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## FROM NAUGHTY GOODS TO NICOLE MILLER: MEDICINE AND THE MARKETING OF AMERICAN CONTRACEPTIVES

**ABSTRACT.** In the rich history of modern pharmaceutical advertising in the United States, few medical objects have been as controversial as contraceptives. Condemned in the 1870s as lascivious devices whose commercial visibility would tarnish female sexual purity, contraceptives have in the late twentieth century been repackaged by pharmaceutical companies as the smart, progressive, and fashion-conscious woman's ally. This article explores evolving perspectives on the place of birth control in public spaces from the mid-nineteenth century to the present. In so doing, it elucidates the changes and continuities in the long and contested history of marketing, medicine, sexuality, and reproductive control.

**KEY WORDS:** contraceptives, marketing, medicine, gender, sexuality

In 2000, Ortho McNeill, a subsidiary of Johnson & Johnson, introduced its Ortho Personal Pak collection, a line of plastic compacts to accommodate Ortho Tri-Cyclen, the company's and country's best-selling oral contraceptive. Created by designer Martha Davis, the packs were hailed by Ortho as a stylish fusion of fashion and contraception. These "exclusive, fashionable discreet birth control pill cases ... [let] you carry and take your birth control pills anywhere!" gushed the company's Web site. In this haute couture pharmaceutical culture, consumer choice would reveal not only a woman's method of birth control but also her personal style (Ortho-McNeil 2003a; PR Newswire 2004; Pharmaceutical and Medical Packaging News 2004).

Commentators disagreed about what meaning, if any, could be drawn from the advent of Personal Paks. Were compacts a flagrant display of female sexuality, a sign of how open birth control had become? Or were they, as the company's Web site insisted, a nod toward discretion, a tasteful way for women to camouflage their contraceptive habits by liberating the Pill from the telltale dispensers of the past (Payne 2003)?

The debate indexed some of the important tensions in the history of birth control, medicine, and marketing in the United States. In the 1870s preachers, physicians, and antvice crusaders warned consumers that the open display of contraceptives would test, if not outright debase, the purity of womanhood and youth. In 1873, with the hope of eradicating the pernicious trade in sexual smut, Congress criminalized the birth control business, formally ending decades of direct-to-consumer advertising and sale.

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More than a hundred years later, the rhetoric and laws surrounding contraceptive culture and commerce have changed. Birth control is legal, even for singles. A majority of physicians prescribe contraceptives. Oral contraceptives and condoms, the country's most widely used methods, are manufactured not by the "smut peddlers" of the past but by some of the country's most respected pharmaceutical firms. Yet as the Personal Pak campaign reveals, American society still struggles with how best to package contraceptives. Are they ethical medicines? Sexual devices? Fashion accessories? This article explores the changes and continuities in this long and contested history of marketing, medicine, and reproductive control.

#### NAUGHTY GOODS

The Victorian era is often regarded as the height of American prudery, a time when all things sexual – even, rumor had it, parlor furniture – were cloaked or camouflaged.<sup>1</sup> What shocked the moral pundits of the late nineteenth century, however, was the visibility of the sex trade. In the 1860s and 1870s, a once-fledgling commerce in illicit artifacts had become routinely conspicuous. Changes in print manufacture and growing numbers of urban residents, particularly young, single men, encouraged the publication of inexpensive, sensationalist, and sporting publications that publicized impotence cures, written erotica, and ornamental trinkets. In cities across the country, dry goods and rubber vendors sold dildos alongside pictures of naked women, men, and children. Entrepreneurs advertised a wide assortment of sexual devices in newspapers, broadsides, and home medical journals and on private cards placed strategically on street corners, in railway and steamship depots, and in hotel lobbies. On the streets of Chicago and New York, prostitutes offering different services roamed neighborhoods freely, just another fixture in the cities' erotic landscapes (Gilfoyle 1992: 58, 177, 234; Tone 2000; Tone 2002).

Contraceptives were well integrated into this commercial constellation. Indeed, it was the apparent seamlessness of the vice economy that marked contraceptives illicit. Birth control had existed since ancient times, of course, as had the desire to separate lovemaking and procreation. Since the colonial era American women and men had relied on a myriad of strategies to prevent pregnancy—particularly prolonged lactation, periodic abstinence, and male withdrawal. But although these reproductive rituals had enjoyed a long history, women and men encountered something qualitatively new in the 1870s: a lively traffic in contraceptive gadgets, manmade devices whose only purpose was to thwart the biological consequences of sexual intimacy

