Public Law and Private Decisions: Birth Control in Connecticut from 1923 to 1965

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Public Law and Private Decisions:
Birth Control in Connecticut from 1923 to 1965

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Advanced Independent Research Project
Professor Cynthia Lyerly
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Birth control has a long history in America. As a country of immigrants, all sorts of family secrets for preventing conception came to America’s shores. Regulation of contraceptives as obscene materials began, in the state of Connecticut and in the United States in general, during the Victorian Era.

The Victorian Era was named for Queen Victoria of England who reigned from 1837 to 1901, although, the actual Victorian Era extended beyond the boundaries of her reign. This was a period of widespread prudery and strict boundaries for both men and women. The restrictiveness was best demonstrated by dresses worn by women in this time period; they were a visual representation of the stress put on chastity, the division between men and women, and the division between the upper and lower classes. The limiting environment of the fitted bodices and shelf-like bustles most visibly exemplifies the conditions in which the wealthier young women lived. These dresses exaggerated women’s curves to emphasize the differences between men and women but the restraints that maximized the curves also marginalized the women who had to suffer through wearing them. In this period, not only gender roles were noticeably defined; economic classes were also clearly separated. Class and gender were undeniably
linked. Women were to be homemakers and caretakers of children; men were to rule the public sphere of politics, religion, and business, but such a division of labor was impossible for the lower classes. The middle and upper classes were able to delineate gender roles because in these families it was unnecessary for the female to enter the work environment. The working class did not have the luxury of keeping the sexes separated because lower class girls often had to work at a young age, often far away from home. The inability to keep teenagers of the opposite sex apart was seen as one reason for a continued pattern of poor women getting pregnant at a young age. Once a girl “fell from grace” it was impossible for her to regain her status in society unless she arranged a quick marriage; usually her only remaining option was prostitution.  

The Victorian Era was a time of extreme contradiction. Along with being known for its excessive prudery, this period was also a host to emerging red-light districts in countless cities and a publication industry rife with pornography. The dual world that materialized was especially difficult for women. Women had to stay on the narrow path provided for them because if they were branded as an outcast then the only position left for them was as a prostitute, an occupation that had no trouble finding new recruits. Due to a prostitute’s line of work, it was necessary for her to be well versed in all available types of birth control. Eventually, contraceptives were deemed by the public as trade secrets for prostitutes and methods that respectable women would not employ.  

Historian Linda Gordon, author of Woman’s Body, Woman’s Right, highlighted the fact that birth control must have been known in the Victorian Era if the information

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had to be suppressed. Throughout history, women have sought advice from a close 
friend, family member or neighbor on how to prevent a pregnancy or how to perform an 
abortion. Contraception is not a development of recent history. Contraceptive use in 
America has been widespread since women came to the colonies with their mothers’ 
remedies for birth control. American women used the same contraceptive methods that 
been used for thousands of years. Douches, animal’s skin condoms, pessaries, and 
abortifacient mixtures were part of common women’s knowledge in pre-industrial 
societies. One of the earliest methods of birth control was coitus interruptus, the act in 
which the male withdraws his penis from the vagina before ejaculating; like most 
methods of birth control, this practice was condemned by the Roman Catholic Church.3 
A douche was a flushing of the uterus with a liquid, especially a spermicidal liquid, to 
prevent pregnancy. Several spermicides were known throughout history—vinegar and 
citric acid were common. Olive oil was a favorite of Italians, and later, Italian-
Americans. Early forms of condoms were made from sheep, goat or other animal’s 
intestines.4 A pessary was an early form of a diaphragm, created with almost anything a 
woman had at her disposal. Gum or rock salt were popular as pessaries in the Middle 
East and Egypt and African women used plugs of grass or cloth to block the sperm from 
entering the cervix.5

Early abortifacient potions were more diverse. Common ingredients in these 
mixtures were roots and various other substances that upset the woman’s stomach so

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3 Ibid., 25-26, 28, & 41.
4 Gordon, Woman’s Body, Woman’s Right, 44 and Andrea Tone, Devices & Desires: A History of 
5 Gordon, Woman’s Body, Woman’s Right, 42-44.
much that it adversely affected the fetus, causing the woman to miscarry.\textsuperscript{6} Much like women of other cultures, American women have used what was available to them to make home-made contraceptives. The original American contraceptives could be manufactured in the home because of the availability in drug stores and butcher shops of all the ingredients to make them. The high demand for reliable contraceptives by the mid-nineteenth century led entrepreneurs to manufacture condoms and diaphragms for selling.\textsuperscript{7}

It was no doubt the increase in advertising for contraceptives of all sorts that propelled Anthony Comstock to take up the issue of obscene mailings. Anthony Comstock, a Connecticut native, was not the first one to be worried by the content of the mails. In 1842, the United States Congress outlawed the importation of indecent pictures, such as pornographic prints, and allowed custom officials to seize anything they found to be lewd.\textsuperscript{8} This law was expanded in 1865, when offensive mailings within the United States were also banned. Included in the banned materials was “any obscene book, pamphlet, picture, print, or other publication…”\textsuperscript{9} Postcards and envelopes were added to the list in 1872. The law named after Comstock was passed in 1873. His law closed loopholes and increased the list of materials considered obscene. He began the crusade to pass national legislation to prohibit the mailing of obscene literature and materials when he moved to New York City in the late 1860s.\textsuperscript{10} Birth control was added to the list of materials considered obscene in 1873 because its use

\textsuperscript{6} Ibid., 36-37.
\textsuperscript{7} Tone, Devices & Desires, 53-54 & 56-57
\textsuperscript{8} Ibid., 4.
\textsuperscript{9} As quoted in, Tone, Devices & Desires, 5.
\textsuperscript{10} Tone, Devices & Desires, 5-7.
required a discussion of sex.\textsuperscript{11} New York City was full of vice and Comstock was disgusted by all that he observed. He started to take the law into his own hands, reporting pornographic publishers to the police. He officially started his New York City career against vice in the newly incorporated New York Society for the Suppression of Vice (NYSSV). The Society was focused on eliminating drugs, alcohol, prostitution, and gambling from major cities in America.\textsuperscript{12} As an agent of the NYSSV, Comstock was able to arrest violators of the obscenity statutes and he took that responsibility seriously. The large number of advertisements in newspapers and magazines for contraceptives drove Comstock to add birth control to the list of things considered obscene. Comstock’s 1873 national law was not a personal attack on women but rather a sweeping statute that prohibited all things that Comstock felt were ruining the morality of Americans.

The slightly modified Comstock law of 1874, section 3893, outlawed the mailing of:

Every obscene, lewd, lascivious book, pamphlet, picture, paper, writing, print, or other publication of an indecent character, and every article or thing designed or intended for the prevention of conception or procuring abortion, and every article or thing intended or adapted for any indecent or immoral use and every written or printed card, circular, book, pamphlet, advertisement, or notice of any kind giving information, directly or indirectly, where, or how, or of whom, or by what means… for each and every offense, [one will] be fined not less than one hundred dollars nor more than five thousand dollars, or imprisoned at hard labor

\textsuperscript{11} Gordon, Woman’s Body, Woman’s Right, 19.
\textsuperscript{12} Tone, Devices & Desires, 8-9.
not less than one year nor more than ten years, or both, at the discretion of the court. [italics added]\(^{13}\)

In a letter to a judge in January 1873 Anthony Comstock listed the number of obscene articles that he had already destroyed. He stated:

…I have seized and destroyed: Obscene photographs, stereoscopic and other pictures, more than 182,000; obscene books and pamphlets, more than five tons; obscene letter-press in sheets more than two tons; sheets of impure songs, catalogues, handbills, etc., more than 21,000…\(^{14}\)

This is an enormous amount of literature that had been destroyed before the Comstock law even went into effect.

For Comstock, outlawing the mailing of contraception was not to purposefully limit women’s control over their reproduction, but rather, he was hoping to eliminate materials he felt led to immoral acts.\(^{15}\) An 1878 article in the *Albany Law Journal*, which referenced the law explained, “[a]ll that Congress meant by this act was, that the mail should not be used to transport such corrupting publications and articles, and that any one who attempted to use [the mail] for that purpose should be punished.”\(^{16}\) Much like conservatives of today, Comstock believed that exposing youth to contraception encouraged them to engage in sexual relationships. Also, he and his contemporaries associated contraception with disreputable parts of society. As contraception became more prominent, it increasingly became associated with deviant groups of society,

\(^{13}\) U.S. Congress, House, Committee on Post Office and Post Roads, written by Truman Adams Merriman, NY. “Obscene matter though the mails. 29 May 1886 (to revise Sec. 3893),” House Report 7544, Session Vol. No. 9; 49\(^{th}\) Congress, 1\(^{st}\) Session.


\(^{15}\) Tone, *Devices & Desires*, 13.

especially prostitutes. Thus, banning contraceptive use became more about banning immoral acts. It was also widely believed that the widespread use of contraception would encourage adultery. Moral reformers usually found it acceptable for married persons to practice contraception, especially “natural methods” such as abstinence or the rhythm method, but they did not approve of the commercial aspects of contraception.

In 1873, almost fifty years before the women’s right to vote, a women’s right to control her fertility was not considered by most of the Congressmen who voted for this bill. A few men in the late nineteenth century, such as Edward Bliss Foote, spoke about limiting the size of one’s family as being a woman’s issue, but that discourse was not popular. Some women, as well, were uncomfortable with birth control being a woman’s issue. They were afraid that a prevalence of birth control would ruin the economic status of women, who at the time depended on marriage for economic stability. If birth control allowed men to engage in sex without the consequence of pregnancy, it was feared men would no longer want to get married.\textsuperscript{17} The discussion surrounding contraception was based mostly on morality and religion, with some talk of economics.

The American government was particularly hands-off when it came to regulating business in the nineteenth century. The Food and Drug Administration was set-up in 1906; but, the illegality and controversial nature of contraceptives secured them a place as unregulated products. Even after condoms became legal nationally in 1918, all government agencies were wary of being associated with products so divisive. This finally changed after World War I when condoms became more acceptable

\textsuperscript{17} Tone, Devices & Desires, 17 & 57.
because of their widespread use in the war in order to protect American soldiers from contracting venereal diseases. Due to the lack of regulations, the buying of contraceptives and abortifacients was a risk and the selling of birth control became a profitable trade. New laws surrounding birth control were introduced into the United States Congress during this era because of the growing number of quack doctors. Profitable trades always attract entrepreneurs, some of whom will excel while being honest and many more who are dishonest. The contraceptive trade was no different. The knowledgeable men and women who did enter into the trade of contraception were able to make a large amount of money because their products were untaxed and in high demand. One such maker was Edward Bliss Foote. He was irate at the restrictions of the Comstock law and was a producer of womb veils, or diaphragms. Although economically invested in the contraceptive market, Foote was different from other male sponsors of birth control because of his vocal assertions that conception should be controlled by women. Those manufacturers who were primarily concerned with the large profit that could be made through contraceptives were numerous and are mostly remembered for the number of women they sent to the hospital because of their unsafe and unhealthy products.

The Connecticut law that banned the use and prescription of contraception was passed in 1879, as a complimentary law to the bill passed in 1873 at the federal level. Twenty-three other states passed these “little Comstock laws” restricting the intra-state mailing of contraception, but Connecticut was the only state to ban the use of birth control. The Connecticut statute also forbade abetting the use of contraception. Prohibitions on the use of birth control were impossible to enforce without entering

18 Ibid., 49, 57, 71 & 115.
every bedroom in the state, but they put doctors into a precarious position. Usually
birth control and abortion laws included a doctor’s exception clause. One Senator tried
to add a medical exemption clause to the national Comstock law, but the Senator (also
from Connecticut) who was working with Comstock replaced the clause with
meaningless phrases.¹⁹ The Connecticut legislature did not debate a medical exemption
clause, even after a state legislator inserted the “use and abetting the use” clause. The
“little” Comstock statute in Connecticut stated, “Every person who shall use any drug,
medicinal article or instrument, for the purpose of preventing conception, shall be fined
not less than $50, or imprisoned not less than sixty days nor more than one year or
both.”²⁰ This phrase would remain on the Connecticut law books for over eighty-five
years.

Anthony Comstock was dedicated to the success of the national Comstock
statute and worked tirelessly to enforce the law he helped pass. Despite his best efforts,
the contraceptive and pornographic entrepreneurs continued to manufacture and sell
their products. The contraceptive and pornography market was very lucrative;
therefore, men and women who were arrested or even convicted under the Comstock
statute usually returned to the illicit market as soon as they paid their fine or spent some
time in jail. Evidence shows that the Comstock law was not as aggressively enforced as
Comstock would have liked. First of all, there were a very limited number of Post
Office employees on his staff to sort through a very large amount of mail. Also, the
prohibition of obscene mailings was just one of a number of regulations the employees

were expected to enforce.\textsuperscript{21} It was even necessary for the Post Office Department to remind Post Office workers in 1896, after a successful prosecution in Chicago, “to arrest and bring up for trial managers and proprietors of newspapers who violate the postal laws and regulations by sending obscene articles, pictures, and advertisements through the mails.”\textsuperscript{22} If the Post Office Department had to send a memo to the inspectors to remind them to arrest violators of the obscenity statute, it must have been poorly enforced.

The first birth control reform legislation was introduced to the Connecticut legislature in the 1917 session by Henry F. Fletcher, a lawyer from Northern Connecticut.\textsuperscript{23} His attempt did not make it into \textit{The Hartford Courant}, but it did begin the slow process of repealing the “uncommonly silly law.”\textsuperscript{24}

\* * * * *

Historians have looked at the issue of birth control from many different angles; including women’s rights, legislation and judicial history, medical history, and through personal narratives. Linda Gordon wrote an extensive history of American women and their struggle for birth control in 1977. Her book, \textit{Woman’s Body, Woman’s Right: Birth Control in America}, focused on the three stages of birth control advocacy post-1870: voluntary motherhood, birth control, and planned parenthood. She approaches the birth control movement from a national perspective that cuts across class boundaries and social movements. She focuses on the intellectual arguments of feminists and the medical advances for one hundred years, a terrific feat. Her book is a general overview

\textsuperscript{21} Tone, \textit{Devices & Desires}, 26.
\textsuperscript{23} John W. Johnson, \textit{Griswold v. Connecticut: Birth Control and the Constitutional Right of Privacy} (Lawrence: University of Kansas, 2005), 16.
of the history of birth control in America and places the events in this thesis in a larger context.

David Garrow published an extensive history of the *Griswold* and *Roe v. Wade* cases in the book, *Liberty and Sexuality: The Right to Privacy and the Making of Roe v. Wade*. This book, published in 1994, details every attempt the birth control advocates in the state of Connecticut made to try to repeal or amend the Comstock statute. The major premise of his work was to demonstrate the basis of the right to privacy that has become a mainstay in American beliefs. John Johnson’s book, *Griswold v. Connecticut: Birth Control and the Constitutional Right of Privacy*, has a more narrow focus than Gordon and Garrow’s books. Published in 2005, he follows the history of the Connecticut Comstock statute that prohibited the use of contraceptives and the landmark Supreme Court ruling that occurred in 1965. Johnson concentrates much of his study in Connecticut, but most of the book is a political and legal history of the Connecticut birth control law. He also delves into the “right to privacy” that the Douglas majority opinion set forth in the decision. Johnson explains the *Griswold* role in recent court decisions, such as the Massachusetts gay marriage ruling.

Andrea Tone’s book, *Devices & Desires: A History of Contraceptives in America*, is particularly enlightening on the subject of the early history of the Comstock law. Her book is both a medical history and a social history of contraceptives in America from the Victorian Era to the modern era.

My thesis uses facts from all these secondary sources and pulls in a new, more personal perspective on the prohibition of birth control in Connecticut. The Planned Parenthood archives at the New Haven Colony Historical Society Library, the oral
histories at the University of Connecticut’s Thomas J. Dodd Center, and countless newspaper articles and letters to the editor demonstrate how women (and men) in Connecticut dealt with the ban on contraceptives and how they worked both for and against changing the law.

* * * * *

In 1965, the United States Supreme Court annulled an eighty-six-year-old Connecticut law that prohibited the use and assisting in the use of contraceptives. The decision achieved in 1965 was a culmination of work by dedicated men and women since the 1920s. Almost every other year a bill would be proposed in the Connecticut legislature to either repeal or amend the statute and every time, the bill would be defeated by a powerful Roman Catholic lobby. While the new law could not pass the legislature, the police rarely enforced the nineteenth-century restriction. For the believers in the law, the law was necessary to promote good morals and to follow God’s will; those who were opposed to the bill saw it as irresponsible medicine and an invasion of privacy.

The United States went through dramatic changes from the nineteen twenties to the nineteen sixties: the Great Depression, World War II, the Cold War, and the beginning of the Sexual Revolution. Every ground-shaking historical event caused the birth control debate to be shifted to make the arguments more relevant to the legislators and men and women they represented.

In the first chapter, the arguments surrounding birth control in the nineteen twenties and early thirties are discussed. In the nineteen-twenties, one of the major concerns of the critics of birth control was the expanding role of women within society
especially with their new right to vote. Birth control opponents were worried that women might decide not to have children and cause an extinction of the race. Eugenics was also a popular school of thought in the early decades of the twentieth century. Eugenics means “good birth” in Greek and supports the belief that only healthy, white people should be allowed to procreate, in order to advance the race. Both of these argument lost popularity once the Great Depression hit.

The Depression spurred questions about the American economy and the debate over whether or not the crash was due to overpopulation or under-population. Some observers believed large families were necessary for the health of the American economy because the number of consumers in the nation needed to keep pace with the large amount of food and products that were being produced. Others, looking at the problem of the Depression as a much more personal problem, saw the difficulty men and women were having feeding their children and advocated the use of birth control so no more children would have to starve.

The second chapter recounts the new frontier birth control advocates embarked upon when they opened multiple birth control clinics within the state in the late nineteen-thirties. In 1935, armed with courage, the support of many who were still suffering from the Depression, and the belief that criminal prosecution was unlikely, a group of Hartford women opened the first birth control clinic in Connecticut. Seven other clinics followed suit and overall, they served more than eight thousand women. These Maternal Health Centers, as they were called, only assisted married women. The Maternal Health Center of Waterbury was raided by the police in June 1939 and the clinic’s doctors and its founder were brought to court for violating the Comstock law.
When they lost their case in the Connecticut Supreme Court in March of 1940, all of the clinics closed their doors.

Chapter three discusses how the Second World War continued the debate over whether the world was over- or under-populated. The unfitness of America’s boys for the army raised concerns for both those in favor and those against the use of birth control. Some believed that birth control was not producing the desired effect because boys were still as unhealthy and unfit as they were during World War I. Others were afraid that with birth control and the war, America would have no one to protect its soil after the war ended. The close of the war was welcomed by all Americans and ushered in a conservative era in which women left the workplace and returned to the home to increase the birth rate for the first time since 1920.25 With the increased interest in getting pregnant and having a large family, birth control was no longer on many people’s minds. The birth control movement in Connecticut lost all momentum after World War II.

Chapter four opens with the hiring of Estelle Griswold as the Executive Director of Planned Parenthood of Connecticut (PPLC) in 1958. She injected life into an almost dead movement. After the test cases that the PPLC sponsored failed in the Connecticut and national court systems, Estelle Griswold opened a birth control clinic in New Haven, Connecticut, to engage the law. She and the medical director of the PPLC, C. Lee Buxton, were given much encouragement and support and after four years of defending their actions in front of multiple courts. In 1965, the United States Supreme Court declared the Comstock statute unconstitutional by a vote of seven to two. The

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Griswold decision was the end of the birth control debate in Connecticut but the beginning of the constitutional right to privacy that has helped abortion and gay activists in their fight for rights. The national birth control debate has continued to the present day. The creation of the morning after pill, Plan B, and the abortion pill, RU-486, has resulted in arguments among religious leaders, politicians, and women that are similar to those that were often used during the Connecticut birth control debates from the 1920s to the 1960s.
Chapter 1—Eugenics to Economics, 1923-1933

The first organized birth control campaign to reform the Comstock statute in Connecticut began in the early months of 1923. The members of the campaign introduced a bill in the Connecticut state legislature in February 1923, just a month after Margaret Sanger opened the first birth control clinic in the state of New York and only days after she spoke to a crowd of eight hundred in a theatre in downtown Hartford.

The crowd was receptive to her arguments but the audience still had questions regarding the morality of the practice she was endorsing. She presented arguments in line with the eugenics movement, a movement that approved of sterilizing people with mental and moral deficiencies and believed the children born to white, educated, and rich families were superior to all other children. This pseudo-science advocated social control of imbecility and criminality while encouraging higher birth rates among the wealthy class. Sanger also urged her audience to support the medical profession’s right to give advice to women when they were in need of limiting their

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families. She continued her speech by “bitterly” attacking the outdated Connecticut statute and its attempt to keep women moral by keeping them ignorant. The Connecticut statute she was referencing was the “little Comstock law,” which punished anyone who used a “drug, medicinal article or instrument, for the purpose of preventing conception.” The statute also had an “abetting” clause, in which anyone found providing a woman with contraceptives would also be fined or sentenced to time in jail.

At the end of Sanger’s speech, there was a question and answer period. The questions asked by the audience members revealed the misconceptions surrounding birth control that were prevalent at the time. Sanger was asked if birth control was murder and if “the adoption of birth control would tend toward an eventual childless world.” She emphatically denied both assertions. Birth control is murder only if being single or celibacy is murder, she declared, and she insisted that the maternal instinct “is too old and too strong to be wiped out.”

