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Author(s): Kristin Luker

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Sex, social hygiene, and the state: The double-edged sword of social reform

KRISTIN LUKER

University of California, Berkeley

Understanding the relationship of gender and the state is one of the most pressing challenges of contemporary feminist theory. Despite the fact that there is a rich literature on theories of the state, much of this literature is only now beginning to take on the role of gender.¹ At the same time, theories of gender have been relatively slow in attempting to theorize the role of the state in creating and enforcing what R. W. Connell calls “gender regimes.”² Since gender itself is a fluid and often contested category, particularly needed are historical studies that examine the ways in which new definitions of gender relations become embodied in specific institutional structures at key moments of transition in modern states.

This article examines one such case during the Progressive Era, at the dawning of the modern American state as we now know it. The Progressive Era is conventionally read as the watershed period marking the transition from a kin-based, rural nation, to an urban industrial one.³ Implicit in this transformation – although not usually remarked upon by classic scholars of the state – is the transformation from what Jane Ursel has called familial patriarchy to social patriarchy.⁴

One of the most visible effects of this transformation from one gender regime to another was the rise of commercialized prostitution.⁵ Working together, male and female reformers concerned about prostitution created a new regulatory apparatus designed to manage – and hopefully eradicate – “the social evil.” This regulatory apparatus was something new on the American scene, since in one more example of American exceptionalism, sex, marriage, and their concomitants had been relatively more insulated from state authority in this country than had been the case in Europe.

In a period of a little over two decades this changed decisively, as reformers wrote new laws regulating everything from marriage to prostitution; redefined the behaviors constituting “prostitution”; and institutionalized these new understandings in an array of enforcement mechanisms that ranged from licenses, to special courts, to new penal institutions for women. In so doing, they helped set into motion a distinctively new gender regime, one that used the state apparatus to do what families and communities had done in earlier eras.

When we look closely, however, we recognize that the success of these reformers rested on two very different visions of the state, visions that were in turn shaped by gender. For a time, these visions of sexuality and the state were seemingly congruent, shared by women and men in the movement alike. But when World War I began and the Federal government moved to implement new, national policies regulating sexuality, the profound differences between male and female visions became all too clear. Instead of a single standard of sexuality promoted and enforced by a “maternalist” state in the service of gender equality, the war years saw the triumph of a male state promulgating new policies encoding the double standard. These policies, in turn, drew on the new regulatory climate and the vastly expanded penal apparatus brought about by reformers in the pre-war era to give that double standard of sexuality an even harsher edge for women and girls than ever before. World War I ushered in the beginnings of a new bureaucratic and rationalized regime, one with an unprecedented array of institutions and strategies designed to control “wayward” women (but not men), a regime whose fundamentals had been created by women themselves with an eye to a very different future.

Background

Since the very categories of “family” and “market,” of “private and public” are essential to our understanding of gender, and it is in the constituting of these categories that gender itself gets institutionalized in ways that seem natural, it is not surprising that the emergence of the modern nation-state is marked by a formal attention by the state to matters of the family and sexuality.⁶ By the middle of the nineteenth century, virtually all European states had moved the regulation of family life and its alternatives – prostitution, fornication, adultery, and “deviant” sexual practices – out of the control of church courts and under the aegis of secular state control of one kind or another.⁷

How this happened varied from country to country, and varied as well depending on the particular sexual problem – bastardy, fornication, adultery, or “irregular” marriage – involved. But the case of prostitution, or commercialized sexuality available for purchase outside the confines of the family, presented special problems to modernizing states. As Thomas Laqueur has noted, nineteenth-century prostitution embodied key social conflicts, “between home and economy, public and private, self and society” at a time when these boundaries were more contested than ever before in the wake of the social and economic revolutions that had ushered in the modern world.⁸

Prostitution was a special case therefore of sexual offenses, affecting as it did the boundaries of legitimate sexual behavior, and from there the shape of appropriate male-female behavior.⁹ Already by the late 1700s, most European countries had tried to regulate the emerging trade in sex, passing statutes forbidding prostitution or the owning of disorderly houses.¹⁰ In the succeeding century, a growing concern with the perceived relationship between prostitution and venereal disease and the rise of social medicine added the bureaucratic management of prostitution to legal regulation. The two best-researched cases of this comingling of law and bureaucracy are France and Great Britain, but similar processes obtained in a number of other European countries as well.¹¹

In France, for example, the Revolution of 1789 threw the legal status of prostitution into some question, as revolutionaries raised doubts concerning the standing of royal decrees previously outlawing it. Into this breach stepped the Bureau des Moeurs of Paris, which began life in an administrative decree of 1802 and ended up as a massive governmental department. By the time of its demise in 1903, it commanded a budget of over 100,000 francs a year and its methods were copied throughout the rest of France. Indeed the Bureau des Moeurs was the very model of state “toleration” of prostitution, a model both hailed and decried by reformers around the world.¹²

Similarly, in Great Britain various statutory schemes had addressed different aspects of prostitution since at least the Disorderly Houses Act of 1751. Over the course of the nineteenth century, expanding attempts to control both the commercialization of sex and the “dangerous classes” came to include more extensive statutory prohibitions on the conduct of “common prostitutes” as well as increased police authority to enforce these new regulations.¹³ The process reached its pinnacle

with the passage of the Contagious Diseases Acts of 1864, 1866, and 1869, which remained in force until 1884. These acts, authorizing special police powers to detain and “inspect” prostitutes in naval ports and army garrison towns, were pieces of national legislation, overseen by the Admiralty and the War Office, and implemented by metropolitan police under the Home Office, along with provincial magistrates and doctors.¹⁴

Prostitution and the American state

Thus by the second half of the nineteenth century, both Great Britain and France had definitively moved prostitution (and family life more generally) into a matter to be regulated by the state, often in multiple sites of regulation. Statute laws controlling prostitutes, health schemes to “inspect” prostitutes, and “lock hospitals” to quarantine women suspected of infection were commonplace throughout Great Britain and France.¹⁵ The relationship of the state to prostitution in the United States, however, was quite different. The founding of the American colonies by members of dissenting religious sects, and at a moment in history when church courts had already begun to come under suspicion in Great Britain, meant that ecclesiastic courts – the most common European location for the regulation of sexual offenses in the seventeenth and eighteenth centuries – were never established in this country. Rather, although the line between sin and crime was ambiguous, deviations from accepted sexual behavior were defined early on as statute crimes in the legal codes adopted by the settlers.¹⁶

In the colonial period, therefore, small, relatively homogenous communities enforced local norms by keeping a keen eye on their inhabitants. Individuals were controlled by censure, surveillance, and gossip, aided by local legal codes that specified the dimensions of, and the penalties for, irregular sex.¹⁷

But the process that was to strip ecclesiastic courts of their authority over sex in Europe – the rise of dissenting religions, the growth of cities where local control of individual behavior was increasingly impractical, and the growth of a modern, rational, market-based society – was eventually paralleled in the colonies. Already by the end of the eighteenth century, for example, larger urban areas (typically seaports) in the colonies confronted commercialized sex in the form of prostitution.¹⁸ Likewise, bastardy, fornication, and “irregular” marriages plagued an increasingly far-flung society.¹⁹

But the growing challenge that commercial sex posed to the state was stymied in America by the peculiar conditions of state development. As Steven Skrowenek has noted, the United States during the eighteenth and nineteenth centuries was in many ways a “stateless state” compared to Europe, substantially lacking the administrative capacity to do much in the way of any regulation, the regulation of sexuality included.²⁰ While state legal codes continued to spell out which sexual behaviors were and were not acceptable by local standards, in the eighteenth and much of the nineteenth centuries, the United States, lacking the bureaucratic structures to enforce these laws that were becoming increasingly common in Europe, tended to regulate prostitution (and sexuality more generally) with a remarkably meager apparatus of control. For much of the two centuries before the Progressive Era, prostitution was regulated, when and if it was, by police operating under broad definitions of breaches of social order – notably vagrancy and “nightwalking” – that were not specifically sexual in nature.²¹

With the rise of an industrial economy, the decline of smaller, more homogenous communities, and the resulting crisis in gender relations, sexuality and family life came increasingly to be seen as in need of more supervision. Occurring at different times in different areas, illegitimacy, fornication, prostitution, and marriage all faced calls by concerned observers for more attention and regulation.²² What is remarkable is how vigorously until the last decades of the nineteenth century these calls were resisted. By mid-century, for example, American “experts,” observing the European case, called for states to grant police the authority to register and inspect prostitutes. Arousing outraged responses, particularly from the Women’s Christian Temperance Union, these calls for legalized prostitution were soon dropped in almost every location where they were proposed.²³

Similarly, those concerned with what was thought to be the “decline” of the family pushed for licensing of marriages, but here again American courts resisted such innovations. On the contrary, American jurists loosened the definition of matrimony by creating the legal fiction of “common law marriage,” the notion that people who lived together as if they were married were *de facto* married after a specified period of time.²⁴

The Progressive Era (conventionally dated as 1880 to 1920) represents a turning point in the state control of sexuality. The transition between an older, rural social order and a newer, urban one had created pro-

found dislocations in virtually all aspects of American life, including patterns of sexuality and gender relations at the same time that “the state” was first taking on its characteristically modern form. Numerous social movements ranging from Temperance to suffrage to birth control to eugenics to anti-vice commissions to anti-obscenity groups sought to shape the moral boundaries of the new order that was coming into being. Those groups who successfully defined how prostitution was to be treated ushered in a new era in the regulation of the sexual and social order of their day and in turn our own.²⁵

The rise of social hygiene

The social movement most central to the transformation of the treatment of prostitution in the Progressive Era, and with it, the relationship of sexuality to state authority, was a movement known as the social hygiene movement, which came to be embodied in the organization called the American Social Hygiene Association (ASHA).²⁶ Although not the only group involved in the control of prostitution, the social hygienists represented the organizational embodiment of two of the most powerful strands of social amelioration of the Progressive Era – physicians on the one hand and women moral reformers on the other. Arguably the most effective organization of the era, the reforming forces arrayed within ASHA represented two distinct strands of social amelioration inherited from the nineteenth century. On one side were the predominantly female moral reformers, heirs to the tradition of the “purity crusade,” a movement of women active in the late nineteenth and early twentieth centuries against prostitution.²⁷

Originally mobilized by proposals for legalized prostitution on the European model, (“reglementation”) purity crusaders soon turned to the total elimination of prostitution itself. From the fairly straightforward task of lobbying city fathers and public opinion against reglementation, the purity movement over time was faced with the need to understand and combat both the causes and consequences of an enormously complex social problem, and in so doing, confront the changing realities of gender relations.

