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"The Presence of a Monstrosity": Eugenics, Female Disability, and Obstetrical-Gynecologic Medicine in Late 19th-Century New York

Lauren MacIvor Thompson

- 1 Just before noon on 30 January 1889, physician John Milton Mabbott (1862-1938) delivered a 6-pound, 7-ounce stillborn baby boy at the Nursery and Child's Hospital, located at Lexington Avenue and 51st Street in New York City. Dr. Mabbott carefully recorded in his notebook that the baby, the child of Swedish immigrant Laura Peterson, and her Danish immigrant husband, exhibited the classic characteristics of anencephaly, or the absence of portions of the brain and skull. Mabbott wrote, "On examination about 9 :30 AM the presence of a monstrosity was at once recognized...the scalp covering the forehead could be felt to terminate about 1 inch above the orbital arches and beyond this, there was a feeling to the finger of the surface of flattened diminutive cranial bones very thinly covered...with a slightly uneven layer of connective tissue presenting a smooth membranous surface...beyond this the finger detected a large opening in the cranium due to the absence of a large portion of the calvarium" (Mabbott, 1887-1902).
- 2 Mabbott also noted in his patient history for Peterson that she was "of somewhat nervous temperament" and that she had been especially disturbed during her pregnancy by meeting "a man on the street who had a hideous growth on the left side of his face, on which her thoughts had dwelt so much that she had feared marking her child." Of her husband John, Mabbott explained that he "also had three epileptiform attacks during the last 4 months—never previously—and these have been a cause of anxiety."¹ Mabbott's recordings in this case and others reveal the complexities of the historical intersection between disability, female reproduction, and understandings of heredity in Gilded Age New York. In the age of Darwin and Galton, these notes implied

that the fetal "monstrosity" that Laura Peterson delivered may have had his development in utero affected by his parents' environments and experiences.

- 3 Mabbott's published articles and three extant notebook volumes containing case studies and lecture materials cover the period 1884-1902. Through this relatively short period, his materials tell us a great deal about the place of the American medical profession in a moment where conceptions of disability and eugenics were beginning to profoundly influence society. As American physicians grew increasingly professionalized in the latter half of the 19th century, obstetricians and gynecologists who specialized in "the diseases of women" gained particular social stature.
- 4 While there is a rich literature addressing the connections between the making of American womanhood and the discipline of medicine as a whole, historians have paid less attention to the ways that eugenics contributed to the emergent specialties of obstetrics and gynecology, and helped define new conceptions of female disability. As Rosemarie Garland-Thomson, Susan Burch, and Lindsey Patterson have argued, disability and gender are "historically situated co-constituted concepts" that together define the contours of power and hierarchy (Burch and Patterson 122; Garland-Thomson 1558). Disabled people and their conditions were often described, regardless of sex, in feminine terms, while medical texts explained that women were, by their very nature, disabled and undeserving of full citizenship.
- 5 The emergence of women in public life had unsettled notions of their place and purpose in the years after the Civil War, and society increasingly turned to medicine to explain the breakdown of separate spheres. The conflict over women's rights was further complicated by the science of eugenics. A scientific theory developed by British scientist and philosopher Francis Galton, eugenics promoted the idea that the human race could perfect itself through better breeding, and discouraged reproduction among the "unfit." Physicians and scientists also began using eugenics to insist that women's social roles should be confined to motherhood, responsible to the state to produce eugenically fit children.
- 6 The theory of eugenics was enormously popular with Progressives, as it seemed to explain the root of all social ills and suggested that scientifically controlled reproduction was the solution. Medical historian Judith Roy has suggested that the histories of obstetrics and gynecology, eugenics, and heredity are ripe for integration, briefly noting that specialized gynecologic procedures developed in the 1870s and 1880s were eventually used for eugenic purposes, such as sterilization in the early 20th century (Roy). This essay offers one response to Roy's recommendation that the eugenics movement be considered as part of the increasingly tight relationship between the development of the specialties of obstetrics and gynecology, and the broader professionalization of medicine. It was eugenics that spurred the professionalization of medicine, alongside the development of the OB-GYN specialty. In turn, OB-GYN stood at the forefront of broader eugenic concerns, since it was doctors like Mabbott who were on the front lines of diagnosing and treating patients who threatened the promise of being able to improve heredity as a whole.
- 7 Born to English parents on 14 July 1862 in Waterbury, Connecticut, John Milton Mabbott went on to have a long career in New York City as a doctor and medical instructor.² Frequently featured in encyclopedias of prominent Americans at the time, his career trajectory was relatively standard for the era. He completed his medical training at the age of 22 at the New York College of Physicians and Surgeons in 1884,

and went on to serve as house physician for St. Luke's Hospital and as chief resident physician in the Nursery and Child's Hospital (Herringshaw 422; Shrady 50). Mabbott then opened his own private practice, along with another physician, Dr. E.L. Partridge in 1890. He specialized in obstetrics, gynecology, and the diseases of children, with appointments first at New York Hospital as the attending obstetrician, and at the New York Infant Asylum, and also as a school health inspector under New York mayor William Lafayette Strong (Harrison 202).³ He also taught classes in the nursing training program at St. Luke's and the New York Postgraduate Medical School and Hospital. He was elected a fellow at the New York Academy of Medicine in 1894 (Obituaries 515).