Margaret Sanger created the American Birth Control League (ABCL) in 1921; the League established a focused message and increased publicity for the cause. Its formation and its dedicated spokesperson, the outspoken Sanger, spurred the creation of local, state-based leagues across the nation, including the Hartford Birth Control League, which later became the Birth Control League of Connecticut. At the start of her work with birth control in 1900, Sanger had taken a much more activist approach.

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5 Gordon, Woman’s Body, Woman’s Right, 291.
7 Gordon, Woman’s Body, Woman’s Right, 213.
She was a militant reformer who believed in a woman’s right to control her fertility. It was her pamphlet “Family Limitation” that coined the phrase “birth control.”

Sanger realized that her strong feminist message that had appealed to anarchists and socialists was not going to bring birth control to the masses in the early twentieth century. She astutely shifted away from socialist arguments and her left-wing colleagues when America experienced its first Red Scare in the years after the Bolshevik Revolution in 1917. She changed her tactics and used eugenic arguments to be accepted by mainstream politicians, social workers and reformers. Sanger enlisted the support of the medical profession to legitimize her efforts to legalize birth control. While some doctors continued to be repulsed by the idea of birth control, others were eager to have the freedom to prescribe contraceptives. Medical professionals were generally respected in their communities and their endorsement had a positive affect on the movement. Sanger’s change in strategy was most apparent when she spoke at a New York City birth control conference in 1921 where persons expressing socialist views were ruled out of order.

The founding members of the Hartford Birth Control League in 1923 were wealthy women such as Katherine Beach Day, Annie Gertrude Porritt, and Katharine Houghton Hepburn, the mother of the famous actress. These three women began their political lives as dedicated suffragettes. In the years leading up to the adoption of the Nineteenth Amendment, Hepburn was the president of the Connecticut Woman

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9 “Action of Police Proves Surprise,” The Hartford Courant; November 15, 1921, p. 10.
Suffrage Association and Porritt was the secretary.\textsuperscript{10} Around 1917, Hepburn and Porritt left the Suffrage Association to join the more radical National Women’s Party (NWP).\textsuperscript{11} At the close of 1918, Hepburn, Day, and Porritt attended a conference for the NWP that was addressed by its leader, Alice Paul, and other notable suffragists.\textsuperscript{12} After securing the national right to vote for women, many suffragists ended their fight. There was no longer “a women’s issue” to unite females.\textsuperscript{13} The Sheppard-Towner Act was passed in 1921 by the United States Congress. This act created a Board of Maternity and Infant Hygiene, which provided federal funding for mothers and children, but it did not garner enough support for a renewal in 1929.\textsuperscript{14} Unlike many others, Porritt, Day, and Hepburn were interested in more than suffrage. During their work in the suffrage movement, these women had also showed a passion for more controversial issues. Day, Porritt and Hepburn were involved in the Connecticut Social Hygiene Association\textsuperscript{*} that had been co-founded by Katharine Houghton Hepburn’s husband, Thomas Hepburn, in the early 1900s.\textsuperscript{15} The association focused on anti-venereal disease work, as sexually transmitted diseases became a major problem for Americans during the First World War.\textsuperscript{16} The introduction of the condom to soldiers in World War I spread the message of social hygiene to all

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\textsuperscript{11} Hepburn, \textit{Me}, 21.


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sections of America, allowing the Connecticut Social Hygiene Association to end its work in 1921. After 1920, the women shifted their focus from social hygiene to birth control. Annie Porritt became an editor for Margaret Sanger’s monthly magazine *Birth Control Review* and Katherine Beach Day helped finance the creation of the American Birth Control League (ABCL) in late 1921. By 1922, Porritt and Day were board members in Sanger’s ABCL and it only seemed logical to attempt to make birth control legal in their home state. To increase their awareness and understand the issues, Katherine Beach Day and Annie Porritt attended birth control conferences nationally and internationally.

These women were joined by Henry F. Fletcher, a lawyer from northern Connecticut, and his wife. It is not clear why Henry F. Fletcher was so passionate about birth control. Fletcher had been the secretary for the Union Agricultural Society and a member of the Thompsonville school board before becoming publicly involved with contraception. He was able to convince his state legislator, Samuel Sisisky of Enfield, to introduce a birth control bill in 1923. Fletcher must have been well-known in the state because *The Hartford Courant* published an extensive interview with him before the birth control bill was introduced. In this article Fletcher discussed his reasons for supporting contraception, which are mostly eugenic in nature, and urged others to adapt to the changes brought about by a modernizing

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society. He believed a successful nation needed a smaller and more intelligent group of people rather than the large population needed in the past.\footnote{22 “Says Birth Control Wouldn’t Threaten Extinction of Race,” \textit{The Hartford Courant}, February 3, 1923, p. 8.}

The birth control bill was introduced by Representative Sisisky on February 13, 1923, with a large crowd present to argue its fate before the Judiciary Committee. The bill allowed a licensed doctor or nurse to give information, advice or a prescription for any contraceptive if any man or woman asked for such advice. The second section of the bill repealed the Comstock law that prohibited the dissemination of birth control information or articles.\footnote{23 Garrow, Liberty and Sexuality, 15.} The large group that had congregated for the committee hearing was given about an hour and a half to express their thoughts on the proposed bill to the committee.

According to the \textit{New York Times}, the proponents of the bill began the hearing with a speech from Fletcher, in which he assured the committee that the Birth Control League was a legitimate organization that did not support “quack” doctors or patented druggists who advertised unreliable contraceptives and abortifacients. Another Connecticut man continued the League’s pro-birth control argument with a eugenics perspective. He stated that scientific reproduction generated the best offspring; therefore, “Connecticut ought to be in a position to say that it was not a crime to improve the human race.”\footnote{24 “Birth Control Bill Hearing in Hartford,” \textit{New York Times}, February 14, 1923, p. 8.} Annie Porritt spoke of the economic benefits of the birth control bill; she believed that the bill would lessen the tax burden because of the smaller number of families needing state aid due to their large size.\footnote{25 Bishop Murray Opposes Birth Control Measure, \textit{The Hartford Courant}, February 14, 1923, p. 1.}
When Margaret Sanger stood to speak on behalf of the Hartford Birth Control League, the crowd “loudly applauded.” She repeated some of the same assertions she had made in her speech two days earlier, such as that remaining single was almost a crime in Connecticut and that it was “better to sterilize the feeble-minded than to let them reproduce.”

Although it was illegal for all the people of Connecticut to use contraceptives, it was a widely accepted belief that many wealthy women were able to obtain contraceptives through their private physicians. Poor women, on the other hand, who could not afford a doctor, had no way to receive contraceptives or any additional information because written materials on contraception were also illegal in the state. Sanger believed the state should balance the unequal conditions in Connecticut by allowing “physicians to instruct poor women just as they did their wealthy patients.”

In a declaration of open defiance towards the Connecticut statute, Sanger told the crowd that “the question was not whether we should have birth control but what kind we should have.” Having spoken on behalf of birth control for over ten years, Sanger was well aware of all the common arguments her opponents were likely to use. One such argument was that if birth control was provided to one woman, she would tell her friends and neighbors, and eventually all women would be using birth control, married and unmarried, wealthy and poor, healthy and unhealthy. Sanger challenged this argument by explaining “the methods were so individual that no one could stand on the street corner and tell about birth control.” She also asserted that sex was important for harmony in a relationship and that it was foolish to preach

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26 Ibid., p. 1 & 2.
that sex should only be engaged in when children were desired.\textsuperscript{30} It was a triumph that the Connecticut women had Margaret Sanger, the nationally and internationally known birth control advocate, to come speak on behalf of their state bill. Sanger also tried from 1916 to the 1930s to liberalize birth control laws in the state of New York and nationally, in Washington D.C.\textsuperscript{31}

The opposition to the bill was raised most forcefully by John G. Murray, auxiliary Bishop of the Catholic Diocese of Hartford. He had “sharp criticisms of the bill” and believed that “birth control was a violation of natural law.” He argued that the bill would encourage race suicide among the races from northern Europe who were “the finest type of people.” He also stated European-Americans were “doomed to extinction, unless each family produces as [sic] least four children,” and declared “birth control had resulted in a death rate ten times the birth rate in Bradford, England.” Other birth control opponents who spoke at the legislative hearing were mothers of large families who believed that legal birth control would ruin “Christian family life” and that the bill was an “insult to motherhood.”\textsuperscript{32}

In the end, the Judiciary Committee in the Connecticut House of Representatives voted to send an unfavorable report to the House; therefore, the birth control bill did not survive to be debated on the House floor. The rejection of the bill, however, did not end the discussion of birth control within the Connecticut newspapers. Articles were periodically published stating the views of prominent scientists or church leaders on the issue. This continued until a new birth control bill was introduced at the state Legislature’s next session in 1925.

\textsuperscript{31} McCann, Birth Control Politics, 68-69, 211, 213, & 214.
\textsuperscript{32} “Bishop Murray Opposes Birth Control Measure,” \textit{The Hartford Courant}, February 14, 1923, 1 & 2.
Several factors converged in the nineteen-twenties to create an environment conducive to reform and caused it to be the decade in which pro-birth control legislation was introduced in the Connecticut legislature four times. First of all, American women received the right to vote in 1920, which allowed women to have more influence in the political process and enabled wealthy women to devote their time to new causes. Among these causes were poverty, birth control, and child welfare. Second, American soldiers fresh from the battlefield brought home military-supplied condoms to their wives and girlfriends. For some of these soldiers’ wives, the taboo against birth control was lifted by their own government. Third, a national trend of preferring science to religion supported the popularity of eugenics and continued to lower the number of Americans attending places of worship. The Great Depression, which began in 1929, amplified Americans’ worry about the economic cost of overpopulation. The preoccupation with the declining economy across America had a tendency to continue the already established trend of not attending church.

The nineteen twenties were the era of the “lost generation,” a generation that was born after 1890 and witnessed the destruction of the First World War. The “lost generation” was struck by the brutality of World War I and gained a pessimistic view of humanity. This pessimism gave the generation a new sense of morality, a sense that would be considered a lack of morality by the older generation. The older

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33 Gordon, Woman’s Body, Woman’s Right, 64.
34 Leuchtenburg, The Perils of Prosperity, 188.
generation was also shocked by the new rules of dating. Un-chaperoned dates were common with the explosion of the automobile industry and teenagers were taking advantage of this privacy to “neck” and “pet.” The generation gap was so wide that studies found women born after the turn of the century were twice as likely to lose their virginity before marriage than those who had been born before 1900. The novels written by F. Scott Fitzgerald, John Dos Passos and Ernest Hemingway exemplify this period; they were dripping with sexuality and materialism. Other authors, such as William Faulkner, used a “stream-of-consciousness” style of writing that became popular with the introduction of Sigmund Freud in the United States. Freud, first translated into English in 1910, ushered in new way of thinking about sexuality.37

The flapper, a woman with short hair and an independent spirit, became the representative of this decade. She rejected all things Victorian, including corsets, female curves, long skirts and long hair. Women were able to become flappers during the nineteen twenties because single women moved out of their parents’ homes and into the city without a husband. This freer lifestyle experienced by men and women in their late teens and twenties frightened the older generation who feared the degradation of society. Since younger men and women were already pushing the boundaries of morality, it was argued that legalizing birth control would make adultery and divorce easier and more permissible.38

The “lost generation,” according to its critics, was more materialistic and selfish than the previous generation, characteristics that encouraged the limiting of a family’s size and more frequent divorces. Divorces in America had doubled in just fifteen

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38 Old Fashioned Mother, Letter to the Editor, The Hartford Courant, February 18, 1923, p. 10.
years, from one hundred thousand in the year 1914 to over two hundred thousand in 1929.³⁹ Even without knowing the statistics, Americans recognized the increase in divorce and many had ideas on how to end the trend. A Hartford mother argued in a letter to The Hartford Courant that a husband and wife with a large number of children were less likely to get divorced than those with a smaller family.⁴⁰ The increase in divorces was most likely due to women’s new found freedom—they were no longer obligated to stay in a destructive marriage like their predecessors.⁴¹ “An Alarmed Lady” wrote to The Hartford Courant about the new way girls were dressing and their obsession with fashion. In the girls’ pursuit of fashion, she believed they had compromised modesty and decency. She cited “birth control propaganda” and “indecent” movies and plays as the reason for the decline of “feminine virtue” and purity.⁴²

The conditions of the nineteen-twenties prepared Connecticut citizens for the challenge to the forty-four year old birth control statute, but they were not readily convinced. Margaret Sanger’s book, The Pivot of Civilization which was published in 1922, stayed on book shelves in stores and at the library in Hartford.⁴³ It is not surprising that Connecticut residents were wary of the issue of contraception. The birth control proponents and opponents used almost every argument imaginable to promote their belief. The arguments were diverse—based on class, public morality, medicine, religion, and economics.

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³⁹ Leuchtenburg, The Perils of Prosperity, 163.
⁴⁰ A Mother, Letter to the Editor, The Hartford Courant, February 20, 1923, p. 16.
⁴¹ Leuchtenburg, The Perils of Prosperity, 163.
⁴³ “Margaret Sanger’s Book Not Widely Read in Hartford,” The Hartford Courant, February 4, 1923, p. 3X.
While some areas of the country were experiencing the new, freer nineteen-twenties lifestyle, Connecticut continued to be a very reactionary state in regards to cultural changes and remained fiscally conservative. Until the nineteen-thirties, Republicans had almost complete control over the State House; they passed bills that helped businessmen but were unwilling to pass any that funded schools, prisons, hospitals and other public work projects. On the women’s rights front, Connecticut’s record was unimpressive. Connecticut did not ratify the Nineteenth Amendment until after the required thirty-five states had officially made the amendment part of the United States Constitution. Out of a two hundred and sixty-two seats, five women legislators were elected to the state house in the November 1920 election from a total of thirty-four women candidates. Only four of the thirty-four women were on the Republican ticket and those four, plus one Democrat, won their elections. During this period of Connecticut history the most important characteristic for a winning candidate was his or her affiliation with the Republican Party. Eleven years later, the number of women legislators had risen to forty-seven but an overwhelming majority of the women were Republicans. The nature of Connecticut politics made it difficult for reforms to be passed, especially those that would hurt business or raise taxes; the birth control advocates tried to use arguments that would illustrate how birth control would lower taxes.\textsuperscript{44} Nonetheless, the arguments of a higher rate of prostitution, soaring divorce rates, and the threat of “race suicide” convinced the legislators and citizens not to support the legalizing of birth control.

As with most controversial issues, the two sides came at the debate from different irreconcilable angles. Bishop John G. Murray and Margaret Sanger, who sparred during the 1923 legislative committee hearing, shared a belief that there were not enough healthy, white children being produced. Despite this similarity, they had very different ideas on how to remedy the situation. Bishop Murray wanted to encourage procreation among white men and women in order to increase the population of what he considered to be the finer element of society. Bishop Murray was not alone with this thought; Connecticut citizens throughout the nineteen-twenties believed that the upper class should be coerced into having more children. During the 1929 legislative hearing on the birth control bill in Connecticut, one man suggested a new law be drafted to require a wealthy couple to have five children within ten years of marriage “or go to jail for the rest of their lives.”

Sanger, on the other hand, approached the problem more realistically. The state or federal governments could never force people to have children, so Sanger proposed allowing lower class men and women the same access to birth control that the upper class had through private physicians. Birth control was illegal to all, but access to money allowed loopholes to be opened. In order to reduce the number of unhealthy and poverty-stricken babies being born, birth control had to be used at least as frequently in the poorer households as it was in the wealthier ones. Furthermore, it would be nearly impossible to take contraceptives away from affluent women in a free, capitalist society; it was much easier to provide contraceptive information to a poor woman. Although interested in the same outcome, Sanger and Bishop Murray’s proposals were miles apart.

Henry F. Fletcher described the women in the League as “women of high social standing who realize the danger of undue breeding…to the standard of living prevailing in America, and to the peace of the nations.” He wrote this statement in order to calm the fears of the men and women of Connecticut who may have been under the impression that the contraceptive law was trying to be overturned by people trying to profit through the selling of contraceptives. Fletcher publicized the women’s class because it gave them stature and authority but it also leads to questions. Why were these women so interested in birth control? It is possible that they wanted to improve the life of the overburdened, poverty-stricken mother. Many birth control proponents’ motives, however, were not so pure. As already demonstrated with Margaret Sanger, many upper class men and women were worried about the overpopulation of immigrants and other poor people in American cities. It is probable that a combination of these two factors caused many to devote their time to the cause. While the proponents had their eye on the increasing birth rate of the lower class, the opponents were looking at the declining birth rate of “Americans.” Opponents of birth control were afraid of “race suicide,” an idea that had even been endorsed by President Theodore Roosevelt at the turn of the century that the white race would die out due to its ever-decreasing birth rate.

Americans have always prided themselves on the American dream, the possibility that all people could become great no matter how humble their beginnings. Connecticut men and women were worried about supporting birth control for the poor when so many of the great American men from the eighteenth and nineteenth century

came from such unfortunate backgrounds. Two letters to the editor printed in *The Hartford Courant* in the week following the legislative hearing of 1923 made this argument against birth control, citing the upbringing of President Abraham Lincoln as evidence of a great man whose birth might have been prevented if his mother had access to birth control.\(^{47}\) It is this argument that caused opponents of birth control to consider birth control murder. An extension of this argument, which was raised often throughout the newspapers in Connecticut, was the belief that the poor produced better children than the wealthy. One woman went so far to say “our penal institutions are well filled with offspring from the comfortable, limited [in family size] homes.”\(^{48}\)

Women writing to *The Hartford Courant* to defend birth control also defended the families of the middle class and wealthy that had been attacked in previous letters. For example, Katherine Beach Day asked why Americans bothered to work hard and send their children to college if the wealthy and educated were filling the prisons like the opponents of birth control suggested.\(^{49}\) Annie Porritt cited President Herbert Hoover’s Child’s Bill of Rights in 1929 as federal validation for their desire to give poor families access to birth control. The bill stated, “no child should be born except under proper conditions.”\(^{50}\) The truth was, some children of poor parents became worthy citizens and others became criminals. Rather than addressing the complex nature of poverty and the factors that continue the cycle, the campaigners and the


\(^{48}\) A Mother, Letter to the Editor, *The Hartford Courant*, February 20, 1923, p. 16.


\(^{50}\) As quoted in, “Women Clash Over Bill on Birth Control,” *The Hartford Courant*, March 1, 1929, p. 2.
detractors of the bill simplified the lower class and shaped it into whatever would work best for their argument.

Eugenics arguments were increasingly popular with the public and particularly with scientists, including Professor Henry Fairfield Osborn, the President of the Museum of Natural History and a leading paleontologist. His speech in New York City in late 1923 was covered by The Hartford Courant and the New York Times.51 He believed it was necessary for America to adopt a policy of selective immigration and what he termed, “birth selection.”52 Sounding a bit like Sanger, he stated, “All agree that it is a crime to bring into the world mental defectives, congenial criminals, and hopelessly diseased beings. The arguments for birth selection seem obvious.” He also claimed “one-third of all these inmates [at state insane asylums] are immigrants or children of immigrants.”53 Being the president of the Museum of Natural History, Osborn influenced a generation of anthropologists, paleontologists, and biologists with his pro-Nordic rhetoric and books. His support for a scientific answer to immigration and birthing encouraged veiled racism throughout the United States.

In some ways, opposition to birth control was opposition to nineteenth-twenties feminism, too. This was evident in a sermon given at St. Mary’s Church in New Britain, Connecticut, on Mother’s Day in May of 1923. A Catholic priest, Reverend Walter A. McCrann, exclaimed “…[birth control users] cannot fool God, though they might be able to fool themselves.” He continued the sermon by explaining the meaning of “[t]rue motherhood,” which is the ability to give “husbands pure, constant

love.” Catholic women joined the Catholic clergy in publicly abhorring women’s rights. The National Council of Catholic Women in 1923 stood “firm and unyielding” against birth control and affirmed their opposition to equal rights for men and women. The National Council of Catholic Women also reinforced ideals for matrimony that included wives taking their husband’s last name and deplored other social dangers that “threaten[ed]” America. In 1930, a worried “Observer” wrote to The Hartford Courant about the increasing employment of married women due to their use of birth control. The writer felt this trend was going to hurt businesses even though women had been documented as better workers than men. The “Observer” was afraid that women would be uninterested in becoming mothers if they stayed in the workplace for too long. She also feared that immigrant women were going to become the only ones having children if the trend continued.

It was feared that the legalization of contraceptives would lead to the degradation of all morals in Connecticut citizens. It was frequently mentioned that committing adultery would be easier and prostitution rates would rise with legalized birth control. One speaker at the 1929 Judiciary Committee hearing believed widespread birth control use would create “a polite form of prostitution.” Representative Caroline Platt went a step further, declaring the bill would clear the path “for every girl to become a prostitute and 75 per cent of them will…”

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55 “Catholic Council Protests Bigotry,” The Hartford Courant, November 11, 1923, p. 2X.
was no basis for these claims, but they did help instill some fear and worry into the committee members.

While birth control opponents were worried about the destructive effects legal contraceptives would have on the morals of citizens of Connecticut, proponents argued that it would reduce crime and stabilize homes.\(^{59}\) They thought contraceptives could stabilize homes because their use would discourage men from going to prostitutes when they did not want to make their girlfriends or wives pregnant. One man even suggested that murders would become less frequent if contraceptive use was taught to criminals and the poor.\(^{60}\)

The doctor who came to the legislative hearings on behalf of the Birth Control League stressed the importance of trusting physicians and permitting them to prescribe medicines and contraceptives as they see fit. This doctor also argued that a source of injury for women was the use of unregulated and illegal contraceptives, a danger that would be curbed if birth control was legalized and women had a safe method to chose.\(^{61}\) A planned pregnancy would most likely lead to a better cared for child who would be in better health than an unplanned baby born to an exhausted mother.