As a result, recognition came early to the purity movement that an essential part of the problem of prostitution was male behavior. Thus purity reformers advocated the “single standard of sex behavior” – so called as a self-conscious contrast to the ancient “double standard” – and this concern was carried into the social hygiene movement.

From the point of view of female reformers, the double standard had multiple pernicious effects: it separated “bad” women from “good” women, thus undermining what they called “sex-solidarity” among women. It justified as “natural” the sexual exploitation of women by men, thus diminishing respect for all women; and it enshrined in sexual practice what women reformers saw as a fundamental – and unjust – gender inequality between the sexes. As Lavinia Dock, a purity reformer later affiliated with social hygiene put it:

The double standard tacitly permits men to indulge freely and unchecked in sexual irregularity without consequent loss of social standing, but it dooms the women who are necessarily involved in these irregularities to social ostracism and even to complete degradation.

In order to justify immoral practices among themselves and to have a plausible explanation ready if criticism offered, the doctrine of “physical necessity” has been invented for men by themselves, and has even been fortified by the positive teachings of prominent medical men. This doctrine, however, has never been extended to women, but, instead, the cowardly and cruel theory of innate depravity has been industriously disseminated as applying to “fallen women,” thus skillfully ensuring an isolated position for these unfortunates, and effectually checking the outgrowth of pity for them among women of protected classes. The practical results of this psychological jugglery have been, that, of two partners in one and the same act, neither one of whom could execute this act alone, and with whom, if the element of compulsion entered as a complication, it could not possibly be present in the case of the stronger partner, – men, the stronger, have remained free from blame; women, the weaker have lived under a curse.²⁸

In an article entitled “The Double Standard of Morals: The Last Refuge of Human Slavery,” Anna Garlin Spencer, purity reformer and founding member of ASHA declared forcefully:

The ancient denial of full human equality to womanhood has thus taken its stand in the last refuge of infamy, the sex-slavery of a minority of outcast women.

Let no woman think she is safe from ignominy, however praised and beloved, while any other woman is bought and sold in the auction-mart of vice!

Let no man believe, however pure and upright his own life may be, that he can wipe from his forehead the brand of despotic class-morality while any other man buys and sells women in sex-slavery!²⁹

In practice, the single standard meant that men would be held to the exact standards expected of women, being celibate before marriage and faithful afterward. Or as Anna Garlin Spencer put it in noting

that “the leading moral and intellectual elite of both sexes declare for a single standard of morals in sex-relationship”:

What does that mean? Does it mean that women shall grow careless, lax, and tolerant of vice, as men have been . . . ?

Answering her own rhetorical challenge, Spencer emphatically concluded that the single standard would use women’s behavior, not men’s as the reference point:

We may, therefore, conclude that a single standard of morals in sex-relationship will not mean a leveling down of women’s ideals to those which men have allowed to become embodied in the social evil. If not, then it must mean a leveling up of men to the standards they have themselves exacted of the women to whom they entrusted the welfare of their family life.³⁰

Central to their advocacy of the single standard was the belief among purity reformers that the single standard was a necessary precondition of full equality between men and women. Their commitment to this ideal was both profound and emotional: some feeling for the depth of their commitment can be glimpsed in the resolution in 1894 of the Maine Federation of Women’s Clubs to devote their life’s work to agitation for the single standard.³¹

By the latter part of the nineteenth century, purity reform had become the most active department in the Women’s Christian Temperance Union, itself the largest mass movement of American women of the era.³² Women in a network of affiliates throughout the country worked on transforming male sexual behavior through a range of both persuasive and legal avenues. For example, in 1886 they borrowed an English innovation, the White Cross Society, where men signed pledges that they would abide by the tenets of the single standard. (A companion society, the White Shield Society, enlisted women who pledged that they would not tolerate men who lapsed from that standard.) An indication of the popularity of the idea is suggested by Pivar, who notes that one White Cross meeting, held at the New York City YMCA, attracted 1,000 men and that White Cross advocates claimed branches in every state and territory.³³

On the legal front, purity crusaders agitated in state legislatures across the country for more control of male sexual behavior, in particular reform of laws relating to rape and to the age of consent. This latter, which defines the age at which a woman can legally consent to sexual

intercourse, (and by extension creates for men the crime of statutory rape, that is, sex with a woman too young to consent) was, reflecting the common law tradition, very low in some states. Indeed, after a decade of agitation on the matter, the WCTU could congratulate itself on having raised the age of consent in America to an average of fourteen years.³⁴

Yet because the purity movement was primarily a female movement, (that is, a movement of people largely excluded from formal political participation, namely the vote) and therefore primarily a movement of persuasive moral reform, there was relatively little in the nature of lasting institutionalized change with respect to their desired goal of the single standard of sex behavior. Purity crusaders themselves bemoaned the fact that their modest successes at persuading male legislators to raise the age of consent were often rolled back or even overturned by conservative legislators in subsequent sessions.³⁵ And while the White Cross Society was undoubtedly effective in changing at least the rhetorical context in which male sexual behavior took place, it did little to make lasting social change, except perhaps of a subtle sort. More lasting change in the realm of sexual regulation would have to await the alliance of the heirs to the purity tradition with a new – and predominantly male – strand of social reform.

During the late nineteenth and early twentieth century, a second group of social reformers had begun to work on problems that paralleled and eventually overlapped the concerns of the purity movement. By the late nineteenth century, a number of physicians had become involved in using public health as a means of improving American life. Under the banner of “sanitary engineering,” they improved the water supply, lobbied for cleanliness in the production of food, and agitated against slum housing, as part of a vision of a more perfect society brought about by the application of science to social problems.³⁶ In the course of their efforts, there were visible declines in some contagious diseases, notably smallpox, cholera, and tuberculosis, a decline that gave this new class of professionals burgeoning confidence about their ability to reshape society.³⁷

In the wake of their successes in this realm, some of these public-health physicians came to be concerned about venereal disease. Since prostitutes were thought by physicians to be the primary source of venereal diseases (and indeed regulation was originally advocated in America by its supporters precisely on public-health grounds, as pro-

viding a way for municipal authorities to monitor as well as supervise the health of prostitutes) it is not surprising that these physicians and purity crusaders would make common cause in the new movement dedicated to what they called "social hygiene."³⁸

The changing names of the organizations that led up to the amalgamation of the purity interests with the physicians' interests illustrates the process. In 1895, for example, one of the most important purity groups, the New York Committee for the Prevention of the State Regulation of Vice, acknowledged the change in its institutional goals by changing its name to the American Purity Alliance. While the previous name had memorialized its opposition to reglementation (as "state regulation of vice"), the new name indicated that the organization had moved on to the more general goal of eliminating prostitution, the "Social Evil," and more ambitiously, eliminating the "social pathology" that gave rise to it. In the course of this organizational shift, the newly-christened (and newly-professionalized) American Purity Alliance had become a genuinely national organization, holding Congresses throughout the country, often in cooperation with other national organizations, such as the Women's Christian Temperance Union.³⁹

By the same token, the founding of the American Society of Sanitary and Moral Prophylaxis by Dr. Prince Albert Morrow in 1905 signaled the willingness of physicians to organize against venereal disease.⁴⁰ The incorporation of the concerns of the purity crusaders is hinted at in the name, as Morrow's organization was eager to make clear that its goal was not simply the technical eradication of disease ("sanitary prophylaxis") but the accomplishment of the broader social goals that concerned purity activists ("moral prophylaxis"). Of the 125 charter members of the ASSMP, 93 were physicians, but the bylaws of the organization made clear that women were to be welcomed, and five years later, by 1910, women made up 30 percent of the almost 700 members of the organization.⁴¹

In 1907, a more genuinely national organization, the American Federation for Sex Hygiene was formed, with Dr. Morrow as president, and Charles Eliot, then emeritus president of Harvard, its honorary president. Finally, six years later, in 1913, the once-again reorganized national purity organization, the American Vigilance Association, (which had by then incorporated the American Purity Alliance as well as all of its scattered affiliates) joined with the Federation to form the American Social Hygiene Association as the formal unification of the purity strand and the physicians' strand was accomplished.⁴²

In the amalgamation of these two strands, the predominantly female moral reformers were joined for the first time with powerful and prestigious (and predominantly male) professionals.⁴³ Together, the two traditions created the quintessentially Progressive blend of moral zeal and technical expertise. By different chains of reasoning, each side came to agree in large measure upon the definition of the situation, and upon the proposed remedies. The predominantly female moral reformers, for example, given the logic examined above, believed that the adoption by men of the single standard of sex behavior would simultaneously improve society on several mutually-reinforcing fronts. “Irregular” sexual relations (i.e. pre- and extra-marital sex) would be reduced, and as these nonmarital forms of sexuality were reduced, there would be no more “ruined” women. As the numbers of “ruined” women declined, there would be fewer prostitutes. The single standard therefore would lead to decreases in both the demand for and the supply of prostitutes, and as this happened, venereal diseases, particularly syphilis, would simply disappear. Most importantly, the adoption by men of the single standard would mean the end of what Anna Garlin Spencer called “sex-slavery,” meaning simultaneously the end of sexual and gender exploitation of women by men. In short, the single standard would lead to the creation of a world where men treated women with dignity and respect as full equals.