(Tone 2002: 56–57). Vulcanization technology invented by Charles Goodyear in 1839 encouraged the domestic manufacture of first-generation rubber contraceptives, including condoms, intrauterine devices, douching syringes, womb veils (the nineteenth-century term for diaphragms and cervical caps), and male caps, shields that covered only the tip of the penis, offering less protection from pregnancy than condoms but greater stimulation to the wearer. Goodyear himself mentioned self-acting syringes, pessaries, and “gonorrhoea bags” as examples of the many uses of his discovery in his 1853 book, *Gum-Elastic and Its Varieties*.<sup>2</sup>

The vulcanization of rubber expanded birth control options even as it increased individuals’ dependence on the market to acquire them. By the 1860s, condoms made from rubber and animal membranes (known as skins), douching syringes and chemical solutions, vaginal sponges, suppositories, and womb veils were easily acquired from mail-order houses, wholesale drug-supply houses, pharmacies, and urban vendors. This was not a strictly urban phenomenon, moreover; residents of remote communities could also participate in the expanding market. Indeed, cheaper rates offered by the U.S. Postal Service helped level regional differences in contraceptive commerce by making it easier for buyers to distribute advertisement-rich newspapers and pamphlets across the land. The steady stream of publications helped facilitate the birth control business. Advertisements on the front page of the *Cleveland Plain Dealer* on July 1, 1863, for “Dr. Wadsworth’s Uterine Elevators for Sale, Wholesale and Retail” and “The Great French Preventive Pill” typified how advertising brought the commerce of reproductive control directly into people’s homes (Cleveland Plain Dealer 1863).

In 1867 Congregationalist minister John Todd decried the practice of contraceptive purveyors who used the mails to hustle newlyweds: “There is scarcely a young lady in New England—and probably it is so throughout the land,” he seethed, “whose marriage can be announced in the paper without her being insulted within a week by receiving through the mail a printed circular, offering information and instrumentalities, and all needed facilities, by the which the laws of heaven in regard to the increase of the human family be thwarted” (Green 1971: 14; Tone 2001: 15).

Aided and abetted by advertising, the market’s vast reach prodded reformers to action. Established firms and respected physicians and druggists also distributed birth control. But what antivice activists found threatening was the prominence of contraceptives in a strictly sexual and unrespectable commerce. Vendors who sold condoms also sold pornography. Newspapers advertised womb veils and anti-impotence devices in the same section. These products may have had different functions, but they shared a public identity

as naughty goods, for they endorsed the subversive notion that sexual intercourse could be “just for fun.”

The visibility of the contraceptive market reflected the reality of popular enthusiasm for fertility control. Americans who yearned for physical intimacy free from fear of a difficult confinement, a perilous delivery, or another mouth to feed welcomed new contraceptive choices. They expressed their appreciation in letters, in diaries, and, especially, through frequent purchases. However extensive was private enthusiasm for fertility control, Americans refused to endorse contraceptives in public. Those who openly discussed contraceptives in this era did so only to denounce them as immoral, unnatural, and physically injurious (Tone 2000; Tone 2001: 14–18, 40–45).

On this there was a broad consensus. Anthony Comstock, the nation’s leading antivice crusader, reflected the views of many when he categorized contraceptives as obscene. Born in 1844, Comstock was a devout Congregationalist molded in the tradition of evangelical reform. He took sin seriously, fearing that exposure to vice—be it pornography, prostitution, or contraceptives—would lead inevitably to moral decay, disease, and damnation. Like many of his contemporaries, Comstock mistrusted the ability of his fellow Americans to resist the temptations of sexual devices. Public displays of sexuality, he warned, would corrupt the innocence of youth, destroy female purity, and inflame the passions of working-class men, whose self-control high society already considered weak. Hence Comstock abhorred public nudity, even in the form of high art, because of the dangers it imposed on the uncultivated mind. The crime inhered not in the body itself—“there is nothing else in the world so beautiful as the form of a beautiful maiden,” he averred—but in its unveiling: “Let the nude be kept in its proper place and out of the reach of the rabble.”<sup>3</sup>

Comstock ascribed almost-magical powers to contraceptives, insisting that their visibility would prod men teetering between self-restraint and promiscuity to choose the latter course. As Karen Lystra has argued, many Victorians, Comstock among them, worried that Americans possessed enormous sexual appetites that only the risk of continual pregnancy contained. Not just a mechanism to perpetuate the species, pregnancy performed a civilizing function, operating as society’s only “brake on lust.” Separating pregnancy and sex, birth control would encourage men and women to fornicate with abandon. Far from being uniquely Victorian, this argument has had remarkable endurance in American history, underwriting opposition to proposals to distribute condoms in public schools or to grant over-the-counter status to emergency contraception (Lystra 1989; Tone 2001: 13–20).

