

Dear Dr. Dickinson:

Eugenics, Sexuality, & Pleasure in Early 20th-Century American Gynecology

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INTRODUCTION

On an unknown date in the early decades of the twentieth century, a young married woman wrote a letter to her gynecologist a year after their first appointment. An excerpt from that letter follows:

“What my husband does not know, and what I’ve never told before, is that I married him without love...I was lonely and heartsick and in all sincerity thought I could make him happy...mistakenly or not, I would not break my word of honor and treat him as life had treated me...I did him a great wrong. I steeled myself to the physical intimacy of marriage and made myself be affectionate, to yield in everything...But even his kisses from the physical standpoint...the struggle almost wrecked me but it was for him I fought...

So the same problem which confronted us before is here again...I have wondered if there was anything more I could do to make myself respond to him. Fatigue and pain are handicaps, but nothing in comparison with the consciousness that I, who am ardent and spontaneous and demonstrative by nature, had become bitter and repressed and cold and indifferent in spite of fighting against it. But just this week has come a great change. He has brought about the mental change...and you the practical. For we have had unions this week for the first time in our married life that satisfied us both...After this week I now feel that there is a little light. But as you are the only one who has seen the inner side of our marriage and has the kindness and will to help us, I wanted to tell you frankly just what your practical help meant to us.”¹

The letter’s recipient was Dr. Robert Latou Dickinson, a primary care physician and obstetrician-gynecologist who ran an active practice from 1884 until 1924. Dr. Dickinson lived and practiced in New York City, where he was renowned for his personal style—akin to a marriage counselor—and his incredibly detailed patient histories. This letter excerpt shows that Dr. Dickinson's advice and sexual education allowed couples to explore their sexuality without moral judgment despite the multitude of social pressures that weighed on many marriages of the time.

¹ Robert Latou Dickinson and Lura Beam, *A Thousand Marriages: A Medical Study of Sex Adjustment* (Williams & Wilkins, 1931), 134-6.

Dickinson valued pleasure in sexual relations and encouraged his patients to find ways to make sex meet their needs. Over the course of his career, Dickinson made thousands of medical drawings, created detailed records and measurements of anatomy, and wrote down detailed patient histories in order to capture a more nuanced portrait of his patients' anatomy, lives, and the intersections between them.² He believed that sexual “maladjustment” in marriage, meaning too much or too little passion, could be corrected through a deeper understanding of the patient’s anatomy and through direct and open sexual education.³ Dickinson’s goal was to improve women’s sexuality and lead to better-adjusted marriages. Dickinson was deeply invested in gynecologists as marriage counselors, believing that their advanced knowledge of female anatomy could help see through marriage obstacles to better adjust struggling couples.

This goal of marriage adjustment, however, was also a part of the eugenics movement’s vision of upholding the white, upper-class marriage ideal. Beyond using marriage counseling to promote what Dickinson saw as a desirable vision of marriage, he was also one of the foremost innovators in sterilization techniques, publishing many journals, books, and pamphlets on the topic.⁴ Dickinson’s work with eugenic sterilization and the birth control movement were not in competition with his philosophies on female sexuality and pleasure; rather, it illustrates the contradictions and tensions of the Progressive Era. Throughout his advocacy for sexual education, sterilization, and an active role of gynecologists in patients’ personal lives, Dickinson remained deeply invested in eugenics and medical authority over female sexuality. Dickinson’s work illustrates the extent to which reproductive medicine in the twentieth century was built

²Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, CA: University of California Press, 2005)

³Dickinson and Beam, *A Thousand Marriages*.

⁴Robert Latou Dickinson & Clarence James Gamble, *Human Sterilization: Techniques of Permanent Conception Control* (Baltimore, MD: Waverly Press, Inc., 1950)

upon prioritizing paternalistic doctor's advice over women's experiences in ways that reinforced ongoing social hierarchies.

Previous research on this topic and time period has investigated the transformation of the eugenics movement, the birth control movement, and sterilization as sites of political change and continuity. Scholars like Roze Holz, James Reed, and Jennifer Terry often point to Dr. Dickinson as a pivotal character in the legitimization of birth control, sterilization, and homosexuality. Wendy Kline's *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* explored how Dickinson shaped some of the narrative changes in the eugenics movement through the 1920s and 1930s. My research expands upon these sources by diving into two of his lesser utilized texts, *A Thousand Marriages: A Medical Study of Sex Adjustment*, and *The Single Woman: A Medical Study of Sex Education*. These books, published in 1931 and 1934 respectively, have allowed me access to Dickinson's detailed case studies, as well as the words and behaviors of his many patients.

Through the accounts of patient stories, as well as Dickinson's commentary on them, I demonstrate the contradictions and nuances of sexuality in the Progressive Era. This thesis attempts to utilize his writings and sex research as primary sources to analyze the sexual life of the so-called "normal woman." My work also examines how discussions of female pleasure and mutuality in sexual life were used to simultaneously empower and exclude women in the first half of the 20th century. I track how eugenics and medical authority influenced and were influenced by the idea of marriage counseling by exploring the following central research questions: What can the absence of eugenic terms such as race, fitness, and sterilization tell us about how Dickinson interacts with his patients? How does the medicalization of gynecology impact physicians' interactions with their patients? And how are conversations around female sexuality and pleasure shaped by the eugenics movement? To answer these questions, I drew primarily from the case studies and commentary in *A Thousand Marriages* and *The Single*

Woman as well as academic journals, studies, and women's magazine articles to more deeply pull apart the narrative of sexuality and eugenics in the early twentieth century.

My essay will be divided into three main parts. I start with some historical context to situate the audience in the time period through the evolution of the gynecological field and eugenics movements. Dr. Dickinson's life and work are situated in a moment of immense change in the United States; medical authority and the gynecological field develop alongside eugenics and moral panics surrounding immigration and race suicide. I move to an introduction to Dr. Dickinson's life and work as it relates to the political and social movements around him.

My first section delves into the impact of the negative eugenics movement on Dickinson's work, as well as the categories of normality and abnormality. I will analyze how eugenic thinking of classification shapes Dickinson's relationships with his patients—and how the people left out of his books highlight his eugenic goals. The second section discusses how the positive eugenics movement created standards of ideal womanhood. I will analyze the way gender norms of the time create a moral dichotomy that dictates how women are allowed to experience and exhibit their sexuality. I also use the institution of marriage to discuss the limitations on pleasure and sexuality discourse.

The third section covers the intersections between the medical establishment and the patriarchy. I analyze the ways in which the medicalization of sexuality limits female autonomy, upholding male authority over women's bodies. Specifically, this section discusses how the male medical gaze continued to enforce a racialized and classed understanding of gender that reinforced existing social hierarchies and promoted the eugenic agenda. My conclusion explores the legacies of these contradictory yet interlocking stories and how they influenced the present-day reproductive health movements.

HISTORICAL BACKGROUND

As author Dorothy Roberts says in her influential book, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*, American gynecology was founded on the exploitation and denial of Black women's reproductive autonomy.⁵ Prior even to the official founding of the United States, unregulated Black motherhood was deemed dangerous. Black reproduction was degeneracy: inferior traits (both biological and lifestyle) were thought to pass from mother to child.⁶ The hereditary trait of race was created to codify categories of racial superiority and inferiority, justifying the dissonance between slavery and liberty—and Black women were placed at the center of this racist ideology.

After Emancipation, racist ideas about Black motherhood continued to corrupt notions of reproductive liberty. Womanhood in the United States was always an idea that excluded Black women, but in the Victorian era, norms of femininity explicitly evolved in opposition to Blackness. A vision of the True Woman propelled Victorian morality; although she was still physically and intellectually inferior to men, the True Woman's moral essence was suited to guide the home towards American domesticity.⁷ This concept of femininity was created in opposition to stereotypes of Black women as sexually promiscuous and immoral—Black women were systematically denied womanhood through legislation, Jim Crow Laws, and the cultural formations of womanhood.⁸

⁵ Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997).

⁶ In English law tradition, heredity was actually thought to pass from the father. However, due to the racial capitalism of Chattel slavery, there was an economic incentive to tie the status of enslavement through reproduction. In 1662, a legal doctrine was passed in colonial Virginia stating “that which is born follows the womb.” This new legal standard, Partus Sequitur Ventrem codified racial slavery through the mother: enslaved women's children now belonged to the slave owner from conception. For more information, see Jennifer L. Morgan, ““Partus Sequitur Ventrem: Slave Law and the History of Women in Slavery,” Eisenberg Institute for Historical Studies (Thursday Series, New York University, New York, NY, February 5, 2015).

⁷ Roberts, *Killing the Black Body*.

⁸ Roberts, *Killing the Black Body*.

These gender and racial formation theories were being created and debated alongside the creation of gynecology as a professional field. The first gynecological hospital in the United States was housed in Mount Meigs, Alabama, on a small slave farm. From 1844 to 1849, Dr. James Marion Sims performed experimental surgeries on enslaved women, often without any anesthesia.⁹ Sims went on to receive widespread acclaim, even being credited as the Father of American Gynecology, while the enslaved women he experimented on were never recognized. For pioneering gynecologists, Black women represented a medical contradiction of womanhood; vital to their research on female anatomy yet excluded from cultural definitions of femininity. J. Marion Sims' exploitation and erasure of the Black women in his gynecological surgeries highlights the degree to which fields like gynecology were built and legitimized through racial exploitation.

Early gynecologists took advantage of the increase in scientific authority in the nineteenth century as an opportunity to lend credence to the developing field. As physicians began to enter the birthing room in the early 1800s, there was a dedicated and intentional effort to distance themselves from the traditional birthing processes of midwives.¹⁰ Doctors advocated for increased midwife education and supervision, as well as the use of technological advancements like forceps, bloodletting, and drugs in order to legitimize the medical field of obstetrics.¹¹ Early gynecologists utilized the social power of white, male doctors to push the narrative of scientific and medical progress. This increase in authority only happened, however, because of the simultaneous efforts to eliminate midwives, who were typically women of color

⁹ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, Georgia: University of Georgia Press, 2017)

¹⁰ Judith Walzer Leavitt, "Science Enters the Birthing Room: Obstetrics in America since the Eighteenth Century," *The Journal of American History* 20, no. 2 (1983).

¹¹ Leavitt, "Science Enters the Birthing Room."

and/or immigrant women.¹² Doctors discredited the work of midwives through racist and sexist rhetorics that presented the field of gynecology as the only modern alternative, conflating technological progress with medical safety and authority.

