

CONTRACEPTIVE CONSUMERS: GENDER AND THE POLITICAL ECONOMY OF BIRTH CONTROL IN THE 1930s

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In 1933, readers of *McCall's* probably noticed the following advertisement for Lysol feminine hygiene in the magazine's July issue:

The most frequent eternal triangle:

A HUSBAND . . . A WIFE . . . and her FEARS

Fewer marriages would flounder around in a maze of misunderstanding and unhappiness if more wives knew and practiced regular marriage hygiene. Without it, some minor physical irregularity plants in a woman's mind the fear of a major crisis. Let so devastating a fear recur again and again, and the most gracious wife turns into a nerve-ridden, irritable travesty of herself.¹

Hope for the vexed woman was at hand, however. In fact, it was as close as the neighborhood store. Women who invested their faith and dollars in Lysol, the ad promised, would find in its use the perfect panacea for their marital woes. Feminine hygiene would contribute to "a woman's sense of fastidiousness" while freeing her from habitual fears of pregnancy. Used regularly, Lysol would ensure "health and harmony . . . throughout her married life."²

The *McCall's* ad, one of hundreds of birth control ads published in women's magazines in the 1930s, reflects the rapid growth of the contraceptive industry in the United States during the Depression. Birth control has always been a matter of practical interest to women and men. By the early 1930s, despite long-standing legal restrictions and an overall decline in consumer purchasing power, it had also become a profitable industry. Capitalizing on Americans' desire to limit family size in an era of economic hardship, pharmaceutical firms, rubber manufacturers, mail-order houses, and fly-by-night peddlers launched a successful campaign to persuade women and men to eschew natural methods for commercial devices whose efficacy could be "scientifically proven." In 1938, with the industry's annual sales exceeding \$250 million, *Fortune* pronounced birth control one of the most prosperous new businesses of the decade.³

Since the Depression, the contraceptive industry's wealth and standing have steadily increased. Yet despite its meteoric rise, the contraceptive industry remains an unexplored chapter of American history. Studying the birth control movement chiefly as a medical or political phenomenon, historians have discounted the social significance of its commercialization. This historiographical lacuna can be explained, in part, by the belief that technological stagnation forestalled the emergence of a lucrative contraceptive industry prior to the mass marketing of oral contraceptives in 1960. In fact, the technological innovations of the 1960s and 1970s merely fortified the industry's already well-established position. Decades before the Pill became a household word, the political economy of birth control in the United States had already been shaped.⁴

It was during the Depression that the structure of the modern contraceptive market emerged. Depression-era manufacturers were the first to create a mass

market for contraceptives in the United States. Through successful advertising they heightened demand for commercial birth control while building a permanent consumer base that facilitated the industry's subsequent expansion. Significantly, this consumer constituency was almost exclusively female. Condoms, the most popular commercial contraceptive before the Depression, generated record sales in the 1930s. But it was profits from female contraceptives—sales of which outnumbered those of condoms five to one by the late 1930s—that fuelled the industry's prodigious growth.⁵ Then, as now, women were the nation's leading contraceptive consumers.

An important feature distinguished the birth-control market of the 1930s from that of today, however: its illegality. Federal and state laws dating from the 1870s proscribed the inter-state distribution and sale of contraceptives. Although by the 1920s the scope of these restrictions had been modified by court interpretations permitting physicians to supply contraceptive information and devices in several states, the American Medical Association's ban on medically dispensed contraceptive advice remained intact. Neither legal restrictions nor medical disapproval thwarted the industry's ascent, however. Instead, they merely pushed the industry underground, beyond regulatory reach.⁶

Contraceptive manufacturers in the 1930s exploited this vacuum to their advantage, retailing devices that were often useless and/or dangerous in a manner that kept the birth-control business on the right side of the law. The industry thrived within a grey market characterized by the sale of contraceptives under legal euphemisms.⁷ Manufacturers sold a wide array of items, including vaginal jellies, douche powders and liquids, suppositories, and foaming tablets as "feminine hygiene," an innocuous-sounding term coined by advertisers in the 1920s.⁸ Publicly, manufacturers claimed that feminine hygiene products were sold solely to enhance vaginal cleanliness. Consumers, literally deconstructing advertising text, knew better. Obliquely encoded in feminine hygiene ads and product packaging were indicators of the product's *real* purpose; references to "protection," "security," or "dependability" earmarked purported contraceptive properties.⁹

Tragically, linguistic clues could not protect individuals from product adulteration or marketing fraud. Because neither the government nor the medical establishment condoned lay use of commercial contraceptives, consumers possessed no reliable information with which to evaluate the veracity of a product's claim. The bootleg status of the birth control racket left contraceptive consumers in a legal lurch. If an advertised product's implied claims to contraceptive attributes failed, they had no acceptable means of recourse.

Within this highly profitable and unfettered trade, women became the market's most reliable and, by extension, most exploited customers. The rise of the birth-control industry was an important episode in the advance of consumer society in inter-war America. Mass production, a predominantly urban population, and innovations in consumer credit supplied the structural underpinning for the expansion of the consumer economy. The advertising industry, manufacturers, retailers, and political leaders provided a concomitant cultural ethos that celebrated the emancipating properties of consumption; the power to purchase was lauded as a desirable, deserved, and quintessentially American freedom.¹⁰ Women became favored recipients of this self-congratulatory encomium. As Su-

san Porter Benson, Dana Frank, William Leach, Kathy Peiss, and Cynthia Wright have shown, gender has been central to how consumer economies and cultures have been configured.¹¹ In the 1920s, when advertising consultants agreed that purchases by women accounted for eighty percent of consumer spending (this, in an economy increasingly dependent on consumer sales), the gendered dimensions of consumption were readily apparent. Hoping to influence women's buying behavior, advertisers shrewdly cast women's time-worn role as consumers in a flattering light. Universally endorsing among themselves a psychological profile of the female shopper as mercurial and easily swayed by emotional appeals, advertisers attempted to convince women that consumption was an inherently empowering task. Advertising copy and images accentuated a common theme: that the freedom to choose between Maybelline and Elizabeth Arden lipsticks hallmarked women's new-found authority and liberation in the post-suffrage age.¹²

Depression-era manufacturers and retailers of birth control adopted the same consumption/liberation formula used to sell women lipstick, Hoover vacuum cleaners, and Chrysler cars to construct the first contraceptive mass market in the United States. Just as consumption was trumpeted as a characteristically female freedom, so, too, was reproduction portrayed as a distinctively female task. On this latter point, women needed little convincing. By virtue of biology, pregnancy was an exclusively female experience; by virtue of convention, raising children in 1930s was principally a female responsibility. Drawing upon and simultaneously reinforcing the prevailing gender system, the birth control industry reified the naturalness of women's twin roles as consumers and reproducers. Conjoining these functions, manufacturers and retailers urged women to use their purchasing "power" to assume full responsibility for pregnancy prevention. The industry's sales pitch struck a resonant chord with American women in the 1930s. At a time when the cost of raising children was rising and an unprecedented and increasing proportion of the laboring population was officially unemployed, controlling fertility assumed added urgency. With public birth control clinics few in number and privately prescribed diaphragms financially and medically out of reach to most women, access to easily acquired, affordable, and effective birth control became a widely shared goal. With advertisers' prodding, millions of women turned to the contraceptive market to achieve it.¹³