- 8 Physicians' fascination with women's bodies and their diseases constituted not only the creation of the specialties of obstetrics and gynecology, but also the professionalization of American medicine. Mabbott's career, training, and professional trajectory was representative of a major transitional point. In the years prior to the Civil War, the profession had few regulations and "the barrier between the educated physician and quack" was porous (Kett). But by the time Mabbott entered his medical training, there was a major effort to organize and professionalize the discipline, even as many of the men leading this charge had widely varying professional backgrounds (Numbers 298). As Paul Starr has observed, a professional medical career in the 19th century "had no fixed pattern. Whether or not a physician went to medical school and if he did, for how long and with what general education, were all variable" (Starr 89). Mabbott had attended Waterbury High School in his hometown, and followed this with two years of what one of his biographies referred to as "special study" and then only three years of medical school, but this was typical even for the best-trained physicians of the time (Shrady 30).
- 9 A member of several prominent medical organizations, including the New York Academy of Medicine and the Medical Society of Greater New York, none of Mabbott's early biographies mention a membership in the American Medical Association (AMA). Originally established in 1847, the AMA finally emerged as a "full-scale, broad-front professional association" in the second half of the 19th century (Mohr 225). Its major goal was to organize physicians, to improve the quality of medical education, and to eliminate rival sects of medicine it deemed incompetent and dangerous, such as followers of homeopathy or Christian Science. Yet, as Ronald Numbers has observed, only seven percent of the country's physicians had joined the AMA by 1901 (Numbers 301). By the time of his death in 1938, Mabbott was finally listed as a member, probably only as a result of the organization's effort after 1901, to automatically include the physician members of county and state medical societies (Obituaries 515).
- 10 Mabbott's specialization in obstetrics and gynecology also symbolized the consolidation of medical authority (Adkins; Rothstein 207-216; Starr 76-77). Obstetrics (the branch of medicine dealing with pregnancy and childbirth) first emerged as a specialization in the 1830s, while gynecology with its focus on women's reproductive systems, developed some twenty-odd years later. The "father of modern gynecology," James Marion Sims, who performed much of his work on slave women in the late 1840s, pioneered many of the first gynecological examination tools such as the speculum, and developed surgical techniques designed to treat common conditions such as vesico-vaginal fistulas (a hole in the tissue between the bladder and vagina, usually resulting from prolonged labor) (Adkins). Mabbott in his notes occasionally referred to placing women for examination in the "Sims position," or the use of the "Sims speculum" (Mabbott 1885-1890).

- 11 Mabbott himself specifically commented on the need for the standardization and professionalization of obstetrical practice. In April of 1893, he authored an essay for *The New York Medical Journal*, urging that regular obstetrical examination of patients by physicians be adopted as standard protocol in the field (Mabbott 1893, 402-404). He explained,

[M]ethodical examinations during pregnancy may be urged in the interests of mother and child alike. There is no conflict between the two. Such examinations should become as much a part of routine practice as analysis of the urine...The practice under consideration comprises abdominal palpitation and auscultation, digital exploration per vaginam (and rarely per rectum), and external and conjoined manipulation by one or more persons. (Mabbott 1893, 403)

- 12 By practicing new techniques, obstetrical-gynecologic specialists hastened the exclusion of traditional midwifery practices from the events of pregnancy and birth. This was one of the most visible efforts to separate and elevate the American medical profession.⁴ Mabbott's urging of specific protocols of obstetrical care sought to exclude midwives on the basis of their lack of competence and cleanliness. He argued,

I am becoming more and more persuaded that midwives should not be permitted to assume the entire charge and responsibility of cases of childbirth. The midwife most assuredly can not be expected to make intelligent examinations during pregnancy. And, secondly, the average midwife seems to possess so little regard for ordinary cleanliness, not to mention asepsis and antisepsis, that she ought certainly not to be permitted to introduce her fingers into the vagina during labor on her own responsibility...let them, for the sake of humanity, be content to be good nurses...But, as with other nurses, let their work be under the direction and supervision of the medical profession. Reproduction may be looked upon by the optimist as a natural function which may be left to Nature. Fortunately, this is very frequently the case, but difficult and unnatural labors are sufficiently numerous, and maternal and infantile deaths resulting therefrom are sufficiently common...to warrant the profession and the people in demanding that the practice of midwifery should not be left in incompetent hands...Let the medical profession rise to the full sense of its own responsibility and insist upon the right to extend to private practice among all classes all the possible benefits of modern advancement in the science and art of midwifery. (Mabbott 1893, 403)