For their part, the physicians in the movement, (known as “sanitarians”) were confronted with a situation where although it was true that the early twentieth century had seen astonishing developments on the technical end of venereal disease control, then, as now, technical advances were often defeated by the vagaries of human behavior. In the period 1906 to 1915, for example, just as the social hygienists’ campaign was beginning, scientists identified the spirochete as the causal agent of syphilis, developed the Wassermann as a new diagnostic test and, in salvarsan, found a specific treatment.⁴⁴ But the available treatments for syphilis were painful, expensive, and drawn-out. (For example, standard treatment for syphilis in the early clinics set up by the social hygiene movement consisted of up to five injections of salvarsan, and 12 to 20 injections of mercury over a period of a year.)⁴⁵

And in a pattern that persists to the present day, those afflicted with venereal disease, according to the sanitarians, were often willing to undergo treatment only so long as they had visible and uncomfortable symptoms. Once they had achieved symptomatic relief, they were often wont to stop treatment even though they might very well remain a

threat to themselves or others. Clinics reporting to the official journal of the social hygiene movement, *Social Hygiene*, in the first few years typically estimated that fewer than 10–15 percent of the those being treated at clinics were discharged as fully cured and non-infectious.⁴⁶

For pragmatic reasons, then, physicians agreed that prevention in the form of advocacy of the single (e.g. female) standard of sex behavior was preferable to a treatment that, although technically capable of curing the illness, in practice was highly problematic. Moreover, preventative medicine, and in particular social reform that aimed at changing (and indeed perfecting) human behavior was very much in the tradition of the sanitarians.⁴⁷ Thus the male “sanitarians” in the social hygiene movement were agreed (although, as we will see, in a highly contingent way) with the female moral reformers that the key to the problem was male unchastity and that the logical solution was the implementation of a single standard of sex behavior. Surgeon General of the United States W.C. Gorgas captured the sanitarian point of view exactly when he argued:

It seems to me that if all our communities were educated up to the point that the female portion of our population have been, with regard to moral standards, we would have success in controlling venereal disease. If the sexual morals of our male population were on the same plane as the sexual morals of our female population, I am inclined to believe that venereal disease prevention would be far on the road to success, and I hope that this relation of morals to the problem can be brought about by the very educational processes that we are at present spreading through our population.⁴⁸

Bolstered by their blend of moral suasion and concern about syphilis, the social hygienists were able to enlist diverse social groups in support of their ideal of the single standard, seventy colleges agreed to offer social hygiene lectures to young men, lectures that denounced the doctrine of “sex necessity,” the then popularly-accepted belief that it was necessary for a man’s health to have regular sex.⁴⁹ In what was perhaps one of the more grudging of these statements, the American Medical Association resolved in 1917 that:

Sexual continence is compatible with health and is the best prevention of the venereal diseases.⁵⁰

Such sentiments dovetailed nicely with the concerns of the female moral reformers. As the Reverend Mabel MacCoy Irwin, a purity reformer exulted:

I rejoice that they have put the scientific facts under our feet on which we may stand, as we tell our message of chastity to a sin-sick world.⁵¹

In the blending of the two strands of social amelioration represented in the social hygiene movement – the moral reformers and the sanitarians – a powerful social movement was forged, one that was able to draw on both technological expertise and moral indignation to achieve its ends. By virtue of their unique combination of “moral” and “sanitary” prophylaxis against syphilis, the social hygienists were peculiarly well-suited to make social change: they could call upon seemingly-neutral “scientific” and medical information in an era of public concern about a dreaded disease (a concern they themselves had helped kindle) to argue for a new moral, social, and sexual order. In this they were quintessentially Progressive, in the combination of what one author has called “efficiency and uplift.”⁵² And in so doing they were involved in creating a vast new array of social institutions (“state-building” as it has come to be known) to regulate sexuality.

Gender politics, social change, and the state

For female moral reformers in the social hygiene movement, the sexual reforms they envisioned were the capstone of a larger agenda of feminist concerns. Ending the double standard would end venereal disease, to be sure, but more importantly, it would bring men and women into greater equality with one another. As Martha Falconer, a social hygienist with the National Conference of Charities and Corrections asserted:

The mistake of so much that has been said lately on this subject is that it has been treated as if it were a woman's question, a matter in which women had to fight against men in order to obtain the rights of their sex. Women cannot fight this evil alone. It is a matter which concerns men as well as women. One sex cannot be degraded without the other. If women are condemned to degradation because of the unchastity of men, the same sin condemns men to degradation. We must work not only for the purity of women, but for the purity of men, and we must fight, not against men, but win more men to fight with us.⁵³

Female reformers imagined a new kind of state legally empowered to simultaneously provide protection for women at risk while punishing what they saw as exploitative males. Drawing on what has been called “maternalistic” social policy and the burgeoning ranks of new women

professionals, they pressed for the vast expansion of the regulatory state, staffed by cadres of professionally trained women workers who would combine their innate female understandings of women and children with their new, professional, and “scientific” understanding of the human condition to solve the emerging problems of the new social order.⁵⁴ In this vision, women social workers would supervise such public amusements as dance halls and skating rinks, joined by a network of female police officers trained to work with women and children, whose charges would be handled by female probation officers, the whole process being overseen by women judges.⁵³

For the predominantly male physicians, however, the single standard was a behaviorally reasonable way to achieve the desired technical change. While they agreed in principle with the position of the female reformers, male physicians rarely invested the single standard with the passion so common among women reformers.

As a consequence of the conjunction of these two visions of reform, combined with a typically Progressive blend of moral appeal and technical expertise, the social hygiene movement was placed in a very powerful position to make social change. And make social change they did. In the course of a relatively brief period of time, a little over a decade, (1907–1920) the social hygienists were able to bring about far-reaching legislative and bureaucratic changes with respect to sexuality that dwarfed the changes accomplished by their predecessors in the purity crusade. Through legislation they were able to concretize these changes into law, creating in the process a category of “morality crimes” largely new in American society.

The key part of the process was the model legislation proposed by the American Social Hygiene’s Legislative Committee and carried to state legislatures by a national structure of affiliates. Staff workers of AHSA, for example, visited 80 cities in 25 states during 1914–1916 with model laws on prostitution.⁵⁶

The model law as written, and as adopted by most state legislatures, decisively transformed prostitution into a sexual crime, rather than a crime of public order, when it declared:

Prostitution should be defined to include the giving or receiving of the body, for hire, or *the giving or receiving of the body for indiscriminate sexual intercourse without hire* [emphasis added].⁵⁷

Other sections of the model legislation went on to prohibit keeping any “place, structure or conveyance” for prostitution or “lewdness”; receiving, offering, or agreeing to receive any person into such a place for prostitution; and directing, taking, or transporting anyone for prostitution or lewdness.⁵⁸

By 1920, ten states had passed laws that enacted these provisions in their entirety, (including the expanded definition of prostitution) and thirty-two states had laws that enacted at least some of these provisions.⁵⁹ This new statute definition of prostitution was simultaneously reinforced with other innovative legal strategies championed by the social hygiene movement, namely measures such as the “red light abatement acts” and the “tin plate ordinances.” “Red light abatement acts” (passed by thirty-nine states and two territories) permitted ordinary citizens to close places suspected of harboring prostitutes by injunction, and “tin plate ordinances” (passed by 18 states by 1915) made public the legal ownership of a building (on tin plates attached to the building) where prostitutes were thought to gather.⁶⁰

By the use of these tactics and by the astute use of the concurrent Progressive Era expansion in the regulatory technique of licensing, social hygienists brought such diverse parts of the social world as saloons, taxis, dance halls, and road houses under the control of the state. Once prostitution had been legally transformed into the crime of “promiscuous sexual intercourse,” there was now an expanded network of people whose property, status, livelihoods, or licenses were at risk should they be accused of tolerating these activities newly defined as prostitution. As a result, new groups apart from traditional reformers had been created with a stake in monitoring such behavior.

