women were expected to suffer the consequences of pregnancy so as to not disrupt their husbands.

⁷¹ Angus McLaren, "Birth Control and Abortion in Canada, 1870-1920," *The Canadian Historical Review* 59.3 (September 1978): 333.

⁷² Wendy Mitchinson, "Controlling Fertility: Birth Control and Abortion." In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 180.

⁷³ McIlwraith KC. "Obstetrics and the State." *Canadian Medical Association Journal*. 10.4 (April 1920):305-313.

This refusal to help women who sought out access to contraceptives was viewed positively by the medical establishment during the era. Dr. W.L. Hutton, Brantford Medical Officer of Health, claimed in 1931 that while he supported the opening of a clinic in Brantford that most women who sought assistance would be turned away. He argued that contraceptives should only be given in cases when a woman's health was a risk or when she may pass mental deficiency on to her child.⁷⁴ Hutton's proud statement of these restrictions is revealing as to the ways in which the medical establishment viewed women who sought out birth control. Only those whose health was directly threatened were seen as worthy, and others were looked upon with suspicion. Hutton argued that women should not seek contraceptives, but instead "Persons who get this information should be chosen for public health reasons by the medical officer of health, because he knows the ones to whom it applies."⁷⁵ This argument shows that the medical establishment did not view birth control as a woman's choice, but rather as something that should be imposed on her by medical men who know what is in her best interest. This disconnect between how women saw contraceptives and how the medical establishment viewed them is stark, and reveals the strength of paternalism within medicine.

In many ways physicians and the medical establishment came to view women with suspicion, especially as fears of abortion prosecution rose. Fears about the reasons for abortion centered on a lack of trust towards female patients. As Wendy Mitchinson

⁷⁴ "Will Keep Within the Law on Birth Control MOH," *Toronto Daily Star*, Dec 15, 1931.

⁷⁵ "Will Keep Within the Law on Birth Control MOH," *Toronto Daily Star*, Dec 15, 1931.

points out, physicians often believed that women would seek abortion for “frivolous reasons.”⁷⁶ Women were not seen as having the mental capacity or personal morality to make the important decision of abortion for themselves. Rather, physicians needed to step in to prevent them from damaging the country by refusing to have children. Beyond this, physicians also feared that they would become accomplices to women who sought illegal abortions.⁷⁷ They feared legal prosecution that could come with being found to help a woman abort. This possibility of prosecution in abortion, and the shaky understanding of the public good clause that caused a similar fear, led to a distrust towards patients who sought birth control. This led to physician refusal to step in and protect female patients, as these instances show that a great deal of focus was placed on protection of the physician before treating the patient. As birth control was still on shaky grounds in society this allowed physicians to refuse to become involved in this conversation.

This hesitance was noted by individuals debating birth control during these years, as made clear during the Dorothea Palmer trial in 1937. Palmer, a 29-year-old social worker employed by the Parents’ Information Bureau, was arrested September 15th 1937 in Eastview, Ontario for violating Section 207C of the Criminal Code.⁷⁸ Her activities, which included going door-to-door with pamphlets and contraceptive samples in the economically depressed neighbourhood, came to be central to the birth control debate. During the trial advocates and opponents to the birth control movement from priests, to

⁷⁶ Wendy Mitchinson, “Controlling Fertility: Birth Control and Abortion.” In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 184.

⁷⁷ Angus McLaren, “Birth Control and Abortion in Canada, 1870-1920,” *The Canadian Historical Review* 59.3 (September 1978): 333.

⁷⁸ “Birth Control Case Dismissed,” *The Globe and Mail*, Mar 18, 1937.

doctors, to labour unionists were called to testify and share their professional opinions on the legality of birth control.⁷⁹ In the end the case was dismissed, with Magistrate Lester Clayton agreeing with the defence that Palmer met the public good clause, as she sought to reduce births in a neighbourhood where one quarter of the residents were on government relief, and she was found to not perform these tasks “in excess”.⁸⁰

During the trial, debates surrounding the role of physicians in birth control were called into question by the defense. A.R. Kaufman, founder of the Parents’ Information Bureau, argued that while medical control over birth control would be desirable, it was not feasible to make the public wait until the medical establishment decided they were ready to support it. In a letter to the editor of the *Toronto Daily Star* in February 1938, Kaufman argued that by refusing to recognize effective forms of contraceptives that Toronto Board of Health was “merely a party to the continuation of the worst form of birth control, namely abortion.”⁸¹ He argued that physicians needed to recognize and provide legitimate methods of birth control, as contraceptives were available to all who could afford them, at “drug stores, gas stations, beauty parlors, barber shops, pool rooms.” This argument shows that it was widely understood that contraceptives were available, but that many in the public were still waiting for physician approval in order to understand which methods were safe and effective. Therefore, by refusing to participate in this conversation or recognize any methods of birth control which were effective, the medical establishment was turning a blind eye to the issue and allowing ineffective and dangerous methods of contraception to flourish.

⁷⁹ "Rabbi, Pastors, Doctor Defend Birth Control," *The Globe*, Nov 06, 1936.

⁸⁰ "Birth Control Case Dismissed," *The Globe and Mail*, Mar 18, 1937.

⁸¹ "Voice of the People: Birth Control," *Toronto Daily Star*, Feb 26, 1938.

During the trial Palmer's lawyer used a similar argument, namely that as a social-service worker her birth controlling activities fit the description of the public good. Mr. Wegenast argued that the lack of clear definition of "public good" meant that his client should be exempt from prosecution under section 207 C of the Criminal Code. Wegenast argued against the belief that only physicians should be able to provide birth control, as nothing in the wording of the law pointed to this conclusion.⁸² Reverend C.E. Silcox, a prominent pastor, made a similar argument in a letter he wrote to the *Toronto Daily Star*, published February 19, 1938. He stated that he disagreed with statements by Dr. Gordon P. Jackson, the Toronto Medical Officer of Health during the trial on the availability of birth control through physicians.⁸³ The Medical Officer of Health claimed that physicians were willing to provide contraceptives to those who needed them. Silcox countered this point, saying that "those of us who are promoting the birth control movement know that throughout the province doctors are refusing to give this information," citing letters that he received from individuals who were refused contraceptives by their physicians. This disagreement between the medical establishment and those fighting for birth control encapsulates this issue. While the medical establishment may have thought that contraceptives were made available in necessary cases, those fighting for birth control access noted that the individuals who went to them were unable to procure contraceptives through these avenues. Barriers of cost, access, and the whims of physicians were not well understood by Medical Officers of Health across the province.

⁸² "Defense Sees No Barrier to Birth Control Advice," *Toronto Daily Star*, Feb 08, 1937.

⁸³ "Pastor Says M.O.H. Erred in Birth Control Stand," *Toronto Daily Star*, Feb 19, 1938.

What these arguments show is that the lack of approval or discussion by the medical establishment surrounding birth control led other individuals and organizations to step in to fill this gap. Medical silence did not make birth control go away, it simply left it unregulated and opened the door to situations in which women could be taken advantage of. Therefore, the resistance of physicians to step in during these debates created dangerous possibilities for those seeking to prevent pregnancy.

Despite these tensions between the public and the medical establishment, some individual physicians did make their support for contraceptives widely known. Dr. Elizabeth Bagshaw and Dr. Margaret Batt were two such physicians. These women made safe contraceptive access their work, speaking publically about their medical support for the use of birth control.

Dr. Elizabeth Bagshaw worked for the Hamilton Birth Control Clinic in the 1930's. Working as one of Hamilton's only female physicians, she provided contraceptive products such as jellies, condoms, diaphragms to patients who were expected to pay only what they could afford, and only if they could afford.⁸⁴ Dr. Margaret Batt, physician at the Toronto Birth Control Clinic, was an outspoken supporter of contraceptive access. During the Palmer trial she testified that in her medical opinion the means of birth control provided by Miss Palmer were entirely harmless.⁸⁵ When asked about the possible damage of birth control she replied, "experience showed use of contraceptives did not cause sterility," there was no risk of cancer, and that most

⁸⁴ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 153.

⁸⁵ "Rabbi, Pastors, Doctor Defend Birth Control," *The Globe*, Nov 06, 1936.

physicians agreed that children should be spaced approximately two years apart to ensure the best health outcomes.⁸⁶ When asked about whether giving birth control to unmarried women was acceptable she replied that “The woman should have the final say about whether she should have a child.”

The public support that these female physicians gave to the birth control movement helps validate the argument that one reason for physician apprehension towards birth control lay in a paternalistic understanding of women. Fear and a desire to protect women that was so prominent in the medical establishment seems to be absent in these female doctors. While it is true that many male physicians also supported contraception, these women physicians act as a means to compare and analyse how the male-dominated medical profession understood women during the era.

The medical establishment’s resistance to accepting birth control did not exist in a bubble; it was influenced by debates within other societal institutions. Religious organizations were central to this, as strong religious opposition to birth control may have impacted the speed at which the medical establishment accepted it. This is perhaps a large reason as to why the medical establishment chose to remain silent, as siding with one religious group over another many have exacerbated conflict and directed resentment towards the medical establishment itself.

During the decades of these debates strong opposition arose from a variety of Christian sects on the morality of birth control. Unlike the relatively silent medical establishment, religious institutions were vocal in their support or rejection of the

⁸⁶ "Birth Control is Allowed by Talmud, Rabbi Reveals," *Toronto Daily Star*, Nov 05, 1936.

movement. This influenced social understandings of birth control and increased tensions. While some Christian sects supported the adoption of birth control, many turned away from it due to negative connotations and fears of immorality. The Roman Catholic Church was strong in its opposition, voicing concern over the effect that contraception might have on married families. The Pope's 1931 encyclical rejected contraception by arguing that "regeneration is the principal aim of marriage."⁸⁷ These debates were published in widely read newspapers during the time, making this religious argument accessible and known to those outside Catholicism as well. Dodd's analysis of the Church's rejection of contraceptives points to male anxieties as the root of this rejection. She argues that the Church rejected contraceptives due to the possibility that birth control might undermine male power. This was because contraception allowed women excess free time and therefore threatened male domination of social spheres.⁸⁸ This argument helps to reveal the links between religious arguments against contraceptives and social conditions during the era. Women without children were looked upon with suspicion, as they had time and energy to devote to pursuits outside of mothering. This kind of religious paternalism is made clear through discussion of Catholic women and contraceptives. When dismissing the Palmer case Magistrate Lester Clayton argued that Palmer had not broken the law as her activities were in the public good, but that her decision to provide this information to Catholic women was "reprehensible" as it was

⁸⁷ "Every Modern Trend in Marriage Condemned by Vatican," *Toronto Daily Star*, Jan 08, 1931.

⁸⁸ Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic." 163.

“contrary to their religious teachings.”⁸⁹ Rather than being allowed to make their own choices about contraceptives, society was determined to prevent these women from even learning about their contraceptive options. Gaining such knowledge about contraceptives was seen as religious defiance, as the head of the Church had made that decision for them.

Firm opposition by the Catholic Church was not countered with the same amount of fervor by Protestant sects who were more tolerant towards birth control. The 1930 Lambeth Conference that brought together Anglican leaders came to the conclusion that contraceptives, when used within a marriage, should be accepted by the church.⁹⁰ However, debate continued within this denomination following this decision. A.F. London, attendee of the conference, wrote after that “it was a sad necessity to go as far as we did.”⁹¹ Even years after the resolution was passed the majority of those in the church were not willing to take a political stand on the issue. In 1932 the Anglican Diocese of Toronto argued that they would not issue a statement calling for the removal of Section 207 C from the Criminal Code. Rather than push for this repeal they believed that staying out of the situation and leaving it to the medical establishment was best. The synod responded to calls for their vocal rejection of 207 C by stating: “It may be asked, What should we do about birth-control? The plain answer is, ‘Leave it alone,’ It is a question for the medical men.”

⁸⁹ "Birth Control Case Dismissed in Eastview on Public Good Clause," *Toronto Daily Star*, Mar 17, 1937.

⁹⁰ Aharon W. Zorea, *Birth Control* (Santa Barbara: Greenwood, 2012), 49.

⁹¹ A. F. London, "The Lambeth Conference of 1930," *Theology* 21, no. 123 (1930): 133.

Alfred Henry Tyrer, minister and author of the widely circulated 1936 Canadian publication *Sex, Marriage, and Birth Control*, shows the variance that existed within Protestants on the topic of birth control. Unlike the diocese just discussed, his support for contraceptives through a religious lens is complete and powerful. *Sex, Marriage, and Birth Control* discusses all aspects of reproductive health and sex, with chapters focusing on the sex organs, personal hygiene, intercourse, and pregnancy.⁹² Additionally, the book has chapters, complete with detailed diagrams, describing the various methods of contraceptives available during the time.⁹³ He discusses the effectiveness of certain methods and gives instructions on how to create contraceptive products at home with nothing more than a rubber-tissue sponge and olive oil.⁹⁴ The publication and wide reach of this book, despite Section 207 C of the Criminal Code, points to the lack of effectiveness of the law. Contraceptives were widely discussed, distributed, and published on despite the threat of prosecution under Canadian law. As one would expect, the book received both support and backlash. *The Globe and Mail* published letters to the paper by Protestants and others arguing that contraception's only success was "the triumph of the empty cradle" and that "The entire and united forces of Christianity are needed today to check the advance of atheism."⁹⁵ This lack of extreme religious pressure for birth control may have influenced the medical establishment, as rejecting or ignoring birth control would not result in the same religious anger as acceptance would. The

⁹² Alfred Henry Tyrer, *Sex, Marriage and Birth Control: A Guidebook to a Satisfactory Sex Life in Marriage*, (Toronto: The Macmillian Company of Canada Limited, 1936).

