Reproductive Health, Reproductive Rights

Rosen, Robyn L.

Published by The Ohio State University Press

Rosen, Robyn L.
The Ohio State University Press, 2003.
Project MUSE. muse.jhu.edu/book/33044.

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In 1927, Elizabeth Putnam devised a devious plan to put the United States Children’s Bureau (CB) out of operation permanently. She confided her secret to a high official in the United States Public Health Service, explaining, “I am gunning to be made chief of the Children’s Bureau, in order that I may get that Bureau abolished without antagonism to the President from the women of the country.” Putnam audaciously followed through with her plan, asking President Calvin Coolidge to appoint her chief in 1928. Despite Putnam’s prominence in the Republican Party and her notoriety as a pioneer in infant and maternal health, Coolidge felt compelled to refuse her request, pleading that such an appointment would be politically unfeasible. Putnam later divulged that President Coolidge admitted that, “he apparently had no way of getting rid of Grace Abbott.”

Putnam’s hostility toward the CB was not unique in the 1920s, nor was her intention to have the Bureau abolished. The CB had been on shaky grounds since a conservative political climate and thrifty administration had been ushered in at the end of the First World War. However, Putnam’s relationship to the CB was not nearly so simple as one of clear-cut enmity. On the contrary, Putnam was once a powerful ally to the Bureau, helping shape its early agenda and ensure its survival.

Elizabeth Lowell (1862–1935) was born in Brookline, Massachusetts, to August Lowell and Katherine Lawrence. Among the four siblings in her very prominent family were the poet Amy Lowell and Harvard President Abbott Lawrence Lowell. At the age of twenty-six, Elizabeth married William Lowell Putnam, a distinguished Boston lawyer and distant cousin. Putnam gave birth to five children, four of whom survived. Her
two-year-old daughter Harriet died from drinking impure milk. This personal tragedy compelled Putnam to become active in the pure milk movement, from which she launched an impressive political career that consistently brought her into contact with the CB. Well connected, wealthy, and tenacious Putnam was a force to be reckoned with in Massachusetts and, increasingly, in the national political arena.

Significantly, Putnam's other pet cause in the first decades of the twentieth century was antisuffragism. She played an active role in the very powerful antisuffrage movement in Massachusetts. A political conservative, Putnam's desire to save the lives of babies and then their mothers through her work in the field of prenatal care did not reflect a commitment to equal rights for women. While this certainly separates her politically and ideologically from the other women reformers in this study and indeed the majority of reproductive reformers, Putnam does not represent an utterly unique case. Indeed, her eclectic political commitments reflected the power of reproductive issues to attract those from the right as well as those from the left.

Despite her adamant opposition to women's suffrage, Putnam was a dedicated political activist from 1908, when she first joined and chaired the executive committee of the Massachusetts Milk Consumers' Association, until her death in 1935. Putnam rose to prominence in reform circles just prior to World War I. In 1909—the same year as the White House Conference on the Care of Dependent Children—she initiated a five-year study of the effects of prenatal care on infant mortality. Her work brought her national recognition as a lay expert in this field. Among the many reproductive health organizations she led or participated in were the American Association for the Study and Prevention of Infant Mortality, the Women's Municipal League of Boston, the American Child Hygiene Association, the Household Nursing Association, and the National Child Welfare Association.

Like many elite women in the early twentieth century—both liberals and conservatives—Putnam was enabled by the politics of maternalism to launch and legitimate a political career. According to Seth Koven and Sonya Michel, maternalism refers to “ideologies and discourses that exalted women's capacity to mother and applied to society as a whole the values they attached to that role: care, nurturance, and morality.” Significantly, Putnam's maternalism offered a way into both the antisuffrage and the infant welfare movements. As the chair of the education and organizing committee of the Women's Anti-Suffrage Association of Massachusetts, for example, Putnam wrote: “Woman is the bearer and rearer of children. Mercifully no suffrage agitation can deprive her of this privilege. Her first duty must
always be at home and her best effort must be given to her home and what makes for the betterment of homes the world over. . . . A woman wields immense power just because she has no political affiliations.

To accomplish their goals, the maternalists with whom historians are most familiar—progressive maternalists—engaged in a conscious battle to transform the liberal state into an activist one. Or, put another way, “they transformed motherhood from women’s primary private responsibility into public policy.” While Putnam certainly shared the desire to come to the aid of mothers and infants, she increasingly opposed the methods of mainstream reformers.

Putnam’s career and ideology, representative of a much larger conservative movement, help us understand how opposition to welfare state development was compatible with reproductive reform. An examination of the choices, alliances, and enemies Putnam made during her thirty years of activism provides a clear illustration of the extent to which a
desire to help women and children during their most vulnerable life stages (pregnancy and infancy) could conflict with government initiatives to aid maternal health. While Putnam dedicated herself to saving the lives of infants and mothers, she increasingly saw the CB as a competitor for power and authority and as fundamentally misguided. Her career forces historians to rethink the contributions of conservative, politically active, and powerful women in the development of public policy. Her activities and ideology pose the question of how a conservative political agenda could be meshed with an innovative reform spirit and a sincere concern for women and children.⁷

In addition to the fact that Putnam's career illuminates the variable ways that maternalism intersected with what Koven has called “a wide array of concrete social and political practices,” it serves as a foil to the history of the CB. By contrast, Putnam helps to expose both the flaws in the CB's orientation, and its great strengths and achievements. For example, Linda Gordon and others have argued that the weakness of social welfare programs in this country has stemmed partially from a gendered conception of social provision versus social assistance. Gordon has been critical of the way in which women's social work heritage has led to an emphasis on treatment for poor people, rather than prevention of poverty.⁸ Putnam's reform career shows that, in the case of reproductive reform politics, concern for the poor, whether communicated through advocacy of treatment or prevention, cannot be taken for granted. The lengths that the CB went to to ameliorate the suffering of disadvantaged groups need to be evaluated not only in the light of more advanced and progressive activities (as we will do in the next chapter when considering Ethel Dummer), but in relation to more conservative actions as well. Putnam, once an ally and increasingly an outspoken critic of the CB, helps to underscore the variety of paths available to white middle-class women who shared a desire to improve the welfare of mothers and their babies.

I have identified three distinct phases of Putnam's dynamic reform career dating from 1908 to her death in 1935. In the first phase, dating roughly from 1908 to 1920, Putnam's maternalism provided the most important organizing principle in her politics. Although she was a political conservative who vigorously opposed women's suffrage, her maternalism allowed her to cross many boundaries to become a prominent figure in the predominantly progressive circles of the infant welfare movement. She enjoyed status and fame among the ranks of reformers, the loss of which would plague her throughout the last decade of her life.
The second phase of Putnam's career began with the passage of the Sheppard-Towner Act, and the appointment of Grace Abbott as chief of the CB in 1921, and lasted three or four years. During these years, Putnam's conservative political orientation vied for supremacy over her maternalism as she made a break from various progressive welfare organizations and became an outspoken critic of Sheppard-Towner. In this second, transitional period, Putnam's opposition to Sheppard-Towner grew less out of a critique of the welfare state than out of particular problems she had with the administration and administrators of the new federal program. She kept her antagonisms directed at specific political issues and people, and maintained that there were more efficient ways to help women and children than through the plan devised by the CB.

Putnam's growing interest in attaining status and power within the Republican Party also marked this second phase. Once the Nineteenth Amendment passed, Putnam was not shy about exercising her new rights, and even sought official positions within the party apparatus. By 1920, many reformers had bolted from the Republican Party to support first the Progressive Party and, ultimately, the Democrats. Putnam, however, remained loyal to the Republican Party as it developed a more conservative constituency and agenda in the 1920s.

The third and final phase of Putnam's political career began in the mid- to late 1920s when her conservatism virtually eclipsed her maternalism. She ceased being a careful and considerate critic of particular methods and agencies in the national infant welfare movement. Instead, she initiated a wholesale attack on federal “paternalism” and the very existence of the CB. In this final period, Putnam lost all her previous connections to maternal and infant health care reformers and actually formed her own right-wing women's organization “to abolish the Children's Bureau . . . and to stifle other welfare legislation affecting mothers and children.” She also became a member of the archconservative group the Sentinels of the Republic, which supported and encouraged her disassociation from her previous reform affiliations. Thus, Putnam's reform career had come full circle. While maternalism had initially proved a bridge across different political orientations, by the end of the 1920s debates about the role of the federal government had come to the foreground and cost Putnam her prominent place in the maternal and infant welfare movement. This chapter will trace the development of Putnam's reform career and show her shifting priorities and networks throughout the three phases I have identified, highlighting the ideological distance that grew between Putnam and the CB.
Putnam was an important pioneer and participant in what historian Richard A. Meckel has categorized as the second and third stages of the infant welfare movement in the United States. Meckel has argued that interest in lowering the infant mortality rate in the United States passed through three distinct phases. The first, lasting from approximately 1850 to 1880, marked the “discovery” of the high infant mortality rate by reformers. The second phase lasted from the 1880s through the 1910s and focused on the importance of infant nutrition, specifically, on debating the pros and cons of breast versus “artificial” feeding. The third phase began in the first decade of the twentieth century and defined infant welfare primarily in terms of motherhood, dually focusing on women’s health during pregnancy, and educating women to mother properly.