The Eugenics movement emerged much later in the 1800s, but utilized similar narratives of scientific reasoning to justify societal hierarchies. Francis Galton came up with the phrase “eugenics,” (from the Greek, good in birth or good genes) from Darwin’s theory of evolution and Mendel’s heredity.¹³ By the turn of the century, Galton’s ideas of race improvement through inherited moral and mental traits had intertwined with moral panics around Thomas Malthus’ model of population growth and racial degeneration. As white, middle-class birth rates declined, and birth rates of immigrant and poor communities of color increased in the United States, eugenicists feared that the white upper-class would die out—ie “race suicide.”¹⁴ Racial degeneration was the related fear that through the reproduction of socially “unfit” individuals, the white cultural ideal would be polluted (or degenerated) through this mixing of population.¹⁵

The first decades of the twentieth century, eugenic ideas had coalesced into a widely popular movement with two aims: to increase the population of society’s “desirables” through positive eugenics, and to decrease the population of society’s “undesirables.”¹⁶ For eugenicists, this meant encouraging the reproduction of the “fit” and discouraging reproduction in the “unfit,” which often meant government-sanctioned sterilization.¹⁷ Eugenicists used the language of popular scientific ideas to essentialize social problems and hierarchies. Eugenics lent scientific authority to the moral panics of the turn of the century—legitimizing the social fears around

¹² Alicia Bonaparte, “Physicians’ Discourse for Establishing Authoritative Knowledge in Birthing Work and Reducing the Presence of the Granny Midwife,” *Journal of Historical Sociology*, 28, no. 2 (2014).

¹³ Daniel Kevles, “The History of Eugenics,” *Issues in Science and Technology* 32, no. 3 (2016).

¹⁴ Kline, *Building a Better Race*.

¹⁵ Kline, *Building a Better Race*.

¹⁶ Kevles, “The History of Eugenics,” 45.

¹⁷ Kevles, “The History of Eugenics,” 46.

immigration and racial degeneration by framing them as unequivocal laws of nature. This eugenic view of biologized inheritance subordinated individuals' reproductive rights to the fears and beliefs of the white, upper-class elite.¹⁸

The control of reproduction sits at the center of the eugenics movement. Reproduction, and women more generally, were portrayed as responsible for both racial progress and destruction.¹⁹ While negative eugenic sterilization campaigns were active throughout much of the twentieth century, the 1930s marked a shift in focus towards positive eugenics. Placing the white, nuclear family and mother at the center of their campaign, eugenicists turned to marriage counseling to incorporate eugenic ideas of fitness into marriage and relationships. This shift in strategy allows us to analyze the intersections of gynecological authority and eugenics in the early twentieth century. Using this historical context as background creates a lens to examine how physicians like Dickinson manipulated their cultural and scientific authority to preserve social hierarchies.

¹⁸ Frank Dikötter, "Race Culture: Recent Perspectives on the History of Eugenics," *The American Historical Review*, 103, no. 2 (1998).

¹⁹ Kline, *Building a Better Race*.

DR. DICKINSON & THE STUDY OF SEX

Robert Latou Dickinson was born in 1861 in New York City, where he would live for the rest of his life until 1950. Lean and average height with a thick, well-trimmed beard and casual bearing, Dickinson blended the ethical idealism of his Episcopalian faith with a commitment to Progressive Era social politics.²⁰ A talented artist, Dickinson turned down a job at an art firm to attend medical school in 1879. Dickinson attended at a time when many medical schools were attempting to bolster their professionalism and authority through scientific innovation, imagining a hospital-based model of instruction.²¹ Despite this environment of medicalization, however, Dickinson believed that primary care work with patients was a more important venue for the creation of scientific knowledge than research. He believed physicians should be not only medical practitioners but spiritual advisers to their patients.

After a few years in general practice after his graduation in 1882, Dickinson quickly turned to obstetrics and gynecology. Dickinson's growing practice was frequented by many members of high New York City society, but he also always gave space for patients who couldn't pay, including many domestic servants, many of whom were "subjects for some early research."²² This context is important for problematizing much of Dickinson's work. Although he was a dedicated and warm physician, for Dickinson, being a healthcare provider did not entitle patients to any sort of research privacy. This privacy and research potential was especially not provided to women of color or poor women. Dickinson is still steeped in the gynecological and medical theory of those who came before him, which views individuals with less privilege as requiring less modesty, less comfort, and less innate respect. Dickinson's medical research

²⁰ James Reed, *The Birth Control Movement and American Society: From Private Vice to Public Virtue* (Princeton: Princeton University Press, 2014).

²¹ Reed, *The Birth Control Movement*.

²² *Ibid*, 155

involved the invention of many methods of sterilization. His research was central to the eugenic movement's mass sterilization efforts throughout the twentieth century.²³

Despite this prolific research, Dickinson's work on sterilization had much less of a long-term impact than his studies on female anatomy and sexuality. Dickinson's second career as a sex researcher and medical reformer, beginning in 1920, was effectively an extension of the careful methodology he developed in his first career as a primary care doctor. Collecting detailed patient sexual histories over his nearly forty years of practice, he often recorded detailed observations about his patients' lives, relationships, and health, in patients' own words when possible. His notes on his patients' lives illustrate the interweaving of moral urgency with the work, as the social consequences of sexuality at this time were dire for both patient and doctor. Accompanied by illustrations—five at minimum, sixty-two at maximum, with an average number of twenty—these records form a medical natural history that provides a window into the sexual life of the early 20th-century woman.²⁴ In 1923, Dickinson helped create the National Committee on Maternal Health, an organization whose goal was to study subjects such as contraception, sexuality, and fertility. Most of the members of the Committee's board of directors were physicians, many of whom were affiliated with various social hygiene organizations.²⁵ After becoming Honorary Secretary to the Committee in 1923, Dr. Dickinson turned over his large collection of scientific material, including books, drawings, card indexes, and thousands of case histories. Dickinson's collection became the essential source from which he drew in founding American medical sex research.

²³ Kline, *Building a Better Race*.

²⁴ Robert Latou Dickinson and Lura Beam, *A Thousand Marriages: A Medical Study of Sex Adjustment* (Williams & Wilkins, 1931).

²⁵ Terry, *An American Obsession*.

Dr. Dickinson's lifetime of gynecological practice, spanning almost four decades and roughly five thousand patients, was used as the premise of a series of three books written by Lura Beam. Beam, an American educator, writer, and researcher, was asked by the Committee on Maternal Health in 1927 to study Dickinson's records and write three books: the first on the married, the second on the single, and the third on summarial findings of both the married and single. She approached her task as a biographical study of selected phases of the work of a physician. Together with the guidance and input of Dr. Dickinson, she wrote and published two books: *A Thousand Marriages: A Medical Study of Sex Adjustment* in 1931 and *The Single Woman: A Medical Study of Sex Education* in 1934. The third and final book remains incomplete and unpublished. Although my research is informed by his other publications, this series of medical studies are most central to my interests.

It is important to note, however, the nuances of authorship in the writing. Dr. Dickinson contributed his many notes, observations, and select chapters that centered on physical analyses. Lura Beam structured the books, wrote all the analyses, and interpreted Dickinson's observations based on her background in applied psychology and education. The authors accepted "frequent divergence in opinion, [though] theoretically they accept equal responsibility."²⁶ With this being said, it is sometimes difficult to discern the full opinions of either author, especially as these volumes span four decades of observations.²⁷ Rather than attempting to discern their individual opinions, however, I view each text as a synthesis of their viewpoints. Beam and Dickinson both

²⁶ Robert Latou Dickinson and Lura Beam, *The Single Woman: A Medical Study in Sex Education* (London: The Williams, 1934), xxi.

²⁷ One such example is the texts' coverage of homosexual experience in patients. On the whole, Dickinson believed homosexual relationships in women rarely lasted and were not inherently sinful, although they could defer or decrease marriage. Dickinson's co-author, Lura Beam, stayed neutral on the topic, despite the fact that she was in a committed romantic relationship with Louise Stevens Bryant, who she met through the Committee on Maternal Health in the late 1920s. Although Beam never included details of her personal life in the books, one can assume that some of the reflection on homosexuality and morality is informed by her own personal life, as opposed to Dickinson's.

acknowledge the limits of their perspective, and the realities of sexual life as a fluid thing. In the introduction of *The Single Woman*, Lura Beam wrote, “sex life is changing, responsive to external pressure. When writers about it set down time, place, nation, and profession, they set down premises...[all professions] write their distinctive experiential bias.”²⁸ There is a tension between each author’s unique perspective and the objectivity they attempted to bring to their observations. The two books, and the nuanced perspectives they contain, allow us an opportunity to examine the cultural and social shifts in gynecology over a period of forty years.

²⁸ Dickinson and Beam, *The Single Woman*, xiv.

