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To Cover Ancient Prejudice with the Palladium of Scientific Argument: Women, Reproduction, Pseudo-Science, and the Alarm of Race Suicide, 1870-1915

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“To Cover Ancient Prejudice with the Palladium of Scientific Argument”:
Women, Reproduction, Pseudo-Science, and
The Alarm of Race Suicide, 1870-1915
Sarah Hamilton

In 1905 President Theodore Roosevelt presented the decreasing size of native-born American families to Congress as “one of the greatest sociological phenomena of our time” and of “far greater importance than any mere political or economic question,” although by that time the size of the American family had been shrinking steadily for about a century.¹ He condemned the tendency towards smaller families as decadent, a sign of moral disease and, like others who worried about “race suicide,” he specifically condemned women by categorizing those who avoided large families as criminals against the race and the objects of detestation by healthy, more “noble” people.² Although President Roosevelt did not coin the term “race suicide,” it quickly became the label for these types of ideas concerning the size of American families and the part women allegedly played in causing them to decline in contrast to traditional sex roles. Race suicide was a deliberately provocative term and, as historian Linda Gordon demonstrates, it summarized many different reactions to demographic changes in industrial America and rejections of traditional sex roles into a united expression that was able to raise alarm and mobilize public opinion.³

What made this trend toward smaller families the most pressing sociological issue of its time, then, were the causes and implications of a very significant drop in fertility

¹ *Messages and Papers of the Presidents* (New York: Bureau of National Literature and Art, n.d), 6984;

² Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: University of Chicago Press, 2002), 22, 86.

³ Gordon, *Moral Property*, 87.

among the native-born privileged class.⁴ Family size is, most generally, controlled by two factors: infant and general mortality rates and voluntary reproductive limitation. Since mortality rates had improved substantially since the beginning of the century, the only available explanation for smaller families was that women of native heritage were making conscious decisions and taking the initiative- with or without the consent and cooperation of men- to limit the number of offspring their bodies reproduced. What concerned opponents of race suicide, then, were the causes, motivations, and consequences of declining fertility among the upper echelons of native-born women in contrast to the established ideologies regarding their place and their role within the political, economic, social, and scientific power structures of industrial society.

According to Gordon, race suicide offered a means of explaining the aspects of industrial society that threatened white middle-class dominance in terms of female fertility:

It provided a focus for distress among business and professional classes about the growth of working-class and nonwhite groups and about shifts in family and gender patterns produced by industrialization and the feminist movement. Since traditional religious and moral scruples, and belief that the economic system needed population growth, would not allow seeking remedy by urging birth control among the poor, the alarmists turned in the other direction and asked prosperous women to restore upper-class families to a competitive size.⁵

Building on her insights, I will argue that race suicide provided a solution to native-born anxieties regarding increased immigration and new family and gender forms by attempting to reiterate traditional sex roles. The alarm over declining fertility leading to race suicide then became a social, political, and economic justification for defining

⁴ Although the middle- and upper-classes made up a small percentage of the native-born population, the campaign against race suicide was fueled, supported, and meant to protect their specific interests. Throughout the essay I use the terms "privileged class," "leisure class," and "upper echelons" to refer to the combination of the middle and upper classes.

⁵ Gordon, *Moral Property*, 102.

women solely and completely in terms of their reproductive systems and capabilities. This essay will identify and analyze the ways in which white patriarchal, medical and scientific discourses rationalized such roles as being rooted innately and irrevocably in the prescriptions of biology and anatomy. Opponents of race suicide used medical and scientific discourses in order to mask their specific concerns over the ways female education and limited fertility threatened white upper-class superiority by supplying rhetoric of female health and stability. Consequently, any spatial rejection of the domestic sphere or any attempt to limit fertility began to be considered a crime against the person, against Nature, and against the continued superiority of the race. Race suicide, then, politicized women's bodies and attacked female reproductive independence from every ideological direction possible.

Despite Roosevelt's claim that declining birth rates were of more importance than any other political or economic question of the time, the 1870-1915 mobilization against race suicide and female reproductive independence were intermingled with every question of politics, economics, and culture. As a sociological phenomenon, it became a conservative defense against changes in demographics, values, and gender societal roles that appeared to threaten the dominating patriarchal institutions and customs maintained by native-born privileged whites after the rise of industrialization. "Between 1815 and 1860 rapid social and economic change was," according to historian Ira M. Leonard regarding the rise of industrialization, "the *defining characteristic* of American life;" and the race suicide campaign began in 1870 in large part as an attempt to redefine the characteristics of American life along more conservative and traditional lines.⁶

⁶ Ira M. Leonard and Robert D. Parment, *American Nativism: 1830-1860* (New York: Van Nostrand Reinhold Company, 1971), 27. [Italics in original].

As Linda Gordon illustrates, race suicide provided an outlet for native-born distresses over the growth of the working-class, the increases of immigration, and the change in family and gender roles after industrialization. When constructing their requirements of and concerns over female fertility patterns, those who feared race suicide were responding to these very changes. Industrialization impacted traditional family patterns when the base of the American economy changed from agriculture, which encouraged large families, to industry, which did not. The new industrial economy also provided numerous new jobs, and immigrants from across the world came to America in response to the demands for cheap and unskilled labor required to support such a system. Likewise, decreasing fertility among the native-born coincided with a dramatic numerical and compositional shift in that immigration- changes that seemingly posed a serious threat to the racial and social dominance of wealthy whites. “In the absence of immigration, populations with below-replacement fertility are in incipient decline,” but, according to Thomas Espenshade, “if immigration fills the gap, changes may be expected in the ethnic, racial, cultural, and linguistic composition of the population- changes that some people believed are matters of national concern.”⁷ The nativist fringe of race suicide alarmists, or the defensive ideology against imported peoples, cultures, and customs that brought change to the traditional way of life in America, specifically focused their concerns upon what those constitutions would become if immigration patterns persisted unchecked by native repopulation.⁸

⁷ Thomas J. Espenshade, “Population Dynamics with Immigration and Low Fertility,” *Population and Development Review* 12, Supplement: Below-Replacement Fertility in Industrial Societies: Causes, Consequences, Policies (1986): 249.

⁸ For more information on nativism and its role in shaping and responding to race suicide see Roger Daniels, *Not Like Us: Immigrants and Minorities in America, 1890-1924* (Chicago: Ivan R. Dee, Inc., 1997); John Higham, *Strangers in the Land: Patterns of American Nativism 1860-1925* (New York:

The nativist ideology fueling race suicide propaganda believed that the immigrants who came to America in response to the increasing job opportunities in industrial society were distinctly different in terms of racial and ethnic characteristics than the more “Anglo” immigrants that preceded them. Unless native women balanced the demographic discrepancies with repopulation, they feared, these “non-Anglo” peoples would infiltrate all aspects of American culture with their degenerative qualities and customs. Between 1820 and 1910 approximately 28 million immigrants were admitted into the United States. Originally the majorities of European immigrants originated from the northern regions of Teutonic and Celtic stock, and were generally welcomed as racial and ethnic compliments to American society. By 1883, however, more than 93 per cent of people immigrating to America originated from eastern and southern Europe, predominantly from Russia, Austria, and Italy. Nativists were apprehensive over the different political backgrounds, strange languages, different religious affiliations, and reluctance to assimilate upon entrance to America that seemingly characterized this new group.⁹

In order to offer some validation to these concerns, the “best and brightest” nativist minds in America began constructing a hierarchy of races based on crude misapplications of Darwinian evolution and thought. In this hierarchy the Anglo-Saxon race was granted “superior innate characteristics” as the only people capable of developing, appreciating, and thriving in democratic political institutions. The peoples

Atheneum, 1963); Dale Knobel *“America for the Americans”: The Nativist Movement in the United States* (New York: Twayne Publishers, 1996).

⁹ Frank J. Warne, *The Immigrant Invasion* (New York: Dodd, Mead, and Company, 1913), 23.

immigrating from Southern and Eastern Europe were placed towards the bottom.¹⁰

Without repopulation, then, white nativists feared they would lose their power to culturally, racially, and ethnically inferior groups of foreigners on numerical bases alone.

The nativist fringe of the race suicide promoted its ideology by linking their fears and perceptions regarding immigrants to the more general social uneasiness over women who were allegedly rejecting motherhood through limited fertility.¹¹ They emphasized that ethnic decline and subjugation could not take place as long as native fertility levels surpassed immigration statistics and foreign-born birth rates, therefore imposing upon women the ultimate responsibility for salvation. “Just consider the case of a race of people in which the women show a disinclination for motherhood, surrounded by prolific immigrant races ready to take its place,” only then, according to Alexander Graham Bell, would there be “serious danger of the native race being displaced by the immigrants.”¹² The rising discrepancies between native- and foreign-born fertility patterns illustrated that those conditions were alarmingly well under way.