The earliest infant welfare reformers tended to look toward the environment as the perpetuator of disease. Sanitary reformers dominated the ranks in this first stage of the infant welfare movement. They recognized that child rearing customs and medical treatment needed to be examined, but believed that only through changing the environmental conditions in which infants lived would a drastic improvement be made in mortality rates. Thus, early infant welfare work concentrated on municipal and sanitary reforms such as housing reform to increase sunlight and air circulation and to lessen numbers of people living under one roof; efforts to expedite the effective removal of garbage; and attempts to improve the availability and cleanliness of water and fuel. But, as immigrants continued to crowd into large urban centers, there seemed little hope for turning back the clock toward a more traditional, healthy environment for infants and their families.

By the 1880s reformers narrowed their focus to infant nutrition, specifically, artificial feeding. Meckel has argued that this narrower focus was accepted by the scientific, medical, and lay community because it provided a reasonable scientific explanation of infant mortality, and “also promised a solution to the dilemma that public health reformers had found themselves facing in their attempts to reduce mortality among urban infants.” For the first time scientists were able to make accurate bacteria counts in cows’ milk. They found that commercial milk was a breeding ground for the bacteria and germs that led to the primary cause of infant death: the infant diarrhea epidemic common to children in urban areas in the summer months. Thus, the most logical and efficient way to proceed would be to clean up the milk supply.
Infant welfare reform, and milk reform in particular, remained at the local level throughout the nineteenth and into the first decades of the twentieth centuries. Municipalities took the lead in passing milk laws. Between 1880 and 1895, twenty-three U.S. cities passed or reinforced legislation related to safeguarding their milk supply. However, most municipalities received their milk from the countryside, which was outside their jurisdiction and the place where most of the adulteration was thought to occur. After this discovery it became necessary to involve the state apparatus in the regulatory process. Milk dealers protested the regulatory function of local governments. Ironically, these challenges often led to an increase in the authority of local governments in the arena of public health. Meckel asserts, “The court challenges that dealers and retailers mounted against health departments produced a series of federal and state court decisions that eventually established the power of city health officials to regulate the sale of milk within their municipal borders, even if it was produced outside.” Thus, in the second phase of the infant welfare movement, the milk question was closely associated with debates over the role of the government in regulating trade and protecting public health.

Putnam’s entrance into the world of reform coincided with Meckel’s second phase of the infant welfare movement. Her activity in the pure milk movement (and her consequent commitment to infant welfare reform in all its forms) was almost certainly inspired by the death of her infant daughter, Harriet, as a result of drinking unclean milk. Putnam’s initial political activity developed from her membership in a civic group, the Women’s Municipal League of Boston, within which she formed a separate Committee on Milk in 1908. Two years later she joined the Massachusetts Milk Consumers’ Association (MMCA). The MMCA’s aim was to “unite consumers in obtaining efficient inspection and a pure milk supply” in order to reduce infant mortality and prevent epidemics among the larger population. This organization’s commitment to consumers signaled a path that would be well-worn by Putnam. Both the MMCA and the Committee on Milk of the Women’s Municipal League dedicated themselves to passing legislation to insure efficient and adequate inspection of the state milk supply. In the battle for improved milk inspection, Putnam found herself on the bad side of businessmen, and even local boards of health that feared intrusion into their domain. In a letter to the editor of the *Worcester Telegram* on October 6, 1911, regarding the pure milk bill that was currently before the state legislature, Putnam wrote, “There is no ground whatever for saying that the bill is . . . an effort to destroy local government. . . . It simply provides for a central, coordinating authority to make sure that the field is completely
covered and to save uneconomical and annoying duplication of inspection. In other words, it puts a general at the head of the army for the prevention of disease, the individual units of the army being the local boards of health which still continue to do their work under the Ellis Bill.14 In her advocacy of centralization, a scientific approach to social problems, and her critique of entrepreneurial freedom when it came into conflict with adequate safeguards for public health, Putnam articulates several key tenets of progressivism. Continuing her editorial, Putnam claimed, “The rights of the innocent consumer to protection from disease and death, so far outweigh any possible rights to manufacture such disease and death, however innocently, that the public need only to understand the facts in order to insist on this protection.”15

Particular features of Massachusetts’s politics and public health history can help explain Putnam’s ostensibly progressive position on the milk question. Politically, Massachusetts boasted a long history of regulation of commerce in the interest of the public good. According to Massachusetts historian Barbara Gutman Rosenkrantz, “Civic responsibility to protect ‘the public interest’ from ignorance, irresponsibility, or selfishness—whatever its source—had long been assumed by successive generations of enlightened Republicans whose candidates for public office were drawn from the old stock of native Americans.”16 This group of old stock Americans from whom Putnam’s prominent family drew its power and exerted its influence certainly shaped Putnam’s growing political interests. Specifically in the arena of public health, the Massachusetts Board of Health was run by a group of scientists who argued that they “should have principal responsibility for direct hygienic intervention to promote public health.”17 By 1890, the state’s responsibility and obligation to prevent the contamination of the public water supply was firmly established in Massachusetts. Once a scientific consensus developed around methods for controlling water-borne diseases, the Massachusetts Board of Health “took the lead in pointing to the protection of milk as the next critical area for the promotion of public health.”18 Board scientists began to count the bacteria in the Boston milk supply as early as 1890. Endorsing the motto, “Be Clean,” the Board called for restrictive laws that “required individual vigilance at every point from the farmer to the consumer.”19

Like the settlement house workers and club women she then associated with, Putnam followed a trajectory from the municipal to the state and, eventually, to the federal reform arena. Her activity in the pure milk movement in Massachusetts led her to advocate not only state regulation of the milk supply, but also cooperation between federal and state inspectors. Although she received little encouragement, Putnam even wrote
requesting an audience with President William Howard Taft in 1909 so that she might urge him to facilitate such an association. She wrote, “Both the United States Pure Food Commission and our own Health Authorities tell me that by cooperating they could do much more than is at present possible to purify Boston’s milk supply. Very unfortunately, however, there has been . . . little of such cooperation.”20 Putnam never received an audience with Taft. He directed her comments and suggestions to the Pure Food Commission and the Public Health Service.

Putnam’s activities and strategies in the MMCA complemented those of women progressives who also sought to improve social conditions through both government regulation and consumer education and activism. Florence Kelley’s work with the National Consumers’ League (NCL) (founded in 1899 by Josephine Shaw Lowell) provides a good example. In later years Kelley would become the victim of Putnam’s political red baiting and the latter would vehemently deny any suggestion of commonalities in methods or goals. Under the leadership of Florence Kelley from its founding until her death in 1932, the NCL lobbied for social welfare and labor legislation at the state and federal levels. Both the NCL and the smaller MMCA aimed to regulate aspects of the production of goods and services through the power of the organized and educated consumer. However, Kelley’s concern lay with disadvantaged groups. Through the NCL she sought to harness the power of consumers to protect exploited factory and sweated workers. In the field of infant welfare, Kelley and her Hull House compatriots focused on making clean milk available to poor families in urban areas through milk stations. Putnam, less interested in milk stations, fought to have a clean milk supply available to consumers. Her concern was the consumer, not the power consumers held over the conditions of production. The key distinction between these strategies lay in their aims: to improve either access to or provision of goods and services. While Putnam’s work emphasized the former, liberals and socialists sought to tackle the latter. Putnam sought to make clean milk available for purchase, while advocates of milk stations went a step further to ensure that milk would reach those in need.21 This early difference in perspective foreshadowed problems that would later develop between Putnam and those Progressives she cooperated with in the prewar period. For the time being, though, Putnam and other infant welfare reformers used compatible, if not identical, tactics to lower infant mortality rates through regulation of the milk supply.

Another commonality between Putnam and her more progressive colleagues lay in the rhetorical strategies they employed. According to Kathryn Kish Sklar, “as head of the NCL, Kelley exemplified the moral
conclusions to be drawn from infant mortality statistics collected by the U.S. Children’s Bureau, when in 1920 she repeatedly demanded on behalf of the Sheppard-Towner Act, ‘why does Congress wish Babies to die?’”

Putnam similarly never let the public forget the helpless babies who were the victims of the unclean milk supply. In a Women’s Municipal League Bulletin from 1912, Putnam’s words ironically presage Kelley’s statement in support of Sheppard-Towner: “Already since the veto last year it is safe to say that at least 3000 lives have been lost which might have been saved, and this number is increasing yearly. Is it not time we rouse ourselves? It is public opinion, public help that is needed. The politicians would not play politics with the lives of little children if they were made to feel that people cared about this thing.”

This type of rhetoric was useful for Putnam’s pure milk campaign because it roused public opinion and, more specifically, appealed to the women reformers in the General Federation of Women’s Clubs (GFWC), which by the end of the decade had close to one million members.

From 1909, when Putnam first published an article in the Federation Bulletin (the official organ of the GFWC) on the milk question, until the early teens, Putnam made a special effort to receive endorsements from this umbrella organization. In 1912 she wrote to the president of the Massachusetts branch of the federated clubs and asked if there was anything she could do “to rouse interest in the Federated Women’s Clubs.” She offered to “come before your gathering ready to answer any questions which any of your members might ask.”

