

‘Naturally Clean and Wholesome’:
Women, Sex Education, and The United States
Public Health Service, 1918-1928

By
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George was a good man. While his friends were visiting night clubs and having riotous affairs, George had been sexually intimate with only three women. Fearing disease, he had chosen and guarded two of the women carefully to ensure that they would never infect him with syphilis. Imagine his horror then when he discovered an ulcerous lesion on his genitals. Reluctantly, George confronted his worst nightmare: he had syphilis. The doctor’s recommendation was simple: ‘It was: To love but one woman, to take her as a virgin, and to love her so much that she would never deceive you.’¹ While it was too late for George to benefit from this advice, he could protect the woman he loved by postponing his marriage and undergoing a three-year treatment. But for George, the wait was too much. Eager to marry, he ignored the specialist and reaped the consequences. His daughter was born syphilitic and his beautiful, innocent young wife became infected as well.

George’s story was well-known in the early twentieth century. The main character of Upton Sinclair’s story, *Damaged Goods*, George had begun life as Georges Dupont, a character in Eugene Brieux’s play, *Les Avaries*. The success of Brieux’s play had led to its translation into English and Sinclair’s version of the story had been quickly taken up by members of Congress and the American public health community. Tailor-made for the fight against venereal disease, *Damaged Goods* explored the impact of syphilis by focusing on several characters: the good mother who wants the best for her son but fails to teach him about sex and the benefits of virtue; the pure woman who suffers because of

her husband's dissipation; the innocent young child—a daughter—who becomes infected because of her father's promiscuity; and the hardened streetwalker who infects George out of a desire for revenge on the men who seduced and infected her. Commonly used in early twentieth-century campaigns against sexually transmitted diseases, these images of women were also at the centre of the United States Public Health Service (PHS) campaign for sex education during the 1920s.

Launched in 1918, the PHS's sex education programs sought to educate Americans, both male and female, young and old, on 'what they [could do] to help the Government stamp out [venereal] diseases'.² With this campaign, the PHS called upon Americans to provide sex education in their homes, schools, churches and community organizations. The programmes which emerged in the wake of this directive were diffuse. According to the PHS, the 'crusade against ignorance' required a 'wide use of pamphlets, lectures, motion pictures and exhibits'.³

Women, girls, boys and men were all targeted in this campaign. While the PHS was most aggressive in creating a programme for young boys, whom they believed to be at the greatest risk of contracting VD, the materials they created for women and girls sought to reverse women's patterns of sexual behaviour. Created as a parallel to its programmes for boys, the PHS's sex education programme for women was never as focused as its male counterpart. Unlike the boys' campaign which relied heavily on one pamphlet and one message, the programme for girls and young women used a variety of pamphlets and tactics. While the reasons for this approach were varied, the diffuse nature of this campaign meant that the PHS's message never really reached its intended audience. Not surprisingly, this programme failed to alter young women's sexual behaviour.

Women were central in this effort to protect the nation from the onslaught of a venereal epidemic and they were encouraged to participate actively in this campaign through grass roots efforts, co-sponsored by groups such as the General Federation of Women's Clubs. But even as the PHS called upon women to spearhead community efforts against vd, they used highly stereotyped images of women as mothers, wives, daughters and prostitutes, to endorse and advocate passive images of women and female sexuality. The PHS's campaign's push to contain and control sexuality, specifically female sexuality, emerged just as the boundaries regarding sexual behaviour were shifting and, as such, the campaign provides a unique insight into the ways in which the federal government attempted---and failed---to re-shape both sexual behaviour and the family through the forum of public health.

'A Wave of Sex Hysteria: Shifting Perceptions of Sexuality and the Push for Sex Education

The fight against vd and its corollary, the push to provide Americans with good sex education, had its roots in concerns which had developed both before and during World War I. At the forefront of these fears were changing perceptions of sexual behaviour. Throughout the early twentieth century, 'competing cultural perceptions of female sexuality circulated in American society'.⁴ On a very basic level, women were still depicted as sexually passive but a growing number of reformers now claimed that women had greater sexual agency than previously supposed. Attempts to reconcile or even more simply assess these contradictions led to greater 'public anxiety about the sexuality of young unmarried women'.⁵ This anxiety translated into two opposing concerns: a belief that women were co-opted into sexual immorality by white slavers or

heartless male seducers, and a fear that women, especially working-class women, were actively and independently choosing a life of sexual promiscuity. Either way, a young woman's sexuality was believed to be putting her at risk—of contracting disease and infecting others.

Fears regarding declining sexual standards among both men and women were long-standing; men, in particular, were believed to have little regard for sexual morality. In both popular literature such as *Damaged Goods* as well as in popular films such as *The End of the Road*, men were commonly depicted as careless seducers who infected innocent women with VD. Responding to this widely pervasive view, newspapers claimed that 'a wave of sex hysteria and sex discussion seems to have invaded this country'. And to counter the problem, 'radicals and conservatives, Free-thinkers and Catholics ... [called for] sex ... education'.⁶ The war was not, in other words, the primary impetus for a sex education campaign or even the push to eradicate VD.

In fact, it could be argued that a broader shift in sexual mores, dating back to the 1890s, if not earlier, was the primary impetus behind the PHS's decision to provide sex education to young women and girls. Mary Odem argues that a 'flurry of moral reform activity [occurred] across the country in the 1890s'.⁷ This reform focused on the control of female sexuality. According to Odem and other historians, working-class young women, both native-born and immigrant, were using new found wages to push at existing sexual boundaries.

In the 1880s, young women had entered the work force in growing numbers. These women tended to work outside the domestic sphere—in factories, department stores, restaurants and offices—as opposed to their predecessors who had often worked as

domestic servants under close supervision.⁸ Within single-sex workplaces, ‘women’s conversations ... often gravitated to the subject of dating’ while ‘in department stores, the mixed-sex workplace became a setting for romance’.⁹

More alarming still was the practice of ‘treating’ which entailed the solicitation of gifts from young men for young women. The primary cause of ‘treating’ was the economic disparity between female and male wages as well as the common tradition among young women (but not young men) of giving their wages to their parents. Beth Bailey points out that ‘a good time increasingly became identified with ... commercial amusements, making young women ... dependent on men’s “treats”’.¹⁰ Young women often reciprocated by providing sexual favours.

