

**“A New Witch Hunt in Salem”:**

**The Rise and Fall of Low-Cost Birth Control Clinics during the Great Depression**

I have asked all the doctors near here  
But their religion forbids them to tell.  
It's not that they want me to die  
But to keep me from going to hell.  
I'd rather have three kids and end there  
Than fly around heaven with seven  
So please won't you tell me the place where  
To go so I won't get eleven?<sup>1</sup>

On a gorgeous May day in 1933, 21-year-old debutante Jean-Lamont Proctor became the bride of Burrill Devereux Barker, Jr. As the *Boston Globe* reported, the wedding included hundreds of guests and twenty-two attendants. Both the Proctor and the Barker families were wealthy and socially prominent. The senior Barker was a successful attorney who had supported his son's decision to leave Harvard the previous September to go into the insurance industry in Boston. George Burroughs Proctor, a senior partner in the insurance firm of Patterson, Wyld, and Windeler, likely bonded with his new son-in-law over not only insurance sales but also their shared love of yachting and all things nautical. After a honeymoon trip, the newlyweds moved into an apartment on Boston's stylish Marlborough Street, a gift from the groom's father.<sup>2</sup> By the

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<sup>1</sup> Letter from D. Kenneth Rose to Eugene Belisle, October 28, 1942. The poem was written by an unnamed stenographer in the office of D. Kenneth Rose, National Director of the John Price Jones company. The first two lines of the poem were taken from a letter sent by a mother to the national Planned Parenthood office, seeking information about birth control. Birth Control League of Massachusetts/Planned Parenthood League of Massachusetts Papers, Sophia Smith Collection of Women's History, Smith College, Northampton, MA (hereafter BCLM/PPLM Records), Box 29, Folder 4.

<sup>2</sup> “Jean-Lamont Proctor Bride in Pretty Concord Ceremony – Her Wedding to Burrill D. Barker Jr is Largely Attended in First Parish Meeting House,” *Boston Globe*, May 20, 1933.

time of the 1940 U.S. Census, seven years later, Jean-Lamont and Devereux were living at 166 Marlborough Street with two servants, a 3-year-old daughter, and a 17-month-old son.<sup>3</sup> The Barkers had no more children before they finally divorced in 1955.<sup>4</sup>

Only about a year before, another young woman, Myrtle Fisher, married on a similarly lovely spring day. No newspaper reported the affair; the only account appeared in the state Marriage Register. By 1940, Myrtle and Clyde Lumbard were living in a rented apartment at 52 A Street, near the northern tip of South Boston. The Lumbards had five children living at home, ages 11, 7, 5, 2, and 1. A nosy neighbor doing the math might have figured out that the oldest child, Ida, had either been born six months premature or Myrtle had been pregnant when she and Clyde married. The Lumbards were luckier than many of their neighbors on A Street. Clyde worked as a machine operator in a box manufacturing company, one of the few men on his block employed full-time.<sup>5</sup> It seems that the 1940s did not treat the family well, unfortunately. By the time of the 1950 Census, the family added one more daughter and Myrtle and Clyde had subsequently divorced. Clyde and the children still lived on A Street, but Myrtle was living in a cramped boarding house nearby. She listed her occupation as “none – unable to work.”

Perhaps both Jean-Lamont Proctor and Myrtle Fisher could be glad, though, that they avoided the fate of Florence McLean, who married Eugene Sweeney in Lowell Massachusetts in

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<sup>3</sup> <https://backbayhouses.org/166-marlborough/#BDBarker>. B.D. Barker III birth date from “Eight Bells: Dev Barker,” <https://www.sailingscuttlebutt.com/2021/06/21/eight-bells-dev-barker/> . 1940 U. S. Federal Census, Massachusetts, Suffolk, Boston, 15-221.

<sup>4</sup> “Dane, Jean-Lamont Proctor of Westwood and Center Harbor, NH, Formerly of Chestnut Hill and Vero Beach FL, Passed Away June 3, 2005,” *Boston Globe*, June 11, 2005; “Dane Marries,” *Boston Daily Record*, June 10, 1956. Jean Proctor and Devereaux Barker first divorced in 1942 but subsequently remarried in 1944.

<sup>5</sup> Clyde Ronald Lumbard, April 10, 1930; United States 1930 Federal Census, Enumeration District 27: 8B-9A. Clyde reported his annual income as \$860, which was equivalent to about \$18,000 in 2022.

1932.<sup>6</sup> Eugene, one of nine children, might have wanted a similarly large family. However, in the 1940 Census, Eugene is recorded as a widower living with his two-year-old son, Joseph. Florence died sometime soon after Joseph's birth. Although we do not know the specific cause of her death, it is very likely to have been during childbirth. In the 1930s, white American women had a maternal mortality rate of about 609 per 100,000 live births.<sup>7</sup>

Jean-Lamont, Myrtle, and Florence illustrate the realities of reproductive life for American women in the first half of the twentieth century. If Jean-Lamont Barker desired to limit her fertility, as seems likely given that she only bore two children, her path was an easy one. With her wealth and social connections, she could visit a private physician willing to counsel her on reliable contraceptive methods like the diaphragm or cervical cap.<sup>8</sup> Perhaps she could even walk down Marlborough Street a few blocks to see Dr. Sarah Sweet Windsor, a similarly socially prominent woman and one of the state's first female obstetricians. Dr. Windsor's office at 138 Marlborough would have been a calm, private respite from the hustle and bustle of Back Bay, and Sarah Windsor herself would provide a welcoming ear and confidential medical advice.

A few blocks away, Myrtle Lumbard faced an entirely different set of circumstances. As a poor woman, she likely had no access to a private physician or the social connections to befriend one. Were she to seek contraception, Myrtle's choices would be limited. If she had a few dollars she might be able to purchase condoms, although since they were unregulated she

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<sup>6</sup> Massachusetts Department of Public Health, Registry of Vital Records and Statistics. Massachusetts Vital Records Index to Marriages Volume 78: 192.

<sup>7</sup> "Joseph E. Sweeney, 71," *Lowell Sun*, July 17, 2009. Rachel Layne, "Maternal Mortality," *CQ Researcher* 30, no. 22 (June 12, 2020): 1-30. By the 1950s, with the advent of antibiotics, that number fell to 100 out of 100,000. In 1978, the US hit its lowest rate of maternal mortality, with only 9.6 out of every 100,000 births resulting in the mother's death. Centers for Disease Control, "Achievements in Public Health, 1900-1999: Healthier Mothers and Babies," *Morbidity and Mortality Weekly Report*, vol 48, no. 38 (October 1, 1999): 849-858.

<sup>8</sup> Anthony J. Viera and Margaret Larkins-Pettigrew, "Practical Use of the Pessary," *American Family Physician* vol 61, no. 9 (2000): 2719-2726.

had no way of knowing if the condom would be effective. Plus, she would have to convince Clyde to wear it, a challenge in the days when condoms were made of tough rubber. Her most accessible option for contraception was also the most harmful: Lysol or similar chemical products, usable as cleaning agents but also marketed “for feminine hygiene” and designed to be used as a douche after sexual intercourse.<sup>9</sup> Myrtle might not have known the fact that nearly half the women who used douching as birth control typically ended up pregnant – but her six successful pregnancies probably gave her some idea. Still, douching was the most common form of birth control until 1960.<sup>10</sup>

The one thing Myrtle Lumbard and Jean-Lamont Barker had in common as they searched for effective contraception was that both were knowingly breaking the law. Massachusetts’s “Chastity, Morality, and Decency” Laws made it a crime to “sell or lend, or give away, or in any manner exhibit or [to] offer to sell, or to lend, or to give away any instrument or other article intended to be used for self-abuse, or any drug or medicine or any instrument or article whatever for the prevention of conception or for causing unlawful abortion...” Furthermore, the law prohibited even sharing knowledge of any of these items, in “any card, circular, book, pamphlet, advertisement or notice of any kind stating when, where, how, or of whom, or by what means any of the articles in this section hereinbefore mentioned can be purchased or obtained, or manufacture[d]...”<sup>11</sup> Under this law, a woman seeking birth control and any physician who

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<sup>9</sup> Vern L. Bullough, “A Brief Note on Rubber Technology and Contraception: The Diaphragm and the Condom,” *Technology and Culture* vol 22, no 1 (January 1981): 104-111; Andrea Tone, “Black Market Birth Control: Contraceptive Entrepreneurship and Criminality in the Gilded Age,” *Journal of American History* vol 87, no. 2 (September 2000): 435-459; Joshua Gamson, “Rubber Wars: Struggles over the Condom in the United States,” *Journal of the History of Sexuality* vol 1, no. 2 (October 1990): 262-282.

<sup>10</sup> Andrea Tone cites a 1933 study that found half of the 507 women who used douching as their sole means of birth control became pregnant. Cited in *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001): 78.

<sup>11</sup> Carol Flora Brooks, “The Early History of the Anti-Contraceptive Laws in Massachusetts and Connecticut,” *American Quarterly* 18, no. 1 (Spring 1966): 3-23. Margaret Blanchard and John E.

provided her with information about or a device to prevent contraception were complicit in committing a crime. If the patient then extended that knowledge to another individual, she too could be prosecuted for “stating when, where, how, or of whom” contraceptive information could be obtained. The law was also the reason Massachusetts women could not buy condoms that had been proven to be effective, and the reason Lysol’s use as a post-sexual-intercourse douche could only be referred to colloquially as a “feminine hygiene” practice. If Lysol were to advertise itself as a contraceptive, or a local pharmacy to sell condoms advertised for preventing pregnancy, both could be prosecuted. Because the law was so vague, it effectively censored any public knowledge sharing of contraceptive methods, reproductive dangers, or benefits. This chilling effect extended even to discussions of disease and pregnancy – for fear of criticism, for example, the *Boston Globe* would often refuse to even print the word syphilis, using euphemisms instead.<sup>12</sup>

The statute, signed into law in 1879, was a relic of America’s postbellum push against all forms of vice. It reflected the influence of former U.S. Postal Inspector Anthony Comstock. A crusader against vice, Comstock hated obscene literature, abortion, contraception, gambling, women’s suffrage, profanity, prostitution, and “free love.” The *New York Times* coined the phrase “Comstockery,” defining it as “censorship because of perceived obscenity or immorality.” Comstock’s greatest victory came in 1873 when Congress passed the Act for the Suppression of Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use. This Act, as well as related federal laws, made it illegal to sell, lend, or give away any “obscene” publication,

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Semonche, "Anthony Comstock and his adversaries: The mixed legacy of this battle for free speech," *Communication Law and Policy* 11 (2006): 317–66.