Only one opponent to birth control spoke at the 1927 legislative hearing; she stated that more women were in the hospital due to contraceptives than for natural births.\(^{62}\) This opponent of birth control saw this statistic not as a reason to legalize birth control but as a sign of the degradation of the American society. The proponents

\(^{62}\) Ibid.
of birth control regarded the same statistic as a reason to legalize birth control because innocent women were being harmed by illegal contraceptives. The supporters of contraceptives wanted women to be able to have sexual intercourse without hurting themselves trying to prevent pregnancy. Also, they knew methods to use that would not cause bodily injury, methods that they could not legally share with other women.

In 1923, the debate surrounding the legalization of birth control was significantly less religious than it became in subsequent years. The rancor increased year after year as Protestants became more frustrated with the unwillingness of the Catholic population to compromise over the issue. The 1923 hearing was not completely void of religious name-calling, however; Bishop Murray called the birth control movement, “essentially atheistic.” He believed that the birth control movement supported the “perversion” of the sexual act; therefore, it could not be associated with any religion. The Catholic Transcript, the Diocese of Hartford’s weekly newspaper, continued the religious sentiment by accusing the birth controllers of “Play[ing] hard and fast at the fountain of human life….“ A Catholic priest, Reverend James McCartin, from Lowell, Massachusetts described birth control as “evil, unpatriotic, and unnatural” in his “Motherhood” sermon in 1925. In 1929, a woman stated that the bill “savors of barbarian and paganism.” Many devout people believed that the legalizing of birth control would be against God’s will and they continued to express their concerns throughout the nineteen-thirties.

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64 “‘Transcript’ Hits At Birth Control,” The Hartford Courant, February 24, 1923, p. 3.
65 As quoted in, “Birth Control Denounced,” The Hartford Courant, April 22 1925, p. 10.
After the 1929 legislative hearing, speakers for and against contraceptives began to identify their religion. For example, a Courant reader from New Britain, Connecticut, wrote a letter to the editor concerning birth control and signed it, “A Catholic.” This letter, although short, put forth most of the religious arguments against birth control used in the nineteen-twenties. First, the writer cited the Bible passage, “Increase and multiply and fill the earth.” Next, he/she stated that the purpose of marriage was for having children. Finally, the writer concluded that birth control was contrary to the teachings of the church and self-control should be encouraged, rather than birth control.67 Even more interesting, an “Observer” in 1931 who did not endorse birth control felt the need to write, “I am not Catholic…” to emphasize his/her points.68 The common theme for the anti-birth controllers was to tell others to practice chastity if they could not handle the responsibility of being a parent.

Birth control advocates encouraged their opponents not to look at contraceptives as unnatural, but as an intelligent way to control population using humans’ God-given brains.69 With science improving so many things, an advocate asked in a letter to The Hartford Courant if it was fair to single birth control out as unnatural.70 Annie Porritt advocated the separation of church and state that was expressed in the Constitution as a way to deal with the issue. She believed that no religion should dictate a state’s laws.71 In regards to the Biblical quote, a proponent of birth control made the argument in The Hartford Courant, “Be fruitful and multiply” did not suggest that

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71 “Women Clash Over Bill on Birth Control,” The Hartford Courant, March 1, 1929, p. 2.
humans should overrun the Earth only to die from starvation, disease, and wars.\textsuperscript{72} Other supporters proposed that it was unchristian to bring children into the world who would not have a caring home.

Several opponents of contraceptives questioned if the major players in the fight for birth control were mothers.\textsuperscript{73} They believed that birth control was an “insult to motherhood” and could not comprehend why a mother would support such a cause.\textsuperscript{74} To the surprise of these women, the women involved in the cause were not afraid of motherhood-- Katharine Houghton Hepburn was the mother of six children, Katherine Beach Day was the mother of five and Annie Porritt had four of her own.\textsuperscript{75}

In this period of the new woman, women wrote to \textit{The Hartford Courant} defending their right to control their fertility. One woman declared in response to a letter to the editor from a man named Aaron Cohen who was a birth control opponent, “I am speaking from experience, Aaron Cohen cannot. Neither can any other man.”\textsuperscript{76} Another women, most likely Katherine Beach Day, wrote to \textit{The Hartford Courant} and stated that the bill was “merely giving to the mothers the right to decide” how many children they would have.\textsuperscript{77} Finally, “A Proud Mother” stated, “It seems to me that all the antis are men.”\textsuperscript{78} These statements signify huge strides from the 1870s, when the law banning birth control devices and information was written. At that point in time, the Connecticut legislature did not consult any woman to gain a female perspective because it was seen as a public morality issue rather than a feminist issue.

\textsuperscript{73} Old Fashioned Mother, Letter to the Editor, \textit{The Hartford Courant}, February 18, 1923, p. 10.
\textsuperscript{74} “Bishop Murray Opposes Birth Control Measure,” \textit{The Hartford Courant}, February 14, 1923, p. 1.
\textsuperscript{75} “Mrs. Porritt Fatally Hurt In Collision,” \textit{The Hartford Courant}, August 21, 1932, p. 9.
\textsuperscript{76} A Wife and Mother, Letter to the Editor, \textit{The Hartford Courant}, February 21, 1923, p. 14.
\textsuperscript{77} K.B.D., Letter to the Editor, \textit{The Hartford Courant}, February 24, 1923, p. 12.
\textsuperscript{78} A Proud Mother, Letter to the Editor, \textit{The Hartford Courant}, April 15, 1931, p. 14.
Although women were making progress in certain areas, old stereotypes continued to persist.

It was evident that women were enjoying greater freedom locally and nationwide. Women were taking a great deal of interest in national politics since the adoption of the Nineteenth Amendment. A *New York Times* article published in May of 1923 explained, “The capital [Washington D.C.] is filled with the national headquarters of women’s organizations.” Despite the large number of organizations and their wide range of their interests, the birth control issue was too controversial for the national organizations to endorse in the early 1920s; instead they continued to push for the improvement of children’s welfare, prohibition, peace, and “matters that concern the home.”

Economic reasons to support birth control had been raised at and since the 1923 Judiciary Committee Hearing, but they were greatly expanded after the beginning of the Great Depression in October 1929. An early argument was that birth control could help bring peace to Earth through an abundance of land and supplies; no nation would have to invade another to create more space for its people. Without the fear of overpopulation, there would be no need for war. Popular opinion during the Depression was that a lower birth rate would be beneficial to all. Fewer people meant a higher employment rate and higher paid jobs because of less competition. Many occupational fields had begun to introduce “labor saving machine[s]” that would reduce the need for a large workforce. It was also recognized that men and women could not afford children with the poor economic situation of the Depression.

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labor would no longer be necessary if parents only conceived those children they could afford. These factors would all result in lower taxes for the Connecticut citizen because asylums, prisons, and institutions would all have smaller populations.

For those people who were close to the farming community during the Great Depression, striving for a smaller population seemed to be a mistake. In 1931, the market for wheat and other farm products was limited. From this fact, the writer of a letter to the editor of The Hartford Courant concluded that America should increase its domestic population in order to keep up with production of food. A writer with an opposing view stated that overpopulation had caused wages to fall, therefore Americans should use birth control so that they and their children might be able to get good jobs and afford life’s amenities. Another writer to The Hartford Courant believed “[b]irth control is the fundamental cause of the depression.” He believed that the Depression was brought about because of the “lack of genuine necessity consumption” and stated that women should be having large families and should not be working. Regardless if the Depression was caused by overproduction or underconsumption, it affected everyone in the United States and forced Americans to re-examine the positive and negative aspects of birth control.

The arguments surrounding birth control were diverse, their subject areas span from medical, religious, economic, to moral. This diversity occurred because of the unique decades of the nineteen-twenties and thirties. The twenties was a decade of consumerism and loose morals after the brutality of World War I. The thirties were

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82 “Women Clash Over Bill on Birth Control,” The Hartford Courant, March 1, 1929, p. 2.
years of panic and desperation as the economy of the United States continued to slump.

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The 1923 birth control bill did not get out of committee but it did begin a long process of biannual attempts to change the Connecticut anti-contraceptive statute. In 1925, the Hartford Birth Control League had learned from their prior attempt and knew it was necessary to make the bill more specific in order to garner more support. The proposed bill set out a fine for the selling of contraceptives without a doctor’s prescription; therefore, the birth control advocates could not be accused of helping “quack doctors” or unlicensed pharmacists.86 The Birth Control League’s bill was put forth as a “medical measure” and to promote its medical credibility, the League enlisted at least two doctors to come to the legislative hearing to testify for its necessity.87 The doctors, from Hartford and Boston, Massachusetts, defended the bill with the same rhetoric Sanger used, but with the added authority of a scientific background.

The 1925 hearing did not witness any new arguments from the opponents of birth control. Mrs. Herbert Fisher from the Connecticut Council of Catholic Women was the only speaker at the hearing representing those against birth control. She did not try to contradict the assertions made by the doctors; rather, she declared that the issue was strictly a moral issue. Birth control, in her mind, would “lower morality” and promote the “evasion of responsibility.”88 Despite the new medical approach by

86 Garrow, Liberty and Sexuality, 18.
the Birth Control League and the low number of birth control opponents present at the hearing, the Judiciary Committee gave an unfavorable report on the bill; therefore, once again, the two houses of the Connecticut legislature did not debate the issue.89

The 1927 legislative hearing on birth control was an almost exact replica of the 1925 hearing. As before, the Birth Control League relied on expert testimonials from doctors and lawyers and the opponents of the bill only had one speaker. The League, confident because of the positive feedback from the past two hearings and the rapidly expanding membership of the Birth Control League of America, decided to send a repeal measure to the Judiciary Committee rather than the routine amendments in which the statute would be altered slightly to make contraceptives legal.90 Yet, the Judiciary Committee recommended the rejection of the repeal bill.91

February of 1929 brought about another hearing for the birth control bill and attracted a larger crowd than any other issue that came up in the 1929 legislative session.92 Katharine Houghton Hepburn spoke at this legislative hearing on the merits of birth control and claimed, to the shock of the crowd, that the majority of those in the audience were criminals because they were illegally using contraception. Her point was to make the committee aware of the widespread use of birth control within Connecticut despite the ban.

In 1929, a new and important development occurred in the fight for legalized birth control: liberal clergymen publicly spoke in favor of the bill that was being debated in the State House. This bill was endorsed by the State Conference of

89 Garrow, Liberty and Sexuality, 19.
90 In 1927, Margaret Sanger’s ABCL was at its height with thirty seven thousand members paying dues.
91 Gordon, Woman’s Body, Woman’s Right, 19-20.
Congregational Churches of Connecticut, a major feat because the Congregational Church had been a significant factor in Connecticut’s development and it was Congregationalists that had first financed Yale University.\textsuperscript{93} Reverend T.P. Rutledge Beale was sent to the hearing to speak on behalf of the Congregational churches.\textsuperscript{94} He stated that sex would become more spiritual between married men and women if they were allowed to engage in this activity without the penalty of too many children. It was this endorsement by the Congregational Church that made the 1929 legislative hearing bear witness to much more religious talk. The divide between the Congregational Church and the Roman Catholic Church was clear. Katharine Houghton Hepburn even broke from her usual scientific and legal reasoning for birth control to claim, “Roman Catholic women are coming to realize that this is their concern and not that of their priests; that they, and not the priests, have to bear the children.”\textsuperscript{95}

It was unfortunate for the birth control movement that at this point, Connecticut was a one-party state. The Republicans controlled all branches of government and the governor, John H. Trumbull, decided what the legislature would deal with in the upcoming year. The governor was not interested in considering the birth control issue, so the Judiciary Committee obediently killed the measure.\textsuperscript{96} One committee member was not ready to drop the issue. Republican Representative Epaphroditus Peck from Bristol forced the arguments of the bill to be heard on the House floor.

\textsuperscript{94} Garrow, Liberty and Sexuality, 21 and “Women Clash Over Bill on Birth Control,” The Hartford Courant, March 1, 1929, p. 2.
\textsuperscript{95} “Women Clash Over Bill on Birth Control,” The Hartford Courant, March 1, 1929, p. 1.
\textsuperscript{96} Garrow, Liberty and Sexuality, 22.
Peck continually stressed the point that the birth control law was essentially religious legislation and that the opposition was “exclusively from Roman Catholic sources.”

Many of the speakers from the Judiciary Committee hearing were women Representatives in the Connecticut House; they spoke again when the matter came before the House. One such woman was Representative Marion Roberts, a Democrat from Hartford, who did not believe the opposition and supporters of birth control were as conveniently divided as Representative Peck had described. Her thesis was proved by another woman, Representative Caroline Platt, a Congregationalist who did not support the bill because she believed it would lead to immorality in the majority of teenage girls.

Opposing birth control did not mean one was less racist than a pro-birth control advocate, as witnessed in 1923 with Bishop Murray. Similarly, State Representative Platt had an anti-contraceptive stance but her speeches at the hearing and at the debate in the House were among the most bigoted. She acknowledged her three children and declared that she was jealous of the fertility of more prolific women, such as the “Italian mother of eight or ten children.” She implored the House of the necessity to keep Connecticut “proper” by encouraging Americans to have more children, rather than relying on immigrants.

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It was a great step forward for the Birth Control League of Connecticut that the measure was debated on the House floor in 1929; it gave the cause more publicity and continued to pressure the government officials to reconsider their views on the subject. Nonetheless, the bill lost in the House by a very wide margin of 226-18. Eight of the eighteen assenting votes were from women legislators.102 The bill had already been rejected “without opposition” in the state Senate.103

Although the 1925 and 1927 birth control bills had not inspired Connecticut citizens to put pen to paper and write the local paper, the 1929 bill did. Henry Fletcher, the lawyer from northern Connecticut who had been active in the birth control cause since the beginning, began a new campaign of propaganda through the letters to the editor page in The Hartford Courant. Fletcher suggested that birth control was necessary because, “…we have used up most of our first-grade timber, burned the major part of our anthracite coal, exhausted the food supply from game and fresh water fish, greatly depleted our stock of lead and tin…”104 His contentious stand on the issues of birth control and population encouraged Courant readers of all opinions to write in and voice their own opinions. Charles Hooper, writing to the Courant from Idaho, wrote to the editor about birth control twelve days after the Fletcher editorial. He contradicted Fletcher’s assertions that humans should “decrease and diminish;” Hooper wanted Americans to increase and multiply.105 Six more letters on the subject were printed by the editor in the Courant within the next month, all with differing opinions.

104 Henry F Fletcher, Letter to the Editor, The Hartford Courant, March 6, 1929, p. 8.
The events of Black Thursday on October 24, 1929, and Black Tuesday on October 29, 1929, changed how many Connecticut citizens looked at the issue of birth control. Those who once saw it solely as a moral issue recognized the economic issues embedded within it. They began to understand how hard it was to feed so many mouths with a dwindling income. During the Great Depression, when money was scarce and big families seemed unreasonable, more Protestants found room within their religious beliefs to realign themselves with the birth control advocates; yet, Roman Catholics publicly remained strongly opposed to contraceptives. This split caused even greater religious tension especially as Democrats, typically Catholic, gained greater control of the Connecticut government. Unlike the previous few years, birth control was no longer just a topic during the month of the legislative hearing. Birth control was a constant subject in newspaper articles and letters to the editor during the beginning of the 1930s. The articles focused on the many different aspects of birth control, including population fears, religious opinions, and of course, economic worries. Some of the headlines were: “The Earth’s Future Population,” “Methodists on Birth Control,” and “Lower Birth Rate Urged By Bishop As Christian Duty.”

The Great Depression gave hope to the birth control advocates who introduced their fifth birth control bill in 1931. The Birth Control League presented the Judiciary Committee with over four hundred signatures of doctors in Connecticut who supported a change in the statute. The opposition had also prepared for the hearing and had a doctor present to refute the medical necessity of birth control for

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Connecticut women. The Birth Control League was victorious in gaining a favorable recommendation from the Judiciary Committee but the endorsed bill was hardly a blanket approval of birth control. The bill allowed doctors to prescribe birth control only for specific medical reasons, such as a wife with tuberculosis or a weakened condition due to excessive childbirth.107 This meant a woman could not apply for contraceptives for merely economic reasons.108

In the debate on the House floor, Democrat Representative David A. Fox stated the bill would result in young people “with a bottle of gin in one hand and birth control certificate in the other.”109 The birth control proponents pointed to the desperate situation on the streets due to the Depression as a reason to allow birth control because fewer children would need less state aid. Representative Raymond Baldwin, an Episcopalian, spoke in favor of the birth control bill for the first time in 1931.110 He was an influential Republican who would become Governor in 1939, a United States Senator in 1946, and the Chief Justice of the Connecticut Supreme Court of Errors in 1959.111 Baldwin asked the doctor who opposed the new legislation at the legislative hearing why he did not think physicians were moral enough to adhere to a “limited birth control law.” The doctor responded, stating if doctors supported such a bill the American Medical Association (AMA) would have demonstrated that support in their policies.112 The AMA would not endorse birth control until six years later, in 1937.113 Baldwin later stated that he did trust

108 „Birth Control Bill Approved by Committee,” The Hartford Courant, March 26, 1931, p. 1.
109 As quoted in, “Birth Control Bill Is Lost; Vote 172-76,” The Hartford Courant, April 2, 1931, p. 15.
112 „Birth Control in Medical Practice,” The Hartford Courant, June 12, 1937, p. 8.
physicians to properly follow a new, more tolerant law. He also believed that the present statute only benefited the “unscrupulous” and hindered doctors in their line of work. Representative Fox had plenty of company as he voted against the bill; Representative John G. Fitzgerald called the bill a “monstrosity.” The bill allowed for only women with health problems to be eligible for prescription contraceptives; even with this restriction, the bill was still too lax for some of the men in the House. Two of the representatives raised a concern about unmarried women gaining access to birth control information; one representative warned that the birth control information would be given out in high schools and elementary schools.

The Hartford Courant reported that many of the Representatives at the State House were afraid of a roll call vote on the measure because although they did not want to vote for birth control, they also did not want to vote against a favorable report and contrary to what their voters wished. Despite their misgivings, the Connecticut House of Representatives rejected the bill by a roll call vote 172-76. This was a smaller margin than the previous session but nonetheless an overwhelming defeat. The controversial nature of the bill was a major factor in its defeat and split the Republican representatives—seventy voted for the measure and ninety-nine voted against. Out of the eighty-five Democrat representatives in the House, over seventy voted against the birth control bill in 1931. This vote also split the female

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117 “Birth Control Bill Appears Doomed Despite Favorable Committee Report,” The Hartford Courant, April 1, 1931, p. 3.
representatives, of the nineteen present to vote on the measure, nine voted for the amendment, ten voted against it.\textsuperscript{120} The Senate voted on the measure by way of a voice vote, so the record of which Senator voted for or against the measure is not available. The upper chamber rejected the bill 30-3.\textsuperscript{121}

The birth control bill in the 1933 Legislative Session was the Baldwin Bill, named after the House Majority Leader, Raymond Baldwin. This cemented the shift that had been in the works for the past two legislative sessions; a shift from Republican opposition to birth control in 1927 to the leadership support in 1933. The change in position was due to several factors. First of all, the Great Depression was in full swing in 1933; therefore, the demand to be able to limit one’s family was louder than ever. Second, the Republican Party in Connecticut consisted of rural Protestants while the Democratic Party was home to the urban Catholics. Third, the bill was being promoted only by physicians, not the controversial Birth Control League.\textsuperscript{122}

Even with the backing of the majority leader, the bill failed to get a favorable report from the committee; the committee tied 8-8. The House and Senate held votes on the issue. In a surprising turn-around, the bill passed the House of Representatives 169-80. One hundred and fifty-one of the representatives who voted for the measure were Republican. The opponents of the bill in the House were almost evenly divided between the two parties—thirty-five Republicans and forty-five Democrats.\textsuperscript{123} Just

\begin{thebibliography}{99}
\bibitem{120} „Birth Control Bill Is Lost; Vote 172-76,” \textit{The Hartford Courant}, April 2, 1931, p. 1.
\bibitem{121} „Birth Control Bill Lost in Senate Vote,” \textit{The Hartford Courant}, April 3, 1931, p. 3.
\bibitem{122} Garrow, \textit{Liberty and Sexuality}, 33.
\end{thebibliography}
two years prior, a similar birth control bill lost with similar numbers. The bill lost by a margin of six by a standing vote, a much closer vote than two years before, but not enough to pass the measure.\textsuperscript{124}

Disappointed that the Senate rejected his bill, Baldwin amended it so that two doctors would need to concur in order for a woman to receive birth control. This amendment was voted on and passed 171-72. The Senate, however, refused to vote on the matter, perhaps because of its probable passage. Margaret Sanger was disgusted at the prospect of the passage of this bill because of the boundaries it endorsed.\textsuperscript{125} The Senate officially tabled the bill indefinitely in June of 1933.

In 1933, birth control represented more than just birth control. Embracing birth control was seen as one step towards embracing married women working, high divorce rates, and small families. These movements were unacceptable to the majority of Americans, even in the middle of a depression. The Depression intensified the debate over birth control because birth controllers saw it as way to lessen the suffering that was occurring every day across America. The opponents to the birth control measure stuck to their convictions of its immorality and preached celibacy. The tragedies of World War I and the Great Depression had men and women questioning the viability of capitalism and democracy; the idea that the future of America was at stake made arguments across many subjects have an increasingly anxious feel. The desperation of the times caused the Connecticut legislature of 1933 to come the closest to passing pro-birth control legislation in its history. With seven more votes in the Senate, the legislation would have been sent to the Governor Wilbur

\textsuperscript{125} Garrow, \textit{Liberty and Sexuality}, 33-34.
Cross, a Democrat, to be signed or vetoed. His views on the birth control legislation were never printed in *The Hartford Courant*; but, based on his party affiliation, a veto would have been likely. Regardless, the fight was not to be that short. After the sixth defeat of a birth control bill in the state legislature, the Birth Control League decided to take a step that required action, not talk—opening a birth control clinic in Connecticut.