The social hygienists were not unaware that their activities had expanded the social world now being patrolled for evidence of “vice.” As the Social Hygiene Legislation Manual notes:

This law is especially designed to meet the new conditions and forms which prostitution has now assumed. It strikes at the go-between, penalizes the driver of the for-hire automobile for permitting his conveyance to be used in the furtherance of prostitution, and punishes the immediate parties to the act, as well as the exploiters.⁶¹ *It [the model legislation] is particularly meritorious in that it removes all suspicion of sex distinction.*⁶²

Along with changes in the statutes governing prostitution, and the increase in groups charged with monitoring it, new developments in

penology meant that those convicted of this newly redefined crime of prostitution faced a very different institutional structure than had existed only a few years before. The first two decades of the twentieth century saw an expanded set of institutions, which, when combined with new ideologies about crime and criminals, meant that women guilty of the new crime of prostitution were likely to face both more differentiated treatment among themselves and more extended incarceration.⁶³ While only six states had established separate women's prisons in the period between 1870 and 1910, seven states established them in the decade 1910–1920, as did an additional eight states in the following decade.⁶⁴

Finding one's way into these new women's prisons was now easier than ever before. Adult women charged with prostitution, for example, were increasingly likely in many American cities, among them Boston, New York, Philadelphia, and Chicago, to have their cases heard in newly established courts created by reformers (often officially or unofficially known as "women's courts") dedicated to the control of prostitution. These more efficient courts centralized records of women previously charged with prostitution, often employed the new technology of fingerprints to separate newcomers from those with previous convictions, examined women for venereal disease, and served to sort women into workhouse, prison, public-health hospital, and "feeble-minded" populations. Admirers complimented these courts on their efficiency and higher rates of conviction.⁶⁵

For young women the situation was if anything, more draconian. As Schlossman and Wallach point out, almost as many new reformatories for young women were built in the period 1910–1920 as in the preceding 60 years. In that decade, not only were twenty-three new facilities opened, but older reformatories were expanded, and several states took over the operation of private reformatories for girls not included in this count.⁶⁶

Since social hygienists believed that an ounce of prevention was worth a pound of cure, the position of a young woman who was engaging in "promiscuous sexual intercourse" or even one who seemed likely to do so in the future was one that urged intervention. By common consensus, once fallen, the chances for a young woman of being saved from "ruin" were small. Thus young women in the new atmosphere of statute regulation ran a very real risk of "preventive detention" in order to save them from a "fate worse than death." The "girl problem" as it came to

be called, meant that young women could come to the attention of the courts, and, based on her demeanor, be assigned to probation or incarceration until her majority.⁶⁷

World War I and the defeat of the maternalist state

In actual implementation, the new world brought about by the social hygienists fell far short of the vision of a single standard of sex behavior, where equality between the sexes reigned. The new judicial and penal apparatus of the expanded, more efficient regulatory state fell most heavily on prostitutes themselves, and the kinds of behavior that constituted prostitution had been expanded so broadly as to include vast numbers of women guilty only of having sexual relations outside of marriage. But the full realization that this new regulatory world, created in the hopes of equalizing the rights of men and women would in fact cement into law gender inequality, awaited the entry of the United States into World War I.

As Americans prepared to make the world safe for democracy, they passed federal legislation permitting the state to draft men into the armed forces, legislation that simultaneously outlawed prostitution within five miles of any cantonment where these new recruits were to be stationed. The Chamberlain-Kahn Act of July 1918 created the bureaucratic wherewithal to enforce the law, creating a federal structure of social hygiene, complete with enforcement powers.⁶⁸ Within a short period of time, virtually the entire executive leadership of the American Social Hygiene Association had enlisted in the federal effort.⁶⁹ Now ensconced in the government, the social hygiene movement continued to do its same work of advocacy and legislation, backed for the first time with the imprimatur of the federal government.

In ways that illustrate the complexities of conflict and negotiation within gender regimes in the throes of change, public policy around issues of sexuality in World War I played out the contradictions between male and female visions of reform. On the one hand, social hygienists were able to use military concerns about the toll in sick days that venereal disease was taking among recruits to persuade the government to allocate what were for the times stupendous resources – over five-million dollars – to the promulgation of women reformers' cherished ideal: the single standard of sex behavior.⁷⁰

New recruits, for example, were treated to assemblies where one of 168 specially trained lecturers, reading from a prepared syllabus (a syllabus that the lecturers were cautioned not to depart from), told them that the single standard of sex behavior was the official government position. As R. C. Holcomb, a medical inspector for the Navy put it:

The boys have been turned over to us by trusting mothers and fathers, parents who have been led to believe that by sending their sons to the Navy they would be under discipline, and that this discipline would be good for them and it would make men of them. I believe we should hold the virtues before them as ideals they should strive to attain, and with the virtues of truth and honesty, we cannot afford to omit to urge the practice of chastity. There is but one standard of chastity and that is the standard we expect in our mothers, our sisters and our wives.⁷¹

Moreover, the considerable resources of the government were used to urge men to see the single standard as a “square deal,” that it was unmanly and unfair to ask wives and fiancées to stay chaste and faithful, if men were not prepared to offer the same. A summary of the syllabus noted that the point was the:

...lifting of the subject of sex from sordid associations by emphasis on the sacredness of marriage, motherhood, fatherhood, birth, home, in relation to sex facts. An appeal for continence is made from economic point of view; decency; physical fitness; the “square deal-single standard” of conduct; moral and patriotic standpoints.⁷²

In promoting the single standard to the recruits, the government distributed over a million pamphlets; gave over 775,000 men these approved lectures, complete with film strips and “stereomotographs” (automated slide shows); and commissioned a film, “Fit to Fight,” seen by 50,000 men. Even assuming that some men were exposed to more than one medium of persuasion, somewhere between one third and two thirds of a total of approximately 2.8 million draftees were exposed to this revolutionary message of sexual equality.⁷³

Yet at precisely the same time that the persuasive power of the state was being used to inculcate into young men the ideal of the single standard of sex behavior, the dilemma that actual male sexual behavior presented to the state revealed the chasm between the divergent male and female visions that lay at the core of the movement.

Prior to the war, as we have seen, male and female social hygienists by different routes had come to agree that the single standard of sex

behavior, male continence, the prevention of prostitution, and the protection of male sexual health were all logically reinforcing. Teaching men the moral and biological necessity for a single standard of sex behavior, both male and female reformers argued, would eliminate the demand for prostitution and stop the spread of syphilis, and – not incidentally – equalize relationships between men and women. Yet the interest of the government in the social hygiene movement was a far more practical and pragmatic one than these noble goals. Since syphilis in WWI was, according to the government, the primary cause of lost workdays among all branches of the military, the federal support of the social hygiene movement's goals was premised only incidentally on a commitment to sex equality, and primarily on a need to lower the rates of venereal disease among the troops.⁷⁴

As a result, when there appeared to be a conflict between the goal of protecting military men from venereal diseases and the creation of a more equal sexual and social order, male sexual health trumped female equality.

The conflict between the two goals was brought into sharp relief by the fact that in the years just prior to World War One, medical science had come up with a treatment (“medical prophylaxis”) that if applied promptly after exposure, was thought to limit the likelihood of contracting venereal disease.⁷⁵ The treatment itself was an extraordinarily painful and awkward one, consisting of injecting mercury-based compounds within the penis, and then wrapping the penis with bandages impregnated with similar compounds for a period of hours. Virtually all parties agreed that whatever efficacy such treatment had, it declined precipitously as the time after exposure increased.⁷⁶

But the existence of this treatment and the demand to make American soldiers “fit to fight” created pressures to protect men in the short term, whatever the long-term impact on gender equality. Sanitarians, many of whom had earlier been quite dubious about medical prophylaxis for civilians, felt differently in the face of war, especially when the military had the power to compel compliance with the complicated regimen of medical prophylaxis. Moreover, the interests of the male sanitarians were organizationally compelled as well. Since the ASHA, dominated by the technical expertise of physicians, had obtained both institutionalized status and government money on the premise that they would increase the numbers of soldiers “fit to fight,” they were reluctant to set aside available medical techniques (i.e., medical prophylaxis) in the service of a social and moral goal (i.e., the single standard).

For these reasons, the heretofore congruent goals of physicians and reformers – the prevention of venereal disease and the creation of the single standard of sex behavior – were split for the first time.

As early as 1912, the U.S. Army had passed regulations that threatened men who contracted venereal disease with court martial and loss of pay. Yet proof that a man had reported to the authorities for medical prophylaxis was a complete defense to the charge, and allowed the soldier to escape with no punishment whatsoever.⁷⁷

In the early days of WWI, therefore, the military – and the largely male social hygiene leadership now located within the U.S. Public Health Service – were confronted with a dilemma: should the pre-war medical prophylaxis policies designed for professional soldiers be applied to men newly drafted from civilian life? To do so would endorse the technical goal of reducing the rates of venereal disease at the cost of undermining the single standard of sex behavior by virtue of giving official approval to male incontinence.

This contradiction was not lost on female reformers in the social hygiene movement. As Edith Houghton Hooker, suffragist and graduate of Johns Hopkins Medical School, woman reformer and ardent social hygienist, argued in 1918:

... If the soldiers thought strictly along clinical lines as the medical authorities do, prophylaxis might be wholly compatible with a system of repression [of prostitution]. But men think upon lines of conduct, not medicine, and when they report that they have had intercourse with prostitutes when out on leave, and find that this conduct is accepted without chagrin by those above them, they infer, and their mates do likewise, that the policy of repression applies only to women, and that incontinence on their part is not unacceptable to the government. Thus the prophylactic tent insidiously and very efficaciously nullifies repression, and sets the stamp of government approval upon promiscuous intercourse for men.⁷⁸

Hooker's arguments fell upon deaf ears, as the sanitarians who ran the U.S. Public Health Service were committed to male sexual and therefore military health. A year later, she made the same point with more asperity:

Actions speak louder than words, and no young man of sense will believe preceptors who tell him that sexual vice is intolerable, if at the same time he witnesses open toleration of it.⁷⁹

In short, as Hooker appreciated, there had come to be an irrevocable split between women reformers and male sanitarians. Not only did they disagree on how to handle the troublesome problem of venereal disease, these disagreements were rooted in deeply gendered definitions of what the problem really was. For women, the real problem was an institutionalized arrangement of “sex slavery,” for men, it was the transmission of syphilis. Whereas earlier these two definitions of the situation had co-existed, because male chastity was consistent with sanitarians’ goals of reducing the spread of venereal disease in an era when technical treatments were problematic, the question of medical prophylaxis in wartime put the two interests at loggerheads.

To be sure, no woman reformer is on record as opposing the treatment of men unlucky (and unchaste) enough to have contracted venereal disease. Indeed, given their pre-war concerns about the spread of syphilis and gonorrhea to innocent wives and children, such a stance would have been inconsistent. What Edith Houghton Hooker opposed was – as the name implied – a prophylactic treatment that *assumed* that men would visit prostitutes; a preventative treatment built upon the assumptions of the old double standard.