<sup>12</sup> This omission is most apparent when reading *Globe* reviews of films like “Damaged Lives,” whose entire plotline revolved around a young man infected with syphilis from a one-night stand. “‘Damaged Lives’ On the Majestic Screen,” *Boston Globe*, September 12, 1933.

contraceptive, contraceptive information, sex toys, or abortifacients.<sup>13</sup> Regional anti-vice organizations such as the New England Watch and Ward Society quickly pushed state legislatures to pass similar laws, often using similar or exact language as Comstock's 1873 Act. Massachusetts's Chastity, Morality, and Decency Laws were both some of the most vague and sweeping in the country.

The other thing that Myrtle Lumbard and Jean-Lamont Barker had in common was their understanding of the contraceptive status quo. Although both probably knew the letter of the Massachusetts law, they both certainly could see the two-tiered system that tacitly endorsed contraceptive information coming from a private physician while restricting that same information from poor women. Wealthy and upper-middle-class women could quietly disregard Comstock's legacy; they could access private medical care in the city or even abroad if necessary.<sup>14</sup> City censors focused on plays, films, burlesque shows, and literature coming into Boston, not medical information supplied from a physician to a patient. Societal mores and

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<sup>13</sup> *Act for the Suppression of Trade In, and Circulation Of, Obscene Literature and Articles of Immoral Use*, U.S. 17 Stat. 599, 1873. Although the initial law specifically restricted circulating such items through the U.S. Mail, subsequent acts and state laws extended the reach far beyond the postal system. On Comstock's life and legacy, see "Anthony Comstock, Vice Fighter, Dead: Famous Crusader Against Obscene Literature Passes Away at 71," *New York Sun*, September 22, 1915; Nicola Beisel, *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America* (Princeton, NJ: Princeton University Press, 1997); Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill & Wang, 2001); and Helen Horowitz, *Rereading Sex: Battles over Sexual Knowledge and Suppression in Nineteenth Century America* (New York: Knopf, 2002). On the New England Watch and Ward Society, see Neil Miller, *Banned in Boston: The Watch and Ward Society's Crusade Against Books, Burlesque, and the Social Evil* (Boston: Beacon Press, 2010). On the availability of pornography in the late nineteenth and early twentieth century, see Lisa Z. Sigel, *The People's Porn: A History of Handmade Pornography in America* (London: Reaktion Books, 2020).

<sup>14</sup> Thernstrom, in *The Other Bostonians: Poverty and Progress in American Metropolis, 1880-1970* (Cambridge, MA: Harvard University Press, 1973), provides some confirmation of this. Although he is chiefly focused on career mobility, he does note that the differential fertility hypothesis – i.e., that Boston's Irish and Italian Catholics were slower to move ahead than their counterparts because they had larger families and thus could not count on as much parental assistance – is not supported by historical birth data from the years between 1910 and 1930. Rather, Thernstrom's data indicates that wealth status, not religion, was a greater determinant of birth rates and subsequent success. Thernstrom, *The Other Bostonians*, 166-167.

access to travel also protected elite women. Jean Barker, if she visited Dr. Windsor for a diaphragm, had no reason to fear that Boston Police would suddenly break down the office door to arrest her. If she wanted an abortion, she could take a short vacation to one of the countries where it was legal. Myrtle Lumbar, on the other hand, faced the very real possibility of arrest or at least censure if she sought out contraceptive options other than Lysol. Poor and working-class women in Boston typically lacked access to a gynecologist, since few low-cost or sliding scale clinics offered such care. Hospitals shied away from any mention of birth control, given the state's draconian laws. Police avoided private physician's offices, but quickly stepped in to shut down public pro-birth-control demonstrations and public sales of contraceptive devices. An illegal abortion could be had in the state, but with no guarantee as to the doctor's ability. If the worst were to happen, and she were to die on the operating table or the doctor were to be arrested, her name and address would soon be published in the *Boston Globe* for the entire world to see.<sup>15</sup> Contraceptive usage was an open secret throughout the state, but only poor women had something to fear.

This article explores what happened when this tacit agreement between Bostonians and the law fell apart. During the Great Depression, the Birth Control League of Massachusetts (BCLM) opened a number of Mothers' Health Office (MHO) clinics in Boston, Brookline, New Bedford, Salem, Springfield, and Worcester, Massachusetts. The MHOs aimed to bring low-cost, physician-prescribed contraceptives to married women for whom a pregnancy would be

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<sup>15</sup> "Allison to Be Tried Thursday on 4 Charges," *Boston Post*, August 2, 1916; "Supreme Court Approves Allison's Indictment – Defendant Must Serve Two Months in Jail For Giving Out Pamphlets," *Boston Globe*, May 25, 1917. The *Globe* reported that the state Supreme Court refused to specify what, exactly, was obscene about Van Kleek's pamphlets, arguing that to do so would be a "violation against decency." For news stories concerning abortion, one example is "Plymouth Doctor Held on Operation Charges," *Boston Globe*, September 24, 1931. The doctor's name and address are reported, as well as the name and address of the woman who died as a result of the abortion.

dangerous, especially poor women who did not have access to a private physician. The League's Board of Directors featured a who's-who of Boston society as well as the crème de la crème of Massachusetts physicians. The Board specifically sought out legal opinions on their plan prior to opening, and their attorneys agreed that the MHOs should be able to operate with no issues. For several years, the MHOs served thousands of married, poor women and gained acclaim for their professionalism, affordability, and effectiveness. All came crashing down in May of 1937, when police vice squads stormed first the Salem MHO clinic and subsequently BCLM offices in Brookline and Boston.<sup>16</sup> By summertime of that year, every clinic had closed, a number of socially prominent women were in jail, and the state was embroiled in a massive debate over birth control.

These clinic raids sparked a renewed interest among Bostonians in changing Massachusetts' birth control laws. However, they disagreed – sometimes quite passionately – about how exactly to do so. Over the next three decades, a battle raged between the main pro-birth control organizations in the state. Such infighting helped keep Massachusetts' laws antiquated until 1972.

### **Private Matters, Public Power**

Birth control, as most early feminists recognized, had the possibility to transform America. At the beginning of the twentieth century, maternal mortality rates as well as infant deaths remained high. For every 1000 births, around nine women in the United States would die from pregnancy-related complications.<sup>17</sup> Affordable, accessible contraception would not only

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<sup>16</sup> “Birth Control Clinics Will Close After Bay State's Raids,” *Washington Post*, August 5, 1937; “1782 Doctors Sign Protest – Say Rights Violated in Closing of Clinics,” *Boston Globe*, December 9, 1937.

<sup>17</sup> Centers for Disease Control and Prevention, “Achievements in Public Health, 1900-1999: Healthier Mothers and Babies,” *Morbidity and Mortality Weekly Report* 48, no. 38 (October 1, 1999): 849-858. By

keep women alive, but broaden their future possibilities in the political, social, and economic realms.

Although the typical historical narrative positions Margaret Sanger and New York City as the fulcrum of the American birth control movement, in reality, Massachusetts had the possibility to be as progressive as its counterpart to the South in the 1930s. Like New York, greater Boston offered multiple birth control clinics for individuals of all economic means. The Bay State boasted progressive, pro-birth control leaders who – although perhaps not as divisive or as well-known as Sanger – shared similar views as well as the financial and social capital to promote them. Massachusetts courts heard pivotal cases in the 1930s that had the potential to legalize birth control for all married women as well as relax obscenity laws. However, a 1937 court case concerning the Massachusetts Birth Control League and their Mothers' Health Offices derailed the state's legal train. At that point, the Massachusetts path to reproductive health diverged from New York and other peer states: rather than embracing society's changing

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1997, the maternal mortality rate had declined by 99% to less than .1 reported deaths per 1000 live births. Between 1900 and 1930 about 40% of maternal deaths were caused by sepsis, of which half occurred during delivery and the other half occurred as a result of illegally induced abortions. After abortion began to be legalized in the 1960s, deaths from abortion-related sepsis declined by 89% between 1950 and 1973. Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore, MD: Johns Hopkins University Press, 1990); Cynthia Connolly and Janet Golden, " 'Save 100,000 Babies': The 1918 Children's Year and Its Legacy," *American Journal of Public Health* vol 108, no. 7 (2018): 902-907; and Cheryl Lemus, "Save Your Baby, Save Ten Percent: National Baby Week, The Infants' Department, and the Modern Pregnant Woman, 1905-1925," *Journal of Women's History* vol 25, no. 3 (2013): 165-187. On maternal mortality, see Judith Leavitt, *Brought to Bed: Child Bearing in America, 1750-1950* (New York: Oxford University Press, 1985) and Irvine Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality, 1800-1950* (New York: Oxford University Press, 1992) as well as Amelie Boutin, et al., "Maternal Mortality in the United States: Recent Trends, Current Status, and Future Considerations," *Obstetrics and Gynecology* vol 137, no. 5 (2021): 763-771; Karen S. Cox, "Global Maternal Mortality Rate Declines – Except in America," *Nursing Outlook* vol 66, no. 5 (2018): 428-429; and Eugene Declercq and Laurie Zephyrin, *Maternal Mortality in the United States: A Primer* (Commonwealth Fund, Dec. 2020), <https://doi.org/10.26099/ta1q-mw24>.

attitudes toward birth control, the Bay State slouched backwards, keeping contraception firmly out of poor women's grasp.