While the middle and upper classes did not indulge in treating, their courtship patterns were also shifting. During the 1910s and 1920s, dating, which took young women out of the home and away from parental supervision, became increasingly common among this group. All of this translated to mean very few social controls on young women.

Further compounding these concerns were the temptations of modern life which included the car and dancehalls. Some reformers saw the issue even more broadly, claiming that ‘a definite but undefined danger is [in] the very atmosphere of the city’ itself.¹¹ And certainly, there were fears that the city, with its anonymity and salaried workers, allowed young women more freedom than they could handle. But the car and the dancehall were the real danger points. According to the PHS, ‘many cases of venereal disease are acquired ... in the commercial dancehalls’ while ‘the automobile may be used to further prostitution in various ways’.¹² These fears were not completely far-fetched—

young women did meet young men with whom they became sexually intimate after a short acquaintance in the dancehalls and the car did become linked with prostitution.

For reformers and the middle class, these shifts were troubling on two levels. First, the rise of dating among middle- and upper-class youth resulted in class mixing which made it difficult to distinguish between the respectable and unrespectable. Secondly, dating resulted in a reversal of gender roles. Traditionally, American courtship patterns had allowed women, or at least their families or employers, to control and supervise encounters. During the nineteenth century, women, or their parents or employers, invited men to call upon them in their parents' or employers' homes; this allowed families, employers and to some extent, women, to control these meetings. Dating shifted this pattern as 'men became the hosts and assumed the control that came with that position'.¹³ This reversal in gender roles as well as the blurring of visible class boundaries was deeply disturbing.

For those who dismissed these concerns, the war provided dramatic evidence of a decline in sexual morals. High levels of VD had been found among recruits and '[m]edical men working among the troops found that there [wa]s gross ignorance and mis-education on the whole subject of sex'.¹⁴ While the creation of the Commission on Training Camp Activities (CTCA) in 1917 sought to curb 'the sexual impulse ... through instruction, exercise, and wholesome entertainment', many felt that the war and its aftermath would simply exacerbate the spread of vd.¹⁵

In the wake of the war, these concerns were validated. Throughout the 1920s, the Wassermann Test, which allowed physicians to diagnose syphilis, became increasingly common.¹⁶ The ability to diagnose previously overlooked or ignored cases of syphilis

led many Americans to assume that syphilis was on the rise. But this was not the only problem caused by the spread of the Wasserman Test; because the test often produced false positives, vd seemed omnipresent.

Implementing the Chamberlain-Kahn Act

To address what they perceived of as an epidemic of vd, Congress passed the Chamberlain-Kahn Act. The Act, which became law on 9 July, 1918, included the appropriation of two million dollars to fight vd as well as ‘the establishment of a division of venereal disease in ... the Public Health Service’.¹⁷ Headed by C. C. Pierce, an assistant surgeon general, the PHS’s Division of Venereal Disease sought to prevent and control the spread of vd within the United States. Twenty per cent of the Division’s funds were spent on ‘repressive measures’, as the PHS termed them, while ten per cent were spent on administrative costs.¹⁸ The bulk of the funds, fifty per cent, were spent on treatment. Clinics were built and maintained according to strict guidelines; male physicians treated only male patients and female nurses treated only women. Given the inaccuracy of the Wasserman Test as well as the secretive nature of syphilis, the scanty records kept by the PHS do not and cannot provide any real insight into the impact this treatment policy had on vd rates. Moreover, despite the financial weight given to treatment, the PHS clearly viewed their educational programs, which received twenty percent of the funds from Chamberlain-Kahn, as the most important aspect of their campaign.¹⁹ Education, the PHS believed, could best protect the nation by ensuring that there would be no need for treatment in the future.

By 1919, fifty different free PHS pamphlets on sex and vd were available to the

public.²⁰ These Venereal Disease Bulletins covered a range of topics; sex education within schools and churches, druggists' responsibility to provide customers with accurate information, and the special dangers which confronted girls in industry, were just a few of the topics discussed.

Because the PHS believed, as did most Americans, that the male sexual drive was stronger than its female counterpart and that men and boys were in greater danger of succumbing to their sexual urges and thereby spreading vd, most PHS pamphlets were directed at boys and young men. However, a significant number of pamphlets were sexually neutral, intended for use by civic leaders and parents, while a small segment was aimed directly at girls and young women. Two of the most popular of these were *On Guard* and *To Girls in Industry about the Enemy at Home*. The first of these was for both middle- and working-class girls while the second was only for working-class girls. This latter group was believed to be most in danger of contracting and spreading vd.

These pamphlets were publicized during November of 1918 through selected mailing lists. In response to these mailings, 'the bureau was flooded with' requests for pamphlets.²¹ The PHS distributed over five million copies of the various Bulletins in 1919 alone. And throughout the 1920s, the pamphlets, re-printed by state boards of health, and organizations such as the American Social Hygiene Association (ASHA), continued to circulate widely.

The PHS also sponsored lectures directed at 'civic, social, industrial and fraternal organizations'. Lecturers included members of state boards of health along with PHS employees and consultants. The audience for these talks varied; immigrant mothers, upper-class clubwomen and adolescent girls were all targeted. At least eight thousand

lectures were given during 1919 and the PHS boasted that the average attendance at these talks exceeded 200 people.²² Lectures continued to be given throughout the early 1920s although the PHS did not always keep strict attendance records.²³ As visual supplements to lectures, motion pictures and placards were also made available. While ‘leaders in ... public health ... keenly appreciated ... the power of film’, the use of this medium was not without controversy.²⁴ On the one hand, the PHS recognized that ‘the motion picture ... reach[ed] a wider audience than any other educational agent, with the exception of the press and public schools’.²⁵ But on the other hand, the PHS also acknowledged that ‘there [was] no indication that behaviour [was] modified significantly’ after viewing a sex education film.²⁶

Further complicating the issue was the question of how films should be shown. Should sex education films be shown to mixed audiences of both women and men? Or should different films be created for men and women? Although a study had indicated that women did not believe sex education films should be divided along gender lines, the PHS took a conservative approach, endorsing the showing of the privately produced films, *Fit to Fight* to all-male audiences and *The End of the Road* to all-female audiences.²⁷

Worries regarding the graphic nature of these films, which included staged scenes in brothels as well as scenes of seduction, meant that these films were shown primarily to adult audiences in community settings and commercial theatres. Films were advertised widely in newspapers and they were often shown over a period of several days in large communities. Gradually, the censors limited access to these films and the films disappeared during the early 1920s.