By the 1940s, the commercialization of birth control had altered the contraceptive landscape of the nation. Fertility control in general, of course, was not a Depression-era invention; its long history has been well documented by historians. What birth control manufacturers succeeded in doing, however, was to increase the popularity of certain methods. By 1930, approximately sixty percent of white married women practiced some form of fertility control. As a spate of contemporary studies reveals, most of them depended on coitus interruptus (male withdrawal) for pregnancy prevention, with condom use—popular among immigrants and the working class—ranking a close second. By 1940 usage patterns had shifted appreciably. Notwithstanding the significant inroads made by doctor-prescribed diaphragms and affordably priced condoms, the antiseptic douche, only one of many products bearing the feminine hygiene label, was the most popular birth control method in the country. Strikingly, its commercial diffusion proved remarkably democratic. The commercial douche was the

favored contraceptive not only of middle-class women, who still made up a majority of birth control users, but of contracepting women of *all* economic classes. When the simultaneous popularity of other feminine hygiene products such as suppositories and jellies (used alone) is also considered, the trend toward feminine hygiene use becomes even more pronounced. By 1940, approximately one in three contracepting women depended on feminine hygiene as their primary birth-control method. The success of contraceptive manufacturers' campaign was twofold: not only did it encourage more women to use birth control, but it also ensured that the single largest proportion of those who did used female-controlled, commercially acquired contraceptives.¹⁴

The successful typecasting of women as contraceptive consumers reveals the centrality of industry to the history of birth control in America. Manufacturers have not been impartial witnesses of contraceptive change; they have consistently tried to influence reproductive practice and guide consumer behavior. While we can reject, in the case of the 1930s, what Roland Marchand has dubbed "the hypodermic-needle theory" of advertising—the supposition that companies use advertising to create previously non-existent demands—we cannot exonerate companies' actions altogether.¹⁵ Contraceptive manufacturers did not create the desire to control fertility, but they preyed on and compounded women's fears of pregnancy to reap higher profits. Printed ads and commissioned door-to-door sales representatives deliberately manipulated women's ignorance of the physiology of conception to hawk goods that were useless as contraceptives and dangerous to women's health. Masquerading under the guise of medical science, advertising promised women the latest advances in contraceptive technology. What women usually got instead were commercially prepared douches and suppositories less effective than conventional methods of birth control. In addition, ads created new psychological anxieties by inflating the social significance of contraception. If pregnancy signalled impending financial hardship, the means by which it was prevented—absent, of course, of the latest techniques and products—could destroy a marriage or ruin a family. Birth control advertising in the 1930s implicitly asked the obvious: Could a women in the "modern age" afford *not* to buy the newest contraceptives?

When Congress enacted the Comstock Act in 1873, a new nadir in reproductive rights had arrived. The anti-obscurity law, the result of the relentless campaigning of its namesake, purity crusader Anthony Comstock, proscribed, among other things, the private or public dissemination of any

book, pamphlet, paper, writing, advertisement, circular, print, picture, drawing, or other representation, figure, or image on or of paper or other material, or any cast, instrument, or other article of an immoral nature, or any drug or medicine, or any article whatever for the prevention of conception.¹⁶

Passed after minimal debate, the Comstock Act had long-term repercussions. Following Congress's lead, most states enacted so-called "mini" Comstock acts which criminalized the circulation of contraceptive devices and information within state lines.¹⁷ Collectively, these restrictions demarcated the legal boundaries of permissible sexuality. Sexual intercourse rendered nonprocreative

through the use of “unnatural”—that is, purchased—birth control was forbidden. Purity crusaders contended that if properly enforced, the Comstock and mini-Comstock acts would regulate birth control out of existence. Instead, they made birth control an increasingly dangerous, but no less popular, practice.¹⁸

By the time state and federal legislatures had begun to abandon their *laissez-faire* attitude toward birth control, a fledgling contraceptive industry had already surfaced in the United States. Indeed, the two developments were integrally yoked: the initiative to regulate contraceptives arose out of the realization that there was a growing number to regulate. The nineteenth century witnessed the emergence of a contraceptive trade that sold for profit goods that had traditionally been prepared within the home. Douching powders and astringents, dissolving suppositories, and vaginal pessaries had supplemented male withdrawal and abstinence as mainstays of birth-control practice in pre-industrial America.¹⁹ As the nineteenth century progressed, these conventional contraceptives became increasingly available from commercial vendors. Technologically upgraded versions of other standard contraceptives also entered the birth-control trade. The vulcanization of rubber in the 1840s figured prominently in contraceptive commercialization, expanding birth-control options even as it increased individuals' dependence on the market to acquire them. Vulcanization spurred the domestic manufacture of condoms, yielding American-made condoms that were cheaper than imported European condoms made from fish bladders or animal intestines.²⁰ The subsequent development of seamless condoms made of thinner latex, more appealing to users than earlier models, heightened condom demand. Vulcanization also facilitated the development of female contraceptives by supplying the requisite technology for the manufacture of rubber cervical caps and diaphragms. By the 1870s, condoms, douching syringes, douching solutions, vaginal sponges, and cervical caps could be purchased from mail-order houses, wholesale drug-supply houses, and pharmacies. Pessaries—traditionally used to support prolapsed uteruses but sold since the 1860s in closed-ring form as “womb veils”—could be obtained from sympathetic physicians. Thus when supporters of the Comstock Act decried the “nefarious and diabolical traffic” of “vile and immoral goods,” they were identifying the inroads commercialized contraception had already made.²¹

After the Comstock restrictions were passed, birth control continued to be sold, marketed for its therapeutic or cosmetic, rather than its contraceptive, value. Significantly, however, commercial contraceptive use became more closely associated with economic privilege. The clandestine nature of the market prompted many reputable firms—especially rubber manufacturers—to cease production altogether. Those that remained charged exorbitant prices for what was now illegal merchandise. For many wage-earning and immigrant families, the high price of contraceptives made them unaffordable. In addition, the suppression of birth-control information reduced the availability of published material on commercial and noncommercial techniques, as descriptions previously featured openly in pamphlets, books, journals, broadsides, and newspaper medical columns became harder to find. In effect, contraceptive information, like contraceptives themselves, became a privileged luxury.²²

Only in the 1930s were birth-control manufacturers able to create a mass market characterized by widespread access to commercial contraceptives. This

market developed in response to a combination of important events. The birth-control movement of the 1910s and 1920s, spearheaded by Margaret Sanger, made birth control a household word (indeed, it was Sanger who introduced the term) and a topic of protracted debate and heated public discussion. Sanger insisted that women's sexual liberation and economic autonomy depended upon the availability of safe, inexpensive, and effective birth control. Sanger conducted speaking tours extolling the need for female contraception and published piercing indictments of "Comstockery" in her short-lived feminist newspaper *The Woman Rebel*, the *International Socialist Review*, and privately published pamphlets. In October 1916, she opened in Brooklyn the first birth-control clinic in the United States where she instructed neighborhood women on contraceptive techniques. The clinic's closure and Sanger's subsequent jail sentence only increased her notoriety. Sanger was not alone in her efforts to legitimize contraception, of course. The birth control movement was a collective struggle waged by hundreds of individuals and organizations, including IWW locals, women's Socialist groups, independent birth control leagues, and the liberal-minded National Birth Control League.²³ But Sanger's single-minded devotion to the birth-control cause and her casual and frequent defiance of the law captured the media spotlight. In the 1910s it was Sanger, more than anyone else, who pushed contraception into the public arena and who, quite unintentionally, set the stage for the commercial exploitation that followed.