Massachusetts women, like their counterparts nationwide, likely looked to Margaret Sanger's American Birth Control League (ABCL) with a mix of admiration and envy. Founded in New York City in 1921, the ABCL stemmed from Sanger's conviction that children should be wanted, pregnancies should be planned, and women should have control of their fertility. The U.S. Postal Service repeatedly seized copies of her pro-family-planning newsletter, *The Woman Rebel*, and prosecuted Sanger under various Comstock anti-obscenity laws.<sup>18</sup> Among other efforts, she established the New York City Clinical Research Bureau, which provided contraceptive information to physicians. Sanger did so under a 1918 New York court ruling that allowed physicians to provide contraceptive information to their patients for medical reasons. Doctors could still refuse to prescribe contraceptives, even for women whose health would be impaired by pregnancy; the giving of contraceptive information to the general public, as well as information sent through the mails, remained illegal.<sup>19</sup>

In Boston, initial efforts to promote contraception predated even Sanger's ABCL. In 1916, Van Kleek Allison, a Fabian socialist, took the Fabian motto of "Educate, Agitate, Organise" to Boston's North End candy factories.<sup>20</sup> Allison distributed birth control pamphlets to

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<sup>18</sup> Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York: Simon and Schuster, 2007).

<sup>19</sup> On birth control and women's rights, see Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Penguin Books, 1977) and Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2002; 2 vols). On the legal rationale for birth control and 'penumbras of privacy,' see John W. Johnson, *Griswold v Connecticut: Birth Control and the Constitutional Right of Privacy* (Lawrence: University of Kansas Press, 2005). On medical developments in birth control, specifically the birth control pill, see Jonathan Eig, *The Birth of the Pill: How Four Crusaders Reinvented Sex and Launched a Revolution* (New York: W.W. Norton, 2014). On other physical methods of contraception, see Andrea Tone, *Devices and Desires: A History of Contraception in America* (New York: Hill and Wang, 2001).

<sup>20</sup> "Will Preach Birth Control in Prison – Mrs Sanger Commences Her Workhouse Sentence – Van Kleek Allison of Boston Dares New York Police to Arrest Him," *Boston Globe*, February 7, 1917; "Supreme

employees. In short order he was arrested and charged with violating the state's statues on "Crimes Against Chastity, Morality, Decency and Good Order." Led in part by Blanche Ames Ames, of the eminent Ames family, a group of citizens organized to raise funds for Allison's defense as well as establish a pro-birth-control organization. By the end of 1916, the group – calling itself the Birth Control League of Massachusetts – formally elected Blanche Ames Ames as president. Allison was convicted and served several months in prison in 1917; however, the case provided the nascent Birth Control League of Massachusetts (BCLM) with a starting point from which they expanded to educational outreach, legislative lobbying, and contraceptive conferences.<sup>21</sup>

Although the organization continued to grow during the last few years of the 1910s, by 1920 it was essentially defunct. Interest in birth control clearly persisted but it seems that BCLM leaders drew their attention and philanthropic focus to other issues of the early 1920s – some became enmeshed in the eugenics movement; others focused on refugee resettlement and similar projects spurred by the end of World War I. Additionally, the US Government stepped – for the

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Court Approves Allison's Indictment – Defendant Must Serve Two Months in Jail For Giving Out Pamphlets," *Boston Globe*, May 25, 1917; "Must Go to Jail in the Birth Control Cases," *Boston Globe* (May 26, 1917): 12.

<sup>21</sup> This is not a typographical error – Blanche Ames married Oakes Ames, who shared her last name but was no relation. She used the married name Blanche Ames Ames. The Allison trial also set into motion one of the greatest medical discoveries of the twentieth century. Philanthropist and feminist Katharine Dexter McCormick first met Margaret Sanger at the Allison trial. Forty years later, Katharine McCormick would provide the funding for Dr. Gregory Pincus, referred by Sanger, to develop the first contraceptive pill, marketed as Enovid and approved by the FDA for contraceptive use in 1960. See Margaret Sanger, *An Autobiography* (New York: W. W. Norton, 1938): 211; Armond Fields: *Katharine Dexter McCormick: Pioneer for Women's Rights* (Westport, CT: Praeger, 2003): 175; and Mary Wachter and Erica Reed, "Katharine Dexter McCormick: Examining an Advocate's Path – Advancing Women's Reproductive Rights Through Philanthropic Support for Oral Contraception Development," in *Junctures in Women's Leadership: Health Care and Public Health*, ed. by Ruth Charbonneau (New Brunswick: Rutgers University Press, 2021): 43-62.

first time – directly into the sex education and birth control field, providing condoms and “prophylactic kits” to WW1 soldiers.<sup>22</sup>

In February of 1928, Dr. Annette Konikow – a former BCLM member and one of the few women physicians in the state – invited any interested women to her house to discuss contraception.<sup>23</sup> One of her flyers somehow made its way to Boston Police headquarters on Berkeley Street. The BPD arrested Konikow on the night of the meeting and charged her with violating the Massachusetts law against exhibiting contraceptives. Her former colleagues at the BCLM rallied around Konikow, raising funds to support her defense. In May 1928, buoyed by Konikow’s successful acquittal, the group reformed as the BCLM and reelected Blanche Ames Ames as president. By 1930, the organization maintained an office on Joy Street in Boston within sight of the Massachusetts State House and employed a full-time executive secretary.

In 1931, encouraged by initiatives in other states, the League crafted its first legislative effort. Titled “The Doctor’s Bill to Clarify the Law,” the bill would have allowed licensed physicians to give contraceptive advice to married women “for medical reasons.” Fourteen doctors testified in support of the Bill before the Joint Legislative Committee on Public Health and presented the signatures of over 1,000 other Massachusetts physicians who supported the measure. Although numerous church leaders and public figures publicly advocated for the measure, the Legislature summarily rejected the Bill, siding with the opposition who argued that

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<sup>22</sup> See Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1987); Alexandra M. Lord, *Condom Nation: The U.S. Government’s Sex Education Campaign from World War I to the Internet* (Baltimore: Johns Hopkins University Press, 2010); and Jennifer Burek Pierce, *What Adolescents Out To Know: Sexual Health Texts in Early Twentieth-Century America* (Amherst: University of Massachusetts Press, 2011).

<sup>23</sup> Like her fellow activist Van Kleek Allison, Konikow was a socialist and a labor activist. She had participated in the 1912 mill workers’ strike in Lawrence, Massachusetts, particularly as a link between the Anglo/English-speaking strike leaders and the Jewish mill workers. See “The Strike Gains Strength,” *Boston Evening Transcript*, January 19, 1912.

access to contraception would inevitably lead to immorality.<sup>24</sup>

As both its supporters and detractors recognized at the time, access to birth control depended almost entirely on economic status – not the letter of Massachusetts law. One Nantucket doctor wrote to the League that he had “no patience whatever” with “the hypocrisy and shallow but muddy reasoning of those who are openly opposing while privately using” contraception.<sup>25</sup> A Haverhill man wrote to the League and noted that his local physician furnished him with contraceptives even though he was unmarried. “The ease with which I obtained it,” he wrote, “makes me wonder how many of these ranting demagogues are covertly

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<sup>24</sup> David J. Garrow, *Liberty and Sexuality: The Right to Privacy and the Making of Roe v. Wade* (New York: Macmillan, 1994).

<sup>25</sup> Dr. R.H. Gilpatrick to Mrs. Caroline Carter Davis, February 19, 1937, BCLM/PPLM Records, Box 7, Folder 30. As historians such as Andrea Tone, have adeptly shown, women throughout history sought out methods by which to control their fertility, often in the face of physical danger or social ostracism. See Andrea Tone, *Controlling Reproduction: An American History* (Wilmington, DE: SR Books, 1997) and Andrea Tone, *Devices and Desires: A History of Contraception in America* (New York: Hill and Wang, 2001). Also valuable are Leslie J Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997); John M. Riddle, *Eve's Herbs: A History of Contraception and Abortion in the West* (Cambridge: Harvard University Press, 1999); and Elizabeth Reis, ed., *American Sexual Histories* (Oxford: Blackwell Press, 2001). Recent scholarship has also brought to the fore a new understanding of the role of race and racist thought surrounding reproduction, particularly in the histories of enslaved women, and how those histories perpetuate current health disparities among people of color. On white physicians' usage of medical knowledge to strengthen control over black bodies in the antebellum and global South, see Rana Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840* (Chapel Hill: University of North Carolina Press, 2017) and Daina Ramey Berry, *The Price for Their Pound of Flesh: The Value of the Enslaved From Womb To Grave in the Building of a Nation* (Boston: Beacon Press, 2017). For an excellent investigation of the racist origins of modern gynecology, see Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens: University of Georgia Press, 2018). For an overview of major developments in the intersections of race, gender, and disease among people of color, see Laurie B. Green, et al. *Precarious Prescriptions: Contested Histories of Race and Health in North America* (Minneapolis: University of Minnesota Press, 2014) and Lisa Rosenthal and Marci Lobel, “Gendered Racism and the Sexual and Reproductive Health of Black and Latina Women,” *Ethnicity & Health* vol. 25, no 3 (2020): 367-392. On lasting effects of slavery and maternal health, see Jamila K. Taylor, et al., “Structural Racism and Maternal Health Among Black Women,” *Journal of Law, Medicine, and Ethics* vol 48, no 3 (2020): 506-517.

violating the very law they are forcing upon a class of people whose unwanted children are the greatest burden of society.”<sup>26</sup>

Although their cause failed to advance in the Legislature, contraceptive advocates made an impact in the public mind. Hundreds wrote to the BCLM, asking for information on contraception, pre-marital planning, sexually transmitted infections, and a variety of other sexual health topics. These letters came from across New England, from individuals of all religions and from all economic backgrounds. Some correspondents had heard about the BCLM from a newspaper article or radio program; others had been clued in by a friend or colleague. Dr. Mary A. Willcox, a zoologist and professor at Wellesley College, wrote in on behalf of a family in Newtonville, MA. She clearly had paid attention to the vagaries of Massachusetts law, questioning if she was correct “in [inferring] that only those whose need is physical are served.” “I had hoped,” she wrote, “that those like the family I have mind who have a small income and an ‘economic family’ could be helped in limiting their children.”<sup>27</sup> A practicing physician at Boston City Hospital, Dr. Robert Titus Phillips, wrote the League to confess that a friend had asked “what I thought of diaphragms, and I had to confess that I did not know much about them.” He saw the League as the best source of “intelligent information,” and ended his letter by noting that “I think it is unfortunate that our medical schools omit all instruction as regards contraception, and I hope this unfortunate state of affairs will not persist.”<sup>28</sup> One mother from New Bedford wrote that she had recently read an editorial about birth control and the BCLM in her local paper, and that she thought that perhaps they could help her. “I have four children the

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<sup>26</sup> John B. Merryman to Mr. Eugene Belisle, Executive Director MA Mothers’ Health Council; March 20, 1940, BCLM/PPLM Records Box 7, Folder 29.