Studies comparing native- and foreign-born birth rates continuously demonstrated that the old stock population was losing the “warfare of the cradle.”¹³ An 1869 investigation into the population of Maine showed that foreign-born women experienced an average of two to three times more births during their childbearing years than their Yankee contemporaries.¹⁴ The discrepancies were consistent fourteen years later when Indiana surveyed the number of offspring born to women aged 15 to 49 and found that

¹⁰ Roger Daniels, *Coming to America: A History of Immigration and Ethnicity in American Life*, 2d ed. (New York: Perennial, 2002), 276.

¹¹ *Ibid.*, 265.

¹² Alexander Graham Bell, “Is Race Suicide Possible?,” *Journal of Heredity* (Nov., 1920): 340.

¹³ Theodore Roosevelt, “Race Decadence,” *Outlook* (April, 1911): 765.

¹⁴ Nathan Allen, “Comparative Decrease of Children,” *Congregationalist and Boston Recorder* (Boston) 4 February 1869.

there were 74 births per 1,000 females of native heritage as compared to 104 for those identified as foreign-born, a difference of about 25 per cent.¹⁵ Decades later, in 1902, R.R. Kuczynski estimated that the immigrant population was still winning that warfare by an average of 1.76 more children by menopause.¹⁶ Although later studies would focus specifically on the reproductive patterns of the highly-valued educated native women, those concerned with race suicide because of low fertility rates among all American women accused them for allowing “the blood of the pioneers die out of the land” by “shrinking from the most elemental duties of manhood and womanhood” regardless of imminent numerical subjugation by foreign elements.¹⁷

The same reorganization of the economy that attracted immigrants to America altered the roles, spaces, and family options of native-born women of the non-working classes, and opponents of race suicide responded to these changes with similar anxieties. The connections between industrialization and declining fertility were not completely unfounded, as careful study reveals that “the birth rate first began to decline about 1830, just the period when the effects of immigration first began to be strongly felt in [America]” in relation to the demographic disparities of industrialization.¹⁸ The correlation is significant. And with the increase of immigrant producers and decreasing familial responsibilities, women began to transcend into the public sphere as consumers, members of women’s clubs, as philanthropists, and into other areas that offered the opportunity to bring the morals and responsibilities of the home out into society. The

¹⁵ Joseph J. Spengler, “The Comparative Fertility of the Native and the Foreign-Born Women in New York, Indiana, and Michigan,” *Quarterly Journal of Economics*, 45(3) (May, 1931): 471.

¹⁶ R.R. Kuczynski, “The Fecundity of the Native and Foreign Born Population in Massachusetts,” *Quarterly Journal of Economics* 16(2) (Feb., 1902): 149.

¹⁷ Roosevelt, “Decadence,” 765.

¹⁸ Henry Pratt Fairchild, *Immigration: A World Movement and its American Significance* (New York: The MacMillan Company, 1930), 217.

spaces and places women were confined to prior to industrialization were changing in response to increased manufacturing, the separation of the home and workplace, and the rise of the new leisure class, but those advocating traditional sex roles to guard the race from suicide redefined domesticity to compensate for such societal shifts. Women became the “redemptive opposite” of the corruption, competition, and the “rough world of masculine enterprise;” and were thus expected to dispense “nonmaterial, nonaggressive, and nonexploitative values” to their husbands in the comfort of a safe domestic oasis.¹⁹

As Carl Degler illustrates in his study on the American nuclear family over time, industrial society created a new ideological rationale for assessing family forms and sizes among the middle- and upper-classes of American stock.²⁰ Both men and women grew increasingly comfortable as part of the new leisure classes and became reluctant to add the financial and time-consuming burden of a large family to the expenses and social obligations of a leisured existence. Although the white native-born alarmists specifically and at times solely attacked women for committing race suicide, it was never a battle between anti-feminist men and proto-feminist women. Because men still controlled sexual relations within an industrial American family, it would be misleading and unfair to attribute voluntary reproductive limitation only to women. The most common preventative measure, male withdrawal, certainly required the cooperation of men, although their reasons for maintaining smaller families were usually more in terms of economic necessities than feminist thought. Likewise, it would be wrong to assume that

¹⁹ Alan Trachtenberg, *Incorporating America: Culture and Society in the Gilded Age* (New York: Hill and Wang, 1982), 145.

²⁰ Carl Degler, *At Odds: Women and the Family in America from the Revolution to the Present* (New York: Oxford University Press, 1980).

the fears of race suicide can be simplified and polarized into “men—versus—women”.

While it is true that white native-born members of the privileged classes were attempting to guard their social, political, and economic superiority by politicizing the female body, many women readily embraced and advocated these same traditional definitions and roles. Even though men frequently cooperated in maintaining a manageable family size they were, however, reluctant to grant women full liberation from domesticity. Even the majority of cooperative men believed that women were socially and biologically meant to carry and raise at least one child and to maintain a proper home.

Women personally began to reject the domestic sphere and large families partly because the individualistic attitudes dominating industrial society seemed to offer a rationale from which to pursue their own interests. As one opponent against race suicide condemningly noted, the growth of democratic ideals “steadily working among women since 1870,” had caused them to cease “being nearly ‘the sex’.” Instead, women of industrial America began seeking a mode of balance between protecting that individuality as women and complying with the social expectations of being mothers and wives.²¹ Along with the fear of increasing immigration, native-born whites of the middle and upper classes saw this shift in female identity as a threat to patriarchal domination and dependence on high female fertility. They responded with what Alan Trachtenberg has characterized as “an unmistakable cultural ferment, a ferment in which cultural practices and political ideas mixed in a campaign to restore America to original meanings.”²² The

²¹ Earl Barnes. “The Celibate Women of To-Day.” *The Popular Science Monthly* 86 (June 1915): 551.

²² Trachtenberg, *Incorporating America*, 179.

“loaded term” “race suicide” can, then, best be defined as a social, political, and racial continuation of that cultural goal.²³

Race suicide was a manifestation of the fear that white, native-born, males would lose their ethnic, political, and social dominance in industrial America; but it was a fear that was centered on the anti-feminist rejection of women taking control over their own lives, bodies, and social spaces by stepping out of domestic spaces and by willingly decreasing their fertility. While immigration statistics, nativist responses, and social conditions are all key components to understanding the many factors contributing to the campaign against race suicide, and while each field of study has addressed their respective contributions both as causes and effects to the movement, research is lacking in terms of how anti-feminist medical and scientific definitions and approaches to women as biological beings served as the foundation of all corresponding arguments against race suicide. It was indeed a “loaded term,” but before it is possible to fully understand or even identify the several different reactions the term encompassed, it is imperative to address the ideology and circumstances under which those reactions were so threatening. Immigration statistics and their birth rates are only relevant to race suicide so far as they compared to that of the native-born. Likewise, voluntary fertility limitation in the upper echelons of the native-born is a relevant concern only when contrasted with the ideology framing the failed expectations of these women.

Science and medical discourses are necessary components in forming and understanding the alarm of race suicide because they represent the various ways in which biological, physiological, and psychological definitions of women were used “to cover ancient prejudice with the palladium of scientific argument,” so as to constrain their

²³ Gordon, *Moral Property*, 87.

choices and spaces to childrearing and the home.²⁴ Such efforts by privileged-class, native-born whites to try and maintain the constructed boundaries of Victorian ideology through the support of “would-be scientific arguments” was nothing particularly new, especially concerning areas in which social change implied a threat to existing social orders.²⁵ What was new, however, were the specific threats such discourses had to address; specifically the propensity of women entering the educational sphere and voluntarily limiting their fertility during a time when native-born classes of power depended so highly on repopulation. In order to guarantee the continuance of a division of social and reproductive labors between the sexes in response to new woman ideologies and practices, those alarmed at the prospects of race suicide realized that “if there was a fundamental difference in the sociological influence of the sexes,” and if they were to convince the rest of society of its validity and importance, “its origin must be sought in physiological differences between them.”²⁶ In order to avoid race suicide through low population replacement of their classes, the upper echelons of industrial society confined women to traditional sex roles and high fertility patterns by defining their entire existence as nothing more than a tool of reproduction.

Medical and scientific personnel explained the origins of traditional sex roles in relation to inherent biological and physical differences between men and women in order to validate their political, economic, and social concerns of race suicide in terms of female fertility. As biological beings, they believed women were equipped with a

²⁴ Nina Morais, “A Reply to Miss Hardaker on the Woman Question,” in *Men's Ideas/Women's Realities: Popular Science, 1870-1915*, ed. Louise Michele Newman (New York: Pergamon Press, 1985), 39.

²⁵ Carroll Smith-Rosenberg and Charles Rosenberg, “The Female Animal: Medical and Biological Views of Women and Her Role in Nineteenth-Century America,” *The Journal of American History* 60:2 (Sep., 1973): 332.