It became apparent to the birth control advocates after multiple unsuccessful attempts to pass legislation to legalize birth control in Connecticut that a new approach was necessary. They were frustrated with the legislative process and its inability to bring about a change in the law. The birth control statute, which criminalized the use and abetting the use of birth control, was even more maddening because no one was being prosecuted under it. It seemed appropriate to the advocates to engage the law in another way—open a clinic in the state. This action would be obviously contrary to the law and the advocates hoped for one of two outcomes: the courts would rule the law unconstitutional or the state would not enforce the law and the clinics would run without interference.

The decision to open a birth control clinic in Connecticut did not occur in a vacuum. Birth control was enjoying more widespread acceptance across the nation. Connecticut’s proximity to New York, the state that was the home to the first birth control clinic in the United States, also influenced how the men and women of the state
felt about contraception. Due to this proximity, some resourceful women of Southern Connecticut decided to open a birth control clinic for Connecticut women in New York. This plan came to fruition in the town of Port Chester, New York, just over the state line from Greenwich, Connecticut, and Connecticut’s “first” Maternal Health Center was established.

The Port Chester clinic was launched by the Greenwich Committee for Maternal Health (GCMH). The committee formed in May of 1932 to discuss birth control within the state of Connecticut. Greenwich was an affluent suburb of New York City with little diversity. Several high profile men and women were deeply involved in the cause; one such woman was Nancy Carnegie Rockefeller, grand-niece of Andrew Carnegie and the wife of James Stillman Rockefeller, the grand nephew of John D. Rockefeller. Another primary organizer of the committee was Florence Borden Darrach. Darrach was a busy woman; she was also elected treasurer to the Garden Club of America in 1934. Florence Darrach’s husband, William Darrach, spoke at the first GCMH meeting because he was a well-known doctor who had been a dean at Columbia University’s Medical School from 1919 to 1931. Together with other respected men and women in the community, they raised awareness about the benefits of birth control and gained funding for the clinic.

Several factors influenced the committee’s decision to open a birth control clinic for Connecticut women by the end of 1932. First, Margaret Sanger’s birth control clinic

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4 The original Comstock statute that prohibited the mailing of contraceptives applied to New York but it was not illegal to use or abet the use of birth control in that state.
1 “Nancy Carnegie Weds,” The Hartford Courant, April 16, 1925, p. 2.
2 Garrow, Liberty and Sexuality, 31.
4 “New Haven Man Named Columbia University Medical Faculty Dean,” The Hartford Courant, January 6, 1931, p. 2 and Garrow, Liberty and Sexuality, 31.
and research bureau in New York City had been successfully running for almost ten years. Second, Rhode Island, in 1931, opened the first New England birth control clinic. Third, the large number of people at the first meeting for the GCMH demonstrated the community’s support for the cause. Unwilling to open a clinic actually in the state, the committee decided on a location that was easily accessible to many of the women from Greenwich and the surrounding area but also a location that would not put them in jail. Port Chester was a perfect location, just minutes from downtown Greenwich.

Before the Port Chester clinic could open, it needed a doctor to oversee its operations. The Greenwich Committee for Maternal Health asked for Margaret Sanger’s assistance in choosing a doctor. Margaret Sanger selected a doctor for the clinic who had worked with her at the Planned Parenthood headquarters, Doctor Cheri Appel. Cheri Appel was a graduate of New York University with a degree in gynecology and had traveled earlier with Sanger to the Soviet Union to teach Soviet women contraception methods. She was a featured speaker at the 1936 Conference on Contraceptive Research and Clinical Practice in New York City. She spoke on behalf of the positive aspects of contraception and against the popular notion that birth control made women sterile. Appel also worked at the Morrisania Hospital in the Bronx. She was married to Dr. Benjamin Segal who, by his retirement, had been the chief of

5 Garrow, Liberty and Sexuality, 30-31.
obstetrics and gynecology in Lincoln Hospital in the Bronx and had worked for many years at Beth Israel Hospital. Appel’s credentials were, in short, impeccable.

The Greenwich committee opened their Port Chester clinic for Connecticut women in September 1932. Nancy Carnegie Rockefeller explained in an interview in 1981, “[The Port Chester clinic] didn’t advertise, but we did get out an annual report. It’s amazing how we became known just through word of mouth…” The clinic was not in *The Hartford Courant* until a passing reference was made in an article about the new president, Reverend Hooper, who was elected to head the Birth Control League of Connecticut in November of 1933. The article mentioned that the Port Chester clinic was managed by a group of Greenwich citizens but did not allude to the fact that the clinic was for Connecticut women.

A transportation service was provided to the women who could otherwise not make it to the Port Chester clinic. Women from all across Fairfield County became patients of the clinic and after several years the number of patients was too large for the twice a week schedule of the clinic. In order to better serve all the women who desired appointments, the committee decided to make the leap into Connecticut. Nancy Rockefeller and the other members of the GCMH set up a main office in Greenwich in 1935, just months after a birth control clinic was opened in Hartford, Connecticut.

Thus, nineteen thirty-five was the year in which two Maternal Health Centers opened within the state of Connecticut. Components coalesced during the nineteen

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thirties to make contraception acceptable to more citizens than it had been since before the Victorian Era. Advocates capitalized on the support the birth control movement was receiving locally and nationally to gain volunteer and monetary support. Across the state of Connecticut, families were feeling the crunch because of the Great Depression and were trying to find a way to safely and effectively limit their family size. Economics was not the only reason birth control was being embraced across the nation; an increasingly liberal approach to social policy was accepted by women’s and physician’s groups. In 1932, the Connecticut State Medical Society approved supporting a new law to legalize birth control when a pregnancy would hurt the mother. The Connecticut League of Women Voters voted in 1933 to endorse birth control.14 Another breakthrough occurred in 1937 when the American Medical Association accepted birth control as a medical issue and authorized the distribution of instructive birth control literature to the medical profession.15 This increased support caused the advocates of birth control to feel comfortable enough to open a birth control clinic within the state’s capital and Greenwich in 1935.

Katharine Houghton Hepburn and the other women who had been central to the legislative fight during the nineteen-twenties were among the advocates central to the creation of the Hartford Maternal Health Center. Sadly, one of birth control’s major supporters in Connecticut, Anne Porritt, died unexpectedly in a car accident in 1932. The loss of a major supporter was balanced by the gain of Sallie Pease as president of the League in 1934. The League had been having trouble replacing Katherine Beach Day as president; her two successors, Dr. A. Nowell Creadick and Reverend William T.

14 Garrow, Liberty and Sexuality, 31 & 34.
Hooper, remained in the position for very short terms. Sallie Pease, the new president and a friend of Hepburn, was able to turn around the negative attitude of the League members after the frustration of the 1935 bill dying in committee. With the help of Lillian Joseloff, a prominent Hartford woman, as a financial backer, the birth control clinic plans were put into action. A year that could have been wrought with disappointment for the League became a year of successes.

On July 9, 1935, the Birth Control League of Connecticut quietly opened a Maternal Health Center at 100 Retreat Avenue, Hartford, Connecticut. The purpose of the center was to dispense advice and devices to the married women of the city who could not afford the services of a private physician. The clinic was open six hours everyday to make appointments, but patients were only seen two days of the week by the doctor.

The Hartford women hired Hilda Crosby Standish and Eleanor Taylor Calverly as their primary physicians. In an interview, Standish explained how birth control was not part of the curriculum in medical school while she attended; it was necessary for her to visit Margaret Sanger’s clinic in New York City in order to discover the methods of birth control. Standish also explained that the Maternal Health Center was very particular about its patients; the women had to be married, be living with their husband, and have at least one child. Also, because of the sensitive nature of the clinic, it was

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17 Garrow, Liberty and Sexuality, 36-37.
19 Garrow, Liberty and Sexuality, 37.
20 Ibid.
necessary to have the women referred by a minister, doctor, or social worker to be accepted as a patient. Although Standish made it clear in her interview that the Hartford clinic had strict rules when it came to accepting patients, a close examination of the clinic records for 1936 and 1937 reveals that the restrictions had been relaxed after a year or two. Out of the almost three thousand new patients in 1936 at the Hartford, Greenwich, Stamford, and New Haven clinics, only four hundred and thirty of them were recorded as having been referred by a social worker, nurse, or agency. Also, the clinic records for 1938 stated that since the opening of the clinics, only one hundred and sixteen patients had been refused service. The clinic was mostly concerned with the women’s marital status and living arrangements; as soon as a woman left her husband or was granted a divorce, she was no longer able to receive services from any of the clinics.

The clinic had a diverse patient list. Poverty was a common factor among these women, but they were of Catholic, Protestant, and Jewish faith. Despite the objections to contraception that the Roman Catholic Church voiced, fifty percent of the patients at the Hartford clinic were Catholic. Standish described the majority of the women attending the clinic as poor and mothers of at least four children. The clinic also had some African American women as patients. Although numerically African American women were not a large group at the clinic, their numbers were out of proportion to their numbers in the state. In the 1940 census, African Americans comprised 1.9% of the population.

23 “Clinic Record for 1938,” PPLC Archives, 16E.
percent of the total population of Connecticut. From the annual reports for all the clinics from 1936 to 1938, African American women consisted of between three to over six percent of the patients. Standish remembered having “[q]uite a number of black folks,” as patients at the clinic. There was economic diversity amid patients, as well. In order to make it easier for the women living in poverty to receive contraceptive help, payment at the clinic was on a sliding scale. The amount a woman would pay was dependent on the woman’s (and her husband’s) income.

The Hartford location was quite noteworthy—it was directly across the street from Hartford Hospital. Even though the doctors and nurses at the hospital were unable to refer their patients to the clinic because of its illegal work, Standish recalls the doctors and nurses suggesting to the new mothers, “[i]f you just follow that white line across the street, and you’ll see a sign there, and you might be interested in going in and talking with them.” This proximity to the Hospital drew criticism from the Catholic clergy in Hartford, especially Reverend Andrew J. Kelly of St. Anthony’s Church. He was convinced that Hartford doctors and the welfare department were telling women they must go to the health clinic if they wanted to continue to get state aid.

The first year of the clinic was not without its moments of stickiness. In October of 1935, Katharine Houghton Hepburn unintentionally told the press about the new clinic in Hartford while giving a speech at Connecticut State College (now known as University of Connecticut). Despite a report of “a complaint” filed against the clinic,

27 Ibid., 30.
28 Garrow, Liberty and Sexuality, 41.
after the story was published; the city prosecutor did not pursue it. He decided to leave the clinic alone unless he was put under significant pressure.

Mostly the Maternal Health Centers flew under the radar, but, Nancy Rockefeller remembered, “Only Father Murphy at St. Mary’s took exception to our work and he spoke about us in the pulpit every Sunday.” Reverend Henry J. Murphy was a priest at St. Mary’s in Greenwich from mid-1936 to mid-1939; his time in Greenwich mirrored the majority of the time that the Maternal Health Center was open in Greenwich. More than anything, his weekly denunciation informed Catholic women that there was a birth control clinic nearby they could visit.

The members of the Greenwich Committee for Maternal Health decided to move their birth control clinic from Port Chester, New York, to Greenwich in November 1935 because of the large number patients in Port Chester and the success of the Hartford clinic. The transportation service continued to bring mothers to the clinic, but soon, the clinic was “transported” to the mothers. The committee arranged for the doctor to travel to other towns in order to reach more women. These “satellite” offices were actually rooms in women’s homes in Danbury, Westport and Norwalk.

The same women who helped run and fund the birth control clinics in Southern Connecticut also were involved in other projects for mothers and newborns. They ran a mother’s milk bank for those mothers who could not provide milk to their newborns and

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29 Ibid., 38-39.
they also coordinated a marriage counseling service. Though their opponents often described them as anti-motherhood and anti-family, that was clearly not the case.

Unlike the birth control opponents, the women who ran these birth control clinics distinguished between birth control and abortions. They fully supported a woman’s right to use birth control, but did not support or perform abortions unless the mother’s life was in danger. Women who already had large families sometimes came begging for help when they became pregnant again. It was too late for the women to be given birth control at that time but mothers who had given birth multiple times were brought to doctors to get a hysterectomy, if they so desired. Standish, the doctor at the Hartford clinic, recalled sending women who came in for an abortion to private doctors who the clinic organizers knew were willing to give abortions.

The most common reason to give a woman birth control information at the New Haven Maternal Health Clinic from its opening on May 12, 1936 to October 1, 1937 was “recent and frequent pregnancies.” These pregnancies were not all planned as shown by a report of the Hartford clinic in 1938 in which ninety-five percent of the patients had previously tried birth control before coming to the clinic. In the same report from 1938, there was a statistic on how many abortions had been induced by the clinic patients. Almost eighteen percent of those patients had induced at least one abortion; one patient had induced ten abortions. The statistics did not differentiate between self-induced or doctor-induced abortions, but through an interview with

33 Ibid., 17.
34 Ibid., 20
36 “Statistics of Maternal Health Clinic,” PPLC Archives, 16E.
37 “Detailed Report of 1000 Consecutive Cases from the Hartford Maternal Clinic,” PPLC Archives, 16E.
Doctor Standish and the proximity of Connecticut to New York, it can be gathered that some women paid for at least some of their abortions rather than performing them.

The clinics in Greenwich and Hartford became busy and birth control advocates opened new clinics in New Haven, Norwalk, Stamford, and Danbury in 1936. By April 1937, the Hartford clinic extended its hours for two reasons. First, the afternoon sessions were becoming increasingly crowded and second, some mothers had difficulty making an appointment in the middle of the afternoon. The night sessions were from seven to nine every Wednesday night.\(^{38}\) In 1937 the League expanded and added a clinic in New Britain and another in 1938 in Bridgeport. The final birth control clinic in the state was opened in 1939 in the heavily Catholic city of Waterbury.

The Stamford clinic opened in June of 1936 under the direction of Dr. Jean Henderson. In its first six months of operation, it had served just over one hundred new patients and about one hundred and thirty returning patients. The majority of the new patients were Catholic and a majority paid between a dollar twenty-five and three dollars for their consultations. Four dollars was the maximum fee for the clinic. Interestingly enough, the Stamford clinic was receptive to the idea of premarital counseling, but by January 1937, the clinic had not yet given any premarital advice.\(^{39}\) The extent of premarital counseling was not discussed in the report but from other sources, it can be gleaned that it was a discussion with engaged couples about the use of birth control during marriage.

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\(^{39}\) “Stamford Clinic 1936,” PPLC Archives, 16E.
The Maternal Health Centers provided most women with a pessary and spermicidal jelly to help prevent conception.\textsuperscript{40} In a report for all the clinics in Connecticut from 1935 to 1939, it was recorded that over ninety-three percent of the patients were prescribed a pessary and jelly.\textsuperscript{41} A pessary is a type of diaphragm and must be individually fitted to each woman. If the pessary was unable to comfortably fit the female patient, then condoms would be provided for her husband to use.\textsuperscript{42} Two and a half percent of patients were given condoms with jelly. Condoms were legal in Connecticut because they could also be used for disease prevention; therefore, they were sold in drug stores across the state. Cervical caps were given to 2.6 percent of patients, while jelly alone was only given to 0.3 percent.\textsuperscript{43}

In a survey taken in 1939 on the progress of the Connecticut birth control clinics, it was reported that there had been nine thousand and ninety-nine new patients since 1935. The Hartford clinic alone had served over three thousand patients in just four years.\textsuperscript{44} The Hartford clinic was the most heavily attended clinic; the Greenwich clinic, which was open for as long as the Hartford clinic, had one fifth the number of active patients.\textsuperscript{45}

The Connecticut Maternal Health Centers were established to dispense birth control information to the poorer segments of the population; yet, only five percent of the patients were on complete aid from the state. Actually, patients of the clinic were

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\textsuperscript{41} “Resume of Connecticut Birth Control Clinic Records,” PPLC Archives, 16E.
\textsuperscript{43} “Resume of Connecticut Birth Control Clinic Records,” PPLC Archives, 16E.
\textsuperscript{45} “Resume of Connecticut Birth Control Clinic Records,” PPLC Archives, 16E.
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much more likely to have an income over sixteen dollars a week during a time in which eighteen dollars a week was the median income for a citizen of Connecticut.\textsuperscript{46} Although, the women who frequented the clinic usually had very large families; therefore, even the median income for a male in Connecticut would not be sufficient to feed eight or more mouths.\textsuperscript{47} Almost one third of the patients at the Connecticut birth control clinics had a weekly household income of twenty-six to forty dollars.\textsuperscript{48}

The majority of the women who visited the Connecticut clinics were Catholic. The Catholic patients had several justifications for their break from the doctrine of their church. First of all, the women insisted that since they were the ones getting pregnant, they should be able to control their fertility. Also, the Catholic women did not want to bring children into this world that they could not properly support. The women felt that God would want fewer, well-fed and well-cared for children rather than many neglected and unwanted children.\textsuperscript{49}

In the report for all Connecticut birth control clinics from 1935 to 1939, there were two hundred and ninety-eight known pregnancies that occurred, three percent of the total patients. A 1997 study showed that couples who did not use birth control for one year had an eighty-five percent chance of conceiving a child. “Typical use” of natural birth control methods, such as \textit{coitus interruptus} and the rhythm method, had a pregnancy rate of nineteen and twenty-five percent after one year, respectively. “Typical use” took into consideration the fact that the method might not be performed correctly or used every time. This same study stated that diaphragms have twenty

\textsuperscript{46} “Resume of Connecticut Birth Control Clinic Records,” PPLC Archives, 16E.
\textsuperscript{47} “Case Histories,” PPLC Archives, 16F.
\textsuperscript{48} “Resume of Connecticut Birth Control Clinic Records,” PPLC Archives, 16E.
\textsuperscript{49} Letter to Editor dated April 25, 1940, PPLC Archives, 16F and Letter to Mrs. Pease, dated April 9, 1941, PPLC Archives, 16G and Letter to Mrs. Dennison, March 1941, PPLC Archives, 16G.
percent pregnancy rate after one year with typical use. Diaphragms were the main birth control device the clinic’s physician prescribed for his or her patients; therefore, a three percent pregnancy rate was remarkable. The clinic patients’ excitement surrounding the birth control method they were taught clearly indicate that using these means were much more effective at reducing pregnancies for them than not using birth control or trying to use “natural” birth control methods. Of the explained loss of patients, the most common cause in Hartford in 1938 was sterilization, followed by already being pregnant during the first visit.

The different clinics had different fees that they charged their patients. Greenwich, New Haven, and Norwalk all charged five dollars for their clinics; however, the patients were only expected to pay as much as they could and the donations the clinics received would cover the rest of the expenses. Waterbury, on the other hand, only charged a maximum fee of two dollars to its patients; Hartford and New Britain charged three.

The Connecticut Birth Control League did not introduce a pro-contraception bill during the 1937 legislature. The League felt the expense of the legislative campaign would cost more than it was worth; the President of the League, Sallie Pease, stated, “the hope of securing passage of the bill was too small.” Days after the BCL announced their decision not to pursue a birth control bill, the Connecticut Medical

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51 “Detailed Report of 1000 Consecutive Cases from the Hartford Maternal Clinic,” PPLC Archives, 16E.
52 “Clinic Record for 1938,” PPLC Archives, 16E and “Resume of Connecticut Birth Control Clinic Records,” PPLC Archives, 16E.
53 “Birth Control League Not to Campaign for New Law This Year,” The Hartford Courant, January 6, 1937, p. 6.
Society also decided not to send a bill to the legislature.\textsuperscript{54} Despite the League’s distance from the legislature, the issue was not forgotten at the state capital. In early February of 1937, Representative John Fitzgerald of Ansonia introduced a bill that would force all legislators, Senators or Representatives, who advocated for birth control to become sterilized by a state appointed doctor within thirty days of the end of the General Assembly or to pay a one hundred dollar fine.\textsuperscript{55} The Judiciary Committee advised the rejection of the bill and the House accepted that recommendation and also voted to reject the bill after Representative Fitzgerald spoke on behalf of his bill.\textsuperscript{56} The bill was rejected by the House without any counterargument raised; therefore, it does not seem like the bill was taken very seriously by those who opposed the measure.

The opening of a clinic in the heavily Catholic city of Waterbury was the beginning of the end of the birth control clinics in Connecticut. The city was seventy percent first- or second-generation Irish and Italian immigrants, many of whom were still practicing Catholics. Waterbury was the last major city in Connecticut that the advocates wanted to open a clinic in, not only because of its large population of new immigrants, but also because of the economic status of the women; it was a poor city.\textsuperscript{57} This was the perfect city for birth control advocates; there was a large concentration of poor, immigrant women whom they could “save” from having too many children. Waterbury fit both a radical and conservative agenda.

\textsuperscript{54} “Bill For Birth Control Not Planned This Year By Medical Society,” \textit{The Hartford Courant}, January 10, 1937, p. 1.

\textsuperscript{55} “Towns Given Authority To Take Land,” \textit{The Hartford Courant}, February 6, 1937, p. 9.