NEGATIVE EUGENICS

Sterilization:

Dr. Dickinson's practice grew alongside the eugenics movement; in fact, his work on sterilization techniques and contraception was foundational to the eugenics and reproductive health movements. Despite his prolific surgical advancements and eugenic research, sterilization was mentioned very little in the three books that were meant to encapsulate his life's work. As important as it is to analyze what he included in his book, it is equally important to consider what he did not include and why. The three texts are deeply influenced by the eugenics movement and ideology; however, the goal of these books was to study the lives of "socially normal" women. Thus, Dickinson did not deem the many women he sterilized during his time as a eugenics researcher fit to be part of these books, and did not give them the same holistic care or considerations of pleasure or sexuality. I aim to examine the interconnections between Dickinson's changing narratives around pleasure, sexuality and the eugenics movement

In 1950, Dickinson wrote a book called *Human Sterilization: Techniques of Permanent Conception Control*. Its goals were as follows: "To safeguard against labors carrying persisting peril to life and health; to limit progeny from feebleminded couples; to forestall passing onward of serious disorders definitely hereditary; to insure against pregnancy those who have had all the children their particular circumstances justify; to simplify all such safety through effortless control."²⁹ As illustrated by this quote, Dickinson was firmly committed to the goals of the eugenics movement through his continued surgical innovation of sterilization methods. Despite being written 50 years later, the introduction of Dickinson's book, *Human Sterilization*, imitated

²⁹ Robert L. Dickinson and Clarence J. Gamble, *Human Sterilization: Techniques of Permanent Conception Control* (Waverly Place, 1950), i.

the exact rhetorical strategies used by eugenicists around the turn of the century. Dickinson and Gamble introduced the book by comparing the evolutionary idea of the survival of the fittest with the dangers of over-civilization and overpopulation. They described their three-decade-long quest to “foster breeding for quality rather than quantity...in the face of much opposition,” and they emphasized negative and positive eugenics in equal parts.³⁰ Feeble-minded “weaklings,” as Gamble described them, could include people with “mental deficiencies” or illnesses, epilepsy or other inheritable diseases, and anyone who had a history of incarceration.³¹ Accordingly, much of Dickinson’s research in different methods of sterilization was done on consenting patients in mental hospitals and prisons.³²

Dickinson saw birth control and sterilization as central to the eugenic cause, and he believed doctors should have the authority to determine who was fit to give birth. In a review of different birth control methods, for example, Dickinson concluded that condoms were “too complicated for ‘the feebly virile ... [and] the careless and the poor.’”³³ His classism and eugenic beliefs were explicit; Dickinson believed that doctors should be able to determine if and how people gave birth depending on their societal status. In contrast to Dickinson, other medical professionals who shared similar eugenic goals were slower to accept contraception, believing that contraception would sexually liberate women and undermine public morality. Dickinson argued the opposite: he maintained that changes in sexual attitudes had already undermined traditional morals, and doctors controlling birth control would result in “healthier marriages, better babies, and therefore a healthier race.”³⁴ From Dickinson’s eugenic lens, regulating birth control was socially essential. Lending his medical and gynecological authority to the birth

³⁰ Dickinson and Gamble, *Human Sterilization*, 3.

³¹ *Ibid.*, 3.

³² Kline, *Building a Better Race*.

³³ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York, NY: Hill and Wang, 2001). 147

³⁴ Kline, *Building a Better Race*, 66

control cause, Dickinson cast reproduction as an issue of “race betterment” as opposed to sexuality, helping to legitimize the birth control movement through eugenic ideology.³⁵

Dickinson’s role in the normalization of sterilization as a harmless procedure relied on his narratives of female pleasure and sexuality. In 1929, Dickinson presented his findings on female sterilization to the American Medical Association through a paper titled, “Sterilization without Unsexing: A Surgical Review.”³⁶ The title was significant, as it asserted that sterilization was a procedure that would not take away sexual desire, a widespread fear at the time. Dickinson was actively invested in the debate around female sexuality and autonomy. In the late nineteenth century, it was widely accepted that the purpose of sex for women was procreation alone. Sterilization was viewed as a procedure that interfered with nature. Many people believed that sterilization disrupted the biologically-determined purpose of womanhood, i.e. motherhood. By reframing the purpose of sexuality as pleasure, not reproduction, eugenicists were able to package sterilization as a liberating procedure, similar to birth control, that freed women from their own biological determinism. When sterilization advocates emphasized that sterilization did not “unsex” women, they were taking advantage of these fluctuating definitions of womanhood and sexuality.³⁷ Dickinson used eugenic arguments of race preservation and preventative medicine to legitimize sterilization in combination with new concepts of pleasure and sexuality. The sexual education Dickinson prioritized in his primary care—education based in mutualism, pleasure, and communication—was not antithetical to his eugenic work, but in fact foundational to it.

³⁵ Kline, *Building a Better Race*, 66

³⁶ Robert Latou Dickinson, “Sterilization Without Unsexing,” *Journal of the American Medical Association* 92, 5 (1929).

³⁷ Kline, *Building a Better Race*.

Eugenic Categories:

Dickinson's research on sterilization was never explicitly mentioned in *A Thousand Marriages* or *The Single Woman*. However, one can still track the ways eugenic categories like feeble-mindedness and epilepsy were mapped onto concepts of health and adjustment in couples. Dickinson used various tables and charts to categorize his patients, offering a glimpse into the eugenic categories that could still be mapped onto his patients. Both books included a section on health, which went into great detail on the physical and mental states women were in when they came for a visit. Table VII in *A Thousand Marriages* described the various problems presented at first visit. Along with local inflammations, growths, and general gynecological conditions, Dickinson included a category of “nervous and mental condition, possibly pelvic origin.”³⁸ This included subcategories of “nervous ‘break-down,’ depression, hysteria, epilepsy, nymphomania, homicidal impulse, delusions, melancholia, and anxiety state.”³⁹ Although these categories were not inherently eugenic, their inclusion alongside other forms of gynecological treatment solidifies the connection between biological symptoms and mental health diagnoses common in eugenic arguments. Nervousness and hysteria were common diagnoses in the late 19th century, often used to describe women who were not fulfilling the social and gender norms of the time.⁴⁰

Throughout *A Thousand Marriages* and *The Single Woman*, nervousness was used as a broad category to describe a wide variety of symptoms, including frigidity and emotional excess. Dr. Dickinson was also very interested in exploring nymphomania (which he often described as passion or eroticism). Exhibiting an excess of sexual desire was considered inappropriate for the pious and respectable woman. Additionally, epilepsy was one of the four main categories of

³⁸ Dickinson and Beam, *The Single Woman*, 40.

³⁹ *Ibid.*, 40.

⁴⁰ Laura Briggs, “The Race of Hysteria: ‘Overcivilization’ and the ‘Savage’ Woman in the Late Nineteenth-Century Obstetrics and Gynecology,” *American Quarterly* 52, no.2 (2000): 246-73.

undesirable heredity listed in *Human Sterilization* as an indication for sterilization. Listed alongside mental deficiencies and diseases, Dickinson described it as an “important but much less frequent indication applying chiefly to those with seriously deteriorated mentality.”⁴¹

Although Dickinson did not consider eugenic solutions like sterilization for his patients, he still maintained and reproduced eugenic categories of health and fitness for them.

Dickinson’s routine questions also included asking about any “mental defects or derangements”⁴² in siblings, parents, grandparents, and other relatives. In order of most to least common, the definite disorders were listed as, “insanity in family, alcoholism in parents, drug addiction in family, feeble-mindedness, [and] epilepsy in family.”⁴³ This inclusion of family histories and categories of heredity was a central part of the eugenics movement. Eugenists believed it was possible to track all degeneracy, including crime, substance use, and feeble-mindedness through heredity by making family trees to mark relatives with undesirable traits.⁴⁴ There is an interesting tension between heredity and environment that can be observed through Dickinson’s record keeping; his careful tracking of family trees illustrates his continued investment in eugenic thinking and some degree of biological determination, but he left space for environmental influence.

The “Socially Normal” Woman:

Dickinson’s books differ from much of the contemporaneous sex research because of his focus on the normal. Many studies previously, especially with explicitly eugenic research, focused on the abnormal. Dr. Dickinson’s philosophy was that “sex desire is not sin; that the sex

⁴¹ Dickinson and Gamble, *Human Sterilization*, 6.

⁴² Dickinson and Gamble, *A Thousand Marriages*, 43

⁴³ Dickinson and Gamble, *A Thousand Marriages*, 44.

⁴⁴ Eugenics citation

parts are not shame parts; and that autoeroticism is apparently natural and rarely physically harmful.”⁴⁵ This dedication to reducing shame was a contrast to the heightened moral panics of the turn of the century—surrounding racial degeneration, immigration, gender roles, industrialization, etc. Dickinson decried moral panics around sexuality as “Puritan” education that led only to the ignorance and future maladjustment of his patients.⁴⁶

Dickinson’s commitment to shame-free education was transformative for many of his patients who were often held back by their internal wrestling with morality and sexuality. There were hundreds of case studies where only a few understanding words from the gynecologist “[could] lift a weight of suffering from an unfortunate patient who for years [had] been befooled by some false notion of ‘sin’ or ‘abnormality.’”⁴⁷ Dickinson stated that the “rigid, unnatural”⁴⁸ morals and notions of the turn of the century had no place in love and sex, harming patients rather than offering solace or healing. His assertion that sex desire was not sin allowed many women to experience pleasure and autonomy in their relationships for the first time, as witnessed by the patient letter featured in the introduction.

Although Dickinson’s focus on the normality of sexual feeling was liberating in many ways, he continued the eugenic legacy of attempting to define normality. In the preface of *The Single Woman*, Lura Beam stated the explicitly defined goal of the National Committee on Maternal Health along two lines of inquiry: first, “the actual sex life and endowment of *socially normal persons* revealed in medical case histories; and second, the control of fertility by such measures as contraception, sterilization, therapeutic abortion, and the prevention and relief of involuntary sterility [emphasis added].”⁴⁹ The eugenics movement had a continual fascination

⁴⁵Dickinson and Beam, *The Single Woman*, xiii.

⁴⁶ Dickinson and Beam, *A Thousand Marriages*, 129.

⁴⁷ Dickinson and Beam, *A Thousand Marriages*, xii.

⁴⁸ Dickinson and Beam, *A Thousand Marriages*, xii.

⁴⁹ Dickinson and Beam, *The Single Woman*, v.

with the question of what is normal. The implicit goal of defining normality was creating the boundaries of what is abnormal, what is and should be excluded based on socially constructed hierarchies.

Dickinson frequently berated the concept of a moral normality for its limitations and consequences on his patients' sexual lives. He stated, "this rigid rule of simple normality had no general existence, and...was often undesirable...in reality there is a wide natural range of variations all legitimately to be admitted within the limits of normality."⁵⁰ Dickinson and Beam frequently questioned the idea of normality while still maintaining the category—they offered a more expansive definition, but one that still upheld boundaries of abnormality. By tracking who Dickinson included in his definition of normality, we can attempt to observe what dimensions of class, race, gender, nationality, and religion are applied to the socially normal woman, and what that means about gynecology at the time. Gynecology is a field that has a history of exploiting marginalized bodies while simultaneously excluding them from categories of true womanhood and sexuality. By attempting to discern Dickinson's definition of normality, we see who he excluded from sexuality; the people who got neglected and left out of conversations of mutuality and pleasure in relationships. It is vital to pay equal attention to those not mentioned as well as those Dickinson places at the center of his arguments.

Throughout Dickinson's texts, his description of his patients and their interests create the very category of normality he hoped to avoid. For example, when describing the characteristics of the typical patient, Beam wrote: "the social normality of the patient is guaranteed by the fact that nearly all except the insane were able to work steadily during the period of observation."⁵¹ The definition of normality created here requires steady work, as well as a state of good mental

⁵⁰ Dickinson and Beam, *A Thousand Marriages*, x.