²⁶ W.K. Brooks, “The Condition of Women From a Zoological Point of View,” *Popular Science Monthly* 15 (June 1879): 145.

specific anatomy, physiology, and psychology all revolving around and serving that purpose. Women who were attempting to withdraw from maternal responsibilities through education and birth control were looked upon by those alarmed with the prospects of race suicide as bringing degeneration to the race by compromising the development of those systems and by consequently producing sub-quality offspring.

By employing theories of evolution to the alarm of race suicide, medical and scientific discourses found a methodological explanation for differentiations in physical structures between the sexes in terms of reproductive responsibilities. Although sexual dimorphism in terms of size was and remains a visually verifiable differentiation, the social implications of smaller women in relation to men were analyzed in race suicide ideology with respect to pre-existing beliefs in traditional sex roles and reproductive expectations. According to those opposed to race suicide, women were smaller, shorter, and less robust because of a “somewhat earlier arrest of individual evolution...necessitated by the reservation of vital power to meet the cost of reproduction.”²⁷ For survival purposes, men were required to be aggressive, strong, and competitive; but because women allegedly did not participate in the barbarian struggle for existence apart from replenishing the population, they ceased to evolve on a comparable physical basis.

For scientists of heredity attempting to validate white elitism amidst the various threats of industrial society, the “logical conclusion” was that the “same principles which have prevailed among lower animals must have been operative in the progress and development of the human race.” By comparing prehistoric struggles for existence with industrial-American struggles for racial and social dominance, they argued that if women

²⁷ Frances Emily White, “Woman’s Place in Nature,” in *Realities*, ed. Newman, 26.

were still on average smaller than men it was because their most important role was still that of mother and, in terms of race suicide, any attempts to end or limit that role were both unnatural and threatening to that endeavor.²⁸

Medical and scientific communities used physical and structural differences between men and women to account for the intellectual variations and sexual differences of psychology that prescribed women to maternity. Along with superior muscle masses, broader shoulders, and longer limbs, human males were equipped with relatively larger heads in order to support their body frames and to compensate for “a proportionately larger development of the brain.”²⁹ While exact numbers in terms of mass and volume differ slightly with each individual study, the female brain had repeatedly measured smaller in comparison to that of males by 5.5 to 6.0 ounces.³⁰ Consistent with the ideology regarding physical structures, these communities used verifiable brain-size comparisons in terms of measurements and numbers to validate subjective and biased interpretations of traditional sex roles.

Simplifying the characteristics and functions of the brain by analyzing it in the same respect as all other bodily organs, these communities attributed size as an implication of power. Just as the size and condition of the lungs yields an exact measurement of breathing power, scientific personnel advocated that it was possible to establish an exact correspondence between brain substance and intellectual force. By rendering the argument “from biceps to brains,” they deduced that the size and condition of the brain had a directly ascertainable correspondence to the amount and type of work it

²⁸ Ibid.

²⁹ “Biology and ‘Women’s Rights’,” *Popular Science Monthly* 14 (Dec., 1878): 202.

³⁰ Ibid.; M.A. Hardaker, “Science and the Woman Question,” in *Realities*, ed. Newman, 33-34; Nina Morais, “Reply,” in *Realities*, ed. Newman, 39-43.

was capable of doing.³¹ These precepts, according to Louise Michelle Newman, allowed those concerned about race suicide to construct the basis of traditional sex roles around a feminine intellectual “average type, with few excelling in any particular way,” outside of reproduction and motherhood.³²

By defining intelligence and mental capacity as “force” or “power,” medical and scientific personnel applied the physics-based law that “the amount of power evolved by a vital organism is in direct ratio to the size and weight of that organism” to the female brain in order to validate conservative views on reproductive responsibilities.³³ Because the female brain was on average 5.5 ounces less than that of a male’s, hers was a less forceful, powerful, and intelligent brain and would naturally manifest its limited capabilities best in a submissive social state. Women were not merely miniature copies of men. This division of reproductive labor based on mental force, on which “the perpetuation of the human species is dependant,” rejected the notion that women could strive to be intellectual and expect to be motherly at the same time. “Any original equality of intellect” or any effort to strive for it now, according to those concerned over race suicide, and the idea of race and class protection through repopulation “would certainly be lost.”³⁴

Those searching for validation of traditional sex roles used their definitions of the “average type” of woman in an effort to illustrate how every aspect of their psychologies destined them for motherhood. Scientific and medical authorities referred back to differentiations in brain size and intellectual capabilities when explaining the origin of

³¹ Morais, “Reply,” in *Realities*, ed. Newman, 41.

³² Louise Michele Newman, *White Women’s Rights: The Racial Origins of Feminism in the United States* (Oxford: Oxford University Press, 1999), 31.

³³ Hardaker, “Science and the Woman Question,” in *Realities* ed. Newman, 34-35.

³⁴ *Ibid.*, 36-7.

sexual differences of psychology. Women, to be successful mothers, adapted certain mental traits to “help them hold their own” in their designated realm as compensation for the absence of physical strength and intellect. These authorities believed the ability to please, the power of disguising their feelings for the sake of protecting their husbands and offspring, the aptitude to make decisions based on intuition without assignable reasons, the admiration of power, and the ability to persuade with a high moral authority were rooted deep within a female’s nervous system as innate and inherit characteristics.³⁵ A role which required women “to meet emergencies successfully, to provide for the sick, to maintain order and discipline in the household,” required the non-intellectual “beneficent traits of maternal love,” as opposed to the “fiercest passions so characteristic of men.” Their brains, according to these discourses, adapted accordingly.³⁶

Women who transcended the domestic realm or voluntarily limited their fertility were judged as ignoring the implications of their characters and disregarding the inference that it was only through the home and children that they could contribute to society. By explaining the mental and intellectual characteristics of women in such a way as to demand fertility on a scientific and medical basis, those seeking to guard the race from suicide focused on the biological and social consequences of women who ignored them by attending institutions of higher learning and by practicing birth control.

Female collegiate education posed a threat to the efforts of the white native-born to save the race from suicide through repopulation because it interfered with the development of the physical and psychological “average type” of woman while creating devastating effects on both the ability and the probability of reproduction. Education,

³⁵ Herbert Spencer, “Psychology of the Sexes,” in *Realities* ed. Newman, 20-1.

³⁶ White, “Place in Nature,” in *Realities* ed. Newman, 29.

then, was unnatural because women by tradition, capabilities, and responsibilities to the race, were defined and predetermined to be mothers, whether they wanted to be or not. Focusing on the spatial rejection of motherhood through college education was a genuine and real concern for the native-born attempts to maintain their social and ethnic dominance by advocating traditional sex roles, because female enrollment in institutions of higher learning dramatically increased during early-industrial America among the middle- and upper-classes.

The number of women attending institutions of higher learning, whether colleges, seminaries, or normal schools, increased from 11,000 in 1870 to over 40,000 a decade later. Many colleges were open specifically for women during this time (Vassar, 1865; Mills, 1871; Wellesley and Smith, 1875) as were many annexes to existing institutions for men such as Radcliffe to Harvard in 1879 and Barnard to Columbia in 1886. Also, a small number of men's colleges began admitting women and creating co-educational programs throughout this decade, including Syracuse in 1871 and Cornell in 1872.³⁷ While these various facilities had differing goals, standards, and beliefs regarding the purpose and type of female education, proponents of the spatial constriction of women around reproduction respectively and uniformly responded to such trends with warnings and ambivalence.³⁸ While biological and psychological definitions of women applied to all women, those attempting to guard white elitism from foreign infiltration through reproduction tended to focus most specifically on the reproductive patterns of the upper echelons of native-born women in an attempt to repopulate the race with the best stock available.

³⁷ Newman, ed. *Realities*, 55; Charles Franklin Emerick, "College Women and Race Suicide," *Political Science Quarterly* 24:2 (Jun., 1909): 282.

³⁸ Newman, *White Women's Rights*, 88.

The efforts to guard native-born dominance against racial suicide were specifically targeted at the upper echelons of American society, although small in comparative numbers, because, as Theodore Roosevelt described, it was this “capable, self-respecting, successful American stock which we wish to see perpetuate itself.”³⁹ Alarming, women in educational settings were the types of women who were “really influenced by the ‘birth control’ propaganda” and, Roosevelt continued, the most likely to deter marriage and maternity.⁴⁰ If wealthier women were going to insist on some sort of education, Roosevelt believed that programs should be initiated that helped “keep a firm grip on the true perspectives of life” by teaching them in relation to and in preparation for their domestic responsibilities and in accordance to their reproductive destinies.⁴¹ Perhaps the main reason their attacks focused on the middle- and upper-classes of American women were because they were the most likely able to afford to partake in that type of domestic and social transcendence.

Statistics supported the alarmist’s fears that it was the most reproductively valuable women who were rejecting traditional domesticity by attending institutions of higher learning through studies relating the social class of female students and their representation within the institutions. A 1909 study conducted by Charles Emerick, for example, was a valuable and often-cited source that connected the annual incomes of tuition payers and the frequency with which each class sent their daughters to college. By examining four years (1905-1908) of college records from Smith College, Emerick found that the leisure class accounted for nearly all enrollments, a trend he accounted for in terms of income. Estimating that a four-year college tuition would cost a family

³⁹ Roosevelt, *Foes*, 252.