The momentum of the birth-control movement in the 1910s persisted in the 1920s despite the absence of legislative reform. By the end of the 1920s, state and federal legal restrictions on birth control remained operative and unchanged. Doctors-only bills which, had they been successful, would have permitted physicians to prescribe birth control, were introduced and defeated in New York, Connecticut, Pennsylvania, Massachusetts, New Jersey, and California. The Voluntary Parenthood League, successor of the now-defunct National Birth Control League, pursued a different tactic. Fearful that a doctors-only strategy would make contraception a privilege of the elite, the League lobbied to have birth control struck from federal obscenity laws. It, too, was unsuccessful.²⁴

Notwithstanding these legislative setbacks, significant advances were made. Capitalizing on a 1918 New York Court of Appeals ruling that exempted physicians from prosecution for prescribing contraception necessary to "cure or prevent disease," Sanger opened the first permanent public birth-control clinic in the country in 1923. Within a year, the clinic had supplied contraceptive information to 1,208 women.²⁵ By 1929, the number of medically supervised birth-control clinics across the country had increased to twenty-eight, almost all of which were affiliated with Sanger's parent organization, the American Birth Control League.²⁶ Sanger was also responsible for facilitating the domestic manufacture of diaphragms and spermicidal jellies, clinics' contraception of choice. Frustrated by her inability to interest American manufacturers in the manufacture of female contraceptives, Sanger persuaded her second husband, J. Noah H. Slee, president of the Three-In-One Oil Company, to smuggle German-made Mensinga diaphragms and contraceptive jellies in oil drums across the border near the firm's Montreal plant. The smuggling system worked, but not well: the method was unreliable and legally risky, the products acquired too few in number and vastly overpriced. In 1925, with Sanger's urging, Slee financed the

Holland-Rantos Company which began manufacturing spring-type diaphragms and lactic acid jelly for Sanger's clinics.²⁷

The cumulative effect of these activities—the sensationalist tactics, the organizational impetus, the failed legislative initiatives, and the expansion of public clinics—was to make Americans “birth control conscious.” The popularization of the idea of birth control supplied the cultural backdrop to the economic birth-control boom of the 1930s. In the absence of government approval and regulation, the rising desire for contraceptives provided the perfect environment in which a bootleg trade could thrive. As journalist Elizabeth Garrett explained in a 1932 article in *The New Republic*, “so long as contraception was wholly unknown and tabu [sic], saleswomen could not get very far with their prospects. But when ‘birth control’ became a familiar and at least partially respectable term, all that was needed to induce a woman to order contraceptive wares by mail, or to buy them from peddlers . . . was skilful advertising.”²⁸

As the demand for birth control accelerated, the inability of existing institutions to satisfy it became apparent. By 1932, only 145 public clinics operated to service the contraceptive needs of the nation; twenty-seven states had no clinics at all. Each year in New York City, birth-control organizations received over 10,000 letters requesting contraceptive information; because of chronic understaffing, most went unanswered.²⁹ Many women, spurred on by public attention to birth control but unable to secure the assistance needed to make informed contraception choices, took contraception—and their lives—into their own hands. A Chicago physician noted in 1930 with alarm the growing number of doctors reporting the discovery of chewing gum, hair pins, needles, tallow candles, and pencils lodged in female patients' urinary bladders. The doctor blamed these desperate attempts to restrict fertility on the “wave of publicity concerning contraceptive methods that has spread over the country.” Equally eager to control reproduction through self-administered means, other women turned to the burgeoning birth-control market to purchase what they believed were safe and reliable contraceptives.³⁰

That there was a commercial market to turn to was the result of liberalized legal restrictions that encouraged manufacturers to enter the birth-control trade. The structure of the birth-control industry of the early 1930s was markedly different from that which preceded it only a few years earlier. From 1925 to 1928, Holland-Rantos had enjoyed a monopoly on the manufacture of diaphragms and contraceptive jellies in the United States; other manufacturers expressed little interest in producing articles that might invoke government prosecution and whose market was confined to a handful of non-profit clinics. A 1930 decision, *Youngs Rubber Corporation, Inc., v. C.I. Lee & Co., et al*, lifted legal impediments to market entry. The *Youngs* case, in which the makers of Trojan condoms successfully sued a rival company for trademark infringement, forced the court to decide whether the contraceptive business was legal, and thus legitimately entitled to trademark protection. The court ruled that in so far as birth control had “other lawful purposes” besides contraception, it could be legally advertised, distributed, and sold as a non-contraceptive device. The outcome of a dispute between rival condom manufacturers, the *Youngs* decision left its most critical mark on the female contraceptive market. Companies that had previously avoided the birth control business quickly grasped the commercial opportunities

afforded by the court's ruling. Provided that no reference to a product's contraceptive features appeared in product advertising or on product packaging, female contraceptives could now be legally sold—not only to the small number of birth control clinics in states where physician-prescribed birth control was legal, but to the consuming public nation-wide. Manufacturers realized that the court's legal latitude would not affect the diaphragm market, monopolized, as it was, by the medical profession. Because diaphragms required a physician's fitting, the number of buyers, given financial and regional obstacles to this type of medical consultation, would remain proportionately small. Jellies, suppositories, and foaming tablets, on the other hand, possessed untapped mass-market potential. They could be used without prior medical screening. And because chemical compounds were cheaper to mass produce than rubber diaphragms, they could be sold at a price more women could afford.³¹

By 1938, only twelve years after Holland-Randos had launched the female contraceptive industry in the United States, at least four hundred other firms were competing in the lucrative market.³² The \$212 million industry acquired most of its profits from the sale of jellies, suppositories, tablets, and antiseptic douching solutions retailed over the counter as feminine hygiene and bought principally by women. Historians of birth control, attentive to the findings of medical studies in the 1930s, have rightly emphasized the rising popularity of diaphragms at this time, especially among urban, middle-class women. Progressive physicians and public clinics consistently endorsed combined diaphragm and jelly use as the safest and most effective female-controlled contraception available. But as important as increased diaphragm use was to the medicalization of birth control, its surging popularity was incidental to the escalating profitability of the industry itself. The contraceptive industry thrived in the 1930s precisely because, while capitalizing on public discussions of birth control to which the medical community contributed, it operated outside customary medical channels. Manufacturers supplied women with something that clinics and private physicians did not: birth control that was conveniently located, discretely obtained, and, most importantly, affordably priced. While the going rate for a diaphragm and a companion tube of jelly ranged from four to six dollars, a dollar purchased a dozen suppositories, ten foaming tablets, or, most alluring of all, up to three douching units, depending on the brand. Contraceptive manufacturers pledged, furthermore, that customer satisfaction would not be sacrificed on the altar of frugality. They reassured buyers that bargain-priced contraceptives were just as reliable as other methods. Without lay guides to help them identify the disjunction between advertising hyperbole and reality, women could hardly be faulted for taking the cheaper path. By the late 1930s, purchases of diaphragms accounted for less than one percent of total contraceptive sales.³³

Manufacturers' grandiose claims aside, not all contraceptives were created alike. The dangers and deficiencies of birth control products were well known in the health and hygiene community. Concerned pharmacists, physicians, and birth-control advocates routinely reviewed and condemned commercial preparations. Experts agreed, for instance, that vaginal suppositories, among the most frequently used contraceptives, were also among the least reliable. Suppositories typically consisted of boric acid and/or quinine, ingredients not recognized as effective spermicides. Melting point variability posed an added problem. Sup-

positories, usually based in cocoa butter or gelatin, were supposed to dissolve at room temperature. In practice, weather extremes and corresponding fluctuations in vaginal temperature made suppositories' diffusion, homogeneity, and contraceptive attributes unpredictable. The "protection" given by foaming tablets was no better. Comprising an effervescent, moisture-activated mixture such as tartaric acid and sodium bicarbonate (which, when triggered, produced a protective foam), tablets often remained inert until *after* male ejaculation.³⁴

But critics reserved their harshest comments for the most popular, affordable, and least reliable contraceptive of the day, the antiseptic douche. Noting the method's alarming failure rate—reported at the time to be as high as seventy percent—they condemned the technique as mechanically unsound and pharmacologically ineffectual. For one thing, the method's technique weakened its potential for success: by the time the solution was introduced, seminal fluid that had already penetrated the cervix and surrounding tissues was difficult to reach and negate. In addition, the method's ineffectiveness was compounded by the benignity or toxicity of the solutions themselves. Scores of douching preparations, while advertised as modern medical miracles, contained nothing more than water, cosmetic plant extracts, and table salt. On the other hand, many others, including the most popular brand, Lysol disinfectant, contained cresol (a distillate of coal and wood) or mercury chloride, either of which, when used in too high a concentration, caused severe inflammation, burning, and even death. Advertising downplayed the importance of dilution by drawing attention to antiseptics' gentleness and versatility; single ads praising Lysol's safety on "delicate female tissues" also encouraged the money-wise consumer to use the antiseptic as a gargle, nasal spray, or household cleaner. By the same token, the makers of PX, a less-known brand, sold a liquid disinfectant that ads claimed could be used interchangeably for "successful womanhood" or athlete's foot.³⁵