⁵¹ Dickinson and Beam, *The Single Woman*, xvii.

health. Beam also admitted that Dickinson's patients were "atypical in that [they] represent the educated minority; home, social background and economic status are above the urban average."⁵² Dickinson and Beam occasionally contextualized their patients in the societal norms of the time, but more often, these class-coded comments were slipped in without comment. Frequent medical advice was given to take a "long summer vacation in the country"⁵³ for patients that were exceedingly nervous. The texts attempted to question and prod at the societal standards of the time while implicitly holding up expectations that their patients behave in accordance with those same standards.

Dickinson rarely described his patients' race, but the occasional descriptions illuminate the extent to which white, "American" marriages were used as the norm. Beam wrote that Dickinson's patients who differed from the overwhelmingly white and Protestant majority were still able to have successful marriages. She notes that "these European, Oriental, Negro, and Jewish women differ among themselves and from the American type which constitutes the standard, but so few cases permit no comment about the racial quality of marital relationships."⁵⁴ The "American Cultural Type" as they described it, is the explicit ideal standard of marriage—a marriage between two white, Protestant Americans. Although they do not comment on the "racial quality" of different marriages, by aligning with a eugenic standard of an American marriage, all other marriages are relegated to a position outside the standard. Couples with "foreign extraction" means that the "home and cultural ideals, habits, and nuances upon which her married life depends are diluted with the original background. Preserving a separate tradition, Negro or Jewish, is also a dilution."⁵⁵ The framing of cultural traditions as a dilution of the

⁵² Dickinson and Beam, *The Single Woman*, xvii-xviii.

⁵³ Dickinson and Beam, *The Single Woman*, 68.

⁵⁴ Dickinson and Beam, *A Thousand Marriages*, 27.

⁵⁵ Dickinson and Beam, *A Thousand Marriages*, 27.

American marriage standard illustrates how strongly Dickinson and Beam feel about marriage as a prescription for maintaining a specific set of eugenic social and cultural models of behavior.

Challenges to Social Norms: Heredity versus The Environment

Dr. Dickinson would not often make explicit moral judgments about his patients, but the few times he did were all in the case of what he described as the failure to adjust to adult life. Beam wrote, “in a thousand women only forty-six made impressions unfavorable enough to be thus recorded. ‘Childish,’ ‘spoiled,’ ‘self-centered,’ and their synonyms are the chief criticisms, all directed against the type which refuses to assume adult life...in the case of rich young women with distinct ability who kept wasting their days...these he called parasites to their face.”⁵⁶ In Dickinson’s perspective, this wasting of time and money was an absolute affront. He associated this avoidance of family and personal responsibility with childish behavior. These women were challenging social norms of work and moral duty. The ideal woman was meant to be a pillar of moral sanctity and shirking responsibilities was an absolute violation of this ideal. As Beam wrote, Dr. Dickinson “inveighed against [this] well-to-do parasite—and often angered her.”⁵⁷ A similar but slightly different argument came when discussing older single women. Dickinson noted that rates of nervous unbalance were similar between single and married women “except that the *single* are *oftener insane* [emphasis original]... items of external emotional or economic pressure are few since at this point burdens are gone. The patient has given up the feeling of social responsibility and is herself a family problem.”⁵⁸ In these cases, Dickinson lost his ire. He was still disappointed in their failure to uphold their duty, but it was tempered by their single

⁵⁶ Dickinson and Beam, *A Thousand Marriages*, 22.

⁵⁷ Dickinson and Beam, *The Single Woman*, 69.

⁵⁸ Dickinson and Beam, *The Single Woman*, 41.

status. Thus, Dickinson upheld gendered social norms through his expectations of his patients' behavior and relationships.

One of Dickinson's patients, who he refers to as Patient 2604A, illustrates the tensions between eugenic categorization, family environment, and the reversal of social norms. The patient was brought in by her mother at age twenty-four in the 1920s for an acute case of mania after college. The resulting conversations with both the patient and her mother demonstrate the ways in which eugenic ideas and shame-based sex education were often combined in this era. After a mental breakdown in college, she went to a "woman doctor whose questions upset her,"⁵⁹ resulting in an eight-month stay in a sanitarium. Her mother clarified that there was "no insanity [on] either side [of the family] and no alcoholism,"⁶⁰ referencing the potential hereditary causes Dr. Dickinson may have turned to. There was also a definite tie between the patient's sexual feelings and her mental health. Her mother stated that this mania "seems to affect the sexual organs—she is afraid to go to sleep for fear she will have sensations in her organs."⁶¹ Dickinson prescribed exercise, work at home, and a potential stay with an "alienist" (another name for a psychiatrist at the time), but she "went insane soon after and was sent to [an] institution."⁶²

The real interest in this case comes with Dickinson's comments at the end, describing his findings after her stay in the sanitarium, and the interplay between environment and heredity. The patient's mother intentionally withheld information about their family history; there had in fact been insanity on the father's side, and this idea had been held over the patient all her childhood. Her mother would imply that "she too was insane, or was going to be 'like [her] Aunt S,'"⁶³ due to their physical resemblance. Her desire to study and go to college was "regarded as

⁵⁹ Dickinson and Beam, *The Single Woman*, 59.

⁶⁰ *Ibid.*, 59.

⁶¹ *Ibid.*, 59.

⁶² *Ibid.*, 60.

⁶³ Dickinson and Beam, *The Single Woman*, 60.

an evidence of mental abnormality,” and parental quarrels often resulted in the mother presenting her daughter as evidence of the “queerness” of his people.⁶⁴ The daughter’s perceived disruptions to social norms were essentialized through eugenic rhetoric and used to manipulate the patient’s behavior. The patient felt the weight of her supposed hereditary burden heavily, studying psychology partially in an effort “to see if she could overcome her own tendencies and fears,” but her mother insisted this interest in psychology and social work were “morbid.”⁶⁵ Through Patient 2604’s personal struggle, we see the effects of eugenic biological determinism first-hand; not through genetically hereditary symptoms or behavior but through the fears and shame that passed through the generations of families and communities. The eugenic agenda was enacted not only through doctors but through everyday acts and conversations.

Dickinson resisted a fully eugenic idea of heredity while also investing in narratives of racial degeneration and sterilization. In this patient’s case, he believed that a family environment of shame and manipulation, rather than inheritable traits, led to the patient’s mania and nerves. He specifically noted the relationship between sexuality and shame as being a cause of the patient’s current feelings of excitement: as a child, the “habit of masturbation was violently punished with” the mother’s threat of inevitable insanity.⁶⁶ In Dickinson’s ideology, the education received in one’s childhood—including the emotional environment, expectations of physical work and labor, and shame-based education——had more impact on a person’s mental health than their heredity.

This conviction, however, only really impacted the patients he deemed “normal.” He was more than willing to cite biological essentialism when justifying the sterilizations he was doing on prisoners and mental health patients in sanitariums. This contradiction underscores the reality

⁶⁴ Ibid., 60.

⁶⁵ Ibid., 60.

⁶⁶ Ibid., 60.

of the time, where progressive arguments around women's rights or liberation of the body fundamentally served to uphold social hierarchies. Doctors like Dickinson manipulated their ideologies to prioritize eugenic goals; reinforcing biological determination in matters of disability and feeble-mindedness and utilizing the prison system to continue medical research on poor people of color. The clear contrast between Dickinson's language in *The Single Woman* and *A Thousand Marriages* and his articles on contraceptives and sterilization allows us to examine the different affordances he provided patients who fall into categories of "social normality" versus "abnormality."

POSITIVE EUGENICS

Marriage & The Ideal Woman

Dickinson is a part of the generation of eugenics that focused increasing attention on upholding marriage and marriage counseling. Positive eugenics came out of fear that the increasing rates of divorce in the United States would lead to racial degeneration and a less powerful white, upper-middle class.⁶⁷ The positive eugenics movement focused their energy on dissuading divorce, idealizing motherhood as the pillar of family morality, especially in the 1930s and 1940s. Although Dickinson's practice started much before this time, he was deeply invested in this white, Protestant marriage ideal. Dickinson's advice on pleasure and satisfaction in relationships was often limited by his opinion that marriage was central to womanhood. He thought "it better to have been unhappily married than to have remained single. This conclusion brought about the next, that for women love is the greatest thing in the world. He did not, in the early days before he was married, think this about men."⁶⁸ For Dickinson, men's lives and worldviews encompassed much more than women's—they were imagined to be the thinkers and doers of the world, with love and relationships only comprising a small portion of their lives. The idea that women's whole world revolved around love and marriage also put the entirety of the couple's domestic and emotional labor on the wife. Because marriage was seen as central for women, it was also their responsibility to solve any relationship problems that arose.

Dickinson's advice towards his patients was based on his concept of the ideal woman. Although Dickinson did not think of himself as a therapist, per se, he was certainly influenced by the therapeutic thinking of the time. His practice revolved around healing the whole patient,

⁶⁷ Wendy Kline, *Building a Better Race Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001).

⁶⁸ Dickinson and Beam, *The Single Woman*, 62.

dealing with both physical maladies and emotional strife in relationships and sexuality. Beam stated that the premise of therapy in Dickinson's clinic was "surely the doctor's idea of woman. His pattern of the capacity of the normal woman is the goal toward which he will try to lead the sick."⁶⁹ His societally determined understanding of ideal womanhood created the standard he sought to establish in all his patients. Although he was careful to treat each patient as an individual, his conception of health was forever tied up in his definition of what it meant to be a normal woman. It is especially fascinating to hear how Lura Beam described Dr. Dickinson's understanding of womanhood. She stated that "an obstetrician is a practical biologist...As a man who delivered babies, the doctor saw women chiefly as marrying and child-bearing beings."⁷⁰ We see here the continuing relationship between Dickinson as a biologist and medical practitioner and Dickinson's social perspective on his patients.

Contradictorily, Dr. Dickinson's philosophy held that sexuality was independent from marriage, but Dickinson still prioritized marriage above all else. When describing the sexual experience of single women, Beam wrote, "sexuality is an expression of the total personality, and inherently independent of marital status."⁷¹ The authors viewed the experience of sexual desire and expression as separate from an individual's relationships. Dickinson believed that much of understanding sexual relationships could and should be explored first with the self. However, this perspective on personal sexuality did not restrict their dedication to the institution of marriage and its designed role in women's lives. Even his perspective on biology and the physical maladies he was treating was informed by his understanding of marriage. When describing Dickinson's approach to therapy, Beam wrote, "the study of personality is art, not science...he was essentially biological in viewpoint, thought love and marriage woman's 'whole existence'

⁶⁹ Dickinson and Beam, *The Single Woman*, 62.