Like many of his contemporaries, Comstock did not oppose so-called natural means of family limitation. Abstinence and the rhythm method, in which intercourse was avoided during times of suspected ovulation, were acceptable when prudently performed. What disgusted Comstock were the gadgets themselves, technologies that symbolized the power and desire of man to transcend Nature and God. Comstock clung to a typology of birth control supported by free lovers such as Ezra Heywood and Victoria Woodhull, who sanctioned the legitimacy of abstinence and the rhythm method while describing artificial devices as affronts to the dignity of the species. When asked by a journalist if contraception was desirable when pregnancy might endanger a woman's life, Comstock agreed that it was. But, he queried, "Can they not use self-control? God has set certain natural barriers" (Hopkins 1915: 490; Tone 2002: 17–20).

Religious reformers were not the only ones who denounced contraceptives. Physicians and educators also chimed in, warning that women who tried to "outsmart" their wombs by using contraceptives ran a higher risk of contracting cancer, sterility, insanity, or "deranged" bladders and rectums than those who respected their reproductive organs' primary task. Men, too, were urged to defer to Mother Nature or pay the price. To deposit one's semen in the vagina of the woman to whom one was betrothed was one thing; to disperse it elsewhere, one physician warned, rendered a man vulnerable to "disease of the brain and spinal marrow, functional disorders, organic diseases of the heart, lungs, and kidneys, wasting of the muscles, blindness, and frequently by impotence." Nature must be obeyed. Although discussions published in medical journals in the late nineteenth and early twentieth centuries suggest that at least some physicians were willing to consider contraceptives a necessary evil when they protected the health and welfare of women, the American Medical Association (AMA) opposed birth control until 1937 (Cooke 1882: 152; Tone 2001: 57–58).

In 1873 Comstock and his cronies in the New York Society for the Suppression of Vice (NYSSV), an offshoot of the Young Men's Christian Association, took action. Irked by the growth of a "nefarious and diabolical traffic" in "vile and immoral goods" and emboldened by public condemnations of the same, they convinced Congress to adopt a law to eradicate the vice trade. In March, Congress passed an antiobscenity statute that outlawed the distribution through the mail or across state lines of any "article of an immoral nature, or any drug or medicine, or any article whatever for the prevention of conception." The federal law, frequently called the Comstock Act after its chief architect, inaugurated a century of indignities associated with birth control's illicit status and codified contraceptives' status as dangerous wares. Following Congress's lead, 24 states

enacted so-called mini Comstock Acts proscribing the sale and advertisement of contraceptives and contraceptive information within state lines. In 1879, Connecticut earned the distinction of criminalizing the very use of contraceptives, a prohibition not overturned until the Supreme Court's monumental *Griswold v. Connecticut* ruling almost a century later.<sup>4</sup>

#### THE SCIENCE OF PROPHYLAXIS

The law was no match for the human desires that had given rise to the contraceptive industry's ascent. The birth control business continued, suspended between consumer desire and legal rebuke.

After 1873, contraceptives continued to be bought and sold on the bootleg market. Classified ads published in the medical, rubber, and toilet goods sections of dailies and weeklies indicate a flourishing contraceptive trade. In deference to new legal realities, however, contraceptives were rarely marketed openly as "preventives." Condoms were sold as sheaths, male shields, capotes, and—as one 1899 ad in the weekly crime tabloid, the *National Police Gazette*, read—"rubber goods ... [for] gents. 25 cents each." Women's pessaries were advertised as uterine elevators, ladies' shields, protectors, womb supporters, "married women's friends," and "copper molds. You know. \$1." Because many of those labels had figured in advertisements published before the Comstock Law was enacted, their reappearance after 1873 signaled to consumers what was being sold. The more discernible shift after criminalization was in advertised uses. Birth control previously marketed openly for the prevention of conception was repackaged under legal euphemisms—"protection," "security," "safety," and "reliability for married women"—that highlighted contraceptive properties while shielding retailers from criminal prosecution. (*National Police Gazette* 1855: 14–15, 1889: 14, 1900: 14–15; Tone 2000: 446–449).

Antivice activists continued to tie contraceptives to a street and saloon culture profiting men and women presumed to be devoid of scruples, morals, and class. In the words of NYSSV agents, they were "bad" men, "sly" Jews, "moral-cancer-planters," and "old she villains." Purity crusaders' compartmentalization of the world into separate spheres of vice and virtue encouraged inspectors to view the elimination of the rubber vendors and "infidel quacks" who advertised their wares as key to the suppression of the industry. This approach continued to stamp contraceptives as obscene. But it also blinded reformers and law enforcers to the complicated organization of the contraceptive trade (Tone 2000).