⁹³ *Ibid*, 34-41.

⁹⁴ *Ibid*, 37.

⁹⁵ J. V. McAree, "Church Has Right to Protect Members," *The Globe and Mail*, Jun 21, 1938.

divided nature of Protestant support and disagreement on the contraceptive question created a less stable base when compared with strong Catholic opposition.

Beyond morality influenced by religious bodies, the medical establishment's unwillingness to support birth control was also impacted by moral arguments held by physicians themselves. Physicians often opposed particular methods of contraception, including condoms, douching, and withdrawal by arguing that these methods impacted the purity of sex.⁹⁶ In the minds of these doctors it was immoral to disrupt sex in this way, and therefore it was preferable for women to bear the burden of children rather than use methods that might drive couples apart. Additionally, physicians argued that middle-class women only wanted contraception to get out of doing their duty of bearing children. University of Toronto associate in obstetrics, Fredrick Fenton, argued that women wanted to avoid pregnancy to avoid pain.⁹⁷ This belief, that women should simply deal with the pregnancies and the children that come with them, without interrupting this natural process, shows how physicians at the time viewed women. Rather than providing health care that the patient wanted, physicians made moral judgements that affected the lives of women.

Racial arguments were also present in English Canada that helped physicians justify their silence on birth control. The idea that white women were responsible for maintaining the white, British-descended racial makeup of Canada was a prevalent one. White women who refused to take up this task by requesting contraceptives were doing

⁹⁶ Wendy Mitchinson, "Controlling Fertility: Birth Control and Abortion." In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 180.

⁹⁷ *Ibid*, 166-167.

their country and their race a disservice. The rising French-Canadian population during this era frightened some English Canadians who saw themselves being outbred by the French. Fears spread about the possibility of a shifting Canadian racial makeup. In 1934 the birth of Quebec's Dionne Quintuplets was used by some as proof of this possibility. Roman Catholic priests argued that the birth of the babies was "nothing more or less than a miracle sent to this earth by God as a lesson and a warning to those persons who are to contravene His will and practice birth control."⁹⁸ The birth of five baby girls was seen by English Canada not as a miracle, but rather as a threat.

Similar to race, class played an important role in the contraception debates as it coloured how physicians viewed and treated particular women. Money gave some women access to contraceptives while the lack of available funds denied it to others. It was argued during the Palmer trial that Section 207 C of the Criminal Code was only negatively influencing poor women, as wealthy women could purchase contraceptives at stores. Additionally, beliefs were widely held that wealthy women had a far easier time accessing contraceptives through their physicians, as doctors were more likely to give middle and upper-class women these products. During the Palmer trial Magistrate Lester Clayton declared that "It is a well-known fact that the rich and middle-class married people who can go to a doctor can and do obtain information on how to practice contraception and how do [sic] use these means."⁹⁹ By refusing to acknowledge contraceptive products publically, but by providing them to patients who were wealthy enough to pay for doctors' visits, the medical establishment was limiting who could

⁹⁸ "Calls Five Babies Warning Against Birth Control," *Toronto Daily Star*, Jun 06, 1934.

⁹⁹ "Birth Control Case Dismissed," *The Globe and Mail*, Mar 18, 1937.

access contraception based on class. Rather than being assured by the medical establishment that the products for sale at the corner-store were safe and effective, poor Canadians were forced to make medical and reproductive health care decisions based on the knowledge they gained from contentious public debates. During these decades poverty was linked to “moral inadequacy” and an individual’s economic situation was viewed as their fault.¹⁰⁰ As a result, the medical establishment designed their public view in response to notions that these women were to be viewed with suspicion and disdain rather than empathy.

Not discussing birth control in an official manner also benefited the medical establishment in terms of representing the legitimacy of the profession. As physicians had only moved into the realm of women’s reproductive healthcare in recent decades (with their advancement into delivery) their professional ground in this sphere was still shaky. As a result, physicians at large were hesitant to take strong stands in the contraceptive debate. Many birth control methods, such as condoms, douching, and pessary, came with negative associations. For examples, condoms were associated with extramarital affairs and prostitution, and birth control in general was associated with abortion.¹⁰¹ Therefore, individual physicians were much more likely to advise women on more natural contraceptive methods that lacked these associations.¹⁰² As a result women were not

¹⁰⁰ Wendy Mitchinson, “Controlling Fertility: Birth Control and Abortion.” In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 169.

¹⁰¹ Angus McLaren, “Birth Control and Abortion in Canada, 1870-1920,” *The Canadian Historical Review* 59.3 (September 1978): 327, 330.

¹⁰² Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 19.

getting the most effective or safe methods of contraceptives, they were instead getting access to methods deemed morally acceptable by their physicians.

When the public discussion of contraceptives by the medical establishment is compared to the lively eugenics debate that occurred during the first part of the twentieth century motivations become clear. This comparison works to show that physicians were not against discussing birth control in all aspects, only when it had the potential to negatively affect their public image. Eugenics, viewed as a respectable science during those years, was widely talked about in media and medical journals.¹⁰³ Within this debate birth control was implicit, as sterilization represented an acceptable form of birth control in the eyes of the medical establishment.

The *Canadian Medical Journal Association* often published articles that engaged with eugenics, with articles and lively debates often being published in the journal. The clearest example of the deep debates that were welcome on the topic occurred between September and December in 1933. In the September issue of the journal, Lieutenant Governor of Ontario, Dr. H.A. Bruce, published an article titled “Sterilization of the Feeble Minded” arguing about how best to sterilize the population in order to prevent “race degeneration.”¹⁰⁴ As a response, in October Dr. W.D. Cornwall wrote a letter to the editor arguing that the Lieutenant Governor misunderstood the ability of sterilization to impact mental deficiency across the generations.¹⁰⁵ In December of that year E.C.

¹⁰³ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. (University of Toronto Press, 2013), 6-7.

¹⁰⁴ H.A. Bruce, “Sterilization of the Feeble Minded,” *Canadian Medical Association Journal* 29.3 (September 1933): 260-263.

¹⁰⁵ W.D. Cornwall, “Eugenics vs. Euthenics as a Method of Race Betterment,” *Canadian Medical Association Journal* 29.4 (October 1933): 443-445.

Menzies published a response to both Dr. Bruce and Dr. Cornwall. In the response, he argues that neither truly understands the issue, as Bruce discusses feeble-mindedness as if there were no psychological treatment and Cornwall places too much of an emphasis on economic conditions.¹⁰⁶

What this debate about sterilization shows is that prevention of birth was widely accepted by physicians when the intention was eugenic in nature. When social engineering was the topic at hand physicians were willing to discuss how best to sterilize, in what conditions, and how social and economic conditions factored into the debate. However, a discussion about contraception that focused on methods and socio-economic conditions was shunned and frowned upon. While some books on contraceptives were reviewed within the journal in these years, it is far more difficult to find physicians willing to write articles publishing their opinions on the topic.¹⁰⁷ What this suggests is that physician unwillingness to discuss contraceptives was much more about maintaining their own professional respectability than it was about the ethics and morality used as excuses in the debate. Eugenics, supported by social gossellers, temperance groups, and certain Christian sects (the same groups that vehemently rejected contraception) was much easier for the medical establishment to support without political backlash.¹⁰⁸ As a result, women seeking relief in the form of contraceptives were left to fend for themselves while the medical establishment protected its own reputation.

¹⁰⁶ E.C. Menzies, "Sterilization of the Feeble Minded," *Canadian Medical Association Journal* 29.6 (December 1933): 657-659.

¹⁰⁷ "The Practice of Contraception," *Canadian Medical Association Journal* 26.6 (June 1932): 764 and "Control of Conception," *Canadian Medical Association Journal* 26.6 (June 1932): 764.

¹⁰⁸ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. (University of Toronto Press, 2013), 10-11.

Physicians entered the realm of reproductive health not to drastically improve health outcomes for women, but rather to improve conditions within their own profession. Increasing professional respectability and opportunities to make money and gain clients were the driving force of this endeavor. When the birth control debates arose during the 1920's physicians were slow to support the movement as outside pressures, paternalism, and views of female patients made them hesitant to risk the integrity of their profession. Despite physician at large agreeing that having too many children was dangerous for women's health and that birth control was not dangerous for women the medical establishment refused to step in on the side of female patients. As subsequent chapters will show, this created an environment for women that put their health and quality of life at risk. Rather than fight for patients, this is a story in which the medical establishment repeatedly chooses self-interest rather than patient safety.

Chapter Two

Ontario's Birth Control Clinics: The Parents' Information Bureau and Hamilton Birth Control Society

Privately run birth control clinics were quick to fill the empty space left by the medical establishment's unwillingness to provide access to contraceptives. These clinics had their own goals, structures, and ideas about the purpose of birth control and who should be given access to it. As these clinics were largely unchecked by the medical establishment they were able to push these agendas onto patients and families for decades. They shaped the contraceptive conversation in Ontario by educating women, their families, and other clinics when other channels failed to do so. While these clinics insisted that this work was done with altruistic intentions, an analysis of their archives demonstrates the ways in which their services were informed by their own principles and beliefs. Eugenic ideals were embedded into these organizations through the options they offered, the range of patients to whom they offered their services, and their views of their clients. This chapter will focus on two clinics of major influence during the 1920s and 1930s in southern Ontario, the Birth Control Society of Hamilton and the Parents' Information Bureau (located in Kitchener).

The Hamilton Birth Control Society was founded by Mary Elizabeth Hawkins in 1932. The wealthy widow enlisted the help of clubwomen (middle-class white reformers like herself) who wished to make a difference in the lives of women.¹ Influenced by the iconic birth controllers Margaret Sanger and Marie Stopes, Hawkins focused on the top-down approach to contraceptive access in which the governments and doctors needed to

¹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 100.

be won over first in order to legitimize birth control.² Within its first year the Hamilton Clinic grew from 15 to 200 members, showing Hawkins' great ability at garnering support and widening her reach.³ The clinic was mainly run by women, associates of Hawkins who were paid very little for their work. The clinic's physician, Dr. Elizabeth Bagshaw, was also a woman.⁴ This female-centered approach to birth control was reminiscent of the methods used by both Sanger and Stopes, as was the clinic's desire to legitimize birth control through official channels. Even within the strict guidelines that the clinic placed on itself it had a wide reach. For example, in the year 1934 the clinic saw 2,000 patients and had 140 physicians refer women to their care.⁵

Gaining respectability was central to the Hamilton Clinic's practices and philosophy. The clinic focused on accomplishing this by working quietly and drawing little attention to its activities in order to remain out of view of authorities.⁶ Hawkins used her position and connections to attempt to pressure the government to change laws

² Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 152.

³ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 101.

⁴ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 153.

⁵ Doctors More Interested in Work of Birth Control, 15 Jan 1935, Planned Parenthood Scrapbook Volume 1 (n.d.- Dec. 1997), Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁶ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 153.

surrounding contraceptives in order to increase the organization's legitimacy and respectability. Her support lay with the medicalization of birth control. Hawkins believed that physicians should have complete control over birth control by controlling who could access birth control services. The medical profession's approval and vocal support was her target, as the prestige of the profession could elevate birth control out of its negative associations with disease and prostitution.⁷

The Parents' Information Bureau, located in Kitchener, Ontario and run by A.R. Kaufman, took a vastly different approach to the question of contraceptives. The organization was founded in 1933 as a response to the growing poverty experienced by Canadians in the region.⁸ As the head of the A.R. Kaufman Rubber Good Co. (a company that manufactured rubber products and footwear in Kitchener) Kaufman came to be aware of the financial difficulties of his employees. He claimed that in the winter of 1928-1929, when there were layoffs from his factory, he came to be concerned with the fate of employees.⁹ He sent a factory nurse to survey the conditions of his workers' homes. Her report suggested that both full and part time workers had too many children to support and were therefore living in poverty. In response, he began offering voluntary sterilization procedures to male employees who he claimed gave "eager response and

⁷ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 159.

⁸ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 19.