The two doctors for the Waterbury Maternal Health Center were Bill Goodrich and Roger B. Nelson. Goodrich was a Waterbury native who had attended Yale University and Columbia Medical School. He interned at Hartford Hospital and the Hartford Maternal Center under the supervision of Hilda Crosby Standish and Eleanor Taylor Calverly, the primary physicians of the Hartford Maternal Health Clinic. Nelson was not a native son, he had graduated from Cornell Medical School and had worked in New York City and Rochester.\textsuperscript{58}

The clinic opened October 11, 1938, inside the Chase Dispensary in Waterbury Hospital. Months passed without trouble; the doctors saw patients during the once-a-week clinical hours.\textsuperscript{59} Strict regulations on who could receive birth control services and supplies assured that for the nine months that the clinic was open in Waterbury, a minimal number of patients were seen. In fact, only ten dollars were collected from patients before its demise.\textsuperscript{60} Everything changed in June of 1939 when its opening was mentioned by Sallie Pease at the annual Birth Control League of Connecticut meeting.\textsuperscript{61} She was proud of the League’s ability to put a birth control clinic in a Catholic hub, but the citizens in Waterbury did not feel the same way, especially the Catholic priests. The clinic, no matter the size or who it served, was perceived as a direct affront to the Roman Catholic religion by the Waterbury priests. The president of the Catholic Clergy Association of Waterbury, Father Eugene P. Cryne, was infuriated by the discovery of a birth control clinic in his city. He held a special meeting for the Waterbury Catholic clergy on Saturday, the day after the remarks were printed in the Waterbury

\textsuperscript{58} Garrow, \textit{Liberty and Sexuality}, 57.
\textsuperscript{59} Ibid., 58 \& 61.
\textsuperscript{60} Johnson, \textit{Griswold v. Connecticut}, 21-22.
\textsuperscript{61} Garrow, \textit{Liberty and Sexuality}, 60-61.
newspapers. At the meeting he took a firm stance against the clinic and birth control, in general. By the end of the meeting, a resolution had been written, which established the viewpoint of the Catholic clergymen in regards to the clinic. It read:

Whereas, it is the teaching of the Catholic Church that birth control is contrary to the natural law and therefore immoral, and

Whereas, it is forbidden by statute law to disseminate birth control information for any reason whatsoever or in any circumstance, and

Whereas, it has been brought to our attention that a so-called birth control clinic, sometimes called a maternal health center, is existing in Waterbury as admitted by the superintendent of Chase Dispensary, accord to the papers, therefore be it

Resolved, that this association go on record as being unalterably opposed to the existence of such a clinic in our city and we hereby urge our Catholic people to avoid contact with it and we hereby publicly call the attention of the public prosecutors to its existence and demand that they investigate and if necessary prosecute to the full extent of the law.  

Sunday morning, June 11, 1939, witnessed the reading of the resolution in all of Waterbury’s Catholic Churches. This resolution would have been soon forgotten, but, the state attorney for Waterbury, William Fitzgerald, was one of the many men and women who heard the resolution on that Sunday. Unlike the other church-goers, it was his job to enforce the law that his priest had informed him had been broken. After the

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initial investigation, Fitzgerald charged the two doctors, Nelson and Goodrich, and Clara McTernan, the woman behind the establishment of the clinic with the violation of the state ban on abetting the use of birth control.63

The lawyer for Nelson, Goodrich and McTernan argued that although the defendants were guilty of the charges, the existing law violated their constitutional liberty. The law prohibited doctors from abetting the use of contraceptives; therefore, it did not allow the medical professional to provide their patients with their best advice. On March 20, 1940, the Connecticut Supreme Court decided with a vote 3-2 that no medical exception could be read into the law especially since the legislature had rejected that same exception multiple times in the past twenty years. Judge Himan, the justice who wrote the court’s majority opinion, believed that prohibiting birth control was within the state’s “police power;” the legislature was allowed to pass laws to regulate the morals of the people of the state of Connecticut.64 No minority opinion was written for the case, so it was unknown why the two dissenting judges felt that a medical exemption could be read into the law.

Historian John Johnson, in his book Griswold v. Connecticut, cited a telegram from Sallie Pease to all the Connecticut Maternal Health Centers recommending closure of the centers on the day of the court decision as the reason for the shutting down the centers.65 Nancy Rockefeller, on the other hand, believed the war effort was the reason for the closure of the clinics, as there was so much else to focus energy on, birth control

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63 Ibid., 22-23.
64 Ibid., 24-27.
65 Ibid, 28.
became lost. This seems unlikely since the clinics were closed in March 1940 and the attack on Pearl Harbor did not occur until December of the next year.

When the eight birth control clinics in the state closed in March of 1940, approximately eight thousand women in Connecticut were stranded without help. The Hartford newspapers and the Connecticut Birth Control League were inundated with mail from former patients, begging for the clinics to reopen. These letters were both from the women who worked at the clinics and from women who were patients at the clinics. The letters, like the women’s lives, were full of desperation. From the letters of support, it seems that many of those who wanted new birth control legislation were personally affected by the birth control law. One man, who went by “Observer,” wrote often to the *Times* and the *Courant*. The “Observer’s” wife had been directly hurt by the Connecticut statute; but, he never mentioned that she was a clinic patient, only that he was a supporter of the clinics. He explained that a doctor had told his wife that she must space her pregnancies far apart or she could die. Giving that prognosis was as much as the doctor could legally do; he could not prescribe her contraceptives or counsel her on birth control methods. The “Observer” wrote in again three weeks later to refute some of the claims made in the *Times* by birth control opponents. He offered examples of national and local religious figures that endorsed birth control and highlighted the inconsistency of the 1879 statute in which one could sell contraceptives legally, but could not use them.

Four patients wrote to *The Hartford Times* in the month and a half after the closing of the clinics became official. The first patient posed a series of questions to the

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Connecticut senators and legislators in order to have them understand that keeping birth control legal was not beneficial to health of women who, when desperate, would use “harmful and dangerous contraceptives and drugs advertised in many magazines.” This writer, also known as “Patient,” believed that it was time for religious men to stop forcing poor and unhealthy women to continue to have more children.\(^{68}\) The second patient, who wrote under the pseudonym “Religious Tolerance,” spoke of her experience with the clinic in a much more personal way. She described her hardships, doubled by the Depression, and because of their lack of money, the necessity for she and her husband to have no more children. They tried to abstain but were unhappy with the strain it put upon their marriage. For her, the Maternal Health Center was a godsend.\(^{69}\) “Mother of Three” echoed the sentiments of “Religious Tolerance;” the birth control clinic allowed her nerves to calm. She was worried about getting pregnant for two reasons; first, her husband was unemployed and second, she barely survived her second pregnancy.\(^{70}\) “Clinic Patient” also had an unemployed husband and the clinic helped her “immeasurably.”\(^{71}\) Out of the four clinic patients who wrote to the editor, three of these women spoke about their lack of money as one of the major reasons they visited the clinics; yet, men and women who opposed birth control continued to point to wealthy women as the prototypical birth control user. Painting a birth control user as a rich, suburban woman ignored the problems poor women faced when having a large number of children. One of the most problematic of these was trying to find an

\(^{70}\) Mother of Three, Letter to the Editor, *The Hartford Times*, May 3, 1940, p. 22.
apartment to rent. Many of the landlords in Hartford and the other cities only rented to couples without children or families with only a small number of children.72

Among the letters of praise were letters of disgust at the prospect of decreased femininity and increased selfishness. An older woman wrote to The Hartford Times and her letter was published on the first of March, 1940. She put full blame on the female sex for the lack of social manners and respect demonstrated in everyday life. She contended that because women were taking men’s jobs, men had lost their self-respect and women had become disconnected from their natural state as “sweet feminine creatures.”73 She warned that the state of things was only bound to get worse. It was not just birth control that worried the older generation; all issues in which feminine and masculine roles were questioned were worrisome. Birth control was a way in which women could forgo their “natural” responsibility as a mother, a prospect that frightened many people.

At the end of March several letters written to The Hartford Times and The Hartford Courant demonstrate the arguments used by opponents of contraceptives in the birth control debate in Connecticut. The first letter reiterated the claims that selfishness was the basis of the use of birth control; the writer, identified only as “Reader,” believed that wealthy households were home to more neglected children than poorer households. “Reader” also advanced the claim that because birth control allowed couples to engage in the “marriage act” without consequence they were provided with a license that “tends to induce excesses which shatter nerves and often

72 Letter to the Editor of The Hartford Times from Mrs. Raymond Bradley, PPLC Archives, 16F.
73 M.H.F., Letter to the Editor, The Hartford Times, March 1, 1940, p. 22.
produce sterility." In a subsequent letter, the “Reader” informed the readers of The Hartford Times that she was a graduate of nursing school. The idea that too much sexual intercourse would lead to health problems was popular among professionals during the turn of the century. If “Reader” was in nursing school at the beginning of the twentieth century, it is possible that her comments reflected her medical education.

When writing to the Courant, “Reader” questioned the frequency that women’s health was in jeopardy due to childbirth. She believed that the illnesses that caused health problems or death during childbirth were rare and therefore, unnecessary to build a law around. She wanted couples to practice abstinence when the wife could not have children. The “Reader” continued with more of the same arguments that had been posed by birth control opponents in Connecticut since the attempt to change the law in 1923, including the claim that the information given to the women at the clinic would find its way to newlyweds through gossip. This argument truly demonstrates the continued refusal by birth control opponents to understand the services the Maternal Health Centers were providing; rather than protest the drug stores across the state that were selling condoms to anyone, the opponents felt more threatened by the clinics who provided custom fit pessaries to married women. “Reader” had at least four more letters printed in The Hartford Times and several in The Hartford Courant in the following month, each to defend her views from a barrage of pro-birth control letters.

It is not surprising that “Reader” had to continually defend herself from criticism on the pages of The Hartford Times, because the editorial staff of the paper was also for

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74 Reader, Letter to the Editor, The Hartford Times, March 26, 1940, p. 18.
reforming the birth control law. In their editorial on the “Birth Control Law,” the editorial staff did not condone breaking the law to provide contraceptives to needy mothers, but they thought it would be prudent to change the law so that doctors would not be considered criminals when they prescribed contraceptives to a woman they believed could benefit from their use.78

Another anti-contraceptive letter, signed “Christian,” advanced economic, religious, and racial arguments against contraception. “Christian” believed the advocates of birth control should try to solve the problem of poverty rather than endorsing a “diabolical practice” that killed future consumers. “Christian” quoted a pamphlet written by a Jesuit that discussed the possibility of race suicide due to birth control. The priest warned of the “yellow peril” that would actively threaten Americans if they continued to let their birth rates drop.79 The sensitivity over the issue of birth control is evident in the common use of pseudonyms by the letter writers.

One of the few letters on the topic of birth control signed using a real name was a letter to the editor of The Hartford Times from Cassidy Driscoll. This man from Norwich claimed that birth control was essentially the same as abortion because of the intent of the user; he stated, “they who use artificial birth control are guilty because their intention of the prevention of human life.” In his closing, Driscoll encouraged people to use abstinence and the rhythm method to avoid pregnancy rather than artificial methods.80

In order to increase the sympathy of Connecticut citizens for the clinics across the state after they had closed, the League profiled their most desperate patients. They

80 Cassidy Driscoll, Letter to the Editor, The Hartford Times, March 27, 1940, p. 18.
hoped these profiles would demonstrate the need for the clinics and illustrate that the patients were mothers of many children and often very poor. One such profile was for a “Mrs. D.” She was a thirty-two year old mother of ten children from the ages of two to sixteen. Her case history described her and her husband as unwell, so unhealthy that her husband did not work and her oldest daughter did a majority of the housework. In order to garner support for those who were not fond of taxes, the clinic also included the information in the history if the family was on relief.\(^81\)

The other five histories used by the Birth Control League described women who had four to eight children, some who had had multiple abortions or miscarriages. When the women did have abortions, they were often close to losing their lives. The Birth Control League believed they reduced this risk when they provided women with the opportunity to stop a pregnancy before it even began. Two women, Mrs. S. and Mrs. H., had illegal abortions after the clinics closed and they were no longer able to receive contraceptive materials. Both these women were described to be in very poor health after the abortions, especially Mrs. H who allegedly performed the abortion herself.\(^82\)

Just months after the clinics closed, the leadership of the Connecticut Birth Control League changed hands. Sallie Pease was replaced by the Reverend Doctor Robbins Barstow, a Congregationalist. He was the president of the Hartford Seminary Foundation and on the Executive Committee for the Hartford Federation of Churches.\(^83\) His wife had been involved in birth control advocacy since at least the early nineteen thirties. She was a chairman for the Hartford Branch of the Birth Control League in

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\(^{81}\) “Case Histories,” PPLC Archives, 16F.
\(^{82}\) “Case Histories,” PPLC Archives, 16F and “Thibault, Auria,” PPLC Archives, 16G.
1933 and helped organize a large meeting in order to encourage the passage of new legislation at the state legislature.84 In 1934 she continued her support of the birth control movement, demonstrated by a speech she gave at the First Congregational Church in Waterbury to their Women’s Guild. In this speech, she blamed the lack of access poor women had to birth control information for social ills such as “handicapped and degenerate children.”85 Rev. Dr. Barstow first publicly showed his interest in the birth control movement in 1934 when he and Rabbi Abraham J. Feldman from Temple Beth Israel in Hartford defended birth control as socially responsible and moral in speeches hosted by the Hartford Branch of Birth Control League.86 They made a similar appearance together two months later to address the West Hartford branch of the League of Women Voters.87

In Rev. Dr. Barstow’s first speech as president of the state’s Birth Control League, he spoke to the same issues Margaret Sanger had in 1923 when she came to Hartford. She, like the Reverend, discussed the fact that “birth control is not murder” and addressed the misunderstandings surrounding birth control and abortions.88 It seemed that almost twenty years of birth control advocacy in the state had made little to no difference in changing the arguments put forth by opponents of the birth control movement. In order to discover the reality of the situation in Connecticut in regards to birth control’s supporters and opponents, Barstow’s first planned action as president of the Connecticut League was to authorize a poll of the state’s citizens to understand their

true feelings on the topic of birth control. When the Reverend came to his new post, Nancy Rockefeller was elected second vice president of the League and Katharine Houghton Hepburn and Florence Darrach remained directors.\(^8\)

Florence Darrach was also the executive vice-president for the Connecticut Committee to Make Birth Control Legal, a committee that formed in May of 1940. This is the Committee that was responsible for obtaining support for the bill among ordinary citizens and sponsors for the bill among doctors and religious figures in the state. By 1940 the committee had over six thousand sponsors, including an advisory board of over five hundred doctors.\(^9\) The Committee to Make Birth Control Legal began its own poll in 1940; this poll asked the views of just fewer than two thousand doctors across the state on the 1879 statute. Ninety-five percent of the doctors who responded wished to amend or repeal the birth control law.\(^9\)

In November of 1940, the new director of the Connecticut Birth Control League, Reverend Barstow, made headlines when he announced that the Connecticut birth control law was “contrary to our American principles.” This claim was stated in the context of what was seen as the Catholic men and women of Connecticut enforcing their religious beliefs through legislation that affected all of the citizens of the state. In this speech he also declared that contraceptive use was no longer a question of morality, but now a question of public welfare.\(^9\)

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\(^8\) “Birth Control League Elects Dr. Barstow,” *The Hartford Courant*, June 27, 1940, p. 22.


\(^9\) “Connecticut Committee To Make Birth Control Legal,” PPLC Archives, 8G.

During the five years that the Maternal Health Clinics were open, women were
given control over their own fertility for the first time since 1879. The centers helped
poor women find calm and coolness surrounding sex that they had never experienced.
The clinics provided over eight thousand women with pessaries or condoms and the
knowledge to use those devices properly. When the Waterbury clinic became common
knowledge, the Roman Catholic clergy of the city rallied to shut it down. The
Waterbury police brought the doctors and the founder of the clinic to court and the case
went before the Connecticut Supreme Court. The Connecticut Supreme Court voted by
a margin of one vote that the Comstock law was within the state’s “police power” and
should remained on the books. The closing of the Maternal Health Centers spurred
discussion on the editorial pages of Connecticut newspapers about birth control and the
issues of morality, public health, and economics that surround the topic. In the next
chapter, the face of the discussion about birth control is changed by America’s entrance
into the Second World War and the “cult of domesticity” of the 1950s.
Chapter 3—War and Peace: Birth Control in Connecticut, 1941-1953

At the close of 1941 the attack on Pearl Harbor by Japanese planes pulled America into the Second World War. America’s entrance into the war added an interesting dynamic to the birth control debate in Connecticut. War had also factored into the birth control debate during the First World War; contraceptive use was cited as a cause of the conflict. It was believed that France’s population had decreased so significantly in the time period leading up to the First World War because of their extensive use of birth control that when Germany decided to invade in 1914, the French were unable to mount a decent resistance. While the French population had slowly grown to forty million, Germany’s had exploded, reaching over sixty-four million people.¹ The discrepancy between the two populations was seen as the reason why the Germans wanted to expand their territory into France. Some advanced the idea that a consistent use of birth control across the world would lead to peace because people

would no longer have to fight over land and materials; with a smaller population, there would be enough for everyone.\(^2\)

During the course of the Second World War, opponents and proponents used the idea of military preparedness to add strength to their argument. Birth control opponents argued that America needed a large population of men to defend her shores and interests abroad. Women, they said, should not be selfishly limiting their pregnancies when they could be contributing to the war effort through pregnancy. Birth control defenders, on the other hand, claimed that too many men were weak and unfit to be in the army; women should have fewer children and focus on those children so they would become healthy, strong, and fit to be in the American armed forces. Also, female birth control advocates argued that they could more fully aid in the war effort if they were able to regulate their pregnancies.

After the Second World War, large families and consumerism became the standard, a standard that stood in stark contrast to the sacrifices made during the war. Women and men began “nesting” in order to forget the horrors of war; a record number of homes were built and appliances bought.\(^3\) During this period prosperity ruled and most forgot about the hardships that came with too little money and too many children. Due to the popularity of large families, birth control was no longer a popular issue in Connecticut.

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With no more Maternal Health Clinics operating in the state, the tactics of the birth control supporters shifted again to meet the new circumstances. The Birth Control

League supported a birth control bill in the beginning of 1941, for the first time in four years. Since opening the centers, the legislative effort had been pushed to the side, but now that the centers had been closed due to the court’s rulings, the legislature or a new approach in the court were the only ways to bring about change. Katharine Houghton Hepburn and Sallie Pease believed that the legislative effort was doomed because of the presence of significant numbers of Roman Catholics in the state legislature. They wanted to reopen the clinics and try to win through the courts. Florence Darrach proposed a different route. She wanted to hire a professional public relations firm to help pass legislation in 1941. The firm believed that Catholic opposition to birth control was significantly more organized than it had been in the past and that the old strategy of having doctors sponsor the legislative bills would be the most effective way of getting a more permissive contraceptive statute passed.4

General approval for birth control seemed to be waning within the state of Connecticut; the Connecticut State Medical Society (CSMS) did not vote to reaffirm their 1932 endorsement of birth control in 1940.5 The Connecticut State Medical Society had a speaker, Dr. Haven Emerson, a professor of Public Health at Columbia University, at their annual meeting in 1940. He did not agree with the neutral stance the CSMS took on birth control; he believed that the existing law was a “denial of science and education by political and religious obscurantism…. ” His comments did not change the minds of the members of the CSMS, but the Women’s Medical Society of Connecticut did vote to support “better maternal legislation” including changing the law

4 Garrow, Liberty and Sexuality, 86-87.
on birth control. The withdrawal of support from CSMS and the Connecticut legislature did not seem to seriously interfere with the League’s fundraising; they were able to raise over sixteen thousand dollars in three weeks for their new legislative campaign.7

The Birth Control League was losing support in the legislature as well. Democrats, the usual opponents of birth control legislation, gained more seats in the House and in the Senate in the 1940 election. In the 1939 legislative session, the State Senate was comprised of sixteen Republicans, seventeen Democrats, and two Socialists. The 1940 election increased the number of Democrats to twenty-two and the Republicans had only thirteen representatives. In the House of Representatives, Democrats gained twenty-four seats to bring their total to eighty-seven seats; this was still far short of the number of seats occupied by Republicans (one hundred and eighty-five) but it was a significant shift.8

Birth control was able to find more allies in 1941. The Connecticut Conference of Congregational-Christian Churches reaffirmed their stance as a pro-birth control group. The Connecticut Children’s Aid Society also endorsed the 1941 attempt for new legislation on birth control.9 The Congregational Church clergy, in particular, were vocal in their support for new birth control legislation. Reverend Doctor Robbins W. Barstow was so vocal in his desire for a new birth control law that a fight through media sources began between him and the Catholic priest Reverend Andrew J. Kelly from St.

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7 Garrow, *Liberty and Sexuality*, 87-88.  
Anthony’s Church in Hartford. The fight resulted in a more fractious debate than had already arisen from the birth control issue. The division between these two men forced the clergy and Connecticut citizens to choose whom to support and left no room for compromise or working together. The Congregationalists blamed Catholics for imposing their beliefs on a majority of the population. When the two men debated the issue, it became more about religion and less about economics and even less about proper medical care for women. Reverend Kelly even went as far as to call Dr. Barstow’s philosophy on birth control “pagan.”

Yet, advocates of legalization were not deterred. The Committee to Make Birth Control Legal reportedly had the names of seventy three hundred people who wanted to volunteer for the campaign to legalize birth control. William Hanna, a former Connecticut Speaker of the House, joined the Committee to Make Birth Control Legal and helped draft the bill for the 1941 legislature. The 1941 State Senate bill was named the Bingham Bill, after Senator Alfred Mitchell Bingham; the House bill was introduced by Representative Anne Hughes Arnold. Interestingly, Bingham was a Democrat, the political party that was most commonly on the opposing side of changing the birth control law. Senator Bingham was the first Democrat to be elected by the twentieth district since 1912; therefore, he was elected by a strong Republican base.