Already, the rudimentary outlines of an ethical contraceptive market had been forged. Capitalizing on consumer demand, large pharmaceutical houses and rubber manufacturers made devices and chemicals known to have contraceptive benefits but did not market them as birth control. IUDs were sold to correct prolapsed uteri. Companies' reputations as vendors who sold "therapeutic" devices only to licensed doctors, druggists, and reputable mail-order houses such as Montgomery Ward and Sears, Roebuck & Company—the ethical branch of the medical market—gave firms legal cover, while the diversity of their product line helped camouflage the contraceptive properties of some of their products. For instance, the B. F. Goodrich Company, one of the leading rubber manufacturers at the turn of the century, made three soft-rubber IUDs and 12 hard-rubber models. The U.S. Rubber Company produced tires and footwear but also diaphragms. The Philadelphia-based H. K. Mulford Company, manufacturing chemists, earned the distinction in 1895 of being the first firm to sell a commercial diphtheria antitoxin produced in the United States. The company's noted commitment to vaccinology did not deter it from producing contraceptives. Its 1899 *Price List of Pharmaceutical and Biological Products* lists ten kinds of antiseptic vaginal tampons containing boric acid, tannic acid, and alum. As with other highly respected pharmaceutical firms involved in the manufacture of contraceptives at the turn of the twentieth century, Mulford did not specialize in birth control. Nor did it advertise its products as contraceptives. Instead, it offered antiseptic suppositories as part of a larger offering of established medical goods, including hundreds of tinctures, syrups, antiseptics, and powders (Tone 2001: 48, 61, 62).

In these respectable companies' hands, contraceptives became a small, discreet, but omnipresent part of diverse and lucrative product lines sold chiefly to druggists and physicians, the ambassadors of respectable medical commerce. Reluctant to make contraceptives exclusively, large manufacturers' halfway participation in the birth control business shielded them from prosecution during the criminal years. At the same time, it staked their claim to future and full participation in an ethical, medical market. Early involvement proved strategic. Once courts began to recognize the medical benefits of contraception and to unravel and modify legal restrictions on contraceptive manufacture and sale, respectable firms were well positioned to monopolize the ethical wing of the birth control business by squeezing out the "smut" competition.

The backdrop to the legal thawing was the public health disaster that befell U.S. soldiers in World War I. When the United States entered the conflict in 1917, condoms in America remained illicit, not to mention illegal, gadgets of treachery. Other Allied nations not only sanctioned condom use,

but distributed free condoms. In the United States, however, military leaders implored doughboys to practice abstinence. Secretary of the Navy Josephus Daniels, a fundamentalist Christian, justified his stance on moral grounds, rehabilitating an argument that would have impressed Anthony Comstock, who died in 1915 (Setterstrom 1925; Brandt 1987; Tone 2001: 91–115). “It is wicked,” Daniels wrote,

to encourage and approve placing in the hands of the mean an appliance which will lead them to think that they may indulge in practices which are not sanctioned by moral, military or civil law, with impunity, and the use of which would tend to subvert and destroy the very foundations of our moral and Christian beliefs and teachings in regard to these sexual matters. [Daniels 1915]

The consequences of America’s “Just Say No” policy were medically catastrophic. Abstinence may sound pure and noble on paper and in the pulpits, but it has never worked in practice. Testosterone-charged soldiers, many in their late teens and early twenties, found the idea of dying as virgins about as appealing as the idea of dying at all. When sexual opportunities arose, they seized on them. Unfortunately, the Army and Navy’s “Plan B” for cases of moral laxity was something called “postexposure prophylaxis.” This was a medically misguided procedure whereby a man’s urethra was injected with an antiseptic solution and his genitals smeared with disinfectant. Disease prevention, not pregnancy prevention, was its goal. Humiliating and physically painful to endure, postexposure prophylaxis failed. Between April 1917 and December 1919, 380,000 soldiers—roughly 1 in 11—were diagnosed with sexually transmitted diseases, mainly syphilis and gonorrhea, treatable but not curable in the days before antibiotics. The financial costs to American taxpayers of the abstinence policy were steep. The Army estimated that every case of venereal disease cost it approximately \$231. By the end of the war, it had spent over \$50 million to treat sick soldiers (Tone 2001: 98–99).

Following on the heels of the deadly 1918 influenza epidemic, which had triumphed despite the efforts of a galvanized public health community to stop it, the VD fiasco created an intellectual milieu in which doctors, Progressive reformers, and legislators openly discussed the links among medical science, sexual behavior, and social welfare. As they publicly debated how best to control the VD threat, they shattered the wall of secrecy that had made the discussion of sex previously taboo. The VD crisis freed Americans to reclassify sex as a legitimate subject of scientific and social research and made private behavior a matter of public welfare. Most important, it established public health as a credible justification for contraception, placing the birth control debate on less incendiary grounds.