⁹ Linda Revie, "More Than Just Boots! The Eugenic and Commercial Concerns behind A.R. Kaufman's Birth Controlling Activities," *Canadian Bulletin of Medical History* 26:1 (2006): 126.

gratitude.”¹⁰ Following this he sent a physician to New York in order to learn about various methods of contraceptives. Shortly afterward he expanded these activities by creating the Parents’ Information Bureau, an organization dedicated to helping married couples limit family size.¹¹ This organization included travelling nurses who went door-to-door, visiting families and offering contraceptive assistance.¹² Unlike the Hamilton Clinic, the Bureau participated in vasectomy beginning in 1936, thereby offering an inexpensive way for families to access permanent birth control.¹³ According to a 1937 report by the Parents’ Information Bureau the organization saw 80,000 cases in less than ten years, demonstrating the organization’s vast reach.¹⁴¹⁵

However, altruism was not the only factor influencing Kaufman’s birth controlling activities. As a member of the Eugenics Society of Canada (acting as the organization’s first treasurer in 1930) Kaufman’s eugenic ideals were no secret.¹⁶ A close associate of Dr. Hutton, head of the Eugenics Society, he followed a school of negative eugenics which suggested that the best way to improve society was by “reducing

¹⁰ Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents’ Information Bureau Box 1 Series 1 File 3.9a, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

¹¹ "Page 8." *Toronto Daily Star (1900-1971)*, Mar 20, 1937.

¹² Planned Parenthood Progress in Canada Report, 172 Parents’ Information Bureau Box 1 Series 3 File 3.13, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

¹³ Planned Parenthood Progress in Canada Report, 172 Parents’ Information Bureau Box 1 Series 3 File 3.13, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

¹⁴ When compared to female sterilization

¹⁵ Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents’ Information Bureau Box 1 Series 1 File 3.9a, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

¹⁶ Linda Revie, “More Than Just Boots! The Eugenic and Commercial Concerns behind A.R. Kaufman’s Birth Controlling Activities,” *Canadian Bulletin of Medical History* 26:1 (2006): 124.

population of the lower ends of society.”¹⁷ Therefore, by sterilizing his poor, uneducated workers Kaufman was living out his eugenic ideals by using his workers as subjects in a social experiment.

The historiographies of these controversial figures and their activities have shifted over time, as discussed in the literature review. As eugenics was not always seen as an evil science, Kaufman and the Parents’ Information Bureau have been represented in varying ways in the last fifty years. Similarly, Hawkins’ white middle-class reformer identification has shifted in its acceptability to historians, with some suggesting that she was the true altruist in comparison with Kaufman, and others arguing that her activities exerted just as much control over the poor as his did.

Despite the different approaches that these two organizations took toward birth control, their relationship appears to have been cordial. Letters between the organizations that sit in each of their archives detail their interactions with one another and represent the ways in which they worked for a common cause despite their differences. A 1936 letter from the American Birth Control League asks Hawkins “just how you feel about [the Eastview Trial] since you were so “dead against” Mr. Kaufman and his nurses.”¹⁸ As this letter currently sits in the Parents’ Information Bureau archives in Waterloo it can be understood that Kaufman and his organization knew about these feelings. Despite this the two worked together, regularly exchanging literature, information, and discussing ways in which they might support their common cause. For example, a 1935 monthly meeting of

¹⁷ Ibid, 126.

¹⁸ Correspondence from Janet B. Whitenack to Mrs. Hawkins, 12 November 1936, Parents’ Information Bureau WA 17 Box 2 File 35. Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

the Hamilton Birth Control Society began with a member reading letters between Kaufman and Hawkins aloud to the organization.¹⁹ Three years later in 1938 Kaufman sent Hawkins a copy of *The Catholic Register* to discuss Catholic opposition to contraceptives.²⁰ These are just two examples of many surviving letters between the two birth control leaders. They span years and show that despite ideological differences the groups were able to share information in the hopes of advancing their common cause.

The clinics in Hamilton and Kitchener were not the only ones operating in Canada during these years. A 1937 issue of *The Birth Control Bulletin* lists Parents' Information Bureau, Toronto Birth Control Clinic, the Maternal Health League in Windsor, Vancouver Birth Control Clinic, Hamilton Birth Control Society and Winnipeg Birth Control Society as active organizations involved in the dissemination of birth control information and access.²¹ Rural areas are decidedly missing from these lists, suggesting that women living in rural and secluded areas would be unable to access contraceptives through clinics or travelling nurses in this format. In addition, the Planned Parenthood archives in Hamilton contain letters from Windsor and Niagara Falls from women

¹⁹ Regularly Monthly Meeting of Birth Control Society of Hamilton, 8 July 1935, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²⁰ Correspondence from A.R. Kaufman to Mrs. Hawkins, 10 November 1936, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²¹ *The Birth Control Bulletin*, May 1937, Record Group 2 Series C Periodicals, Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

requesting information on beginning their own birth control clinics, showing that more clinics were in the process of forming during these years.²²²³

While providing access to birth control was the main goal of these organizations, they each operated with a set of official and unofficial goals which guided their activities. It is essential to understand how these organizations operated in relation to their goals as it helps to illuminate the environment that women found themselves in when the medical establishment did not provide clear access to contraceptives. These clinics functioned privately, without greater medical oversight. This allowed each to work towards the particular goals of their leaders with little outside resistance.

The Hamilton Birth Control clinic stressed the health of the mother and family as central to their activities. While some other birth controllers during the era, notably Margaret Sanger, stressed the importance of emancipation of women, this does not appear to be central to the Hamilton Society's public message.²⁴ The Hamilton Society used the language of health and medicine in order to push their agenda, suggesting to onlookers that their activities should be more closely linked to healthcare than morality. In doing this the society helped to distance itself from the contentious debates surrounding birth control. In a pamphlet titled "An Outline of the Work and Aims of the Birth Control Society of Hamilton indicating the Social, Economic, Political, and

²² Correspondence from Gladys A. Brandt to Mrs. Hawkins, 18 September 1934, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²³ Correspondence from Winnifred M. Stokes to Mrs. Hawkins, 17 January 1935, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²⁴ Margaret Sanger, "Comstockery in America," July 1915.

<https://www.nyu.edu/projects/sanger/webedition/app/documents/show.php?sangerDoc=303242.xml>. (accessed 16 March 2018).

Religious Aspects of the Subject” the society makes their four-step mandate clear.²⁵ Aim I, the pamphlet explains, was to “maintain a clinic where married women shall be instructed in contraceptive methods by a qualified doctor at the request of their doctor and in the interests of their community, in accordance with the Law of the Dominion of Canada.” This single sentence highlights the importance of physicians to the clinic’s operations. No woman walking in off of the street would be granted contraceptives from the clinic. In two steps during this process a doctor must be involved as the gatekeeper to birth control access, deciding on an individual basis which women’s situations merit this access. Rather than focusing on women’s choice, the Society’s position further medicalized contraceptives by creating medical barriers to access. Equally notable was the statement “in the interests of their community.” Through this euphemistic language an economic aspect emerges. As the early days of the clinic occurred during the midst of the Great Depression, limiting family size was not only desired to protect the individuals, but was also a way to reduce government relief spending. As municipalities were responsible for paying relief this was truly a local, community issue.²⁶ The inclusion of the statement that the clinic will only work within Dominion Law further reinforces the clinic’s desire to gain support through respectability. While, as will be shown, the clinic’s leaders worked to change laws surrounding contraceptives, until they were officially changed the organizers were committed to working within the constraints of the system. Further aims

²⁵ An Outline of the Work and Aims of the Birth Control Society of Hamilton, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²⁶ Diane Dodd, “Women’s Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic,” in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 154.

mentioned by the clinic within this pamphlet include the desire to “awaken the people” to the benefits of contraceptives, to gather information surrounding sexually transmitted diseases and family welfare, and to “abolish abortions” by using contraceptives as an alternative.

The clinic’s focus on maternal and family health was known beyond the organization. Newspaper articles from 1934 and 1939 published by the *Hamilton Herald* and *Hamilton Spectator* respectively show that the public was made aware of this focus and of the clinic’s commitment to garnering medical support.²⁷ The 1934 article stated that the clinic stressed that their activities “could not be carried on rightly under the direction of an organized group of women, but must have the co-operation of the hospitals, the medical officers of health, and above all, the government health authorities.”²⁸ The 1939 article quotes Hawkins as stating that “Our idea is not birth control. Our idea is to control the health and well-being of women, children and families in our community.”²⁹ Here Hawkins’ public goals are made apparent, as she stresses that the health and improving the lives of families is the clinic’s top concern.

²⁷ Maternal Health Right Aspect of Birth Control, 24 January 1934, Planned Parenthood Scrapbook Volume 1 (n.d.- Dec. 1997), Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., Declares Aim Is To Control Family Health, 28 February 1939, Record Group Series I Newspaper Clippings 1939-1946, Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²⁸ Maternal Health Right Aspect of Birth Control, 24 January 1934, Planned Parenthood Scrapbook Volume 1 (n.d.- Dec. 1997), Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

²⁹ Declares Aim Is To Control Family Health, 28 February 1939, Record Group Series I Newspaper Clippings 1939-1946, Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

The goal of spreading birth control access was central to the Hamilton Birth Control Society. They worked towards this by assisting in and encouraging the opening of new birth control clinics. Letters arrived from Windsor, Niagara Falls, and Vancouver requesting information about how to open clinics and societies related to contraceptives.³⁰ By providing guidance in the form of advice and manuals on how to begin birth control leagues and clinics, Hawkins attempted to spread her version of birth control access across Canada.³¹ In place of any official channels Hawkins became the point person for birth control organizations in Canada. This practice shows the power that unelected individuals and private organizations were able to take in this system. By helping other organizations to open and operate Hawkins could encourage the spread of her version of birth control access.

Working within the realm of respectability, the Birth Control Society of Hamilton also made the legalization of birth control central to their organization's goals. Hawkins took an active role in lobbying the government to amend the Criminal Code throughout her years at the society. In 1932 she was in contact with the House of Commons, Office of the Minister of Justice, and Deputy Attorney General working to change the minds of

³⁰ Correspondence from Gladys A. Brandt to Mrs. Hawkins, 18 September 1934, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., Correspondence from Winnifred M. Stokes to Mrs. Hawkins, 17 January 1935, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., Correspondence from Grace M. Fairley to Mrs. Gates, 24 April 1936, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

³¹ Correspondence from Anna Weber to Mrs. Hawkins, 4 May 1937, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

lawmakers.³² She requested clarification and information on these matters in the hopes of showing the men in charge issues that existed within the law. Her letters did not go unanswered. In many of their responses government officials argued that they were unwilling to be so controversial in their positions. Deputy Attorney General Mr. E. Bayly wrote her in response stating that “I can hardly suggest amendments to the Criminal Code; which would in the eyes of many people, weaken its effectiveness.”³³ A correspondent who spoke with Member of Parliament Mr. W.C. Bell told Hawkins that in response to her letter “He did not seem to be very enthusiastic about your proposal, and I think perhaps he is rather glad to shelter himself behind the statement that it is not the policy of the Government to introduce any controversial legislation at this session.”³⁴ Despite Hawkins’ inability to get members of government to vocally support her cause, her persistence shows her commitment to changing laws to support contraceptives. Appealing to authority in order to legitimize birth control work was central to the goals of the society, as their focus was on making birth control respectable within the nation.

³² Correspondence from C.W. Bell to Mrs. Hawkins, 1 March 1932, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., Correspondence from Office of the Minister of Justice to Mr. Bell, 3 March 1932, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., Correspondence from E. Bayly to Mrs. Hawkins, 3 March 1932, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

³³ Correspondence from C.W. Bell to Mrs. Hawkins, 1 March 1932, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

³⁴ Correspondence from D.L. McCarthy to Mrs. Hawkins, 23 March 1932, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

The Parents' Information Bureau, housed in Kitchener, Ontario, took a different approach to organizational goals and practices. While the Parents' Information Bureau's public goals also included improving the lives of families, a strong ideology of eugenics underpinned the organization. In the organization's 1937 pamphlet "Report on Birth Control Activities and Procedure" A. R. Kaufman states that his interest in contraceptives began out of a desire to engage in philanthropic work that would help those struggling in Canada.³⁵ He goes on to refute claims that his activities were for economic gain, arguing that his activities are at "present expense and ultimate *anticipated* profit."³⁶ Rather than place maternal health at the center of his argument, Kaufman suggests that economic pressures are what drive his organization. He shows this by arguing that lower birth rates will improve stability of the family, which will therefore bring relief to "needy mothers."³⁷ Within this desire to improve conditions for those who are economically depressed lies the eugenic argument that appears to drive the Parents' Information Bureau. The pamphlet "Birth Control Notes" published by the organization stresses that the biggest failing of birth control to date is that it has been used by the "wrong classes of people," meaning that too many wealthy and intelligent individuals limited their families and too many of "the lower classes" did not.³⁸ In point thirty-two of the pamphlet the

³⁵ Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents' Information Bureau Box 1 Series 1 File 3.9a, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

³⁶ Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents' Information Bureau Box 1 Series 1 File 3.9a, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

³⁷ Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents' Information Bureau Box 1 Series 1 File 3.9a, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

³⁸ Birth Control Notes, 1938, 172 Parents' Information Bureau Box 1 Series 1 File 3.10a, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

organization stresses that “Sterilization is the only satisfactory birth control method of dull, normal, careless, slovenly parents” who are unable or unwilling to properly utilize contraceptives.³⁹ This point, that permanent contraceptive measures should be used for those deemed unfit, shows the emphasis of eugenics within this organization.