This strategy won sales, but it did so only by jeopardizing women's health. With even one-time douching a potentially deleterious act, women guided by the logical assumption that "more was better" strove to beat the pregnancy odds by increasing the frequency of their douching and the concentration of the solution used. In one case, a nineteen-year old married woman relied on regular douching with dissolved mercury chloride tablets for birth control. Eager to avoid pregnancy, she doubled the dose and douched "several times daily." Her determination landed her in a doctor's office where she was diagnosed with acute vaginal and cervical burns. In what must have seemed to her like a grave injustice, she also learned she was pregnant.³⁶

Reports on douche-related deaths and injuries and the general ineffectiveness of popular commercial contraceptive were widely discussed among concerned constituents of the health community. Sadly, however, these findings failed to prod the medical establishment as a united profession to take a resolute stand against the contraceptive scandal. Nor, regrettably, did blistering indictments of manufacturing fraud trickle down to the lay press where they might have enabled women to make informed contraceptive choices. The numerous women's magazines that published feminine hygiene ads—from *McCall's* to *Screen Romances* to the *Ladies' Home Journal*—were conspicuously silent about the safety and efficacy of the products they tacitly endorsed. The paucity of information impeded the development of informed consumerism. In advertising text and in

many women's minds, the euphemism "feminine hygiene" continued to signify reliable contraception. For unscrupulous manufacturers eager to profit from this identification, feminine hygiene continued to be a convenient term invoked to sell products devoid of contraceptive value.

Manufacturers absolved themselves of responsibility by reminding critics that by the letter of the law, their products were not being sold as contraceptives. If women incurred injuries or became pregnant while using feminine hygiene for birth control, that was their fault, not manufacturers'. Thus contraceptive firms whose profits depended on consumers' loose and liberal deconstruction of advertising text duplicitously clung to a rigid, literalist construction of language when defending their own integrity. The Norwich Pharmacal Company, for example, manufacturers of Norforms, the most popular brand of vaginal suppositories in the country, deployed precisely such an argument to justify its advertising policy. Norform suppositories were advertised exclusively as feminine hygiene, a term that the company's vice-president Webster Stofer conceded had become synonymous with contraception in many women's minds. All the same, Stofer insisted, Norforms were not sold as birth control. Asked why the company did not then change its marketing slogan to avoid misunderstanding, Stofer expressed his regret that it was "too late" to advertise suppositories as anything else. "The term has become too closely associated with Norforms," Stofer contended. "And anyway, we have our own definition of it."³⁷

Added to the growing list of groups unwilling to expose the hucksterism of the birth-control bonanza was the federal government. Neither the Food and Drug Administration (FDA) nor the Federal Trade Commission (FTC) was in a strong position to rally to consumers' aid. The FDA, authorized to take action only against product mislabelling, was powerless to suppress birth-control manufacturers' rhetorically veiled claims. The FTC, in turn, regulated advertising, but only when one company's claims were so egregious as to constitute an unfair business practice. The subterfuge prevalent in all feminine hygiene marketing campaigns, as well as a unanimous desire on manufacturers' part to eschew protracted scrutiny, kept the FTC at bay. Sadly for the growing pool of female contraceptive consumers, without regulation and reliable standards for discriminating among products, the only way to discern a product's safety and efficacy was through trial and error.³⁸

Clamoring for a larger share of the hygiene market, manufacturers did their utmost to ensure that their product would be one women would want to try. Aggressive advertising was instrumental to the industry's success. Appealing to women in the privacy of their homes, feminine-hygiene companies blanketed middle-class women's magazines in the 1930s with advertisements, many of full-page size. Targeting the magazines' predominantly married readership, advertisements were headlined by captions designed to inculcate and inflate apprehensions in readers' minds. Ads entitled "Calendar Fear," "Can a Married Woman Ever Feel Safe?," "Young Wives Are Often Secretly Terrified," and "The Fear That 'Blights' Romance and Ages Women Prematurely" relied on standard negative advertising techniques to heighten the stakes of pregnancy prevention.³⁹

Ads conveyed the message that ineffective contraception led not only to unwanted pregnancies, but also to illness, despair, and marital discord. Married

women who ignored modern contraceptive methods were courting life-long misery. "Almost before the honeymoon ends," one ad warned, "many a young bride is plagued by foreboding. She pictures the early departure of youth and charm . . . sacrificed on the altar of marriage responsibilities." Engulfed by fear, the newlywed's life only got worse—fear itself, women were told, engendered irreparable physical ailments. According to one douche advertisement, fear was a "dangerous toxin." "[It] dries up valuable secretions, increases the acidity of the stomach, and sometimes disturbs the bodily functions generally. So it is that FEAR greys the hair . . . etches lines in the face, and hastens the toll of old age."⁴⁰

As if these physical penalties were not disconcerting enough, feminine hygiene ads insisted that a woman's apprehensions and their attendant woes could ruin the marriage itself. On this point, the transcendent parable of ads was clear: the longevity of a marriage depended upon the right commercial contraception. "She was a lovely creature before she married," one ad began, "beautiful, healthy, and happy. But since her marriage she seems forever worried, nervous and irritable . . . always dreading what seems inevitable. Her husband, too, seems to share her secret worry. Frankly, they are no longer happy. Poor girl, she doesn't know that she's headed for the divorce court."⁴¹ And as ads—whose sole purpose was to convince women, not men, to buy contraceptives—hastened to remind readers, women alone shouldered the blame for divorce. After all, why should a man be held accountable for distancing himself from a wife made ugly and cantankerous by her own anxieties? "Many marriage failures," one advertisement asserted authoritatively, "can be traced directly to disquieting wifely fears." "Recurring again and again," marriage anxieties were "capable of changing the most angelic nature, of making it nervous, suspicious, irritable." "I leave it to you," the ad concluded, "is it easy for even the kindest husband to live with a wife like that?"⁴²

Having divulged the ugly and myriad hazards of unwanted pregnancy while saddling women with the burden of its prevention, advertisements emphasized that peace of mind and marital happiness were conditions only the market could bestow. Readers of feminine hygiene ads, newly enlightened, returned to the world with the knowledge necessary to "remove many of their health anxieties, and give them that sense of well being, personal daintiness and mental poise so essential to wifely security." In the modern age, the personal tragedies accompanying a woman's existence were easily avoided. "Days of depressing anxiety, a wedded life in which happiness is marred by fear and uncertainty—these need by yours no longer," one douche ad reassured. In the imagined world of contraceptive advertising, feminine hygiene was the commodity no modern woman could afford to be without. Fortunately, none had to. The path to unbridled happiness was only a store away.⁴³

As advertisements reminded prospective customers, however, not all feminine-hygiene products were the same. The contraceptive consumer had to be discriminating. Hoping both to increase general demand for hygiene products and to inculcate brand loyalty, manufacturers presented their product as the one most frequently endorsed for its efficacy and safety by medical professionals. Dispelling consumer doubts by invoking the approval of the scientific community was not an advertising technique unique to contraceptive merchandising—the

same strategy was used in the 1930s to sell women laxatives, breakfast cereal, and mouth wash. What was exceptional about contraceptive advertising, however, was that the experts endorsing feminine hygiene were not men. Rather, they were female physicians whose innate understanding of the female condition permitted them to share their birth-control expertise "woman to woman."⁴⁴