Against this backdrop, the 1918 ruling by Judge Frederick Crane of the court of appeals of New York was a timely acknowledgment of the therapeutic benefit of contraceptives. Crane ruled that physician-prescribed birth control acquired from a vendor used “for the cure or prevention of disease” was not “indecent or immoral” (*The People of the State of New York v. Margaret H. Sanger*, 118 N.E. 637 [1918]). His ruling validated birth control as a public health measure, not a reproductive right. It was an important distinction that nevertheless endowed contraceptives with newfound legitimacy. Charges of smut and sin that had sustained objections to birth control under Comstockery lost their luster in the face of compelling evidence that contraceptives reduced disease (Reed 1978: 106–107; Tone 2001: 106–108).

After 1918 the condom industry flourished with the device’s new-found medical and legal respectability. Skins and rubbers marked “for the prevention of disease only” flooded a cornucopia of male settings and were sold by men of many trades: bellhops, elevator boys, street peddlers, barbers, bartenders, grocery clerks, tobacco merchants, waiters, filling-station attendants, bootblacks, operators of slot machines, and fraternity brothers. Crane’s ruling legalized only doctor-prescribed condoms, a caveat consumers and druggists routinely ignored. As Merle Youngs, whose company Youngs Rubber boasted annual drugstore sales of 20 million Trojans in 1930, observed, no one needed a physician’s prescription to purchase rubbers (*Youngs Rubber Corporation, Inc. v. C.I. Lee and Co., Inc.*, 45 F. 2d 103 [1930]: 28, 31).

Only well-engineered and properly tested prophylactics prevented disease, of course. In the absence of government inspection and standardization, consumers assumed high risks when they purchased sheaths. The unregulated condom market was highly stratified. At the high end were Youngs’s Trojans and Julius Schmid’s Ramses and Sheiks, premium brands sold to doctors, licensed druggists, and reputable wholesalers that cost twice as much as bargain and no-name brands sold at nondrugstore outlets. The similar retail policies of Schmid and Young sealed the loyalty of druggists, who touted the steep price as the consumer’s guarantee of excellence. When another distributor began selling copycat Trojans, Merle Young took him to court, declaring the rival a loathsome infringer, a “jobber of spurious Trojans.” The courts had never upheld the legitimacy of trademark protection for condoms, but in a momentous ruling, the U.S. Court of Appeals for the Second Circuit did (*Youngs Rubber Corporation, Inc. v. C.I. Lee and Co., Inc.*, 45 F. 2d 103 [1930]).

The Youngs decision of 1930 was a watershed in the history of contraceptive marketing. The court declared condoms contraband when they “promoted illicit sexual intercourse” but legal when they were purchased to

prevent disease. The test of legitimacy lay in the condoms' intended use, not in their intrinsic nature. The court declared legal the interstate business that was conducted among legitimate medical and pharmaceutical outlets. Indeed, the court commended Merle Youngs's druggists-only distribution policy, which it credited with uplifting an otherwise tawdry trade. Mirroring broader efforts to eliminate medical quackery, the court's decision delineated the parameters of dignified contraceptive commerce. Linking legitimate use to retail venues, the court constructed an erroneous conception of the marketplace in which noble druggists sold condoms to prevent disease, whereas barbers, gas-station attendants, and shoe shiners sold them for illicit purposes such as birth control. The litmus test for intended use inhered in the place of purchase (*Youngs Rubber Corporation, Inc. v. C.I. Lee and Co., Inc.*, 45 F. 2d 103 [1930]; Murphy 1990).

State and federal rules adopted in the wake of the Youngs decision upheld this rationale. In 1935, Oregon became the first state to enact a law regulating the reliability of commercial prophylactics and contraceptives. The statute limited the sale of birth control and condoms to druggists, jobbers, surgical supply houses, manufacturers, and retail drugstores licensed by the State Board of Pharmacy. It expressly forbade the sale of the same through vending machines and house-to-house solicitation. In October 1937, the Food and Drug Administration (FDA) hopped aboard the regulatory bandwagon and notified manufacturers that condoms, as disease preventatives, would henceforth be subjected to FDA jurisdiction and inspection. The ensuing raids revealed the extent of product imperfections. By the summer of 1938, FDA raids and inspections had resulted in the seizure of more than 6,000 gross of substandard rubbers (Tone 2001: 198). Regulations centralized the volatile and competitive condom industry, culling it to a handful of players who had presciently limited their trade to the medical market and could afford to purchase the mechanized inspection technologies required to meet FDA standards. By 1950, Youngs Rubber and Julius Schmid controlled 50 percent of the \$100 million condom market (Naismith, 1950).