The noticeable lack of discussion relating to medical opinion and physicians is clear when the Parents’ Information Bureau is compared to the Birth Control Society of Hamilton. While Kaufman does discuss a hope that the provincial and municipal health authorities will soon take over their activities, in the meantime the organization made very little effort to appeal to physicians in order to make birth control appear more legitimate.⁴⁰ These contrasting approaches are stark and reveal the authority that each organization assumed they could operate with. With no direct medical oversight the Parents’ Information Bureau assumed the authority of physicians in making medical decisions regarding contraceptives. While doctors operated within that organization they were paid and hired by A.R. Kaufman, a known eugenicist who felt little need to appeal to the medical establishment.

The variance between goals of each of these clinics reveals the position that women and families during this era were placed in. In order to access birth control services these families put their faith and bodies in the hands of organizations which may or may not have had their best interests in mind. Poor families seeking help from the Parents’ Information Bureau, who were aware of the bureau’s goals and beliefs, had to

³⁹ Birth Control Notes, 1938, 172 Parents’ Information Bureau Box 1 Series 1 File 3.10a, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁴⁰ Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents’ Information Bureau Box 1 Series 1 File 3.9a, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

accept the ideology that their procreation was damaging to Canadian society as a whole. While their reasons for seeking out the clinics were related to health and finances, they were subject to a system which saw their bodies as damaging to the nation. While the Hamilton society's goals were less overtly eugenic in nature, their reliance on physicians at every step of the process meant that decisions about who did and did not procreate were left up to another class of society. This variance in the options available to women and their families shows that the medical community's reluctance to accept birth control led to a system of inconsistency.

As is to be expected, not all members of the public were supportive of the presence of birth control clinics in their towns. The fiercest opposition came from Catholic organizations and individuals who used religious arguments against birth control to argue the clinics' immorality. One of the most striking examples of this which remains is a letter from Gertrude Hamilton written to the Birth Control Society of Hamilton in 1934. The writer of the letter enclosed a newspaper clipping from the *Montreal Star* on birth control, commenting that Mrs. Hawkins "ought to be ashamed of yourself to advocate such horrid things."⁴¹ Mrs. Hamilton goes on to argue that giving birth control information to the public countered the teachings of Jesus Christ, as by destroying "the SEED you are bound for damnation." As an alternative to contraceptive products Mrs. Hamilton argues that married couples should remain abstinent, and if this is impossible they should live separately until such a time as they can afford to support any children they may have. The fury and religious fervor with which this letter is written serves to

⁴¹ Correspondence from Gertrude Hamilton to Mrs. Hawkins, 25 January 1934, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

remind that while the medical establishment was silent on the issue of birth control, members of religious organizations and the general public were not. As clinic news and articles relating to contraceptives frequently appeared in newspapers the issue of contraceptives was hard for opponents to ignore. As the faces of the movement, these clinics were targets of this disagreement.

Both the Hamilton Birth Control Society and the Parents' Information Bureau operated on a model which saw them give away initial contraceptive products for free, and charge patients small amounts for materials they chose to order afterwards.⁴² This business model shows the goals of each clinic in action, as by providing initial samples for free they reduced financial barriers to contraceptives for families thereby increasing access. As a June 1935 meeting statement from the Hamilton Society shows, six of the sixteen women that became new patients during that month came from families living on relief. The remainder came from families making between ten and sixteen dollars per week, with one to six children per family.⁴³ This range shows that while family size and income were important for access to the clinic, families with one child and those not on relief funding were still able to access clinic services. These activities therefore helped to make contraceptives accessible for many kinds of families.

⁴² Report of The Birth Control Society of Hamilton to the Annual Meeting of the Local Council of Women, 2 March 1942, Record Group Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.
Waterloo (2.37)

⁴³ Regularly Monthly Meeting of Birth Control Society of Hamilton, 8 July 1935, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

The financing for both of these organizations came from private donations. As the 1942 “Report of The Birth Control Society of Hamilton” describes, this was done in the 1930’s due to the unpopularity of contraceptives.⁴⁴ In both cases the organization leaders took a role in providing funding, although to differing degrees. A 1933 statement from the Hamilton Society describes Mrs. Hawkins giving the organization \$30 “For Literature” and funding for the Parents’ Information Bureau coming largely from donations from Kaufman.⁴⁵

The gender composition of the two operations is also interesting. The Hamilton Society was almost exclusively made up of women, from Mrs. Mary Hawkins (the organization’s chair) to Dr. Elizabeth Bagshaw (the clinic’s main physician) to the many women who made up the rank-and-file of the organization.⁴⁶ A link may be suggested between the female domination of this organization and their sole focus on women’s contraceptives. Unlike the Parents’ Information Bureau, the Hamilton Clinic did not provide access to or promote male sterilization. Rather than tread into those overtly eugenic waters they seemed to prefer the language of family improvement popularized by

⁴⁴ Report of The Birth Control Society of Hamilton to the Annual Meeting of the Local Council of Women, 2 March 1942, Record Group Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁴⁵ Statement of Receipts and Disbursements, 1933, Planned Parenthood Scrapbook Volume 1 (n.d.- Dec. 1997), Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁴⁶ Birth Control Society, Record Group 1 Series H General Files, Bagshaw, Dr. Elizabeth, Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., Regularly Monthly Meeting of Birth Control Society of Hamilton, 8 July 1935, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

their inspiration, Margaret Sanger.⁴⁷ The gender makeup of Kitchener's Parents' Information Bureau tells a different story. The 1938 "Minutes of Meeting of Shareholders" lists Mr. Kaufman, Mr. Snyder, and Ms. Weber (a nurse employed by the clinic).⁴⁸ The male majority within this leadership may shed light on the focus on male sterilization offered by the clinic. While the dominant ideology during the time placed contraceptives within the realm of women's responsibility, the gender of these clinic leaders may have allowed them to explore alternative methods for solving the birth control problem.

The Hamilton and Waterloo clinics also differed in the materials that they provided to patients. The leaders of these clinics pushed particular methods on to their patients, reflecting their beliefs and values about access to birth control. Many contraceptive products were available at the time, each coming with their own sets of associations, costs, and medical requirements. As not all methods required the same level of physician oversight, the clinics provided patients with ones that were feasible within their clinic structure.

Mary Hawkins and the Birth Control Society of Hamilton, heavily influenced by American Birth Control crusader Margaret Sanger, encouraged patients to choose the pessary. While the clinic offered cheaper alternatives such as the condom or contraceptive soaked tampon, the pessary was believed to be the most suitable and

⁴⁷ Margaret Sanger, "Comstockery in America," July 1915.

<https://www.nyu.edu/projects/sanger/webedition/app/documents/show.php?sangerDoc=303242.xml>. (accessed 16 March 2018).

⁴⁸ Minutes of Meeting of Shareholders, 2 May 1938, 172 Parents' Information Bureau Box 1 Series 2 File 5, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

effective option for most women.⁴⁹ The pessary, a cap-like instrument inserted into the vagina, had to be of a particular size in order to effectively prevent sperm from travelling past the cervix. This meant that each woman requesting a pessary had to be sized for one by a physician. As a result, birth control at this clinic was closely tied with physician supervision and oversight. Unless a physician fitted it, the product was useless, so it was only provided to women after they had completed an appointment with Dr. Elizabeth Bagshaw.

As the goal of the Hamilton Birth Control Society was to bring respectability to contraceptives, this is not a surprise. By requiring physician oversight the clinic could protect itself under Section 207 C of the Criminal Code, as physicians were seen by most to be able to invoke claims of serving the public good by offering these services. It would be difficult for the Crown to argue that these services were not done with the public good in mind when they were provided by trained physicians, which may be why the Crown never attempted to bring the Birth Control Society of Hamilton to court. The requirement for the presence of a physician also distanced this method of birth control from those that could be purchased by anyone at a drug store, as it was not the individual who made the decision but a physician. Products purchased at drug stores (such as condoms) were associated with extramarital affairs and prostitution, so they were not considered to have a place in the bedroom of a married couple. Claims of immorality could be rebuffed using the weight of the medical community both in public and in the mind of the individual.

⁴⁹ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 154-155.

Dr. Elizabeth Bagshaw, the clinic's main physician, was trained in these fittings by physicians at Sanger's clinic in New York.⁵⁰ This strong connection to Sanger is fitting considering the similarities between the philosophies of these organizations. Central to both was the concept of respectability and a desire to move birth control into the realm of medical science. Therefore, encouraging women to use pessaries rather than other methods may be interpreted as yet another way to associate birth control with the respectability of organized medicine.

While the pessary was one of the most effective methods of contraception,⁵¹ the requirement that physicians fit the device for individual patients limited the number of women who could be served at a particular clinic. This too worked to enhance the respectability of the clinic, since its clients were carefully selected and vetted and the clinic was not providing contraceptives to a large swath of the population. Therefore, this female-run clinic operated as a site of paternalistic control. Middle class women and physicians were carefully selecting women to help, choosing only those who fit their ethical and moral standards. Only married women who could prove financial or medical need were considered for access to contraceptives. By making these choices about access The Hamilton Clinic used medicalization of contraceptives to keep them out of the hands of families deemed unfit to use them.

⁵⁰ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 153.

⁵¹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 19.

Unlike the Hamilton Clinic, the Parents' Information Bureau operated with the goal of providing inexpensive contraceptives to as many married couples as possible. Birth control, defined by the organization as "the regulation of human production by harmless mechanical or chemical methods that temporarily prevent contraceptive, but do not interfere with normal marriage relations" was offered in many forms by the Parents' Information Bureau.⁵² Pessary and jelly, condom and jelly, as well as male and female sterilization were all options available to patients through the organization.⁵³

Quite unlike the Hamilton Clinic, which sought to provide the highest quality contraceptives rather than reaching the widest population, Kaufman's ideas about birth control shaped the way the clinic operated and the methods it encouraged.⁵⁴ Less bound by ideas of respectability, the clinic encouraged the use of cheaper and less reliable methods such as condoms. This was because Kaufman saw small numbers of women following through with pessary fittings and using the product correctly. The cheap, reusable, and simple to use rubber condom offered an alternative to the confusing and difficult to procure pessary. This method of contraceptive also fit better with the structure of the Parents' Information Bureau, as the organization was made up heavily of

⁵² Birth Control Notes, 1938, 172 Parents' Information Bureau Box 1 Series 1 File 3.10a, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁵³ Instructions for Use of Pessary and Jelly, 172 Parents' Information Bureau Box 2 Series 3 File 36, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada., Instructions for Use of Condom and Jelly, 172 Parents' Information Bureau Box 2 Series 3 File 37, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada., General Procedure and Technique of the Diaphragm Pessary, 172 Parents' Information Bureau Box 2 Series 3 File 21, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁵⁴ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 19.

travelling nurses. In 1937 the clinic employed over 50 such nurses across the nation.⁵⁵

Unlike pessaries, which required a physician's presence, condoms could be distributed by these nurses without fittings or repeat appointments.

Also unlike the Hamilton Society, the Parents' Information Bureau offered permanent male and female sterilization as methods of birth control. The organization stressed the simplicity of the male procedure, encouraging it above female sterilization in a rare show of women's safety being weighted above men's virility during these decades.⁵⁶ Consent forms given to patients stressed the permanence of the procedure while at the same time arguing that it was safe, simple, and could be done in a physician's office.⁵⁷

Sterilization was encouraged as a good choice for those deemed by the organization to be poor or unintelligent. A Parents' Information Bureau pamphlet on sterilization stated that, "Sterilization is the only satisfactory birth control method for dull, normal, careless, slovenly parents who do not use contraceptives properly and consistently."⁵⁸ The organization's focus on male sterilization differentiates the clinic from other birth control organizations operating during this era, as it brought both permanence and men into the contraceptive equation. The clinic offered men a cost-

⁵⁵ Birth Control Trial, 172 Parents' Information Bureau Box 2 Series 3 File 33, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁵⁶ An Alternative to Female Sterilization, 172 Parents' Information Bureau Box 2 Series 3 File 28, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁵⁷ Vasectomy (Sterilization of the Male), 172 Parents' Information Bureau Box 2 Series 3 File 18, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁵⁸ Instructions for Use of Pessary and Jelly, 172 Parents' Information Bureau Box 2 Series 3 File 36, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

effective and lifelong solution for contraceptive needs. In information material sent out to prospective patients the organization lauds the benefits and simplicity of the procedure. It reassures patients, telling them that “The procedure itself is very simple and can be performed in a doctor’s office if necessary.”⁵⁹ The Parents’ Information Bureau’s support for sterilization cannot be separated from A.R. Kaufman’s support for eugenic sterilization of the mentally deficient. The use of the same procedure on the poor as on those deemed mentally incompetent is striking, and does reveal underlying motivations that may have been at work within Kaufman’s organization. When considering this, however, it is important to note the difference in consent within each of these cases. Before sterilization procedures occurred, men and women were required to sign consent documents and have their wife or husband do the same.⁶⁰ These documents stressed the fact that the procedure constituted a major operation and that the effects were irreversible. These procedures, then, cannot be anachronistically grouped together with eugenic sterilization of those deemed mentally deficient occurring during the same time.

