



Jessica M Kirwan //

This past summer, as the Black Lives Matter movement gained momentum after the death of George Floyd, organizations across the United States and elsewhere closely examined their own histories of racism and racist membership. Coming to terms with its haunting past, Planned Parenthood decided to distance itself from its founder, Margaret Sanger, by discontinuing an

award in her name and working with New York City to rename Margaret Sanger Square outside of Planned Parenthood headquarters. In the last decade, Margaret Sanger has been increasingly criticized for promoting racist ideologies and advocating eugenics, which various scholars have argued is a misunderstanding of her views. Most of the criticism has come from the anti-abortion movement, which has selectively referenced her writings out of context to suggest Sanger advocated for the extermination of Black communities. Looking at her work, one cannot argue that some of her views overlapped with those of eugenicists at the time, but that she targeted the Black community has yet to be proved and in fact has been disproved. You can read a summary of the controversy [here](#), [here](#), and [here](#).

For the most part, the debate on Sanger has lacked context. Sanger belonged to a professional community among whom her views were not as radical as we might think today. And I am not referring to eugenicists but health providers in general. Early women doctors and nurses like Sanger, who gave us gynecology, taught us about our reproductive systems, and took an interest in reducing the incidence of infant and maternal mortality and childhood illnesses, as well as family planning, were also moral crusaders who thought we needed to strategize how best to grow civilization rather than leave growth to chance. These are views we cannot take lightly as they often had violent ends. But the benefit of their contributions to society outweighs what we now consider harmful philosophical views. Many early women doctors and nurses embodied a contradiction in wanting to empower individual women to take control of their bodies and their family planning, while placing the broader goals of the nation ahead of individual desire. In *Notes on Eugenics and Birth Control* (1923), Sanger wrote, “We must consider the needs and happiness of humanity and until the mass of humanity is able to command a reasonable level of comfort, that is a sufficiency of the necessaries and comforts of existence, the great need is to hold our population at a stand still until we are able to increase the efficiency of the productive arts so as to provide this sufficiency.” For Sanger, the ability of an individual to control one’s personal reproduction would produce a happier society.

Largely attributed to the nineteenth century philosopher Sir Francis Galton, the eugenics movement was bolstered by an amalgamation of various disciplines and philosophies that served its justification, including a Victorian fascination with medical statistics, the idea that the principals of biological evolution proposed by Darwin could be used to engineer the human race, and the widespread popularity of the utilitarian writings of Jeremy Bentham, John Stuart Mill, and Henry Sidgwick, which asserted that actions in themselves were not bad or good so long as they produced results that were good for the majority. Victorians who ascribed to eugenics philosophies believed the uneducated masses should populate less, and the ill and disabled should not populate at all. Eugenics was preceded by ancient definitions of fit and unfit people that over centuries served as a justification for slavery and the genocide of American Indians.

In one essay on “Birth Control and Racial Betterment,” Margaret Sanger compared her views to those of eugenicists and wrote, “Like the advocates of Birth Control, the eugenists...are seeking to assist the race toward the elimination of the unfit.” However, she did not see herself as a strict eugenicist: “We who advocate Birth Control, on the other hand, lay all our emphasis upon stopping

not only the reproduction of the unfit but upon stopping all reproduction when there is not economic means of providing proper care for those who are born in health. The eugenicist also believes that a woman should bear as many healthy children as possible as a duty to the state. We hold that the world is already over-populated. Eugenists imply or insist that a woman's first duty is to the state; we contend that her duty to herself is her duty to the state." Further, she stated, "While I personally believe in the sterilization of the feeble-minded, the insane and syphilitic, I have not been able to discover that these measures are more than superficial deterrents when applied to the constantly growing stream of the unfit."