The Lehn and Fink corporation used this technique to make Lysol disinfectant douche the leading feminine-hygiene product in the country.⁴⁵ In a series of full-page advertisements entitled "Frank Talks by Eminent Women Physicians," stern-looking European female gynecologists urged "smart-thinking" women to entrust their health only to doctor-recommended Lysol disinfectant douches. "It amazes me," wrote Dr. Madeleine Lion, "a widely recognized gynaecologist of Paris,"

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, an 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.⁴⁶

Another ad, part of the same series, underscored the point. "It is not safe to accept the counsels of the tea table," explained Dr. Auguste Popper, a female gynecologist from Vienna, "or the advice of a well-meaning, but uninformed friend." Only the advice of scientific experts could be trusted. While feminine hygiene "has alleviated woman's oldest fear," an Italian gynecologist advised readers in yet another Lysol douche ad, the greatest obstacle to realizing health and happiness lay in selecting the right hygiene merchandise: "Some are good, some are not." "My own preference is for 'Lysol,'" the gynecologist concluded, "in common with every other doctor I know."⁴⁷

While insisting that women defer to medical opinion when choosing birth control, contraceptive ads simultaneously celebrated the tremendous "power" women wielded in the consumer market. The two claims were not antithetical; advertisements contended that women who heeded physicians' advice and purchased "scientific" birth control were intelligently harnessing the advances of modern medicine to promote their own liberation. Consistent with the consumer ethic of the day, birth-control advertising successfully equated contraceptive consumption with female emancipation. An ad by the Zonite Products Corporation claimed that birth control was not only a matter of pragmatism, but also a "protest against those burdens of life which are wholly woman's." When it came to as important an issue as birth control, Zonite explained, the modern woman was not interested in the "timid thoughts of a past generation;" her goal was "to find out and be sure." It was no surprise, the company boasted, that Zonite hygiene products were favored by "women of the independent, enlightened type all over the world."⁴⁸

Contraceptive manufacturers' creation of a mass market in the 1930s depended not only upon effective advertising, but also on the availability of advertised goods. Prospective customers needed quick, convenient, and multiple

access to contraceptives. Manufacturers made sure that they had it. Flooding a wide array of commercial outlets with their merchandise, companies guaranteed that contraceptives became a commodity within everyone's reach. Here, again, gender was the crucial variable, determining product availability and sales venue. Condoms were sold in pharmacies, but also in news stands, barber shops, cigar stores, and gas stations—locations where men were most likely to congregate. Women, on the other hand, were targeted in more conventional female settings: in stores and in the home.⁴⁹

The department store became the leading distributor of female contraceptives in the 1930s. By the mid 1930s women could purchase feminine hygiene products at a number of national chains, including Woolworth, Kresge, McLellan, and W. T. Grant.⁵⁰ Already fashioned as a feminized space, department stores established sequestered “personal hygiene” departments where women could shop in a dignified and discreet manner for contraceptives and other products related to female reproduction such as sanitary napkins and tampons. Stores emphasized the exclusively female environment of the personal hygiene department as the department's finest feature. The self-contained department was not only separated from the rest of the store, where “uncontrollable factors . . . might make for . . . embarrassment,” but it was staffed solely by saleswomen trained in the “delicate matter of giving confidential and intimate personal advice to their clients.” As one store assured female readers in the local newspaper: “Our Personal Hygiene Department [has] Lady Attendants on Duty at all Times.” Female clerks, furthermore, were instructed to respect the private nature of the department's transactions; sensitive, knowledgeable, and tactful, they were “understanding wom[en] with whom you may discuss your most personal and intimate problems.”⁵¹

Contraceptive manufacturers actively promoted the creation of personal hygiene departments by emphasizing to store owners and managers the revenues their establishment would generate. Advertisements in retailing trade journals such as *Chain Store Age* recounted a plethora of feminine hygiene sales success stories; although the ads varied, their transcendent morale told the same good news: selling feminine hygiene guaranteed a higher volume of customers and sales. The Zonite Products Corporation warned retailers not to miss out on the hygiene bonanza. “Did you know that feminine hygiene sales are six times greater than combined dentifrice sales?” one Zonite ad queried. “You'll be amazed [at] the way your sales and profits . . . will soar by simply establishing a feminine hygiene department. By this simple plan, many dealers have tripled volume almost overnight.” Zonite offered free company consultations and sales training to encourage store managers to establish hygiene departments. Other firms with the same goal in mind sent complimentary counter displays, dispensing stands for “impulse sales and quick service,” and window exhibits that could be strategically placed “where women predominate in numbers.” An economic incentive undergirded company's promotional activities. The establishment of hygiene departments firmly committed stores to the long-term retailing of feminine hygiene products, while the dignified decorum of departments lent an air of credibility and legitimacy to the products themselves.⁵²

Manufacturers reasoned that many prospective female customers would not

buy feminine hygiene in a store. Many did not live close enough to one, while others, notwithstanding the store's discretion, might remain uncomfortable with the public nature of the exchange. To eliminate regional and psychological obstacles to birth-control buying, companies sold feminine hygiene to women directly in their homes. Selling contraceptives by mail was one such method. Mail-order catalogues, including those distributed by Sears, Roebuck and Montgomery Ward, offered a full line of female contraceptives; each catalogue contained legally-censored ads supplied by manufacturers. As a reward for bulk sales, mail-order houses received a discount from the companies whose products they sold. Other manufacturers bypassed jobbers and encouraged women to send their orders directly to the company. To eliminate the possibility of embarrassment, ads typically promised that the order would be delivered in "plain wrapper."⁵³

To create urban and working-class markets, dozens of firms hired door-to-door sales representatives to canvass urban districts. All representatives were women, a deliberate attempt on manufacturers' part to profit from the prudish marketing scheme that tried to convince women that, as one company put it, "There are some problems so intimate that it is embarrassing to talk them over with a doctor."⁵⁴ At the Dilex Institute of Feminine Hygiene, for example, five separate female crews, each headed by a female crew manager, combed the streets of New York. The cornerstone of the company's marketing scheme was an aggressive sales pitch delivered by saleswomen dressed as nurses. As *Fortune* discovered in an undercover investigation, however, the Dilex canvassers had no medical background. In fact, the only qualification required for employment was previous door-to-door sales experience. Despite their lack of credentials, newly hired saleswomen were instructed to assume the role of the medical professional, a tactic the Institute reasoned would gain customers' trust, respect, and dollars. "You say you're a nurse, see?" one new recruit was told, "That always gets you in." Canvassers walked from house to house delivering by memory the standard Dilex sales speech:

Good Morning. I am the Dilex Nurse, giving short talks on feminine hygiene. It will take only three minutes. Thank you—I will step in.

Undoubtedly you have heard of many different methods of feminine hygiene, but I have come to tell you of THE DILEX METHOD, which is so much more simple and absolutely sure and harmless, and which EVERY woman is so eager to learn about and have without delay.

At one time this was a very delicate subject to discuss, but today with all our modern ideas, we look at this vital subject as one of the most important of all time, and for that reason, we call to acquaint you with THIS GREAT SECRET, a most practical, convenient way.

