

2023

The American Doctor's Villainization of Childless Women during the Nineteenth Century

Victoria Knox
Bridgewater State University

Follow this and additional works at: https://vc.bridgew.edu/undergrad_rev

Recommended Citation

Knox, Victoria (2023). The American Doctor's Villainization of Childless Women during the Nineteenth Century. *Undergraduate Review*, 17, p. 267-276.
Available at: https://vc.bridgew.edu/undergrad_rev/vol17/iss1/22

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.
Copyright © 2023 Victoria Knox

The American Doctor's Villainization of Childless Women during the Nineteenth Century

VICTORIA KNOX

The Center for Reproductive Rights describes the current situation pertaining to women and their struggles for reproductive autonomy in the United States, “In the U.S., one in four women will end a pregnancy in her lifetime—yet abortion is now illegal in 13 states, leaving millions without access to care. And although most U.S. maternal deaths are preventable, the country has one of the highest maternal mortality rates among wealthy nations. In addition, contraception and assisted reproduction services are often unaffordable and out of reach for many.”¹ The medical fight for reproductive rights is not new. It has been through many cycles with different challenges. During the early twentieth century, the ACLU fought for the right for schoolteachers to have maternity leave, lobbied for childcare, and appealed New York’s abortion law.² Later on, the first case regarding abortion in the Supreme Court was the *United States v. Vuitch* in 1971.³ *United States v. Vuitch* decided that a woman’s right to abortion for the sake of her health would include both physical and mental health. This led to a slew of cases that would make it to the Supreme Court. More famously, in 1973, *Roe v. Wade* decided that women had a constitutional right whether or not to continue pregnancy with privacy.⁴ More recently, as of 2022, the Supreme Court overturned *Roe v. Wade*,

leaving many women today without access to abortion, stripping the constitutionality and privacy of abortion. This record of reproductive struggles amongst women in the United States predates the twentieth and twenty-first centuries. Many of the problems seen today are the effects of misogynistic and racist medical practices and research of the nineteenth century that came with the professionalization of medicine.

Medical science in nineteenth-century America was shaped around the adult white male. Both male doctors and patients were the main characters in the line in fundamental medical narratives. Men were assumed to be most fit to be medical doctors making up the profession. The adult white male was the epitome of health, and the closer nonwhite men perpetuated whiteness, the healthier they were perceived to be.⁵ Male-dominated medical research and practice started to shift with the medicalization of birth which led to the establishment of the field of obstetrics. The medical field of obstetrics in the United States was officially established through academic discipline during the nineteenth century. At the same time, many American women were facing infertility and all faced menopause in later life. These experiences were especially painful because a woman’s identity in the eyes of everyone around her was tied to her ability to give birth

to healthy children. Alternatively, there were many women who were choosing not to have children either preventing pregnancy or terminating through abortion. The workforce and educational opportunities were expanded so women could choose to do something meaningful outside of their role in the home. This essay uses a collection of primary and secondary sources to characterize both types of women, the group that could not have children and the group that would not have children, and how each group was denigrated by the medical field. The essay will demonstrate that in the nineteenth century the medical treatment of women who did not have children -- those who were involuntarily childless or voluntarily childless -- was based on misleading ideologies, generalized mental diagnoses, and invasive procedures which created a negative opinion about educated and working women in America.

The value of a woman was largely based on whether she would produce a child or not. Once a woman hit menopause, she was no longer a feminine being. In her book, *The Eternally Wounded Woman: Women, Doctors, and Exercise in the Late Nineteenth Century*, historian Patricia Vertinsky suggested that once a woman hit menopause, she was no longer considered worthy: "It followed that representations of the menopause often equated that period of transition from fertility to infertility as the passage to becoming an 'unperson'. Since menopause marked the end of fertility, attitudes towards it reflected the social status of women, and the value attached to their reproductive capacity."⁶ A woman's worth was grounded under the condition that she could bring healthy white children into the world. A woman who was going through menopause could no longer have children, therefore she was seen as useless. This is

true for any woman that did not have children because of infertility or other lifestyles she pursued.