As Kaufman was an adamant proponent of eugenics, and sterilization was heavily discussed and used by eugenicists, this has led many scholars to read all of his contraceptive efforts as self-serving and paternalistic.⁶¹ While this may be true on some levels, especially when considering the sterilization of those deemed “mentally unfit”,

⁵⁹ Vasectomy (Sterilization of the Male), 172 Parents’ Information Bureau Box 2 Series 3 File 18, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁶⁰ Sterilization Consent Form, 172 Parents’ Information Bureau Box 2 Series 3 File 19, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁶¹ Linda Revie, “More Than Just Boots! The Eugenic and Commercial Concerns behind A.R. Kaufman’s Birth Controlling Activities,” *Canadian Bulletin of Medical History* 26:1 (2006).

this understanding risks ignoring the agency that some of these patients had in choosing to undergo the procedure. This reading brushes over the socio-economic and personal reasons that families may have decided to not have any more children. Despite this it is important to note that Kaufman was in a position of power over his employees, many of whom were offered the procedure.⁶²

With this comparison of methods available at these clinics, it becomes clear that the lack of government and medical oversight concerning contraceptives led to a fragmented system of contraceptive access. These private organizations encouraged the methods that best fit with their particular viewpoints and political goals, not necessarily the methods that would be best for each individual woman. The medical establishment's silence on this topic allowed this system of birth control access to flourish, operating outside the law and yet unchallenged for many years.

However, these clinics did not operate in isolation. While both of the organizations worked alongside other birth control societies and clinics, the Birth Control Society of Hamilton made a concerted effort to engage with social welfare organizations. Through these relationships they gained patients, members, and spread their ideal version of birth control access to various cities across Canada. A 1933 letter from The Canadian Council on Child and Family Welfare asks Mrs. Hawkins to send information regarding birth control as "so many inquiries come to this office on various phases of this rather

⁶² Report on Birth Control Activities and Procedure, 1 December 1937, 172 Parents' Information Bureau Box 1 Series 1 File 3.9a, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

difficult subject.”⁶³ In 1939 a letter from The Council of Social Agencies in Hamilton invited the Birth Control Society to join in on conversations concerning improving child welfare across the city.⁶⁴ The relationships fostered between the Birth Control Society and social welfare organizations shows the influence that the Society had within the city. Despite providing materials and information technically deemed illegal under Dominion law, the Society was viewed as an integral part of social welfare within the city. Welfare organizations at large did not reject the Society on the basis that their work was illegal. Instead they saw the organization as improving the lives of those in need and worked with them to do this more effectively.

One thing that these two clinics had in common was the type of women that they sought out as patients. Poor, working class women who were already mothers were the ideal candidates for both of these organizations. In “An Outline of the Work and Aims of the Birth Control Society of Hamilton” the clinic quotes Dr. Helena Wright, Medical Officer of Kensington who paints a picture of a typical birth control candidate in frightening terms. In describing aspects of the typical patient’s life, she states that “The first characteristic that we notice in nearly all these women is perpetual anxiety.”⁶⁵ Beyond this she stresses that these women also experience strained relationships with both their husbands and children, caused as a result of the overwhelming weight of

⁶³ Correspondence from Agnes B. Baird to Mrs. Hawkins, 14 November 1933, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁶⁴ Correspondence from The Council of Social Agencies to Board Member, 24 April 1939, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁶⁵ An Outline of the Work and Aims of the Birth Control Society of Hamilton, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., page 4.

childbearing and rearing. This, Dr. Wright argues, is “a picture of working-class home-life pretty fairly averaged.”⁶⁶ This explanation, included in the Society’s pamphlet, suggests that birth control was to be seen as a last resort for struggling families, not an alternative to bearing children for those that wanted to shirk this responsibility. Other material mailed out by the Hamilton Society helps to reveal their idea of the ideal patient. In a letter mailed to Mrs. Helstrom in 1941 the Birth Control Society of Hamilton informs her that they would not typically encourage her use of birth control, as she only had one child at the time, but that they would consider her for use to space the birth of further children.⁶⁷ By family limitation the Hamilton Clinic meant spacing of births, not necessarily preventing births altogether.

Criteria given in letters from the Parents’ Information Bureau suggest a similar target demographic. Response form letters sent out to women who requested contraceptive information state that only married women were accepted and that they served “couples who for medical reasons should not have more children, those having unwanted pregnancies despite the use of contraceptives, older couples who feel their family is complete and cases where fear of pregnancy prevents normal marital relations.”⁶⁸ From this description it becomes clear that preventing birth for couples who already had too many children was the main goal of the Kitchener-based clinic. This

⁶⁶ An Outline of the Work and Aims of the Birth Control Society of Hamilton, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada., page 5.

⁶⁷ Correspondence from The Birth Control Society of Hamilton Secretary to Mrs. David Helstrom, 13 January 1941, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁶⁸ Birth Control Notes, 1938, 172 Parents’ Information Bureau Box 1 Series 1 File 3.10a, Parents’ Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

suggests that maintaining a small family was not viewed by these clinics as an acceptable use of contraceptives. They were to be used only in cases where families were growing beyond the means of family income.

These clinics also operated similarly in terms of how patients were allowed to access their services. While women could mail in requests for information from each of the clinics, both organizations required that her response be accompanied by someone else's signature. While the Hamilton Clinic required this signature to be that of the woman's physician,⁶⁹ the Parents' Information Bureau accepted signatures from a woman's "doctor, minister, or a mother who is registered [as a patient at the clinic]."⁷⁰ Therefore, in both cases the decision to obtain birth control does not reside solely with the woman or couple in question; it is a community decision made in consultation with people outside of the individual family. However, the difference in that the Hamilton Clinic required a woman's family doctor's approval (rather than only approval by the clinic's doctor) fits with this clinic's desire to make birth control respectable by the medical profession. These clinics refused to go behind the backs of family doctors to provide their patients with these medical supplies. Instead the clinic's doctors worked in consultation with these doctors to provide patient care. This may have worked to ensure less resentment and opposition by family doctors. This is because rather than sidestep their opinions they were included in the decision to provide birth control for their

⁶⁹ Report of The Birth Control Society of Hamilton to the Annual Meeting of the Local Council of Women, 2 March 1942, Record Group Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁷⁰ Contraception Request Form Letter, 172 Parents' Information Bureau Box 2 Series 3 File 26, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

patients. Alternatively, the Parents' Information Bureau, an organization that paid less attention to how doctors felt about their actions, preferred a physician signature but would accept religious leaders or friends signatures all the same. This shows that the acceptance of family physicians was not as vital to this clinic as to the Hamilton organization.

While the clinics were similar in the type of women that they sought out and how these women were given access to services, one key difference lay in the ways in which organization leaders viewed these women. In a 1935 letter to Mary Hawkins, A.R. Kaufman states that "I understand that about seven per cent. of your patients are listed as failures and I am wondering whether most of the seven per cent. is in the dull normal group which I find fails to co-operate properly."⁷¹ This letter is revealing as to how Kaufman saw the patients that he helped. Those "failures" who became pregnant despite receiving help from the Parents' Information Bureau were looked upon with suspicion. It was not the products or instructions that were blamed for these women's pregnancies. Instead, they were accused of being unintelligent or mentally defective. This viewpoint of patients serves to remind of Kaufman's eugenic worldview. This perspective on patients who were unable to successfully use contraceptives reveals Kaufman's attitude towards patients, as feelings of superiority and paternalism underlie the decisions that he made about the clinic. The poor were associated with a lack of intelligence, and were considered to be unable to care for themselves. Kaufman's attitude towards the patients

⁷¹ Correspondence from A.R. Kaufman to Mrs. Hawkins, 16 February 1935, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

he assisted points to failings in this system of privately run contraceptive clinics, as patients were subject to the opinions of those who ran these clinics.

Simply because these organizations operated with little resistance from the medical establishment does not mean that they received their unqualified support or acknowledgement. They operated alongside, but not necessarily with the approval of official medical channels. A striking example of this are the difficulties presented to the Parents' Information Bureau by the Victorian Order of Nurses and Red Cross nurses with whom they came into contact. The medical establishment exerted control over how nurses responded to birth control clinics, similar to the ways that the Victorian Order of Nurses instructed nurses to not support midwifery.⁷² In 1934 Gladys A. Brandt wrote on behalf of the Parents' Information Bureau to Mrs. Hawkins discussing resistance from nurses that the Bureau encountered. Brandt claimed, "We feel our efforts have been most worth while [sic], in view of the fact that we have received very little co-operation from the Nurses (V.O.N.'s and the Red Cross, but where we have received our support had been from the interested lay women from the various organizations)."⁷³ While it is not entirely clear where this resistance came from, the fact that it was felt coming from various nursing organizations suggests that a link may exist between this uncooperative pattern and the medical establishment's control over nurses. As the hierarchical system of hospitals placed nurses under physicians and administration they were subject to control

⁷² Gwenith Siobhan Cross, "A midwife at every confinement- Midwifery and medicalized childbirth in Ontario and Britain, 1920-1950," *Canadian Bulletin of Medical History* 31.2 (2014): 148.

⁷³ Correspondence from Gladys A. Brandt to Mrs. Hawkins, 18 September 1934, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

through these channels. As unwilling themselves to support contraceptive use, the College of Physicians and Surgeons may have influenced nurses' opinions and actions on the matter through these hospital structures. The fact that individual women supported their endeavors when not associated with nursing organizations also seems to suggest that institutional pressure was behind this nurse resistance.

The highly publicized Eastview trial of Dorothea Palmer, travelling nurse for the Parents' Information Bureau, ensured that both the public and physicians were aware of the contentious debates occurring during these years. Palmer's trial, lasting from October 1936 until March 1937, was covered at length by various publications showing a variety of opinions.⁷⁴ One of the results of this trial was increased calls for physicians and the medical establishment to publically announce their support for contraceptives and begin to offer safe and affordable methods of birth control to patients. In a June 1937 address given by Dalhousie University Professor of Gynecology Dr. H.B. Atlee to the Canadian and Ontario Medical Associations, Dr. Atlee gave one of these calls for change directly to the medical establishment. In his address Atlee argued that "The time has come when doctors as a profession must be prepared to give instruction in birth control in cases where pregnancy might prove dangerous. To tell a woman that she should not become pregnant and then refuse information as to the means, is not only stupid but cruel."⁷⁵ While Atlee does not mention the Palmer trial by name the timing of the address (three

⁷⁴ The Eastview Case, Parents' Information Bureau, WA 17 Box 2 File 17.42 Newspapers, booklets, etc. 1931-1936. Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

⁷⁵ Extract from Address Given by Dr. H.B. Atlee At Ottawa, 25 June 1937, Record Group I Series H General Files, Newspaper Clippings, Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

months after the trial) and the very public nature of the trial suggests that it may have been a catalyst for some of these changing opinions. By extension, then, the Parents' Information Bureau's birth controlling activities may have helped individual physicians become more vocal supporters of the contraceptive movement and led them to make calls for change from the medical establishment.

The trial also sparked reactions from those opposed to having the medical establishment support contraceptives. A December 1936 issue of *The Canadian Doctor* published an article titled "New Incentives for Maternity" which argued that the Palmer trial increased discussion on contraceptives in both the public and within medical communities.⁷⁶ While the article goes on to argue that contraceptives should not be used as western societies were experiencing population decline, it is significant that the article mentions the Palmer trial as a reason for increased public attention on contraceptives. This suggests that the operation of clinics and birth control societies worked to increase visibility of the contraceptive debates. This put increased pressure on the medical establishment from both sides, as the use and legalization of contraceptives became a debate that was not only occurring within the medical sphere.

This comparison of these two major birth control clinics works to show the substantial influence that clinic operators had on their organizations and on the choices that patients were able to make within those clinics. From the kinds of birth control that patients were encouraged to choose, to the amount of physician influence in clinics, to who approved a woman's use of birth control, an individual's experience varied greatly

⁷⁶ The Canadian Doctor, December 1936, Parents' Information Bureau WA 17 Box 2 File 26-35, Parents' Information Bureau Fonds, University of Waterloo Library, Ontario, Canada.

depending on where she went for her reproductive healthcare. Mary Hawkins and the Birth Control Society of Hamilton pushed for medicalization of birth control by advocating legal changes, encouraging the use of pessaries, and requiring a family physician's signature before providing care to a patient. Conversely, A.R. Kaufman's Parents' Information Bureau encouraged methods of birth control that required far less physician oversight. By utilizing door-to-door nurses rather than relying on stand-alone clinics, Kaufman was able to reach directly into the homes of Canadians and influence their reproductive choices. Additionally, his focus on male sterilization attempted to allow men to become involved in birth control within their families. His eugenics beliefs and practices, however, greatly influenced the way that he viewed patients and therefore changed the kind of care that he offered these individuals. What made this variance in care possible was the lack of government or medical establishment oversight within these clinics. As the medical establishment decided to remain silent on the birth control debate they left opportunities for people like Hawkins and Kaufman to greatly influence the landscape of Canadian contraceptives in terms of patients, methods, and physician influence. This forced the Canadian public to turn to unregulated organizations for their reproductive healthcare.