Believing that sex education should begin before adulthood, the PHS produced their own sex education films for adolescents. Created in 1924, *The Science of Life* consisted of two films, *Personal Hygiene for Boys* and *Personal Hygiene for Girls*. These films were drawn from two placard exhibits, *Keeping Fit* and *Youth and Life*, which the PHS had created for adolescents in 1918 and 1922.²⁸ Unlike *The End of the Road* and *Fit to Fight*, *The Science of Life* was not narrative. Intended for and used primarily in classrooms, both films were highly didactic. Interspersing images from the placards with brief captions, *The Science of Life* was simply an animated version of the placards. Given the lack of centrality in the American school system, the PHS could not force school districts to use the films; however, requests to the PHS for information about these films indicate that the films were shown in classrooms across the county up until the 1930s.

While these films appear to have been popular, the limited availability of movie technology probably meant that the placard campaign reached more Americans. The information available through this campaign was also shaped by concerns about gender. Placards for women were intentionally ‘condensed’ and vaguer than those directed at men.²⁹ Additionally, the public demand for male placard sets as opposed to those for women was almost 7 to 2, meaning that women were much less likely than men to see a PHS sponsored sex education placard.³⁰

Creators and Consultants

The Commissioned Corps of the PHS directed and controlled the most important programmes of the Service. As regulations forbade women from becoming commissioned officers, the PHS’s sex education campaign was created by male officers.

C. C. Pierce, the head of the Venereal Disease Division which developed and circulated these materials, was a PHS career officer. A southerner, Pierce had earned his degree at Chattanooga Medical College and then enlisted in the PHS in 1900 at the age of 22. Even before his appointment as the first head of the Venereal Disease Division, Pierce had been interested in vd. Like most early twentieth-century public health experts, Pierce viewed vd as both a medical and moral problem. His writings often differentiated between what he and his contemporaries termed ‘the innocent victims of venereal disease’—married women and children—and those who engaged in ‘antisocial’ behaviour which spread vd. The latter category included prostitutes and morally suspect women. Not surprisingly, Pierce believed that control of these women would stem much of the vd epidemic.

While most of the sex education literature was created under Pierce’s direction, the Division also hired well-known male and female consultants.³¹ Prominent among these was Rachele Yarros. Yarros, a Jewish Russian-born physician practicing in Chicago, had deep roots in the social hygiene movement. During the 1920s, Yarros called for ‘a single standard of morals and ... a definite change in the attitude of men toward the problem of promiscuous indulgence’.³² But, Yarros pointed out, women were also responsible for the prevention of vd and the control of men’s sexual appetites. Unlike the Victorians, Yarros did not deny female sexuality, but she clearly believed (as did the PHS) that female sexuality was more muted than its male counterpart. With this belief, Yarros sought to inculcate young women with an understanding of their responsibilities. Paramount among these was the control of male sexuality. Speaking to young girls, Yarros noted that ‘the government is trying to inaugurate a new policy—demanding

chastity from boys and pointing out ... that immorality is full of dangers'. But this policy was not dependent solely on the actions of men. 'All of us, girls and women', Yarros insisted, 'in order to bring about the single standard of morals must learn to play a fair game with boys'.³³

The PHS's other key consultant was Lee Alexander Stone. Unlike Yarros, Stone was not a physician. He had, however, served as an active member of the CTCA (which had fought the spread of VD during World War I), and he clearly had strong feelings about the country's VD 'crisis'. Like Yarros and Pierce, Stone viewed education as central to the war on VD. But he argued that successful education 'cannot be accomplished by conspicuous reformers or by the sexually frigid'. According to Stone, 'only those who know what it means to fight a dominating sex appetite can ever expect to make themselves felt in a fight'.³⁴

Overall, the PHS did not have a firm rein on their consultants. This may have been intentional. The PHS believed that, while the war on VD required consultants to present a united front, there could be variations in how this message was pitched.

The flexibility given to those who used the programmes stemmed from several factors. First, the PHS recognized that their audiences were diverse, including girls and women in rural and urban areas, girls from the middle and working classes and girls from immigrant and native-born communities. Allowing those who used the programme—teachers, lecturers, social workers, and medical practitioners—to adjust it to reflect their audience's needs was essential. Secondly, because the social hygiene movement predated the federal government's sex education programmes, many private organizations had already developed their own programmes. These groups were sometimes reluctant to

advocate PHS' message wholesale. Organizations such as ASHA preferred instead to distribute their own versions of the PHS programmes such as *Youth and Life*. In doing so, ASHA absorbed printing and distribution costs. For the PHS, whose budget was limited, this was a fair trade-off as it allowed a wider audience to hear and learn the PHS's lessons.

Reluctant Partners: PHS and the General Federation of Women's Clubs

Prince Morrow, the founding father of the social hygiene movement, had once said that 'the question of social hygiene is a woman's question'.³⁵ And physicians and legislators had long acknowledged that 'whenever they are interested in any health legislation or health education, they [must first] ask their wives ... to bring these topics before the women's clubs ... [as] this will assure their success'.³⁶ Additionally, as Nancy Tomes has pointed out, the newly developing field of 'health education', which included sex education, was becoming an increasingly female-dominated profession during the early twentieth century.³⁷