Men's bodies were not devalued if they were infertile, because that was not usually concluded as a problem if a couple were having trouble having children. A couple not being able to conceive was a medical problem for the woman. In Carroll Smith-Rosenberg and Charles Rosenberg's 1973 article "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America" they explore a medical doctor's description of how sensitive and frail women could be and how men were automatically considered intellectually superior:

"The nerves themselves," another physician concurred a generation later, were smaller, and of a more delicate structure. They are endowed with greater sensibility, and, of course, are liable to more frequent and stronger impressions from external agents or mental influences." Few if any questioned the assumption that in males the intellectual propensities of the brain dominated, while the female's nervous system and emotions prevailed over her conscious and rational faculties. Thus, it was only natural, indeed inevitable, that women should be expected and permitted to display more affect than men; it was inherent in their very being. Physicians saw woman as the product and prisoner of her reproductive system.⁷

According to this medical doctor, women were more susceptible to irrationality, and it was natural for them to face pain. A woman's reproductive system was considered the main source of pain if a woman was ill, and especially if she was having trouble producing children.

There were many theories that medical doctors used to define infertility because they could not imagine women as wanting to not be mothers and wives.

Women were often diagnosed with hysteria whenever medical doctors could not get to the bottom of a patient's problem. Hysteria had many symptoms because it was a temporary blanket for many illnesses or problems within both body and mind. Any type of distress a woman could have had would have been labeled under hysteria. Technically, both men and women could have been diagnosed with hysteria – but women faced the majority of diagnoses due to the predisposed stereotypes about women and their mental health, sensitivity and nervousness. Hysteria was not able to be healed, but it could be treated in experimental ways. Medical doctors would try to treat women with bloodletting, long spans of bedrest, and even surgery to remove the ovaries.⁸ This is an example of how men who worked as medical doctors could blame a woman's reproductive system for her “hysterical” symptoms. A body part that is biologically woman could be to blame for whatever pain and suffering they were facing; the solution could be to remove those important body parts altogether – of course with no documented success.

A frequent symptom of hysteria was a woman finding her children burdensome and finding her husband a tyrant. Women could not be unhappy with their situation because nothing could be happier than having the ability to have children when there were women who could not. Medical doctors could not accept the idea that women might be traumatized and exhausted after the experiences of childbirth, raising children, and the little assistance they received from their husbands in the household. All women's experiences and feelings were dismissed,

and they were labelled as hysterical. Miscarriage was assumed to be caused by nerves or hysteria, not an underlying health issue.⁹ Medical doctors concluded that women who were struggling with fertility or were having miscarriages must have had a bodily imbalance, and that her reproductive system was probably faulty. She would be described as weak, nervous, or hysterical, and it was the physician's job to experiment with her body for treatment.

Historically, women around the world still made the decision to have abortions. Sixteenth century Egyptians recorded recipes for abortifacients.¹⁰ Thousands of miles away in North America, indigenous people have practiced abortions using different recipes and techniques for many years.¹¹ Despite how people may have felt about abortion, women still had them at many different points in history. This includes women in nineteenth century United States. During the nineteenth century, a British woman living in New York, by the name of Ann Trow, or infamously “Madame Restell” provided abortions for women. Known as an abortionist, Madame Restell continued to rise in popularity, many viewed her as evil, yet she brought herself to become a millionaire (in today's dollars) through her practice and the abortifacients she sold.¹² Madame Restell's practice as a midwife and abortionist caused her many legal troubles. In 1845, while childbirth and reproductive care was becoming medicalized in the United States, giving abortions or the medicine to do so, and having an abortion as an individual became illegal in New York. Fast forward to the 1860s, many states began to make abortion illegal with different fines and prison sentences. This did not make abortion go away but led to a booming underground abortion industry.¹³ Women have always weighed the options of having children,

there have just been different points in which the men that held government power vilified reproductive health practices. Women having the choice to get an abortion threatened the societal power dynamic between men and women. With abortion, men as sexual partners or medical doctors no longer have the power over women to decide when they have children and with the choice of abortion, women could take childbirth and pain that entails into their own hands.