Two years later, when Putnam’s energy was focused almost entirely on improving prenatal care, she would again count on the GFWC for support. In a discussion of how to get patients to enter prenatal care programs presented to the American Association for the Study and Prevention of Infant Mortality in November 1914, Putnam acknowledged the power of organized womanhood and women’s special connection to this issue: “It seems to me that one of the most fruitful ways and one in which I am personally much interested is through the Federated Women’s Clubs. There are enormous numbers of women belonging to these clubs now and it certainly is a woman’s job to take care of herself and her children; consequently these clubs are admirably adapted to take up this work. I believe if the women’s clubs throughout the country could be roused to the need of proper prenatal and obstetrical care, the battle would be won, and I think it should not be difficult thing to do.”

The same year that Putnam sought alliance with women’s clubs, the GFWC decided to endorse women’s suffrage. One year later, in 1915, the Massachusetts suffrage referendum would suffer a great defeat due to the power of organized antisuffragism in the state.
Despite conflict among female reformers over women's suffrage, however, Putnam was able to make connection with these women through the shared politics of maternalism. In addition to soliciting the cooperation of the GFWC, Putnam's milk politics were endorsed by such diverse groups as the Massachusetts State Branch of the American Federation of Labor and the Massachusetts Medical Society.

In 1909, Putnam branched out from her primary focus on milk to begin an innovative prenatal care experiment. Putnam established a small-scale prenatal care clinic for middle-class women in Boston to discern the efficacy of this type of care. Putnam's shift in emphasis was part of a larger movement among infant welfare reformers in the first decades of the twentieth century. This shift toward focusing on mothers to save babies opened up a debate not only about child rearing but forced attention on pregnancy itself, ultimately leading reformers to concentrate on prenatal care. Efforts to improve prenatal care took various routes; the three principle methods were education, financial assistance, and improvements in medical care. Education proved the most popular strategy for U.S. reformers, as it could sidestep delicate questions of poverty and the socioeconomic aspects of infant mortality. Many reformers who wished to improve access to health care without redistributing resources in any permanent sense saw maternal education as a great leveler.

Putnam's experiment of providing prenatal care to middle-class women went a step beyond the general efforts to educate women, although its narrow class orientation necessarily weakened its ultimate legacy. Putnam's intent was to prove that proper prenatal care given by visiting nurses and regular obstetrical examinations could drastically reduce instances of both infant and maternal mortality. At the end of her five-year experiment, 1,522 babies were successfully delivered; no women died during pregnancy and less than 1 percent died at confinement; there were .2 percent miscarriages; and 2.8 percent of the babies died at under one month of age. These averages were considerably lower then national averages. By 1915 the Women's Municipal League had three clinics: the original one started at the Peter Brent Brigham Hospital, a clinic at the Maverick Dispensary in East Boston, and one at the Cambridge Neighborhood House.

The efforts of the Women's Municipal League were not philanthropic, but intentionally aimed at the middle class. Putnam insured that the clinics would address the needs of middle-class women by charging between five and ten dollars per patient during the first year of the experiment. Afterwards, a sliding scale was developed before another reorganization of the clinic system in cooperation with local hospitals in 1917. Putnam
aimed to make the clinics self-supporting so as to ensure their survival. In addition to this pragmatic reason, Putnam's political beliefs led her away from charitable work. She argued, “we believe that self-supporting work is of far more value than that supported by charity—for not only is there no limit to growth, but it is much more appreciated by those who benefit from it.”

Putnam and her committee argued that the middle class was “the class in the community always least well cared for.” Putnam explained, “The rich can afford the best care and to the poor—a very large number of the poor—it is given free in the clinics of the best hospitals; but the women whose margin of income over output is small are terribly apt to get into the hands of those whose knowledge of the proper care to be given in pregnancy and at confinement leaves much to be desired.” Putnam's characterization of the local obstetrical scene surely glossed over some significant class dynamics in health care provision. Specifically, her confidence that the poor were receiving care in the best hospital clinics needs to be qualified. Although early-twentieth-century obstetricians may have been pleased “to have charity patients whose reproductive processes they might observe with a steady, clinical eye,” these same doctors tended to view this population “as defective both in health and moral ability, and thus in greater need of assistance from medical arts than were healthy and respectable women.” Once again, as in the case of milk stations, Putnam displays a cavalier attitude regarding the circumstances of the poor, and in particular poor pregnant women and mothers.

Ironically, the narrow class focus of Putnam’s activities exempted her from the problems and complications inherent in much cross-class social welfare activity. In attempting to provide an innovative service for women more like herself in terms of economic background, Putnam avoided the many pitfalls of cross-class social welfare work. Because she believed through her clinic she was helping a more educated class of women, her work did not carry undertones of paternalism, nor did she aim at control of another class or ethnic group. Her activities on behalf of middle-class women remind us that sensitivity toward and concern for the poor were not inextricably linked with reproductive health reform. While much work on social welfare reformers has emphasized their class, race, and ethnic biases or prejudices, their dedication to the disadvantaged classes should not be taken for granted.

Before United States involvement in World War I, the Women’s Municipal League clinics were successful in their efforts to help a limited population, but they remained small. Once war was declared, the medical director of the original Peter Brent Brigham clinic joined the Medical
Reserve corps and the clinic was closed temporarily. By August 1917, the Women’s Municipal League, in affiliation with the outpatient department of the Peter Brent Brigham Hospital and the staff of the Boston Lying-In Hospital, reopened its largest and most successful clinic. Patients were responsible for the cost of both the doctor and nurse as well as any clinic charges as, once again, a primary goal of the project was to make the clinic entirely self-supporting. Putnam was pleased with the new arrangement of the clinic, as it went even further to ensure a middle-class clientele. She argued, “The most immediately interesting development is that we have already more patients coming to the clinic than we had before when they were not paying nearly the expense of their care. The results are exceedingly gratifying, for they go to show that the clinic is meeting a real need, and that we are . . . really at last getting hold of the great class of people of very moderate means.”

Putnam’s intent was to reach a section of the population that she believed was overlooked by physicians. Significantly, her prenatal care experiment was conducted prior to the CB studies that showed that mortality decreased as family income rose. Thus, although logic and sensitivity would seem to have directed attention to those in poverty, Putnam’s belief that middle-class women were most in need of services was not contradicted by statistical evidence at this point.

The Women’s Municipal League clinics gained patients and notoriety over the next few years. Putnam used the opportunity of this success to promote her cause as well as herself. The cooperation of Brigham and Boston Lying-In Hospitals as well as dispensaries and settlement houses clearly attests to the immediate influence of Putnam’s vision on the local infant and maternal welfare movement. The fact that Putnam’s audience was made up largely of liberal social workers calls attention to the critical role she played in the development of prenatal care in Boston and its discovery and acceptance on a national scale. Therefore, it is not surprising that she chose Paul Kellogg’s Survey as a forum to publish an article on her prenatal care experiment.

In her 1914 article entitled “Prenatal Care of the Next Generation,” Putnam began to establish herself publicly as a pioneer and expert in the field of prenatal care. She argued that, due to the Women’s Municipal League experiment, the Boston Lying-In Hospital had established its own clinic with a visiting nurse to carry out prenatal work. In addition, Putnam contended that there was a direct causal relationship between the Women’s Municipal League experiment and the Boston Board of Health’s decision in 1911 to send two nurses throughout the city to care for mothers and babies. By 1913, the Board of Health was employing ten
visiting nurses. Putnam was particularly pleased that “A permanent committee consisting of obstetricians, social workers, and trained nurses has also been formed in Boston to standardize and coordinate all prenatal work being done in the city, to the end that it shall be as customary for all women as care is now at the moment of birth.”33 This triumvirate of doctors, social workers, and nurses exemplified the kind of holistic approach to maternal and infant welfare that we most closely associate with the CB. Robyn Muncy characterizes this approach most succinctly when she writes, “Women in the child welfare corps . . . defined maternal and infant mortality as a multi-faceted social problem requiring the attention of specialists in medicine, social economics, sanitation, nutrition, education, industrial safety, city planning, home economics, and law. . . . An agency filled with social workers, doctors, nurses, teachers, home economists, and nutritionists would better address maternal and infant mortality than a bureau of doctors, who would take too narrow a view of the issue to study its fullest causes.”34 By the end of the decade, this holistic approach would be pitted against a purely medical orientation in the struggle over Sheppard-Towner, and Putnam would side decisively with doctors. For now, though, she supported an approach to prenatal care that included the likes of social workers as well as physicians. Furthermore, in her advocacy of a central coordinating agency and her efforts to bring science and efficiency to prenatal care throughout the city, Putnam’s orientation still seems close to that of her progressive colleagues. However, the fault line that began to grow stemmed from Putnam’s lack of concern for charitable work. As in her disdain for milk stations, Putnam wanted improved prenatal care to be available, but was less interested in which populations of women would have access to it.