Chapter Three

The Feminine Hygiene Market: From the Doctor's Office to the Department Store

As public acceptance for birth control grew in the twentieth century, so too did the options available to women. Private companies were quick to step in and provide an array of birth control products, regardless of their effectiveness or safety. The euphemistically named “feminine hygiene” industry developed various products, including jellies, foams, and suppositories. This combination of a wide availability of previously taboo materials and targeted advertising campaigns marketed towards women effectively created a consumer culture surrounding birth control.¹ The most popular item sold under the feminine hygiene umbrella was the feminine douche.² Sold as a form of birth control as well as a personal care product, the douche became a favourite of Canadian women. However, despite its popularity the product was not an effective means of birth control. In serious cases, douching could harm women’s reproductive health, as using the products too often or in too high concentrations could result in chemical burns. Despite evidence that physicians at the time knew that the products were dangerous and ineffective, the medical community and government did little to prevent the sale of these products. Ironically, the publication ban surrounding birth control during these decades actually allowed these companies to flourish, and as long as they avoided explicit mention of contraceptive properties they were exempt from prosecution. These companies were able to hide behind technicalities and euphemistic language in order to continue to dominate the birth control market. As a result, Canadian women were left to

¹ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 151.

² *Ibid*, 170.

find for themselves in a consumer market flooded with ineffective and oftentimes dangerous products.

Within the greater context of birth control in Canada during the 1920's to 1940's the feminine hygiene market occupies a unique space. Then, more than ever before, birth control products was being sold as a commodity. The products that Mary Hawkins and Margaret Sanger hoped to place within the realm of medicine now came to be marketed in the same way as dish detergents and refrigerators. Companies encouraged women to revel in these choices, implying that choice meant freedom and freedom meant emancipation and social progress. These products came to be de-medicalized, as women's contraceptive products came to be sold in the same way as condoms. The key difference here lies in the nature of these products, as products marketed as female birth control often included liquids and foams with potentially harmful ingredients such as carbolic acid, whereas barrier methods such as condoms did not run the same risk.

Between 1889 and 1910 Lehn and Fink marketed Lysol disinfectant to the medical community to be used in the cleaning of wounds and in disinfecting the skin prior to surgeries.³ However, in 1912 the carbolic acid solution was found to be too dangerous and was no longer used on patients in hospitals or doctor's offices. Burns could result when an individual was in contact with the solution for too long or when it was used in too high a concentration. As a result, the company rebranded in the 1920's and began selling its disinfectant as a household cleaner, to be used on kitchen counters and bathroom floors. In addition, the company released advertisements encouraging

³ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 77.

women to use the product as a contraceptive douche. While Section 207 C of the Criminal Code made the advertising of birth control illegal, the euphemistic language utilized by the industry meant that they could easily circumvent legal restrictions.⁴

While many companies struggled for power in the feminine hygiene industry, Lehn and Fink came to dominate the Canadian market.¹ Their advertisements were found in newspapers and women's magazines. Advertisements such as these were influential because they had extensive reach across the country at a time when most Canadians could not access either medical advice or alternative methods of birth control such as the pessary. Even if such advice was accessible, it might not be used because fear and embarrassment prevented women from seeking birth control consultations. It was also easier to go to a local department or drug store to pick up products that claimed to both prevent pregnancy and lead to marital bliss. Advertisements, then, were important for providing information and in shaping demand for particular products and took the place of advice from trained professionals.

Affordability was a major factor contributing to the popularity of feminine hygiene products. In the 1930's the douche was the least expensive birth control method available, with the supplies necessary costing about a dollar.⁵ In contrast, a pessary and contraceptive jelly combination cost between four and six dollars.⁶ The feminine douche also negated the need for a doctor's visit and invasive fittings that put many women off birth control that they could access through their physician. The added privacy and cost

⁴ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 485.

⁵ *Ibid*, 493.

⁶ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 155.

effectiveness of douches gave rise to its prominence in a society where discussing birth control in public was still considered taboo. However, despite the hesitancy to discuss birth control it was widely accepted by women during this era. A 1938 Ladies' Home Journal poll found that 79% of women polled were "openly and positively in favour of birth control."⁷ When asked what their reason for supporting birth control was, 76% of readers polled said "family income."⁸ As feminine products promised to save women money by limiting family size, the industry had a large consumer base from which to draw. Demand for these products was reflected in the massive size of the industry. McLaren and McLaren estimate that the industry brought in \$12 million-a-year in Canada in the 1930's.⁹ Dwarfing that are American figures which place the industry at \$250 million-a-year. According to Forbes, the industry was one of the most "prosperous new businesses of the decade."¹⁰ The industry was able to grow to this size due to the aggressive marketing campaign put forth by these companies.

Despite Section 207 C of the Criminal Code, which banned publications and advertisements surrounding birth control, the industry relied on newspaper and magazine advertisements to grow a consumer base. This was accomplished through the use of euphemistic language which never directly stated that Lysol could be used for

⁷ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 76.

⁸ Michelle Ferranti, "From Birth Control to That "Fresh Feeling": A Historical Perspective on Feminine Hygiene in Medicine and Media," *Women & Health* 49, no. 8 (2010): 600.

⁹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 22.

¹⁰ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 485.

contraceptive purposes. Instead, terms such as “vaginal cleanliness” were used to suggest that these products were intended for use for hygienic purposes.¹¹ Included within these advertisements, however, were mentions of “protection” and “security” that women during those decades understood to stand for contraceptive properties. By using this language companies were able to sell their products for dual purposes of contraception and hygiene. Women were taught to believe that in order to remain healthy and attractive they needed to take special care to clean themselves using these products. As conversations about women’s hygiene and reproductive health were limited during these years, companies selling these personal cleaning products delivered information on supposed dangers as well as offered simple to use, affordable solutions. A 1947 study found that working and middle-class women gained the majority of their birth control information from advertisements rather than medical clinics.¹² These companies were therefore able to shape consumer understanding surrounding their products. Rather than filling a pre-existing consumer demand, they created one using marketing campaigns that centered around fear and guilt.

In order to sell their products as both contraceptives and hygienic products, feminine hygiene companies carefully examined their consumer base, looking for and creating problems for which their products were the solution. To sell their products as contraception, Lehn and Fink created advertising campaigns which suggested to women that their other methods of birth control would lead to the destruction of their marriages and families. “Wife in Name Only,” a 1942 Lysol newspaper advertisement features a

¹¹ Ibid, 485.

¹² Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 157.

crying woman, lit by a bedside lamp. The text reads, “She was miserable, unhappy, because her husband’s love turned cold.”¹³ This title works to imply that the woman pictured practices abstinence within her marriage, and that this choice led to her suffering. During these decades, many Canadians may have chosen abstinence as a form of birth control in order to ease themselves of financial and emotional burdens of excessive childbearing. The depression caused economic conditions in Canada to worsen, which made supporting large families difficult. Through this advertisement Lehn and Fink works to create anxieties about abstinence, suggesting to women that refraining from sex in order to prevent pregnancy would do them more harm than good. It argues that natural methods of birth control are ineffective as they deprive husbands of their desires and will therefore ruin marriages and families. A 1933 Lysol advertisement published in McCall magazine titled “The most frequent eternal triangle: a HUSBAND... a WIFE... and her FEARS” makes the same suggestion.¹⁴ It argues that abstinence causes marital unrest. The only way, then, to protect one’s marriage was to leave worries out of the bedroom, and in order to do this, women should practice feminine hygiene. These titles were not unique within Lehn and Fink’s marketing of Lysol. Frequent references to “that very fear” and “physical crisis” reminded women reading newspapers and magazines that birth control was their responsibility, and refusing to practice it would

¹³ “Wife in Name Only,” *Chicago Daily Tribune*, June 5, 1942.

¹⁴ Andrea Tone, “Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s,” *Journal of Social History* 29, no. 3 (1996): 485.

lead to their unhappiness.¹⁵ Through this lens birth control came to be discussed as less of a choice and more of a responsibility that wives must undertake.¹⁶

While telling women that they needed to use feminine hygiene products, the industry simultaneously also sold ideas about the emancipation of women. Companies attempted to frame the use of feminine hygiene products as liberating by emphasizing the notion that these products freed women from the burdens of excessive childbearing and allowed choice when it came to family planning. In this way, the companies co-opted the techniques used by Margret Sanger and other birth controllers who pushed for the legitimization of birth control by convincing the public that it would free women from their burdens.¹⁷ A 1933 advertisement in *McCall's* from the Zonite Products Company, a competitor to Lehn and Fink, argued that birth control was a “protest against those burdens of life which are wholly woman’s.”¹⁸ This language of burden and protest echo the pro-birth control arguments set forth by Sanger, as they repeated the notion that having a large family “is the greatest burden to [women] in all ways.”¹⁹ By using this notion of emancipation feminine hygiene companies attempted to latch on to the legitimacy already won by birth control advocates. Women were told not to think of themselves as consumers, but as dissenters pushing towards a better future.

¹⁵ Amy Sarch, "Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s," *Critical Studies in Mass Communication* 14, no. 1 (1997): 35.

¹⁶ Margaret Sanger, "Comstockery in America," July 1915.

<https://www.nyu.edu/projects/sanger/webedition/app/documents/show.php?sangerDoc=303242.xml>. (accessed 16 March 2018).

¹⁷ *Ibid.*

¹⁸ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 496.

¹⁹ Margaret Sanger, "Margaret Sanger Defends Her Battle for the Right of Birth Control," 5 Dec 1915. *New York Call* LCM 130: 101.

Lehn and Fink and The Zonite Products Company advertisements preyed on women's fears of being abandoned by their husbands by arguing that husbands may leave wives who did not pay special attention to feminine hygiene. "Her Husband Fell out of Love," a 1942 Lysol newspaper advertisement shows a crying woman, alone in a dark room. The advertisement features the text: "Heartbroken, she blamed another woman for her husband's indifference. But *she* was the guilty one – guilty of carelessness about feminine hygiene."²⁰ These advertisements intended to show women what could happen if they neglected to care for themselves using these products. They placed the blame for men's actions directly onto women, convincing consumers that there would be no one to blame but themselves if this happened to them. These companies preyed on women's ignorance of their own bodies and of their reproductive health. As Tone argues, advertising during these decades shifted towards appeals to emotion in order "to capitalize upon contextually specific trends, including women's fear of premature aging and loss of sexual attractiveness, the danger of maternal morbidity and mortality, as well as the threat of marital disunity."²¹ Feminine hygiene advertisements continually reminded women that their beauty was fleeting, and was somehow directly linked to their vaginal cleanliness. A 1937 Lysol advertisement in *The Globe and Mail* featured a young woman and the text, "I don't think *ignorance* is bliss. Not when it means ignorance of that subject so vital to youth – enthusiasm and health – the proper knowledge of sensible feminine hygiene."²² Advertisements such as this one work to show the ways in which all aspects of a woman's life were linked back to their self-care. Beauty, happiness, energy,

²⁰ Chicago Daily Tribune 15 May 1942 "Her Husband Fell out of Love"

²¹ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 71-72.

²² *The Globe and Mail* 31 March 1937 "I don't think *ignorance* is bliss."

and physical health could all be protected if only one bought the right brand of feminine douche. Through advertisements such as this one the cause of the popularity of these products becomes apparent, as one product designed to improve so many aspects of a woman's life, from her health to her enthusiasm, seems difficult to resist.

The negative claims within these advertisements are just as powerful as the promises of positive outcomes. One Lysol advertisement argued that fear "dries up valuable secretions, increases the acidity of the stomach, and sometimes disturbs the bodily functions generally."²³ Others claimed that women who did not use feminine hygiene products aged faster than those who did.²⁴ A 1927 advertisement in *Canadian Home Journal* argued that women would become "business widows" if they didn't use Lysol, meaning that their husbands would rather stay at work than come home to them.²⁵ By creating fears about the links between feminine hygiene and beauty, and then offering their products as the solutions to these concerns the feminine hygiene industry was able to mold their consumer market. Women's ignorance of their bodies was used against them in ways that shaped their consumer behaviour and gave these companies power over their bodies and wallets.

Along with the uncertainty about marital happiness that these advertisements created, they also worked to create fears surrounding germs and bodily cleanliness. Anxieties about cleanliness and the body were growing during these decades. Canadians were becoming conscious of their bodies and cleanliness was becoming a criterion for

²³ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 495.

²⁴ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 83.