⁷⁰ Dickinson and Beam, *The Single Woman*, 62.

⁷¹ Dickinson and Beam, *The Single Woman*, 24.

and brought his conviction to bear on the patient. Based on the unity of the whole being, the anatomy of pelvic disturbance was read as a manifestation of the sexual and emotional life.”⁷²

Dickinson’s holistic approach to treatment was central to his identity as a primary care physician. He believed that doctors could only address physical ailments by considering all possible causes, including personal and social disruptions. This commitment to understanding his patient’s lives in a time of increasing depersonalization in the medical field made him a very effective and impactful doctor. However, because of these deeply personal relationships, his biased perspective and opinions had big impacts on his patients. His treatment often involved much re-education and readjustment of emotional life, with his advice deeply shifting how his patients related to themselves and their marriages. For better and for worse, Dickinson’s views on sexuality and marriage shaped how patients grappled with the societal pressures and expectations of relationships at the time.

Premarital Exams:

One way in which Dickinson’s views on marriage impacted his patients was through premarital examinations. In the eugenics movement, premarital examinations were used to determine the fitness of new couples. “Adjustment” and “Mal-adjustment” were terms used to describe both the eugenic fitness of a couple and their overall connection and well-being.⁷³ Especially in the first few decades of the twentieth century, it was common for engaged couples to submit a eugenic survey or go to a doctor for a eugenic examination to ensure that they would be a eugenically-fit couple. Eugenecists labeled such inventories as “preventative medicine,”

⁷² Dickinson and Beam, *The Single Woman*, 61.

⁷³ D. George Fournad, “Eugenics and Eugenic Marriages,” *The Journal of Educational Sociology* 3, no. 3 (1929): 171–80.

helping couples to avoid “hasty or ill-advised marriages.”⁷⁴ These tests, to be enacted by a reputable physician or psychiatrist, would aim to examine “religious, educational, artistic, temperamental, economic, age, racial, social, and even political differences,”⁷⁵ to discover objections to marriages as well as find perfect eugenic matches. The eugenic movement used these surveys to encourage the marriages of upper-class, white, able-bodied couples with no family history of substance use or criminality while dissuading marriage in couples of different religions, races, or classes. Eugenic examinations were one of many ways that eugenicists shifted focus to the level of the individual; eugenicists framed eugenics as being best for the happiness of individual couples while continuing to push broader societal fears around race degeneracy and cultural betterment.

Conversations regarding birth control and sex developed into an element of premarital examinations in the 1920s and 30s, aided by the advocacy of physicians like Dickinson. Dickinson believed firmly in premarital counseling as a method of helping couples adjust to their sexual life in marriage. Although Dickinson’s examinations did not put the same focus on family history, the goal of adjusting the fitness of couples before marriage commitments was the same. In his gynecological exams, Dickinson educated patients on different parts of their anatomy as well as disputing common myths, for example, that an intact hymen was a definite indicator of virginity. In some premarital exams when he discovered the hymen was especially thick or inelastic, Dickinson believed it was the physician's job to sexually adjust the couple by gentle stretching or, at times, snipping the hymen to make sex more pleasurable for the wedded couple.⁷⁶ He also encouraged brides to “self-stretch” the hymen, undertaking the process of

⁷⁴ Fournad, “Eugenics and Eugenic Marriages,” 171.

⁷⁵ *Ibid.*, 172.

⁷⁶ Wood and Dickinson, *Harmony in Marriage*

“dilating the entrance to the vagina daily with her fingers just before marriage.”⁷⁷

Dickinson believed that “satisfactory sexual relations [were] necessary to fully adjusted and successful union[s].”⁷⁸ Sex in marriage was “not merely a physical pleasure but an expression of pleasure in marriage itself.”⁷⁹ Throughout the section on newlyweds in *A Thousand Marriages*, Dickinson sought to prove anecdotally and statistically that couples who went through premarital instruction had better-adjusted sexual lives. One such criterion he explored was the ratio of women who experienced orgasm soon after marriage. Out of the fifteen brides who had a premarital examination, “twelve of them reported orgasm in their post-marital report,” compared to only ten out of thirty-five without premarital instruction.⁸⁰ While Dickinson fully supported the eugenics angle of premarital examinations, his perspective was slightly different from that of most eugenicists. His aim was rarely to stop a marriage from occurring, but to bring couples into a state of mutual adjustment through education and communication. His work on premarital adjustments aligned with positive eugenics’ goal of preserving the success and well-being of marriages.

Metrics of the Ideal Woman

Dickinson’s nuanced and at times contradictory definitions of the ideal, socially normal woman adjusted the metrics he used to gauge patient adjustment and well-being. More specifically, the goal of well-adjusted marriages and the symptoms observed that get in the way were often replications of gender norms. In addition to physical symptoms of “ill health, the patient habitually has objective burdens of overwork and family responsibility such as illness and

⁷⁷ Robert Latou Dickinson, *Techniques of Conception Control: A Practical Manual*, 2nd ed. (Baltimore, MD: The Williams & Wilkins Co, 1942), 54.

⁷⁸ Dickinson and Beam, *A Thousand Marriages*, 56.

⁷⁹ Leland Foster Wood and Robert Latou Dickinson, *Harmony in Marriage* (New York: Round Table Press, 1939), 51.

⁸⁰ Dickinson and Beam, *A Thousand Marriages*, 85.

dependents, or subjective burdens of ennui, fear, doubt, fantasy, or conscience.”⁸¹ Dickinson acknowledged the ways in which the gender norms of family responsibility weighed on his patients, often resulting in physical and emotional distress. Throughout the texts, there is a nuanced discussion of the interplay between social systems and physical diagnosis. In cases of ill health, Beam wrote that “the diagnosis is not really of the pelvis, but of the general nervous system. The exclusion of deep seated organic trouble” left patients in “various stages of nervous deterioration...and definite mental disintegration.”⁸² Dickinson continuously played with the tension between his desire to be the authority over observable physical symptoms and his acknowledgment of broader social factors such as gender roles.

Although Dickinson wrote often of gender roles in a medical context, his commentary and advice also reproduced them. There is a section of *The Single Woman* on Dickinson’s advised treatments as a part of therapy. Prescribing certain medications was unusual; much more common was the discussion of everyday living, exercise, and eating habits. He also offered some specifics: a “long summer vacation in the country,” was urged, or some other change in tempo of living.⁸³ Although most of these recommendations are fairly standard pieces of advice, they reveal an interesting window into society at the time. Dickinson’s recommendation of a long summer vacation assumed a certain level of income only accessible to the upper and middle classes. Dickinson especially recommended extra work in the church, like teaching Sunday School, volunteering, and writing. Dickinson supported work in the arts like theatre, painting, and singing, but surprisingly, not violin or piano—they “were discouraged as too emotional.”⁸⁴ This fear fits into the school of thought at the time that tied heightened emotions to mania,

⁸¹ Dickinson and Beam, *The Single Woman*, 22.

⁸² *Ibid.*, 40.

⁸³ Dickinson and Beam, *The Single Woman*, 69.

⁸⁴ *Ibid.*, 69.

hysteria, and other fears about women's behavior.⁸⁵ Heightened emotion brought up anxieties about increased passion and sexuality. Dancing, too, was often mentioned warily as a possible source of excitation or sexual desire.

Dickinson's relationship advice, however, offered the most interesting insights into the expected gender roles of the time. Patients often asked for relationship advice or help finding a partner. Dickinson advised his patients not to show too much eagerness, and to "let him make the advances."⁸⁶ Women were to "curb [themselves] about every kind of extravagance" and "let him teach [them]" skills and hobbies.⁸⁷ Much of this dating advice leaned on the principles of man as pursuer, woman as pursuee. It prioritized traditional methods of showing affection in courtship as opposed to the open communication and mutualism he advised in marriage. "What kind of man,' the doctor might sometimes ask a girl of twenty-one, 'do you expect to marry?' The way was then open to say, 'But would a man of that calibre want to marry you?'"⁸⁸ Dickinson assumed the tone of a realistic paternal figure, giving his patient "good sense" fatherly advice. Additionally, the way Dickinson talked about sex is illuminating in dating. He stated: "in petting, go only as far as you would want your youngest sister to go," and warned against any man who pursued intercourse before marriage.⁸⁹ In the summary of advice Beam gathered from many records, one stands out as very different from the rest: Dickinson stated, "don't be too quick to believe stories of rape, the girl might want to be coerced."⁹⁰ Dr. Dickinson's decision to cast doubt on rape victims brings to light what had been slowly building throughout the advice section: Dickinson's perspective as a paternal authority prioritized the current gender hierarchy over truly radical beliefs about gender in relationships. At times, Dickinson showed the capacity

⁸⁵ Maines, *The Technology of Orgasm*.

⁸⁶ Dickinson and Beam, *The Single Woman*, 72.

⁸⁷ *Ibid.*, 72.

⁸⁸ Dickinson and Beam, *The Single Woman*, 73.

⁸⁹ *Ibid.*, 73.

⁹⁰ *Ibid.*, 73

to be incredibly thoughtful and reflective about how different power dynamics impact sexual relationships. However, his continued reliance on courting stereotypes and rape myths reproduced, rather than challenged, the gender dynamics he aimed to address.

Three Case Studies in the Prioritization of Marriage:

Dickinson's case histories and an increased understanding of his complicity in unhealthy relationships allow us a glimpse into the dangers of upholding the sanctity of marriage above health and happiness. Societally, the threat and fear of divorce was deeply intertwined with couples' sexual relationships, leading to sex being treated more as a tool than an action involving communication and pleasure. I will describe three such case histories that illuminate different relationship concerns and fears in the 1920s. Case number 399 from *A Thousand Marriages* describes the sexual history of a woman from the "Near East" who came to see Dr. Dickinson after five years of marriage because she hadn't experienced any sexual arousal. Her sexual relationship with her husband involved her pretending to "care and to 'come' because 'he said he could divorce any woman who didn't' and he would 'go with other women' if she was cold."⁹¹ In this case we see narratives of pleasure changing dramatically from other, more Puritan perspectives on sexuality.