Putnam possessed a vision of maternity and infant care that included respect for the mother’s life and well-being and respect for the responsibilities of motherhood. Like many reformers in this period, her commitment to infant welfare had led her to maternity and the discovery that maternal mortality represented an equally appalling problem. Putnam’s hopes for a future filled with more humane treatment of mothers can be found in one of her addresses regarding the prenatal care experiment:

In trying to reach women with such a clinic as this, one suffers from the fact that childbearing is such an ancient function. Women have suffered and died in childbirth since the beginning, and they expect to go on giving their lives for the life of the race to the end of time . . . ignorant that much of the suffering and the greater number of deaths from this natural function are entirely unnecessary. The knowledge of better conditions is like a snow ball—the greater it becomes, the faster it rolls up, but the effort to start the
ball rolling is heart-breaking in its slowness when one realizes the intense need for it.

Once again, her progressive spirit reveals itself as she pits herself against forces that would bow to the inevitability of maternal death. Putnam sought to use knowledge, particularly scientific knowledge, to improve women’s chances of survival and railed against the martyrdom associated with motherhood.

Putnam’s enthusiasm and compassion as a reformer was as highly regarded as her practical and scientific expertise in the prewar years. By 1918 she had written, co-authored, or edited close to a dozen articles on the subject of maternal and infant welfare. Through her leadership in the Women’s Municipal League’s Committee on Infant Social Services (which later became the Committee on Prenatal and Obstetrical Care) Putnam forged ties with infant welfare activists across the political spectrum. While later in her life she would rail against the settlement house mentality and, specifically, the radicalism of the Hull House group, in 1912 she happily reported to the Women’s Municipal League that “we have got into most pleasant relations with all prenatal workers in Boston through a meeting held at South End House in January.” In this early phase of her career Putnam enjoyed cordial relations with the social workers at both South End House and the Cambridge Neighborhood House, the latter being one of the sites of a Women’s Municipal League prenatal care clinic.

In addition to creating a congenial network among her Bostonian colleagues, Putnam’s prewar activities and expertise attracted national attention. In May 1913, Putnam participated in a Baby Saving Show in Philadelphia, which she helped organize. Organizations that requested information on prenatal care from Putnam from 1909 through 1913 (before the results of her five year experiment were even available) included the Child Welfare Committee, New York City; the Bureau of Municipal Research, Philadelphia; the Maryland Association for the Study and Prevention of Infant Mortality; the Babies Milk Fund Association of Louisville, Kentucky; the Infant Welfare Society of Chicago; the Toronto Department of Health; the Child Hygiene Association of Philadelphia; and the United Jewish Educational and Charitable Association of St. Louis, Missouri.

In 1918 Putnam’s national reputation was solidified when she became president of the American Association for the Study and Prevention of Infant Mortality (AASPIM). This groundbreaking organization was founded in 1909 by reformers devoted to treating infant mortality as a multifaceted social problem. With its formation, “what had been an
inchoate movement, consisting of the uncoordinated and little publicized efforts of various individuals, urban health departments, and voluntary agencies, gained a national forum and a promotional organization.  

During this stage of her career, Putnam displayed no compunctions about using municipal and state governments to serve her cause. Eager to clean up the milk supply and promote prenatal care, she worked for government regulation and bureaucratic expansion. She confirmed her connections to the infant and maternal welfare movement through her efforts to pass a Massachusetts Maternity Bill in 1920. The bill, “An Act to Provide Adequate Care for Mothers and Children During the Maternity Period,” placed the department of public health in charge of administering maternal and infant health care. The bill authorized the Department of Public Health, “To furnish, in addition to advice and instruction, nursing and expert prenatal care to pregnant women at home, at some hospital or local clinic at the option of the expectant mother, also nursing or hospital care at the time of confinement if in the judgment of said department the safety of mother of child requires such care.” The bill was introduced by laywomen reformers, but had the approval of the State Department of Public Health, the department that would administer the measure. The legislative committee of the Massachusetts Medical Society, the Massachusetts Homeopathic Medical Society, and the State Federation of Women’s Clubs also approved the bill. Despite the inclusion of the pro-suffrage women’s clubs among its supporters, Putnam actively involved herself with its passage, lobbying before the Committee on Rules of the Massachusetts House of Representatives. She received a letter from a member of the Rules Committee complimenting her on the statement that she made on maternity care at the hearings the month before. He wrote that he had “never heard a more convincing speech.”

Putnam not only spoke before the Rules Committee on the importance of prenatal care, but she also wrote letters to various politicians in support of the bill. Writing to Lieutenant Governor Frank G. Allen in May 1920, Putnam spoke of her immense interest in the passage of the maternity aid bill, quoted the latest maternal mortality statistics, and, finally, enclosed literature on her own prenatal care experiment from 1909 through 1914. She established herself as both a concerned citizen and an expert in the field. Putnam was convinced that the state of Massachusetts needed to involve itself with the health of its mothers and children. She argued that “this bill should do much toward starting in this community a different standard for the care of women in childbirth with an attendant great reduction of the death rate. Massachusetts has always been in the lead—let us keep her there.”
Perhaps the most convincing evidence of Putnam’s close association with her more progressive colleagues throughout the first two decades of the twentieth century was her cordial, cooperative, and supportive relationship with Julia Lathrop and the staff of the CB. At the very start of her career as chief of the newly created federal CB, Julia Lathrop wrote to Putnam asking for her cooperation in developing the agenda of the Bureau. Putnam's input was eagerly sought in an effort to make the CB’s first publication *Prenatal Care* both up-to-date and successful. Mary Mills West sent Putnam a draft of her bulletin on prenatal care, along with a self-addressed, stamped envelope for her comments. West wrote, “Would it be asking too much of you to beg you to look it over and let me know what you think of it, and of its usefulness? If there is someone else whom you would like to ask to read it will you not do so? . . . I beg you to believe that we shall regard your attention as a great service to the Bureau.”

In a letter to West in March 1913, just after receiving a copy of *Prenatal Care*, Putnam wrote, “It seems to me a remarkably clear and well balanced statement of all the circumstances, and I like to think what an era it will make—it makes me so proud of your Bureau!” In an effort to include as many women as possible in this revolutionary new era of prenatal care, Putnam suggested to West that she should include “Something really short suited to the comparatively uneducated and the poor if this seems feasible.” However, Putnam’s generous spirit only extended as far as advocating free advice, and not to more expensive medical treatment.

In addition to seeking her input on their publications, both Lathrop and West asked Putnam for advice and guidance in their many varied pursuits. They sought to learn as much as possible from her five-year experiment. In the first year of her administration Lathrop wrote, “The work which you have undertaken in prenatal care we recognize as very important, and we desire to have someone from the Bureau visit Boston and see it at first-hand.” Indeed, Lathrop eventually asked Putnam to send the CB “all possible information about your work” in the Women’s Municipal League. Before Putnam’s conservative politics would create an insurmountable barrier between them, Lathrop even expected her help in drafting the CB’s innovative questionnaire used in its local studies of infant mortality. “This schedule, or questionnaire, is sent you, knowing your deep personal interest in the general problem, in the hope that you will examine it with what care your time will permit, with a view to your suggesting to the Bureau such modifications as you would recommend either in scope, or in the scheme itself.”

Putnam’s reaction to this type of inquiry was extremely positive. She wrote to Lathrop one week later, using this opportunity to praise the
Bureau and to add her own commentary on the milk question:

I am so glad you are finding out why babies live as well as why they die. We focus our attention too much on sick babies. If the time and money we spend on sickness were devoted to keeping people well, much more would be accomplished, and incidentally if that spent on milk stations were given to improving the quality of the general milk supply, so that all the people could buy decently clean milk . . . the community would be immensely more benefited. Milk stations as such, are a confession of failure, but the visiting nurses they employ are the salvation of the poor.47

Although Putnam’s emphasis on prevention was in keeping with the Bureau’s own philosophy, her skepticism about milk stations repudiated a long-standing philanthropic tradition.48 In assuming that, once pure milk was made available, it could readily be obtained by all consumers, Putnam exposed a notable insensitivity to the poor that would later contribute to her alienation from the Bureau and from mainstream child and maternal welfare reformers. For the time being, however, Putnam enthusiastically praised the Bureau’s approach to the problem of infant mortality and welfare.

The staff of the CB had found a powerful ally in Elizabeth Putnam. She was a prominent, well-connected, and active citizen even before the right to vote was thrust upon her in 1920. While the staff of the CB did not look to her for philanthropic contributions, they knew they could benefit from her expertise and political connections.