#### FEMALE CONTRACEPTIVES COME OF AGE

While condoms reaped the benefits of new attitudes toward disease prevention, the social status of other contraceptives, particularly female methods, remained unclear. Condoms prevented disease, but what public benefits did suppositories or cervical caps have?

The popularity of condoms was particularly annoying to Margaret Sanger, the country's leading birth control proponent. Sanger viewed contraception

as a woman's right and responsibility. In the 1910s, she had made a name for herself as a political rebel, a sexual revolutionary who regarded women's ability to express themselves physically as fundamental to their well-being. To enjoy a full and sexually satisfying life, women needed safe and reliable birth control, for it freed them from the burdens of endless childbearing. In a society where 12 pregnancies and families of eight were not uncommon, especially in working-class and immigrant communities, female knowledge and control over contraceptives were preconditions of women's emancipation: "No woman can call herself free who does not own and control her own body." Condoms compromised this objective by placing women's procreative destiny in men's hands. Until her death in 1966, Sanger championed the superiority of female birth control and promoted the manufacture of the diaphragm (and later, the Pill) partly to realize her dream of female empowerment through women-oriented technologies (Sanger 1922: 120; Chesler 1992; McCann 1994; Tone 2002: 66).

Hoping to rescue female contraceptives from the veil of impropriety, Sanger consciously distanced the American birth control movement from the rhetoric and strategies of its radical origins. In the 1920s and 1930s she and a network of dedicated researchers and physicians made the birth control movement respectable by placing it under medical control. Denouncing over-the-counter methods and the "unethical" manufacturers who bypassed medical channels, they established doctor-supervised clinics and promoted laboratory testing of contraceptives. They also lauded the diaphragm-and-jelly method, which required a physician's prescription and thus necessitated the involvement of the medical profession. The condom was the method physician proponents of birth control were most likely to recommend in a 1924 study published in the *American Journal of Obstetrics and Gynecology*. But by the 1940s, thanks to Sanger and the birth control movement's new orientation, medical support for it had waned. One survey undertaken in 1941 found that 306 of 453 doctors prescribed diaphragms but only 26 recommended condoms. A 1944 survey of 3,381 doctors by Dr. Allen Guttmacher, an obstetrics professor at the Johns Hopkins University, confirmed this reversal. It found that 69.9 percent of doctors ranked the diaphragm their first choice for birth control. Condoms were a distant rival, accounting for only 9.5 percent of doctors' first recommendations (National Committee on Maternal Health 1936; Guttmacher 1947; Tone 2001: 135–136). Significantly, the two surveys were completed *after* FDA regulations instituted in 1937 had improved the safety and efficacy of condoms.

It was not that doctors suddenly forgot about the condom, whose sales continued to soar. But even as men signaled their willingness to wear condoms by purchasing sheaths in unprecedented numbers, birth control

advocates disparaged men's ability to be diligent users. If some medical reports were to be believed, American men were selfish, weak, and irresponsible, as ready to submit to condom use as they were to torture. In a 1924 report that celebrated the arrival of the new, scientifically engineered and doctor-fitted diaphragms, Dorothy Bocker, medical director of Sanger's first birth control clinic, lambasted the condom as a technique that "places [the] wife at [the] mercy of unkind, careless, indifferent, or alcoholic husbands." Robert Dickinson of the Committee on Maternal Health, an association devoted to the scientific promotion of fertility control, warned that the sheath is "very commonly refused by the feebly virile and the selfish" (Bocker 1924; Dickinson 1924; Tone 2001: 37).

The medical maligning of male character was at odds with everyday practice. But by marshaling support for the diaphragm, it helped convert doctors to the cause. Winning the support of physicians, Sanger realized, was strategically essential to the movement's success, for it aligned women's methods with science and distanced them from smut. In 1937, the AMA reversed its longstanding ban and recognized the legitimacy of birth control—when prescribed by a physician. The endorsement helped destigmatize contraceptives but did little to reorient consumers' habits. In 1938, diaphragms—which many women found messy and difficult to use—accounted for less than one percent of the contraceptive industry's total sales. Before the Pill, the birth control industry remained an over-the-counter affair, with the vast majority of Americans getting contraceptives—condoms, vaginal jellies, liquid, suppositories, foaming tablets, and douches—from pharmacies and five-and-dime stores rather than doctors (Tone 1996).