Rather than ignoring his wife's pleasure entirely, the husband made her orgasm the axis on which to base their sexual life. Threatening divorce and infidelity, the husband created a sexual environment in which her lack of sexual pleasure is defined as a problem that is inherently hers. His allusion to "coldness" is a reference to the diagnosis of frigidity, a common term referencing women who did not show enough affection or sexual desire in relationships, reinforcing gender norms in relationships. Dickinson chose to introduce the patient to a vibrator,

⁹¹ Dickinson and Beam, *A Thousand Marriages*, 130.

a technology developed in the late 1800s that was often used by doctors to “cure” hysteria and frigidity.⁹² Using the vibrator allowed the patient to experience some pleasure, but when Dickinson asked if she would tell her husband about the technology, she said she did not dare to ask him. She knew already that he would respond defensively, saying, “Do you suppose I want that kind of a wife? You have been deceiving me.”⁹³ There is a self-centeredness and insecurity in the vast majority of husbands that Dr. Dickinson described in his case studies. The husband of this patient was insistent on her pleasure while also being resistant to the kind of therapy or technology that would ensure her satisfaction. Their sexual dynamic revolved around the husband’s desires, needs, and expectations even when they were theoretically discussing female pleasure. This is similar to Dickinson’s argument around sterilization without unsexing—discourse around sexuality and pleasure was not used to empower women but to limit their autonomy, upholding hierarchies of power.

Dickinson’s account of Case number 621 illuminates the gendered tensions of infidelity, responsibility, and power. The patient came in nearing menopause, after twenty-some years of marriage. Dickinson noted her domestic labor and responsibilities; “she has slaved for him and the children and her story of hardship rings true. She ‘never [had] a cent;’ he [had] given her no spending money, but merely paid bills.”⁹⁴ Although she experienced sexual arousal earlier on in their marriage, her husband had been only acting affectionate when “desire is strong upon him,” and even then he didn’t care “whether he develops her feeling, no caresses, just coitus.”⁹⁵ He also had been using “indecent speech during coitus:” when asked if he loved her, he retorted, “oh, you’re cheap and convenient.”⁹⁶ In their relationship, the husband used affection and romance as

⁹² Rachel Maines, *The Technology of Orgasm: “Hysteria,” The Vibrator, and Women’s Sexual Satisfaction* (Baltimore: The Johns Hopkins University Press, 1999).

⁹³ Dickinson and Beam, *A Thousand Marriages*, 131.

⁹⁴ Dickinson and Beam, *A Thousand Marriages*, 133.

⁹⁵ *Ibid.*, 133.

⁹⁶ *Ibid.*, 133.

manipulative tools to get what he wanted—namely, sex. He degraded her by comparing her to a prostitute, viewing sex not as an act of intimacy but one of power. The patient and Dickinson hypothesized that their estrangement was also partially due to trouble over her property: her financial power in their relationship threatened him, causing him to lash out at her in other ways. A few years later, she told Dr. Dickinson that in a recent argument, he had kicked her. Sex was used as a tool by both partners: “he has to be civil and pleasant to get intercourse, ‘which makes a great difference in him.’”⁹⁷ She withheld sex intentionally to control his anger because when he got what he wanted, he regained power and “raged.”⁹⁸ After getting confirmation from her attorney that he regularly stayed with other women, she declared that “she [was] willing ‘to go back to him now to save him.’”⁹⁹

We see through her case history the multitude of social and sexual pressures that women were grappling with at the time. Patient 621 bore an immense weight of physical and verbal abuse, as well as the societal shame of widely-known infidelity. Sex in their relationship was used as a tool of power, holding within it the intricacies of gendered financial and relational power. The weight of marriage responsibility is made clear in her last line. She did not stay with him out of love or her personal marriage expectations but to *save him from himself*. This patient illustrates the extent to which women were the arbiters of morality: responsible for saving not only themselves, but also the men around them from moral peril. This builds off the Victorian idea that true womanhood includes the creation of moral boundaries. Positive eugenics embraced this figure of the pious wife, the ideal “mother of tomorrow.”¹⁰⁰ This mother of tomorrow was held responsible for the future of eugenic marriages. This idea of womanhood acted on a

⁹⁷ Dickinson and Beam, *A Thousand Marriages*, 134.

⁹⁸ *Ibid.*, 134.

⁹⁹ *Ibid.*, 134.

¹⁰⁰ Kline, *Building a Better Race*, 16.

framework of contrasts; it was only through the development of the “feeble-minded woman adrift”¹⁰¹ that the mother of tomorrow could shine. These two figures were deeply racialized and classed; the exclusion of poor women of color gave white women their eugenic and moral power. As we saw with Case 621, however, this dual vision of womanhood was a double-edged sword; both stereotypes carried immense and lasting consequences as women had to shoulder the domestic responsibilities and expectations assigned to them. Although Dr. Dickinson helped some individuals through their journeys with unhealthy relationships, his idolization of marriage and the moral woman reinforced a system designed to maintain eugenics and gendered power relations.

Patient 26 helps us understand the role of a doctor in a marriage when a wife was unfaithful. Case history 26 unfolds the tale of a couple who had been married 4 years without much happiness. They had separate rooms and “he avoid[ed] her during the day even when he [was] home. They [were] never alone, have nothing in common and [couldn’t] talk together.”¹⁰² In this dearth of compatibility, Dickinson put much responsibility on the husband, stating that he was brought up selfishly and refused to give conversation or affection. The patient stated that she could “respond to him physically if [only she] felt that he loved [her].”¹⁰³ She experienced immense erotic desire and physical sensation, experimenting with auto-eroticism and physical flirtations with married men, both followed by revulsion and disgust on her part. Her sexual desire was tied up in feelings of temptation and danger, and she feared that she was “losing ground morally,” freely “[telling] of her imagination.”¹⁰⁴ Dickinson, despite his sympathies for her situation, had no compassion for this kind of erotic experimentation—he believed that sex

¹⁰¹ Kline, *Building a Better Race*, 16.

¹⁰² Dickinson and Beam, *A Thousand Marriages*, 137.

¹⁰³ *Ibid.*, 138.

¹⁰⁴ *Ibid.*, 138.

should occur exclusively inside marriage. His conviction was that sex outside of marriage “defeats the aim of our complete nature, which calls...for a satisfying and stable family life...When used irresponsibly it makes for a shallow and distorted nature.”¹⁰⁵ Dickinson attempted to reason with her, but reported that “she [was] not responsive to the arguments of loss of self respect, divorce, danger of pregnancy and of venereal disease.”¹⁰⁶ Divorce, infidelity, and loss of self respect were all inextricably connected for him. Although her husband also had affairs, Dickinson focused almost exclusively on her infidelity and maintaining her decency; women’s sexuality represented the potential to threaten or affirm the sanctity of marriage. Dickinson was deeply invested in the idea of the stable, eugenic family that will uphold white, American culture and values.

Through these three case studies, we see the contradictions in Dickinson’s understanding of marriage. Although Dickinson believed marriage should be a harmonious partnership, the vast majority of his work on marital adjustment involved counseling and physical examinations of women. He believed that a gynecological exam for women “would prevent a number of potential problems that could cause divorce or adultery, including frigidity, abortion, and ‘unwise postponement of childbearing.’”¹⁰⁷ The responsibility and blame for a marriage’s success was placed on the woman’s shoulders—or more accurately, their genitals. The mention of the “unwise postponement of childbearing” also reiterates Dickinson’s view that a nuclear family should be the goal of any happy couple. Maladjusted wives and mothers fundamentally threatened the nuclear family—and the future that positive eugenics imagined—and for Dickinson, it was the doctor’s role to correct this.

¹⁰⁵ Wood and Dickinson, *Harmony in Marriage*, 53

¹⁰⁶ Dickinson and Beam, *A Thousand Marriages*, 138.

¹⁰⁷ Kline, *Building a Better Race*, 133.

MEDICAL AUTHORITY

Doctor Knows Best

Dr. Dickinson's understanding of marriage counseling and sex education was influenced by his conception of himself as a male physician. Dickinson viewed himself as central to maintaining the health of his patients' relationships. He believed that the doctor's duty, through information, conversation, and physical adjustments, was to support their patients' mental and physical health. In order to "fully comprehend the human material," Dickinson said, one must "take into account the primary source, the doctor, who is the questioner and recorder."¹⁰⁸

Although Dickinson's aim is positive, his positioning of doctors—and more specifically, male doctors—at the center of women's sexuality illustrates his paternalistic attitude that a male physician always knows better than a female patient. The various ways Dickinson characterized his relationship with his patients in his books illuminate the ways in which Dickinson upholds patriarchal systems of power in the medical field.

A Thousand Marriages, the first in the series, is dedicated "to the unknown patient."¹⁰⁹ This dedication is a touching nod to the many women Dickinson would never encounter; an acknowledgment of the gaps in counseling and services that prioritize women's experiences, and an attempt to reconcile those gaps with a series of books that could be accessible to all. However, there is a large gap between the idealism of the dedication and the reality of who the audience for the book was in actuality. The writing style, intended audience, categorization of sections, etc. seem very much catered to other gynecologists who wish to expand their thinking on sexuality and marriage adjustment. This discrepancy is not unexpected but rather follows from Dickinson's general ideology. Although he valued the stories and experiences of his patients, he

¹⁰⁸ Dickinson and Beam, *A Thousand Marriages*, 3-4

¹⁰⁹ Dickinson and Beam, *A Thousand Marriages*, v.

believed that his perspective as a medical professional was inherently more reliable than the patient's own understanding of themselves. His dedication is an illustration of the tension between two of his core beliefs: that there is value in the subjective story and that the only real analysis can be found through a doctor's experience. As Beam wrote in *The Single Woman*,

“this story of sex experience therefore was drawn out by the power and confidence of the medical attitude, so that a man who practices medicine as well as a woman who is a patient, is speaking. This factor...is at the source of authenticity. But the material deserves more subtle consideration; perhaps the doctor sometimes knew his patient better than she knew herself. In the last moment before diagnosis...[the physician's] own identity disappears in the need of discovering and fulfilling the needs of some other body and he becomes for a moment, more of the patient's life than the patient. He volunteers to surrender himself to total experience as the patient will not, hence he repeatedly experiences vicarious atonement...medical aid is very powerful and very compelling. When we accept it in faith, the doctor re-creates us. This works both ways: the doctor created the patient's attitude only out of sources already there.”¹¹⁰

Here Beam creates an almost spiritual depiction of the relationship between doctor and patient. The Doctor is depicted as a martyr of self-sacrifice, surrendering himself to the needs and wills of the patient. In Dickinson's perspective, it is only through the power of medical expertise that a truly authentic account can be brought out of the patient. Through this expertise, the doctor not only knows the patient better than herself, but recreates her experience. Dickinson's absolute faith in medical authority correlates physicians with God, upholding medical authority as something to be believed unquestioningly.