Many medical doctors believed that non-white women did not have a problem with the pains of childbirth. There was a belief between medical doctors that non-white women were much more fertile and much less likely to have a miscarriage. They believed that “savage” women were able to escape the painful realities of birth that the “civilized” white woman had no choice but to face.¹⁴ Painful birth and frequencies of miscarriages was caused by the progression of the white race, and painless birth was a characteristic of being uncivilized. This untrue stereotype opened the door for non-white women to be taken advantage of and experimented on for male recognition in the medical field and their hope to contribute to medical progress.

The fascination that men in positions of power had with women’s bodies is proved true in their unethical research and experimentation. Dr. J. Marion Sims became famous for his work that cured vesicovaginal fistula with surgery. He is still considered the “father of gynecology,” but the women used in his experiments are usually forgotten.¹⁵ Enslaved from the South especially went through traumatizing experiments. Medical doctors like Sims were able to gain recognition, and women today reap the benefits of his success, but there has not been much recognition for the Black women who had to endure

the suffering that went into these same experiments. The experiments completed by Dr. Sims were often done without consent.¹⁶ Medical doctors who took advantage women for the sake of society and medicine were contributing to stereotypes and social norms enforcing the idea that all women could be taken advantage of easily.

Since women are responsible for bearing children, they also became the first responsible for being treated for infertility. In *The Empty Cradle*, Margaret Marsh asserts the influence Dr. Sims had on the medical field, “In terms of infertility treatment, two things stand out in the journals: First, therapies for sterility – as practitioners now almost always called once was known as barrenness – in the 1870s and 1880s were based on the ideas and specific techniques by Sims and reflected his growing influence.”¹⁷ Dr. Sims’ techniques and advancements made through the exploitation of Black women were influential for other medical professionals. Americans’ opinion of women who did not have children was a result of medical doctors pushing the thought that there was something wrong with women who choose not to have children – ultimately villainizing infertile women.

A woman who was infertile in nineteenth-century America was to be blamed for her condition. It was believed that somewhere in her life she made a bad choice that would result in the inability to have children. Published in the *Journal of Women in Culture in Society* by Margarete Sandelowski, “Failures of Volition: Female Agency and Infertility in Historical Perspective” describes the thinking behind diagnoses related to being infertile:

Sterility was viewed not so much as a distinctive diagnostic entity but rather as the result of the leukorrhea, cervical and uterine displacements,

menstrual irregularities, bowel and bladder problems, and other medical and gynecologic ailments that plagued both women and their physicians. Frequently appearing in nineteenth-century gynecology texts only in passing, in abbreviated discussions, or in an appendix, sterility was conceptualized as a symptom "only to be reached through the malady causing it." If the physician cured this malady, he would also have cured sterility.¹⁸

Women's health problems in fertility were burdensome for the medical doctors because they thought that if women had made the right decisions, they would not be in the position to be infertile. Curing whatever illness, a woman may have had meant that the doctor would have also cured sterility since it was considered a symptom of a larger illness.

Some of the treatments that women had to go through were invasive and often unsuccessful. Medical doctors began to get creative with their methods and started experimenting on infertile women's bodies without research to back up their dangerous practice, "By the late nineteenth century...physicians by the score were performing surgery to restore fertility and one prominent surgeon has devised a procedure he called 'ovarian transplantation,' which involved transferring portions of the ovaries of fertile women into women whose own ovaries had been lost to disease."¹⁹ Dr. Robert Morris had one success where a patient conceived and gave birth, but that was followed by many failures, leading him to abandon the procedure entirely.²⁰ Many women were willing to go through excruciating pain in order to fulfill their dreams of being mothers, but there are many women who did not see the excitement in having children.