Sanger's courtship of the medical profession broadened but also contained women's sexual liberties. On the one hand, it advanced the once-radical notion that it was acceptable for married women to use contraception, especially when an unplanned pregnancy might jeopardize a woman's health. On the other, it placed female sexuality under medical management and continued to link propriety to matrimony. In private, women acted as they pleased. In public, "sex for pleasure" was still too shocking.

#### MARKETING WOMEN, MARKETING FEMALE SEXUALITY

The limits of this sentiment were made clear by remonstrations against the Pill. In 1960, G. D. Searle and Company introduced the first oral contraceptive in the United States. Women rushed to their doctors' offices to get a supply (Cowan 1997: 322; Snider 1990; Watkins 1998). By the mid-1960s, the Pill had displaced the condom as the most widely used contraceptive in

the country, even among Catholics. The prescription-only drug did what the diaphragm had not. It medicalized and feminized American birth control, making pregnancy prevention the business of a woman, her doctor, and the pharmaceutical company that supplied the drugs.

In a society racked by social unrest, the Pill became a scapegoat, an easy explanation for a medley of problems that might not otherwise be explained. Its popularity outraged social conservatives, who blamed the Pill for relaxing moral standards, especially among the nation's youth. By removing the risk of unwanted pregnancy, oral contraception made promiscuity an easier choice. (There was, in fact, no evidence to suggest that any such change in sexual habits was occurring.) The drug's inventors defended their creation. The expense of the Pill and the fact that it was obtainable only by prescription prohibited its casual use, insisted John Rock, a Catholic obstetrician who had first tested the drug on infertile patients. Besides, "any high school kid can get other contraceptives and probably knows about Saran wrap [for makeshift condoms] from the kitchen" (Lader 1966; Tone 2001: 233–259).

The Pill *was* revolutionary, although not in the way its critics feared. For the first time, women had access to a female-controlled contraceptive that protected them from pregnancy almost 100 percent of the time. In addition to being effective, the Pill was simple to use. And unlike condoms and diaphragms, oral contraceptives separated sex and procreation completely—a woman swallowed her pill in privacy, irrespective of the day's sexual agenda.

Mindful of the minefield of opinions on the Pill, pharmaceutical firms marketed the method carefully. From the 1960s to the present, pharmaceutical advertising—first to doctors, then to patients—pitched messages that appealed to targeted constituencies without transgressing the boundaries of American sexual etiquette. As Jonathan Metzl has argued, pharmaceutical advertisements can be useful sources, for they reflect not only a company's commercial ambitions but also what its advertisers identify as mainstream values (Metzl 2003). The marketing of the Pill augments this point. Advertising called attention to the drug's revolutionary properties as chemical agents but downplayed the power the technology might give women to rewrite the social order.

Advertisements in medical journals in the 1960s and 1970s consistently depicted women as passive patients in need of strong male and medical guidance. This held true for ads for oral contraceptives as well as those for tranquilizers and hormone replacement therapy, products that together accounted for a majority of pharmaceutical sales. The women who appear in advertisements for birth control in this era are overwhelmingly middle-class,

white, and married. Conservatively dressed, they wear tasteful lipstick hues and opaque pantyhose. They respect the social order. They are not the bra-burning feminists who operate underground abortion clinics and demonstrate against the Vietnam War. Still, they are women. They must be chemically subdued and professionally controlled.

Medical advertisements thus engaged but upended the resilient fear that contraceptives would unleash female sexual promiscuity. Freighted with the trappings of male paternalism—men in white lab coats managing women's naked (and hence helpless) bodies—ads scripted a reassuring world in which new products and chemicals protected conservative family arrangements and traditional roles for women. No sexual revolution here.

Doctors could not control what a woman did with prescriptions once she left the office, however. Companies and advertisers knew this, of course. When direct-to-consumer contraceptive advertising resurfaced in women's magazines and on the Internet in the late 1990s, marketing executives had to play a double game, creating promotional campaigns that signaled to women the liberating possibilities of their products without assaulting the sensibilities of those who still regarded contraceptives as sexually obscene. It is no accident, then, that ads in women's magazines for the bevy of pharmaceutical contraceptives now available—the once-a-season Pill, IUDs, the patch, the hormonal ring, and more—branded as revolutionary attributes that, assessed in a different context, might seem considerably less than such. Berlex laboratories marketed Mirena, a hormone-releasing IUD, as birth control for multitasking Moms: “With everything you have to think about,” the tear-out sheet in one ad asked, “Do you ever wish you could forget about birth control for a while?” Pfizer lauded the beauty benefits of acne-fighting Estrostep: “one part protection, one part complexion.” Readers of the two-page ad in the December 2001 edition of *Shape* were encouraged to “imagine the protection you need and the clearer skin you want—all in one pill.” In contrast to the neurotic and passive women who appeared in medical advertisements in the 1960s, this new generation of Pill users are cheerful, energetic, take-charge women. They can control their environment *and* look beautiful.<sup>5</sup>