- 13 The New York physician grounded much of his criticism of traditional midwifery in two areas. He accused them of spreading infection, referring to the era's increasing knowledge of bacteriology and hygiene. He sought to differentiate his own, more modern treatments, often noting how often he washed his hands with "soap and water" or used antiseptic tablets in the water before examination (Mabbott 1885-1890). The use of stricter, more sterile procedures by physicians became a way for them to relegate midwives to a much lower status in the management of women's health. He also argued that the midwife's "hold on certain classes of the community" represented the working classes' atavistic insistence on retaining tradition even as the benefits of modern scientific medicine became readily available. This criticism was particularly directed at immigrant populations, whose customs Progressive reformers considered at the least, outlandishly foreign and at the worst, dangerous to the fabric of the republic.
- 14 Mabbott's article, appearing in the *New York Medical Journal* in 1893 marked the beginning of the transformation of the role of the midwife in American childbirth. Few women at the turn of the century had their babies in a hospital setting. Indeed, "lying-in" or maternity hospitals were institutions designed mostly for working-class or indigent women, many of whom were bearing children out of wedlock. These hospitals

had high morbidity and mortality rates, and puerperal fever outbreaks were a common occurrence. Historians Richard Wertz and Dorothy Wertz have noted that doctors in private practice like Mabbott often underreported cases, and middle and upper-class women with physicians in attendance at their home births often died at higher rates than poor women who were relegated to midwives' care (Wertz and Wertz). Yet by 1910, only half of all births were still attended to at home by midwives, and it was becoming a mark of privilege to be attended to by a physician at a hospital (Ettinger).

- 15 Mabbott argued that the necessity for the hygienic management of a physician also extended to the patients themselves. During a talk for the New York Academy of Medicine's section in Obstetrics and Gynecology in 1896, he warned that a female patient should "keep her hands away from her vulva and vagina as long as she is confined to bed" during labor (Mabbott 1896, 484). He justified himself with this narrative :

A case of pyaemia came under the care of the writer two years ago in the New York Infant Asylum where the patient, a colored woman, admitted having examined herself with her finger within twenty-four hours after delivery to see how different she was from before. I have no doubt that it was this self-exploration which resulted in her death, as there was no other reasonable explanation and the same house staff and nurses were caring for other patients before and after the development of sepsis in this case without any other patient becoming septic. This etiology of sepsis is probably rare; it may be less rare than we think. When we are preparing our own hands for an obstetrical examination let us warn every patient of the dangers of contact with a hand not so prepared. (Mabbott 1896, 484)

- 16 Mabbott's insistence that the patient had infected herself represented the medical community's reluctance to admit anything that might damage their emergent reputations as professionals. By the time of Mabbott's article publication, germ theory was relatively established, and Louis Pasteur had demonstrated that streptococci was mostly the cause of the infection (Wertz and Wertz). Instead, Mabbott's linkage of poverty, ignorance, and incompetent medical care within the working classes echoed from a medical perspective many of the broader concerns of contemporary social and public health reformers (Leonard).
- 17 Yet Mabbott was not above admitting his mistakes on the occasion. In his 1893 notes on a case of patient morphine poisoning, he wrote at the top of the page in his casebook, "Lesson which perhaps I needed to learn," and explained,

In future, I shall feel disposed to proceed with greater caution, though I felt at the time and have felt all along that my treatment was justifiable...Such an event refreshes me anew that we hold our patients' lives in our hands... In nine years practice this is my first experience with a case of morphine poisoning in which the morphine had been administered by a physician. That the physician was myself has not deterred me from reporting the case. (Mabbott 1885-1890)

- 18 It is important to note here that while Mabbott's assessment of these patients reflected his (and other physicians) desire for authority and professional expertise, the patients themselves also had a hand in the making of medical expertise (Adkins 14). At the turn of the 20th century, many women of all classes sought out specialists in women's conditions including pregnancy and childbirth in order to maximize their chances for health. Mabbott's training was extensive, and it is unsurprising that he ran a successful private practice until his death in 1938. Yet medical power was not absolute over the patient. As Judith Walzer Leavitt has argued, although medical authority expanded in the early decades of the 20th century, "physicians struggled to establish the power of

their words and their medicine" even as they "set the parameters of the discussion [which] gave them extensive authority" (Leavitt 647).