In the acceptance of medical prophylaxis was a willingness to put technical efficiency (and male sexual health) before moral and sexual reform. When in 1920 the League of Women Voters called for:

Impartial administration of all laws and regulations, as between men and women, that no sanction be given to a double standard of morality, and that women’s health be protected equally with that of men.

their very choice of the terms of equality – impartial laws, no double standard, and women’s health as equally worthy of protection as men’s – they tacitly recognized that very different priorities had already been set.

Implications for the future

Despite the impassioned concerns of such prominent women reformers as Edith Houghton Hooker, Maude Miner (who resigned from the war-time Committee for Protective Work with Girls when she concluded that it was soldiers, not girls, being protected by the Government), and Dr. Katharine Bushnell, – all suffragists and all previously

active in purity reform – the majority of women within the social hygiene movement seem not to have made public criticism of the movement.⁸⁰

Yet a troubling legacy had been created, one with important implications for women. Due to the groundwork laid before the war, there was now a very different context in which “prostitution” took place. Buoyed by the extraordinary power of the movement before these splits became visible, the first years of the war saw (and indeed made possible) the enlargement on a grand scale of the prewar regulatory apparatus.

To take but one example, since Section 13 of the Draft Act outlawed houses of prostitution, violation of the act made prostitution a federal offense for the first time. President Wilson accordingly set aside a quarter of a million dollars as an emergency appropriation for these new Federal prisoners, and 10 detention homes, 3 detention hospitals, 3 city farms, and four reformatories were established for women, all carefully situated in “sympathetic communities,” “sympathetic communities” being defined as those who would be likely to keep these institutions in operation after the war.⁸¹ In the end, over a half-million dollars were spent, according to social hygienists, on the creation or maintenance of 43 detention homes to hold women charged under federal laws.⁸²

This enlarged penal structure was made even more necessary than ever by the expansive new definition of “prostitution.” Already by the start of the war, in many jurisdictions the “open and notorious” behavior that had previously been necessary for the offense of prostitution had been replaced by “the giving or receiving of the body, for hire, or the giving or receiving of the body for indiscriminate sexual intercourse without hire” specified in the social hygienists’ model legislation. From there, it was a very short step to “promiscuous sexual intercourse,” or, as it came to be phrased, any behavior that was a “menace to the men in training.”⁸³

Thus, behavior by girls and women that might have had only social or personal consequences in an earlier day now posed the threat of incarceration. Girls and women could be – and were – arrested in what amounted, under the new definitions, to preventative detention. Although estimates vary, as many as 30,000 women were counted by the federal government itself as having been under some form of protective control during WWI, a figure made more startling by the fact that the war and demobilization period lasted only 27 months, mean-

ing that more than a thousand women a month were taken into some form of custody.⁸⁴ An evaluation sponsored by the Federal Interdepartmental Social Hygiene Board found 15,000 women arrested and detained, some for more than a year.⁸⁵

Moreover, the expansion of a network of state and local public-health boards during the period before WWI meant that the legal notion of “quarantine” (a deprivation of liberty that American courts had increasingly come to accept as a legitimate use of state authority) could be used to detain women without formal legal proceedings. By 1918, for example, 32 states had laws that permitted health departments to quarantine those suspected of venereal disease. Since social hygienists believed that 90 percent of all prostitutes were infected with venereal diseases, the liberal use of quarantine measures could logically be expanded to include those merely suspected of prostitution, enabling still another level of regulation and detainment. As Allan Brandt puts it in his landmark history of venereal diseases: “The prostitute had become the war’s venereal scapegoat, vilified, shunned, and eventually locked up.”⁸⁶

From this distance of time, there is no way of ascertaining what these women detained without virtually no legal protection during World War I were actually doing, although the government’s own assessment was that between 20 and 30 percent of those detained were “first offenders,” not women who were career prostitutes.⁸⁷ But what is clear is that they need not have engaged in what earlier generations would have recognized as the explicit exchange of sex for money. Rather, they need only have been engaged in “irregular” intercourse, or even engaged in behavior such as being out late, being in public places, or offending middle-class standards of female propriety, which seemingly put them at risk of being “ruined” and, it was thought, on the road to prostitution.

Thus the irony of the social hygiene movement. Its power grew out of the conjunction of male and female activists in a temporary and in the end unstable coincidence of interests. Due to their actions, these men and women transformed the social and legal definition of prostitution – and the kinds of legitimate sexual relations an expanded regulatory state would permit. At the same time, they created a new world of “surveillance” to enforce the boundaries of this more expansive definition. New stakeholders such as hotel keepers, taxi drivers, saloon keepers, and the like now depended – at least in theory – on a state

that could deprive them of their livelihoods if they tolerated prostitution in their establishments. More formally, a whole new apparatus of courts, detention homes, public-health officials, and juvenile authorities had expanded control over the previously “private” lives of girls and women.

Yet for women reformers, their enthusiasm for new legal apparatuses to curb prostitution (and new institutions to place women thus controlled) was premised on the notion that both men and women would be equally encouraged (and, failing that, equally punished) to conform to “appropriate” codes of sexual behavior. Women, in their view, could be protected from male sexual exploitation by these laws and structures, and men could be punished. But when the debate over medical prophylaxis erupted, it foreshadowed the future that we now take for granted.

Female reformers and their male sanitarian allies had succeeded in creating a fundamentally new social order surrounding sexual behavior. From a part of human life that was in relative terms legally and institutionally protected unless it was sufficiently “public” to offend others, sexual behavior was now at the intersection of the official attention of courts, clinics, social workers, penologists, and social scientists.⁸⁸

But absent the world of sexual equality that women reformers had sought, this brave new world of expanded regulation became a world of the regulation of *female* sexual behavior. While no comprehensive national data exist to prove the point, virtually all observers note that the pre-war pattern of arresting women – but not men – continued. Indeed when two states – Indiana and Iowa – passed laws that explicitly made male partners guilty of the crime of prostitution, such laws were promptly struck down by their respective Supreme Courts. More surprisingly, perhaps, Cyrus Waterman, in a ten-year review of the Magistrates’ Courts of New York City, found that even pimps and panderers were given more favorable treatment than the “ordinary” (e.g., female) prostitute, being more likely to have their cases dismissed, to be merely fined, or to be given a suspended sentence.⁸⁹

The whole apparatus of protection and control of sex, which women reformers dreamed would bring into being a world where men and women were equal in sex as well as in gender, in the face of male power (embodied in the war as male sexual health) became something that was gender neutral only in theory, never in fact.

Far from abolishing the double standard, consequently the efforts of the social hygiene movement over time served mainly to increase the sharpness of its edges. Women, and women only, would be the victims of the more wide-ranging definition of prostitution, the increased enforcement of it, and the inmates of the new network of prisons, reformatories, and asylums where those judged guilty of sexual misconduct would be housed.

At the end of World War I, American society was profoundly transformed in many ways. Not the least of these transformations was the end of an old order of gender relations. The ancient regime based in small, agrarian communities where regulation of legitimate procreation was the primary preoccupation was decisively displaced. Now, the state and its institutions were empowered to define appropriate and inappropriate forms of sexuality rather than procreation, and to enforce such boundaries with the power of law. What in an earlier era would have been a sin or a scandal had now become a crime.

Female reformers tried valiantly in this moment of transition to create a new world of sexual equality under law, but their efforts were a failure. As scholars and as activists, we must learn from their mistakes. Whether we wish to theorize the relationship of gender and the state or whether we wish to transform it, the case of social hygiene and the resulting criminalization of female sexuality must stand as a cautionary tale.

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Notes

1. For example, books such as Theda Skocpol's *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1992) and Linda Gordon's *Women, The State, And Welfare* (Madison: University of Wisconsin Press, 1990) make the point that theorizing about welfare, an essential function of modern states, is typically written as if gender did not

matter, although the welfare schemes of virtually all modern states assume a gendered division of labor.

2. For an overview of this literature, see R. W. Connell, "The State, Gender, and Sexual Politics," *Theory and Society*, 19 (1990): 507–544, especially 508–519.
3. See, for example, Robert Wiebe, *The Search for Order, 1877–1920* (New York: Hill and Wang, 1967) or Stephen Skowronek, *Building A New American State: The Expansion of National Administrative Capacities 1877–1920* (Cambridge: Cambridge University Press, 1982).
4. Jane Ursel, *Private Lives, Public Policy: One Hundred Years of State Intervention in the Family* (Toronto: Women's Press, 1992).
5. In this context it is worth noting Ruth Rosen's point that while it is conventional to think of prostitution as the "oldest profession," commercial sex in its modern form is a product of the Industrial Revolution. "Prostitutes" in earlier eras were typically women who traded sexual – and often housekeeping – favors in exchange for temporary male provision and protection, the typical case being the camp followers of the middle ages. See Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900–1918* (Baltimore: Johns Hopkins University Press, 1982).
6. For two vivid examples of how the state constitutes gender as the outcome of processes that seem to grow "naturally" out of facially neutral categories, see Catherine MacKinnon, *Sexual Harassment of Working Women: A Case of Sex Discrimination* (New Haven: Yale University Press, 1979) and Susan Estrich, *Real Rape* (Cambridge: Harvard University Press, 1987).
7. Originally in both Catholic and Protestant countries offenses involving "private life" – bastardy, fornication, adultery, and "deviant" sexuality – were routinely judged by Church courts, which had jurisdiction until well into the nineteenth century. Beginning in the late eighteenth century, however, church courts began gradually to cede their authority to secular courts, and sexual offenses became a matter to be regulated on behalf of civil society by the state. For illustrative material on the role of canon law in the regulation of sexual offenses in England, see Ronald A. Marchant, *The Church under the Law: Justice, Administration and Discipline in the Diocese of York, 1560–1640* (Cambridge: Cambridge University Press, 1969); on the Kirk (Church) Sessions in Scotland, see Linda Mahood, *The Magdalens: Prostitution in the 19th Century* (London: Routledge, 1990), 21–26; on the more general role of canon law in the regulation of sexuality and family life, see Jack Goody, *The Development of the Family and Marriage in Europe* (Cambridge: Cambridge University Press, 1983).
8. Thomas Laqueur, "The Social Evil, The Solitary Vice and Pouring Tea," in Michel Feher, editor, *Fragments for a History of the Human Body*, Part Three, (New York: Zone Press, 1989), 339.
9. On the role of prostitution in both reflecting and constituting the relationship between men and women, see Carole Pateman, *The Sexual Contract* (Stanford: Stanford University Press, 1988), 189–218.
10. On the attempts of modernizing states to close down bawdy houses, see William Sanger, *History of Prostitution: Its Extent, Causes and Effects Throughout the World* (New York: Eugenics Publishing, 1939), 119–121; M. Sabatier, *Histoire de la Legislation sur les femmes publiques et les lieux de debauchee* (Paris: Gagniard, 1830), 199–200, 206; T. E. James, *Prostitution and the Law* (London: William Heinemann, 1951).
11. As Mary Gibson notes, laws regulating prostitution were central to the state-building process in Italy: "That Prime Minister Camillo di Cavour promulgated