<sup>27</sup> Mary A. Willcox to the Birth Control League of Massachusetts, January 17, 1933, BCLM/PPLM Records Box 6, Folder 20.

<sup>28</sup> Dr. Robert Titus Phillips to the Birth Control League of Massachusetts, November 29, 1932, BCLM/PPLM Records Box 6, Folder 20.

oldest of which is nine and the youngest one three,” she wrote. “I don’t mind having them but it is awful hard to feed and clothe them. My husband isn’t working and he hasn’t done very much in the last two years...I am afraid of any more children coming along. So anything you can help me with, I will greatly appreciate it.”<sup>29</sup> As with so many other correspondents, the BCLM wrote back to the New Bedford mother, sadly informing her that the Massachusetts law “forbids writing the name or address of a physician who will give contraceptive advice.”<sup>30</sup> They referred her to the Providence, Rhode Island birth control clinic and also wrote separately to the Providence clinic, introducing her and thanking the Rhode Island colleagues for their “courtesy to emigrants from darkest Massachusetts.”<sup>31</sup>

Stymied by the Legislature, but cognizant of the demand for safe, reliable contraception, the BCLM moved to direct service. The League retained the services of Dr Evelyn Lyle and established its own contraceptive clinic in Brookline, a tony Boston suburb. Clinics in Salem (1936) and Boston’s South End (1937) soon followed. The BCLM named these clinics “Mothers’ Health Offices,” reflecting their intent that contraceptives were appropriate for women who planned to become, or were already, parents, but for whom a current or additional pregnancy would pose a significant health risk. The MHO clinics examined patients and, if they were not currently pregnant, offered either fitting for a pessary (cervical cap) or instruction in the periodic abstinence method. If a patient was pregnant, the Office referred her to a physician or agency, with instructions to return for contraceptives after having given birth.

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<sup>29</sup> Mrs. W. H. McKnight to the Birth Control League of Massachusetts, April 12, 1932, BCLM/PPLM Records Box 6, Folder 20.

<sup>30</sup> Birth Control League of Massachusetts to Mrs. W.H. McKnight, April 17, 1932, BCLM/PPLM Records Box 6, Folder 20.

<sup>31</sup> Mrs. Caroline Carter to Mrs. Henry (Lucia) Saloman, R.I. Birth Control Clinic, May 2, 1932, BCLM/PPLM Records Box 6, Folder 21.

Referrals to the Mothers' Health Offices came from many sources, and BCLM patient records reflect the wide variety of women and men who came. For example, during the Brookline clinic's first full year (June 1932-June 1933), the MHO served 108 new patients and 101 "old" patients (who had been seen prior to June 1932 or were past contraceptive patients of Dr. Lyle). Of these new patients, 30 had been referred by agencies, 24 by private physicians, 41 by a hospital or dispensary, and 13 by a physician in a hospital. 50 identified as Protestant, 54 as Catholic, and four as Jewish. Payment records reflect the financial straits in which many found themselves: only 34 patients paid the full fee of \$2.00, while 39 qualified for free services, 20 were paid for by an agency, and 15 paid half-fee.<sup>32</sup> Four patients were pregnant at their first visit and referred to an obstetrician for further care. These numbers are even more impressive given that the Clinic was only open for 45 days of service during its first year.<sup>33</sup>

By the end of the Mothers' Health Office second year, demand for its services had soared. The country was hitting the depths of the Great Depression, and Massachusetts was no exception. Between June 1933 and June 1934, the Brookline Mothers' Health Office served 301 new patients and 362 returning ones. Of the new patients, 136 were Catholic, 147 Protestant, and 18 Jewish. Only 86 patients were able to pay the full fee; the other 215 paid part or none.<sup>34</sup> Patients' reported medical histories reflected as well the reality of pregnancy for many women: of the 301 new patients, 115 had had miscarriages and 24 of them had between two and five miscarriages. 18 reported having had an induced abortion, and one patient reported having had induced 10 abortions.<sup>35</sup> The numbers of patients who were "on the welfare" – e.g., they were receiving public assistance – as well as the numbers of husbands employed by the Civil Works

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<sup>32</sup> "Report M.H.O. June 1932-1933," BCLM/PPLM Records Box 21, Folder 19.

<sup>33</sup> "Mothers' Health Office Report, June 1932-June 1934," BCLM/PPLM Records Box 21, Folder 19.

<sup>34</sup> "Mothers' Health Office Report, June 1932-June 1934," BCLM/PPLM Records Box 21, Folder 19.

<sup>35</sup> "Mothers' Health Office Report, June 1932-June 1934," BCLM/PPLM Records Box 21, Folder 19.

Administration and related New Deal programs also grew exponentially from 1932 to 1934. The Brookline MHO doubled the numbers of days it offered clinic services and brought on a new physician, Dr. Iliia Galleani, as well as relocating to a larger office space in Brookline.<sup>36</sup> Dr Galleani split her time between the Brookline office and the newly established Salem Mothers' Health Office, serving Boston's North Shore.

In 1935, the newly installed president of the MA Birth Control League, Linda Hawkrigde, noted with satisfaction that the Mothers' Health Offices had been running "with the highest medical standards and with a spirit of kindness and friendliness that has ensured gratifying cooperation from its patients" for nearly three years.<sup>37</sup> Buoyed by past successes, Mrs. Hawkrigde announced that the BCL Executive Board had voted to direct its energies for 1935 to expansion. "We shall extend technical help to those communities already agitating the establishment of contraceptive offices," she said, and "we shall encourage other communities to organize such centers." Importantly, she went on, "We shall do this backed by the confidence of lawyers in our legal rights and by the faith of physicians that we will carry on the high standards already set at the Mothers' Health Office."<sup>38</sup>

The legal rights to which Hawkrigde referred stemmed from three recent developments, all very close to home for many Bostonians. First, in 1930, Pope Pius IX officially confirmed that a married couple would not be "acting against nature" if because of "natural reasons either

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<sup>36</sup> Iliia Galleani (variously spelled Galliani and Galeani) was the daughter of Luigi Galleani, an Italian immigrant and head of the Anarchist Party in Massachusetts.

<sup>37</sup> "Remarks made by Mrs. Hawkrigde at the Annual Meeting of the Birth Control League of Massachusetts, April 13, 1935," BCLM/PPLM Records Box 21, Folder 20. The Brookline M.H.O. also served its first Muslim, Syrian Orthodox, and Black patients in early 1935, perhaps an indication that news of its work was reaching a wider community than ever before.

<sup>38</sup> "Remarks made by Mrs. Hawkrigde at the Annual Meeting of the Birth Control League of Massachusetts, April 13, 1935", BCLM/PPLM Records Box 21, Folder 20. The guest speaker of honor at the Meeting was Katharine Houghton Hepburn, mother of Katharine Hepburn and co-founder of the American Birth Control League.

of time or of certain defects, new life cannot be brought forth." In other words, a couple could have sexual intercourse at a time the woman was not fertile, "as long as the intrinsic nature of the act is preserved." The Church still maintained that any effort to deliberately avoid the "natural power and purpose" of lovemaking – that is, any use of a chemical or physical contraceptive device – remained incompatible with the faith, however.<sup>39</sup> Physicians had long been advising women that they could avoid pregnancy by only having sex during their "safe period;" unfortunately, it was not until the early 1930s that scientists discovered that the "safe period" was not in the middle of a woman's menstrual cycle, but at the end. In 1932, a devout Catholic physician named Leo Latz put this new knowledge into practice in his pamphlet "The Rhythm," followed shortly by a book-length treatment, *The Rhythm of Sterility and Fertility in Women*. Latz explained that by carefully tracking their menstrual cycle, women could determine their infertile days and avoid having sexual intercourse during ovulation. By 1934, the newly-created Latz Foundation of Chicago, Illinois, in partnership with the Roman Catholic Church in the United States, began mailing "Concip Calendars" to its parishioners upon request. These calendars allowed a woman to track her menstrual cycle and abstain from sexual intercourse on her fertile days. Pope Pius IX allowed these for Catholic use, arguing that periodic abstinence did not violate the Church's prohibition against "artificial" methods of contraception.<sup>40</sup>

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<sup>39</sup> Pope Pius IX, *Casti connubii* ("Encyclical on Christian Marriage"), December 1930, in Claudia Carlen IHM, ed., *The Papal Encyclicals*, Volume 3, 1903-1939 (Ann Arbor: Pierian Press, 1990). Leo J. Latz, M.D., *The Rhythm of Sterility and Fertility in Women* (Chicago: Latz Foundation Press, 1934). For more on Latz, see Jonathan Eig, *The Birth of the Pill: How Four Crusaders Reinvented Sex and Launched a Revolution* (New York: W. W. Norton, 2014). On the Catholic Church's response to Latz, see Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (New York: Cornell University Press, 2004). According to Tentler and Eig, Chicago's Archbishop originally approved the pamphlet but later revoked approval, eventually leading to Latz's dismissal from the Loyola University School of Medicine faculty.

<sup>40</sup> The pamphlet "Birth Control: un-natural and irrational, or natural and rational?," published by the Latz Foundation of Chicago, IL, contained information about periodic abstinence as well as a reusable tracking calendar (the "Concip Calendar"). L. J. Latz, E. Reiner, "Natural Conception Control," *Journal of the American Medical Association* Vol 105, no. 16 (1935): 1241-1246.