Yet in 1913 she wrote a glowing review of the *The Eugenic Mother and Baby* by Dr. W. Grant Hague, which provides a window into what she saw as the benefits of eugenics:

*[Dr. Grant] first tells the young wife of the conditions throughout the world which have brought eugenics about, and its relation to marriage, parenthood, motherhood and the husband. He tells her in a most simple and concise way the meaning of the eugenic principle, and then leads her gently to herself and shows her just how eugenics concerns her and all mothers of today. He tells her how to prepare for the coming baby, what articles to have at hand, how to calculate the date of confinement, and gives a calendar which enables one to estimate the probable date at a glance; he advises the young woman to the choice of a nurse and physician, as well as to her conduct through the entire period of pregnancy.*

While Sanger may have wanted to clearly delineate between her views as a birth control advocate and those of the eugenicists, she could not easily do so. Birth control advocates and eugenicists agreed on the foundational philosophy that the human race could be strategically engineered to reduce poverty and illness, and that women played a vital role in achieving this goal. But whereas the eugenicist advocated the importance of the nuclear family and the responsibility of the wife to bear children, Sanger believed the means to the end was through unshackling women from the mandated bondage of marriage and childbearing so that they could make educated decisions about how to grow society for the betterment of all.

Margaret Sanger belonged to a profession of female medical providers vastly comprised by women with an early interest in women's education who were driven to medicine to be of service to other women. Whether they were traditional women who ascribed to conservative notions of domesticity or radical women who believed marriage stifled a woman's opportunities, they shared several common views: that the vast majority of women were highly uneducated in matters of female and children's health and reproduction, that the working classes were more ignorant in these subjects than upper class women, and that birth rates among the upper class were too low whereas those of the lower classes was too high. They shared the common experience of treating women and children for painful, incurable, but preventable diseases. They witnessed women suffer and die during childbirth or from poor post-partum care, their suffering exacerbated and death hastened by tools introduced by misdirected men who had pushed them out of a discipline that once belonged to them. Further, they saw men as responsible for the growing syphilis epidemic. Women medical providers grew increasingly vocal about their concerns that women had

little public or private power to control their own sexual and reproductive destinies, and working class women especially received inadequate care in hospitals, which, coincidentally, were all run by men. Women medical practitioners used both popular media and medical literature to advocate for their female patients whom they believed had been not only neglected by politicians and health professionals but unfairly blamed for many of society's ills, ills brought on by men and their immoral activities. For Victorian women doctors and nurses, educating women on topics ranging from puberty to family planning to alcoholism was essential to fostering a productive, healthy nation. And curing and caring for the sick had always been a womanly duty as well as a moral one.

One of the first women physicians, Elizabeth Blackwell, argued in the *English Woman's Journal* in 1860, "The application of scientific knowledge to women's necessities in actual life can only be done by women who possess at once the scientific learning of the physician, and as woman, a thorough acquaintance with women's requirements—that is, by women physicians." Once in the field, the body of work women medical providers produced reinforced the notion that women were uniquely qualified to treat other women, and the belief that ensuring the morality of both doctors and patients was as important to improving health outcomes as any discovery made in the laboratory or operating room. Elizabeth Blackwell's book *Scientific Method in Biology* (1898) is a treatise not on what you and I consider the scientific method, but on the immorality of vivisection, or animal experimentation. For Blackwell, the growing dislike of the medical profession among the general populace was related to the medical field's "failure to perceive that in education moral and intellectual activity cannot be advantageously divorced" (11). She continues, "As conscience or the moral sense is unequally developed in human beings, but is indispensable to the physician in his relations with patients, any apathy or negligence in this respect by the trainers of youth may become a national danger" (11). In other words, we could not attend to biological and chemical processes without first attending to moral ones. More so than men, women believed themselves uniquely poised to achieve this goal.

Among the women following in Blackwell's footsteps was Dr. Mary Scharlieb, still revered as much today as she was in her lifetime for becoming one of the first female British doctors and the first female president of the UK's National Temperance League. Scharlieb is considered a prominent voice in early gynecology, and some have called her the mother of gynecology. Her surgical successes outpaced those of her male counterparts. For Scharlieb, like Blackwell and other women doctors before her, women's entry into the medical profession was predicated on the notion that women could provide better healthcare to other women than men could. Scharlieb wrote in her memoir, "If the proper study of mankind is man, undoubtedly the proper study of women doctors is woman. Our real *raison d'être* lies in our ability to recognise women's special troubles and in our aptitude and sympathy in dealing with them" (*Reminiscences* 1924).