- 19 For these reasons, the technological modernization of American society, and the emergence of scientifically-backed medical treatment, helped to significantly boost physician authority in the face of their still uncertain place in the professional universe. By the 1890s, new developments in technology and the American economy had transformed society's structure. Labor unrest, the rise of corporate capitalism, and racial and ethnic tensions hastened by the aftermath of emancipation and rising immigration rates altered conceptions of men, women, and class frameworks. Physicians sought to take their place in the ranks of a newly emergent, professionalized, white-collar middle class, and were anxious to apply the new scientific principles to social problems. By eliminating medical practices like midwifery that were "primitive" amongst both the upper and lower classes alike, and practicing the most advanced medicine, physicians like Mabbott hoped to eliminate "socially and economically 'inefficient' drags on evolutionary and economic progress" (Baynton 2016). The professionalization of medicine and the delegitimizing of midwives and homeopaths represented the turn toward "scientific medicine."
- 20 In the decades between 1880 and 1910, enormous advancements in pathology, bacteriology, anatomy, physiology, and embryology established the field of "scientific medicine" which was heralded as a major development in American medical practice (Haller 1981, 134; Haller 1997, xi). Sociology, psychology, and anthropology also drew on these developments in the harder sciences to establish research methods, testing, and the use of empirical data to prove hierarchical conceptions of race and gender (Bederman, Ross). All of these disciplines emphasized classification and typologies at their heart. Progressives drew upon scientific explanations of evolution and heredity to explain the workings of humanity and modern economic and social phenomena.
- 21 The discipline of eugenics would join these other scientific categories and make its mark on all of them (Kevles). Charles Darwin's 1859 publication of *On the Origin of Species*, followed in 1871 by *The Descent of Man, and Selection in Relation to Sex* not only established the prominence of the fields of biology and evolutionary theory, but also placed the idea of sexual difference and selection in both animals and humans at the heart of modern scientific inquiry.⁵
- 22 British scientist Francis Galton (who also happened to be Charles Darwin's second cousin) had also published in 1865 a widely-read article for *Macmillan's Magazine* entitled "Hereditary Talent and Character" that explored the idea that humans could control and improve their offspring's mental qualities and "natural ability" through picking partners as carefully as breeders did for livestock (Galton 1865). He later termed this strategy as "eugenics," derived from the Greek word *eugenes*, meaning "good in birth" (Galton 1883).⁶ By 1904, he would define eugenics in the *American Journal of Sociology* as "the science that deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage" (Galton 1904).
- 23 Galton's theories electrified not only the scientific and medical communities but also the larger American public. Eugenics became
a messy and wide-ranging movement, encompassing individuals and groups that did not agree on much except that the children of the future should be 'better born.' Eugenic proposals ran the gamut from pleas to let women freely select their

sexual partners, to requiring health certificates for those seeking to wed, to involuntary sterilization of people deemed 'undesirable.' (Hamlin 161)

- 24 As the eugenics movement popularized, trained experts joined the faculty of universities and founded organizations like the Eugenics Committee of the American Breeders Association and the Eugenics Record Office. The Eugenics Record Office, located in Cold Spring Harbor, NY, coordinated research on heredity and maintained staff and facilities for field research and studies on pedigrees and family traits. Eugenicists like David Starr Jordan, Harry Hamilton Laughlin, and Charles Davenport published articles, books, and pamphlets on eugenics for other scientists but also for the general public. They also campaigned for compulsory sterilization laws, the first of which was enacted in Indiana in 1907.⁷ By the 1920s, the science and theory of eugenics would permeate numerous aspects of American life, including popular culture. Newspapers, magazines, and films featured eugenic storylines and advertisements, and "Better Baby" and "Fitter Families" contests attracted enormous numbers of attendants at state fairs and international expositions.
- 25 The field of medicine embraced eugenics as well. American physicians published volumes about why the problematic reproduction of working classes, immigrants, and people of color were especially responsible for the degeneration of society. Cincinnati medical society president Dr. Frederick W. Langdon quantified the eugenically perfect citizen for the journal *American Medicine* in 1901. Langdon (who was also the city's mental sanitarium director) opened his essay by pronouncing that physicians were the most successful evaluators of people's usefulness to "our modern civilization" since the "more important factors come almost continually under his observation." Invoking a variety of turn-of-the-century American scientific and cultural tropes, he made the case over the next several pages that the best citizens would be Darwinian triumphs of adaptability and strength. The best citizens were well formed with proper physical and mental "organic balance," a prudent religious sensibility that had "well-developed moral[s]" with respect to "marriage relations, the family and domestic instincts generally," the ability to contribute to society in all its aspects "political, industrial, religious, fraternal, educational," and a great capacity for economic production. Finally, Langdon opined that a perfect citizen would also pass on these traits of "constitutional vigor and functional versatility" to their offspring. He warned in italics: "*The sterile are of brief value to the state*" (Langdon 85).
- 26 These descriptors were meant to define men and male political and social responsibility. Nevertheless, Langdon spelled it out for his audience, perhaps because he was well aware of the changing climate for women's rights in this period. He explained,

It is evident that the 'most useful citizen' under all preceding conditions, must be of the male sex, not merely because of artificial laws to that effect, but by reason of the possession by that sex of more physical vigor and a nearer approach to organic balance for a greater portion of its life, other conditions being equal. (Langdon 85)
- 27 Yet he also tempered this statement, explaining that these conditions for good citizenship—particularly the need for the male citizen to support marriage and matters of the family—required women's presence in public life. "[I]t is equally evident that a highly developed, well balanced female organism is an essential complement to the 'most useful citizen' as well as a necessary continuance of the type" (Langdon 85).