²⁵ *Ibid*, 83.

social acceptance.²⁶ The advent of these products coincided with the popularization of Germ Theory in North America. Germ Theory resulted in the push towards “scientific motherhood” which shamed women for not maintaining the health of their families through cleanliness.²⁷ The acceptance of Germ Theory, which began in the late nineteenth century and became a part of everyday life by the 1920s, hugely influenced how women thought about their bodies.²⁸ During this era, people began to understand that germs could be transmitted person-to-person, or simply by touching an object that an infected person had come into contact with. Sneezing, food and water contamination were also now understood to be ways that germs travelled. Newspapers capitalized on these fears, creating headlines about the dangers of germs and hopeful messages of scientific discoveries in order to sensationalize the news and sell papers.²⁹ This change, which placed emphasis on science and cleanliness, allowed feminine hygiene companies to play on these newfound fears. Companies used these social pressures to push for the regulation of one’s body in order to encourage women to purchase products to quell these fears. This focus on science and fear was a large part of the marketing of feminine hygiene products, as by causing women to fear the natural germs in their own bodies these companies made their products appear necessary.

²⁶ Michelle Ferranti, "From Birth Control to That “Fresh Feeling”: A Historical Perspective on Feminine Hygiene in Medicine and Media," *Women & Health* 49, no. 8 (2010): 597.

²⁷ Cynthia R. Comacchio, *Nations are Built of Babies: Saving Ontario’s Mothers and Children 1900-1940*, (Montreal & Kingston. London. Buffalo: Queen’s University Press, 1993), 4.

²⁸ Nancy Tomes, “The Making of Germ Theory Panic, Then and Now,” *American Journal of Public Health* 90, no. 2 (February 2000): 192.

²⁹ Nancy Tomes, “The Making of Germ Theory Panic, Then and Now,” *American Journal of Public Health* 90, no. 2 (February 2000): 193.

Science and physicians were placed at the forefront of a large number of these advertisements. Companies wanted to appear to be as scientific as possible, in order to associate their products with more legitimate methods of birth control. To do so, companies attempted to gain consumer market share by stating that their products were more trusted by physicians than their competitors.³⁰ This reliance on science in order to gain legitimacy was an attempt to use women's ignorance about their bodies in order to sell products. As many women got a large portion of their medical and contraceptive advice through newspapers and women's magazines they were primed to trust advice given through this medium. Due to barriers of cost and geography, asking doctors these questions directly was simply out of reach for the majority of Canadians during these decades. Beyond cost, many women were embarrassed to discuss reproductive questions which physicians, which left them all the more vulnerable to these marketing tactics.³¹

To break down this doctor-patient barrier companies often featured female physicians in their advertisements. The images of women in lab coats encouraged readers to trust the advice they read. One example of this, a Lysol series titled "Frank Talks by Eminent Women Physicians," quoted Dr. Madeline Lion, a gynecologist who maintained that Lysol was the superior brand of feminine hygiene solution. Dr. Lion stated that

It amazes me, in these modern days, to hear women confess their carelessness, their lack of positive information, in the so vital matter of feminine hygiene. They take almost anybody's word... a neighbor's, and afternoon bridge partner's... for the correct technique.... Surely in this question of correct marriage hygiene, the modern woman should accept only the facts of scientific research and medical experience. The woman who *does* demand such facts uses 'Lysol' faithfully in her ritual of personal antisepsis.³²

³⁰ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 160.

³¹ *Ibid*, 154.

³² *Ibid*, 160.

While this is a compelling argument coming from a prominent gynecologist, the fact that Dr. Lion was simply a marketing tool, and not a real physician or even a real person, shows the lengths to which Lehn and Fink went in order to sell products. They did not simply bend the truth; they took the liberty to create their own. These companies utilized pseudoscience in many ways in order to prey on the anxieties of women. These advertisements often used scientific language, making claims about the maintenance of beauty and youth as being linked to these products without evidence to support these claims. The use of female physicians was intended to make women see these advertisements as confidential, woman-to-woman conversations when, in fact, they were carefully designed marketing tools.

The use of scientific imagery also encouraged this thinking. In a 1924 Zonite Products Company advertisement published in *Vogue*, the image of a nurse mixing the product is accompanied by the text “What Every Woman Should Know.”³³ The text goes on to state that “feminine hygiene has become a necessity” for the “modern woman.” The image and tone of the text suggest that this quote is coming directly from the nurse, which helps to promote the idea that this product was encouraged by the medical field. The image of a nurse, a trusted female medical professional, is used to encourage women to trust this product for their most intimate care. The advertisement goes on to state that products sold by other feminine hygiene companies were in fact dangerous to consumers. This claim is intended to create fear in readers, as they are encouraged to trust this advertisement but to question others.

³³ “What Every Woman Should Know,” *Vogue* 64.7 Oct 1, 1924.

Medical language was also used in the marketing of these products in an attempt to associate their use with science, thus suggesting legitimacy. “The Lysol Health Library,” a series of pamphlets put out by Lehn and Fink, described women’s bodies in detail in order to explain how their products worked. In the pamphlet titled “The Facts About Feminine Hygiene and Marriage Hygiene”, the pamphlet states that

The vagina is the passage leading from the outside to the uterus or womb. It is lined with a mucous membrane which produces a secretion as its own means of keeping the vaginal passage clean and healthy. In the unmarried woman this secretion is sufficient. But in the married woman, the cleaning antiseptic douche should follow married relations... ‘Lysol’ is the right antiseptic for this delicate purpose.³⁴

By beginning with terms such as “mucous membrane” and “secretions” which women reading these pamphlets may be unfamiliar with, the pamphlet emphasizes scientific language in order to appear to be scientifically accurate. Through these powerful appeals to emotion, reason, and fear the industry created a consumer market that was willing to put up with danger and negative side effects in order to save their youth, beauty, and marriages.

In order to serve the huge customer base that they created for themselves, feminine hygiene companies expanded the availability of their products through unique distribution methods. Department stores that sold the products were encouraged to create special sections in their stores to display these products to the public. These departments created a private space where women could discuss their concerns with a team of female sales staff who were specially trained to sell these products. The Zonite Products Company offered department stores free consultations and training sessions in order to

³⁴ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 80.

encourage stores to open feminine hygiene departments.³⁵ Travelling saleswomen were also employed by the companies. In a manner similar to travelling nurses employed by birth control clinics, women went door-to-door offering information on products and instructing women on how to properly use them.³⁶ Saleswomen were instructed to greet potential customers using the opening statement, “Good Morning. I am the Dilex Nurse, giving short talk on feminine hygiene.”³⁷ The use of the term “nurse” and the similarities to travelling nurses employed by birth control clinics created an environment in which customers were led to believe that these saleswomen had more scientific knowledge than they did. Beyond simply publishing their claims in newspapers, companies pushed their messages onto individuals through face-to-face interactions and a growing physical presence in department stores. As a result, the feminine hygiene market came to occupy a prominent place in public life. This was all despite the fact that Section 207 C of the Criminal Code banned companies from publishing any print material that explicitly claimed that their products were useful in the prevention of conception.

These advertising techniques did not go unnoticed by physicians in Canada, although they had little power or desire to become involved in these issues. In 1934, the Canadian Medical Association Journal published a letter to the editor written by Dr. J.J. Heagerty, a prominent physician and health insurance advocate.³⁸ Within the letter, Heagerty discusses the public advertising of contraceptives, noting how the companies

³⁵ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 497.

³⁶ *Ibid*, 498.

³⁷ *Ibid*, 498.

³⁸ J.J. Heagerty, "Legislation on Health Insurance," *Canadian Medical Association Journal* 46.4 (April 1942): 389-391.

utilize euphemistic language in order to circumvent the law. Dr. Heagerty states that, “I have before me at the moment a preparation that is placed upon the market as a contraceptive; and although it quite obviously contravenes Section 207 of the Criminal Code, the advertisement is so skillfully worded that a prosecution would probably fail.”³⁹ As Dr. Heagerty’s complaint shows, physicians were aware of the fact that products were being sold to the public using methods that were less than legal. Heagerty goes on to state that, “It is extremely difficult to control newspaper advertising. The moral ethical newspapers and magazines will not accept questionable advertisements; others are indifferent and will publish anything whatsoever.” While some newspapers and magazines may have indeed refused to publish certain advertisements, the presence of Lysol and Zonite advertisements in the *Globe and Mail*, *Vogue*, and Eaton’s Catalogues counters this aspect of Heagerty’s argument.⁴⁰ Major publications were willing to take money from feminine hygiene companies in return for turning a blind eye to the potential dangers of these products and the fact that they might be breaking Section 207 C. Publications were largely silent on their involvement in the propagation of the feminine hygiene industry. As Tone points out, magazines such as *McCall’s* and *Ladies’ Home Journal* were silent on both the effectiveness and the safety of the products whose companies purchased their advertising space.⁴¹ Women’s magazines, viewed as places for

³⁹ J.J. Heagerty, “Advertising and the Sale of Drugs,” *Canadian Medical Association Journal* 30.3 (March 1934): 320.

⁴⁰ I don’t think *ignorance* is bliss...,” *The Globe and Mail*, March 31, 1937.

“Does Woman Get a Fair Chance?,” *Vogue* 64.7 Oct 1, 1924, 145.
Eaton’s Spring and Summer, 1936, 87.

⁴¹ Andrea Tone, “Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s,” *Journal of Social History* 29, no. 3 (1996): 493.

frank discussion amongst women, seem to have refused to protect consumers from the products their endorsed.

Despite the feminine hygiene market occupying a powerful space in consumer life, the products did not live up to their explicit or implicit claims. Douching products rarely worked for contraceptive purposes. Despite being sold as “protection,”⁴² which implied that the product could be used as birth control, solutions often had a failure rate of over 70 percent.⁴³ As the product was used after sperm had travelled past the cervix, the solutions could not prevent pregnancy that occurred before douching occurred. While there did exist some jellies that were effective as birth control, there were far more products for sale which offered no help whatsoever.⁴⁴ As they were sold through the same channels women had no way of knowing which products were effective and which were not. Of the douching solutions available, some were far too weak whereas others contained ingredients known to have dangerous side effects. The ineffective solutions were simply mixtures of water, plant extracts, and salt, whereas Lysol and other brands contained cresol, a carbolic acid.⁴⁵ There exist many reports of Lysol resulting in painful side effects such as burning, scarring, poisoning, and inflammation.⁴⁶ Despite its harsh nature, a 1933 study by Newark Medical Health Center found that out of 507 women douching with Lysol to prevent pregnancy, 250 became pregnant.⁴⁷

⁴² Ibid, 485.

⁴³ Ibid, 493.

⁴⁴ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 170.

⁴⁵ Ibid, 170.

⁴⁶ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 91.

⁴⁷ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 170.

The public was well aware of the dangers of Lysol, but the connection to the danger of Lysol as a douching product seem to be limited. In the 1920's and 1930's the pages of the *Globe and Mail* detail dozens of intentional and accidental deaths caused by Lysol poisoning. Mrs. Ethel Walker, Mrs. Alfred Bates, and an unidentified woman died between 1922 and 1928 from ingesting Lysol.⁴⁸ In 1930 a dentist by the name of Dr. William G. Grigg died in his office after mistaking a glass of Lysol for that of water.⁴⁹ A man died hours after accidentally gargling Lysol rather than water in 1927.⁵⁰ In 1933 a nurse accidentally bathed a newborn baby in Lysol, which she mistook for olive oil.⁵¹ The bath resulted in burns on the child's skin so severe that it soon passed away. The ease with which individuals died by using or mistaking the product is shocking. Beyond this, ingesting Lysol was not the only way that individuals died by using the acidic solution.

Douching with Lysol was also documented to have caused burns, scarring, and death in individuals who used the product too much or used it in too high a concentration. A nineteen-year-old woman who douched multiple times a day with the product was diagnosed with acute vaginal and cervical burns. Beyond the horror of her condition, she was also found by physicians to be pregnant at the time of her treatment.⁵² Reports of death caused by douching with a Lysol solution did not prevent the sale of the product or reduce the company's aggressive advertising campaigns. Feminine hygiene companies

⁴⁸ "Six Sudden Deaths Probed by Coroners," *The Globe (1844-1936)*, Dec 08, 1928.
"Carbolic Preparation Causes Sudden Death," *The Globe (1844-1936)*, Jul 11, 1922.
"Unidentified Woman Meets Tragic Death," *The Globe (1844-1936)*, Aug 28, 1924.

⁴⁹ "Dentist Ends Life as Patient Waits," *The Globe (1844-1936)*, Nov 29, 1930.

⁵⁰ "Taking Wrong Gargle, Man Dies in Few Hours," *The Globe (1844-1936)*, Jul 09, 1927.

⁵¹ "Inability to Read is Cause of Death," *The Globe (1844-1936)*, Sep 27, 1933.