Mothers had their own opinions about childbirth and choosing whether or not women despite all of the evidence that put medical doctors' opinions at the forefront of what was happening within the medical system in nineteenth-century America. Many women have wished to have children, while women who can wish to not have them at all, despite the desire by all members of society for women to have children. Many women felt burdened with children because of the pressure they had on them to produce them. Although there were different methods in which women could try not to have children, their options were restricted. In the book *Lost: Miscarriage in Nineteenth Century America* author Shannon Withycombe, she reveals the feelings women had around childbirth and miscarriage from letters in diaries. A woman named Alice Kirk Grierson wrote a letter about her feelings about her own children:

Charlie's existence I accepted as a matter of course, without either joy or sorrow. Kirkie's with regret, for so soon succeeding him. Robert came nearer being welcomed with joy, than any other. Edie was gladly welcomed so soon as I knew her sex....Henry succeeded her too soon to give me as much rest as I would have liked...and told you before he was a year old, that I would rather die, than have another child, yet no sooner was he weaned, than Georgie came into life...I firmly believe it injured me, as soon as I weaned him, and was again immediately pregnant, my nerves became so irritable to such a degree, that life has ever since, been nearer a burden to me.²¹

Grierson had no desire to feed more into her womanhood through childbirth; she truly wanted control over when she would have her children. Throughout her experience

with each child, she was neither happy nor sad. Having children made her feel weak, and in full honesty was able to rank her experiences of having children depending on how happy the occasion was.

The manner in which Americans thought about and talked about women's bodies and the choices made by women about them was rooted in biased medical research completed by men. Medical doctors were able to create stereotypes around women who were patients under their care. The way in which women were perceived by medical doctors was representative of women's social standing in American society during the nineteenth century: "Physicians saw woman as the product and prisoner of her reproductive system. It was ineluctable basis of her social role and behavioral characteristics, the cause of her most common ailments; woman's uterus and ovaries controlled her body and behavior from puberty through menopause."²² Many of the pains or illnesses that women have had were associated with their reproductive system. Due to a woman's reproductive system, she was inevitably responsible for keeping the human race alive. If a woman did not bear children, either from infertility or by independent choice, she was letting down her family.

Society's opinion on women who did not have children was associated with the terminology. Women who did not have children were described as barren – a land where no fruit could grow, useless. The growth of these ideas is due to the growing number of women who entered the workforce and university in the nineteenth century. Working outside of the home or outside of carrying children was considered too much for a woman. She was considered too weak to handle that much stress. Women were able to gain more autonomy over whether they needed to have children and found self-worth in

what they studied and where they worked. Many people were upset with the decline in marriages and children and deemed the decline as a failure caused by women. "Woman and the Fading of the Maternal Instinct" was a New York Times article published by a husband and wife, Mr. and Mrs. John Martin, in 1922. The subtitle of their article is, "Can the Contributions of the Sex to the World in Other Ways Compensate for Its Failure to Reproduce? Statistics on the Numerical Relation of Sexes."²³ The way that doctors diagnosed and described infertility and reproduction to women and families created a toxic atmosphere for misogynistic ideologies to infiltrate the media.

Mr. and Mrs. Martin claimed that fertile women who spent their time in college were wasting their time and energy. They thought that women were trying to compensate for not having children by contributing to the world in other ways such as contributing to education. To them, not reproducing for your family or the world meant that you were failing your family and your entire race: "Women are the temples of the race. They live through their children more than do men. Normally man desires a wife for the sake of having the woman; woman desires a husband for the sake of having the child. Man seeks the woman in the wife; woman seeks the child in a husband."²⁴ The authors behind this believed that women were not allowed to have desires in a marriage outside of having children. Women could not have desires without having responsibilities that came along with it. Men were able to have wives that benefitted them, but husbands were believed to be a part of a woman's life so she could fill the only joy of having a child.

The desire for men and outsiders of individual

women's lives for women who were not mothers to have children was not because they wanted children in the world, but because they wanted to have that control over them. With women at work and no children to take care of, women could now take care of themselves, without a man's financial help. There was nothing to keep a woman stuck to a man or household if she did not have children. Firsthand experiences of working women and opinions are used in attempt to persuade readers into thinking that women should reconsider working outside of the home:

1. A doctor who has been practicing for a number of years largely among working women said: "Women simply cannot have many children and work away from home. They can manage one or two, but not more."
2. A woman dentist, with one little girl, said: "I can't have more children because I'm so busy with my profession, and I cannot get a competent person to care for the baby. I should have to give it much of my time and let my practice run down. It is out of the question."
3. A doctor, with twenty years practice and much interested in sociology said: "The wage-earning woman fails to have children because she cannot make motherhood and industry co-existent."²⁵

Even though there are no names attached to those statements or indication if they were real people, the authors behind this New York Times article were adamant in arguing that the workplace was no place for women. They used medical doctors for professional opinions, because even with all of the experimentation within the medical field, the field itself was becoming more professionalized and trusted because of the place the men working in it had. Women were expected to trust other women, and a

mother stating that she cannot have more children might scare someone away from the workforce or education if they still have the desire to have children while working.