With this in mind, the PHS recruited women's clubs to help in their sex education campaign. There were several reasons for their doing so. First, having been instrumental in helping to pass the 1906 Food and Drug Act, the General Federation of Women's Clubs (GFWC) had come to believe that it had an obligation to promote health-care laws. As Bettie Sippel, the GFWC's president put it, 'just as [woman] has always been the guardian of her family's health, so must she be in the broader life of today, the guardian of the community's health'.³⁸ Sex education, with its emphasis on public health and the family, was a natural fit for the GFWC. Secondly, the PHS clearly sought to make discussions of vd socially acceptable. The recruitment of women's clubs was central to

this as clubwomen were generally drawn from the middle or upper classes. Any campaign to which they gave their support would assume the social status these women held (or so it was hoped). Thirdly, women's clubs were perfectly structured for a grass-roots campaign. The national organization could coordinate the programme, issuing suggestions and serving as a liaison between clubs and the PHS while local clubs focused on specific activities.³⁹

The effectiveness of women's clubs during the 1920s is somewhat in dispute. Nancy Cott points out that the 'General Federation of Women's Clubs seemed to decline in vigor' during this period.⁴⁰ However, it was not so much a decline in vigour as an over-confidence in their ability to follow a multi-faceted agenda which caused problems for the GFWC. The federation had several programme branches and the branch which focused on 'public welfare' included many public health issues. Among these were narcotics addiction, infant and child mortality, public health nursing, tuberculosis, mental hygiene, the push for yearly medical exams, eugenics/sterilization issues, occupational therapy and vd. The GFWC's limited financial resources made success in multiple areas difficult, if not impossible.

Further compounding the problem was the fact that there were no clear-cut goals for any of these issues. In 1905, the GFWC had pushed for passage of a specific law but, with the exception of the GFWC's interest in eugenics and sterilization, no one law was the target of the public health campaigns which the GFWC pursued during the 1920s. This was especially true for the campaign against vd. While communities could call for the destruction of red-light districts—a very specific task—this was seen as only a partial solution to the problem. Equally problematic was the belief of both the PHS and the

GFWC that ‘the responsibility for sex education rest[ed] mainly on home, school and church’.⁴¹ No one law could intervene in any of these arenas and neither the PHS nor the GFWC would have advocated laws which called for government intervention in these arenas even if such a law was possible. As a result, the GFWC’s efforts to address vd were fragmented.

Additionally, the structure of the GFWC—a loose umbrella organization of clubs scattered across the country—meant that their response to the PHS’s call to action and their relationship with the Venereal Disease Division was varied. Some clubs were extremely aggressive in pursuing this mission. In Chicago, where club members included Rachelle Yarros and Jane Addams, women’s clubs co-sponsored a major convention on sex education with the PHS. Held in 1924, this convention included speeches by social hygiene leaders as well as high-ranking PHS officers. In Arkansas, however, the response was less aggressive. There, women’s clubs simply made ‘a careful study of the subject’ while working to ‘interest [others] in ... Social Hygiene’⁴²—efforts which did not result in a concrete change.⁴³ In contrast to these minimal efforts in Arkansas, some clubs, such as those in New York, reported no activities or even discussions regarding sex education.

If local clubs were reluctant to tackle the problem of social hygiene directly, so, too was the national organization. The GFWC noted that, while ‘the social hygiene problem is a community responsibility’, in other words, a responsibility which fell under the aegis of the GFWC, it also pointed out that ‘this problem is one of great magnitude’.⁴⁴ Careful study was necessary before the problem could be addressed and even when this study had been completed, the GFWC could only be expected to address one ‘important phase [of

the problem] each year'.⁴⁵ In other words, the national GFWC was able to duck direct confrontations with this issue.

This avoidance was possible because the efforts of the PHS regarding the GFWC were not very aggressive. In many ways, there was fertile ground for a strong relationship between the two. Many clubwomen were physicians or social workers who were already interested in both sex education and social hygiene; Katherine Bement Davis, the prominent sexologist, was a clubwoman, as was Jane Addams, the founder of Hull House and an active member of various social hygiene societies. Others had strong social ties to the medical community. Lucy Booth Cumming, the wife of the PHS Surgeon General, Hugh S. Cumming, was an active clubwoman and on a local level, doctors' wives were likely to be clubwomen. And the GFWC had programme branches which dealt specifically with public health issues. Finally, women now had the vote and had already demonstrated a strong desire to ally themselves with political movements and federal agencies. It seems likely, in other words, that the GFWC would have been receptive to a close relationship with the PHS.⁴⁶ The PHS had created a strong relationship with the YMCA, an organization which was, in many ways, very similar to the GFWC in structure, but this strong relationship rested on a concrete plan. In their work with the YMCA, the PHS focused on a specific exhibit, directed at a narrowly defined audience, male adolescents. The task which PHS asked the GFWC to perform during the 1920s was radically different. There was no specific set of charts to be shown; no one pamphlet to be distributed; and more important, there was no one target audience. This made it difficult for the PHS to create a specific agenda for the GFWC to implement.

While the PHS' efforts to recruit female-oriented community organizations to help in their campaign were most effective with the GFWC, they did not limit their efforts to this group. The PHS also requested the aid of the YWCA and the Red Cross. None of these groups, however, saw their mission as tightly connected to PHS's sex education campaign as the GFWC did.

Crafting the Proper Image of Women

While the GFWC and other groups sidestepped the question of vd, the PHS issued pamphlets and directives which provided families and communities with information about these diseases. Their message was a simple one: universal continence would eradicate vd. Arguing that 'sex energy must be controlled and directed', the PHS never denied the sexual instinct.⁴⁷ Rather, they simply insisted that healthy sex could exist only within the confines of marriage. Jeffrey Moran has pointed out that by 'locating the deepest human satisfactions in marriage ... sex educators [could] accept the new philosophy of pleasure seeking without sacrificing their central assertion that extramarital and premarital sex were forbidden'.⁴⁸

In many ways, this view reflected general 'concepts of sex education in the early part of the twentieth century [which emphasized] ... the need for ... both sexes ... to remain 'pure' until marriage'.⁴⁹ But, while purity for men required self-control, purity for women was not dependent on a woman's actions. Predicated 'on the [Victorian] notion of the passionless, dutiful woman', sex education for women tended to focus on men's behaviour.⁵⁰ This reflected a common belief among many Americans that male promiscuity was not only a pervasive problem across the country but that this behaviour also spread disease.