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10 “Protestant Clergy Support Birth Control Stand,” The Hartford Courant, February 14, 1941, p. 2.
11 Garrow, Liberty and Sexuality, 93 and “Reply Given to Pastors by Fr. Kelly,” The Hartford Courant, February 15, 1941, p. 4.
His district included towns such as New London, East Lyme, and Salem. Also his father, Hiram Bingham, was a Republican United States Senator from 1925 to 1932. Senator Bingham was a member of the Agriculture, State Administration, and Public Health and Safety Committees during his 1941 term. Representative Anne Arnold of Westport, a Republican, served in the House from 1939 to 1944. In her 1941 term, she was the clerk for two committees: State Parks and Reservations and the Rules Committee. It was her amended bill that was voted on in the House and in the Senate in May of 1941. The 1941 bill thus had bipartisan support.

The birth control bill was received by the Connecticut House and Senate at the end of January 1941. The Bingham Bill allowed hospitals or other health establishments with five or more doctors, but not doctors in private practices, to prescribe birth control to married women. The bill was drafted by Senator Bingham and William Hanna, of the Committee to Make Birth Control Legal, with the desire to gain as much support as possible by restricting who could give out the contraceptives and who could use them. Its restriction to hospitals was not well liked by private physicians; birth control advocates were also not thrilled by the restrictions the law put on gaining access to birth control. It was later amended so the bill allowed all doctors

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to prescribe birth control. It was the amended bill that found its way to the House floor.\textsuperscript{21}

Although the bill was not expected to pass the Senate, birth control advocates saw the 1941 campaign as necessary to set the stage for a hopefully more successful 1943 campaign.\textsuperscript{22} Six clinic patients and a clinic worker spoke at the legislative hearing for the Bingham Bill. Dr. Barstow, the Congregational minister who had been verbally brawling with the Catholic priest, also spoke on behalf of the bill. Dr. Barstow stated that a birth control law would protect the “liberties” of married couples.\textsuperscript{23} Dr. Barstow steered clear of any more controversy, but other speakers at the hearing were unable to do so. Two Republican men at the close of the hearing, one a State Representative and the other the State Labor Commissioner, Cornelius J. Danaher, were involved in a small verbal skirmish. Danaher had made a passionate speech in which he called Sanger “the crown princess of race suicide.”\textsuperscript{24} After the speech, the State Representative, a birth control supporter, told the audience that he would like to punch the commissioner “in the nose.”\textsuperscript{25} Danaher, not to be outdone, responded to the Representative’s threat with his own threat of punching the Representative. The two men were kept apart from one another by another State Representatives.\textsuperscript{26} A female legislator, who was an unmarried supporter of the legislation and a member of the Public Health and Safety Committee

\textsuperscript{21} Garrow, \textit{Liberty and Sexuality}, 92-93 & 97.
\textsuperscript{22} Robert D. Byrnes, “Court Split Plan Given to Committee,” \textit{The Hartford Courant}, May 28, 1941, p. 2.
\textsuperscript{23} Garrow, \textit{Liberty and Sexuality}, 95-96.
\textsuperscript{24} As quoted in Garrow, \textit{Liberty and Sexuality}, 96.
\textsuperscript{25} As quoted in Garrow, \textit{Liberty and Sexuality}, 96 and “Punch In Nose Offered To C.J. Danaher,” \textit{The Hartford Courant}, April 11, 1941, p. 4.
during the 1941 and 1943 sessions, recalled being “called all kinds of names…”27 These events demonstrate the strong emotions that were felt by both sides of this issue.

The 1941 bill came out of committee despite the wishes of the Republican leaders.28 The birth control advocates blamed Roman Catholic interests as the reason the party leaders tried to kill the birth control bill in committee even though the majority of Republican legislators believed in reforming the birth control law. The birth control supporters stated that each Republican in the leadership “forsook the position of nearly all his party colleagues to support a position advocated by the Roman Catholic clergy.”29 When the bill was voted on in committee, it was recommended for approval by a vote of 12-3.

A newspaper report stated that the birth control bill was expected to “shatter party lines” when it came to a vote.30 The Senate vote remained very close to party lines, however. Only two Republicans voted to reject the measure and just one Democrat voted to not reject the measure.31 The House vote did split the Democratic Party; fifty-five percent of the Democrats in the House voted against accepting the favorable committee report, almost twenty percent voted for the passage of the new birth control bill and the remainder did not vote. Almost eighty percent of the

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30 Robert D. Byrnes, “Tax, Birth Control Law Issues Are Revived,” The Hartford Courant, May 14, 1941, p. 4
Republican Party voted for the passage of the bill and just under nine percent voted against it.\textsuperscript{32}

The bill passed the House overwhelmingly, 164-64. This was a similar outcome to 1933, except the number of representatives who voted on the measure shrank. In 1933, two hundred and forty-nine representatives voted out of two hundred and sixty-seven seats, or ninety-three percent. In 1941, only about eighty-four percent of the representatives voted on the measure, most likely because of the controversial nature of the bill.

Before the Senate vote was taken, the House Committee on Public Health and Safety had reported on the bill favorably and the House had passed the measure. The Chairman of the Senate’s Committee on Public Safety informed the Senators that the Senate committee had not reviewed the bill and he recommended a rejection of the bill.\textsuperscript{33} It was rejected in Senate 23-9. The major debate in the Senate occurred between two Democrats; thus, the sides of the birth control issue did not always follow party lines and sometimes more closely followed religious lines. The religious views of the legislators were not recorded, but people continually blamed Catholics for blocking the passage of the new law. The Senate vote was disappointing to birth control advocates; they knew they would lose the vote, but they expected the margin to be smaller.\textsuperscript{34} Only one Senate Democrat, Bingham, voted for the new birth control bill; Bingham was also the only member of the Senate Public Health and Safety Committee who voted against


\textsuperscript{33} Senate of the State of Connecticut, \textit{Journal of the Senate of the State of Connecticut, January Session, 1941, Part II}, (Hartford: Published by the State, 1941), p. 1748.

\textsuperscript{34} Robert D. Byrnes, “Court Split Plan Given To Committee,” \textit{The Hartford Courant}, May 28, 1941, p. 2.
the rejection of the 1941 birth control bill. Later in 1941, State Senator Thomas Curtin made a speech that was picked up by the Associated Press. In this speech, he told a group of Catholic men that one day the birth control measure would pass the legislature and “[w]e might as well face that fact.” He believed the bill would pass despite Catholic opposition because the “large sums of money” the birth control advocates invested into the legislative bid and the considerable pressure to pass the bill. Year after year, the birth control advocates continued to have faith that their bill would pass but it was very telling that a birth control opponent admitted to believing that the bill would gain enough support and would eventually pass the legislature.

In the end, the 1941 legislative campaign increased the rancor of the birth control debate in Connecticut; it had both state workers and clergymen in verbal fights. The debate about legalizing the use of birth control became increasingly about the division between Protestants and Catholics and fewer arguments centered on economics and eugenics.

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Though the bill was defeated in 1941, Connecticut citizens continued to debate the pros and cons of contraceptives. The changing world situation had Connecticut citizens justifying their social and political views in reference to the World War. Women were being told that they should have fewer babies in order to reduce the threat of the war that overpopulation posed and that they should have fewer babies to make

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36 As quoted in, “Court Again May Rule On Birth Control,” The Hartford Courant, December 4, 1941, p. 5.
37 “Court Again May Rule On Birth Control,” The Hartford Courant, December 4, 1941, p. 5.
better, healthier soldiers. On the flip side, birth control in France had been blamed as the cause of one war and women were told to have more babies to supply the nation with more soldiers. With such contradictory advice and “expertise” in the air, men and women of the nineteen-forties could mold personal experiences and hearsay into reasons for and against birth control.

A new strain of arguments crept into the debate in this era, though. While “race” remained in the discourse, nationalism and patriotism were often cited as well. One letter to the editor of *The Hartford Courant* during the Second World War called attention to the fact that Connecticut women could not serve the war effort from the home-front efficiently if they could not control the spacing of their pregnancies. Another reader believed that if birth control were legalized in Connecticut it would become widespread and the United States would have the problems France had; i.e., America would be overrun by Germans (or another populous nation). The writer even linked family planning to Petain, the leader to the Vichy government in France during the Nazi occupation, in order to make his/her point clear. A Roman Catholic priest from Boston, Reverend Thomas R. Reynolds, stated that “France was defeated more by the birth controllers than by Germany.” His reasoning behind this argument was the statement Petain made after the fall of France to the Nazis. He asserted that “France paid the penalty for her sins.” Reverend Reynolds assumed France’s “sins” were the use of contraceptives, but “Observer” claimed Petain was alluding to the corrupt men in power who allowed France to be occupied by the Nazis. One writer stated that Italians

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should use birth control so they would not expand into other countries and cause another war.\textsuperscript{42}

Another argument along the same vein was raised by another writer; he/she stated that Japan had no birth control law, insinuating that America could be vulnerable to enemy forces if the birth rate was allowed to drop too low.\textsuperscript{43} This argument encouraged men and women to connect the unrelated topics of fertility and patriotism. “An American Physician” wrote to \textit{The Hartford Courant} that the birth controllers were saboteurs of the war effort and accused them of a “lack of patriotism.”\textsuperscript{44}

Birth control advocates had a response to the argument that contraceptive use was unhealthy for the American army. An article in the \textit{New York Times} summarized the views of E. Johnston Coil, a speaker at the Birth Control Federation of America’s annual meeting. He stated that the key for American success was not dependent on the quantity of soldiers; but rather, it was dependent on the quality of men available to go to war. Coil believed that only the armies of totalitarian regimes relied on limitless masses of men to win wars; Americans were more sophisticated and needed capable men to conduct modern warfare. He cited the American draft in World War I as proof of the continuing need for strong, well-bred men to join the American army; during the year the American army was drafting, fifty-two percent of the men were rejected from service because of physical ailments. He was worried about the state of the “American race;” especially since the “quality” of the population had not improved since the First World War. Coil proposed that American’s main “war aim” should be improving a smaller number of new American births. This conference, “Strengthening Our

\textsuperscript{42} Quoquam Historicus, Letter to the Editor, \textit{The Hartford Courant}, February 6, 1942, p. 12.
Population for National Defense,” condemned the “totalitarian” methods of encouraging population growth; “state subsidies, bachelor taxes, medals for prolific mothers” only produced “cannon fodder” for opposing armies. Speakers emphatically proclaimed that “Planned Parenthood is part and parcel of the democratic ideal.” The next day at the conference, Dr. Alan Valentine, University of Rochester’s president, continued the argument that “planned parenthood” was the key to “enduring national strength.” Valentine also stated that birth control “seeks to improve…human material at its source.” He explicitly declared what Coil had not; he believed the birth control advocates did not want to “decrease our population, but to decrease that part of it which cannot cope with its own adequate self-support.” Valentine described an “enemy within” which was destroying America, an argument that was used in Margaret Sanger’s first speech in Hartford. Other speakers at the convention echoed Valentine’s ideas, noting that they were not advocating childlessness but instead fewer Americans in “poverty and sickness.”

Even the Birth Control Federation could not escape the changes the war brought. It was in the early months of 1942 that the Birth Control Federation of America changed its name to Planned Parenthood Federation of America. The name change occurred in order to stress “the positive aspects” of the federation. Planned Parenthood denied that contraceptive use was unpatriotic; rather, they believed birth control should be part of the war effort. The Planned Parenthood League of Connecticut emphasized the housing shortage, women in industry, and farm problems

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47 “Birth Control Federation Changes Corporate Name,” The Hartford Courant, March 6, 1942, p. 9.
as reasons why it would make sense to change the birth control statute while engaged in an all-out war.  

Birth control remained on the minds of Connecticut citizens in 1942 for other reasons than legislation. On November 3, 1942, the neighboring state of Massachusetts had a referendum on the birth control issue. Men and women voted on whether married women could receive a medical prescription for birth control devices in the state of Massachusetts. The birth control advocates lost miserably, fifty-eight percent of the voters did not want to legalize medical contraception. Some of Connecticut’s birth control supporters and detractors believed that Connecticut should have a similar referendum to put the issue to the people and finally end the debate; this was not, however, possible because referenda were not an option in the Connecticut Constitution. The loss of the referendum in Massachusetts worried many supporters, who had always believed that Roman Catholics were imposing their will on many innocent Protestants and if given the chance, these Protestants would support a birth control law. The Massachusetts referendum showed that some Protestants decided to side with the Roman Catholics on this issue. While Election Day brought about the bad news in Massachusetts, birth control advocates in Connecticut were excited that Republicans had gained seats in the State House to widen their majority and the Senate had a Republican majority for the first time since 1931.  

There were two bills introduced in 1943 to reform the 1879 birth control statute. The first bill was the James bill and the second was the Janson bill, after the

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49 "‘Planned Parenthood’ and the War,” The Hartford Courant, February 26, 1943, p. 10.
50 “Birth Control Defeat Is Seen As ‘Temporary [sic],” The Hartford Courant, November 5, 1942, p. 5.
51 Garrow, Liberty and Sexuality, 101.
representatives who introduced the measures, Edward C. James and C. William Janson. These two Republican representatives were from neighboring towns in Fairfield County. The James bill was a standard reform bill that would allow doctors to give information to patients regarding birth control and to prescribe married couples contraceptive devices.\textsuperscript{53} The Janson bill had a different objective than the previous bills on the subject of birth control. Rather than just focusing on the physicians’ side of the issue, this reform bill also called for allowing registered pharmacists to sell contraceptives.\textsuperscript{54} This was an interesting approach to reforming the law because the \textit{selling} of contraceptives was not even mentioned in the Connecticut laws; the law that the birth control advocates had been trying to get repealed was one that made it illegal to \textit{use or abet the use} of birth control. The Janson bill, besides legalizing the sale and use of birth control, was also trying to end the sale of defective contraceptives by unreliable vendors.\textsuperscript{55}

Only the Janson bill came before the Committee of Public Health and Safety and it no longer included the legalization of birth control when prescribed by a private doctor; the bill did allow the prescription of contraceptives by hospital physicians or by those at clinics.\textsuperscript{56} Inspired by the ongoing war, opponents used very patriotic language at the legislative hearing. The Labor Commissioner, Danaher, who also had spoken at the last legislative hearing, called birth control “a direct assault on our strength as a nation” and warned against the “rationing of babies.”\textsuperscript{57} Mrs. Herbert Fisher, a woman

\textsuperscript{54} Garrow, \textit{Liberty and Sexuality}, 106.
\textsuperscript{56} “Crowd Hears Birth Control Bill Debated,” \textit{The Hartford Courant}, April 1, 1943, p. 5.
\textsuperscript{57} As quoted in Garrow, \textit{Liberty and Sexuality}, 106 and “Crowd Hears Birth Control Bill Debated,” \textit{The Hartford Courant}, April 1, 1943, p. 5.
who had been speaking against birth control at the legislature since the 1925 bill, also used the argument that contraceptive use would lower America’s strength and status in the world.\textsuperscript{58} In 1925, Mrs. Fisher believed that birth control was a moral issue only, but almost twenty years later she also saw birth control as a national security issue. The argument used by the Labor Commissioner was a product of the times; the use of the word “rationing” in relation to babies would only occur in a time of war in which Americans were being forced to ration their use of most products to help the war effort.

Most of the opponents of the bill were representing a Catholic group or speaking at the request of Bishop McAuliffe, the Bishop of Hartford; but it was the birth control proponents that more frequently specifically mentioned religion in their speeches to the committee. One of the vice presidents of the Planned Parenthood League of Connecticut blamed Catholics for imposing their views and tenets on people of other religions, a common argument from 1941.\textsuperscript{59} The proponents did not use martial arguments at the hearing, but the Planned Parenthood Federation had released a statement just over a month before the hearing listing the reasons why birth control and war could and should co-exist. Included in those reasons was the idea that the regulating of pregnancy would help women participate in the war effort.\textsuperscript{60}

The bill passed the House 155-84. It had lost supporters and gained opponents in the House from two years before, which was surprising because of the overwhelming Republican majority in the House. When the Senate debated the bill it lost by a vote of 24 to 11.\textsuperscript{61} Encouragingly, the advocates had gained a couple supporters in the Senate,

\textsuperscript{58} “Crowd Hears Birth Control Bill Debated,” \textit{The Hartford Courant}, April 1, 1943, p. 5.
\textsuperscript{59} Ibid.
\textsuperscript{60} “‘Planned Parenthood’ and the War,” \textit{The Hartford Courant}, February 26, 1943, p. 10.
\textsuperscript{61} Garrow, \textit{Liberty and Sexuality}, 107.
but with the Republican majority in the Senate, it had been hoped that the gain would be much bigger. In 1943, the vote on the birth control law did not change much even though there was a majority of Republican Senators because the Republicans had been elected by voters who had in the past four elections had selected a Democratic candidate. The new Senators did not want to lose their seats and therefore decided to vote against birth control reform like their predecessors.

Despite the continuing fight in Massachusetts and Connecticut, nationally birth control was accepted by the majority of women; even 69% of Catholic women approved of birth control in a national public opinion poll. It was polls such as this one that convinced Connecticut and Massachusetts citizens that a referendum would be perfect to legalize the use of birth control. Even in Connecticut, when a state poll was taken on the subject of birth control in late 1944, three quarters of Catholics interviewed supported a contraception law that allowed doctors to prescribe birth control to married women for whom pregnancy was a health risk. A full eighty-five percent of all Connecticut citizens believed in reforming the law. Connecticut and Massachusetts did have the “highest proportion of Catholics in the country,” which contributed to the continuing illegality of birth control in those two states.

The 1945 birth control bill was the Curtis Bill, named for Representative Phillip Curtis. This time, birth control advocates shifted tactics and tried to paint their opponents as callously indifferent to women. The bill legalized the prescription of

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62 Ibid.
contraception to women if pregnancy and/or birth would cause serious injury or death.\textsuperscript{65} The Curtis Bill’s legislative hearing was conducted by the Public Health and Safety’s joint committee and the principal speakers for and against the 1945 bill were a religious man and a doctor, respectively; a Baptist minister took the birth controllers’ side while the Hartford doctor refuted the possibility that use of birth control would save lives.\textsuperscript{66} The Baptist minister’s main argument was that Catholics, a minority group in Connecticut, were able to force their opinion and practices on the majority of the Connecticut population, which he did not believe was right.\textsuperscript{67}

The opponents of the bill, especially Mrs. Fisher, that perennial defender of traditional morality, used religious and moral arguments to debate. She stated that “contraceptive devices are against the law of nature and the law of God” and claimed that the legalization of birth control would start a new trend of “free love and trial marriages.”\textsuperscript{68} \textit{The Hartford Courant} article on the legislative hearing mentioned that arguments relating to patriotic issues were raised, but they were not quoted in the article; most likely, they were considered less important to the author since the war was coming to a close.\textsuperscript{69}

A few weeks later, the Public Health and Safety Committee rejected the Curtis Bill by an unrecorded vote.\textsuperscript{70} Even though it was pretty certain that the Senate would not pass the Curtis Bill because the 1944 election had put Democrats in the majority

\textsuperscript{65} Garrow, \textit{Liberty and Sexuality}, 110.
\textsuperscript{66} “Committee Hears Birth Control Bill,” \textit{The Hartford Courant}, May 2, 1945, p. 7.
\textsuperscript{67} Garrow, \textit{Liberty and Sexuality}, 111.
\textsuperscript{68} “Committee Hears Birth Control Bill,” \textit{The Hartford Courant}, May 2, 1945, p. 7 and Garrow, \textit{Liberty and Sexuality}, 111.
\textsuperscript{69} “Committee Hears Birth Control Bill,” \textit{The Hartford Courant}, May 2, 1945, p. 7.
\textsuperscript{70} Garrow, \textit{Liberty and Sexuality}, 111.
again, it was disheartening for the birth control advocates who now had to wait another two years before trying again to pass legislation.

The combination of deprivation by rationing during the Second World War with the continuing advertisements on the home front for appliances caused a boom in consumerism once the rationing was ended. This boom was not restricted to appliances and home goods; a number of Americans were finally able to afford the American dream home, a business, or higher education because of the GI Bill. The economic security that returning veterans found through the GI benefits helped fuel the economic boom that occurred after World War II. The prosperity these new families had was in stark contrast to the desperation of the Depression and stimulated a growth in the size of families because it was affordable and popular to have more children.

At the end of the war, middle class women and men were ready to have homes and begin families after the heartache of the war. The birth rate in America rose for the first time since before the war; the birth rate jumped to 1920 rates. Connecticut’s birth rate went from fifteen births per one thousand in 1940 to over twenty-one births per one thousand in 1948.71

In such a climate, the odds for new contraceptive legislation should have been grim. In 1947, the Alsop Bill was supported only by doctors. John D. Alsop was a Republican Representative from Avon, a town in the north central part of Connecticut.72 Despite the baby boom, Alsop was confident that his bill would be the one that finally passed the Senate.73 In the 1946 election, Republicans had gained control of the Senate again, so it was possible that the bill had a chance of survival. In a deliberate effort to

try something new, the bill was not backed by the Planned Parenthood League of Connecticut; it was supported by a “Committee of 100,” a group of Connecticut doctors.74 The bill was similar to others that had been introduced in the past, it allowed for doctors to give contraceptive information to married couples if pregnancy would harm the health or risk the life of the woman and for the married couples to use those contraceptives.75 Even without the expressed backing of the Planned Parenthood Leagues and the endorsement of the Connecticut State Medical Society, the bill was not without its own controversy. Five doctors who were part of the “Committee of 100” were fired from the Catholic hospitals they worked at because of their public support of the bill. This action by those hospitals made quite a few people upset because the hospitals were punishing the doctors for having an opinion that was accepted by the majority of American citizens.