Putnam’s support of the CB did not end with her consultations. She also helped the Bureau in its political struggle to stay alive in the early years. In April 1914, Putnam wrote to senators and representatives on the Committee on Ways and Means on behalf of the CB at the request of the National Child Labor Committee’s Owen Lovejoy: “Will you kindly do all that you can to help pass the appropriation of $165,000 asked for by the CB? They have done excellent work and ought to be encouraged instead of having their appropriations cut down. This work happens to be one in which I am personally very much interested, so that I speak whereof I know as to their work.”49 In her presidential address at the ninth annual meeting of the AASPM in 1918 (which in the same year changed its name to the American Child Hygiene Association) in Chicago, Putnam continued to publicly support and praise the activities of the CB. “The weighing plan of the CB is doing pioneering educational work in awakening the mothers of the present generation to the needs of the generation just starting on the road.”50
Even after being chief of the CB for seven years, Lathrop still forwarded requests for information to Putnam. In 1919, for example, Putnam received a letter forwarded from the CB on behalf of the Italian Branch of the International Council of Women. This organization requested information on mothers’ pensions, prenatal care, milk inspection, and free medical care for young children and pregnant women. Putnam provided the Italian women’s group with literature chronicling the work of the Women’s Municipal League and the Massachusetts Milk Consumers Association. Although the CB had by this time published its own very successful bulletins on *Prenatal Care* and *Infant Care*, Lathrop continued to utilize Putnam’s personal expertise.51

The relationship between Putnam and the CB was not entirely one-sided. Putnam utilized her relations with the Bureau to promote her own work. For example, in December 1917, as president of the AASPIM, Putnam sought funds from the Rockefeller Foundation to continue the Association’s prenatal work. The Foundation asked Putnam to describe the Association’s relations with the CB and implied that a positive letter of evaluation from Julia Lathrop would reflect the worthiness of the AASPIM’s request. Putnam asked Lathrop for her endorsement, and wrote to Dr. George Vincent of the Rockefeller Foundation, “I should like to say that my own relations could hardly be pleasanter or more satisfactory then they are with Miss Lathrop and her staff.”52 In turn, Lathrop provided Putnam with a letter of recommendation that praised the “invaluable educational services” provided by the AASPIM, especially in regard to Children’s Year, and pointed to the need for “public and private effort together to do all the work conserving . . . infancy and childhood.”53

Indeed, Putnam’s relationship with the CB seemed mutually advantageous in this period. The Bureau received information and endorsements from a prominent citizen and lay expert, and Putnam expanded the scope of her authority within the reform community.

Putnam’s prominence in the field of maternal and infant welfare gave her numerous opportunities to associate with more liberal reproductive reformers. As we have already seen, before 1921, her antisuffrage position did not hamper her from cooperating with the federated women’s clubs or the first chief of the U.S. Children’s Bureau; nor did she shy away from involvement with local settlement houses. Putnam received requests for speeches, articles, and information regularly throughout the first phase of her career. Requests for her services and support came even
from the still small and decidedly progressive birth control movement. At this issue Putnam drew the line. Despite her commitment to improving the next generation, Putnam professed revulsion towards artificial birth control. Putnam's lack of support for birth control is unremarkable, reflecting the mainstream consensus among reproductive health reformers in the interwar years. But the lengths to which birth control reformers went to gain her support are remarkable in the context of her conservative reputation.

According to one historian, “The antisuffrage role in the birth control controversy was to call attention to what they regarded as the sinister relationship between women’s suffrage and birth control.” Putnam used this particular tactic in a letter to the editor of the *New York Post* in 1916 when she wrote: “The public press is teeming with birth control and woman suffrage. If women and men both were taught to practice self-control, the hysteria about birth control, both for and against, would die of inanition, and if women would study the world in which they live from the point of view of the world, rather than of self, many of the fancied suffragists would drop away. The time in which we are living is too big with the future to be spent in pettiness.” Most suffragists would balk at the association of their cause with birth control, as many agreed that it represented either a selfish desire on the part of women or an effort to elude responsibility on the part of men. However, savvy political activists like Putnam sought to taint women’s suffrage with the stigma of birth control.

In 1918, Putnam publicly addressed the issue of birth control in her presidential address to the AASPIM. She caricatured the movement as “saying to people, ‘Do what you like and as much of it as you like and I’ll show you how to get away with it.’” Despite these strong words, Putnam went on to say, “I do not want to be understood to mean that there are no conditions under which the control of conception in ways other than by total abstention is justifiable, but that the irresponsible manner of their preachment by the advocates of ‘birth control’ is dangerous to the community.” In bringing up the issue of birth control and then admitting that she had reservations about total prohibition of the practice, Putnam placed herself in a controversial position within her reform community. Indeed, her decision to mention the topic in her presidential address with less than total disapproval marks her sincerity in confronting, if not accepting the broad scope of ideas that made up reproductive reform.

One of the principal reasons for Putnam’s acknowledgment of the birth control issue was her receipt on a fairly regular basis of correspondence from various birth control reformers and organizations. In September
1916, one month after she had written the antisuffrage, anti–birth control letter to the *New York Post*, Putnam received a letter from the newly founded Birth Control League of Massachusetts (BCLM). The letter asked her to take a seat on the platform at two mass birth control meetings at the Majestic and Globe Theaters. The BCLM’s tone is reminiscent of the deferential treatment Putnam received by staff of the CB in this same period. In addition to asking her to take a prominent position at their mass meetings, another letter added that the League, “should be genuinely grateful if you could find the time to suggest better ways of education than we are using to promote this movement, the only handicap of which seems to be the ignorance of the populace.”

The BCLM was clearly trying to strengthen its cause through affiliation with reputable citizens. Charles Zeublin of the BCLM ostensibly expected support from Putnam because of her involvement in what he considered the complementary field of prenatal care. However, in his letter, he tried to appeal to her patriotism. Putnam was a member of the Special Aid Society for American Preparedness and, therefore, he reasoned that she “must believe in the desirability of reducing the number of unfit citizens.” He chose to represent his group’s goal as the “demand that mothers shall choose the time of the birth of future American citizens.” Although Putnam was a zealous patriot, it seems clear that Zeublin would have had more luck engaging her sympathies if he had addressed Putnam as an expert and pioneer in the prenatal care movement. In this period her ties with the AASPM and the CB were still strong. Zeublin might have done better to mention her knowledge of the suffering of women in childbirth, or the problems associated with frequent and unhealthy pregnancies for both mothers and infants. But, on the contrary, he attempted to cloak the aim of the BCLM in patriotic language that did not necessarily have the same power as an appeal to Putnam’s consciousness of herself as an innovator in maternal health care. Zeublin’s correspondence with Putnam shows the extent to which the members of the BCLM were themselves intimidated by the radical implications of their cause and the extent to which they sought to broaden their coalition of support. This issue will be examined further in chapter 4.

Putnam responded to the inquiries of the BCLM in an ambivalent manner. Although she stated clearly that she was opposed to birth control, she admitted a great interest in the issue and asked for literature: “I certainly agree with you as to the desirability—or rather the necessity—of reducing the number of births of unfit citizens, but I do not believe in the methods of the Birth Control League for accomplishing this result, and, therefore, I must, with many thanks for your courtesy, decline to sit on the
platform on October first. I think your objects can be met better in other ways . . .—but as I am greatly interested in the subject, I should be glad to see your literature if you will kindly send it to me.”62 Thus, Putnam, did not want to be cut off completely from the birth control movement. Her desire for their literature as well as the BCLM’s requests for her cooperation attests to an acknowledged commonality among reproductive reformers.

In the following spring the BCLM again tried to coax Putnam into its ranks. Mary East, secretary of the BCLM, tried a different tactic to make her appeal for support:

Believing that you have a genuine interest in matters which concern the physical welfare of our people and the economic prosperity of our country, I am taking the liberty of writing you concerning the Massachusetts Birth Control League. In common with the leading sociologists of to-day, we feel that a real menace exists in the present reckless increase of children condemned to poverty, ignorance and neglect, while at the same time the birth rate among those who have risen through better hereditary endowments continues to decline. Intelligent and voluntary motherhood has taken the place of heedless and immoral propagation among the educated classes, it is right that it should.63

The League preferred to define its efforts as eugenic, patriotic, and medically and monetarily sound. As a subsequent chapter will show, these tactics revealed an ambivalence about the radical implication of the cause as well as a desire to be associated with social welfare.

The next opportunity the Massachusetts birth control reformers had for recruiting Putnam to their ranks came when they officially reorganized their organization as the Family Welfare Foundation in the summer of 1919. This change was predicated on the assumption that the movement could attract greater numbers if it lost its association with the radicalism of Margaret Sanger and the national movement. The new name served to cloak advocacy of birth control as yet another pro-family reform effort. Putnam was precisely the kind of person the birth controllers hoped to attract with this political strategy. She committed herself to improving the lives of mothers and children and therefore, the Family Welfare Foundation believed she would undoubtedly appreciate the need for family planning for at least eugenic, medical, or economic reasons.

In July 1919 Putnam received a letter from Vera P. Lane of the Family Welfare Foundation announcing the change in its name. Lane
explained that, along with the name, the old group had changed and reorganized along a broader, more constructive policy. She went on to ask Putnam to become a member and to contribute money. Less than one week later, Lane sent Putnam a more personalized letter in which she specifically addressed Putnam’s previously stated position on birth control: “I note your letter in the files of April 28, 1917 and find that you are in sympathy as to the desirability of limiting undesirable births, but do not approve of the methods of the League. . . . There were many members of the old league who agreed with you as to methods, myself included. . . . If you are willing to give me a half hour some day very soon, I would like to talk with you in detail about the plans for new work.”

The Massachusetts reformers were not the only birth control reformers attempting to recruit Putnam in this period. Mary Ware Dennett also tried to encourage Putnam to support her legislative efforts by stressing her “public health and welfare” background:

Several groups of reputable citizens who have public health and welfare at heart, are now being invited to sign the enclosed endorsement which will be presented to Congress when our measure is introduced at the winter session. . . . If you picture how it will increase the health and happiness when physicians, clinics, dispensaries, hospitals and the various health agencies are free to give this much needed information on sex hygiene, you will, I am sure, be glad to add your name to the daily increasing list of distinguished people who endorse our primary aim.