- the first legislation on prostitution in the midst of the wars of unification demonstrates its importance to his vision of the new kingdom ... the Risorgimento sought not only territorial unity, but the making of a new Italian citizenry imbued with a homogenous moral and social vision." Mary Gibson, *Prostitution and the State in Italy, 1860–1915*, (New Brunswick: Rutgers University Press, 1986).
12. Jill Harsin, *Policing Prostitution in 19th Century Paris* (Princeton: Princeton University Press, 1985). While the Bureau des Moeurs strictly speaking covered only the jurisdiction of Paris, it was widely copied throughout France. A 1908 survey found that 445 communes in France had one or more regulations covering prostitution, and many of these had bureaucracies modeled on the Bureau.
 13. 25 Geo II, C. 36 (1751); 5 Geo c. 83 s. 3 (1824); 10 and 11 Victoria, c. 47 (1839); 48 and 49 Victoria, c. 69. See T. E. James, *Prostitution and the Law*, 144–147.
 14. Judith Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge: Cambridge University Press, 1980), 1–2.
 15. "Lock hospitals" (the name is thought to be a corruption of the French word loques [rags] which earlier connoted leprosaria) often had de facto power of confinement, and in England after the passage of the Contagious Diseases Acts, had official power to keep women confined against their will. See Walkowitz, *Prostitution*, 57–63.
 16. See, for example, David Flaherty, "Law and the Enforcement of Morals in Early America," *Perspectives in American History*, 5 (1971): 225–226.
 17. John D'Emilio and Estelle Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper and Row, 1988), 22–34; John Demos, *A Little Commonwealth: Family Life in Plymouth Colony* (London: Oxford University Press, 1970), 152; Laurel Thatcher Ulrich, *Good Wives: Image and Reality in the Lives of Women in Northern New England, 1650–1750* (New York: Knopf, 1982).
 18. Eighteenth- and early nineteenth-century brothels in such cities as Boston and New York were sufficiently visible that enraged citizens often sought to close them down by vigilante justice. There were "whorehouse riots" in New York in 1793 and 1799, and in Boston in 1734, 1737, and 1825. See David Pivar, *Purity Crusade: Sexual Morality and Social Control, 1868–1900* (Westport, Conn.: Greenwood Press, 1973); Richard Hofstadter and Michael Wallace, editors, *American Violence: A Documentary History* (New York: Knopf, 1970), 447–450.
 19. Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth Century America* (Chapel Hill: University of North Carolina Press, 1985). "Irregular" marriages were those that did not meet the full legal requirements for official matrimony.
 20. Stephen Skowronek, *Building A New American State*.
 21. Thomas Mackey, *Red Lights Out: A Legal History of Prostitution, Disorderly Houses, and Vice Districts, 1870–1917* (New York: Garland, 1987), 28–92.
 22. As new theories of the state and gender would predict, such calls were not specifically made by men in the service of returning women to their [pre-industrial] place. Indeed, one of the ironies of the "crisis" tendencies in gender regimes is the extent to which women as well as men have vested interests in the ancient regime. Subgroups of women, much more often than the working class and ethnic minorities, are in the structural position of the peasant of the Vendee – new gender regimes often seem to threaten the dismantling of traditional protections more than they promise the creation of new rights. See Charles Tilly, *The Vendee* (Cambridge: Harvard University Press, 1968). For a flavor of the nineteenth-century concern about shifts in gender relations, shared by women and men alike, see Arthur W. Calhoun, *A Social History of the American Family From Colonial Times to the Present*, Vol. 3 (Cleveland: Arthur H. Clark, 1919).

23. Only one locality – St. Louis, Missouri – ever established a formal, “regulated” red light district, and then only for a short period. See John C. Burnham, “The Medical Inspection of Prostitutes in the Nineteenth Century: The St. Louis Experiment and its Sequel,” *Bulletin of the History of Medicine*, 45 (1971): 203–218. For the WCTU’s response to reglementation, see David Pivar, *Purity Crusade*, 131–203. See also Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900–1918* (Baltimore: Johns Hopkins University Press, 1982) and Barbara Meil Hobson, *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition* (New York: Basic Books, 1987).
24. As Grossberg notes, this “zone of protection” around marital and reproductive behavior was not absolute, in that the courts tolerated both anti-miscegenation legislation and the prosecution of Mormons for polygamy. See Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth Century America* (Chapel Hill: University of North Carolina Press, 1985), 103–152.
25. On the growth of the state, see: Stephen Skowronek, *Building A New American State*, on the social dislocation characteristic of this period, see Weibe, *The Search for Order*.
26. The present study draws on historical work done for a larger examination of sex education in America. This work includes an analysis of the first thirty years of the organization’s publications, and unpublished archival material located at the Social Welfare Archives at the University of Minnesota. No formal history of ASHA has been published to date, although the social hygiene movement is an actor of some note in Allan Brandt’s *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1985), the best and most thoughtful scholarly history to date on the social control of venereal diseases in America. For unpublished material on the social hygiene movement: see Irving Kassoy, “A History of the Work of the American Social Hygiene Association in Sex Education, 1876–1930,” (Master’s Thesis, CCNY, 1931); James Gardner, “Microbes and Morality: The Social Hygiene Crusade in New York City, 1892–1917,” (Ph.D. dissertation, Indiana University, 1974); Michael Imber, “Analysis of a Curricular Reform Movement: The American Social Hygiene Association’s Campaign for Sex Education,” (Ph.D. Dissertation, Stanford, 1980).
27. On the St. Louis case, see John C. Burnham, “The Medical Inspection of Prostitutes,” 203–218. For an excellent overview of the purity movement, see John d’Emilio and Estelle Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper and Row, 1988). The classic treatment of the purity crusade is David Pivar’s already-cited *Purity Crusade*. While only St. Louis had official reglementation, a 1902 vice survey found 32 cities with de facto reglementation and 33 with “segregated” or “tolerated” red-light districts. See E. R. A. Seligman, *The Social Evil of Protected Prostitution: Three Investigations* (New York: G. P. Putnam’s Sons, 1902).
28. Lavinia Dock, *Hygiene and Morality: A Manual for Nurses and Others, Giving and Outline of the Medical, Social and Legal Aspects of the Venereal Diseases* (New York: G. P. Putnam’s Sons, 1910), 60–62.
29. Anna Garlin Spencer, “The Double Standard of Morals: The Last Refuge of Human Slavery,” *Vigilance* 25/9, (September, 1912): 9.
30. *Ibid.*, 5–6.
31. The critique of the double standard had a long history among American women reformers. See Mary Ryan, “The Power of Women’s Networks: A Case Study of Female Moral Reform in Ante-bellum America,” *Feminist Studies* 5 (Spring, 1979):

- 82–104; and Carroll Smith-Rosenberg, the Beast and the Militant Woman: A Case Study of Sex Roles and Social Stress in Jacksonian America,” *American Quarterly* 23 (1971): 562–584. For an eloquent statement of the feminist position, see Antoinette Blackwell, “The Immorality of the Regulation System,” *The National Purity Congress, Its Papers, Addresses and Portraits* (New York: 1896), 26. For the Maine Federation of Women’s Clubs, see Karin Blair, “The Clubwoman as Feminist,” (Ph.D. dissertation, California Institute of Technology). Ruth Rosen’s chapter four of *The Lost Sisterhood* is an excellent overview of the commitment to the single standard on the part of female reformers.
32. On the size of the WCTU, see Barbara Epstein, *The Politics of Domesticity: Women, Evangelism, and Temperance in Nineteenth Century America* (Middletown: Wesleyan University Press, 1981), 115; Ruth Bordin, *Women and Temperance: The Quest for Power and Liberty* (Philadelphia: Temple University Press, 1981), xvi. On the effectiveness of the purity departments, Bordin notes: “In 1886 there were 34 social purity departments in states and territories, and 185 district, county and local [Women’s Christian Temperance] unions had superintendents who made formal reports to the national superintendent, a record that compares favorably with any other department” (111).
 33. David Pivar, *Purity Crusade*, 114.
 34. Annual Minutes of the WCTU, 21st Meeting, 1894, 85; Bordin, *Women and Temperance*, notes that in 1886 the age of consent was 10 in twenty states, and as low as 7 in one state. Bordin, 110.
 35. See Pivar, *Purity Crusade*, 141–143.
 36. See Barbara Rosenkrantz, *Public Health and the State: Changing Views in Massachusetts, 1842–1936*, (Cambridge, Harvard University Press, 1972).
 37. Harry F. Dowling, *Fighting Infection: Conquests of the Twentieth Century* (Cambridge: Harvard University Press, 1977), 11–22. For the growing self-consciousness of this group as a class, see both Wiebe, and Burton J. Bledstein, *The Culture of Professionalism: the Middle Class and the Development of Higher Education in America* (New York: Norton, 1976).
 38. Bigelow, an educator and founding member of ASHA, notes that “social hygiene” means the “improvement of the conditions of life in all lines in which there is social ill health or need of social reform....” Maurice Bigelow, *Sex-Education: A Series of Lectures Concerning Knowledge of Sex in its Relation to Human Life* (New York: Macmillan, 1916), 3, and goes on to suggest that “social hygiene” was a more acceptable term than the previously used “sex hygiene.”
 39. *Vigilance* 25/3 (March 1912): 11–15; American Purity Alliance, Report of 19th Annual Meeting. As Pivar has shown, “interlocking directorates” between the purity movement and the WCTU (and later the social hygiene movement) were common. Pivar, *Purity Crusade*, 131–190.
 40. In fact, this represented something of a shift in the position of American male physicians. A number – perhaps even the majority – of physicians were sympathetic toward reglementation, and only gradually became convinced of its ineffectiveness. (See Burnham, “The Medical Inspection of Prostitutes,” 207–209). Hobson argues that American physicians in general avoided the entire topic of the social control of prostitution, in part because their professional status was much more precarious than that of European physicians. Hobson, *Uneasy Virtue*, 152. For the process by which physicians were won over, see Pivar, *Purity Crusade*, 85–88.
 41. “Constitution,” in *Transactions of the American Society of Sanitary and Moral Prophylaxis*, Vol. 1, 1907, 14, and Vol. 3, 1920, vi–xxiv. This was in marked contrast