According to *On Guard*, one of the PHS' most popular pamphlets, women could and should control male sexual desire by 'demand[ing] clean living from the men of their choice, and ... by avoiding actions which arouse this natural but dangerous impulse'. The male sexual drive, the PHS hinted, was so powerful that, once aroused, it would seek out any woman for satisfaction. Thus, a woman who 'thoughtlessly stimulate[s] the sex emotions of ... [her] male friend ... by careless words, familiar acts and too thin or otherwise suggestive and conspicuous clothing ... is arousing the feelings of the man and *making herself responsible for his temptation and mistakes*'.⁵¹

In shifting responsibility for male sexuality to women, PHS divided women into two opposing images: 'the American girl ... who is the whole-souled, level-headed, high-spirited companion of men',⁵² and the 'girl ... who allows a man to have improper relations with her ... and runs the risk of becoming diseased'.⁵³ The divisions between these two were not impenetrable. In *To Girls in Industry About the Enemy at Home*, the PHS maintained that 'there are [good] girls in every community who are near the danger point and who are pitifully ignorant of the diseases that await them ... [and] who enter into immoral relations more out of curiosity than because they are "bad" at heart'.⁵⁴ The PHS focused on keeping these girls safe.

Failure to do this would, the PHS believed, result in an epidemic. Insisting that '90 percent of infections are due to women and 10 percent to men', PHS officers maintained that it took only one infected woman to spark an outbreak of vd.⁵⁵ The danger was especially acute as it was not only prostitutes who spread vd. According to PHS 'young girls, from fourteen up, living at home, are the ones that are spreading a large percentage of the infections'.⁵⁶ While 'most ... girls are naturally clean and wholesome',⁵⁷ innocent

young girls who were seduced and infected could become, in the words of Lee Alexander Stone, ‘social avengers ... selling their bodies [and] ... getting a type of revenge’ on society by spreading disease.⁵⁸ But even when not motivated by a desire for revenge, a woman might ‘turn to prostitution through [a] lack of interesting ... tasks’.⁵⁹ Women could and often did, the PHS maintained, slip into ruinous and dangerous behaviour when left to their own devices as the young unchaperoned women of the 1920s increasingly were.

This division of women into two types, the clean and decent woman and ‘the girl ... who ... arouse[s] men’s sex instincts’ served several purposes.⁶⁰ First, it provided women with clearly demarcated models to which they should adhere—this was crucial in an era in which women’s roles were in flux. Secondly, by creating and endorsing simple and contrasting images of women, the PHS streamlined and clarified their message. By refusing to acknowledge that women could have sex outside of marriage and still protect themselves, the agency avoided the moral ambiguities raised by prophylaxis while presenting a simple solution to the venereal disease problem. Finally, the PHS’s endorsement of this traditional dichotomy should be seen as part of their overall strategy in advocating sex education. In calling for communities, schools and even families to provide sex education, the PHS was taking a radical step. While other groups, such as ASHA and the YMCA, had created and implemented sex education programmes, the PHS’s call for sex education was more controversial.⁶¹ As a government agency, the PHS needed to please not only Americans who were calling for sex education but also their more conservative counterparts.

The use of this divisive imagery meant that young girls and women needed to be protected, both from corrupt women as well as male seducers.⁶² But, as sexual mores loosened in the early 1920s, the number of girls ‘needing protection’ seemed to broaden and grow. To safeguard these girls, the PHS called upon parents, specifically mothers, to teach ‘the facts of life in a clear way’. By teaching their children about the ‘sacredness of reproduction’, mothers would prevent ‘the noisome weeds of vulgarity and obscenity [from] grow[ing]’.⁶³ Children who received the proper information from their parents would grow up able to control their sexual appetites.⁶⁴ Properly taught, girls would know how to say no—while boys, who learned about self-control from their mothers, would never ask girls for sex.⁶⁵ Across racial and ethnic boundaries, mothers could save their children from sexual danger by providing them with good sex education—by being, as Rachelle Yarros put it, ‘truthful and ... tell[ing] the story [of reproduction] *in the right way*’.⁶⁶

But what was the right way? What lesson should mothers impart to their children, especially their daughters? How could mothers prevent the spread of venereal disease and the rise of promiscuity?

In both their pamphlet literature as well as in talks given to community organizations, PHS lecturers depicted motherhood as a sacred bond. A key component of this bond was the mother’s desire ‘to save her child from dangers’.⁶⁷ Mothers could, the PHS maintained, best protect their children by ‘fill[ing] ... [their] child’s mind with the thought of the sacredness of motherhood’. By focusing on ‘the sacred’ aspects of reproduction, the PHS encouraged children to view reproduction as not only asexual but as having almost religious overtones. The story which the PHS suggested mothers tell

their children emphasized the idea of sacrifice and drew on Christian imagery—in a PHS approved sex education lesson, ‘baby came out of mama’s body ... [where] she was formed from ... mama’s blood and that’s why mama’s hands are so white and mama’s cheeks so pale’. Having ‘give[n] her own life blood to make’ baby, the mother sacrifices herself in a gesture vaguely reminiscent of Christ’s sacrifice.⁶⁸ The deeply conservative nature of this story stemmed from the PHS’s desire to restore traditional values through the use of traditional images.

To become a good mother, then, women needed to be prepared to make sacrifices. But, according to the PHS film, *Personal Hygiene for Girls*, women embarking on motherhood also ‘need[ed] brains, fidelity and sound training’.⁶⁹ Motherhood was not, in other words, a position which should be assumed lightly. In fact, neither marriage nor motherhood were about the needs and desires of the individual. Rather, both were and always should be about the demands of society. Thus, Rachelle Yarros suggested that women contemplating marriage—and ultimately, motherhood—ask themselves: ‘Am I physically, morally and mentally fit and worthy?’⁷⁰ For both Yarros and the PHS, sex education could re-shape the family, not only by changing the roles assumed by mothers, but also by discouraging the unfit from reproducing.⁷¹

This eugenic component of the PHS’s sex education programme clearly resulted from concerns among social reformers regarding the influx of immigrants. Both the debate over the white slave trade and concerns regarding the sexual and social freedom of working-class girls had often focused on foreign-born girls or second-generation Americans. More than ‘the *American* girl ... who is the whole-souled, level-headed, high-spirited companion of men’, immigrant and working-class girls needed instruction in not

only sexual responsibility but also the demands of motherhood.⁷² ‘Scientific motherhood’—the belief that women ‘needed expert advice in order to perform [the] ... duties [of motherhood] successfully’—was especially crucial if these girls were to produce healthy American stock.⁷³

The PHS’s sex education campaign was, then, shaped as much by concerns over changing social values as by concerns over escalating rates of VD. Viewing the family as central to this campaign, the PHS aggressively sought to re-shape this institution to reflect their own concerns and beliefs regarding the role of the mother. But in casting this debate, the agency also revealed their fears regarding the ‘New Woman’. The flapper--- the modern girl who lived outside traditional sexual and social boundaries---- needed to be brought back into the fold. Only then could she be re-educated or, in the case of the immigrant girl, educated for the first time, on her future role as a wife and mother.