⁴⁰ *Ibid.*, 252-253.

⁴¹ *Ibid.*

anywhere between \$800 and \$8,000 a year during this time frame, he rationalized that “as a rule, only the fairly well-to-do feel that they can afford to give their daughters a collegiate education.”⁴²

His inquiries found that the highest percentage of occupations from which the fathers of female students came were those of the upper classes: 23% professional; 18% merchants; and 15% “bankers, brokers, mining, railroads, corporation officers, insurance, *etc.*” Only four per cent of the fathers over the course of the four years were identified as laborers, who at best allegedly made between \$500 and \$800 a year.⁴³ Studies such as this provided solid statistical evidence of the fear of the rhetoric and pseudo-science according to which women were supposed to reproduce themselves the most feverishly as well as what a large proportion of them were doing instead. In response, medical and scientific communities adjusted their rhetoric regarding women’s natural and biologically pre-determined destiny of maternity and domesticity in such a way as to focus on and warn against the physical, mental, and domestic consequences of perverting the female brain and body “from the real use that Nature meant it for” through higher education.⁴⁴ Emerick thought women naturally lacked an intellectual capacity but could attempt to forcibly develop the inferior parts and functions of their brain through education. As race suicide alarmists warned, such educational efforts came at the great cost of sacrificing the maternal instincts Nature and men had entrusted them with. Medical and scientific discourses agreed that such forcible development “may be done,” but the question they

⁴² Ibid., 272

⁴³ Ibid., 273.

⁴⁴ T.S. Clouston, “Female Education From a Medical Point of View,” *Popular Science Monthly* 24 (Jan., 1884): 321.

were left asking in terms of saving the native-stock from suicide with repopulation of the best classes of women was “is it well to do?”⁴⁵

In answering that question physicians began to concentrate on the negative effects of excessive amounts of intellectual stimulation in relation to the reproductive system. Their medical rational for determining those consequences rested in the notion that a single specimen was defined and constrained by a limited amount of power and that that power should be expended relative to the roles nature endowed them with. Defining the mind as “a closed system,” they believed that energy expended in one area meant removing it from the other. Women had the duty of rationing their energies throughout their lifetime “for motherhood, for the race of the future;” not for some sort of “educative process” that would in turn neglect that needed for her race-saving reproductive development.⁴⁶ Although humans also had a reserve power “to be called into operation on rare and special occasions,” medical and scientific discourses agreed that women should save theirs for the special occasions of carrying and raising babies. Because the years invested in education coincided with reproductive development and puberty, women were accused of consciously bringing “reproductive harm upon themselves by removing themselves from the domestic realm.” These same physicians, then, unanimously agreed that educating females was not well to do in terms of guarding the race from decline and suicide.⁴⁷ As one doctor rhetorically asked, “why spoil a good mother by making an ordinary grammarian?”⁴⁸

⁴⁵ T.S. Clouston, “Female Education From a Medical Point of View,” *Popular Science Monthly* 24 (Dec., 1883): 218.

⁴⁶ Clouston, “Female Education,” (1884), 322; Clouston, “Female Education,” (1883), 216.

⁴⁷ Newman, *White Women’s Rights*, 86.

⁴⁸ Clouston, “Female Education,” (1883), 224.

The “average type” of female psychology and biology could only develop by natural processes, and hence protect the race from suicide, if women avoided high mental stimulation during puberty. “Many physicians,” therefore, “were convinced that education was a major factor in bringing about [race] deterioration, especially education during puberty,” since it was “during these years that the female reproductive system matured.”⁴⁹ At the end of adolescence women were naturally “fitted to conceive and bear children,” and were socially and biologically expected to fulfill that destiny. But such “bodily and mental changes that are connected with the development of the reproductive system” in preparation for that role had to occur without hindrance from education.⁵⁰ Valuing nothing more than “the preservation of female health” so that “these changes should take place regularly and completely,” opponents of race suicide denounced female education for its interference with the “process of maturation that determined the quality of the children which American women would ultimately bear.”⁵¹ Because women were physically and mentally debilitated through forcible intellectual development, scientists of heredity involved in the efforts to save the race from suicide expressed concern over how those consequences would manifest themselves in offspring that developed within such an improperly developed mother.

The physical consequences women suffered because of education posed a threat to race salvation through traditional sex roles by rendering their bodies unsuitable for pregnancy and unattractive to males. The “material and force to build up the form toward the fair woman’s ideal” was misplaced through education, leaving the body type and the

⁴⁹ Rosenberg, “Female Animal,” 340.

⁵⁰ Henry Maudsley, “Sex in Mind and in Education,” in *Realities*, ed. Newman, 78.

⁵¹ *Ibid.*; Rosenberg, “Female Animal,” 340.

organs later required for successful race replenishment useless or incomplete.⁵² It was during this time in a woman's development that the body took on "a different direction and type" from their male counterparts, and the "lines of beauty begin to develop" that, as male scientists argued, would later attract her reproductive capabilities to a prospective male contributor.⁵³ According to physicians, scientists, and some educators, every aspect of the college environment, such as long hours of study, poor food supplies and quality, lack of exercise and recreation, sleep deprivation, and distasteful coloring of classrooms, were far too hazardous for women wishing the physical health required for reproduction.⁵⁴

The lack of exercise and fresh air of college environments seemed to be the largest concern for doctors in relation to a feminine physical development in preparation for race-saving reproduction. Without exercising the arms and chest, for example, women were not able to develop fully and, as a result, entered the marriage market in a sickly state. Without an "expansion of the chest, regulation of the activity of the heart, and strengthening of the muscles" those native-born alarmed at the prospect of losing their racial and social dominance worried it would later be difficult for these women to find a respectable mate with whom to protect their interests with repopulation.⁵⁵ Most importantly, according to Dr. Clouston, college women could not develop "the great source of female beauty" and the "most essential concomitant of female adolescence": fat. College women became too skinny, lacking that "amount of roundness, plumpness, and beauty" that attracted them to men on the one hand and, on the other, provided a

⁵² Clouston, "Female Education," (1884), 322.

⁵³ Clouston, "Female Education," (1883), 220.

⁵⁴ Ibid., 220-223.

⁵⁵ Herr Dr. Blisinger, "Modern Nervousness and its Cure." *The Popular Science Monthly* 42 (Nov., 1892): 92.

spare amount of energy to be stockpiled until pregnancy and childrearing.⁵⁶ While physical developmental disorders attributed to inadequate living conditions at institutions of higher learning were threatening and unpleasant to look at, physicians expressed particular concern over the influences of underdeveloped and improperly used reproductive organs upon the mind. By drawing biological interconnections between the brain and the reproductive system, medical and scientific communities fighting race suicide constructed a platform from which they were able to hold women responsible for producing poor quality children.

In order to produce the high quality offspring that would inherit and protect the power and prestige of patriarchal industrial America, women were required to maintain a balance of energy between their nervous and reproductive systems. Education, therefore, did not merely cause harm to the reproductive units because energy was withheld from them through forcible intellectual stimulation; it was also responsible for causing mental imbalances because of the access energy the brain was receiving. One of the stipulations governing the principle of expendable energy for the development and utilization of a particular system was the belief in a law of physiological divisions of labor, or the notion that an organ or organism “can do some one thing better and with less expenditure of force when it is specially adapted to this one thing than when it is generally adapted for several functions.”⁵⁷

Attempting to tie the physiological division of labor to elitist theories of how to save the race from degradation and suicide through reproduction of white, middle-class, native-born offspring, many physicians and scientific personnel advocated a “consensus

⁵⁶ Clouston, “Female Education,” (1884), 323.

⁵⁷ Brooks, “Condition of Women,” (June), 151.

of functions” between the brain and the “nature and functions of the inferior organs” such as those required for reproduction.⁵⁸ According to their theories, Nature disposed of her energies in women in due proportion to the “wants and needs of each organ and facility,” so as to “strengthen and harmonize the whole body and the brain” in preparation for reproduction. Any differentiation in the energy levels allotted for a specific organ by outside and unnatural forces, such as education, and all organs were rendered less successful than when they existed in their “natural and harmonious relation.”⁵⁹ Medical and scientific communities believed the only way to evade race suicide was if women focused all their energy on the organs most important in reproduction, just as Nature and the laws concerning the division of mental labors constructed and required.

Viewing women as “the product and prisoner of [their] reproductive system,” physicians treated the educated classes with prejudice and contempt, attributing any psychological illness that ever beset them as a manifestation of their rejection of traditional sex roles.⁶⁰ “There were few diseases,” according to efforts to save the race from suicide that effected college-educated women “without having a reciprocal effect on her sexual organs, and *vice versa*.”⁶¹ Because they believed the brain and the reproductive systems developed and suffered together, these physicians judged any psychological illness in educated women as originating from their imbalanced and underdeveloped reproductive organs. “These [mental] diseases,” according to one physician of the time, “will be found, on due investigation, to be in reality, no disease at

⁵⁸ Maudsley, “Sex in Mind,” in *Realities* ed. Newman, 79.