The Dilex Method meets every protective and hygienic requirement. It is positive and safe and may be used with the utmost confidence. Each item has been given the most careful thought to fit the increasing strides in feminine hygiene . . . ABSOLUTE FEMININE PROTECTION is assured.⁵⁵

The saleswoman then attempted to peddle the company's top-of-the-line contraceptive kit. For seven dollars, a woman could purchase jelly, a douching outfit, an antiseptic douche capsule, and—most alarming of all—a universal “one-size-fits-all” diaphragm. Poverty, women were told, was not an impediment to the personal happiness the company was selling: “luckily” for them, the Dilex kit was available on the instalment plan.⁵⁶

Contraceptive companies' tactics paid off. By 1940, the size of the female contraceptive market was three times that of the 1935 market.⁵⁷ The industry's unabated growth continued despite important changes in legal interpretation and medical attitudes in the late 1930s that might have reduced the industry's hold over American women. In 1936, the Supreme Court's *One Package* decision allowed physicians in every state to send and receive contraceptive devices and information. The following year, the American Medical Association's reversed its long-standing ban on contraception, endorsing the right of a physician to prescribe birth control. The court's decision and the AMA's liberalized policy did not foster the immediate medicalization of birth control, a process that might have encouraged women to turn to the medical profession instead of the market for contraception. Indeed, in the short term, these sweeping changes proved remarkably inconsequential to the state of the industry. Many Americans could not afford the luxury of a personal physician, and only a minority lived close enough to the 357 public birth-control clinics operating in 1937 to avail themselves of clinic services. But of even more significance than medical barriers was manufacturers' enticing sales message. Companies' pledges to supply birth control that was affordable, immediate, and discretely sold—either anonymously or in a completely feminized setting—continued to strike a responsive chord with American women. In addition, manufacturers promised what no lay guide could dispute: that what was bought from the market was as effective as doctor-prescribed methods. Out of pragmatic necessity and personal preference, most women worried about pregnancy prevention continued to obtain birth control from the contraceptive market.⁵⁸

The gradual expansion of government regulation of commercial contraceptives had a similarly negligible impact on the feminine hygiene sector of the industry. In 1938 the Federal Food, Drug, and Cosmetic Act enlarged the Food and Drug Administration's regulatory powers, authorizing the government agency to hold medical devices to some of the same standards as drugs. Paralleling the federal government's campaign to eliminate gonorrhoea and syphilis, the Food and Drug Administration announced that condoms, as articles sold to prevent venereal disease, would henceforth be monitored for product defects. Enforcing this policy, the FDA destroyed seventy-five batches of defective condoms in 1938 and 1939. FDA regulations encouraged manufacturers of condoms to adopt stricter quality-control measures. They did little, however, to safeguard the health and safety of feminine hygiene consumers. Because manufacturers of feminine hygiene promoted their products as agents of vaginal cleanliness, their activities were protected by a linguistic legal safety net that made it nearly impossible for federal agencies to prosecute manufacturers for false advertising or technical flaws. Advertised and sold as useless goods, feminine hygiene prod-

ucts were beyond government reproach. Rather, ensconced in the interstice of advertising artifice and consumer expectation, the hygiene racket continued to thrive during the early 1940s, eclipsed only by the popularity of the condom and the diaphragm in the post war era.⁵⁹

In a 1936 letter to Harrison Reeves, a New York journalist studying the commercial aspects of contraception for the *American Mercury*, Margaret Sanger reflected on the state of the birth-control business in America. Sanger was no stranger to the commercial scene. Since the early 1930s she had instructed her secretary to clip all commercial advertisements for birth control for Sanger's personal review. Sanger corresponded frequently with manufacturers eager to obtain her endorsement of new products. From direct involvement in the daily operation of public clinics that she had founded, to the multiple tests on birth control products conducted at her request by doctors at the Birth Control Clinical Research Bureau, Sanger was keenly aware of the perils and pitfalls of commercial contraception.⁶⁰

And yet, in what amounted to more than a loyal defense of her husband's business activities, Sanger refused to vilify manufacturers for the commercial hucksterism, fraud, and misinformation that so many of them had spawned. As she explained to Reeves, "I do not feel as many do about manufacturing concerns . . . They have not lagged behind like the medical profession but have gone ahead and answered [a] growing and urgent need."⁶¹

Sanger's observation, although anchored in what in hindsight appears to be misplaced charity, perspicaciously speaks to the expanding role of manufacturers in shaping contraceptive practices in the 1930s. The strictures and liberties of the law, the inertia of the medical profession, and the determination of American women to find affordable and effective female-controlled birth control, provided new economic opportunities that manufacturers eagerly seized. By the end of the 1930s, manufacturers had created a lively and vigorous market that could be easily accessed in stores, by mail, and within the home. Drawing on a gendered culture that designated consumption and reproduction female roles, manufacturers implored women to "purchase" their happiness and security from the contraceptive market. Reinforcing Victorian sensibilities about female sexuality that self-servingly bolstered their marketing scheme, they feminized sites of birth-control buying. Instead of visiting a male doctor or druggist, women were encouraged to acquire birth control in sex-segregated departments staffed by "discreet" female attendants, from visiting saleswomen, or through the mail upon the advertised recommendation of female physicians "who know."

The escalation of industry profits followed closely on the heels of the construction of the female contraceptive consumer; by World War II, not only did sales of feminine hygiene products surpass those of condoms, but more women depended on feminine hygiene for birth control than on any other method. Tragically, the very legal climate that permitted the birth control business to flourish in a bootleg state also encouraged it to peddle inferior goods. For too many women, the freedom, pleasure, and security pledged by contraceptive manufacturers amounted to nothing more than empty promises.

The commercialization of birth control in the 1930s illuminates the important

but overlooked role of industry in shaping birth-control developments in the United States. Historians have typically framed birth-control history as a tale of doctors, lawmakers, and women's rights activists. The events of the 1930s suggest that we need to recast this story to include the agency of a new set of actors, birth-control manufacturers. The commercialization that manufacturers engendered at this time left an indelible imprint on the lives of ordinary women and men. It also revealed a world in which industry, gender, and reproduction were frequently and intimately intertwined.

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ENDNOTES

The author wishes to thank John Tone, Michael Bellesiles, Peter Stearns, and Nancy Cott for their helpful comments and suggestions. Research for this article was funded by a President's Research Grant from Simon Fraser University.

1. *McCall's LX* (July 1933): 85.
2. *McCall's LX* (July 1933): 85.
3. "The Accident of Birth," *Fortune* (February 1938): 84.
4. The best treatments of the history of birth control in the United States have examined the rise of the contraceptive industry only peripherally. See, for instance, Linda Gordon's otherwise brilliant *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York, 1976); David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven, 1970); James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York, 1978); and the most recent examination, Ellen Chesler, *Women of Valor: Margaret Sanger and the Birth Control Movement in America* (New York, 1992).
5. According to *Fortune*, sales from condoms accounted for \$38 million of the industry's annual \$250 million sales. See "The Accident of Birth," p. 84.
6. For a discussion of the relationship between the American Medical Association and the birth-control movement, see J. M. Ray and F. G. Gosling, "American Physicians and Birth Control, 1936–1947," *Journal of Social History* 18 (1985): 399–408.
7. I have elected to use the term "grey market" to describe the sale of goods that, as they were marketed, were strictly legal but which, had they been packaged and labelled to reflect their intended application and purpose, would not have been. I am grateful to Michael Fellman for suggesting the suitability of the term to this study.
8. As one advertising leaflet put it, "Feminine hygiene is the 'nice' term . . . invented for the care and cleanliness of the vaginal tract from its outer opening to the cervix." Quoted in Rachel Lynn Palmer and Sara K. Greenberg, *Facts and Frauds in Woman's Hygiene: A Medical Guide Against Misleading Claims and Dangerous Products* (New York, 1938), p. 18.
9. Elizabeth H. Garrett, "Birth Control's Business Baby," *New Republic* (17 January 1934): 270; Dorothy Dunbar Bromley, "Birth Control and the Depression," *Harper's* (October 1934): 563; "The Accident of Birth," pp. 110, 112.

10. For a discussion of the consolidation of American consumer society in the 1920s and 1930s, see Richard Wrightman Fox, "Epitaph for Middletown: Robert S. Lynd and the Analysis of Consumer Culture," in Richard Wrightman Fox and T. J. Jackson Lears, eds., *The Culture of Consumption: Critical Essays in American History 1880–1980* (New York, 1983); Daniel J. Boorstin, *The Americans: The Democratic Experience* (New York, 1973), especially part two; Roland Marchand, *Advertising the American Dream: Making Way for Modernity, 1920–1940* (Berkeley, 1985); Stuart Ewen, *Captains of Consciousness: Advertising and the Social Roots of the Consumer Culture* (Toronto, 1976); Gary Cross, *Time and Money: The Making of Consumer Culture* (London, 1993), chapter six; Elizabeth Cohen, *Making a New Deal: Industrial Workers in Chicago, 1919–1939* (New York, 1990).