Paternalism in Medicine

This medical authority is also deeply intertwined with Dickinson's paternalism. Dickinson believed men to be the natural, and in fact the only truly capable, medical professionals. He believed that women were men's intellectual equal, but that women's

¹¹⁰ Dickinson and Beam, *The Single Woman*, 66.

emotional maturity took up the physical resources of the mind. Dickinson's theory was that "emotional abundance had the defect of its virtue. The maternal quality which enabled women to give led them to give all. The generosity and compassion which mellow their outlook made them too tender hearted."¹¹¹ We see again this Victorian era expectation that women were meant to be the defenders of morality and virtue. There is a repeated idea that women have a greater natural capacity for emotion and compassion. Dickinson's belief that women have the same intellect as men is not liberating but infantilizing, as they are held back by their emotional capacity. This kind of essentialization of emotional maturity excuses male insensitivity and holds women to an idealized standard of virtue. Additionally, Dickinson stated that "many women doctors had chronic anxiety about grave cases. They did not learn as Paul did the meaning of one of the doctor's favorite quotations, 'Having done all, to stand.'"¹¹² Not only did Dickinson indicate that women's emotions make them unfit for the life of a physician, as they are unable to shield themselves from their own emotional turmoil.

Dickinson also discussed his relationship with his patients in an infantilizing way; his child-like descriptions of patients reinforced the impression that the only solutions to their ailments came via the medical experience of physicians,

"The male tradition further finds woman chiefly submissive and passive. The woman does as the man tells her. The patient before the doctor often appears ignorant and tractable, and in these cases extraordinarily so. She was willing to pay to be told what to eat, how much to sleep...how to get along with her family...At the same time she was colossally stupid in the distribution of her time and strength and literally wasted them...She confused his diagnosis and located organs on the wrong side...She was fearful, repeated popular superstitions, had to be protected and told less than the truth... [even] in minor matters about which she would worry."¹¹³

¹¹¹ Dickinson and Beam, *The Single Woman*, 63.

¹¹² Dickinson and Beam, *The Single Woman*, 63.

¹¹³ Dickinson and Beam, *The Single Woman*, 63-4.

Dickinson again described the doctor's omnipotence, his absolute control over his patients' lives. It is not only that he viewed doctors as holding all the power, but that he viewed that as the necessary state of affairs; the patient couldn't handle it being any other way. Additionally, he described a state of complete ignorance and emotional frailty in the patient. In other sections of his texts, Dickinson spoke with sympathy of the poor sex education available to people of the time, acknowledging that many people lack knowledge of their own bodies because the truth had been intentionally withheld from them. Yet here, Dickinson was almost cruel in his mockery of his patients' innocence, and described concealing the full truth to protect them from their own emotional response. Dickinson's descriptions reveal the extent to which he believed doctors should have power and authority over women's health and bodies.

Dickinson's infantilization only gets stronger when he described himself as a father figure. He stated that his patients' habits strengthen the "impression of woman's child-like quality," their naivety holding them back from the full truth.¹¹⁴ When describing the role of therapy in Dickinson's practice, Beam wrote: "Finding this support and sympathy available without the embarrassing nearness of relationship, she poured herself into it with intensity. She was the child and the doctor was the father."¹¹⁵ Dickinson was explicit in his paternal comparison; his female patients were ignorant children in need of his fatherly guidance. This absolute physician authority was in line with the professionalization of medicine at the time. The legitimization of gynecology, through technological and surgical advances, was only made possible through the degradation and dismissal of female nurses and midwives. Dickinson's continual usage of infantilizing language towards women solidified the power of the white, male physician in line with societal hierarchies.

¹¹⁴ Dickinson and Beam, *The Single Woman*, 64.

¹¹⁵ Dickinson and Beam, *The Single Woman*, 75.

It is interesting, however, to read Beam's commentary on Dickinson's relationship with the patients. As she often did throughout the books, Beam added in sections of context that acknowledged the subjectivity and ethical nuance of Dickinson's research. When discussing Dickinson's therapeutic relationship with patients, she asked, "How did the doctor overcome the resistance of [women] to talk about her sexual life? Was it ethical for him to do so?"¹¹⁶ Beam questioned the paternal relationship between doctor and patient, as well as the power dynamics that may influence a patient to share more than they desire to. Beam wrote that Dickinson felt responsibility for seeking to discover a connection between sex and disease, and this scientific responsibility drove him to overcome his patients' resistance. It is unclear to what extent Dickinson himself questioned his own ethics; regardless, Dickinson's patriarchal belief system perpetuated the medical establishment's research goals in pursuit of the study of sex and eugenics in marriage.

Ethics, Autonomy, & Invasions of Consent

Dickinson's personal standards of medicine often involved invasions of consent. Dickinson kept incredibly detailed case histories on each of his patients, accompanied by detailed drawings of his patients' genitalia. Dickinson was so precise in his note-keeping that he could remember "with photographic exactness gynecological details about his patients."¹¹⁷ His records became more standardized over time, substituting notecards for ledger books, rubber stamp anatomy outlines to make sketching easier, and finally, photography. Further along in his career, Dickinson kept a camera hidden in a flower pot at the end of his examining table for a less obtrusive view.¹¹⁸ He secretly operated this camera with a foot pedal, producing photographs

¹¹⁶ Dickinson and Beam, *The Single Woman*, 73.

¹¹⁷ Dickinson and Beam, *A Thousand Marriages*, 8.

¹¹⁸ Kline, *Building a Better Race*.

without the patient's knowledge or consent. The fact that he hid the camera in a flower pot indicates that he knew his patients would be uncomfortable with the photos being taken; his research and observations took priority over his patients' informed consent.

Dickinson's commentary and criticisms of other doctors offers insight into the contradictions between his understanding of medical ethics. In *The Single Woman*, Dickinson discussed the twenty-four patients who he considered to have poor general health. One woman he described as very nervous, whose endometriosis and menstrual pain were disabling. The previous doctor who "treated her for myositis made her strip for every massage and gave orgasm by vulvar pressure, took other liberties."¹¹⁹ At this time, it was not unusual for gynecologists to use vibrators or vaginal massage to give patients orgasms as a part of their therapeutic practice. Often, this wasn't even seen as an expression of pleasure but as a treatment for hysteria or frigidity.¹²⁰ Dickinson was deeply critical of this practice, and believed these doctors were taking liberties with their patients. He believed all expression of sexual desire outside of marriage, including in the doctor's office, was immoral. He did not assign moral judgment to the patient if they experienced sexual arousal at examination but believed that a physician who took advantage of that fact was misusing their power and authority. Although he did not verbally shame patients for their arousal, he did take action to discourage it in the future. He gave the account of one patient who was "erotic at examination and [he] hurt her promptly, in order to associate pain and not pleasure with treatment."¹²¹ Dickinson's conception of the moral doctor included the authority to physically hurt his patients to keep their behavior in line with his expectations.

Dickinson's relationship with his patients continuously skewed the line between invasive and affirming. Dickinson disapproved of other doctors' practice of genital massage as taking

¹¹⁹ Dickinson and Beam, *The Single Woman*, 6.

¹²⁰ Maines, *The Technology of Orgasm*

¹²¹ Dickinson and Beam, *The Single Woman*, 18.

advantage of patients but was more than willing to take secret photographs for his research and record-keeping. It's hard to fully analyze how these practices would be viewed at the time, but neither his colleagues nor his patients saw such practices as overly invasive.¹²² Regardless of their perception at the time, Dickinson's methods illustrate the extent to which he believed doctors have authority over women's bodies. Dickinson acted in a long line of doctors whose jurisdiction and influence went unchallenged, whether in research or primary care. It is this belief in the supremacy of male medical authority that systematically devalued traditional medicine (including midwifery and other forms of community care) and justified the invasive exploitation of marginalized bodies in pursuit of scientific research and eugenics.

Medicalization & The Physical Body as Proof

Throughout *The Single Woman* and *A Thousand Marriages* there is a continuous tension between the acknowledgment of subjectivity and the absolute belief in observable truth in the body. As Beam wrote in the introduction of *The Single Woman*, "sex life is changing, responsive to external pressure. When writers about it set down time, place, nation and profession, they set down premises...[all doctors] have again the perspective of their subject matter."¹²³ Beam was quick to address the biases present in the case studies. As Dickinson was an obstetrician-gynecologist, "evidence about sex experience [was] predominantly anatomical and realistic."¹²⁴ For Dickinson, the study of sexual relationships was primarily the study of the physical, as opposed to the patient's understanding of their sexual experiences. Despite this, there is a continual reference to holistic medicine, and Dickinson's treatments were often not physical in nature. His general progression of therapy was as follows: "The first emphasis was on the goal

¹²² Kline, *Building a Better Race*.

¹²³ Dickinson and Beam, *The Single Woman*, xiv.

¹²⁴ Dickinson and Beam, *The Single Woman*, xv.

of happiness, especially fulfillment through love; second, the broad general treatment of life as interests...third, the specific prescription of food, sleep and exercise; fourth, possible local treatment for inflammation, infection or other localized disorder; and fifth, the free discussion of the inner life.”¹²⁵ This balance of contradictions between holistic, wellness-based medicine and the belief in purely physical symptoms and ailments is one that I aim to tease out. Dickinson’s acknowledgment of subjectivity does not discount the degree to which he discredited patients’ own accounts of their bodies.

Dickinson’s “Anatomical Evidence of Sex Experience” illustrates in remarkable detail the way in which Dickinson believed in observable physical characteristics of sex above women’s reports on their own sexual behavior. In this section of *A Thousand Marriages*, Dickinson described the different signs visible in the body that indicate “elements of self-experience, ...heterosexual experience...[and] the history of mating.”¹²⁶ He specifically mentioned five physical examinations that were necessary to determine a patient’s level of sexual activity: examinations of the hymen, the vulva, the vagina, the breast, and an evaluation of “eroticism.” Although this kind of patient discrediting based on physical findings was certainly not new, especially in testimonies of virginity, rape, and STIs, Dickinson’s extensive knowledge of reproductive anatomy expanded the kinds of physical criteria physicians would look for. His stated goal was to record findings of patient experiences without insulting them by asking potentially revealing questions or challenging the information they told him. What went unsaid was his underlying biological essentialism; the assumption that with a physician’s experience, the truth of sexuality could be found in the body.