The bill was recommended for passage by the committee and passed the House with an unrecorded vote. The Senate conducted a voice vote in which the bill lost by 23-12 or 19-14. Because of the inaccuracies of the voice vote, it remains unclear. The legislators must have known it had no chance if the Senate had a voice vote rather than a roll call vote.

The editorial pages of *The Hartford Times* and *The Hartford Courant* were, once again, occupied by both sides of the birth control debate. While birth control proponents were hoping that putting the birth control legislation strictly under the guise of a medical issue would allow the bill to pass, some opponents remained unconvinced

that birth control was a medical issue. One opponent wrote to The Hartford Times to express his/her misgivings about the physician’s involvement in the “moral field.”

In 1948, Connecticut voters looked on as Massachusetts advocates once again tried to change the state’s birth control law through a state-wide referendum. The referendum lost with an equally as disheartening outcome as the last round, six years before. Fifty-seven percent of Massachusetts voters disapproved of legalizing birth control in medically necessary situations. The Catholic Church had been actively campaigning against the referendum, and the Boston College Law School Dean, William Kenealy, was one of the vocal opponents of birth control in the months leading up to the referendum. Kenealy, who was a Jesuit priest, believed that birth control was “intrinsically evil” and reduced marital sex to “mutual masturbation.”

Two bills were introduced in the 1949 Connecticut legislative session on the subject of birth control. The Gilman Bill was a bill that called for the legalization of birth control in the state for married women. The other bill was named the Remy Bill and it called for the prohibition of any future birth control bill to be introduced in the General Assembly. The Remy Bill received an unfavorable report from the Public Health and Safety committee. The Gilman Bill was approved by the committee, but not brought before either Congressional House. A birth control bill would have never been passed by the Senate in 1949 because the Democrats had a strong majority. This was considered by the new Connecticut League President a “low ebb” in the League’s

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77 As quoted in Garrow, Liberty and Sexuality, 118.
effort. Margaret Sanger was so disappointed in the Connecticut League’s inability to change the law in Connecticut that she would not come give a speech to the League unless they adopted “a militant policy against the Roman Catholic Church.” The League, already low on allies, decided they could not afford to start a war with the Church.

Americans’ prosperity continued to grow into the nineteen-fifties which negatively affected how men and women viewed birth control. It was no longer as pressing an issue for many women because they could afford larger families and the wider culture touted motherhood and domesticity as the key to winning the Cold War. With less uproar about the ancient birth control statute, the legislators, especially Senators, tried to avoid the topic. With the advent of larger families, Americans also became much more interested in morality and religion. It was important to the new parents that their children grow up in a moral world. More Americans began to attend church on a regular basis and treat faith more seriously than it been viewed in the twenties and thirties. This interest in religion was also sparked by the atheism embraced by America’s enemy, the Communist Soviet Union. A title of an article in The Hartford Courant at the beginning of 1951 speaks clearly about the greater interest in religion, “Cooperation Of Faiths Urged to Fight Atheism.” With a greater emphasis on morality, birth control was viewed in a very negative light because it enabled pre-marital sex without the consequence of pregnancy. In order to combat the new family

79 Garrow, Liberty and Sexuality, 119.
80 As quoted in Garrow, Liberty and Sexuality, 119.
81 Garrow, Liberty and Sexuality, 119.
based arguments made by the opponents of birth control, birth control advocates stressed how the use of birth control could create healthier children.\textsuperscript{84}

In 1951, three doctors bills were introduced, two in the House and the third in the Senate. The bills were all the same so they were considered as one bill by the Public Health and Safety Committee.\textsuperscript{85} The measure passed the Public Health and Safety Committee by a vote of 11-4. The article that described the committee approval in \textit{The Hartford Courant} declared that the bill “faces certain defeat in the Senate.” \textsuperscript{86} After pressure from one of the sponsors of the birth control bill, Representative Frank Calhoun, the measure was finally brought in front of the House.\textsuperscript{87} It passed the House by a vote of 121-62 after an hour debate. The debate between the legislators was between those who believed the bill was a medical matter and those who believed it was a religious and moral matter. The low number of votes for the measure was due to the fact that ninety-two legislators did not vote on the matter. This high number of non-voters was even referenced in \textit{The Hartford Courant} article written about the vote.\textsuperscript{88} The bill would have lost in the Democratic-controlled Senate, but because the Senate’s Public Health and Safety Committee chairman did not support birth control, the bill was not given a chance to be voted on.\textsuperscript{89}

The 1952 election ushered in a Republican-controlled Connecticut Senate, which had not occurred since the 1946 election. In 1953, two bills were put forth, one from Representative Parsells, a Republican from Fairfield in the House and a second in

\textsuperscript{84} Emily C Johnson, Letter to the Editor, \textit{The Hartford Courant}, April 14, 1951, p. 8.  
\textsuperscript{85} Garrow, \textit{Liberty and Sexuality}, 121.  
\textsuperscript{86} “Birth Control Bill Gets Committee’s Approval,” \textit{The Hartford Courant}, May 9, 1951, p. 16.  
\textsuperscript{87} Garrow, \textit{Liberty and Sexuality}, 123.  
\textsuperscript{88} “House, By 121-62 Roll Call, Adopts Birth Control Bill,” \textit{The Hartford Courant}, May 29, 1951, p. 3.  
\textsuperscript{89} Garrow, \textit{Liberty and Sexuality}, 123 and Pocket Manual, 1951.
the Senate. The Republicans, in control of the Governor’s mansion, the Senate, and the House by a very wide majority, were concerned with maintaining their dominance of state politics. Unfortunately for birth control advocates, that meant steering clear of the controversial topic. It seems strange that the Republicans were still so wary of striking down the old law when a poll in 1944 showed a large majority of Connecticut men and women approved of birth control use. The birth control bill passed the Public Health and Safety Committee with a referendum rider; the rider was to have the birth control issue be resolved by the voters in the summer of 1953. After it was passed, it was decided by experts that referenda were illegal in Connecticut. The bill returned to committee and was tabled. The bill was eventually voted on in the House without Public Health and Safety committee approval because of a petition sent to the House Committee on Public Health and Safety to force a report on the birth control bill. Out of the one hundred and forty-five signers of the petition, only five were Democrats.

The bill passed the House by a vote of 147-75 with fifty-seven legislators not voting. This was an improvement over the ninety-two that did not vote in 1951, but a large number of legislators still refused to vote at all on the measure. The bill was given a favorable report but the Senate rejected the committee approval. The Senate rejection was an unrecorded voice vote; The Hartford Courant declared the rejection was

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91 Garrow, Liberty and Sexuality, 125-126.
“overwhelming” even though no Senator spoke to defend the 1879 statute. Two Senators spoke up against the antiquated law and pointed out its fallacies—it was unenforceable and it did not forbid the sale of contraceptives, only the use or abetting the use. After that short, one-sided debate, a birth control bill would never again be seriously debated in the Connecticut Senate; five bills would be passed by the House over the next ten years before the Griswold decision in 1965 ended the introduction of birth control bills into the Connecticut legislature.

World War II and the post-war decade brought a number of arguments to the forefront of the birth control debate in Connecticut. World War II affected how Americans viewed the world and their position in the world. Those views found an outlet in the birth control debate. America wanted to have the best soldiers and some looked to birth control as a way to achieve that dream, while others saw it as an evil device that was making America morally degenerate. After the war, Americans settled into new homes with dishwashers and washing machines and begin to produce large families. These large families with a strong emphasis on religion did not mesh with birth control advocacy and birth control lost ground in the Connecticut legislature. Just like the fifties were a backlash to the horror of war, the sixties would become the perfect breeding ground for birth control reform in Connecticut. The moral fifties would burst into the “swinging sixties” where new birth control legislation could thrive in an environment of individual liberty, sexual experimentation, and women’s rights.

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Chapter 4—The Griswold Years, 1954-1965

In the late nineteen-fifties and early sixties, the House of Representatives in Connecticut was still introducing at least one birth control bill each legislative session but the Connecticut Senate would not address the issue. By nineteen-sixty, one of the main reasons the Senate refused to deal with the issue of birth control was that the courts had a number of contraception cases pending. The Senators wanted the issue to be resolved in the courts so they would not need to pick a side. In 1954, Estelle Trebert Griswold was hired as the Executive Director of the Planned Parenthood League of Connecticut and brought a new perspective on and vigor to the ailing cause of legal birth control in the state. It was her work and her name that finally ended the Comstockery era in Connecticut.

For years before Estelle Griswold became the Executive Director of the Planned Parenthood League of Connecticut (PPLC) and for a few years after, the birth control cause was considered dead to most, especially to those who had been active in the cause in the 1930s. Hilda Crosby Standish, the primary physician at the Hartford Maternal Health Center in the 1930s and an old friend of Estelle Griswold’s, told Griswold before
she took the position that the birth control issue in Connecticut was “dead and buried.”\(^1\)  
Standish described Griswold as a “very determined person” and credits her with the perseverance that finally brought down the 1879 Comstock statute.\(^2\)  

Although the passage of birth control legislation was a dream fading fast in 1950s Connecticut, the odd choice of Estelle Griswold by the PPLC board as the new Executive Director gave the League new hope. She started her job on the first of January 1954 and her can-do attitude affected all levels of the birth control movement in Connecticut. Estelle was an unusual choice for the position because she had never been active in the birth control movement; however, the board members were impressed with her sense of adventure (in her early twenties she moved to Paris) and experience working in many different arenas, including as a medical technician.\(^3\)  

One of the first successes Griswold had at the PPLC was her implementation in 1956 of a referral service for married couples who wanted more information on birth control. The referral service provided appointments and transportation to the birth control clinic in Port Chester, New York.\(^4\) Over two thousand Connecticut women were already patients at the three birth control clinics closest to the state: Port Chester and Mt. Kisco in New York and Providence, Rhode Island.\(^5\) The two clinics in New York that were easily accessible to the Connecticut women served a majority of Connecticut patients. Sixty-three percent of Mt. Kisco’s patients were from Connecticut and out of the patients at the Port Chester clinic, an astonishing eighty-two

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\(^2\) Ibid., 42.  
\(^3\) Garrow, Liberty and Sexuality, 130, 132-133, 134 & 136.  
\(^4\) Ibid., 139.  
\(^5\) Memo to all Officers and Board Members from Estelle T. Griswold, January 1956, PPLC Archives, New Haven Colony Library, 21J.
percent hailed from the Constitution State. The Rhode Island clinic examined two
hundred and fifty Connecticut patients in 1955, eleven percent of their total case load.\(^6\)
When the program began, the PPLC only had the resources to pay a percentage of the
budget of the Port Chester clinic; yet, the fact that the PPLC had a tangible service to
provide was an accomplishment. Not since the birth control clinic closed in 1939 had
the PPLC provided any service to the people of Connecticut. Griswold was also
pleased that no legal action had been taken against the PPLC for providing the
information and means to obtain contraceptives.\(^7\) The referral service was a small step
but it epitomized the new breath that Griswold brought to the birth control fight and the
determination she had to challenge the seventy-seven-year-old law.

Griswold coupled the large-scale efforts of the referral service with assistance to
individual women. Mrs. Lawton, a mother of three from Rockville, Connecticut, wrote
the League in 1956 asking for the name of a doctor in Connecticut who would be
willing to give her a hysterectomy. She had been told by her doctor that by state law,
she could not legally get a hysterectomy until she had given birth five times. Lawton
also explained in a postscript that she had been “using a diaphram [sic] fit by an
obstetrician.”\(^8\) Estelle Griswold responded to this woman’s letter with the name,
address, and phone number of an obstetrician in Manchester, Connecticut. The
response letter is curious for several different reasons. First of all, it seems that
Griswold was not worried about entrapment by the post office for abetting the use of
contraceptives that was so popular during Comstock’s era. Lawton’s letter, like many
of the comments made at various birth control legislation hearings, pointed to the fact

\(^6\) Memo to all Officers and Board Members from Estelle T. Griswold, January 1956, PPLC Archives, 21J.
\(^7\) Garrow, Liberty and Sexuality, 140.
\(^8\) Letter from Mrs. William Lawton, January 17, 1956, PPLC Archives, 16C.
that the biggest question facing middle and upper class Connecticut women was not *if* they could obtain contraceptives but rather *who* was willing to prescribe them. It is also evident from the response letter from Griswold that private physicians were not concerned with the birth control law being enforced in their private practices; it was only hospitals and clinics that were limited by the law.

Men and women wrote to the PPLC to offer support politically, pledge volunteer time or to share their horror stories surrounding the restrictive contraceptive law. One such horror story was recounted through a letter from an East Hartford man who had recently lost his wife due to a complicated pregnancy. She had given birth to six children and died at age 31, only hours after the last child was born. He was devastated by the loss and willing to help with the test birth control cases, if necessary.⁹ A woman from Winsted, Connecticut, wrote to offer rides to the Providence birth control clinic to mothers in need in Litchfield County.¹⁰

The services offered by the PPLC expanded again in 1959 when Griswold introduced a pre-marital counseling program. This program consisted of discussions with Dr. Hilda Crosby Standish for engaged couples. The counseling service offered information on married life and “family planning” though it is unlikely Standish supplied any devices.¹¹

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When Griswold opened the Maternal Health Clinic in 1961 to test the birth control law, it was a continuation of the PPLC strategy to challenge the law through the

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⁹ Letter to Dr. Buxton from James E. Foran, Dec. 30, 1960, PPLC Archives, 7J.
¹⁰ Letter to Mrs. Speiden from Mrs. Rhonda Charlton, July 17, 1956, PPLC Archives, 21H.
courts. Birth control supporters in Connecticut had been involved in court disputes since the 1940s. Connecticut advocates were encouraged at that time because of the favorable ruling by the U.S. Court of Appeals in 1936 in Margaret Sanger’s case *U.S. v. One Package*. The package in question was a package of pessaries from Japan, which were considered obscene under the federal Comstock law and therefore illegal to mail within the United States. The U.S. Court of Appeals decided in favor of the doctor to whom the package was addressed at Margaret Sanger’s New York City Research Bureau because it was in the interest of public health to allow physicians to import and mail contraceptives. This decision was hailed as the end of national Comstockery.\(^\text{12}\)

Another non-Connecticut case that strongly influenced the Connecticut courts was in the neighboring state of Massachusetts. At the close of the 1930s, the Massachusetts courts decided on the side of the state law that prohibited the selling of contraceptives. The ruling stated that the legislature would have put in a medical exemption in the law, allowing doctors the legal right to sell and/or distribute contraceptives, if it had wanted one.\(^\text{13}\) This case, *Commonwealth v. Gardner*, was used as a precedent for the prosecution in the Waterbury birth control clinic case.

The 1940 court decision on the birth control clinic in Waterbury, Connecticut, more commonly known as *State v. Nelson*, was the first major court case for birth control in Connecticut. The state’s case was against Clara McTernan, the director of the clinic, and the doctors of the clinic, Goodrich and Nelson. The outcome of that case was a 3-2 vote against McTernan, Goodrich, and Nelson. The court majority, like in *Gardner*, did not read a medical exemption into the statute that banned the use of all


\(^\text{13}\) Ibid., 25.
contraceptives in the state. Historian John W. Johnson claims “legislative bias” as one of the reasons the birth control statute was not struck down by the court. Four of the judges on the case had strong ties to the legislature, three had been state legislators; therefore, they felt comfortable leaving the legality of birth control up to the legislature. It was especially difficult to convince former legislators that the legislators had meant for there to be a medical exemption even though they had voted against it since 1923. The failed attempts to change the law since the middle of the 1920s were referenced as a most convincing reason why the judges did not see it proper to endorse the reading of the law with a medical exemption. Unfortunately, the dissenting judges did not explain why they voted to read a medical exemption into the law. Even though they lost their case, McTernan, Nelson, and Goodrich were not charged for the violation of the law.14

The next birth control case the Connecticut lawyers pursued began in 1941 and was a case in which a doctor, Wilder Tileston, sued the State of Connecticut because he believed that the birth control law violated his “due process of law.”15 Tileston was a professor of clinical medicine at Yale University and a private New Haven obstetrician.16 He referenced three women whom he believed needed contraception in order to save them from disability or death. The three women who were involved in the court case were known only by pseudonyms and their conditions, which were high blood pressure, too frequent pregnancies, and continuing health problems from an old case of tuberculosis. The case, although supported by the Birth Control League of Connecticut, had much smaller crowds in attendance than the legislative hearings. The attorney for Dr. Tileston encouraged smaller crowds because he did not want to annoy

14 Ibid., 26-27 & 28.
15 Ibid., 30.
16 “Suit Reopens Birth Control Controversy,” The Hartford Courant, March 26, 1941, p. 22.
the members of the Supreme Court of Errors. The defendant in the case was Abraham S. Ullman, Connecticut’s State Attorney for New Haven County.\(^\text{17}\)

After the *Gardner* case, the Massachusetts courts had heard another birth control case and ruled in favor of birth control, giving the *Tileston v. Ullman* case a precedent to help with the argument. The new Massachusetts case, *Commonwealth v. Corbett*, began when an undercover policeman arrested a pharmacist for selling condoms. Since condoms can be used to prevent both disease and pregnancy and the Massachusetts law only outlawed the prevention of pregnancy, the courts decided in favor of the pharmacist. The *Tileston* case was not as lucky; in mid-1942, the Supreme Court of Errors voted 3-2 against the doctor. Once again the majority judges cited the unwillingness of the legislature to change the law as a major reason for their decision. Also, the majority judges did not believe the *Corbett* case addressed the same issue as the *Tileston* case. Although they both dealt with birth control, the Corbett case did not grant women a medical exception to use contraceptives, it only allowed the sale of condoms for disease prevention. The majority judges encouraged women who might die from another pregnancy to practice abstinence.\(^\text{18}\)

Unlike the dissenting judges in the case that closed the birth control clinics in 1940, the dissenting judges in the *Tileston* case wrote an opinion. They did not agree that the continued inability of statute reform to pass the legislature was an adequate reason not to change the law, especially since abortion, which was far more controversial, was allowed by statute in the state when medically necessary. Once able to understand the basis of the legal support for their case, Tileston and his lawyer

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\(^{\circ}\) In Connecticut, a prosecuting attorney and not the state was named as the defendant in such cases.
appealed the case to the U.S. Supreme Court. The major argument the *Tileston* case made in the U.S. Supreme Court hearing was that as stated in the Connecticut Constitution, “No State shall…deprive any person of life…without due process of law.” The problem with this argument was that the three women were not plaintiffs in the case and Dr. Tileston’s life was not endangered when he was not allowed to prescribe contraceptives. The U.S. Supreme Court saw this as a major flaw and dismissed the *Tileston* case.\(^\text{19}\) The disappointment of the outcomes of the *Tileston* and the *Nelson* cases caused the Birth Control League of Connecticut to stay away from the judicial courts for close to twenty years.

The next round of cases to test the birth control statute began in June of 1958.\(^\text{20}\) Dr. C. Lee Buxton, the chairman of Obstetrics and Gynecology at Yale Medical School, was the plaintiff for the first of the five test cases; three married couples and a single woman were the remaining plaintiffs.\(^\text{21}\) Buxton’s interest in the birth control movement was kick-started when he attended one of the legislative hearings at the request of Estelle Griswold. As Catherine Roraback describes it, Buxton was so taken aback by being “attacked verbally in ways he’d never been attacked before” at the hearing that he decided “something had to be done.” Buxton spoke to Fowler V. Harper, a family law professor at Yale University’s Law School, about testing the law in the courts. Harper was interested in the suit but was not a member of the Connecticut bar. A Connecticut lawyer was needed to try the case; Harper asked Catherine Roraback to be the Connecticut attorney for Buxton’s suit and the corresponding suits for the married

couples and single woman.\textsuperscript{22} He was impressed with her past successes with free
speech suits and she was a graduate of Yale Law School. Catherine Roraback was the
niece of J. Henry Roraback, the man who had run Connecticut politics for twenty five
years at the beginning of the twentieth century.\textsuperscript{23} Catherine Roraback was not
politically related to her uncle; he had ruled over Republicans in Connecticut while she
was decidedly liberal. Their views on birth control did not even overlap; J. Henry
Roraback’s time was before the Republicans endorsed birth control.

Dr. Buxton’s suit was similar to the suit Dr. Tileston had brought in 1941; Buxton believed it was his duty to give contraceptive advice as a medical professional but in doing so he would be jeopardizing his medical license. Also similar to the 1941 case, pseudonyms were used for the married couples and the single woman. Two couples declared that their past pregnancies had always led to unhealthy children who died soon after birth. The single woman stated she needed birth control because pregnancy with her physical condition would lead to death.\textsuperscript{24} The last married couple, the Trubeks, did not use a pseudonym and warranted their own trial because they wanted access to birth control without a medical reason. The Trubeks were students at Yale Law School who cited a lack of economic stability as the reason they needed to use contraceptives. The State Attorney Abraham S. Ullman, who had been the defendant in the \textit{Tileston} case, was named the defendant in this new case; therefore the name of the cases for the married couples and the single woman were \textit{Poe et al. v.}

\textsuperscript{22} Catherine Roraback, interviewed by Bruce M. Stave, “Women and the Connecticut Bar,” Connecticut Oral History Interview Collection, Archives and Special Collections at the Thomas J. Dodd Research Center, University of Connecticut Libraries, Box 1, Folder 18, p. 52-54.
\textsuperscript{23} “J.C. Roraback, Canaan Lawyer, Dies At Court,” \textit{The Hartford Courant}, April 30, 1955, p. 4 and Garrow, \textit{Liberty and Sexuality}, 152.
\textsuperscript{24} “5 Suits Filed To Test State Birth Control Law,” \textit{The Hartford Courant}, June 7, 1958, p. 6.
In January 1959, a judge from the New Haven Superior Court, Frank T. Healy, temporarily stopped the test cases in January 1959 from advancing. He ruled that the Nelson and Tileston cases had already decided the fate of birth control in Connecticut. The birth control advocates decided to appeal the ruling and return to the Connecticut Supreme Court of Errors. In December of 1959, the Supreme Court of Errors sustained the decision of the lower court; this decision led the Connecticut case to the U.S. Supreme Court in 1961 under the direction of attorney Fowler V. Harper.