Defined in terms of their relationships with men, these idealized wives and mothers were a stark contrast to the ‘thousands of women who are selling their bodies’ and infecting weak men with VD.⁷⁴ Unlike the mother whose sacrifices contributed to the nation’s well-being, the sexually promiscuous girl destroyed the nation’s health. She was, as *On Guard* so aptly put it, ‘more dangerous to her country than the Germans behind the machine guns’.⁷⁵ For the PHS, the battle for sexual purity and the model family was a battle for America’s soul and independence.

In keeping with this idea, their literature drew heavily on war imagery. Thus, one PHS pamphlet spoke of ‘hidden submarine attacks on *innocent* wives and children’ which inflicted ‘slow deadly wounds’.⁷⁶ This imagery was further emphasized by the dichotomy which the PHS created between the ‘innocent ... [who] may be betrayed to the

enemy by a kiss' and syphilis which 'invad[ed] the home' through the actions of men and women who were 'guilty of immoral sex relations'.⁷⁷ This was not a war coloured by ambivalence or shades of greys. Rather, it was, as Lee Alexander Stone put it, a war against 'a stygian darkness' which harboured 'racial poisons'.⁷⁸ Only by 'giv[ing] battle to the evils of darkness and driv[ing] them into the light of day' could there be any victory.⁷⁹

In her study of the PHS's 'war' on syphilis in Chicago during the 1930s, Suzanne Poirier points out that by using the term war, 'health officials and journalists ... characterize[d] syphilis as a tangible enemy that was formidable but not invincible'.⁸⁰ Certainly this was true of the PHS's 'war' on vd during the 1920s. But the use of war imagery actually had multiple purposes during this period. Arguing that 'there will be more injured and killed victims of these diseases than the United States lost during the entire war in France', the PHS exploited images which had become familiar to Americans during the course of World War I to fight a new and altogether different war.⁸¹

These military metaphors were also effective on another level. In her study of the diphtheria prevention campaigns of the late nineteenth century, Evelyn Maxine Hammonds has pointed out that 'in the wake of the germ theory, the use of such metaphors achieved new credibility and precision'.⁸² By characterizing syphilis germs as invaders of society, the PHS depicted vd in the most dire terms, thereby justifying the use of sex education. But, as Hammonds points out, 'war-making metaphors also contribute to the stigmatization of illness and disease'. These metaphors may have indirectly perpetuated the stigma traditionally associated with both vd and its sufferers. In doing so,

the PHS did little to advance their call for sexual education and an open discussion of the disease.

While the PHS prided itself on the progressive nature of their sex education campaign, the truth was more complex. Far from advocating a modern and progressive view of women and sexual relations, it promoted an out-dated vision of women and sexuality in an attempt to reverse the sexual revolution of the early twentieth century. But these Victorian depictions of ‘passionless women’ and self-sacrificing mothers and wives had no real power to reverse a sexual revolution which was, by the 1920s, deeply entrenched in American society.

Shaping the Campaign for Women

The lofty nature of the PHS’s goals—to re-shape the family, to change social and sexual mores and to arrest the spread of vd—meant a stunningly ambitious programme. It also meant that this programme would prove impossible to implement. During the mid to late 1920s, the PHS’s sex education campaign sputtered and ultimately died. The reasons for its death are not, however, linked solely to the overly ambitious goals of its creators.

The PHS’s programme fell victim to a series of broader changes in American society. Primary among these were declining concerns regarding vd. In the early part of the century, leading social hygienists, such as Prince Morrow, had launched the fight against vd. Headed by dynamic leaders, this campaign was an expression of changes in the bio-medical world, the advent of germ theory and the bacteriological revolution, as well as the push by progressives to battle social problems in American society. Fears regarding vd climaxed during World War I when concerns about the health of Americans were at

their highest. After the war, these concerns waned, resulting in a steady decline in discussions about the disease.

As these fears lessened, federal funding for these programmes also declined.⁸³ While the PHS had attempted to create programmes which would be taken up and therefore funded by grass-roots agencies, they failed to create the momentum necessary to carry this battle forward. Without the PHS's support, women's clubs and community organizations dropped the campaign—which had never been overwhelmingly popular.

Further hastening the death of this campaign was the belief of its supporters that sex education was best taught within the home. Americans have never been comfortable with candid and public discussions about sex and sexually transmitted diseases. During the 1920s, as the PHS's constant reminders to Americans of the dangers of 'mock modesty' attest, this discomfort was even more pronounced.⁸⁴ Unfortunately, this constant injunctions worked to undermine the message which the PHS sought to impart. By telling people that they should feel no shame in discussing venereal disease, the PHS indirectly reinforced the idea that there was something shameful about this subject.

While none of the PHS's sex education programs during this period can be said to have been a success, its programme for young boys, *Keeping Fit*, was, in some ways, more effective, at least in terms of reaching large numbers, than their programme for girls and women was. Although it had no discernable impact on vd rates, *Keeping Fit* reached several million boys, providing some of them with sex education for the first time. While the PHS did not consistently maintain exact figures regarding the number of girls who saw their program, records indicate that the girls' program reached fewer people, simply

because fewer pamphlets and materials were distributed and fewer lectures were scheduled.