- to previous attacks on prostitution led by Vice Commissions, which explicitly discouraged women's participation in the "unseemly" business of outlawing prostitution. See Gardner, "Microbes and Morals," 109.
42. See *Vigilance* 25/3 (March 1912): 1–2; *Social Diseases* 1/3 (July, 1910): 1–4; For an overview, see M. Cavins, *National Health Agencies: A Survey with Especial Reference to Voluntary Associations* (Washington: Public Affairs Press; 1945). For the vantage point of the American Social Hygiene Association, see William F. Snow, "Progress 1900–1915" in *Social Hygiene* 2/1 (January 1915): 37–48.
 43. To be sure, women reformers themselves were professionalizing, and at times ambivalent about their organizational heritage of moral suasion. For example, women physicians were often at the intersection between the two visions of reform. While less than 10 percent of all physicians nationally in 1910, women physicians made up 20 percent of ASSMP members in that year, and preliminary investigation of the ASHA membership makes clear that women physicians were substantially over-represented in its ranks as well. For women physicians of the era, see Mary Walsh, *Doctors Needed, No Women Need Apply: Sexual Barriers in the Medical Profession, 1835–1975* (New Haven: Yale University Press). For ASSMP membership, see *Transactions of the American Society of Sanitary and Moral Prophylaxis*, Vol. 3, 1910, pp. vi–xxiv. For ASHA membership, see Social Welfare Archive, University of Minnesota, American Social Hygiene Association papers, Box 5, folder 3. In the crisis represented by medical prophylaxis, however, women physicians – to the extent we have data – subscribed to the "moral" (female) view of the problem, rather than the "sanitary" (male) view. See below. For another view of women reformers who were more decidedly ambivalent about their predecessors in the purity movement, see Regina Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890–1945* (New Haven: Yale University Press, 1993).
 44. Dowling, *Fighting Infection*, 91–95. Ironically, less success attended the war on gonorrhea. The major advance there was the advent of the "complement deviation test," which permitted the differentiation of gonorrhea from other reproductive tract infections in both men and women. Treatment, however, was more limited than that of syphilis, and may have even been counterproductive, particularly for women. See Dowling, *Fighting Infection*, 86–91, and William P. Snow, "Clinics for Venereal Diseases, Why We Need Them, How To Develop Them" *Social Hygiene* 3/1 (January 1916): 11–25.
 45. *American Journal of Public Health*, 3/10 (1913); See also "What is Chicago Doing for the Venereally Diseased? A Symposium under the Auspices of the American Social Hygiene Association, the Chicago City Club, the Women's City Club and the Chicago Women's Club" *Social Hygiene* 3/3 (July 1917): 351–365.
 46. For the 10–15 percent figure, see "What is Chicago Doing for the Venereally Diseased"; for similar figures see Michael M. Davis, "Evening Clinics for Venereal Disease" *Social Hygiene* 1/3 (June 1915): 331–343 (11 percent cured); B. S. Baringer, "A Survey of Venereal Clinics in New York City and a Statistical Efficiency Test," *Social Hygiene* 1/3 (June 1915): 344–357, (9 percent cured); and Mazyck P. Ravenel, "The Prophylaxis of Venereal Diseases" *Social Hygiene* 3/2 (April 1917): 185–195. (Ravenel cites figures of 8 percent discharged as cured in New York clinics, 11.4 percent in Boston, and 12 percent in Cleveland.) Patient reluctance to continue treatment may have been exacerbated by the fact that Salvarsan (and to a lesser extent Neo-Salvarsan), when injected into the body often led to nausea, vomiting, and headaches, as well as to the death of surrounding tissues, which in

turn created open, ulcerated areas that were both painful and slow to heal. In a minority of cases, even more serious side effects occurred. See Isadore Rosen and Nathan Sobel, "Fifty Years Progress in the Treatment of Syphilis" *New York State Medical Journal*, 50 (Nov. 15 1950): 2694–2696.

47. Rosenkrantz, 97–127.
48. W. C. Gorgas, "Venereal Diseases and the War" *Social Hygiene* 4/1 (January 1918): 3–8. Gorgas, however, supported medical prophylaxis, discussed below.
49. M. J. Exner, M.D. "Sex Education by the YMCA in Universities and Colleges" *Social Hygiene* 1/4 (September 1915): 570–580.
50. *Social Hygiene Legislation Manual* (New York: Association Press, 1921), 48.
51. Mabel MacCoy Irwin, letter to Mary S. Cobb, March 4th, 1909, Social Welfare Archive, University of Minnesota, American Social Hygiene Association papers, Box 1, folder 4. (ASSMP, it will be recalled, was the predecessor organization to ASHA; see above.)
52. Samuel Haber, *Efficiency and Uplift: Scientific Management in the Progressive Era, 1890–1920* (Chicago: University of Chicago Press, 1964).
53. Martha Falconer, "Report of the Committee on Social Hygiene of the National Conference of Charities and Correction" *Social Hygiene*, 1/4 (September 1915): 523–524.
54. See Robyn Muncy, *Creating a female dominion in American reform, 1890–1935* (New York: Oxford University Press, 1991).
55. Harrol B. Ayres, "Democracy at Work: San Antonio Being Reborn" *Social Hygiene* 4/2 (April 1918): 211–217; Chloe Owings, *Women Police: A Study of the Development and Status of the Woman Police Movement* (New York: Frederick Hitchcock, 1925). Martha Falconer made the point to the readers of *Social Hygiene* that male police officers, being male, would suffer from a belief in the double standard. Martha Falconer, "Report of the Committee," 526.
56. American Social Hygiene Association, *Second Annual Report, 1914–1916* (New York: Association Press, 1916), 7–8, 21–22.
57. *Social Hygiene Legislative Manual*, 1921, 52. By the mid-nineteenth century, the notion of "indiscriminate sexual intercourse" had achieved some standing in court (and especially appellate courts) as part of the definition of the crime of prostitution (see *Commonwealth v. Cook* 12 Met (53 Mass) 1846; and *State v. Stovell*, 54 Me 24, 1866) and at times as a *sufficient* definition of prostitution (see *State v. Clark* 78 Iowa 492, 43 NW 273, 1889). But this latter interpretation was the topic of heated debate (see *State v. Max Thuna*, 59 Wash 689, 109 Pac.331, 1910, where the four justices in the minority held that prostitution must be "for gain," and *U.S. v. Bitty* 208 U.S., 1908, which disagreed). Thus the ASHA proposal to make indiscriminate sexual intercourse with or without gain the formal (statute) definition of prostitution was indeed a new step in legal regulation.
58. *Social Hygiene Legislative Manual*, 1921, 52.
59. For an overview of states that had adopted such laws, see *Social Hygiene Legislative Manual*, 1921, Appendix one.
60. Bascom Johnson, "The Injunction and Abatement Law" *Social Hygiene* 1/2 (March, 1915): 231–256; (18 states had such laws in 1915, according to Johnson); Timothy Pfeiffer, "The Matter and Method of Social Hygiene Legislation" *Social Hygiene* 3/1 (January 1917): 51–73.
61. *Ibid.*, 52–53.
62. *Ibid.*, 52–53. In a portent of things to come, at least some male hygienists did not see gender neutrality as creating exact parallels: "The act of the man in accepting