Putnam never responded to Dennett’s appeal. While she responded to fellow middle- and upper-class Boston female reformers, if even to politely decline an offer to become involved in the Family Welfare Foundation, Putnam had no ties to birth control reformers such as Dennett.

Putnam’s refusal to associate herself with the birth control movement reflected and reinforced her ideological ties with the majority of maternal and infant health care reformers in this period. Both Putnam and the women in the CB resisted this more individualistic and controversial solution to the problem of infant and maternal mortality. However, this agreement over birth control did not form the basis of a lasting coalition between Putnam and the women in the CB. While members of the CB shied away from associations with radicalism for political or expedient reasons, Putnam reacted to the solution of birth control like many nineteenth-century women reformers in her abhorrence of its potential to separate the act of sex from procreation. But Putnam’s reluctance to accept birth control as a legitimate strategy for social reform was neither
steadfast nor simple. By the late 1920s, as we shall see, the evolution of her political agenda would once again bring back the issue of birth control for her consideration.

**Choosing Sides: The Politics of Sheppard-Towner**

The origins of the strain in relations between Putnam and the staff of the CB can be found in the late teens when the Bureau began working toward the passage of a federal maternity and infancy bill. This project marked the beginning of the brief second phase of Putnam’s reform career. A simultaneous development that discouraged continued amiability between Putnam and the women in the CB was Putnam’s rising status in the Republican Party. In 1920 she became the first woman elected president of an electoral college in Massachusetts. In 1923 she was the first woman to run for delegate-at-large to the Republican National Convention. That same year she was elected president of the Coolidge Women’s Clubs of America. Putnam vigorously supported Coolidge’s campaign for the presidency in 1924.

In 1920 Putnam had actively campaigned for the Massachusetts Maternity and Infancy Bill. However, her enthusiasm did not extend to the national bill sponsored by the CB and supported by the General Federation of Women’s Clubs. Only six months after she played a vital role in securing the passage of a statewide maternal health care measure, she wrote to Senator Henry Cabot Lodge to voice her opposition to the Sheppard-Towner Bill.

> I am very sorry to see that this bill passed the Senate, because it seems to me a very seriously objectionable measure in that it puts the control of the care of child birth under the Secretary of Labor and the head of the CB, who naturally has no knowledge of medicine . . . The head of the CB, through her “Children’s Year” campaign, roused the unthinking women of the country to think more of their children’s health. It was a good deed, but it has not made the women of the country capable of deciding who is the best fitted person to supervise the health of themselves and their children. Obviously it is not the Secretary of Labor, and equally obviously the executive officer of maternity care should not be a lay woman. There is just one body in the country who ought to be put in charge of this work and of all the health work throughout the United States, and that is the Department of Public Health."
It is clear from this letter that, at this point in 1921, Putnam’s objections to Sheppard-Towner were reasonable and well considered. She did not yet exhibit an irrational fear of communism that would plague her in the years immediately before her death. Nor did she voice a comprehensive hatred of the CB. In this second phase of her reform career, she simply argued that the administration of Sheppard-Towner was in the wrong hands.

Putnam’s objections to the Sheppard-Towner Bill were seconded by other reputable people and organizations in the infant welfare movement. The U.S. Public Health Service, for example, sought jurisdiction over questions of maternity and infancy, and resented the power granted to an organization within the Department of Labor. Similarly, the American Child Hygiene Association (ACHA)—which Putnam was still affiliated with—approved of the purpose of the bill, but disapproved of some of its methods. Dr. S. Josephine Baker, president of the ACHA and head of the innovative New York City Bureau of Child Hygiene, argued at legislative hearings in 1919 that the Sheppard-Towner Bill threatened the autonomy of local boards of health already in existence by seeking to establish state boards of maternal and infant welfare.67 Like Putnam, Baker objected both to the unnecessary expansion of bureaucracy and the amount of power these centralizing efforts would give the federal government over local agencies.68 The ACHA had been involved in establishing divisions of child hygiene on the state and municipal levels since its formation in 1909. Although the ACHA supported the establishment of both the CB and a federal department of health, it was wary of both duplication and usurpation of effort.

Five months after writing her initial letter of opposition to Senator Lodge, Putnam wrote to Lodge again and “enclosed . . . a copy of the Sheppard-Towner Bill with the amendments which would in our (our refers to ACHA) opinion make it a proper bill to pass.”69 In this letter, Putnam changed her tactic a bit and first began to object to what she called the federal government’s paternalism. However, she did not yet reject outright the federal government’s authority in the field of maternal and infant health. She specifically opposed setting up a structure that would subject state medical authorities to the “approval of the social worker at the head of the CB in Washington.”70 Putnam wrote to Lodge:

If . . . Congress decides that this is a matter for federal control, I believe that it should be put under the Public Health Service rather than the CB. . . . The CB was formed in 1912 to investigate and report on matters concerning children. It was given no administrative power beyond the publication of its
reports, and its functions have never been increased by Congress. Should it undertake the care of maternity it would enter into and usurp the work of another division of government, namely, the Public Health Service.\textsuperscript{71}

CB officials denied the charge that their work duplicated that of the Public Health Service (PHS). They contended that any health plan must, to be successful, go beyond strictly medical provisions to deal with social and environmental factors. Because of their holistic philosophy, they rejected the more narrowly conventional medical approach of the PHS as inadequate to deal with the complex issues surrounding maternal and infant mortality, and resisted attempts to be taken over by medical authorities.\textsuperscript{72}

Putnam also opposed what she regarded as Sheppard-Towner’s emphasis on education at the expense of medical treatment. She argued that, “You cannot instruct an expectant mother how to overcome pelvic abnormalities, prevent post-partum hemorrhage, to prevent infection at the hands of poorly trained nurses, midwives, and physicians. . . . It is ignorance that causes deaths in maternity and early infancy, but it is not education that the mother needs to prevent it, except insofar as she needs to be educated that care of maternity is a medical matter. . . . Prenatal care can never be given by education.”\textsuperscript{73} Putnam’s willingness to define prenatal care as a purely medical issue certainly marked a shift in her perspective, one that coincided with the CB’s change of leadership and its attempt to significantly enlarge its sphere of authority. Both of these factors influenced Putnam’s censure. While Putnam at one time harbored great respect for Julia Lathrop, she disliked Grace Abbott and resented the power that the passage of Sheppard-Towner would grant her.

The American Medical Association (AMA) shared Putnam’s two major concerns over Sheppard-Towner, namely, that it would usurp the authority of physicians and local boards of health, and that it was to be administered by the wrong federal department. Putnam had always maintained a good relationship with the organized medical community by acknowledging its crucial role in improving prenatal care. In 1921, Putnam published a letter in the \textit{Journal of the American Medical Association} (\textit{JAMA}) opposing Sheppard-Towner, but when Grace Abbott sought to present her side of the case in the journal, she was told that the issue was not relevant to \textit{JAMA} readers.\textsuperscript{74} Yet Putnam’s attitude toward the AMA and the medical community was not entirely uncritical. For example, earlier she had warned physicians that it would be difficult to “crowd out” the midwives if medical schools did not begin to pay more attention to obstetrics and gynecology.\textsuperscript{75}
Putnam based her outspoken critique of Sheppard-Towner on her expertise in the field of infant and maternal health care. She assured Lodge in 1921 that “in opposing this bill I am doing it only for the welfare of the women and children, for which object I have worked for the last twelve years.” By 1921, Dr. S. Josephine Baker of the ACHA had come to approve of the final version of the Sheppard-Towner Bill. Putnam not only disagreed with Baker but was disgruntled that Baker had been treated by Congress and the press as the principal authority in this field. After reading the Congressional records of the Sheppard-Towner hearings, Putnam charged that Baker was, “quoted as the authority all through the speeches in the House made in favor of the bill, because she is apparently considered the pioneer in the subject, when she not only was not the pioneer but is barking up the wrong tree in my opinion, in supporting this bill.” Putnam went on to add that Baker was very capable and a great friend of hers, but that she simply was making an incorrect judgment in supporting the Sheppard-Towner Bill.

The year that Sheppard-Towner was passed, Putnam was one of its most outspoken critics. However, she continually expressed the need for some type of legislative action in regard to maternal and infant health care. Her primary motive in the second period of her reform career continued to be the health of mothers and children. She had not yet disavowed the need for a federal CB, nor had she completely ruled out the notion that some version of the federal maternity and infancy bill could be helpful. In a letter to the *JAMA*, Putnam admitted that the Sheppard-Towner plan would surely save some lives, but not as many as would be possible if its methods were reconsidered. She wrote, “The bill will do good. Almost any bill bearing on the subject, administered in any way, is sure to do good, because the conditions are now so very bad that almost any plan can hardly fail to improve them—but must we stop at an inferior thing?”

Putnam’s disapproval of the Sheppard-Towner plan went hand in hand with her dislike and mistrust of Grace Abbott. Putnam did not believe that Abbott could compare to Lathrop in terms of her abilities, and made her feelings known quite publicly in speeches.