Keeping Fit reached this wide audience because, unlike the campaign for girls and women, the YMCA required their young members to view the program. The PHS also aggressively advertised their boys' program to high schools and while they could not force a school district to use *Keeping Fit*, the PHS's rush to provide lecturers to interested schools meant that many districts adopted the program.⁸⁵ No such efforts were made on behalf of the girls' programmes, which meant that they were rarely shown to high school students and even more rarely shown to members of the YWCA.

Keeping Fit also proved easy to advertise and use because it, unlike the program for girls, revolved around one message. Using lectures, placards, and a pamphlet, *Keeping Fit* pitched a simple and highly uniform message—one which was believed to be applicable to boys and young men of all ages and from all social classes. But when it came to creating a similar and highly uniform program for girls and young women, the PHS failed to do so. As a result, even the pamphlet campaign, *Youth and Life*, which had been created to parallel *Keeping Fit*, fizzled, reaching only a small audience.

Further complicating the situation was the PHS' reliance on volunteer organizations. With *Keeping Fit*, the PHS had established a partnership with the highly professional YMCA. While the YMCA used volunteers, their work for the PHS was done by salaried workers whose expenses were reimbursed. The deep coffers of the YMCA allowed them to match and sometimes exceed the funds provided by the PHS, which meant that they could stage repeated showings of *Keeping Fit* and advertise these showings widely. Unfortunately, when the PHS attempted to create a similar programme for girls and

women, they relied on organizations whose members were volunteers and whose coffers were extremely limited. Like most women's organizations, the GFWC was chronically short on funds, and its members, both working women and home-makers, could not devote their time fully to the GFWC. Lacking both a strong financial incentive from the PHS as well as a professional staff, these volunteer organizations were incapable of reaching a broad audience.

The greatest difficulty with the PHS's programme stemmed, however, from their poor timing. Believing that male sexuality was stronger than its female counterpart, the government saw its first and most important task as creating sex education programmes for boys. Thus, *Keeping Fit* and the parallel push to change male sexual behaviour were developed in the first two years of the Chamberlain-Kahn Act—when funding was at its highest level. *Youth and Life*, however, was developed in 1922—when funding had already begun to decline. Underfunded and poorly marketed, *Youth and Life* never became the focal point for the PHS' sex education campaign for women in the way in which *Keeping Fit* became the focal point for its campaign for boys.

While the PHS's campaign failed to alter the sexual behaviour of young women, failed to reverse the recent sexual revolution and failed, most importantly, to restructure the American family, the programme should not be dismissed as unimportant. The materials which the PHS developed for this campaign continued to be used in a sporadic fashion throughout the late 1920s and 1930s. Moreover, this campaign set the standard for sex education in the twentieth century. Following the pattern set by the PHS during the 1920s, federally funded sex education continued to be divided along sex lines throughout

most of the century and to advocate the role of continence, with women expected to serve as the brake in most sexual encounters.

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¹ U. Sinclair, *Damaged Goods* (Philadelphia, 1913), p. 53.

² *To Girls in Industry about the Enemy at Home* (Washington D.C, 1918), pp. 2-3.

³ *A People's War* (Washington D.C., 1918), pp. 14-15.

⁴ M. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States 1885-1920* (Chapel Hill, North Carolina, 1995), p. 97.

⁵ *Ibid*, p. 96.

⁶ 'Sex O'Clock in America', *Current Opinion* (August 1913), pp. 114-115.

⁷ Odem, *Delinquent*, p. 34.

⁸ K. Peiss, *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York* (Philadelphia, 1986), pp. 34, 38.

⁹ *Ibid*, p. 49.

¹⁰ B. Bailey, *From Front Porch to Back Seat: Courtship in Twentieth-Century America* (Baltimore, 1988), p. 18.

¹¹ E. Bell, *Fighting the Traffic in Young Girls of War With the White Slave Trade* (Chicago, 1910), p. 70.

¹² *The Venereal Disease Handbook for Community Leaders: A Program of Venereal Disease Control* (Washington, D.C., 1924), p. 31. Florence Kelly called dancehalls ‘a constant menace to the moral security of those who frequent them’. F. Kelly, ‘Some Causes of Prostitution’, *The Women’s Medical Journal* 20 (1910), pp. 37-38, 38.

¹³ Bailey, *Porch*, p. 18, 21.

¹⁴ *The Problem of Sex Education in Schools* (Washington D.C., 1918), p. 3.

¹⁵ A. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (Oxford, 1987), pp. 98, 107. Women were also protected by the CTCA.

¹⁶ The Wassermann Test was developed in 1906.

¹⁷ *Annual Report of the Public Health Service, 1918-1919* (Washington D.C., 1919), p. 234.

¹⁸ *Ibid*, p. 236.

¹⁹ Discussions of treatment are often given short shrift in the PHS’s *Annual Reports*; the educational programs, however, are described in great detail.

²⁰ *Ibid*, p. 236.

²¹ *Ibid*, pp. 268-9.

²² *Ibid*, p. 271.

²³ PHS believed that local communities should handle most of the campaign and this included keeping tallies on the lectures given.

²⁴ N. Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life* (Cambridge, Massachusetts, 1998), p. 242.

²⁵ K. Lashley and J. Watson, 'A Psychological Study of Motion Pictures in Relation to Venereal Disease Campaigns', *Social Hygiene* 3 (1921), pp. 181-219, 184.

²⁶ Ibid, p. 216.

²⁷ Men believed that films should be shown in sexually segregated settings. Ibid, p. 216.

²⁸ *Youth and Life* (1922) was for girls, *Keeping Fit* (1918) for boys. For a full discussion of *Keeping Fit*, see A. Lord, 'Models of Masculinity: Sex Education, the United States Public Health Service and the YMCA, 1919-1924', *The Journal of the History of Medicine and Allied Sciences* 58 (2003), pp. 134-172.

²⁹ This was the PHS' assessment of the differences between materials for women and men. Material aimed at men was more graphic, with illustrations of babies blinded by syphilis being common. *Annual Report 1918-1919*, p. 274.

³⁰ Ibid, p. 275.

³¹ The 'visibility' [of women physicians] in progressive programs for health reform measured out of proportion to their actual numbers' in the profession. R. Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Oxford, 1985), p. 282.

³² R. Yarros, 'Experiences of a Lecturer', *Social Hygiene* 5 (1919), pp. 204-222, 208.