⁵⁹ Clouston, “Female Education,” (1883), 217.

⁶⁰ Rosenberg, “Female Animal,” 335; Newman, *White Women’s Rights*, 86.

⁶¹ James Foster Scott, *The Sexual Instinct: Its Use and Dangers as Affecting Heredity and Morals: Essentials to the Welfare of the Individual and the Future of the Race* (New York: E.B. Treat & Co., 1908), 54; Rosenberg, “Female Animal,” 335..

all, but merely the sympathetic reaction or the symptoms of one disease, namely, a disease of the womb.”⁶² What concerned native-born whites who ideologically depended on repopulation for continued social and racial dominance in industrial America were the ways in which such “diseases of the womb” affected a woman’s capabilities as mother and the health of the offspring she may later become mother to.

The two most commonly diagnosed mental disorders of the time, nervousness and hysteria, are the best examples of the ways in which doctors viewed women solely and completely in relation to their reproductive systems and how they attributed race suicide with a rejection of that relationship. Most alarming to the fight against race suicide, however, was the idea that if the defective organs were ever later used for reproduction, the mental disorders of the mother would manifest themselves in her offspring. Nervousness showed itself in many real and imaginary forms, such as undue excitability, ungrounded fears, and over-sensitiveness. Believing the only cause of nervousness was the rejection of traditional sex roles and spaces, physicians estimated that there were “few families among the educated classes...free from some taint of it.”⁶³ Hysteria was the most extreme mental consequence of exhausting all or most available energy on the brain at the cost of reproductive concentration. It was most varied in its forms and was such a widely-diagnosed disorder because its symptoms were almost always entirely subjective. One doctor, in training other physicians on how to spot hysteria simply advised that “you can’t actually say what is wrong, but you know that, if she had been brought up in the country, with moderate schooling...in the open air, there would not have occurred

⁶² M.E. Dirix, *Women’s Complete Guide to Health* (New York, n.p., 1869), 24; quoted in Rosenberg, “Female Animal,” 336.

⁶³ Clouston, “Female Education,” (1884), 328.

anything of the kind.”⁶⁴ The most common observable symptom of hysteria according to the same doctor was idleness and “subtle indications” that the mental side of the brain was being overworked;” how that could be observed, though, would be left to the discretion of the attending physician.⁶⁵ Regardless of the ailments associated with hysteria, the ambivalent criteria doctors used to readily diagnose women with it illustrates the extreme ways women were medically blamed and chastised for attending institutions of higher learning instead of participating in the evasion of race suicide through repopulation. In order to negate claims that women still had time to participate in that struggle after graduation, medical and scientific communities defined the effects of misbalancing the physiological division of labor as irreversible and genetic.

Race repopulation of the best stock of Americans was permanently thwarted when women permeated the educational sphere because students suffering from nervousness and hysteria were deemed incapable of producing healthy children. If these women escaped sterility, the reproductive organs were left “capable of bearing only sickly and neurotic children” that would, in turn, “produce only feebler and more degenerate versions of themselves” for generations.⁶⁶ Children born of a hysterical or nervous mother, or with some traces of them throughout their familial lineages, were typically described as physically manifesting the internal consequences of that intellectually- and reproductively-imbalanced family member: “The results are monstrous brains and puny bodies; abnormally active cerebration, and abnormally weak

⁶⁴ Ibid., 330.

⁶⁵ Ibid.

⁶⁶ Rosenberg, “Female Animal,” 340.

digestion...lofty aspirations and neuralgic sensations.”⁶⁷ Worrying that the native-born middle class would be replenished by fewer offspring of the “puny kind,” physicians fought to give more respect to the “rosy mother of a dozen healthy children, who has no taste for books” and respected her destiny as mother.⁶⁸ “Whatever aspirations of an intellectual kind they may have,” physicians warned that women should not, indeed could not, “be relieved from the performance of those offices [as wives and mothers] so long as it is thought necessary that mankind should continue on earth.”⁶⁹ Although women were capable of forcibly developing a sort of intellectual psychology, the physical and mental diseases the imbalances of energy created in doing so led medical and scientific personnel to conclude that a system of traditional sex roles was the only effective weapon against race suicide. Acknowledging that traditional sex roles included marriage, alarmists devoted some attention and pseudo-scientific discussion on the domestic consequences of female education as they did on female health.

Native-born whites of the privileged classes were concerned that female education would undermine repopulation attempts by making the best stock of American women incompatible with a husband. If an unnaturally-developed woman could not find a suitable mate her likelihood of adhering to traditional reproductive roles was nonexistent. Nature, according to discourses of the time, had divided men and women into two halves that were ever since “seeking to unite together and to reconstitute the divided unity” through marriage and reproduction. Education, they feared, threatened that endeavor by rendering the female half of the equation more masculine than men were created to be

⁶⁷ Edward H. Clarke, *Sex in Education: Or, a Fair Chance for Girls* (Boston: J.P. Osgood & Co., 1873), 41.

⁶⁸ Clouston, “Female Education,” (1884), 328.

⁶⁹ Maudsley, “Sex in Mind,” in *Realities* ed. Newman, 81.

attracted to.⁷⁰ Pretending that they could escape physical, mental, and reproductive degeneration, “women who have been occupied with books or business to the exclusion of learning how to make a home” were nonetheless leading the race towards suicide simply because they would still lack the sensibilities and mindsets of a desirable wife. “If the education process for the female is to be just on the lines of that for male,” and if “the mold into which the brain of each is to fit the same type,” then men would not feel the mental and economic superiority so necessary for a successful race-saving union.⁷¹ As evidence for this concern, Dr. A. Laphorn Smith admitted that women were able to force a misbalance of power within their minds to accomplish educational achievements comparable to those of men, but he warned that “the knowledge of their ability brings with it an aggressive, self-assertive, independent character, which renders it impossible to love, honor, and obey the men of their social circles.”⁷² An educated woman might be cultured, but she would be unsympathetic in marriage; she may be learned, but definitely not attractive, graceful, or submissive; accomplished, but certainly not marriage material; confident, but committing the crime of race suicide in the process.

The most threatening aspect of female education in terms of matrimony and securing racial dominance was that it taught a female identity independent of what men wanted it to be. The same scientific and medical personnel believed that the one true and natural desire for men was to find a wife who would help protect his genetic legacy by successfully carrying and caring for him and his offspring. In other words, he needed to find a woman who wanted nothing more than to provide a uterus for that realization. A

⁷⁰ Ibid., 82.

⁷¹ Clouston, “Female Education,” (1884), 332.

⁷² A. Laphorn Smith, M.D. “Higher Education of Women and Race Suicide,” in *Realities*, ed. Newman, 151.

responsible, respectable, and correctly-developed woman would embrace that role and opportunity to partake in such a noble race-securing relationship. But education, according to native-born whites concerned about women adhering to traditional sex roles, “puts forth the ideal of learning a profession for the benefit of *self*, of winning honors for *self*, of acquiring a high culture for *self*” as opposed to her husband and family.⁷³ The future of the race and the nation depended on the joint work of masculine home-making and feminine home-keeping, but if the main aims and ambitions of women began to include those other than “to be loved, admired, helped, and helpful, to be good wives and mothers with quiverfuls of children, to be self-sacrificing, and to be the centers of home-life” they would become unsuitable for their role, men would reject them as marriage material, and the race would suffer as a result.⁷⁴ Their fears were seemingly validated with studies focusing on the marriage and birth rates among the educated class as compared to non-graduates.

While exact numbers differ slightly with each individual study, and while many different factors and variables can easily influence those numbers and their interpretations, educated females most generally tended to marry later and less often than those who remained within the domestic sphere.⁷⁵ Though typically leaving the interpretative analysis to political, nativist, and economist fringes involved with race suicide, the medical and scientific communities used their discourses to attribute this trend to the physical, mental, and domestic unattractiveness of an educated wife.

⁷³ Editor, “A Profession for Women,” *Popular Science Monthly* 38 (March 1890): 701. [Italics in original].

⁷⁴ Clouston, “Female Education,” (1884), 332.

⁷⁵ For studies comparing marriage rates of educated and non-educated women see Milicent Shinn, “The Marriage Rate of College Women,” *Century Magazine* 50 (Oct., 1895): 946-948 and Emerick, “College Women,” 269-283.