- 28 He reassured readers that women should feel consoled "in the thought that, from an economic standpoint, she is a specialist of the highest type, essential to the greatest usefulness of the 'most useful citizen,' if not his equivalent potentially as a citizen" (Langdon 85). In other words, the best female citizens were healthy and mentally sound, and their most useful economic function was to be a mother.
- 29 Closely tied to a woman's eugenic fitness to produce children was her mental state. There was general agreement amongst medical practitioners, particularly gynecological or obstetrical specialists, that anxiety, nervousness, neurasthenia, and hysteria stemmed from the condition of women's internal reproductive organs. Physicians warned that an epidemic of neurasthenic and insane women was the chief cause of infertility and the decline of the race. Harvard physician Edward H. Clarke advanced one of the most popular versions of this theory with his popular 1873 publication *Sex in Education, or a Fair Chance for the Girls* (Clarke).⁸ Clarke advocated the idea that women should not attend school with men and that their study hours should be limited because their minds and bodies became too strained otherwise.
- 30 According to Clarke, women's biology was their destiny. They especially needed to ensure that they did not attend school during their monthly period (Hamlin 74). He described one case, a patient he called "Miss A--, a healthy, bright, intelligent girl... ambitious as well as capable" but who had a "nervous" temperament and "paid no... attention to the periodical tides of her organization" (Clarke 65-66). He explained the strain of her studies as causing her to hemorrhage during her menstrual period, and grow increasingly pale and ill. She was never well again after completing her studies, and Clarke warned his readers that by the time she came to him for treatment she had "the delicacy and weaknesses of American women, and... is without children."⁹
- 31 Well-regarded physician Dr. William Osler also explained the mental and physical problems of modern middle-class women in a draft of an article for the widely circulated publication, *Ladies Home Journal*. Though the article was never published, his explanation neatly summarizes the thinking of many physicians of the period.

It is a thousand pities that the causes which have contributed to a product so unique as the American girl should be the very ones which favor instability and early breakdown. Of a frank and open nature without fear or the awkward shyness so often met with [in] her European sister she starts with greater advantages as there have ever before been enjoyed by women. Intense, energetic & emotional she is apt to be swept into the race at a pace far too rapid for the length of the course, and for those who drop out at the quarter mile or [before] the half mile post is reached, a majority do so from breakdown in the nervous system. (Osler)
- 32 Physicians like Clarke and Osler contributed directly to the broader thinking amongst prominent reformers that women's entrance into public life and education in the Gilded Age and Progressive Era were contributing to "race suicide," wherein the "best classes" were not having babies, and rates of marriage among white native-born Americans were dropping. In this period, women in American society were undergoing what Robyn Muncy has termed a vast "transformation of female experience" (Muncy 3). Beginning in the second half of the 19th century, women began to enter the public sphere in order to attend universities and engage in volunteer reform work in increasing numbers. Particularly salient to this transformation was the emergence of the women's rights movement and the cause of suffrage. As the social problems of industrial capitalism intensified in the early years of the 20th century, women activists linked the need for the vote and broader legal rights to advocacy for child labor laws,

women's working conditions, temperance, public hygiene, and other causes. While this had the effect of increasing (middle-class, white) women's status, it caused medical experts, social commentators, and politicians alike to warn that women's rejection of their home and motherly duties would result in major problems for society. In 1905, President Theodore Roosevelt acknowledged women's new political roles, but warned "There are certain old truths...which no amount of progress can alter...the primary duty of the woman is to be the helpmate, the housewife, and mother" (Rose 24). He condemned middle and upper classes' use of birth control, and warned that the children of immigrants and minorities would soon overtake the white, native-born population (Bederman).