11. See Susan Porter Benson, *Counter Cultures: Saleswomen, Managers, and Customers in American Department Stores* (Urbana, 1986); Dana Frank, "Gender, Consumer Organizing, and the Seattle Labor Movement, 1919–1929," in Ava Baron, ed., *Work Engendered: Toward a New History of American Labor* (Ithaca, 1991); Kathy Peiss, "Making Faces: The Cosmetics Industry and the Cultural Construction of Gender, 1890–1930," *Gender* 7 (Spring 1990); William R. Leach, "Transformation in a Culture of Consumption: Women and Department Stores, 1890–1925," *Journal of American History* 71 (September 1984); Cynthia Wright, "Feminine Trifles of Vast Importance: Writing Gender into the History of Consumption," in Franca Iacovetta and Mariana Valverde, eds., *Gender Conflicts* (Toronto, 1992).

12. Christine Frederick, *Selling Mrs. Consumer* (New York, 1929), pp. 43–44. For general discussions of women and American advertising in the 1920s, see Nancy F. Cott, *The Grounding of Modern Feminism* (New Haven, 1987), pp. 170–174; Marchand, *Advertising the American Dream*, pp. 66–69, 179–185; and Ewen, *Captains of Consciousness*, pp. 159–176. Ruth Schwartz Cowan's insightful "The 'Industrial Revolution' in the Home: Household Technology and Social Change in the 20th Century," *Technology and Culture* 17 (1976) explores how household appliances were advertised to women in the 1920s. Advertisers in the 1920s consciously attempted to eradicate earlier, derisive perceptions of women's role as consumers by portraying female consumption as both psychologically fulfilling and economically functional. A sexual division of labor predating capitalist economic and social relations had designated the majority of household consumption women's work. The advance of industrial capitalism in the late eighteenth and early nineteenth centuries brought divisions between the household and the external market into sharper relief; in redefining "real" work as only that which possessed a tangible remunerative value, it amplified perceptions that women—largely excluded from wage labor—were dependent consumers rather than productive, independent breadwinners.

13. A poll published in *Ladies' Home Journal* in 1938 found that 79% of American women surveyed favored birth control. The most frequent argument given in its favor was economic considerations. See Henry F. Pringle, "About Birth Control," *Ladies' Home Journal* 55 (March 1938): 15.

14. See Gordon, *Woman's Body, Woman's Right*, pp. 48–49, 62–64; Daniel Scott Smith, "Family Limitation, Sexual Control and Domestic Feminism in Victorian America," *Feminist Studies* 1 (Winter-Spring 1973): passim. Preclinical contraceptive methods were well catalogued by physicians. See Marie E. Kopp, *Birth Control in Practice: Analysis of Ten Thousand Case Histories of the Birth Control Clinical Research Bureau* (New York, 1934); Raymond Pearl, "Contraception and Fertility in 4945 Married Women: A Second Report on a Study in Family Limitation," *Human Biology* 6 (1934); Hannah M. Stone, "Maternal Health and Contraception: A Study of 2,000 Patients from the Maternal Health Center, Newark, N. J.," *Medical Journal and Record* (April 19, 1933 and May 3, 1933); "Feminine Hygiene Market," *Drug and Cosmetic Industry* 38 (May 1936): 647. The impact of the commercialization of contraception in the 1930s on contraceptive practice is documented by John Winchell Riley and Matilda White in "The Use of Various Methods of Contraception," *American Sociological Review* 5 (December 1940):

890–903 and discussed in Lee Rainwater, *And the Poor Get Children: Sex, Contraception, and Family Planning in the Working Class* (Chicago, 1960), p. 162.

15. Marchand, *Advertising the American Dream*, p. xx. Marchand himself rejects this theory, although he acknowledges “the power of frequently repeated media images and ideas to establish broad frames of reference, define the boundaries of public discussion, and determine relevant factors in a situation.”

16. *Acts and Resolutions of the United States of America Passed at the Third Session of the Forty-Second Congress* (Washington, D.C., 1873), pp. 234–5.

17. Twenty-four states enacted similar laws banning the circulation of contraceptives and contraceptive knowledge. The Connecticut legislature, heavily influenced by the state’s Catholic constituency, earned the special distinction of criminalizing the very use of birth control (a prohibition not overturned until *Griswold v. Connecticut* almost a century later). Twenty-two other states also passed or strengthened existent obscenity laws, enabling prosecution of the purchase of contraceptives under the penumbra of the federal law. For a contemporary analysis of legal restrictions see Mary Ware Dennett, *Birth Control Laws: Shall We Keep Them, Change Them, or Abolish Them* (New York, 1970 [1926]), passim.

18. For a general discussion of the impact of the Comstock Act, see Reed, *From Private Vice to Public Virtue*, chapter 3.

19. Gordon, *Woman’s Body Women’s Right*, pp. 48–49, 64–71; Reed, *From Private Vice to Public Virtue*, pp. 4–13; Norman Himes, *Medical History of Contraception* (Baltimore, 1936), chapter 11.

20. See Himes, *Medical History of Contraception*, pp. 201–204; Vern L. Bullough, “A Brief Note on Rubber Technology and Contraception: The Diaphragm and the Condom,” *Technology and Culture* 22 (January 1981): 104, 107–111; Reed, *From Private Vice to Public Virtue*, pp. 13–15. According to Carl Degler, the price of condoms dropped by approximately 40% between 1847 and 1865. See Degler, *At Odds: Women and the Family in America from the Revolution to the Present* (New York, 1980), p. 219–220.

21. Michael A. La Sorte, “Nineteenth-Century Family Planning Practices,” *The Journal of Psychohistory* 4 (Fall 1976): 175–176; Bullough, “A Brief Note on Rubber Technology and Contraception: The Diaphragm and the Condom,” pp. 105–106; Reed, *From Private Vice to Public Virtue*, pp. 15–17; Gordon, *Woman’s Body, Woman’s Right*, pp. 67–70.

22. Anthony Comstock, appointed U.S. Post Office Inspector to enforce the Comstock Act, boasted that he had singlehandedly destroyed 160 tons of obscene literature between 1873 and 1915, bringing 3,760 “criminals” to “justice.” See Margaret H. Sanger, “Comstockery in America,” *International Socialist Review* XVI (July 1915): 46. In general, wealthy families were better situated than working-class families to circumvent legal obstacles—regardless of whether circumvention entailed retaining the services of a progressive physician or purchasing condoms from a private supplier. Indeed, statistics assembled by birth-control clinics in the 1920s and 1930s on preclinic practices underscore the degree to which class background affected commercial contraceptive use. Clinic interviewers discovered that birth control in general, and commercial contraceptives in particular, were more likely to be used by women from professional and business background than by those with a working-class status. Many working-class women purported to have no working knowledge of either the principles or the mechanics of contraception. See Degler, *At Odds*, pp. 221–222 and Riley and White, “The Use of Various Methods of Contraception,” pp. 897–899. Also see Robert S. Lynd & Helen Merrell Lynd, *Middletown: A Study in Modern American Culture* (New York, 1929), p. 125, for similar observations.