Throughout the early twentieth century, Scharlieb wrote various guide books for women on general health, with the goal of teaching women across all social classes about physical changes that occur throughout a woman's life and providing instruction on how to manage the health of infants and children. Some of her books included *The Mother's Guide to the Health and Care of her Children* (1905), which discussed hygiene, nursing, digestive diseases, contagious diseases, skin



Dame Mary Scharlieb, 1845 – 1930. Physician and public campaigner. Wellcome Collection.

diseases, and other common childhood ailments; *The Seven Ages of Women* (1915), which combatted the notion that a woman became less useful to society through every era of her life; *The Hope of the Future* (1916) also on the care of infants and children; and *The Welfare of the Expectant Mother* (1919), in which she argues that the hygiene and pathology of pregnancy is of “national necessity” to protect the health of expectant mothers. And throughout these texts, Scharlieb increasingly promoted philosophies that gave scientific credibility to social Darwinism and eugenics. As I say in the Palgrave Encyclopedia of Victorian Women Writers:

*In her memoir, [Scharlieb] describes studying “migration within the Empire and urged greater care and wisdom in the selection of individuals and families for migration to the Britains overseas” (Reminiscences 1924). Her 1912 long essay, “Womanhood and Race-regeneration” promotes “surer methods of advance” to “reveal the foundations of a richer civilisation” and places the burden of responsibility for the future of the English race in women’s hands: “all women may be the spiritual mothers of the children of the nation.” Women could benefit the English race as wives, mothers, and teachers. The teaching of faith was especially important: “The regeneration of the race will never be accomplished until the women of the country, themselves deeply convinced of the importance of right belief and right practice, devote themselves to teaching their faith to their children, and to requiring it in a practical form from the members of their household” (Scharlieb 1912). ... The body of sexual health advice they produced represented a direct line of communication about sexuality and family planning from the medical community to the mother and child. By contributing to the eugenics dialogue through their instructive health articles and serving as active members of eugenics societies, [Scharlieb and doctors like her] provided a scientific foundation to a social movement that eventually marginalized women.*

Falling in line with the eugenicists rather than birth control advocates, however, and partly owing to her religious views, Scharlieb was not an advocate of birth control. She wrote in Margaret Sanger’s *Birth Control Review* in 1922 that the family should not be limited but also that birth control would eliminate “all restraint from the husband’s desires” which would lead to the enslavement of the wife, and would encourage unwed girls and women to engage in “promiscuous intercourse” that might nevertheless result in illegitimate birth and the further spread of venereal disease. Per Scharlieb, any one of these scenarios could result in negative effects on a woman’s nervous system. What these excerpts from the literature tell us is that it was Sanger’s views on birth control, not eugenics, that made her radical and controversial at the time.

Despite clashing philosophies on the best way to manage population growth, it is because of these women’s shared goal to educate females that it became an accepted notion that women and girls

should acquire basic knowledge of the reproductive cycle, pregnancy, fetal development, alcoholism, and sexual transmitted diseases. A knowledgeable populace leads to a healthier populace, they argued. And it is owing to the work of women like Elizabeth Blackwell, Mary Scharlieb, and Margaret Sanger that these issues became increasingly relevant to the daily lives of women, empowering them to take their health into their own hands, and assuring them that their contributions to society need not be limited to their reproductive role.

I want to return to the idea that women would not have been allowed entry into the medical profession were it not for their success at arguing that women were socially and behaviorally different from men not only because of society's expectation that they behave differently but because of a scientifically grounded and natural difference in biology, a belief we know today to be egregiously misguided. This is to say, Margaret Sanger is not the problem, but the result of a discipline founded on the false naturalization of behavioral characteristics. Evoking Margaret Sanger's eugenicist past is a red herring that distracts us from focusing on the broader problems evident in the history of women's medicine and gynecology. By condemning Sanger's views on population growth, anti-abortionists and Planned Parenthood alike will end up silencing all early women doctors who had sometimes harmful views but nevertheless contributed to the vast decrease in infant and maternal mortality rates we saw throughout the twentieth century. Suggesting Margaret Sanger is responsible for, or that her legacy encourages, our current racial health disparities is not only a mischaracterization of her views but also "a superficial deterrent," to use one of her phrases, that blinds us to the positive contributions of early women medical providers, the actual causes of racial health disparities, and the complex patriarchal and colonial foundation to gynecology. These last three items, more so than Sanger's legacy, are in dire need of our focus.

Featured Image: Margaret Sanger, (1916), published by Bain News Service. Public Domain, via Library of Congress