⁵² Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 171.

instead argued that because their products were not explicitly sold as birth control, that the company could not be held at fault if women became injured when using the products for these purposes.⁵³ These claims were made despite the fact that their marketing campaigns did explicitly instruct women to flush out their vaginas with the product for the purpose of personal hygiene. Advertisements repeatedly told women that the product was intended to “keep the vaginal passage clean and healthy,”⁵⁴ making it clear that the product was intended for application on the skin and in the vagina. These products were especially dangerous when in the hands of uninformed, frightened women. Many women believed that using more of the product and using it in higher concentrations would make it a more effective method of birth control. As the products were sold by saleswomen without scientific knowledge of the product, and as the medical community at large did not speak out about the products to the public, this resulted in women applying dangerous concentrations of the product and using douching solutions far too frequently. By barring discussions of birth control, Section 207 C of the Criminal Code resulted in an environment in which women could not be effectively warned about the dangerous products they were using on themselves. It put a chokehold on frank discussions of the efficacy and safety of these products. As a result, some women died and others were severely injured in their attempts to prevent pregnancy and clean their bodies through the use of feminine hygiene products.

Within Canada, it seems as though a body did not exist to protect women from these companies. The Food and Drugs Act only applied in cases where companies misled

⁵³ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 494.

⁵⁴ Andrea Tone, *Devices and Desires* (New York: Hill and Wang, 2001), 160.

consumers by misbranding.⁵⁵ As feminine hygiene companies never explicitly mentioned birth control on their packaging or within their advertisements, Lehn and Fink and other companies were never charged under this Act. In this way, the euphemistic language that these companies used protected them twofold. They were able to both circumvent Section 207 C in order to publish advertisements and were then able to deny any wrongdoing when individuals incurred injuries while using these products. The language used in the Food and Drugs Act was too vague to be effective in protecting women from dangerous feminine hygiene products. The act defined drug as “all medicines for internal or external use for man or animal.”⁵⁶ The application of this Act shows that douching products were not protected under this act as they were not considered “medicines,” due to the vague definition of medicine used at the time. By considering this definition it appears as though feminine hygiene solutions were not considered “medicines” as they advertised only as personal care products, and not as tools for birth control.

The vague nature of the act was discussed in the House of Commons debates in 1934, when amendments to the Food and Drugs Act were proposed. The issue of Lysol and other self-administered medicines was discussed, and members of parliament agreed that medicines taken internally, like Lysol, should be controlled under the act. Peter McGibbon argued that “We must protect the public against themselves and against their own foolishness. We must protect them against deception. This is in the interests of their health and even of their lives.”⁵⁷ Despite this recognition, it took until 1939 for Food and

⁵⁵ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 92.

⁵⁶ *Ibid.*, 92.

⁵⁷ Canadian Parliamentary Historical Resources. “House of Commons Debates, 17th Parliament, 5th Session, Volume 3.”

Drugs Act to be amended. At this time, the term “medicines” was redefined as “any substance or mixture of substances that may be used in restoring, correcting, or modifying organic functions.”⁵⁸

This new definition clearly encompassed feminine douching products. Despite not explicitly advertising their products as birth control, under this new definition products used for hygienic purposes would be considered to be “restoring, correcting, or modifying organic functions.”⁵⁹ Despite this amendment, however, feminine hygiene companies were never charged under the Food and Drugs Act. Individuals incurred burns and scarring through the use of these products, and yet they were sold with little to no protection for consumers.

The response from the medical establishment was equally quiet. Besides Heagerty’s complaint about the euphemistic advertising of feminine hygiene products, the Canadian Medical Association Journal rarely, if ever, discussed the feminine hygiene industry or feminine douching products during these decades. It appears as though the same fear for integrity and protection of the profession which resulted in the medical establishment refusing to participate in early birth control debates also extended to the widely accessible and widely used feminine hygiene industry.

Section 207 C of the Criminal Code can be equally blamed for this industry being left unchecked for so long. Because companies used euphemism to skirt around the intended uses of their products, they were not considered “medicine” in the same way as

http://parl.canadiana.ca/view/oop.debates_HOC1705_03/1?r=0&s=1. (accessed 15 May 2018).

⁵⁸ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 92.

⁵⁹ *Ibid.*, 92.

other products. As such, these companies could not be prosecuted under the Food and Drugs Act. The use of euphemistic language did nothing to increase safety for consumers. The maintenance of this law upheld outdated notions of respectability without considering the real-world impacts that silencing contraception debates had. By not amending Section 207 C of the Criminal Code to legalize contraceptives until 1969, the government put the health of Canadian women at risk for decades.⁶⁰

Feminine hygiene companies were able to dominate the consumer market between the 1920s and 1940s by shaping conversations around personal hygiene and birth control. They created anxieties in women and offered their products as the solution. With new fears surrounding cleanliness and the importance of sexual happiness within marriage becoming prominent during these years, women turned to the industry that claimed to be able to give them some relief. Despite public knowledge of the dangers of these products, the Canadian government and medical establishment did very little to protect consumers. Once again, women's reproductive health was put in danger due to the restrictive nature of Section 207 C of the Criminal Code. Banning published discussion on birth control meant private companies were able to sell their sometimes-harmful products with no real repercussions.

⁶⁰ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 9.

Conclusion

As the twentieth century wore on, Canadian women came to have more access to birth control than ever before. Depending on their class and geographic location, women could choose the method that best fit their needs. From condoms to pessaries to the feminine douche, a consumer marketplace emerged in which choice became a major factor. However, increased choice did not coincide with increased effectiveness or safety. A lack of medical oversight and government intervention meant that companies and private entities involved in the birth control industry were largely unregulated. The result was that women were often not given accurate information when it came to their reproductive needs. They were also subject to the worldviews of those from whom they sought care and laws which prevented the spread of birth control information. Even birth control clinics did not necessarily work with only the patient's best interests in mind.

The turn away from midwifery and the resulting medicalization of birth at the turn of the century began this process. This change caused reproductive health care to be taken away from the woman's domain and placed into the realm of organized medicine.¹ Male physicians were now in the delivery room more than ever. Medical advancements emerged that eased labour and made delivering babies safer than it had previously been.² However, the cost of this change was a lack of choice for these soon-to-be-mothers. The

¹ Lesley C. Biggs, "The Case of the Missing Midwives': A History of Midwifery in Ontario from 1795-1900," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup, Andr e L evesque, Ruth Roach Pierson (London and New York: Routledge, 1990), 21-22.

² Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: McClelland & Stewart Inc., 1986), 31.

power dynamic in the delivery room shifted as giving birth came to physician-centered.³

As this process occurred, male physicians came to solidify their place in obstetrics.

Physicians came to be seen figures who should be responsible for making decisions about reproductive healthcare. As such, during the birth control debates of the 1920's and 1930's, it was physicians who were viewed as the gatekeepers of contraceptive access.

The refusal by physicians to participate in these conversations was devastating for the birth control movement, as the medical establishment did not encourage lawmakers or the public to support birth control. Despite the knowledge that having too many children, too close together could be dangerous for women's health,⁴ the medical establishment in Canada was not swayed enough to support this cause. Physicians were prevented from speaking out in favour of birth control due to fears about upsetting religious groups, moral arguments that saw middle-class women as selfish, and class influence which stopped many physicians from understanding the plight of their patients.⁵ As a result, Section 207 C of the Criminal Code, which effectively banned birth control, remained on the books throughout these decades.

Birth control clinics that were established around Southern Ontario presented a new set of opportunities and challenges for Canadian women during the 1920s and 1930s. The private groups running these organizations had their own ideas about their clients and the birth control movement as a whole. Women had to fit a certain mold and meet a

³ Jessica C.A Shaw, "The Medicalization of Birth and Midwifery as Resistance," *Health Care for Women International* 34.6 (2013): 523.

⁴ Wendy Mitchinson, "Controlling Fertility: Birth Control and Abortion." In *Body Failure: Medical Views of Women, 1900-1950*, 159-184. (University of Toronto Press, 2013), 180.

⁵ *Ibid*, 166-167.

certain set of criteria to be deemed acceptable to birth control clinics. Those who did not were denied relief and forced to look elsewhere to prevent pregnancy. In addition, rural women and those living outside of certain cities were unable to get access to contraceptives through this avenue due to geographic barriers.

As the history of the Parents' Information Bureau demonstrates, leaving medical access to the hands of unregulated groups can put women in positions in which they must seek medical care from bodies with outside interests. A.R. Kaufman's eugenic leanings, the organization's ability to decide who received contraceptives and the form of those products, show the influence of private individuals in birth control access.⁶ Women had to give up a degree of their freedom in order to access these clinics, as each one had strict ideas about their patients and the direction of the birth control movement. While many historians have argued that Mary Elizabeth Hawkins and the Hamilton Birth Control Society offered a preferable alternative, the analysis of the organization's archives performed here shows that they too had strict conditions under which birth control was offered.⁷ Additionally, the clinic's insistence on involving physicians in birth control meant that access was limited to a very small number of women.⁸ When these two organizations are compared, it becomes clear that women seeking contraceptives through

⁶ Linda Revie, "More Than Just Boots! The Eugenic and Commercial Concerns behind A.R. Kaufman's Birth Controlling Activities," *Canadian Bulletin of Medical History* 26:1 (2006): 124.

⁷ An Outline of the Work and Aims of the Birth Control Society of Hamilton, Record Group 1 Series F History Historical Memoranda, Etc. Planned Parenthood Society of Hamilton Fonds, Hamilton Public Library, Hamilton, Ontario, Canada.

⁸ Diane Dodd, "Women's Involvement in the Canadian Birth Control Movement of the 1930s: The Hamilton Birth Control Clinic," in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed. Katherine Arnup et al. (London and New York: Routledge, 1990), 159.

clinics were forced to fit themselves into a very particular mold in order to appear respectable to clinic operators. Patients had to perform the role expected of them when attempting to get this type of medical care. Women who were unable to do this were forced to turn to private companies in order to control fertility.

The exploration of Canada's feminine hygiene market here shows the danger of leaving individuals to fend for themselves in the contraceptive marketplace. Companies like Lehn and Fink were able to use euphemistic language in order to continue to publish advertisements, despite Section 207 C banning publication of birth control information.⁹ By doing this they could both sell products openly and shirk any blame for the fact that their products were ineffective in preventing pregnancy.¹⁰ In this way, the law designed to reduce birth control access made it both easier to get and more dangerous for consumers. By refusing to address this issue in the Food and Drugs Act (1920), the Canadian government showed a distinct lack of care and compassion for women who sought contraceptive products.¹¹ The government ignored dangerous side effects and false claims, allowing citizens to be taken advantage of by private corporations. The medical establishment too remained silent, refusing to point out the dangers of these products to the public.

⁹ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 77.

¹⁰ Andrea Tone, "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s," *Journal of Social History* 29, no. 3 (1996): 485.

¹¹ Kristin Hall, "Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919–1939," *Enterprise & Society* 14, no. 1 (2013): 92. and Canadian Parliamentary Historical Resources. "House of Commons Debates, 17th Parliament, 5th Session, Volume 3."

http://parl.canadiana.ca/view/oop.debates_HOC1705_03/1?r=0&s=1. (accessed 15 May 2018).

Beyond this, the feminine hygiene market transformed the landscape of birth control by creating a consumer culture around birth control. Choice became plentiful, as did the advertisements lining the pages of newspapers and women's magazines. Women were encouraged to think with their hearts and their wallets, rather than their heads, when it came to contraceptives. As birth control moved from the doctor's office to the department store, Canadian women had even more options to navigate. Despite this explosion of access, there was little advice coming from the government and medical establishment guiding consumers towards appropriate and safe choices. This was, in part, due to the restrictive laws that blocked conversations surrounding birth control. Rather than protect women, these laws made it more difficult for information to get to the public, leaving holes in knowledge that private corporations were more than willing to fill.

While technology advanced, the laws surrounding birth control did not change until 1969. In this year, the sale and advertising of birth control products was decriminalized.¹² While, as has been shown here, prosecutions under Section 207 C were not plentiful, this change in the law shows an altered thinking about birth control. The practice was now legitimized within parliament. Women no longer had to feel ashamed when attempting to control their fertility. In addition to removing restrictions from the publication, promotion, and dissemination of information and technologies related to birth control, this same law also made abortions legal (in very particular cases) and legalized homosexuality between two consenting adults.¹³ The connection between these three topics seems to suggest that while Canada had modernized during the twentieth

¹² John T. Saywell, *Canadian Annual Review, 1969*, (University of Toronto Press, Scholarly Publishing Edition, 1970), 375.

¹³ *Ibid*, 4.

century, full acceptance of birth control was still on the horizon. Within the law, birth control was still tainted with the stigma associated with abortions and taboo sexual behaviour. This is reminiscent of Section 207 C, as it connected birth control with the sale of pornography in such a way that suggested a connection between the unrelated topics.

The restrictive laws surrounding the publication and sale of birth control created dangerous conditions for women attempting to limit reproduction between the 1920s and 1940s. By banning publishing on birth control, Section 207 C pushed this realm of medicine underground. As birth control came to occupy this unique space, as technically illegal yet widely available, individuals and corporations were able to influence the medical choices of a generation of women. These women had to place their trust into the hands of private clinics and companies because the government and medical establishment in Canada refused to step in and protect them.

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