Women who could not have children and women who voluntarily chose not to have children were both villainized by the medical field through biased and unscientific ideologies, the over-diagnoses of hysteria, and the dangerous and ineffective fertility procedures, all of which painted a negative picture of women who did not have children in the media. The judgement that women faced for not having children or not being able to have children was a direct result of the medical fields treatment of women and infertility. Research on medical treatment of women in the nineteenth century is significant because of the current American tensions over the right to women's bodily autonomy. The history of reproductive rights traces back to the nineteenth century and continues throughout the twentieth century to modern day. It is important to make connections between the past and present so we can understand how or if the medical field has developed to benefit humans regardless of gender in American society.

¹ "United States." Center for Reproductive Rights, October 17, 2023. <https://reproductiverights.org/our-regions/united-states/#:~:text=In%20the%20U.S.%2C%20one%20in,mortality%20rates%20among%20wealthy%20nations>

² "The ACLU and Women's Rights: Proud History, Continuing Struggle." American Civil Liberties Union,

2002. <https://www.aclu.org/documents/aclu-and-womens-rights-proud-history-continuing-struggle>

³ "United States v. Vuitich." Oyez. <https://www.oyez.org/cases/1970/84>

⁴ "Roe v. Wade." Oyez. <https://www.oyez.org/cases/1971/70-18>

⁵ C. Charatz-Litt, "A chronicle of racism: the effects of the white medical community on black health." *Journal of the National Medical Association* vol. 84,8 (1992): 717-25.

⁶ Patricia Vertinsky, *The Eternally Wounded Woman: Women, Doctors, and Exercise in the Late Nineteenth Century* (Illinois: University of Illinois Press 1989) 88.

⁷ Carroll Smith-Rosenberg and Charles Rosenberg. "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America." *The Journal of American History* 60, no. 2 (1973): 332–56. 334-335.

⁸ Laura Briggs. "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology." *American Quarterly* 52, no. 2 (2000): 246–73.

⁹ Laura Briggs. "The Race of Hysteria" 246–73.

¹⁰ Charles Savona-Ventura, *Ancient Egyptian Medicine*, 2017.

¹¹ Z. Acevedo, "Abortion in early America." *Women & health* vol. 4,2 (1979): 159-67.

¹² Jennifer Wright, *Madame Restell: The Life, Death, and Resurrection of Old New York's Most Fabulous, Fearless, and Infamous Abortionist*. New York, NY, Hachette Books, 2023, 223.

¹³ Z. Acevedo, "Abortion in early America." *Women & health* vol. 4,2 (1979): 159-67.

¹⁴ Laura Briggs. "The Race of Hysteria" 246–73.

¹⁵ Walter Fisher, "Physicians and Slavery in the Antebellum Southern Medical Journal," *Journal of the History of Medicine* 23 (1968) 36-49.

¹⁶ Diana E. Axelsen. "Women as Victims of Medical Experimentation: J. Marion Sims' Surgery on Slave Women, 1845-1850." *Sage* 2, no. 2 (1985).

¹⁷ Margaret Marsh. *The Empty Cradle: Infertility in America from Colonial Times to the Present*, (Maryland: Johns Hopkins University Press 1996) 81.

¹⁸ Margarete J. Sandelowski. "Failures of Volition: Female Agency and Infertility in Historical Perspective." *Signs* 15, no. 3 (1990): 479.

¹⁹ Marsh. *The Empty Cradle*, 2.

²⁰ Marsh. *The Empty Cradle*, 131-132.

²¹ Shannon Withycombe. *Lost: Miscarriage in Nineteenth Century America* (New Brunswick, New Jersey: Rutgers University Press, 2018).