23. Gordon, *Woman's Body, Women's Right*, pp. 231–232; Reed, *From Private Vice to Public Virtue*, chapter 9, passim; David Kennedy, *Birth Control in America*, pp. 71–71.
24. Kennedy, *Birth Control in America*, pp. 218–221.
25. Reed, *From Private Vice to Public Virtue*, p. 141.
26. “The Accident of Birth,” p. 85; Bromley, “Birth Control and the Depression,” p. 566.
27. “Accident of Birth,” p. 108; Kennedy, *Birth Control in America*, p. 183; Reed, *From Private Vice to Public Virtue*, pp. 114–115.
28. Garrett, “Birth Control’s Business Baby,” p. 269.
29. Bromley, “Birth Control and the Depression,” p. 566; James Rorty, “What’s Stopping Birth Control,” *The New Republic* (February 3, 1932): 313.
30. Dorrin F. Rudnick, “A New Type of Foreign Body in the Urinary Bladder,” *Journal of the American Medical Association* 94 (May 17, 1930): 1565.
31. “Youngs Rubber Corporation, Inc., v. C. I. Lee & Co., et al.,” 45 *Federal Reporter*, 2nd Series 103; Morris L. Ernst, “How We Nullify,” *The Nation* (January 27, 1932): 114; Garrett, “Birth Control’s Business Baby,” p. 270. The effectiveness of contraceptive jellies when used alone was well documented. See “The Accident of Birth,” p. 85.
32. “The Accident of Birth,” p. 108.
33. Reed, *From Private Vice to Public Virtue* pp. 244–46; Ray and Gosling, “American Physicians and Birth Control, 1936–1947,” passim; Riley and White, “The Use of Various Methods of Contraception,” pp. 896–900; “The Accident of Birth,” p. 84; “Feminine Hygiene Products Face a New Marketing Era,” *The Drug and Cosmetic Industry* 37 (December 1935): 745; Harrison Reeves, “The Birth Control Industry,” 155 *American Mercury* (November 1936): 287; “Birth Control Industry,” *The Drug and Cosmetic Industry* 46 (January 1940): 58; “Building Acceptances for Feminine Hygiene Products,” *Drug and Cosmetic Industry* 38 (February 1936): 177.
34. Robert L. Dickinson and Louise Stevens Bryant, *Control of Conception: An Illustrated Medical Manual* (Baltimore, 1931), pp. 78–80; Dorothy Dunbar Bromley, *Birth Control: Its Use and Misuse* (New York, 1934), pp. 99–100; Palmer and Greenberg, *Facts and Frauds in Woman's Hygiene*, pp. 242–250.
35. Dickinson and Bryant, *Control of Conception*, pp. 39–45, 69–74; Bromley, *Birth Control*, pp. 92–98; Palmer and Greenberg, *Facts and Frauds in Woman's Hygiene*, pp. 12–15, 142–151; Lysol ad from pamphlet by Dr. Emil Klarmann, *Formula L-F: A New Antiseptic and Germicide*, (Lehn & Fink Inc.) appended to letter from Lehn & Fink to Margaret Sanger, 24 November 1931, reel 29, Margaret Sanger Papers, Library of Congress; PX ad from Margaret Sanger Papers, Box 232, folder “Commercial Advertisements, 1932–34,” Library of Congress.
36. “Effects of Corrosive Mercuric Chloride (“Bichloride”) Douches,” *Journal of the American Medical Association* 99 (6 August 1932): 497.
37. “The Accident of Birth,” pp. 110–112.
38. Garrett, “Birth Control’s Business Baby,” pp. 270–1; “The Accident of Birth,” pp. 110, 112; Bromley, “Birth Control and the Depression,” p. 572; Reed, *From Private Vice*

to *Public Virtue*, p. 114, Kennedy, *Birth Control in America*, p. 183; Palmer and Greenburg, *Facts and Frauds in Woman's Hygiene*, pp. 21–24.

39. For sample captions see Bromley, "Birth Control and the Depression;" the advertisement captioned "The Fear That Blights Romance and Ages Women Prematurely" is from *McCall's LX* (October 1932): 102.

40. "The Incompatible Marriage: Is it a Case for Doctor or Lawyer?" *McCall's LX* (May 1933): 107; "The Fear that Blights Romance and Ages Women Prematurely" *McCall's LX* (October 1932): 102.

41. Advertisement cited in Garrett, "Birth Control's Business Baby," p. 271; "The Incompatible Marriage: Is it a Case for Doctor or Lawyer?" *McCall's LX* (May 1933): 107.

42. "The Incompatible Marriage: Is it a Case for Doctor or Lawyer?" *McCall's LX* (May 1933): 107.

43. "The Incompatible Marriage: Is it a Case for Doctor or Lawyer?" *McCall's LX* (May 1933): 107; Garrett, "Birth Control's Business Baby," p. 271; J. Rorty, "What's Stopping Birth Control?" *New Republic* 65 (January 28, 1931): 292–4.

44. Mary P. Ryan, "Reproduction in America," *Journal of Interdisciplinary History* X (Autumn 1979): 330; Ray and Gosling, "Physicians and Birth Control," p. 405; Marchand, *Advertising the American Dream*, passim.

45. "The Accident of Birth," p. 112.

46. "The Serene Marriage ... Should it be Jeopardized by Needless Fears?" *McCall's LXV* (December 1932): 87.

47. "The Fear that Blights Romance and Ages Women Prematurely," *McCall's LX* (October 1932): 64; "No Wonder Many Wives Fade Quickly With This Recurrent Fear" *McCall's LX* (August 1933): 64.

48. "Why Wasn't I Born a Man?" *McCall's LX* (May 1933): 93; "Marriage is No Gambling Matter: Better Find Out, Better Be Sure About It" *McCall's LX* (March 1933): 107.

49. Garrett, "Birth Control's Business Baby," p. 270; Reeves, "The Birth Control Industry," pp. 286–7; Bromley, "Birth Control and the Depression," p. 570; Anne Rapport, "The Legal Aspects of Marketing Feminine Hygiene Products," *The Drug and Cosmetic Industry* 38 (April 1936): 474; Himes, *Medical History of Contraception*, p. 202; "The Accident of Birth," p.85.

50. "The Accident of Birth," p. 112.

51. "Feminine Hygiene in the Department Stores," *Drug and Cosmetic Industry* 40 (April 1937): 482; "12 Ways to More Sales in Feminine Hygiene Products," *Chain Store Age* (June 1941): 54.

52. Zonite advertisements in *Chain Store Age*, (January 1941): 5 and (March 1941): 66; "12 Ways to More Sales in Feminine Hygiene Products," p. 19; "Feminine Hygiene Products Face a New Marketing Era," *Drug and Cosmetic Industry* 37 (December 1935): 745–747; H. C. Naylor, "Behind the Scenes Promotion Builds Feminine Hygiene Sales," *Chain Store Age* (March, 1941): passim.

53. Garrett, "Birth Control's Business Baby," p. 269; Reeves, "The Birth Control Industry," p. 287; Kennedy, *Birth Control in America*, p. 212.

54. Ad quoted in Palmer and Greenburg, *Facts and Frauds in Woman's Hygiene*, p. 12.
55. "The Accident of Birth," p. 114.
56. "The Accident of Birth," p. 114; Bromley, *Birth Control: Its Use and Misuse*, p. 93; Dilex Institute to Mrs. M. Hoffman, 31 August 1931, reel 29, Margaret Sanger Papers, Library of Congress.
57. "Birth Control Industry," p. 58.
58. "The Accident of Birth," pp. 108–114; "Birth Control Industry," p. 58; According to Mary Ryan, before the Pill became widely available, only twenty percent of American women consulted physicians about birth control. See Ryan, "Reproduction in American History," p. 330.
59. "The Accident of Birth," p. 108; Reed, *From Private Vice to Public Virtue*, pp. 244–46; Rainwater and Weinstein, *And the Poor Get Children: Sex, Contraception, and Family Planning in the Working Class*, pp. 149–162.
60. Sanger to Harrison Reeves, 16 June 1936, reel 29, Margaret Sanger Papers, Library of Congress. Sanger's careful monitoring of the commercial side of birth control is evidenced in reels 29 and 30 of the Margaret Sanger Papers, Library of Congress.
61. Sanger to Reeves, 16 June 1936, reel 29, Margaret Sanger Papers, Library of Congress.