- 33 Working-class women laboring in the industrial or retail sectors were even more suspect, since they had jobs that put them squarely in the public sphere amongst vulgar male colleagues who had no qualms about corrupting their innocence. As Kathy Peiss has shown, middle-class reformers disapproved of women wage earners who "devot[ed] their evenings to the lively entertainment of the streets, public dance halls, and other popular amusements," even as "sexuality became a central dimension" of these women's independence (Peiss 300). Vice-investigators and social purity reformers lamented these women's lost respectability and publicized the dangers of their loose morals. Working-class and immigrant women's sexuality became the focus of public anxiety with their illegitimate and socially menacing abilities to reproduce their immorality and defectiveness (Kline). And, at the far end of the spectrum of undesirable behavior were the sexual dangers wrought by "savages...idiots, criminals and pathological monstrosities" who might reproduce their defectiveness with impunity (Russett 63). Together, a fear of the unchecked spread of degeneration and disability underpinned these expressions of the need for reform.
- 34 Mabbott also subscribed to these ideas about mental status and female debility. His notes on patients with mental problems reveal the medical profession's linkage between the perception of general female disability, and their dangerous ability to perpetuate their defects in their offspring. Only physicians had the power to recognize and prevent the perils of female mental disturbance. He wrote to a woman whose teenage daughter he had been treating, opining that her daughter was a "spoiled child" whose "prolonged and constant application to books and indoor pursuits impaired both her mental and physical condition. Her poor state of nutrition and menstrual irregularity indicates at least a partial physical basis for the [mental] symptoms she has developed." He advised the mother that her daughter was developing "emotional insanity," and that she needed to be under the constant care of a physician who could control her (Mabbott 1885-1890).
- 35 In another case, he noted that a patient named Jennie Moonie, whom he diagnosed with "acute melancholia" and "facial epilepsy" in March of 1888, had mental faculties that became "deranged" at night" and "labored under the delusion that doctors, nurses, and others about her were anxious to get rid of her, and that the medicine was poison intended to hasten the demise." He then recorded that he had commanded the patient to take her medicine, and though she complied with "pleading and protest," his next step would have been its "forcible administration or hypodermic injection" (Mabbott 1887-1902).
- 36 Mabbott viewed the women suffering from these disorders as special social dangers and physical vessels ominously bearing potentially deformed children. Women suffering

from nervous disorders and accompanying physical weakness were also suspected to be members of a large, evolutionarily backward underclass defined by "arrested development and atavism" (Baynton 2001, 41). He expressed these twinned anxieties of disability and gender in his records on female patients he saw in his private practice. Many were middle and upper class, but others were working-class, often immigrants (like the Swedish-born Laura Peterson), and held jobs as domestics, in laundries, and other service positions. His notes nearly always mentioned their country of origin and their profession, and reveal that he often asked patients about their health experiences prior to moving to the United States.

- 37 He paid special attention to women who described having traumatic experiences, such as the Swedish-born Laura Peterson who delivered an anencephalic fetus. As Douglas Baynton notes, "Given the inchoate understanding of heredity, which even as late as the 1930s often included neo-Lamarckian ideas about the inheritance of acquired characteristics, defects were assumed to be not only heritable but also mutable, manifesting themselves in varied forms and having disastrous effects on succeeding generations" (Baynton 2016, 15). Though he never specifically acknowledged in his casebook the hereditation theories of Darwin, Galton, Jean-Baptiste Lamarck or August Weismann, Mabbott's notations on the health and status of the infants he delivered illustrated his awareness of the problem of social degeneracy, where these defects might corrupt entire generations of future Americans.¹⁰
- 38 To Mabbott, the female body and the bodies of infants held important clues about his patients' mental characteristics and abilities. Even when his patients experienced normal labor and deliveries, Mabbott also took care to cite in his logbook the size of the infants' heads, using four different measurements including the inches and centimeters of the occipitofrontal and biparietal sections (Mabbott 1885-1890). Though the study of phrenology had its heyday in the antebellum period, experts nonetheless continued to connect physical measurements of the face and head to evaluations of health, personality, and intellectual ability (Gilman 98). In the 1880s and 1890s, medicine, anthropology and other disciplines began remodeling these older beliefs about physical measurements to make scientific determinations about biologically determined traits. Physicians connected feeble-mindedness, insanity, idiocy, depravity, intemperance, and a myriad of other medical and social problems to a person's physical measurements. By the end of the 19th century, experts like Cesar Lombroso were utilizing measurement data to assess and make recommendations regarding the social policy on criminals and prostitutes (Lombroso, Gibson and Rafter; Rafter).
- 39 Eugenic policy also drew connections between loose morals, ill health, and problematic heredity. Eugenicists like Robert Dugdale published family studies that purported to be able to trace degeneracy, alcoholism, crime, and illness from a common ancestor through succeeding generations (Dugdale). An entire family's lineage could be destroyed through one member's feeble-mindedness—which was often cast as a result of their sexual or alcoholic proclivities. Mabbott raised these fears in his patient case histories.
- 40 In the case of one patient named Linda Morris, age 23, he remarked at the top of his patient log page that she was the "wife of an actor" and "has had 8 induced abortions in the last 5 or 6 years." He also noted, "She has been accustomed...to late and sumptuous dinners, drinking wine, champagne, and liquors freely and smoking cigarettes. She could drink almost any quantity without becoming intoxicated" (Mabbot 1887-1902).