Native-born whites of the leisure classes focused on the low marriage rate marriage among educated women to further argue that the best stock of American women could not contribute to the cause of native repopulation in industrial America if they were rejecting traditional gender roles. Using the register of fifteen “leading” colleges published by the Association of Collegiate Alumnae, Milicent Shinn conducted a survey in 1895 of 1,805 women and found that only 505 (roughly 28 per cent) of them were married as compared to a national marriage rate of 80 per cent for women over twenty.⁷⁶ To have said that college women married about a third as often as other women would, however, have been misleading and the survey did account for age. Of the 1805 names in the register, 887, or about half, were of women who had graduated in the last eight years. Accepting twenty-two as the average age of graduation, these women, then, were still in their twenties and could very likely marry sometime in the future, although by race-suicide alarmist standards women should have been married with at least two children by their late twenties.

In another study conducted in 1909 Charles Emerick showed that many female college graduates did eventually marry, just later than their uneducated contemporaries. “Of the non-college women,” Emerick discovered, “30 per cent married under 23, as compared with 8.5 per cent of college women; for the ages 23 to 32 inclusive, the percentages were respectively 65 and 83.5.”⁷⁷ He found that in 1909 educated females married an average of two years later than those who did not attend institutions of higher learning, basically reinforcing Shinn’s conclusions that marriage was deferred slightly

⁷⁶ Shinn, “Marriage Rate,” 946.

⁷⁷ Emerick, “College Women,” 274.

among the educated rather than rejected entirely.⁷⁸ Alarming, the later age at which they married inevitably affected the amount of children they biologically had time to reproduce, and those concerned about protecting native-born racial and social dominance in industrial America through repopulation expressed concern over low birth rates among this class.

The birth rates of college women did, in fact, show that they were not replenishing themselves, regardless of whether or not their low fertility was caused by the mental and physical consequences the medical and scientific communities warned against. Medical and scientific communities interpreted these findings as validation to their notions that rejection of traditional sex roles led to race suicide. The most influential study in bringing attention to the correlation between education and reproduction was conducted in 1902 by President Charles Eliot of Harvard University. By examining the birth rates of alumni from the all male classes of 1872-1877, he found that those who made up the 28 per cent that eventually married an educated wife only had an average of two children twenty-five years after graduation, leaving him and other alarmists to assume that it was too late for there to be more.⁷⁹ Although Eliot was focusing specifically on the reproductive patterns of both male and female graduates, his study quickly became the rallying cry for those who sought validation in attributing the perceived racial decline to the women.

For this reason, the 1911 examination of 16,739 female graduates conducted by Mary Van Kleeck proves to be the most helpful in making larger generalizations concerning the threatening reproductive patterns of educated women and race suicide.

⁷⁸ Ibid.; Shinn, "Marriage Rate," 946.

⁷⁹ Paul Harold Jacobson, *American Marriage and Divorce* (New York: Rinehart, 1959), 21,35,159.

Her concentration on nine different colleges between the years of 1865 and 1915 showed, alarmingly to the those concerned about race suicide, that President Eliot's findings were still proving consistent fifteen years later. The average female graduate, regardless of which college she attended or during what time, had an average of two children by the time their reproductive capabilities ceased to exist.⁸⁰ Whether the causes were biological, voluntary, or a little of both, the consensus was that "the highly educated woman will make a poor mother, for she marries rarely and late and, when she does, the number of children is very small."⁸¹ Other studies showed that low birth rates were a widespread social phenomenon among all native-born women, although opponents of race suicide typically aimed their attacks at the educated class by attributing minimal replenishment with the types of spatial rejection of motherhood only financially available to them.⁸² While medical and scientific personnel accounted for these trends by reiterating their theories of the physical, physiological, and psychological capabilities and limitations of women, they typically left the implicative analysis of the statistics to other fringes of the race suicide alarmists.

Before those fringes could analyze the greater political and social implications of those statistics, however, they had to concede that medical and scientific warnings about the mental, physical, and domestic consequences of rejecting traditional sex roles

⁸⁰ Newman, ed., *Realities*, 115nc.

⁸¹ Smith, "Higher Education," in *Realities* ed. Newman, 148.

⁸² When falling birth rates were analyzed more closely it became clear that it was not a phenomenon simply affecting the educated classes. These studies focused their criticisms on various civilizing social causes in creating the difference in fecundity between native-born and immigrant women. See Frederick Bushee, "The Declining Birth Rate and its Cause," *Popular Science Monthly* (Aug., 1903): 355-361; Frank Carlton, "Broad Aspects of Race Suicide," *The Arena* 36 (Dec., 1906): 607-612. For an illustration of the uncommon, often ignored, yet persuasive argument that the average survival rate for children and the net family size after childrearing ended of the educated class was higher than other groups of native populations, see George Engelmann, "Education Not the Cause of Race Decline," *Popular Science Monthly* (June 1903): 172-184.

appeared, at least empirically, to be true: “Attacked from antifeminists from its inception, on the grounds that it unfitted women for motherhood, demographic statistics now added to these charges the weight of quantification.”⁸³ College-educated women did in fact marry less often, marry later, and have fewer children, but while those who analyzed these statistics were aware of and supported medical and scientific explanations for such patterns their goals did not typically include illustrating those connections. Instead, they focused solely on the implied domestic political and social consequences of their findings, and in doing so constructed yet another platform from which to accuse women of race suicide.

The most common accusations against these women was that they were unconcerned about the future of their country and more interested in the luxuries their class status provided than fulfilling their natural destinies as mothers. Theodore Roosevelt became the self-proclaimed leader of this strand of the campaign against race suicide and his allegations best illustrate how reproduction was converted into a type of warfare. “Shame to those who choose to lead their lives in a round of cheap self-indulgence and vapid excitement,” because, according to Roosevelt, “they shall end in the gray twilight which has known neither victory nor defeat, and which therefore means the worst of all possible kinds of defeat, the defeat that comes to those who have not dared to try to win the battle.”⁸⁴ The battle was being fought, of course, to guarantee the political, social, ethnic, and gender superiority of the white native-born. Science attacked women for ruining their *ability* to marry and reproduce whereas the political and social fringes of race suicide focused on and attacked women for the low *probability* that they

⁸³ Gordon, *Moral Property*, 88.

⁸⁴ Roosevelt, “Race Decadence,” 767.

would do so, independent of the biological reasons constructing that trend. That they provided quantifiable authentication for prevailing medical and scientific theories regarding the nature, destiny, and proper place for women in the process was, conveniently for both accusers, a coincidence.

Medical and scientific communities employed such quantifiable statistical support and analyses of their discourses to construct a “parallel debate” between the race-suicidal controversies over women’s education and the questions of birth control and abortion.⁸⁵ Employing the same arguments against the spatial and functional rejection of motherhood through education, those fearing race suicide through low levels of fertility showed particular apprehensions over the effects of voluntary birth control methods when readily available and widely practiced within the upper echelons of native stock. Because reproduction and the realities of childrearing transcend social class constructs, it would be both misleading and incorrect to assume that these issues were only affecting the small percentages of women who came from the leisure classes and had the opportunities of college education. Those opposed to race suicide, however, used eugenic undertones combined with a racial/social hierarchy to validate such a narrow application and focus.⁸⁶ Birth control, according to those wanting to fight racial suicide with repopulation of the best Americans, was not necessarily a problem when used by the lower classes. In fact, when fears of race suicide were at their greatest some hypocritically advocated limited reproduction and access to birth control among these peoples, both of native- and foreign-

⁸⁵ Rosenberg, “Female Animal,” 343.

⁸⁶ As Louise Michelle Newman illustrates in *White Women’s Rights*, eugenic theories were based on the idea that evolutionary processes had seemingly brought racial superiority to the white race as well as the fear that further evolutionary development could bring about racial degradation if the less evolved groups reproduced at a faster rate. White elites were particularly concerned about the reproductive patterns of their women because it was only through transmitting their superior qualities to offspring that white racial superiority could continue, 30. For more information on eugenic theory as it fueled and responded to the campaign against race suicide, 30, 43, 45, 138, 148, 159; also Gordon, *Moral Property*, 72-124.

born origins. Theodore Roosevelt admitted that he had to “heartily agree” that there were some communities and classes “which it would be to the interest of the world to have die out,” but he was concerned that the birth control agenda was only reaching those he and others wished to see perpetuate themselves instead.⁸⁷

Those alarmed at the prospect of race suicide through limited fertility among the upper echelons of native-stock denounced birth control in the same manner as all other methods and ideologies that granted reproductive control to women. They hid their socially- and domestically- conservative and self-serving beliefs behind the rhetoric of science and medicine in order to skew their agendas of racial and gender dominance around the apparent advocacy of female health. Birth control, like female education, was defined, approached, and denounced as a physical and mental liability to the continued health and prosperity of women and the race. Medical and scientific communities viewed the conscious effort to limit family size as a catalyst for race suicide because of the ways in which it allegedly undermined the root of the family foundation and racial composition of society.