BCLM attorneys saw this development as a sign that Comstock-era anti-obscenity and anti-contraceptive laws were loosening. In a 1934 letter to prominent Massachusetts physician Vanderpoel Adriance, BCLM secretary Caroline Carter Davis noted that it would be hypocritical for the US Postal Service to allow Catholic contraceptive information to pass, but not extend the same leniency to similar secular methods.<sup>41</sup> The BCLM distributed information about the “rhythm method” to its clients, as well as referred individuals of all faiths to Dr. John Rock’s rhythm method clinic in Brookline.

The second development concerned anti-obscenity laws more generally. Throughout the late 1920s and 1930s, a spate of legal challenges to Comstock laws made their way through the court system. The most well-known concerned the First Amendment right to free speech, such as the 1933 James Joyce *Ulysses* case. In Boston, the Dunster Book Shop – a bastion of Harvard intellect – made national headlines when it was the target of a sting opportunity. Massachusetts State Police raided the bookshop and confiscated copies of several classic works of literature. The ensuing uproar made Boston’s “morality police” a national laughingstock.<sup>42</sup> Contemporary observers commented upon the shift in public perception of obscenities, noting that the country seemed to be moving away from its Victorian past.<sup>43</sup>

The most exciting change came in 1936, when the Second Circuit Court of Appeals ruled in favor of Dr. Hannah Stone in *U.S. v One Packet of Japanese Pessaries*. The Court found that

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<sup>41</sup> Caroline Carter Davis to Dr. Vanderpoel Adriance, February 27, 1934, BCLM/PPLM Records Box 22, Folder 16.

<sup>42</sup> “Dunster House Bookshop Head and Clerk Sentenced to Jail for Selling Obscene Literature – Watch and Ward Complained,” *Harvard Crimson*, November 26, 1929.

<sup>43</sup> See Morris L. Ernst, *To the Pure...A Study of Obscenity and the Censor* (New York: Viking Press, 1928); Morris L. Ernst, “Freedom to Read, See, and Hear” in *Journal of Educational Sociology* vol 19, no. 4 (1945): 230-235; Samuel Walker, *In Defense of American Liberties: A History of the ACLU*, 2<sup>nd</sup> Edition (Carbondale: Southern Illinois University Press, 1999); and Brett Gary, *Dirty Works: Obscenity on Trial in America’s First Sexual Revolution* (Stanford: Stanford University Press, 2021).

Comstock's obscenity laws were not intended to pertain to physicians who prescribed and sent contraceptives to their patients. *U.S. v One Packet* paved the way for nationwide legalization of birth control by making a legal distinction between abortifacients – which were still barred - and birth control prescribed for medical purposes. By solidly centering birth control devices under the purview of a duly-licensed medical professional, the case also encouraged physicians to acknowledge contraception as a standard part of medical practice.<sup>44</sup>

On the national medical stage, things were changing for birth control as well. Even the American Medical Association (AMA) recognized the winds of change were blowing back against its policy opposing birth control as legitimate medical practice. In 1935, the organization appointed a committee of nine male physicians from across the country to study contraception.

Two years later, at the national AMA conference in Atlantic City in June 1937, the committee returned its report. They found first that the AMA should investigate the various forms of contraception and disseminate “authoritative information” on the subject to the medical profession, and secondly – and most importantly – that the AMA should promote the “thorough instruction in our medical schools with respect to the various factors pertaining to fertility and sterility, due attention being paid to their positive as well as their negative aspects.” All dispensaries, clinics, and other similar establishments, the Committee continued, should be under legal licensure and supervision and under medical control.<sup>45</sup> After years of bitter fighting over

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<sup>44</sup> *United States v. One Package*, 86 F.2d 737 (2nd Cir. 1936), December 7, 1936. The case pertained directly to the Tariff Act of 1930, in which the government reaffirmed its prohibition on importing “any obscene book, pamphlet, paper, writing, advertisement, circular, print, picture, drawing, or other representation, figure, or image on or of paper or other material, or any cast, instrument, or other article which is obscene or immoral, or any drug or medicine or any article whatever for causing unlawful abortion....” *Tariff Act of 1930*, 19 U.S. Code Ch. 4 (1930).

<sup>45</sup> William L. Laurence, “Birth Control is accepted by American Medical Body – Association Backs Doctors in Use of ‘Legal Rights’ on Contraceptive Advice – Hearing today on Public Health Issue,” *New York Times*, June 19, 1937.

birth control's official medical status, one reporter wrote, the air in Atlantic City was "charged with a tenseness never before observed by veteran attendants at annual meetings of the association....everyone here recognizes that organized medicine in American now stands at the crossroads and it can no longer champion the status quo as it has in the past."<sup>46</sup>

Even the AMA recognized the bizarre, liminal status of contraceptives in the United States at the time. The Committee's report noted that "information concerning contraception is admittedly available to persons in favorable economic circumstances," and that there appeared to be no law preventing physicians working in dispensaries (generally for low-income patients) to provide those patients with similar information as their wealthier neighbors. Arguing that "the intelligent, voluntary spacing of pregnancies may be desirable for the health and general well-being of mothers and children," the AMA committee reiterated its opinion that a decision on contraceptive use was one which should be determined by "the individual judgment of parents and physician, based on the conditions present." The committee said that it had been unable to find evidence that any existing state or federal laws had "interfered with any medical advice which a physician felt called on to furnish his patients," and noted that the recent Supreme Court decision concerning the importation of articles for the prevention of conception "was not designed to prevent the importation of things which might intelligently be employed by conscientious and competent physicians to save life or to promote the well-being of patients." Speaking specifically of Massachusetts and Connecticut, two states whose statutes forbidding contraceptive information did not specifically exempt physicians, the Committee somewhat cheerfully and optimistically concluded that "it seems fair to assume that the State courts, if called on...will adopt lines of reasoning similar to those followed in the case cited and in other

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<sup>46</sup> William L. Laurence, "Birth Control is accepted By American Medical Body," *New York Times*, June 19, 1937.

cases decided by United States courts, leaving physicians free to give information concerning contraception when required to meet the medical needs of patients.”<sup>47</sup>

This news swept across the United States. In the *Boston Globe*, readers could now learn that the birth control policy adopted by the AMA “meant far more than contraception.” Rather, it was “a recognition of a change in biological thinking, based on many advances in knowledge of the human body, mind, and spirit. It involved saving of life and questions of how to have children just as much as how to avoid them.” That is, the AMA’s recognition of birth control as legitimate medical practice also opened the door to serious scientific study of sterility and infertility. Not only would medical students be asked to learn about birth control methods, they would also study sterility as part of their program.<sup>48</sup> Additionally, as the AMA statement pointed out, medical oversight of contraceptive methods would help the thousands of women and men who suffered lasting damage from damaging chemical “contraceptive” methods. The American Hospital Association soon followed the AMA’s lead, announcing that the “changed attitude of the medical profession” should compel hospitals to offer birth control clinics as part of their health services.<sup>49</sup>

In its report to the BCLM executive board in March 1937, the Mothers Health Office committee had every expectation of continued success. Clinic reports from Salem, Brookline, and the South End showed an increase in patients per session. When the BCLM opened a new clinic in Fitchburg and faced questions from Fitchburg police and local Catholic leaders, the league successfully “impressed the chief by stressing that six other clinics were already operating

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<sup>47</sup> William L. Laurence, “Birth Control is accepted By American Medical Body,” *New York Times*, June 19, 1937.

<sup>48</sup> Howard W. Blakeslee, “American Medical Ass’n Approves Policy,” *Boston Globe*, June 9, 1937.

<sup>49</sup> “Hospital Clinics,” *Birth Control Review* vol 22, no. 1 (October 1937): 1.

across the state.”<sup>50</sup> The Harvard School of Public Health, the Children’s Mission to Children, and the Vincent Memorial Hospital had recently joined the growing list of organizations that referred patients to the MHOs for birth control services. Boston’s Free Hospital for Women, Massachusetts General Hospital, and the New England Hospital for Women and Children accepted referrals in turn from the MHOs for women who needed pelvic repair and sterilization. The Newton Red Cross offered to drive MHO patients without transportation to the Brookline office, and the Boston Red Cross was considering doing the same. New contacts with the Boston Council of Social Agencies helped establish the MHO’s prestige in the city, and the Council invited the MHOs to participate in a group of medical case-working agencies on a report to Washington, D.C. MHO committee members even reported a fruitful conversation with Mrs. Lucy Mitchell at the Robert Gould Shaw House, a settlement house for Black Bostonians. Mrs. Mitchell reported that she and many others were sympathetic with the MHO’s mission and felt it would be important to get Boston’s Black population behind the movement.<sup>51</sup> Although the country was heading into the recession of 1937, the outlook for both the BLCM and the MHOs seemed undeniably positive.

### **“A New Witch Hunt”**

On a rainy Thursday morning in May 1937, policewoman Beatrice Clark entered the Salem Mothers’ Health Office. Clark, a member of the Lawrence (MA) vice squad, was a rather long way from home – the two towns sit just over thirty miles apart. Clark’s unmarried status should have barred her from the MHO, so she presented herself under false pretenses as a

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<sup>50</sup> Garrow, *Liberty and Sexuality*, 45.