³³ Ibid, p. 220.

³⁴ L. Stone, *An Open Talk with Mothers and Fathers Presenting Some Present Day Problems in Social Hygiene* (Kansas City, 1920), p. 53.

³⁵ 'Society Reports: The Women's Medical Association of New York City [Meeting] Held at the Academy of Medicine, January 19, 1910', *The Women's Medical Journal* 20 (1910), pp. 37-45, 44.

³⁶ Rachele Yarros quoted in Morantz-Sanchez, *Sympathy*, p. 285.

³⁷ Tomes, *Gospel*, p. 242.

³⁸ Sippel, 'Report,' p. 92.

³⁹ PHS used the YMCA to publicize Keeping Fit because they had a similar structure.

See Lord, 'Models,' pp. 129-130.

⁴⁰ N. Cott, 'Across the Great Divide: Women in Politics Before and After 1920', in M. Norton and R. Alexander, (eds.) *Major Problems in American Women's History* (New York, 1990), pp. 333-340, 333.

⁴¹ V. Parker and K. Davis, 'Social Hygiene,' Biennial Report of the Department of Public Welfare, 1928-1930, GFWC, p. 107.

⁴² 'Report from Arkansas,' Biennial Report of the Department of Public Welfare, 1926-1928, GFWC, p. 23.

⁴³ Rachele Yarros claimed that women's organizations knew little about social hygiene in 1919; this may have been the impetus behind their educational efforts.

⁴⁴ Parker and Davis, 'Hygiene', p. 19.

⁴⁵ 'This Year's Point of Attack', Health Program for the Club Year, 1926-1928, GFWC, p. 19.

⁴⁶ This is evidenced by the fact that the GFWC ran background articles on the mission of the PHS and re-printed speeches by Surgeon General Hugh S. Cumming and PHS consultants such as Rachele Yarros. See 'United States Public Health Service', Health Program for the Club Year, 1926-1928, GFWC, p. 20.

⁴⁷ *Manpower* (Washington D.C., 1918), p. 16.

⁴⁸ J. Moran, *Teaching Sex: The Shaping of Adolescence in the Twentieth Century*

(Cambridge, Massachusetts, 2000), p. 93.

⁴⁹ V. Bullough, 'American Physicians and Sex Research and Expertise, 1900-1990', *Journal of the History of Medicine and Allied Sciences* 52 (1997), pp. 236-253, 240.

⁵⁰ Brandt, *Bullet*, p. 28.

⁵¹ *On Guard* (Washington D.C., 1918), p. 12. My italics.

⁵² *Ibid*, p. 10.

⁵³ *To Girls*, p. 5.

⁵⁴ *Ibid*, p. 9.

⁵⁵ A.J. McLaughlin, 'Pioneering in Venereal Disease Control', *The American Journal of Obstetrics and Diseases of Women and Children* 80 (1919), p. 639. McLaughlin, a PHS officer, believed that 'one woman will infect ten men for every one woman that one man will infect.' Women physicians, however, claimed that 'the present generation of men is pretty thoroughly infected with the venereal disease'. E. Young, 'The Conservation of Manhood and Womanhood,' *The Women's Medical Journal* 20 (1910) pp. 51-53, 53.

Despite McLaughlin's assertion, popular literature and films indicate that most Americans viewed men, not women, as seducers who spread venereal diseases.

⁵⁶ *Ibid*, p. 641.

⁵⁷ *Problem*, p. 6.

⁵⁸ Stone, *Talk*, p. 52. This was a common theme in literature; see, for example, *Damaged Goods*.

⁵⁹ *Handbook*, p. 32.

⁶⁰ *To Girls*, p. 6.

⁶¹ Even groups which admired the government's attempt to provide sex education viewed these attempts as 'radical'---a loaded term. 'Commission of Training Camp Activities', *The Women's Medical Journal* 28 (1918), p. 163.

⁶² Fears regarding the power of women to corrupt other women were sometimes greater than the fears provoked by male seducers. K. Davis, 'Some of the Effects of Prostitution', *The Women's Medical Journal* 20 (1910), p. 39.

⁶³ *Sex Education in the Home* (Washington D.C., 1918), pp. 3-4.

⁶⁴ This was the central theme in the PHS approved film, *The End of the Road*.

⁶⁵ It was regarded as a given fact that boys would initiate sexual encounters.

⁶⁶ Yarros, 'Experiences,' p. 222. My italics.

⁶⁷ *Ibid*, p. 222.

⁶⁸ *Home*, p. 4. Sacrifice was a constant theme in PHS literature. One PHS pamphlet recommended that fathers repeatedly tell their sons 'we [the parents] have given up many things because of you.' *A Father Talks with His Son* (Washington D.C., 1924), p. 16.

⁶⁹ *Personal Hygiene for Girls* (Washington D.C., 1924).

⁷⁰ Yarros, 'Experiences,' p. 217.

⁷¹ Because early twentieth-century eugenicists viewed heredity as malleable, the education of potential mothers was central to their campaign. See, for example, D. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, Massachusetts, 1995 Reprint), p. 66..

⁷² *Guard*, p. 10. My italics.

⁷³ R. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison, 1987), p. 97.

⁷⁴ Stone, *Talk*, p. 52.

⁷⁵ *Guard*, p. 14.

⁷⁶ *People's War*, p. 2.

⁷⁷ *The Ravages of Innocents Must Stop* (Washington D.C., 1919), p. 1.

⁷⁸ Stone, *Talk*, p. 26.

⁷⁹ *Ibid*, p. 37.

⁸⁰ S. Poirier, *Chicago's War on Syphilis, 1937-1940: The Times, the Trib and the Ckao Doctor* (Urbana, 1995), p. 110.

⁸¹ *Ravages*, p. 2.

⁸² E. Hammonds, *Childhood's Deadly Scourge: The campaign to Control Diphtheria in New York City, 1880-1930* (Baltimore, 1999), p. 206.

⁸³ Funding went from two million dollars to less than a quarter of that in just six years.

⁸⁴ Stone, *Talk*, p. 22.

⁸⁵ For a full discussion of the PHS's rapid push to provide lecturers, see Lord, "Models," p. 149.