Physicians were not in the habit of attributing low birth rates among the upper echelons of native stock to a lack of sexual activity, and responded by re-examining their definitions of traditional sex and family roles in order to connect sexual indulgence with race suicide. In doing so, medical and scientific discourses were able to denounce excessiveness by using the same criteria as those for female education. Sex not resulting in impregnation threatened the continued racial and social dominance of the white native-born stock by rendering the female physically, mentally, and domestically unfit for maternity.

⁸⁷ Roosevelt, *Foes*, 258.

The medical community launched the fight against birth control by attacking the very basic idea of having sex for reasons other than reproduction. Physicians defined such “physical excess in the genesaic act” as a crime against the laws of Nature, the sanctity of marriage, and the efforts to guard the race against suicide. They warned of the mental, physical, and reproductive consequences women, as sources of reproductive weapons, suffered because of it.⁸⁸ Males typically only endured temporary feelings of dizziness, disorganization, and exhaustion when they allowed their sexual appetites to reign over their better judgments; females, however, suffered permanent internal and psychological damage when their bodies were subjected to frequent sexual activity without fertilization. Because “the integrity of her more delicate apparatus has been marred” after being exposed to the lust of her husband on a continual basis, a woman who was exposed to physical excess suffered uterine weakness, nervous sympathies, and hemorrhaging for the remainder of her life.⁸⁹

Physicians retained the traditional belief that sex was intended for reproductive purposes only, and carefully constructed a parallel between excess and race suicide: if women were being exposed to frequent sexual activity without impregnation, their ability to become mothers later in life would be in jeopardy. These women would either lose their ability to carry a child to term because of their “irritable womb prematurely expelling its immature contents,” or their nurturing abilities would be so ruined that they would be unable to fulfill domestic and maternal duties.⁹⁰ Non-productive, frequent

⁸⁸ Augustus Gardner, *Conjugal Sins Against the Laws of Life and Health and Their Effects Upon Father, Mother and Child* (New York: J.S. Redfield, 1870) *Sex, Marriage, Society*, eds. Charles Rosenberg and Carroll Smith-Rosenberg (reprint New York: Arno Press, 1974), 76-77 (page citations are to the reprint edition).

⁸⁹ *Ibid.*, 77.

⁹⁰ *Ibid.*, 79.

sexual activity without large families, however, made the phenomenon even more disturbing to the race suicide alarmists than if its low reproductive output had occurred naturally. Realizing that sexual indulgence without reproduction could only occur if families were taking a conscious initiative to fulfill that end, native-born whites concerned about losing their social dominance to foreign demographic infiltration denounced birth control as a form of race suicide.

Because the medical community was so adamant about denouncing birth control in general, they typically refrained from addressing each contraceptive method individually. In doing so, they focused on condemning the goals of birth control regardless of the means. The most common form of reproductive regulation between 1870 and 1915, male withdrawal before ejaculation (*coitus interruptus*), was, however, granted an atypical amount of specific discussion in medical journals.⁹¹ Because women were the ones typically blamed for reproductive limitation, those advocating salvation from race suicide through traditional sex roles within traditional domestic settings were required to address the obvious fact that male withdrawal required the cooperation of men.

Medical and scientific discourses explained male cooperation in limiting family size as a means of surrendering to the economic, social, and financial pressures their wives placed on them. Male withdrawal, according to physicians and those alarmed with the prospects of race suicide, would not occur if “mothers could so rear their daughters that young men can afford to marry them.” “A young woman properly brought up,” according to the discourses, “would be healthy and strong enough to need few or no servants and little doctoring; she would be competent to manage the household, and

⁹¹ Gordon, *Moral Property*, 31.

would not have a fondness for extravagance.”⁹² Because women of the privileged classes were more concerned about the luxuries their class status provided, men fell victim to the pressures of providing them. Those attributing race suicide to methods of birth control believed the social and ethical questions of forcing men to withdrawal during sex for fear of creating an extra financial burden were “problems whose solutions are demanded, and which can be best solved by women.”⁹³ Studying the pseudo-scientific logic linking male withdrawal with race suicidal tendencies of female physical, mental, and maternal deterioration, then, allows for larger generalizations regarding concerns over birth control. More importantly for the discussion of race suicide, it illustrates the ways in which prevailing beliefs regarding traditional sex roles were used to construct the foundations of those condemnations.

By approaching withdrawal as an “imperfect performance of sexual intercourse,” doctors were able to re-emphasize the notion that sex not resulting in at least the possibility of conception was a perverted, self-serving, unhealthy form of an otherwise noble race-building act.⁹⁴ A man simply had to internally ejaculate for his physiological part in reproduction to be completed. Mentally, this act represented the medically defined moment when if “accomplished *normally and completely*, leaves at its close a condition of well-being comparable to that which results from the satisfaction of an imperious necessity.” If withheld from the natural environment in which that moment was meant to occur, the male would be overcome with feelings of fatigue and sadness.⁹⁵ Women, on the other hand, were required to invest nine months of their bodies, time, and

⁹² Editor, “Profession for Women,” 702.

⁹³ Ibid.

⁹⁴ Thomas McArdle, “The Physical Evils Arising From the Prevention of Conception,” *American Journal of Obstetrics and Diseases of Women and Children* (1888): 937.

⁹⁵ Gardner, *Conjugal Sins*, in *Sex, Marriage, Society*, Rosenberg, ed., 89.

energy into reproduction for the same sensations of physiological and mental completeness that required a blinking moment for men. Because native-born whites of the privileged classes stressed the importance of traditional sex roles in the efforts to guard their social and racial dominance, they condemned male withdrawal as a non-traditional way of having sex.

Doctors tried to promote traditional sex roles and the likelihood of repopulation through conception by characterizing the absence of sperm during the uncompleted sexual act as an explanation for physical and psychological reproductive disorders in women. Withdrawal, according to medical and scientific discourses, teased women both physically and mentally while compromising their ability to fulfill their natural destinies as mother. They defined the “fecundatory liquid” and its “*sui generis* special properties upon contact with the mouth of the womb” as an “indispensable condition to the innocuousness of the coitus” and psychological harmony for females.⁹⁶ Doctors warned that the uterine walls would become thickened without the soothing warm sensation of sperm, the generative organs would become inflamed with unreleased blood when “not permitted to enjoy the relaxation consequent” upon ejaculation, and that the connective tissues within the womb would eventually shrink and proliferate because of withdrawal. Each time this substance was withheld from women during intercourse, these the risk of becoming unable to bear children of the future supposedly increased dramatically.⁹⁷

Mentally, the consequences of withdrawal were much more severe and consequential in the quest for guarding the race against suicide through repopulation and, once again, much more severe for women than the momentary sadness men had to

⁹⁶ Ibid., 102.

⁹⁷ McArdle, “Prevention of Conception,” 938.

contend with. “The uterus, fallopian tubes, and ovaries,” according to medical discourses of the time, would enter into “a state of orgasm,” and, not being appeased by the natural sensations of male ejaculation, “a nervous super-excitation persists.”⁹⁸ Viewing each woman as a prisoner of her reproductive units, the medical community believed the unappeased genital orgasm would transfer to the brain and render it hysterical and over-active, deeming her unfit for further child-rearing and domestic responsibilities, and hence destroying her role as a warrior for race salvation. Native-born whites attempting to guard their power and privilege did not consider birth control and indulgence in incomplete sexual activity as the most extreme and threatening form of traditional sex role rejection. They considered transcendence of the domestic realm through education and avoiding pregnancy through birth control as a passive-aggressive rejection of maternity and race salvation; abortion, however, was considered an overt testimony to the extreme measures women would resort to in achieving that end.

Perhaps the generalizations and allusions to other forms of preventative birth control throughout medical and scientific discourses are products of the seemingly universal trend of those communities to saturate their discussions and denunciations of fertility limitation to abortion. Women who procured abortions were not merely taking preventative measures to escape conception; they were literally expelling the product of completed sexual intercourse. Withdrawal, vaginal douching, and condoms told the medical community that women were hoping to not get pregnant during sexual intercourse. To those concerned about race suicide through limited fertility among the native stock, abortions overtly testified that women were rejecting the traditional sex roles socially, politically, and biologically demanded of them.

⁹⁸ Gardner, *Conjugal Sins*, in *Sex, Marriage, Society*, Rosenberg, ed., 99.

The social character of abortion changed within the constraints of the race suicide debate from a phenomenon attributed to young single women trying to escape the damnation of illegitimacy to an issue effecting the very class of women nativists sought to see reproduce in greater numbers. "After 1840," when fears of race suicide were just beginning to form among the upper echelons of American society, "a high proportion of the women whose abortions contributed to the soaring incidence of that practice...appeared to be married, native-born, Protestant women, frequently of middle- or upper-class status."⁹⁹ Because physicians were so involved in the efforts to confine women to traditional sex roles, it was at this same moment in history, according to James Mohr, that the frequency of abortion drew attention from those concerned with race suicide. He estimates that during the first three decades of the nineteenth century pregnancy ended with one abortion to every twenty-five live births and that the women involved were typically young and single. Beginning in 1850, however, married women allegedly sought an abortion for every five or six live births.¹⁰⁰

Instances of abortion and the publicity the topic received most likely increased because women of the reproductively valuable classes that were supposed to repopulate America were instead making extreme conscious and voluntary efforts at decreasing the sizes of their families, at times resorting to abortion to fulfill that end. Abortion was

⁹⁹ James Mohr, *Abortion in America: The Origins and Evolution of National Policy* (Oxford: Oxford University Press, 1978), 86.