<sup>51</sup> “Mothers Health Office Committee of Greater Boston Report to B.C.L. Executive Board,” March 12, 1937, BCLM/PPLM Records Box 21, Folder 19.

married woman: Bea Lang, with “two children living, two dead, and a husband who earned \$42 a week.”<sup>52</sup> After a “long interview” with nurse Flora Rand, Clark apparently left before being provided with a contraceptive device or instructions for its use.<sup>53</sup> A few days later, Clark sent a paid informant, Mrs. Rose Bartilotti, to the MHO. Dr. Lucile Lord-Heinstein examined Bartilotti and found her to have dangerously high blood pressure. Mrs. Bartilotti lied and said that she had been referred by a Works Progress Administration worker. While this was untrue, her blood pressure plus her self-reported status as a mother of two children already was enough for Dr. Lord-Heinstein to prescribe a contraceptive, for which she paid \$5.00.<sup>54</sup>

Afterwards, Officer Clark returned with her findings to the man who had originally sent her to the Mothers’ Health Office: City Marshal John C. Harkins. A slim, dour-faced man in his 50s, Harkins also ran the city Board of Control and had been City Marshal since 1931.<sup>55</sup> When interviewed later, Harkins said that he had authorized the sting operation due to complaints received by Salem’s Board of Health director John McGrath and several unidentified “other parties” about the MHO and violations of Massachusetts’ contraceptive statutes. MHO staff likely had no prior knowledge of these complaints. In fact, when the clinic opened seven months

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<sup>52</sup> “Salem Birth Control Clinic Faces Closing as Court Drafts Decision,” *Boston Herald*, July 14, 1937. “Birth Control Debated in Salem Court as Test Case Over Clinic Raid Opens – Persons Prominent in No. Shore Life Concerned in Case,” *Boston Traveler*, July 19, 1937.

<sup>53</sup> “Doctors Rally to Defense of Trio at Birth Control ‘Clinic’ Trial,” *Boston Daily Globe*, July 14, 1937. Weather information taken from National Oceanic and Atmospheric Administration Boston Area Almanac for May 1937, <https://www.weather.gov/wrh/Climate?wfo=box>.

<sup>54</sup> Caroline L. Carter Davis, “In the Cradle of Liberty,” *Birth Control Review* vol 22, no 1 (October 1937): 6-7. There is some discrepancy between the official BCLM account of the Salem raid and some of the newspaper reports of the era. Some newspapers reported that both Officer Clark and Mrs. Bartilotti received a contraceptive device, but all BCLM internal and public material state that Officer Clark left before Dr. Lord-Heinstein could see her and only Mrs. Bartilotti was examined and given contraceptive information. Some newspaper reports spell her name “Barlotta”.

<sup>55</sup> “Doctors Rally to Defense of Trio at Birth Control ‘Clinic’ Trial,” *Boston Daily Globe*, July 14, 1937. R.L. Polk & Co, *Polk’s Salem (Essex County, Massachusetts) City Directory 1936*, (Salem: R. L. Polk & Co.). Harkins was a career police officer. After joining the Salem Police Force in 1911, Harkins worked his way up through the ranks to City Marshal in 1931. He stayed in that position until his retirement from the force in 1949, dying in Salem in 1956 at the age of 71.

before, the BCLM had announced that it had the backing of “a large committee from Salem and nearby towns, comprised of leading physicians, ministers, public spirited citizens,” and representatives from local welfare agencies.<sup>56</sup>

On June 3, 1937, acting on Harkins’ orders, Salem and Lawrence police stormed the Salem MHO. Presenting a search warrant, they confiscated contraceptive devices, information, and patient records. In addition, police placed Dr Lucile Lord-Heinstein, nurse Flora Rand, and social worker Carolyn Gardner under arrest for advertising and distributing contraceptives.<sup>57</sup> Publicly the BCLM maintained confidence that Salem courts would find Lord-Heinstein, Rand, and Gardner not guilty, and chose to keep the Salem MHO open as their case went to court.

On July 20, the Essex District Court found Lord-Heinstein, Gardner, and Rand guilty of violating Massachusetts’ statute against distributing or advertising contraceptives. In his verdict, Judge Sears said that although he “must find these defendants guilty...they were acting and operating under legal advice and perhaps did not believe they were acting contrary to law.” The judge cited Van Kleek Allison’s 1916 conviction in support, although he did not mention the *One Package* decision in his verdict. He also noted that the dissolution of birth control statutes should come from the Legislature or the Supreme Judicial Court, not a District Court judge.<sup>58</sup> Dismayed but perhaps not entirely surprised, the BCLM immediately appealed.

With this initial defeat in court, police now declared open season on greater Boston’s Mothers’ Health Offices. Raids on the Brookline MHO, the South End MHO, and the Boston BCLM headquarters swiftly followed. These raids represented a coordinated effort between the

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<sup>56</sup> Caroline L. Carter Davis, “Progress in Massachusetts,” *Birth Control Review*, vol 4, no. 4 (December 1936): 1.

<sup>57</sup> Caroline L. Carter Davis, “In the Cradle of Liberty,” *Birth Control Review*, vol 22, no. 1 (October 1937): 6-7.

<sup>58</sup> Caroline L. Carter Davis, “In the Cradle of Liberty,” *Birth Control Review*, vol 22, no. 1 (October 1937): 6.

Salem, Lawrence, Brookline, and Boston police departments. Following Salem's lead, both Brookline and Boston police raided MHOs, confiscated contraceptives, literature, and confidential patient information, and promoted prosecution of the women physicians and leaders in charge of the MHOs. Far from being discreet or stealthy, the police in fact advertised their raids and announced their intention to transmit information – possibly including patient information - to other police departments throughout the state.<sup>59</sup>

On the evening of August 2, Brookline Police raided the Brookline MHO. Armed with a search warrant, officers removed contraceptives and other medical supplies. They also vigorously questioned eight patients present at the time along with BCLM chair Linda Hawkrige, Dr. Lord-Heinstein, and Dr. Ilia Galleani. A social worker affiliated with Massachusetts Memorial Hospital, who had been present observing the clinic, was questioned but not charged. Police also seized the names and addresses of more than 2000 women served by the Brookline clinic.<sup>60</sup> At trial, Brookline police revealed they had gathered their evidence against the MHO by secretly sitting under an open clinic window listening to Dr. Galleani's confidential conversations with patients.<sup>61</sup>

Just before dinnertime on August 3, five detectives appeared at the BCLM headquarters at 18 Joy Street in Boston. Mrs. Hawkrige and Mrs. Davis offered to open the offices, even though they were closed, as they “realized that we need not talk to police or allow them to enter the office, but we felt a raid was the alternative and that a cooperative attitude was the better course.”<sup>62</sup> Mrs. Hawkrige did refuse to open any locked cabinets, as the officers lacked a search

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<sup>59</sup> “Birth Control Raids Expected – Brookline Case May Be Start of Wider Activity,” *Boston Globe*, August 3, 1937.

<sup>60</sup> “Birth Control League May Close All of Its Clinics In State,” *Boston Traveler*, August 4, 1937.

<sup>61</sup> Garrow, *Liberty and Sexuality*, 46.

<sup>62</sup> “Statement by L.M. Hawkrige, August 5, 1937, Summary of Police Activities,” BCLM/PPLM Records Box 29, Folder 4.

warrant, but both women enjoyed a long talk explaining to [the police officers] the work of the League “emphasizing its medical aspects.” Davis later described the raid as having been “conducted like an afternoon tea, though the hostesses, caught unaware, had neglected the tea.”<sup>63</sup>

Early on August 4, Boston Police officers requested entrance to the South End MHO. Committee members Mrs. Albert B Williams and Mrs. Loraine Campbell were present and had been warned by Hawkrigde and Davis to expect a raid. Williams and Campbell refused to let the officers enter or to answer questions once officers admitted they had no search warrant. After the officers left, Williams and Campbell closed the office and removed patient records as well as contraceptive supplies and information, correctly predicting that Boston police would return. They did, that afternoon, and were allowed to enter with a signed search warrant. Finding the office empty, the police “attempted to have arrested the three women who had been there in the morning and Dr. Galleani because her name appeared on the door,” on charges of advertising contraceptives. Judge Carr (not the same justice who heard Dr. Galleani’s case related to the Brookline office) dismissed the charges due to lack of evidence.<sup>64</sup> On the same day, August 4, Dr. Galleani alone was charged with offering contraceptives for sale and released on \$500 bail.

One day later, on August 5, Hawkrigde and Davis were arrested and arraigned in Suffolk County Court. The warrant contained their statements from August 3 explaining the League’s work on contraception. Interestingly, it also included “the giving of an address as to where an abortion could be obtained.” Presumably Hawkrigde and Davis gave this information to investigators as a way of making their case that the BLCM did not perform abortions. Perhaps they intended the police to go after the abortionists, or perhaps they accidentally let this

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<sup>63</sup> Caroline L. Carter Davis, “In the Cradle of Liberty,” *Birth Control Review*, vol 22, no. 1 (October 1937): 7.

<sup>64</sup> “Statement By L.M. Hawkrigde, August 5, 1937, Summary of Police Activities,” BCLM/PPLM Records Box 29, Folder 4.

information slip. Either way, BCLM attorneys managed to have this statement eliminated from the final charge, so that Hawkrigde and Davis were charged only with violating Massachusetts statues against advertising and distributing contraceptives. BCLM leadership decided to close the three remaining clinics (in Worcester, New Bedford, and Springfield) to avoid further raids. Thus in the space of a few months, access to reliable, medically-sound birth control disappeared for all but elite Massachusetts women.

### **The Courts and the Court of Public Opinion**

Maintaining “complete confidence in the legality of [their] work,” BCLM leadership hit back at police, taking their case to court as well as to the court of public opinion. The BCLM intended to battle “to the limit” not only the charges against them, but also Massachusetts’ contraceptive laws as well. Hawkrigde stated that she regretted that so many people equated birth control with abortion. She also argued that the raids would hamper the League “not only in its fight on the abortion evil, but also in its crusade against widespread traffic in bootleg contraceptives.” Citing the American Medical Association’s recent statement, she remained confident that Massachusetts courts would confirm the right of poor married women to receive the same contraceptive advice from physicians that elite women did.<sup>65</sup> “We gladly welcome this investigation, which we hope will clarify the Massachusetts law,” she told a reporter. “We have no intention of breaking the law and nothing to hide. We have never denied that we gave contraceptive advice, for we consider that a doctor has the right to do what he can to preserve the life of his patients.”<sup>66</sup>

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<sup>65</sup> “Birth Control League May Close All of Its Clinics In State,” *Boston Traveler*, August 4, 1937.

<sup>66</sup> “Summary of conversation with Mr. Dodge by Mrs. Hawkrigde,” September 13, 1937, BCLM/PPLM Records, Box 19 Folder 16.