Ortho's Personal Pak campaign unfolded within these sexual and commercial parameters. Ortho added fashion to the beauty mix, promising users of several of its best-selling oral contraceptives (including Ortho Tri-Cyclen, the country's most popular choice) exclusive brand benefits: reliable pregnancy prevention, a low rate of occurrence of side effects, a clearer complexion, and a fashionable compact. “We were looking for something that communicated, in a unique way, the Ortho perspective,” recalls Martha Davis, the original Ortho Personal Pak designer. That meant “women who

are intelligent, active, and feminine.” After canvassing women and pharmacists, Davis created a plastic compact “more streamlined and feminized” than the previous dispenser (*Pharmaceutical and Medical Packaging News* 2004).

By 2002, the company’s efforts to promote a fashionable contraceptive had caused them to draft fashion designer Nicole Miller. With degrees from the Rhode Island School of Design and the *Chambre Syndicale de la Haute Couture* in Paris, Miller had made a name for herself as the creator of sensual and detailed designs for women that were fashionable and feminine but not extreme. Her clothing was sold at freestanding boutiques and specialty stores; in 2004, she would go on to design ties for delegates at the Republican National Convention (Ortho-McNeil 2003b; Keil 2004).

Miller rounded out the Personal Pak selections with her Jewel, Red High Heels, and Zebra Kiss designs. “Women want to incorporate style into all elements of their lives,” Miller explained on the Personal Pak Web site (Ortho-McNeil 2003b). In a country wedded to designer labels, these were no ordinary drug vials. For about the cost of three Big Macs, a woman could now possess her very own Nicole Miller.

The public relations campaign paid homage to the importance of prudence in a culture still struggling with the implications of female sexuality and fertility control. Paks empowered women to “carry one of their most important items ... in a fashionable and discreet package” (Ortho-McNeil 2003c). The campaign celebrated consumer choice while confining it to the secrecy of her purse and whatever individuality could be discerned from the selection of a plastic disk—be it the muted lapis, sapphire, jade, or onyx design, the sunny fuchsia daisy, or the smoldering leopard print. Little mention was made of the drugs the Paks conceal (Ortho-McNeil 2005).

Female contraceptives have evolved from salacious articles of smut marketed in “indecent” places to drugs well advertised in mainstream magazines. Once demonized as technologies of treachery, they are hailed for their ability to keep women child-free and beautiful. Generations of doctors who envisaged cancer and blindness as the medical corollary of their use have been replaced by physicians who prescribe hormonal contraception as they would any other drug. Female contraceptives once made “smut peddlers” enough money to pay the bills. They now make respectable pharmaceutical companies millions.

Yet how they are marketed suggests some of the tensions that continue to shape public discussions and presentations of female sexuality. While *Viagra* tacitly endorses the idea of “male sex on demand,” female sexuality in the twenty-first century still needs to be camouflaged and concealed. What kind of woman keeps a leopard print compact bearing birth control pills in the hidden recesses of her purse? In private, who could say? She might be a wily

temptress. In advertising images, she toys with but never violates the borders of sexual propriety. For Nicole Miller and the designers who crafted the Personal Pak message, she is “today’s woman ... healthy, active, independent, stylish and balanced” (PR Newswire 2004). Her revolutionary power stops at the drugstore.

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#### NOTES

1. On the gap separating how sexuality in the Victorian era was culturally projected and socially experienced, see Horowitz 2002; Tone 2001; Friedman 1993; Lystra 1989; and Degler 1974.

2. Goodyear 1853: 170, 172–174. On the visibility of the contraceptive trade, see for example Heywood 1872 [1978]; Van de Warker 1873; Cooke 1882; and D’Emilio and Freedman 1988.

3. On Comstock, see Broun and Leech 1927 [2004]: 46–47; Bennett 1878 [1971]:1074; Trumbull 1913; Beisel 1997; and Tone 2001:6–13.

4. Comstock Act, 1873, ch. 258, 17 Stat. 598; Dennett 1930; Brooks 1966.

5. Mirena ad in *Redbook*, October 2001; Estrostep ad in *Shape*, December 2001. On media advertising and the containment of female sexuality, see Douglas 1994.

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2003c *Showcase Your Artistic Talent in the Ortho Personal Pak Design-a-Pack Contest*, [http://www.orthotri-cylenlo.com/press\\_room](http://www.orthotri-cylenlo.com/press_room), accessed December 22.

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