¹⁰⁰ *Ibid.*, 50. In discussing his sources, Mohr warns that the early-nineteenth century estimates are more speculative, owing to the lack of quantitative data on the actual instances of abortion prior to 1830. He arrived at these figures by making inferences from tangible information such as fertility rates and from the fact that abortion was almost always associated with illegitimacy at that time. He feels more confident in the mid-century estimates, and "on the basis of several years of reading original sources on and around the subject of abortion" and "on the basis of reading many of the available demographic studies for the United States and Great Britain," feels they should serve as more informed estimates, 275n12. Projected in 1978, Mohr's estimates are still cited and supported at least in passing by virtually all the more up-to-date literature on abortion and have been accepted as plausible, probable, and as informed as will ever be possible. For a full explanation on his sources, see 275n12.

illegal throughout the race suicide alarm, but common medical, legal, and social statutes only recognized pregnancy after the fetus could be physically felt by the mother for the first time. Medical and scientific discourses, in regard to the necessity of replenishing the native born stock, realized such dependence on “quickening” to determine pregnancy threatened male control over that necessity.

In 1857 the newly-founded American Medical Association (AMA) and other antiabortion fringes of the race suicide debate set out to erase the distinctions between earlier and later stages of pregnancy by denouncing quickening as a qualifying factor in determining the presence of a fetus.¹⁰¹ Obstetricians and other physicians were not comfortable with the independence quickening granted females in terms of self-diagnosis and judgment and therefore redefined pregnancy in terms of menstruation.

“Quickening,” as described by Dr. Horatio Robinson Storer, the leading gynecologist of his time and for the race suicide debate, “was in fact but a sensation.” The loss of menstruation, he continued, was an observable and measurable phenomenon that was able to place women under the watchful eye and judgment of the concerned medical profession.¹⁰² What had previously been defined as a “blockage and restoration of the menses prior to quickening” was now “associated with inducing a miscarriage after quickening” by labeling it abortion.¹⁰³ By targeting quickening, physicians advocating traditional sex roles for race salvation denigrated a woman’s experiences of pregnancy

¹⁰¹ For a more in-depth analysis of the triangle of interactions among the medical profession, state authorities, and women in the practice, policing, and politics of abortion during the time when it was a crime see Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997).

¹⁰² Horatio Robinson Storer, *Why Not? A Book For Every Woman* (Boston: Lee and Shepard, 1868) *Sex, Marriage and Society*, eds. Charles Rosenberg and Carroll Smith-Rosenberg (reprint New York: Arno Press, 1974), 32 (page citations are to the reprint edition).

¹⁰³ Reagan, *When Abortion Was A Crime*, 12-13.

based on her individual bodily sensations, self-diagnosis, and judgment and claimed it as medical terrain in an effort to undermine female independence in reproduction.

Once the medical and scientific communities undermined the element of abortion that made the practice socially acceptable on a common-law basis, they became the self-proclaimed leaders of enforcing criminal abortion laws. Ultimately, the medical profession condemned abortion for no other reason than it violated the very nature under which they had for so long been constraining women. They gathered the support of various fringes of the race suicide campaign by bypassing moral questions involved with abortion, by dismissing the idea that women had a right to a private realm of pregnancy, and by once again denouncing female reproductive independence through the disguise of advocating female and racial health.

Native born physicians involved with the efforts to guard their social and racial superiority through traditional sex roles and high fertility saw abortion as a way of committing race suicide. Abortion, according to these discourses, caused the same sort of physical and mental sufferings as female education and other methods of birth control and, since the procedures to procure them were not always successful, for some of the physical and mental deformities of surviving children. Analyzing abortion within race suicide ideology is interesting in that if any credit can be granted to the pseudo-science of the medical and scientific discourses employed to construct those principles, abortion would be that concession. Women did in fact suffer physical deformities, degeneration, and even death from the consequences of procuring abortions simply because they were illegal and so highly sought after. Although these would be the same arguments pro-choice advocates would later use to advocate a regulation of the profession, those fearing

race suicide through limited fertility during the race suicide alarm in industrial America focused on the physical consequences of abortion as they affected a woman's duty to repopulate the race.

At the least, a single abortion could result in "deleterious effects to the animal economy" by causing organ laceration, irritation, inflammation, or puncture.¹⁰⁴ Frequent abortions left a woman's reproductive organs completely useless in terms of reproduction by being "cicatrizated, contracted, maimed, in distorted shapes and unnatural positions, in a state of sub-acute inflammation or chronic congestion," by the procedure.¹⁰⁵ Because a healthy and frequently used reproductive system was thought required for there to be a healthy female with healthy children, even a single abortion could have devastating effects on the quantity and quality of the future populations of the upper echelons in American society. Since a woman's mental health and maternal capacities were dependant upon reproductive health, other doctors warned that "reflex cerebral irritation induced by either of the pelvic lesions" directly relating to abortion would result in "mental aberration," "long and unavailing regrets," and other inabilities to live "in the full enjoyment of the sacred delights of maternity."¹⁰⁶ As a consequence of these "aberrations," physicians worried, women who obtained abortions would become incapable of properly managing the race-securing realms of domesticity and maternity by becoming incapable of appreciating her role in that endeavor.¹⁰⁷ Abortions, however, were not always successful, and physicians worried that the quality of the privileged and

¹⁰⁴ Gardner, *Conjugal Sins*, in *Sex, Marriage, and Society*, ed Rosenberg, 228.

¹⁰⁵ Scott, *Sexual Instinct*, 286.

¹⁰⁶ *Ibid.*, 142.

¹⁰⁷ Horatio Robinson Storer, *Criminal Abortion: Its Nature, Its Evidence, and Its Law* (Boston: Little, Brown, and Company, 1868) *Sex, Marriage and Society*, eds. Charles Rosenberg and Carroll Smith-Rosenberg (reprint New York: Arno Press, 1974), 78 (page citations are to the reprint edition).

powerful classes of American stock needed to thwart race suicide would be jeopardized by the products of these failed attempts of rejecting maternity.

“However active the criminal measures may be,” one physician warned, “the attempt is by no means always followed by success; and the child may be born at the natural time with a fractured limb, or blind, or paralyzed, or an epileptic, or an idiot.” Physically and mentally impaired children, this doctor asserted, threatened traditional sex roles and the quality of the future stock by becoming a “continual burden on society and the mother.”¹⁰⁸ A mother who spends all her time and energy caring for an idiotic child whose state she was held responsible for creating was unable to devote the proper time and care to the rest of her family and, more alarmingly, hardly ever had more children.¹⁰⁹ Those physicians attempting to protect white native-born social dominance through traditional sex roles viewed these children and the loss of their potential as worthless as the children of immigrant and working-class families that were seemingly taking hold on society. These children, although serving as numerical additions to the native stock, were contributing to the fears of race suicide, not appeasing them.

Analyzing the role science played in providing the foundations for the many strands of race suicide thought-belief in large families, female domesticity, and domestic and international nativism- is a difficult and complicated process. While the inferences anti-feminists and nativists deduced from theories of biological and social evolution and heredity have been dismissed as racist and self-serving, those anxieties were, at times, products of verifiable data. Statistics did in fact show that immigrant women were reproducing at a greater rate than the native-born and that the lowest rate of reproduction

¹⁰⁸ Scott, *Sexual Instinct*, 286.

¹⁰⁹ Storer, *Criminal Abortion*, in *Sex, Marriage, and Society*, ed., Rosenberg. 76.

existed in the educated classes. Similarly, the leisure class was unmistakably resorting to methods of birth control and abortion to consciously reduce the size of their families.

Female liberation from domesticity and maternity posed a problem to white native-born wealthier men and they sought a platform from which to attack it from every ideological perspective possible.

Race suicide served as a means of explanation. By deflecting attention away from alternative meanings and implications of the demographic, social, economic, and cultural change taking place in industrial America, conservative nativists and men of power were able to simplify the real and perceived consequences threatening their status by making their women scapegoats. Race suicide ideology provided an outlet for fears regarding class and racial disparities, demographic challenges to native-born white superiority, as well as shifts in family and gender roles. By regarding women and their uteruses as the only protective and defensive weapons readily available against ethnic and social subjugation, opponents of race suicide attacked female education and birth control for their perceived incompatibility with a woman's "natural destiny". Understanding that such a limited approach would require verification, they used medical and scientific discourses and definitions of women to rationalize traditional sex roles as rooted inevitably and irreversibly in the prescriptions of biology and anatomy.

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