- 41 His remaining notes on Mrs. Morris explained that she was pregnant, she had contracted what he called a "very offensive" venereal disease with vaginal discharge, and that she had been treated for syphilis just prior to her hospital admission. Mabbott also described Morris' extremities as exhibiting signs of paralysis and "wasting," along with dark pigmentation on her chest and abdomen, knees, ankles and other areas of her body, and face marred by swelling and acne. He ordered a "milk and limewater" diet along with vaginal douching and brandy. A subsequent examination revealed no fetal heartbeat and he anticipated a premature stillbirth (Mabbot 1887-1902).
- 42 Uneasy with the patient's lack of progress, he telegraphed her mother in Omaha, Nebraska, and told her to come to New York as soon as possible, "as delivery will involve a crisis." On 14 November 1889, Linda Morris went into labor and delivered a deformed, stillborn infant, who "had probably been dead 9 days." The delivery was less traumatic than he expected. Mabbott noted there was no perineal laceration and that her general condition was "fully as good as during previous 24 hours." Troublingly, her limbs did not improve and continued to be "painful, sensitive, useless, contracted" (Mabbot 1887-1902).
- 43 In December, other physician colleagues came to consult, and agreed that she was suffering from "multiple peripheral neuritis of probably alcoholic etiology." They prescribed arsenic, strychnine, warm baths, and electricity as remedies, noting with surprise that Morris had "given no evidence of mental aberration, delusions, etc." and that they felt she could recover fairly quickly with these treatments. Yet Morris died within a few weeks of her diagnosis, Mabbott noting it tersely in his casebook as "The case went on to a fatal termination within a few weeks after Dr. Starr saw her" (Mabbot 1887-1902).
- 44 In another case in August of 1892, he made notes on a fourteen-year-old female patient, writing at the top of the page "Case of Seduction?" The word "seduction" was often used in the 19th century to mean "rape," but it is clear that Mabbott was unsure if rape was the right way to describe this particular patient's case. Her mother brought her in to see Mabbott, concerned that she was pregnant. After noting the girl's irregular periods since the age of 11, he described her masturbatory habits as occurring "about every night for one year. 'Happened' to do it. No one taught her or suggested it. It never caused hemorrhage." He also detailed what fingers she used and how many at a time (Mabbot 1887-1902). While his notes acknowledge the existence of women's sexual feelings, his line of questioning for the patient also indicated that he connected the patient's masturbation practices to her uncontrollable sexual impulses, painting her encounter with a thirty-two-year-old married man as inevitable (Degler 197).
- 45 He explained, "About three weeks ago, she laid down on outside of bed and allowed [the] man...to do what he wanted. Before that she tried to get out of the room but he locked the door" (Mabbot 1887-1902). Mabbott described that the patient had sex with the man at least two other times, and also recorded the details of his physical examination, writing that "the opening of the hymen is so large and the hymen so elastic that my index finger passes easily into [the] vagina without producing any pain." He then described inserting more fingers, noting "[This] caused more pain than patient experienced at any of the supposed acts of intercourse." He concluded that consensual sex, and not rape, had taken place because "the girl offer[ed] no resistance during the attempts alleged to have been made upon the bed" and his examination had produced no blood or tearing (Mabbot 1887-1902).

- 46 Mabbott's notes reflected his understanding that both these patients' cases represented eugenic dangers to society. Their moral and sexual misbehavior had resulted in their respective need for medical treatment, and both women were representative of the larger problem of degeneracy, wherein both their heredity and environment could be blamed for their situations. Their cases seemed to represent the "laziness, lawlessness, a weakness for liquor, and an appetite for unbridled sex" that spurred Progressive reformers in the coming decades to pass laws governing the sterilization of defectives (Lombardo 8). By close examination of women's bodies, their functions, and their offspring, doctors like Mabbott established medical evidence for the vagaries of human behavior and defect. Not only did their examination and treatment methods define the parameters of disability, it also established the making of the American medical profession as one that was uniquely and authoritatively suited to define who was fit to participate as full members of society. Their conceptions of normality were based on their subjective evaluation of female bodily functions and physiological construction. These evaluations on a patient-by-patient basis allowed doctors to draw broad conclusions about women and ultimately about the nature of humanity itself.
- 47 Though his records are silent on his specific views about sterilization or euthanasia of "defectives," Mabbott's records also ultimately reveal that he stood at the vanguard of a "eugenic era" in American medicine, where the management of reproduction and perceptions of the danger of disability would set in motion some of the biggest controversies of the 20th century. By making themselves the judges of women's capabilities, both physical and mental, American physicians cemented their importance in legal and cultural understandings of what constituted fit citizenship. Before there was Carrie Buck or Harry Haiselden's film about the "Bollinger baby," there was John Milton Mabbott and his medical practice in New York (Lombardo; Pernick).