The U.S. Supreme Court judges seemed amused and baffled by the Connecticut statute when the debate came before them. They asked about the legality of selling and buying contraceptives in the state and if anyone had been to trial under the statute. Connecticut’s assistant attorney general answered their questions, stating the selling and buying of contraceptives was legal under the law, only the use and aiding in the use of birth control was an illegal practice. Also, the assistant attorney general stated that there had been only a limited number of minor prosecutions under the auspices of the birth control statute. Although the judges seemed to think the law was archaic and poorly worded, the High Court dismissed the case. The judges did not believe the case was “live” because the birth control law had not been enforced recently and it was only “theoretical” that it would be enforced. By a decision 5-4, the court decided that the

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Poe case did not have “true controversy.” The Trubeaks’ case was also dismissed by a vote of 6 to 3. Two judges wrote dissenting opinions, outlining why they believed the law should be overruled. Judge Douglas believed that it was not a fitting course of action to wait until the police enforced the birth control law because an agreement of non-enforcement did not mean it could not be enforced at any time. Judge Harlan, another dissenter, was more concerned with the privacy rights for married couples.30 This was the first time privacy had factored into the Connecticut legal debate over birth control. Despite the ruling, birth control advocates had faith that the law would be brought down with the right suit because of the dissenting opinions.

In May of 1959, Protestant ministers filed suits to test another aspect of the constitutionality of the birth control law. The three ministers, all of different Protestant sects (Methodist, Episcopalian, Lutheran), declared that the state birth control statute limited their right to “free exercise of religion and liberty of speech” because they could not counsel married couples or premarital couples.31

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While the Poe v. Ullman case was continuing through the upper echelons of the American court system, the birth control pill was in production. A pill to prevent pregnancy had been one of Margaret Sanger’s dreams for years and it absolutely revolutionized the world of birth control and prescription medicine, in general. It was approved by the Food and Drug Administration in May of 1960 for use as an oral

30 Johnson, Griswold v. Connecticut, 47 & 52.
contraceptive. It was the first time in the history of medicine when healthy women were taking a pill every day that was not related to an illness.\textsuperscript{32}

In Connecticut, women were able to get the birth control pill despite the birth control law because their doctors prescribed the pill for medical reasons such as gynecological disorders. The necessity of a medical diagnosis to get the pill in Connecticut and Massachusetts was cited by the National Medical Director of Planned Parenthood as the reason it might have been easier to get the pill in those two states because some morally-righteous pharmacists in other states were uneasy filling prescriptions for the pill where birth control was the only reason.\textsuperscript{33}

The Pill soon became the contraceptive of choice in America. From 1958 to 1963, condom sales dropped by almost half because women were taking the Pill. Six and a half million married American women were taking the Pill by 1965, making it the number one contraceptive in the country. The unmarried women who took the contraceptive pill were left out of the reports of use; so it is safe to assume the number of women taking the Pill was actually larger than the 6.5 million reported. This is an incredible number, especially because early on the side effects related to taking the Pill were unpleasant. Side effects could include weight gain, nausea, and headaches.\textsuperscript{34}

The Pill also changed the way Americans saw birth control. It became a decidedly medical issue because doctor visits were needed to prescribe the oral contraceptive. The moral arguments against birth control had less strength during this revolutionary period.

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\textsuperscript{32} Tone, \textit{Devices & Desires}, 203-205.
\textsuperscript{33} Ibid., 239.
\textsuperscript{34} Ibid., 203, 223, 233, & 239.
In reaction to the Supreme Court’s decision that the birth control controversy was “inactive,” Planned Parenthood League of Connecticut took action that would provide Connecticut with a birth control clinic or a test case for the courts. On Wednesday, November 1, 1961, the Planned Parenthood League of Connecticut, under the guidance of Estelle Griswold, opened a birth control clinic in New Haven.35 In Friday’s newspapers, it was reported that the birth control clinic served ten women on the first night it was open.36 The clinic would be open on Tuesday mornings, Wednesday evenings, and Friday afternoons for married women or minister-referred engaged women.37 On this same Friday, two detectives came by the clinic to investigate the services the clinic offered. The detectives did not have plans to arrest anyone involved with the clinic. One man, James G. Morris, called the police to complain about the clinic and remind them that birth control use was illegal in the state of Connecticut. Catherine Roraback later claimed Morris was the sole reason for the case of Griswold v. Connecticut. Without his public and vocal stand against the birth control clinic, the police would have left the clinic alone. She stated that Morris called many significant people in the state, including the Governor, to pressure the state into arresting those responsible for the clinic.38 The newspaper reported that Morris kept his calls to the New Haven area—the police department and the court prosecutor’s office.39 Later, after the trial had begun, Morris continued to mount protests because he believed

37 Garrow, Liberty and Sexuality, 201.
the case against the PPLC was not extensive enough. He continued to write letters and
called the Governor and the Chief Justice of Connecticut.\textsuperscript{40}

The arrests of Griswold and Buxton for opening the birth control clinic made
front page news. Buxton was the League’s medical director; therefore, the arrests were
made under the abetting clause.\textsuperscript{41} The New Haven police did not charge the women
who went to the clinic and admitted to using the contraceptives provided to them.
Roraback, afraid that the police might find it necessary to arrest the women in the clinic
at the time of the arrest of Griswold and Buxton, had arranged for three women to
voluntarily admit to using contraceptive given to them at the clinic and appear in court
to swear that they had been fitted for a diaphragm, given birth control pills, and/or given
contraceptive jelly at the clinic.\textsuperscript{42} One of the patients who gave her pills to the police
for evidence asked Griswold if she could have replacements because she “d[id]n’t mind
going to jail for this cause, but getting pregnant is another story.”\textsuperscript{43} Now that the
Connecticut statute was enforced and the defendants had the support and stamina to go
through the multiple trials, the major argument the Supreme Court used to dismiss the
case, that the law was just “empty shadows,” was no longer a valid argument.

Catherine Roraback, the counsel from the \textit{Poe v. Ullman} case, became the
defense attorney for Buxton and Griswold while the case was in Connecticut. She used
a freedom of speech defense, citing the first and fourteenth amendments. She was
aided, like in the last case, by Fowler V. Harper. Roraback borrowed Judge Harlan’s
argument for marital privacy to argue that the Connecticut law violated the first

\textsuperscript{40} Garrow, \textit{Liberty and Sexuality}, 210-211.
\textsuperscript{41} “2 Arrested in Reopening of Birth Control Clinic,” \textit{The Hartford Courant}, November 11, 1961, p. 1.
\textsuperscript{42} Roraback, interviewed by Bruce M. Stave, “Women and the Connecticut Bar,” p. 57.
\textsuperscript{43} As quoted in, Garrow, \textit{Liberty and Sexuality}, 209.
amendment. The lawyers also argued that the privacy of Buxton and Griswold was protected under the fourteenth amendment’s due process clause. Buxton and Griswold, unsurprisingly, lost their case in the Sixth Circuit Court and were fined one hundred dollars for their involvement with the clinic. They appealed the decision and also lost the appeal. The appellate judges believed that the primary reason for the law was to promote population growth which was a grossly inaccurate depiction of the original law. They based their decision to uphold the 1879 statute on the ability of the state to encourage the survival of “civilized society.”

The next appeal brought the case to the Connecticut Supreme Court of Errors at the close of 1963. At this point, Roraback added to her briefs the argument that the ninth amendment allows for the right to privacy because it states that the American people have more rights than those specifically listed in the Bill of Rights. It took six months for the judges at the Connecticut Supreme Court of Errors to produce an opinion and in the end, it was the same decision that had been made in every Connecticut birth control case. The court upheld the Comstock statute, believing that the statute was still valid despite over eighty years of growth in “medical, social, and religious thought” in Connecticut.

The disappointing outcome of the case at the Connecticut Supreme Court of Errors brought the case to the U.S. Supreme Court. When the case made it to the Supreme Court, Catherine Roraback was no longer the arguing lawyer for Griswold and

Buxton. Women did not usually argue in front of the Supreme Court. Due to his failing health, Fowler Harper was unable to make the arguments in front of the Supreme Court and he convinced his friend Thomas Emerson to help Roraback. Harper never saw the resolution of the case he spent so much time and energy on; in January 1965, he died of cancer. Emerson was a distinguished lawyer and another Yale graduate who was able to step into the fray and help the defense with his experience in constitutional law.49

March 29, 1965, was the day the Supreme Court held the arguments for *Griswold and Buxton v. Connecticut*. Due to the limited amount of time, thirty minutes for each side, Emerson was unable to go into his arguments in detail and did not mention the privacy or first amendment arguments that were covered in the brief.50 The state’s lawyer was articulate and did well defending a law that many considered to be archaic and even “uncommonly silly.”51

To the relief of the PPLC, the 1879 Comstock statute was overturned by the U.S. Supreme Court by a vote of seven to two in June of 1965. The justices who were in the majority had conflicting views on why the law should be overturned. Of the seven person majority, four justices wrote opinions. One opinion had to have the concurrence of four other justices in order to be labeled the majority opinion of the Court. In the end, two of the concurrences were linked; so, five justices supported the majority opinion. The court’s majority opinion was based on the “penumbra” of rights

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50 Ibid., 138 & 144.
guaranteed in the first and ninth amendments; amendments that hint at privacy rights.\textsuperscript{52}

The opinion of the court was announced on June 7, 1965, and it catapulted Estelle Griswold into the middle of the media firestorm.

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The official Catholic position on birth control shifted dramatically from the end of the 1950s to the middle of the 1960s. In 1959, after a Protestant birth control study came out, Roman Catholics reaffirmed their belief in abstinence and the rhythm method as the only acceptable practices of birth control. Yet, just two years later, Reverend Dexter L. Hanley, a Jesuit and a professor of law at Georgetown University, admitted that the Connecticut law was poorly written and unenforceable. He was one of the first Catholics, if not the first, within the church hierarchy to speak out publicly against the law. He reiterated the church’s position on birth control, but he was able to separate the law from religion, a task that had not been achieved in Connecticut in a long time.\textsuperscript{53}

In 1963, the Roman Catholic Church reversed its position on the birth control statutes in the states of Connecticut and Massachusetts. Archbishop Richard Cardinal Cushing of Boston stated that the Church would no longer be campaigning for legislative or referendum attempts to change the law. Cushing remained privately against the use of birth control, but he no longer felt that it was the church’s place to force others to believe as he did.\textsuperscript{54}

The relaxing of the Catholic stance towards birth control was not a universal shift. As Dr. Buxton’s fame grew as a part of the trial to overturn the “little Comstock law,” he received many letters from long-lost friends and strangers giving him support.

Like with all controversial material, Buxton also got letters every so often that voiced extreme dislike of Buxton’s stance on birth control. One such letter was sent from Owosso, Michigan, in 1961. The author of the letter (who declined to sign) asked Dr. Buxton if he “ever stop[ped] to think of God + your eternal salvation?” The author continued by telling Buxton to “[l]et little children live” and to “remember money isn’t everything.”

The Griswold case was national news if a critic from Michigan knew of the case and the doctor who had been involved in it.

The reaction in Connecticut after the case was found in favor of Estelle Griswold and C. Lee Buxton was not one of surprise, according to The Hartford Times editorial on the subject. The editorial stated that the end of the ban was “anti-climatic” yet would have “momentous consequences.” The editors mentioned that educational programs on contraceptive use that had been previously blocked would now be available. The decision also affected laws outside the state; New York and Massachusetts tweaked their law books to liberalize old birth control laws. Massachusetts only legalized contraceptive use for married women.

For a controversial issue that in the 1930s filled the editorial pages with supporters and dissenters, the editorial pages after the Griswold decision were exceedingly devoid of the topic. The Hartford Times editorial staff wrote two opinions on the case but no letters were printed from the readers of the paper on the topic. This (non)reaction to the decision demonstrated the validity of The Hartford Times’ editorial staff’s claim that the outcome was unsurprising. Polls had come out in the previous five years that revealed the widespread acceptance of contraceptives; nationally eighty-one

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55 Letter to Dr. Buxton, February 27th, 1961, PPLC Archives, 7J.
57 Garrow, Liberty and Sexuality, 269.
percent of white, married women of childbearing age admitted to having used contraceptives at some point. This study also uncovered the fact that thirty-eight percent of American Roman Catholic women had used contraceptives.\textsuperscript{58}

The New Haven clinic reopened in September of 1965 with a three day schedule to serve patients. Within the next year, two more clinics had opened in the state, one in Stamford and one in Hartford. By 1967 the number of Connecticut women going to Rhode Island for contraceptives had fallen by half from those who went in 1964.\textsuperscript{59}

As the years passed, the 1879 birth control law remained very difficult to reform. The men and women at the Planned Parenthood of Connecticut had to work hard for the end of the Comstock era in Connecticut. That end finally came with the Supreme Court \textit{Griswold} decision of 1965 which laid the foundation of the right to privacy that would later bring about \textit{Roe v. Wade} and pro-gay rights legislation. For the women of Connecticut, it meant that they no longer had to whisper while talking about contraceptives to their friends, family, ministers, or doctors. Most importantly, all women were given the ability to discover family planning, a luxury that previously had been reserved for upper and middle class women.

\textsuperscript{58} Ibid., 164.
Conclusion

The fight to reform the 1879 statute on birth control in Connecticut that began in 1923 lasted over forty years. During that time, several court cases were pursued and numerous bills were introduced in the state legislature to various degrees of support. When the 1879 measure was enacted, it was in response to the bustling market for pornography and reflected that part of the Victorian moral reform movement which classified all things that referenced sex as obscene. By the time the law was ruled unconstitutional by the United States Supreme Court, even the Catholic clergy had decided to stop defending the old statute.

Women rallied together to fight for the right to vote and in 1920, they won that right. Politicians, afraid that women would vote as a bloc, passed bills to please the new contingent of women’s voters. It was soon discovered, however, that women did not vote in a uniform fashion; as with men, race and class were more important in determining how they cast their ballots. When women did lobby around a political issue after 1920, it was not a controversial issue like birth control, but rather, education
or children’s health. Today, birth control is considered to be mostly a woman’s issue, more than a health or religious issue.

Even when birth control was not a popular cause, men and women from both sides of the debate made sure their voices were heard through the pages of Hartford area newspapers or at the multiple legislative hearings. Birth control advocates and dissenters understood that the issue was a private decision, but one that had public consequences. For the advocates of birth control, the ban on abetting contraception meant the denial of privacy and inadequate maternal health legislation. For the opponents of birth control, restrictions on the practice meant the necessary public legislation of morals and compliance with God’s will. What both sides chose to minimize was that the law was not being enforced; therefore, it was neither truly regulating the morals nor invading the privacy of the citizens in Connecticut, but rather it was serving as a reassurance to those who did not want birth control to be used and as hindrance to those who saw birth control as a device for social and economic planning.

Throughout the decades of the Connecticut birth control debate, support for the cause of making birth control more easily accessible waxed and waned depending on the cultural and political atmosphere of the time. The freedom that women found in the culture of the 1920s seemed like a perfect base for the legalization of birth control in Connecticut. The loosening of morality after the close of the First World War scared the older generation; they believed that legalizing birth control would promote the continued disintegration of the morals of the youth by making it easier to engage in pre-marital sex and adultery. Supporters of birth control, like Margaret Sanger, tried to
encourage people to recognize the medical, social, and economic side of birth control rather than focusing on the moral side.

Morality was less of a concern after Black Tuesday in 1929. The Great Depression changed the attitudes of many Protestants when they saw their neighbors out of work and starving due to the bad economy; as a consequence the number of birth control supporters. Not everyone, however, was convinced fewer children would make the world more prosperous. Some saw the dismal state of the economy as a product of the declining birth rate; there were not enough consumers to buy the food and products that Americans were producing. Maternal Health Clinics, operated by supporters of birth control, were opened in the state of Connecticut in 1935 because of the increased interest in limiting family size. By providing contraceptives to those who were still suffering from the poor economic conditions of the 1930s, the clinics were testing the statute. The eight clinics in the state served over eight thousand patients in less than five years. These patients were stranded when a protest lodged by the Catholic clergy in Waterbury launched the court case that eventually shut down the clinics. After the clinics closed, the Birth Control League returned to sponsoring legislative measures to end the law. Despite the call to arms raised by several grateful clinic patients, the majority of the politicians in the state legislature were still hesitant to vote on an issue that was so contentious and/or against their religious beliefs.

When World War II began the arguments around birth control shifted once again. Sacrifice was essential for winning the Second World War and for some women that meant regulating the births of their children in order to contribute to the war effort. Other citizens saw birth control as a national security issue and believed that women
should be giving birth as much as possible in order to increase the number of potential soldiers. Mostly, the war effort put the birth control movement on hold. The momentum towards legalizing birth control within the state of Connecticut was stopped short when America entered the war and it took more than ten years to get that momentum and dedication back to the cause.

The young men and women who grew up in the Depression and sacrificed for the war effort were ready to put that difficult past behind them and become consumers after the Second World War ended. Family and traditional values were the main concerns for middle class Americans. Families grew larger and birth control was not considered a necessity or a desired product by the consuming class. Men and women attended church more frequently than in past decades and became more faithful. The stronger emphasis on religion meant a stronger emphasis on morality and a step away from birth control and its seemingly immoral implications. The poorer Americans’ voices were not heard during this time of home buying and seemingly universal prosperity.

The nineteen sixties, although the decade known for the sexual revolution, became the decade in which birth control became legal in Connecticut mostly because of one woman, one protester, and seven Supreme Court justices, not because of a major movement within the state. Women were more likely to help out the court cases in the sixties than in the forties, but the popular public support was not present when the birth control clinic opened in 1960. This time, the clinic only stayed open for about two weeks before one male protester convinced the police to arrest the executive and
medical directors of the clinic. It was these arrests, not a large crowd at a legislative hearing, that led to the eighty-six-year-old law being taken off the books.

After 1965, Connecticut women were able to receive information about and obtain prescriptions for birth control from a private physician, a hospital physician, or a clinic physician. No longer would access to birth control be limited to those who could find private physicians willing to break the law and be able to pay for their services. Thanks to the United States Supreme Court and committed advocates of family planning, birth control was now available to all. But even today, legal birth control does not guarantee all women the possibility of controlling their fertility. Moral and religious arguments are remain strong and in opposition to the new birth control pill, Plan B, and the abortion pill, RU-486. Although these pills are legal in the United States, some Christian pharmacists refuse to sell pills that they believe will end a life.¹ Birth control, more than forty years after the Supreme Court’s decision, is both a private and public issue. Unlike a century ago, privacy has the upper hand, but its triumph is by no means complete or totally secure.

Different states and drug store chains have different ways of dealing with the pharmacists that refuse to dispense the morning after pill, Plan B, especially now that no prescription is needed for women over the age of 18. As of August 2006, nine states had passed laws to protect the consumer and force the pharmacies to dispense the drug to women no matter the pharmacists’ beliefs, while other states allow the pharmacist to decide whether or not they feel comfortable selling the emergency contraception. Birth control, once again, has become a political issue as legislators decide which, or both

(Maine and Illinois have both), pieces of legislation to adopt. The pharmacies, especially large chains such as Wal-Mart and Walgreen’s, have to tread a thin line between those who as a matter of faith believe that birth control is immoral and those who insist that maternity is a choice best left to those who will carry the child. Walgreen’s fired four pharmacists in 2005 when they refused to sell the morning after pill. The American Medical Association, which was slow to accept birth control as a medical issue, now supports the filling of all prescriptions. Interestingly, laws no longer prohibit women from buying or using contraceptives; rather, new laws protect doctors and pharmacists from having to perform abortions, sterilizations, and prescribe or sell controversial contraceptives. Physicians can refuse to perform abortions in forty-six states, refusal of sterilization is legal in sixteen states, and only nine have legalized refusing to prescribe birth control. Since Plan B, or the morning after pill, can be bought without a prescription, discretion is in the hands of the pharmacists.²

People continue to confuse the morning after pill with the abortion pill, much like the men and women of the 1920s who confused contraception and abortion.³ The Catholic hierarchy in Connecticut was embroiled in a debate in 2006 because they did not want to give rape victims in church-operated hospitals access to Plan B, arguing that its use is tantamount to forcing an abortion. This stance was “a public relations nightmare” for the Church.⁴ Also similar to the twenties, adults worried that access to

³ Ibid.
the morning-after pill will encourage unsafe sex and promiscuity among teenagers, despite the reports and studies that show otherwise. 5

Birth control has become more acceptable in America society because of the prevailing view that what happens in the bedroom is a private, not a public, matter. Women, who must ultimately bear the brunt of the consequences flowing from pregnancy, have played a crucial role in the forging of the attitude. But their struggle to gain control over their bodies is a never ending one, and the same scientific advances which promise them greater autonomy also fuel renewed efforts to limit their freedom. As long as science continues to invent new types of contraception, birth control will continue to be a public issue and will have profound effects on the people’s private lives.

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