Secular public opinion seemed to support Hawkridge's view. One editorial from the *Cape Cod Colonial*, for example, cheered the AMA's decision as a step away from using contraceptives "blindly and dangerously." With the new AMA guidelines, the editorial argued, doctors would finally be able to extend their knowledge to those Bay Staters who wished to pursue an "intelligent" reproductive life. "Much harm is done today," the editorial echoed Hawkridge's argument, "because birth control is only a rumor among certain people. In their efforts to achieve control of the size of their families, they risk untold dangers rather than seek out what they have been led to believe is a pernicious and dangerous knowledge."<sup>67</sup> Somewhat more cheekily, a *New York Post* editorial termed the clinic raids a modern-day witch hunt, writing that "this time the victims of the drive were not old crones suspected of having the evil eye, but young women, some of them social leaders, accused of illegally advertising birth control devices. Thus the traditions of Salem have survived through the centuries, and the citizens of the town can sleep o' nights confident that Satan has been dehorned by the decent."<sup>68</sup> Society pages even got in on the event, reporting breathlessly that one of the women testifying on behalf of the MHO was none other than Dorothy Winthrop Bradford, direct descendant of Massachusetts Bay Colony Governor John Winthrop, wife of society physician Dr. Stewart Bradford, and a socialite in her own right.<sup>69</sup> Robert G. Dodge, known as the "Dean of the Massachusetts Bar," served as chief counsel for the defendants.

Medical opinion also overwhelmingly favored the BCLM's case. High-profile New York attorney Morris Ernst breezily dismissed naysayers. "It will take an aroused medical profession to influence the judiciary in Massachusetts, but I am not much worried," he said. "If the cases in

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<sup>67</sup> "Birth Control Progress," *Cape Cod Colonial*, June 10, 1937.

<sup>68</sup> Ernest L. Meyer, "As the Crow Flies: the Salem Witch Hunt Shifts to a New and Curious Target," *New York Post*, August 10, 1937.

<sup>69</sup> "Doctors Rally to Defense of Trio at Birth Control Clinic Trial," *Boston Daily Globe*, July 14, 1937.

Boston are fought, as I am sure they will be, in a forthright manner, and if you doctors and lawyers and people with the same point of view will pass your resolutions along to the birth control people in Boston and will give them support, there is no question of the outcome....The law is nothing more or less than the pressure of public opinion at any particular time on particular judges.”<sup>70</sup> Led by Dr. John Rock, himself a Catholic, fifteen doctors wrote an open letter to the Massachusetts Medical Society, asking that its membership protest prosecution of the MHOs. “Two fundamental rights of physicians have been violated,” they wrote. “First, in the seizure and holding of confidential medical records by police; second by police interference with the right of physicians to practice medicine in accordance with accepted methods.”<sup>71</sup> Citing the recent AMA resolution as well as the *U.S. v. One Package* case, Rock and others argued that physicians maintained the right to give contraceptive advice, and that such advice was within the spirit (if not the letter) of Massachusetts law. Even if a physician did not personally support birth control, Rock’s letter encouraged them to view the case as primarily one concerning a physician’s decision-making autonomy.

As each case went to trial, the defense’s most powerful argument rested upon the medical nature of the MHO’s work. Linda Hawkrige and Caroline Carter Davis were being prosecuted for generally distributing birth control literature, rather than prescribing contraceptive devices, and BCLM leaders felt “most pessimistic” about their cases.<sup>72</sup> Attorney Dodge felt that the League’s best chance of success lay with the cases against Dr. Lucile Lord-Heinstein, nurse Flora Rand, social worker Carolyn Gardner, and clinic volunteer Pamela Ferris, all of whom had

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<sup>70</sup> Morris L. Ernst, “The Law Catches Up with Science,” in *Birth Control: A Symposium, October 11, 1937* (New York: New York Academy of Medicine, 1938):12-24.

<sup>71</sup> “1782 Doctors Sign Protest – Say Rights Violated in Closing of Clinics” *Boston Globe*, December 9, 1937; “Doctors Rally to Defense of Trio at Birth Control ‘Clinic’ Trial,” *Boston Globe*, July 14, 1937.

<sup>72</sup> Garrow, *Liberty and Sexuality*, 47.

been found guilty of providing contraceptive devices for individual patients and whom, the League argued, should be exempt from the letter of the law due to the medical nature of the work.<sup>73</sup> In court, prominent Massachusetts physicians Dr. Robert DeNormandie, Dr. Peer Johnson, and Dr. Nathaniel Faxon (director of Massachusetts General Hospital) all testified in support of the work done by Boston-area MHOs. Additionally, they attested to the fact that many private physicians prescribed contraceptive devices for their married women patients as a matter of course. Why then, they asked the court, should the “poor and ignorant” woman be denied the same care?<sup>74</sup>

On September 15, 1937, the Brookline Municipal Court found Dr. Galleani guilty of violating Massachusetts law against distributing contraceptives and fined her four hundred dollars. Two weeks later, Hawkrigde and Davis were found similarly guilty by a Boston court and fined two hundred dollars each. Finally, on October 15, Essex County Superior Court upheld the previous guilty verdicts against Dr. Lord-Heinstein, Rand, and Gardner, and found Ferris guilty as well.

The League decided to hold off on appealing the Galleani, Hawkrigde, and Davis convictions until the Massachusetts Supreme Court could rule on Lord-Heinstein, et al, which seemed to be the most compelling cases.<sup>75</sup> “Our contention,” said Dodge at the 1938 BCLM Annual Dinner, is that “no statute on our books could possibly legitimately be construed as interfering with medical practice which is in accordance with the best medical standards of this country. No statute on the books has ever been construed as interfering with that practice, and no

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<sup>73</sup> Dr. Galleani retained her own attorney, Theodora McDonald of Boston.

<sup>74</sup> “The Massachusetts Hearings,” *Birth Control Review* vol 22, no. 1 (October 1937): 5. “Supreme Court Hears Birth Control Case,” *Boston Globe*, February 7, 1938.

<sup>75</sup> See Garrow, *Liberty and Sexuality*, 46. The League chose to have the Gardner, Lord-Heinstein, Rand, and Ferris cases tried together.

statute ought to be construed as such.”<sup>76</sup> The League could even point to its close neighbor to the South, Connecticut, as an example – that state still had a similar statute on its books, but the Connecticut Birth Control League operated numerous clinics across the state with no fear of prosecution.<sup>77</sup>

The Court disagreed. On May 26, 1938, the Massachusetts Supreme Court handed down its final decision in *Commonwealth v. Gardner, Lord-Heinstein, Rand, and Ferris*. The terms of Massachusetts law, Chief Justice Rugg stated in the verdict, “are plain, unequivocal and peremptory. They contain no exceptions. They are sweeping, absolute, and devoid of ambiguity. They are directed with undeviating explicitness against the prevention of conception by any of the means specified.” Legislators who wrote the statute clearly did not intend to allow any exceptions, even for physicians. “Even though prevention of conception by medical advice and treatment was not unknown in 1879 and might have been the subject of an exception from the general legislative prohibition if the Legislature had deemed such an exception consonant with public policy, the Legislature had equal power to adopt the contrary view that such an exception would endanger the effectiveness of the statute. If any exception had been intended to the broad prohibition enacted, it would have been easy to give expression to it in the statute....” Rugg continued. Therefore, “the inference seems necessary that the moral and social wrongs arising from the prevention of conception appeared to the General Court so threatening in 1879, when

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<sup>76</sup> Robert G. Dodge, “Digest of Mr. Robert G. Dodge’s Remarks at the Annual Dinner of the Birth Control League of Massachusetts, April 12, 1938,” BCLM/PPLM Records, Box 24, Folder 5.

<sup>77</sup> Garrow, *Liberty and Sexuality*, 50-61. Unfortunately, this would not remain true for very long. By 1940, the Waterbury and Hartford Connecticut Birth Control League/Planned Parenthood League of Connecticut clinics had been forced to close. Connecticut’s laws against obtaining or using contraception remained on the books until 1965, when the Supreme Court ruled in *Griswold v. Connecticut* that the Constitution protected the rights of married couples to buy and use birth control. *Griswold v. Connecticut*, 381 U.S. 479 (1965). See also John W. Johnson, *Griswold v. Connecticut: Birth Control and the Constitutional Right of Privacy* (Lawrence: University Press of Kansas, 2005).

the statute was originally enacted, that absolute and unconditional prohibition against the sale, gift, or loan of contraceptive drugs, medicines, or articles for that end was necessary to meet the conditions. A statute of that nature is constitutional.” *U.S. vs One Package* and *People v. Sanger*, Rugg asserted, relied specifically upon New York State law. The Massachusetts courts, Rugg stated, simply could not read a similar exception into Massachusetts law.<sup>78</sup>

Publicly, the BCLM stated its intention to appeal the decision, “so out of touch with the realities of the world today” that it outraged common sense. The decision was in direct contradiction to several Federal court rulings, the League told reporters, and the Supreme Judicial Court had “lost a chance to bring Massachusetts abreast of a more enlightened world.”<sup>79</sup> Behind closed doors, however, League leadership was in mourning. “How sad that all we worked for has been suddenly smashed,” wrote Galleani to Loraine Campbell. “I sincerely hope that it will be temporary for the sake of all those poor women who needed the advice so badly.”<sup>80</sup>

“Poor women” is an important phrase in Galleani’s letter, because it encapsulates the underlying question brought into the light by the Mothers’ Health Offices raids. Whatever the Court’s judgment said, the real difference between the Mothers’ Health Offices and the private physicians vis-à-vis birth control was simply *who* was able to access it. Judge Parker, in deciding Galleani’s case, alluded to this distinction. “There is a great difference in my mind between advice given privately by a physician in a particular case to preserve life and an office that is openly conducted like this...[giving] advice to anybody who might apply.”<sup>81</sup> That is, women of

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<sup>78</sup> *Commonwealth v. Carolyn T. Gardner, Same v Lucile Lord Heinstejn, Same v Flora Rand, Same v Pamela Ferris*, 300 Mass. 372, February 7, 8, 1938 - May 26, 1938. See also *United States v. One Package*, 86 Fed. (2d) 737 and *People v. Sanger*, 222 N.Y. 192.