One of the issues that served to alienate Putnam and Abbott was the midwife question. In 1924 a bill was introduced in the Massachusetts legislature to legalize and license the practice of midwifery. Putnam took a strong stand against this bill, arguing, “The laws regarding the practice of medicine in this state are already disgracefully lax. Do not let us relax them further at the expense of the poor. Let us rather devote ourselves to raising the standards of medicine.” Here Putnam was echoing a mainstream
viewpoint in reproductive reform circles. In 1911, for example, obstetrician and AASPIM board member J. Whitridge Williams delivered an influential address in which he argued “that the remedy for the low level of obstetrical care in American lay not in licensing and legitimizing female midwifery, but in improving the skill of doctors.”

Abbott supported legalization and licensing of midwives. According to CB historian Kristin Lindenmeyer, “Abbott conceded that it was, at least for the time being, inevitable that some women would use midwives. Therefore, under Sheppard-Towner, the CB encouraged states to develop midwife training programs and enforce (or establish) state licensing.” Thus, while obstetrical care was still unavailable to countless women, Abbott “conceded the economic and cultural necessity of midwives.” Putnam ridiculed Abbott’s position on midwifery as amounting to ignorance and disregard for women’s lives. In a letter to the Independent, Putnam claimed that Abbott had once told her “that her mother was delivered of her by a midwife and what was good enough for her mother was good enough for anyone.” She added, “This is the woman in whose hands the Government has put the welfare of the children of the country and through the Sheppard-Towner act the welfare of women in childbirth.”

By the end of the second phase of Putnam’s career, it was clear that she stood apart from what had now become the “mainstream” of maternal and child welfare reformers. While the CB and its allies promoted programs of their own creation, Putnam endorsed a more conventionally medical, doctor-centered approach to maternal and child health. Adamant in her beliefs, Putnam attempted to impede the growth of any type of program that embodied the values she rejected. This objective meshed nicely with her conservative opposition to any expansion of the federal government (except for the medically dominated Public Health Service), and pitted her squarely against the “female dominion.”

No Prisoners: Putnam Takes on the CB

By the mid-1920s Putnam’s critique of Sheppard-Towner developed into a full-fledged attack on the CB. This shift marked the third stage in Putnam’s career when her conservative politics brought her into direct conflict with the reproductive health mainstream. Whereas she had once been a proud supporter of the work of the CB, Putnam now vigorously opposed it. This conflict came to a head in 1927, when Sheppard-Towner was originally scheduled to expire, but debates opened to extend its appropriation. Putnam’s objections to the extension of Sheppard-Towner for even
one more day blossomed into overall opposition to federal attention to matters of maternity, and the mere existence of the U. S. Children's Bureau. Voicing some of her objections to William Graham of the House of Representatives, she requested a Congressional investigation of the Bureau: "The CB is an objectionable thing, full of fads and undigested theories, costing the country much money annually and eager to cost it still more. Could not an impartial investigation of it be undertaken, which would bring to light much that the public ought to know? Of course I am aware that it is entrenched in the hearts of masses of unthinking women, such as the Federated Women's Clubs, etc., but I believe these women could be convinced by facts if they were properly presented to them."85

The unthinking women to whom Putnam alluded also became increasing targets of her belligerence in the late 1920s and early 1930s. While years before she had attempted to forge and keep cordial relations with the GFWC in her efforts to pass milk legislation and spread the word about prenatal care, she now referred to them derisively as "the emotional mob-ridden organization women."86

From the late 1920s until her death in 1935, Putnam did not relax her efforts to publicly discredit the CB. In a letter to the American Journal of Obstetrics and Gynecology in 1929, Putnam wrote, "The more statistics they roll up, the more anyone can see how absolutely nothing they have accomplished."87 In a speech delivered in 1930 entitled "Decentralization versus Patriotism," Putnam used spurious logic to debunk the CB. She argued that "Contagious diseases . . . are a matter for protection by the federal government, but matters like the care of maternity and infancy have no concern with it whatever—maternity has never been considered a contagious disease—hence the CB is an utterly unnecessary body."88 Putnam adeptly combined her accusations of ineffectuality with fiscal conservatism when she wrote: "Infant mortality is lower among states which have not accepted the Sheppard-Towner Act than among those who have. . . . This seems hardly worth spending a million and a quarter dollars to accomplish! It seems rather tough to exact taxes from the citizens of the U.S. to support a lot of employees who are so incompetent."89

In addition to citing its ineptitude and cost, Putnam became obsessed with the notion that the CB was connected to the threat of international communism. In a speech before the Daughters of 1812, Putnam commended the following resolution on the CB made by the conservative women's group: "The only justification for such Bureaucratic supervision of homes and children is in a communist state. In the U.S. the very existence of such a bureau is an insult to American parents."90 Putnam then urged her audience to act upon their resolution.
Grace Abbott continued to be a particular target of Putnam’s. Now, however, Putnam not only accused her of incompetence and ignorance, but also claimed, on the basis of personal knowledge, that Abbott was “directly under the Soviet government.” Conveniently forgetting her earlier affiliation and support of its work, Putnam now argued that, “The creation of the CB in the Department of Labor in Washington was the first subversive achievement over American Government and Institutions, and the earliest Communist foothold in the Federal Government, obtained by Florence Kelley . . . disciple and translator of Friedrich Engels.” Putnam exaggerated Kelley’s influence in the CB and the federal government, while almost never mentioning the significant role played by Lathrop or West in shaping the agenda of the CB. Likewise, Putnam never referred to her own enthusiastic support of the CB and her efforts to help them with their publications and with obtaining adequate funding in the early years. On the contrary, Putnam now argued that, “The CB was established in 1912 not in response to popular demand, for self-reliant, resourceful and energetic American parents never dreamed of Bureaus in 130 years of American democracy. But, influenced by Mrs. Kelley and others who conducted a seven year propaganda campaign, led Congress to impose it upon the American people.”

Putnam’s involvement with the Sentinels of the Republic (established in 1922) illustrates the extent to which a commitment to curb the growth of the federal government overwhelmed other social and political concerns by the end of her life. She became a member of the Boston Committee of the Sentinels in 1926. The Sentinels strictly adhered to the principle of limited government and strove to fulfill the following purposes: to maintain the fundamental principles of the Constitution, to oppose further federal encroachment on state and individual rights, to stop the spread of Communism, to stop the expansion of bureaucracy, and to preserve the republican form of government in the United States. Under the list of its achievements and successes, the Sentinels took at least some credit for defeating the Child Labor Amendment, the repeal of Sheppard-Towner, and the opposition to the creation of a federal Department of Education. Among the groups it opposed were some with which Putnam once had amicable relations, including the General Federation of Women’s Clubs, the American Child Health Association, and the Children’s Bureau. Other groups considered threats had long been on Putnam’s list of enemies, including the National League of Women Voters, National Council of Women, National Women’s Party, and the National Women’s Trade Union League. The Sentinels both shaped and validated the further entrenchment of Putnam’s political views.
Although she herself precipitated her own separation from the larger reform community, Putnam never seemed comfortable with the drop in status and power this separation necessarily demanded. Indeed, she blamed mainstream reformers for slighting her record of achievements and pushing her out of power. Interpreting the course of events that led to her resignation and alienation from the ACHA, for example, Putnam had this to say to A. Piatt Andrew: “Mr. Hoover is too closely associated with the people of the Child Health Organization of which I was president during the war and who afterwards got in such close cahoots with the CB that they kicked me off the executive committee in order to keep Grace Abbott on and they have made Mr. Hoover their first continuous president. . . . They have slighted me nobly.”95 To Dr. Tagliaferro Clark of the U.S. Public Health Service, she wrote: “I am too blunt and hot-tempered to be popular, unfortunately. There are those who love and respect me but very few, I am afraid, who like me.”96 The bitterness evident in Putnam’s description of her experience with the people in the ACHA can be found throughout her personal correspondence in the late 1920s. In an unusually revealing and vulnerable moment Putnam wrote, “You know I made the initial experiment in the world on the value of prenatal care. . . . But I am better known in Australia than in my own land and city. It is a funny world, isn’t it? Sometimes a bit heart-breaking.”97

As Putnam became increasingly alienated from mainstream reproductive reformers, she drifted closer not only toward conservative groups like the Sentinels, but to the organized and powerful medical community. This alliance was founded on a mutual opposition to the laywomen in the Department of Labor who were purportedly trying to control America’s children and usurp the proper role of physicians. Once Putnam had cut her ties with both the ACHA and the CB, she found a receptive audience in the AMA and the Public Health Service. In addition to Dr. Tagliaferro Clark, Putnam found an ally in Dr. George Kosmak, the editor of the American Journal of Obstetrics and Gynecology. She confided in them and encouraged them to lead the fight against the CB and the reinstatement of Sheppard-Towner-type legislation. In October, 1929 Putnam asked Dr. Clark, “Would the Public Health Service undertake anything in obstetrics—and if not, why not?”98 She informed him that she had already written to the previous president of the AMA “to suggest that doctors need to take up this reform so as to forestall the CB’s efforts to reinstate Sheppard-Towner.”99 Earlier that year, Putnam wrote to Dr. Kosmak and asked if he “could not persuade the AMA to take hold of the teaching of obstetrics throughout the medical schools of the country and set a standard for the medical schools in that respect, as they have in so many others. . . .?”100 She also sug-
gested that the AMA agitate for changes in the medical school curriculum so as to emphasize and further professionalize the field of obstetrics.