- the offer of the woman's body is certainly offensive to public decency, even if not in the same degree as the act involved in the woman's offer," Timothy Pfeiffer, "The Matter and Method of Social Hygiene Legislation," 57.
63. For an overview of these new ideologies, see David J. Rothman, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America* (Boston: Little, Brown, 1980); and David Garland, *Punishment and Welfare: A History of Penal Strategies* (London: Grower, 1985).
 64. Estelle Freedman, *Their Sisters' Keepers: Women's Prison Reform in America, 1830–1930* (Ann Arbor: University of Michigan Press, 1984), 144–145.
 65. George E. Worthington and Ruth Topping, "Summary and Comparative Study of the Specialized Courts in Chicago, Philadelphia, Boston and New York" *Social Hygiene* 9/6 (June 1923): 348–375; Timothy Pfeiffer, "The Matter and Method of Social Hygiene Legislation," 55. George E. Worthington and Ruth Topping, *Specialized Courts Dealing With Sex Delinquency* (New York: Frederick Hitchcock, 1921). Social hygienists, confronted with the dilemma of women who seemingly engaged in prostitution voluntarily, concluded that such behavior was more often than not the product of an inability to make proper moral choices, and was therefore a product of "feeble-mindedness." Their on-going flirtation with eugenics led them to use the new Binet intelligence test to confirm that "the great majority" of prostitutes were indeed feeble-minded, and should therefore for their own good, and the good of society, be confined in institutions until the end of their childbearing years. See Walter Clarke, "Prostitution and Mental Deficiency," *Social Hygiene* 1/3 (June 1915): 364–387; Martha Falconer, "Report of the Committee," 522.
 66. Steven Schlossman and Stephanie Wallach, "The Crime of Precocious Sexuality: Female Juvenile Delinquency in the Progressive Era" *Harvard Educational Review* 48/1 (February 1987): 70.
 67. For evidence that social hygienists advocated this, see Martha Falconer, "Industrial Schools for Girls and Women" *Social Hygiene* 3/3 (July 1917): 323–330. Evidence as to how systematically courts actually did this will await further research beyond the scope of this article, but there is a growing body of data that suggests that such decisions were in fact made. The classic work on female juvenile delinquency, W. I. Thomas's *The Unadjusted Girl: With Cases and Standpoint for Behavior Analysis* (Boston: Little, Brown, 1923), written in the wake of the social hygiene campaign, found that most girls arrested in Cook County, Illinois were in fact arrested for sexual crimes. For similar findings, see Schlossman and Wallach, "The Crime of Precocious Sexuality"; and Mary Odem, "Delinquent Daughters: The Sexual Regulation of Female Minors in the United States, 1880–1920" (Ph.D. dissertation, U.C. Berkeley, 1989).
 68. Selective Draft Act of May 18, 1917, (extended to the Navy by the Act of October 6, 1917). See John G. Buchanan, "War Legislation Against Alcoholic Liquor and Prostitution" *Journal of the American Institution of Criminal Law and Criminology* 9 (February, 1919): 520–529. The Chamberlain-Kahn Act was part of the Army Appropriations Act of July 9, 1918 (*U.S. Statutes at Large*, Vol. 40, 1918), 886–887.
 69. Or as Walter C. Clarke (later executive secretary of ASHA) put it, "...the entire male professional staff was commissioned as Army or Navy officers to help implement [the social hygiene] program." "Male professional staff" were, of course, the sanitarians. Walter C. Clarke, *Taboo: The Story of the Pioneers of Social Hygiene* (Washington: Public Affairs Press, 1961), 80.
 70. The government allocated over five million dollars to this task. Buchanan, "War Legislation," 527. Estimates vary, depending on how the accounting was made.

71. R. C. Holcomb, "Have we Devised an Effective Medical Propaganda of Venereal Prophylaxis?" *Social Hygiene* 4/1 (January, 1918): 68–69.
72. Walter Clarke, "Social Hygiene and the War" *Social Hygiene* 4/2 (March 1918): 293.
73. Ibid., 283–285. For the number of draftees, see U.S. Department of Commerce, Bureau of the Census, *Historical Statistics of the United States, Colonial Times to 1970*, "Selected Characteristics of the Armed Forces, By War," Series Y–856–903, 1140.
74. This claim had been made since 1910. See Report of the Surgeon General of the U.S. Army, Washington, D.C. 1911; Vernon L. Kellogg, "The Bionomics of War" *Social Hygiene* 1/1 (December 1914): 51–52.
75. For an early analysis of this treatment, used in the Philippines and in the war with Mexico, see Lavinia Dock, *Hygiene and Morality*. See also Walter C. Clarke, *Taboo: The Story of the Pioneers of Social Hygiene*. Ironically, many social hygienists (for example, Prince Morrow himself, founder of the organization) were either opposed to or ambivalent about medical prophylaxis in civilian life, although they supported it in war-time. See, Edward L. Keyes, "Morals and Venereal Disease" *Social Hygiene* 2/1 (January 1915): 50–54, and William Snow, "Progress 1900–1915," 47; Donald Hooker, "In Defense of Radicalism" *Social Hygiene* 3/2 (April 1917): 161.
76. In a pattern to be echoed many years later in the debates over AIDS (with respect this time to condoms), advocates of medical prophylaxis stressed its *theoretical* efficiency, claiming rates of only 1–2 percent infection among exposed men who were promptly treated with medical prophylaxis. (Charles E. Riggs, "A Study of Venereal Prophylaxis in the Navy" *Social Hygiene* 3/3 (July 1917). Opponents, however stressed the far higher rates of infection occasioned by *user* failure when men delayed treatment or used it inadequately. The situation was complicated by the fact that not every exposure to sex, was, in fact, an exposure to venereal disease. In practice, figures gathered during the war suggested that between 8 and 10 percent of men exposed without prophylaxis were subsequently diagnosed with venereal disease, in contrast to between 4 and 6.5 percent of treated men. See H. H. Lane, "Venereal Prophylaxis" *U.S. Naval Medical Bulletin*, 15/4; Hall, "Notes on Venereal Disease in the Army Based on a Study of 10,000 Cases" *Military Surgeon* (November, 1920); "Notes on Preventative Medicine" *U.S. Naval Medical Bulletin* (Nov. 15, 1921).
77. Col. F. F. Russell, "The Venereal Diseases in Civil and Military Life" *Social Hygiene* 4/1 (January 1918): 43–47.
78. Edith Houghton Hooker, "A Criticism of Venereal Prophylaxis" *Social Hygiene* 4/2 (March 1918): 193.
79. Edith Houghton Hooker, "The Case Against Prophylaxis" *Social Hygiene* 5/2 (April 1919): 163–184.
80. In fact, while Hooker was able to air her complaints in the main social hygiene journal, for the most part even prominent feminists were driven to surviving purity journals or to private complaints. See David Pivar, "Cleansing the Nation" *Prologue: The Journal of the National Archives* 12/1 (Spring, 1980); and Brandt, *No Magic Bullet*, 86. Pivar makes the interesting point that British feminists were much more publicly critical of social hygiene than were Americans.
81. Martha P. Falconer, "The Part of the Reformatory Institution in the Elimination of Prostitution" *Social Hygiene* 5/1 (January 1919): 3–6.
82. Thomas Storey, "Evaluation of Governmental Aid to Detention Houses and Reformatories," in Mary Macey Dietzler, *Detention Houses and Reformatories as Protective Social Agencies in the Campaign of the United States Government against Venereal Diseases*, The United States Interdepartmental Social Hygiene Board

- (Washington: USGPO, 1922), 3. (Storey notes that for every Federal dollar there were “probably seven or eight dollars supplied through other sources.” *Ibid.*, n. 1.) This money was part of a one-million dollar budget allotted to the Interdepartmental Social Hygiene Board by the Chamberlain-Kahn Act earmarked for “...caring for civilian persons whose detention, isolation, quarantine or commitment to institutions may be found necessary for the protection of the military and naval forces of the United States against venereal diseases.” *Ibid.*, Appendix One. Nowhere in this official account is there any indication whatsoever that males were ever arrested under these regulations.
83. For illustrative purposes, see (among others) Falconer, “The Part of the Reformatory,” 3. Note that the rhetoric became one of “protection *and* control of women and girls” (emphasis added): Bascom Johnson, “What Some Communities of the West and Southwest Have Done for the Protection of Morals and Health of Soldiers and Sailors” *Social Hygiene* 3/4 (September 1916): 487–503.
 84. Storey in Dietzler, “Evaluation,” 3, 9.
 85. *Ibid.*, 3, estimates that women sent to a detention home spent an average of 70 days in detention, and women sent to reformatories spent an average of one year.
 86. By 1918, 32 states had laws that permitted health departments to hold people under quarantine laws without legal proceedings, and for the most part, courts permitted these laws. Social hygienists favored such laws, as they could be easily added to municipal codes, thus obviating the need for lengthy appeals to state legislatures. See Paul B. Johnson, “Social Hygiene and the War” *Social Hygiene* 4/1 (January 1918): 91–137, esp. 133, 135; Gertrude Seymour, “A Year’s Progress in Venereal Disease Control” *Social Hygiene* 5/1 (January 1919), 49–66; and Joseph Mayer, “Social Hygiene Legislation in 1917” *Social Hygiene* 5/1 (January 1919): 67–82. See also Brandt, *No Magic Bullet*, 87.
 87. Dietzler, 69. A full determination will await careful analysis of court (and probation) records of women charged with prostitution. What little additional data we have on young women, however, suggest that many of them, both before and after the war, were merely engaged in what Schlossman and Wallach call “precocious” (and usually unmarried) sexuality. See Schlossman and Wallach, “The Crime,” and Odem, “Delinquent Daughters.”
 88. Prostitution, and sexual “deviance” more generally, also came increasingly under the supervision of the medical profession as well. See Estelle Freedman, “Uncontrolled Desires: The Response to the Sexual Psychopath, 1920–1960” *Journal of American History* 74: 83–106.
 89. For example, see Worthington and Topping, *Specialized Courts*, Paul Tappan, *Delinquent Girls in Court* (New York: Columbia University Press, 1947), 33; George Worthington, “Developments in Social Hygiene Legislation from 1917 to September 1, 1920,” American Social Hygiene Association Publication no. 313; Maude Miner, *The Slavery of Prostitution* (New York: Macmillan, 1916); Willoughby Cyrys Waterman, *Prostitution in Its Repression in New York City, 1900–1931* (New York: Columbia University Press), 73–75.