<sup>79</sup> “Will Fight Decision on Birth Control – League to Appeal Case to the U.S. Supreme Court,” *Boston Globe*, May 27, 1938.

<sup>80</sup> Ilia Galleani to Loraine Campbell, October 4, 1937, PPLM/BCLM Records Box 21, Folder 20.

<sup>81</sup> Quoted in Garrow, *Liberty and Sexuality*, 47.

all walks of life, not just the “deserving,” would be able to seek access to medical care that had been previously reserved for the elite. No Massachusetts court or legislative body moved to attack the numerous over-the-counter products offered for feminine hygiene. One wonders if the Court felt that a poor woman who used these products got what she deserved when they inevitably failed.

Birth control opponents at the time even attacked the definition of “poor.” One contemporary commentator argued women often maintained “an assumed poverty due to unnecessarily high standards of living,” which was “too thinly disguised selfishness.... Amusements, pleasures, mechanical comforts formerly classed as luxuries are now considered necessities even by the so-called poor and are offered as a vindication of contraceptive birth control.”<sup>82</sup> Another called for attacking the sources of poverty rather than providing birth control to the poor: “Our American people who are financially able to have children are refusing to bear them.... Those interested in the birth prevention movement have made no effort to increase the number of children in this class of people.” Rather, he continued, “They have spent money to see to it that the poor have produced less children. We should strive for clearance of the slums, better preventative medicine and recreation, better working conditions, rather than for restriction of birth of a people of whom 90 percent are desirable. For the undesirables, segregation is the only solution.”<sup>83</sup> Woven throughout these arguments and others from the time are strong threads of eugenic and racial thought.

It is also telling that the two female physicians, Dr. Galleani and Dr. Lord-Heinstein, came under far closer scrutiny and condemnation than their male colleagues. Throughout

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<sup>82</sup> Ignatius W. Cox, SJ, *Birth Control is Wrong!* (America Press: New York, 1930): 10-11. See also “Birth Control Under Debate,” *Boston Globe*, April 30, 1938.

<sup>83</sup> Dr. Cornelius T. O’Connor, quoted in “Birth Control Under Debate,” *Boston Globe*, April 30, 1938.

multiple trials in three different cities, no prosecutor or judge ever threatened to arrest any of the male physicians who freely admitted – under oath – that they regularly prescribed contraceptives to their private patients. Nor did any Court instruct these male physicians to cease providing contraceptive devices and information to their patients in the future.<sup>84</sup>

The case made its last and final stop at the United States Supreme Court. On October 10, 1938, the Court refused to hear the appeal of *Commonwealth v. Gardner, Rand, Lord-Heinstein, and Ferris*, citing the lack of “a substantial federal question.” To buttress its decision, the Court cited two cases supporting a state’s right to set requirements and restrictions on its physicians as well as a Prohibition-era case affirming police powers of individual states. Clearly the Court interpreted *Commonwealth v. Gardner* as chiefly a question of state police power, not one of privacy or public health. The Court did not cite its own recent case, *United States v One Package*.<sup>85</sup>

Lost among the courtroom debates and theoretical discussions were the individual women who now had nowhere to turn for medically-sound contraception. After MHO clinics closed, BCLM volunteers followed up with current clients. The narrative of one former client is indicative of the situation in which Bay State women now existed.

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<sup>84</sup> George G. Smith, “The Massachusetts Physicians Protest the Clinic Raids,” *Journal of Contraception*, (February 1938): 36-37; “1782 Doctors Sign Protest – Say Rights Violated in Closing of Clinics,” *Boston Globe*, December 9, 1937; “Doctors Rally to Defense of Trio at Birth Control ‘Clinic’ Trial,” *Boston Globe*, July 14, 1937.

<sup>85</sup> *Journal of the Supreme Court of the United States*, October Term 1938. One case cited by the Supreme Court in denying a writ of certiorari to Gardner was *Lambert v. Yellowley* (1926), which dealt with the question of whether or not a physician’s right to practice medicine could exempt them from existing state laws. In the Yellowley instance, a physician sought to prescribe alcoholic medicines in violation of the federal prohibition statute. This case would later be cited in multiple challenges to state birth control and abortion laws. See David J. Garrow, *Liberty and Sexuality*, and John W. Johnson, *Griswold v. Connecticut: Birth Control and the Constitutional Right of Privacy* (Lawrence: University Press of Kansas, 2005).

The unnamed woman, 28 years old, had been referred to the MHO by a medical agency following five pregnancies between 1927 and 1933. Dr. Galleani diagnosed her with hypotension, secondary anemia, “and severe nervous and physical exhaustion.” Her husband, a meat-packer who earned \$17.00 a week, was reported to be in good health. The patient used prescribed contraceptives regularly and satisfactorily for four years. After MHO offices closed, BCLM workers made a home visit and reported the following:

“Mrs. C. ran out of supplies 4 months ago. Husband used condoms but in spite of this precaution Mrs. C. became pregnant. A friend told her of a woman who would perform an abortion for her. Her charge was \$50.00 which she reduced to \$10. The attempted abortion was done at the friend’s house. Mrs. C. stated that the implements used were a wire and a rubber catheter. Mrs. C. went to the friend’s house about 8:30 am and was there until evening. During this time several attempts were made to start her flowing and she finally came home and was told to keep the catheter in place 6 hours. Some days later she started to flow profusely but at the time of worker’s first visit she was sure that she was still pregnant, and was extremely worried that she had done something to injure the child. Worker advised her to go at once to a hospital clinic which she agreed to do. Worker spoke to Mrs. C’s sister several times while patient was in the hospital. Mrs. C. had been kept in the hospital for several days the doctor’s hoping to prevent a miscarriage. She finally had severe hemorrhages and had a D&C done for incomplete miscarriage. Mrs. C. had been very ill and the husband was ordered to the hospital in case a transfusion would be necessary. Husband did not, however, appear at the hospital, but went out and got drunk, according to the sister’s story. She states that he is a very difficult man. Seems fond of his children but will not take any responsibility for them or relieve his wife of their care for even a short time.”<sup>86</sup>

Another MHO client, Theresa Ralph, wrote to the office a few weeks after the 1937 raids, requesting a tube of contraceptive jelly. “I haven’t been able to get in for my 6 months check up visit because we have fewer and fewer pennies in the pocket-book,” she wrote. “I’ve let the time slide along, hoping that things would be better and we’d be able to get together the money for the

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<sup>86</sup> “Mrs. C – Case History,” BCLM/PPLM Records, Box 29, Folder 1.

[train] fare ourselves. But the reduction in quota on the Writers' projects has left us completely jobless. So we've retired to a camp in the woods [near Lowell, Massachusetts] where we can pick up our fuel for nothing and pick berries and stretch our few nickels left as far as possible."

Theresa and Harold Ralph, both writers with the Works Progress Administration's Writers Project, had a 22-month-old daughter, Karen. Likely due to their isolation, Mrs. Ralph clearly did not know the MHOs had been shut down. In her eloquent letter – by turns humorous and melancholy – Theresa Ralph wrote:

"Which brings me to the belated thanks I've meant to write you people for so long. If this had happened a year ago – being left without any work, with three dollars in the pocketbook and no chance of welfare – we would have surely gone off one of several possible deep ends. We were both in such poor health, my husband trying to get over a very bad breakdown and myself tiptoeing on the precarious edge of one, that we would have gone to pieces surely and quickly....What would have become of the baby doesn't bear thinking of. But you have helped us to have peace and security for a year; we have grown healthy and hopeful and have regained our quota of the courage necessary in this world we live in. we haven't a lot of pent-up emotional energy in danger of exploding on us, and we haven't fear and worry rotting our minds. We can dare to go live in the woods while we're trying for other work. We've both recovered enough order in our thinking to start writing out here....You've helped us attain the physical and mental health that overwork and no work and going a bit hungryish and being afraid had taken from us. And because I haven't had to overburden a body that couldn't stand more burden, I have been able to care properly for a better-than-average small daughter."

One imagines that when Mrs. Ralph received a response describing the MHO raids and subsequent closures, she drew on her remaining reserves of courage to keep going. However, those reserves soon gave out. In 1939, she gave birth to a second child, Harold, Jr. In 1944, she died of peritonitis in the coastal town of Rowley, a month before Karen's tenth birthday. Her

husband was either unable or unwilling to care for his children; Harold and Karen were sent to a nearby orphanage. Theresa Ralph was laid to rest in the family cemetery.<sup>87</sup>

Mrs. C. and Mrs. Ralph are only two of the unknown number of women whose lives suffered without access to a Mothers' Health Office. They lived the reality that Dr. Galleani dreaded. Even as the country moved forward into the 1940s, Massachusetts stubbornly refused to give up its two-tiered system of contraceptive access. Mrs. C. and Mrs. Ralph could no longer obtain medically-sound, safe contraception -- but the wives of male judges and legislators who had snatched it from their grasp still could.

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<sup>87</sup> Mrs. Ralph requested contraceptive jelly because it was necessary to use contraceptive jelly or cream along with a diaphragm in order to achieve maximum effectiveness. Jelly or diaphragms alone had a substantially higher rate of failure. A typical diaphragm could be used for two to four years. Letter from Theres[a] Ralph to Mothers Health Office, July 26, 1937, BCLM/PPLM Records Box 19, Folder 13. 1940 Census Records, District 9-74 (Billerica Town, MA, Essex, MA); Sheet number 12, Line number 37 "Harold C. 'Hal' Ralph," *Sarasota Herald-Tribune*, April 13, 2022. Theresa Libby and Harold Ralph married in June 1934. By 1935 they were living in Lynn, Massachusetts, where Karen Ralph was born in September 1935. Harold C. Ralph was born in 1939. Theresa Libby Ralph died on August 31, 1944; her cause of death is given as a burst appendix with peritonitis. Harold C. Ralph's obituary states that he and his sister were sent to an orphanage after their mother's death.