Since 1909, when she began her prenatal care experiment, Putnam had recognized the need for upgrading medical research, training, and care for women and children. Her conservative politics enabled her to envision free and unregulated professionals striving to improve their services to individuals, but no longer to see the benefit of governmental regulation or intervention. In contrast to her colleagues in the CB, Putnam had come to view prenatal care strictly as a medical issue. Indeed, Putnam’s insistence that social conditions were basically irrelevant to maternal and infant mortality defied the results of the groundbreaking local studies undertaken by the CB.

In the fall of 1929 Putnam began working on a new scheme to undermine the CB. She stopped trying to convince more liberal reformers to submit to her way of thinking, and instead planned to organize a group of conservative women into political action. She first referred to her plan in a letter to Dr. Clark in October 1929: “Whereas the Federated Women’s Clubs are behind the CB, there is a much larger number of women outside of the Federated Women’s Clubs who are sane thinking and would be behind a sound movement—especially one inaugurated for protection of women and children in childbirth.” Putnam imagined that this alternative movement to protect women and children in childbirth would be led by the medical profession, either through the U.S. Public Health Service or through the AMA. Putnam assured Clark that she had already been approached by a friend who asked for help in starting a group of “sane—though often silent—women of the country who far outnumber the noisy ones now collected together in clubs.”

Mrs. Francis E. Slattery approached Putnam in 1929 and together in 1930 they formed the Women’s National League to Protect Our Homes and Children. Slattery was the arch-conservative head of the League of Catholic Women in Massachusetts and a member of the executive committee of the Sentinels of the Republic. Originally, Putnam described the new organization as a “nation wide organization of women for the Maintenance of the Duties and Privileges of the States under the Federal Constitution.” This description underscores Putnam’s growing commitment to curbing the role of the federal government. Whereas she had originally entered political life in order to improve maternal and infant health care, her new political goals revolved around loyalty to a platform of fiscal conservatism, states’ rights, and anticommunism. Reproductive health reform receded from her agenda, as its promotion now seemed inextricably bound up with federal programs she distrusted.
Putnam's curious political trajectory from quasi-progressive to arch-conservative can be partially explained by particular political circumstances in Massachusetts. By the 1920s, the state's progressive coalition had been torn apart by inter-ethnic and religious suspicion and enmity. Old-stock Americans' call for educational reform, prohibition, and other measures considered by newer Catholic immigrants to be attempts at Americanization led to the latter group's defection from the reform ranks and “suspicion of reform in general.”

Once the ethnic cooperation that was vital to the success of Massachusetts's progressivism was lost, the conservatives—consisting of newer U.S. Catholics and economic conservatives—gained control of the state. The growth of this powerful coalition attracted the likes of Putnam and facilitated her steering away from her earlier commitments. This same political climate also made the struggle for birth control an especially arduous one in Massachusetts, as chapter 4 will show.

As active members of the Sentinels, Putnam and Slattery quite naturally opposed President Herbert Hoover's amicable relations with the CB and his growing acceptance of federal solutions for the country's economic troubles. The two women sought an audience with President Hoover to discuss their concerns. On March 3, 1930, Slattery and Putnam had a generally unsuccessful yet highly publicized meeting with President Hoover. They explained to Hoover that the CB was “being run by a bunch of Communists.” Slattery and Putnam told Hoover that they were opposed to the “nationalization” of American's children through the centralized power of the CB, and warned that the nation's families would not tolerate another maternity act similar in scope to the now-expired Sheppard-Towner. They also expressed their support of states' rights and a small federal budget. An article from the Boston Herald summed up their agenda in one concise sentence: “Besides pointing to the increase in the maternal death rate since the operation of the act, its opponents also say that it is a step toward federal bureaucracy, an invasion of states' right and a scheme to make jobs for welfare workers.”

In this last stage of Putnam's political career, which was characterized by movement away from the female dominion and its reproductive health agenda, she began to reconsider the issue of birth control. While birth control may have been anathema to Putnam's Victorian conception of sexuality, it could fit neatly with her political ideology. Once the larger maternal and infant welfare movement became synonymous with movements to increase federal intervention in the family, Putnam began to consider the merits of birth control as a possible way around this correlation. In other words, Putnam's antistate posture and her faith in medicine led her to
explore new avenues of reform that would have otherwise continued to repel her. This surprising turn underscores both the interconnectedness of reproductive reform issues, and the impact of political circumstances on their fate.

In 1927 Putnam wrote to Dr. Robert L. Dickinson in order to obtain reliable information on birth control. Dickinson had been the executive secretary of the Committee on Maternal Health in New York City, and the president of the American Gynecological Society. He supported birth control and had worked with Margaret Sanger on her legislative reform campaigns. She sought statistics from Dickinson on the various methods of birth control and their reliability. Putnam's decision to contact Dickinson, rather than Sanger, Dennett, or Ames, reflected her shift away from the women's reform community. Putnam identified herself to Dickinson by writing, “I am the Mrs. Putnam who made the initial experiment in the value of prenatal care and I have for the past eighteen years been very much interested in all that concerning the subject of maternity and infancy.”

Thus, by 1927, Putnam articulated the connection between her own work and the goals of the birth control movement—the very point birth control activists had been trying to make ten years earlier.

Putnam showed other signs that her conservative political orientation could potentially bring her closer to reproductive rights, as she began to take up the related issue of censorship. In a speech before the Parliamentary Law Club in April 1927, Putnam thoroughly chided Anthony Comstock and his censorship authority in a manner that would have made the most fervent birth controller proud: “Only one who is omniscient can properly be a censor and the willingness to undertake the task indicates an assumption of omniscience which argues an almost complete state of ignorance, because the more knowledge one possesses the more clearly one sees the limitless bounds of what one does not know.”

Putnam did not necessarily have birth control in mind when she objected to the Comstock censorship laws. However, Comstock was indelibly linked in the public mind with social purity campaigns. In fact, Putnam added some levity to her address by charging that Comstock would be likely to order skirts on Greek statues.

Putnam's anticensorship stance surfaced just as her position against prohibition became more clearly defined. She simply did not believe that the federal government had a right to intervene into private life, whether through censorship or prohibition. While many old-stock Americans in the Republican Party remained committed to the Eighteenth Amendment, Putnam joined the Women's Organization for National Prohibition Reform in 1929. Echoing her opposition to legislation such as
Sheppard-Towner, Putnam argued, “Prohibition cannot be a matter of national legislation, for it is a sumptuary law, and sumptuary laws are not a matter for the federal government to take up.”\(^\text{110}\) Putnam defined her position as pro-temperance but anti-Prohibition in order to distinguish her personal, moral beliefs from her sense of an appropriate role for federal government. This distinction between Putnam’s personal commitments and her political agenda also entered her maternalist politics. Although committed to transforming and improving prenatal care services available to U.S. women, Putnam increasingly looked toward the medical profession and private enterprise to achieve this goal. As birth control could fit more neatly with this political orientation than with social services, Putnam’s interest in the former issue was peaked. In fact, in 1930 Putnam put off her friend Slattery’s suggestion that she engage herself in the battle against birth control. Slattery’s leadership position in the League of Catholic Women virtually assured her rejection of birth control. However, Putnam demurred, citing extremism on both sides of the issue.\(^\text{111}\)

Conclusion

Putnam’s career shows that there was certainly no one way that middle-class and elite white women welfare reformers viewed the meaning of state responsibility and power, nor was there agreement on the most efficient and humane way of aiding mothers and children. Although an innovator in the field and a temporary ally, Putnam’s world view and background were decidedly different from the majority of reproductive health activists. Putnam had no training in the social sciences and no experience with the settlement house movement beyond a superficial affiliation in the prewar years with the South End House and the Cambridge Neighborhood House. Kathryn Kish Sklar has argued that social science in the early twentieth century, especially the nonacademic social science practiced by female reformers, embraced as its principal mission the expansion of the federal government into an active protector of its most vulnerable citizens.\(^\text{112}\) For the majority of reproductive health reformers, therefore, the task of improving the conditions of maternity and infancy went hand in hand with expanding the role of the state.

Another basic difference between Putnam and the majority of her colleagues in the reproductive health movement was Putnam’s failure to connect the vulnerability of mothers and children with the vulnerability of other members of society. Progressive maternalists fought not only to
protect women and children through government intervention, but also immigrants and laborers. Their social justice ideals developed in the Progressive Era and carried them through to support the innovations of the New Deal.

In addition to highlighting diversity among reproductive reformers, Putnam’s career illustrates the impact of political circumstances on their agendas. Her fear of federal paternalism represented a powerful political force in the interwar years and helps to explain why the maternalist coalition began to falter. As reproductive health activism became synonymous with federal activism, Putnam’s commitment to states’ rights and a small federal role encouraged her flight from this cohort. As politics caused rifts, it also made strange bedfellows, as we have seen in the example of Putnam’s reconsideration of birth control. Ironically, birth control could provide this conservative reformer with a way to continue her crusade to aid mothers and children while avoiding the pitfalls of centralization and bureaucratization.

Finally, Putnam provides a lens through which to evaluate the work of the CB during the era of their triumph and decline, underscoring the Bureau’s widespread attraction to maternalists across the political spectrum in its early years; its consistent devotion to the disadvantaged; and its failure to transcend political debates over the role of the state by the late 1920s.