²² Smith-Rosenberg, "The Female Animal" 332–56.

(1992): 717-25.

²³ Woman and the Fading of the Maternal Instinct: Can the Contributions ... By Mr. and Mrs. John Martin New York Times (1857-1922); Sep 5, 1915; ProQuest Historical Newspapers: The New York Times pg. SM9

Marsh, Margaret. *The Empty Cradle: Infertility in America from Colonial Times to the Present*, (Maryland: Johns Hopkins University Press 1996) 81.

²⁴ Woman and the Fading of the Maternal Instinct: Can the Contributions ... By Mr. and Mrs. John Martin New York Times (1857-1922); Sep 5, 1915; ProQuest Historical Newspapers: The New York Times pg. SM9

"Roe v. Wade." Oyez. <https://www.oyez.org/cases/1971/70-18>

²⁵ Woman and the Fading of the Maternal Instinct: Can the Contributions ... By Mr. and Mrs. John Martin New York Times (1857-1922); Sep 5, 1915; ProQuest Historical Newspapers: The New York Times pg. SM9

Sandelowski, Margarete J. "Failures of Volition: Female Agency and Infertility in Historical Perspective." *Signs* 15, no. 3 (1990): 479.

Smith-Rosenberg, Carroll, and Charles Rosenberg. "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America." *The Journal of American History* 60, no. 2 (1973): 332–56. 334-335.

Bibliography

Acevedo, Z. "Abortion in early America." *Women & health* vol. 4,2 (1979): 159-67.

Savona-Ventura, Charles. *Ancient Egyptian Medicine*, 2017.

Axelsen, Diana E. "Women as Victims of Medical Experimentation: J. Marion Sims' Surgery on Slave Women, 1845-1850." *Sage* 2, no. 2 (1985).

"The ACLU and Women's Rights: Proud History, Continuing Struggle." *American Civil Liberties Union*, 2002. <https://www.aclu.org/documents/aclu-and-womens-rights-proud-history-continuing-struggle>

Briggs, Laura. "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology." *American Quarterly* 52, no. 2 (2000): 246–73.

"United States." *Center for Reproductive Rights*, October 17, 2023. <https://reproductiverights.org/our-regions/united-states/#:~:text=In%20the%20U.S.%2C%20one%20in,mortality%20rates%20among%20wealthy%20nations>

Charatz-Litt, C. "A chronicle of racism: the effects of the white medical community on black health." *Journal of the National Medical Association* vol. 84,8

"United States v. Vuitch." Oyez. <https://www.oyez.org/cases/1970/84>

Vertinsky, Patricia. *The Eternally Wounded Woman: Women, Doctors, and Exercise in the Late Nineteenth Century* (Illinois: University of Illinois Press 1989) 88.

Walter Fisher, "Physicians and Slavery in the Antebellum Southern Medical Journal," *Journal of the History of Medicine* 23 (1968) 36-49.

Withycombe, Shannon. *Lost: Miscarriage in Nineteenth Century America* (New Brunswick: Rutgers University Press, 2018).

Woman and the Fading of the Maternal Instinct: Can the Contributions ... By Mr. and Mrs. John

Martin New York Times (1857-1922); Sep 5, 1915; ProQuest Historical Newspapers: The New York Times pg. SM9

Wright, Jennifer. *Madame Restell: The Life, Death, and Resurrection of Old New York's Most Fabulous, Fearless, and Infamous Abortionist*. New York, NY, Hachette Books, 2023, 223.



VICTORIA KNOX

History & Secondary Education

Victoria Knox graduated with a degree in History and Secondary Education, and minors in Spanish, Latin American and Caribbean Studies, and Social Studies. Her research project was completed during the Fall semester of 2022, in Dr. Andrew Holman's capstone course, *Medicine and Society in the Anglo-American World 1700 to 1920*. Victoria presented this paper at the 2023 "History of Medicine Days" conference at the University of Calgary's Cumming School of Medicine. Her travel was made possible with funding from BSU's Undergraduate Research Canadian Studies programs. Victoria plans to teach and continue her education and writing in the field of history. Vic is pursuing graduate study at BSU while teaching with Americorps this year.