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NOTES

1. Mabbott was describing the patient's husband's epileptic attacks, probably consisting of convulsions and other common symptoms of the condition.
2. Married to Kate Adele Ollive in 1895, they had one child, Thomas Ollive Mabbott in 1898, and resided at 19 5th Avenue in New York. Thomas earned a PhD in English, and became a renowned scholar of Milton and a longtime professor at New York's Hunter College. His papers are held at the University of Iowa. See https://www.lib.uiowa.edu/scua/msc/tomsc450/msc429/msc_429.html#PERSONAL
3. According to annual reports held by the Cornell University Weill Medical College Medical Center Archives, the original Nursery and Child Hospital eventually merged in 1910 with the New York Infant Asylum, maintaining buildings at both Lexington Avenue and 51st street, and Amsterdam Avenue and 61st street. By 1913, the Amsterdam location was expanded and the Lexington branch closed. In 1934, the organization merged with New York Hospital-Cornell Medical Center.
4. The campaign against abortion constituted another effort to consolidate the American medical profession. (See Reagan)
5. For an excellent and groundbreaking history of the relationship between Darwin and the late 19th-century feminism, see Hamlin. She examines how Darwinian evolutionary theory reformulated ideas about gender roles and shaped feminist thought at the turn of the 20th

century. By delving deeply into Charles Darwin's texts and their reception in the United States, she describes how reformers like Antoinette Brown Blackwell, Helen Hamilton Gardener, Elizabeth Cady Stanton, and Charlotte Perkins Gilman discovered that Darwinian principle could successfully shift the debate from "women's souls to women's bodies" and "[pave] the way for eugenics and birth control (xi)." Thomas Laqueur, Londa Schiebinger and others have also noted how modern Enlightenment science was rooted in discovering the relationship between natural law and gender and sex differences. See Schiebinger; Tedesco.

6. For a good summary of how Galton specifically developed his interest and theory in eugenics, see Gillham

7. For an excellent history and summary of the Indiana sterilization law, see Carlson.

8. Kimberly Hamlin notes that two hundred copies were sold in a single day in Ann Arbor at the University of Michigan, which became coeducational in 1870 (Hamlin 73). These were important questions at Vassar, Wellesley, Smith, and other institutions for higher education for women.

9. There were a number of important rebuttals and companion pieces to Clarke's work. See Howe, Maudsley. By the 1890s, the most important rebuttals were coming directly from feminist reformers, including Charlotte Perkins Gilman, who employed Darwinian theories to reject physician and eugenicists' assessments of women's "natural" roles. See Gilman.

10. Jean-Baptiste Lamarck (1744-1829) developed the theory of acquired characteristics, arguing that because organisms' exposure to new environments could cause modifications in their behavior, those changes themselves could also become heritable. 19th-century thinkers subsequently interpreted this to mean that parents' behavior—whether moral or immoral—could be passed onto their children. Many physicians cautioned their pregnant patients to cultivate the most upstanding behavior and personal reflection in order to give their unborn children an advantageous start in life. German scientist August Weismann (1834-1914) expanded upon Lamarckian ideas of heredity by researching the nuclei of germ cells, concluding that heritable characteristics were transmitted unaltered through generations of descendants. This allowed eugenics researchers like Charles Davenport to assert that people's disabilities and defects could be traced to numerous prior generations (Paul).

ABSTRACTS

This article analyzes the connection between eugenics, the professionalization of American medicine, and the development of the specialties of obstetrics and gynecology. Drawing upon the records of a physician practicing in New York City at the turn of the century, it examines how his evaluation and treatments of female patients' bodies and their infants' bodies constituted the growing emphasis on the dangers of disability to American society. Underlying the fear of defectiveness and degeneration was the fear that working-class women's sexuality and immorality might be among those defects, and would facilitate their passage to future generations. The essay concludes that while medical authority was not absolute, the records of John Milton Mabbott reveal a transition point in the history of American medicine, where scientific medicine and the emergence of theories of inheritance, like eugenics, helped to legitimize physicians' expert opinion.

Cet article étudie le lien entre l'eugénisme, la professionnalisation de la médecine américaine, et le développement des spécialités de l'obstétrique et de la gynécologie. S'appuyant sur les

archives d'un médecin exerçant à New York à l'aube du 20^{ème} siècle, il analyse comment son examen de corps de patientes et de leurs nourrissons, ainsi que les traitements prodigués, reflètent l'attention croissante portée aux dangers que le handicap représentait pour la société américaine. Derrière la crainte des déficiences et de la dégénérescence se cachait la peur de la sexualité et de l'immoralité des femmes de la classe ouvrière, qui menaçaient de transmettre leurs défauts aux générations futures. L'article conclut que si l'autorité des médecins n'était pas absolue, les dossiers de John Milton Mabbott révèlent un moment de transition dans l'histoire de la médecine américaine, où la médecine scientifique et l'émergence de théories de l'hérédité telles que l'eugénisme ont permis de légitimer l'expertise médicale.

INDEX

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