¹²⁵ Dickinson and Beam, *The Single Woman*, 67-8.

¹²⁶ Dickinson and Beam, *A Thousand Marriages*, 49.

Dickinson went into great detail about the different meanings of his physical observations. For example, he described 5 different conditions of the hymen—sensitive, with a sharp edge; a worn, fluted, or rolled edge, soft and untornd, un-nicked distensibility, and elastic stretching—along with a chart of different diameters and numbers of fingers allowed. For Dickinson, these conditions clearly indicated states of virginity, frequent intercourse, masturbation, pregnancy, or physician-instructed stretching prior to intercourse. He described the changes that occur to the labia minora—from small, smooth lips to larger, thickened labia with folds like a “cockscomb”—as a result of “oft-repeated and prolonged self-excitation.”¹²⁷ He also described changes in the color of the labia— “duskiness of the pigmentation” with follicles that “are often conspicuous as whitish or yellowish spots” as indications of excitation.¹²⁸ Enlargement of the clitoris, visible veins, and labia minor that extended beyond the labia majora were all correlated to autoeroticism. The “size, power, reactions, and rhythm of the contraction of the pelvic floor muscles give information concerning vaginal types of coital orgasm and capacity for retention of semen.”¹²⁹ In terms of the breasts, “corrugation of the areola in...ridges, elevation of follicles and nipple” were signs in patients “given to prolonged self-excitation.”¹³⁰ By examining a woman’s genitals, Dickinson believed he could discover her tendencies towards lesbianism, masturbation, frigidity, and promiscuity. Genital differences not only suggested heterosexual and autoerotic experience, but sexual excess—emphasizing the eugenic idea that feebleminded women were “oversexed.”¹³¹ Patients’ status as normal, healthy women could hinge on medical diagnoses based on their genitals. Dickinson’s research positioned himself, as a doctor, as the arbiter of his patient’s virginity and sexuality, and by extension, their womanhood.

¹²⁷ Dickinson and Beam, *A Thousand Marriages*, 52.

¹²⁸ Dickinson and Beam, *A Thousand Marriages*, 53.

¹²⁹ Dickinson and Beam, *A Thousand Marriages*, 54.

¹³⁰ Dickinson and Beam, *A Thousand Marriages*, 54.

¹³¹ Kline, *Building a Better Race*, 55.

Dickinson viewed the body as a site of scientific research. His observations of these categories of sexual experience included in-depth statistical correlations and percentages as compared to patients' own confessions of autoeroticism and sexual experience. He used life-size models of vaginas and vulvas to more accurately depict the size and measurements of different features. The pelvis was a "laboratory with its own equipment and research problems. Its organs, their function, and their morphology were labyrinths for scientific exploration, possibilities for endless study, mostly very practical...this tract had a language and spoke for the whole body."¹³² The framing of the body as a laboratory for experimentation was a legacy of medical practitioners' sense of entitlement over women's bodies, especially poor women of color. Dickinson's descriptions of his patients' bodies as laboratories for discovery illustrate the extent to which medical research was still prioritized over any sense of true bodily autonomy.

Dickinson's fifth and final category of anatomical evidence examination, "eroticism," illustrates the degree to which subjective cultural norms impacted his observations of biology. Unlike the other categories, eroticism was much less clearly tied to measurable physical features. Dickinson described this category as an opportunity to "check up on the statements of the patient" especially when "sexual excitability or response is flatly denied."¹³³ Dickinson viewed his examinations as a reputable way to discover if one of his patients was lying about their experience. For Dickinson, a patient's erotic excitation in the exam room was measured in several different ways: "the habitual rhythmic swing of the hips in walking...unnecessary exposure (exhibitionism)...quick erectibility of follicles and nipples...jumpiness of pelvic floor muscles...[and] free mucous discharge" were the most common symptoms listed.¹³⁴ These extremely subjective analyses of patient mannerisms and behavior illustrate the ways in which

¹³² Dickinson and Beam, *A Thousand Marriages*, 66.

¹³³ Dickinson and Beam, *A Thousand Marriages*, 54.

¹³⁴ Dickinson and Beam, *A Thousand Marriages*, 54.

Dickinson's patients were all subject to surveillance in the examining room. Dickinson's medical gaze extended beyond physical symptoms to include their walk, nervousness, and general behavior during examination.

Dickinson's account of eroticism also gave one of his only explicit descriptions of the race of his patients. Dickinson stated that "a patient of Latin extraction is likely to be very active sexually, and the Oriental very passive."¹³⁵ These stereotypical comments about Latina and Asian women made explicit the narrative of racial danger that was implicit in most of Dickinson's writing. Sexual desire was often used as a justification for sterilization—of 149 female patients in a 1926 survey of sterilization, 45% were sterilized due to sexual delinquency—a crime based solely on the existence of sexual desire outside of eugenicists' ideas of morality.¹³⁶ Case notes involved indicators like "passionate," "immoral," "promiscuous," and "oversexed."¹³⁷

Dickinson's "objective" accounts of eroticism in the exam room, and specifically, descriptions of different racial groups' erotic desires, were acts of surveillance, working within the eugenic movement to justify sterilization efforts and protect the morally pure white woman.

In the years when these data were gathered, "autoeroticism was an important issue, a subject of polemics. Teachers of authority were discussing whether it led to insanity, and its correlation with pelvic disturbance was problematic."¹³⁸ Masturbation carried the stigma of perversion; Dickinson's erotic surveillance through examinations could lead to diagnoses of mental illness, hospitalization, or sterilization. Dickinson and Beam state that "unless the habit was thought to be a relevant complication, the circumstances surrounding autosexuality were not subject to searching inquiry."¹³⁹ Dickinson's "unless" holds the complication; His commitment to

¹³⁵ Dickinson and Beam, *A Thousand Marriages*, 27.

¹³⁶ Kline, *Building a Better Race*.

¹³⁷ Kline, *Building a Better Race*, 54.

¹³⁸ Dickinson and Beam, *The Single Woman*, 33.

¹³⁹ Dickinson and Beam, *The Single Woman*, 34.

non-judgemental, pleasurable sexual relations was conditional. Homosexuality, autoeroticism, frigidity, oversexing, and other expressions of female sexuality were all conditional on eugenic categories of normality. Affordances were provided to eugenically approved women, while marginalized women faced sterilization due to diagnoses of passion. The contradictions between Dickinson's simultaneous efforts to increase pleasure in female sexuality and to criminalize sexual desire illustrate the extent to which sexuality discourse was used as a tool to uphold social hierarchies of power.

CONCLUSION

Dickinson's evolution as a practitioner and as an author gives us a window into how the eugenics and reproductive health movements of the Progressive Era evolved over time. *A Thousand Marriages* and *The Single Woman* are uniquely helpful in the directness of their stated goal: to study the sex lives of "socially normal women."¹⁴⁰ This line of inquiry reveals the simultaneous contradiction and interconnectedness between the eugenics movement and Progressive Era sexuality discourse. Dickinson's narratives of pleasure and liberation in sexual relationships were fundamentally conditional—on the supposed normality of his patients, on their marital status, their performance of gender roles, and their interactions with gynecological expertise—in a way that undermined his goal of mutuality in relationships. All of Dickinson's underlying conditions were informed by and upheld the white supremacist ideals of the eugenics movement. Under those circumstances, pleasure and sexuality are not truly liberating. Sexual education and pleasure can be informative and help individuals in their specific relationships, but they cannot fundamentally change the power dynamics involved in sex and reproduction. There is an incredible loss of potential in a framework of sexual education that does not challenge the axes of power on what reproductive autonomy rests—axes of race, class, gender, and ability that Dickinson upheld.

Dickinson's work, and indeed, this thesis, offer an opportunity to examine the legacies of harm and power in sexual education discourse today. The nineteenth century saw the shift from primarily midwife-attended births to primarily physician-attended births, facilitated by white male doctors using social capital to discredit midwives' authority. The rise of gynecology centered on the scientific technologization and eugenic categorization of anatomy. Doctors' and

¹⁴⁰Dickinson and Beam, *The Single Woman*, v.

gynecologists' gazes are encoded in the way we are taught about sexuality and anatomy. Many features of reproductive anatomy are named after the gynecologists who "discovered" them.¹⁴¹ The anatomical diagrams that are used to teach us about our anatomy are solely from the perspective of a medical examiner—legs spread, captured in a moment of vulnerability by Dickinson's sketches or hidden camera. Individuals are forced, both in language and in visual perspective, to be a stranger to their own bodies—seeing their anatomy through another's gaze.¹⁴² These diagrams, sanitized and medicalized, are typically light-skinned or black-and-white diagrams. We see the legacies of gynecological authority, and the structures of power it upholds, in the sexual education available today.

This thesis, however, also aims to imagine the possibilities of truly liberating reproductive teaching. The positives and the absences in Dickinson's work offer a moment of reflection on the power of health and sexuality education. How can explanations of sexual anatomy center the individual; through descriptions of touch, sensation, and diagrams from other visual perspectives?¹⁴³ How can sex education center the histories, needs, and experiences of marginalized people, reclaiming bodily autonomy through justice-oriented curriculums?

Liberating sexuality discourse and education necessitates a historical grounding in the history of

¹⁴¹ One such example is Dickinson's former professor, colleague, and mentor, Alexander Skene. Alexander Skene, through his gynecological surgery and research, discovered a set of paraurethral ducts in women, which were later named after him: "Skene's Glands." For more information, see Howard A Kelly and Walter L Burrage, *American Medical Biographies* (Baltimore, MD: Norman, Remington Co, 1920).

¹⁴² The medical gaze and terminology in reproductive anatomy diagrams always reminds me words from Adrienne Rich's poem, "The Burning of Paper Instead of Children." "This is the oppressor's language, yet I need it to talk to you." Individuals are taught about their anatomy through the language of the medical establishment; accurate sex education is simultaneously withheld and required for accurate treatment in doctors' offices and court cases. To read the full poem, see Adrienne Rich, "The Burning of Paper Instead of Children," *Poetry Society of America*, accessed April 5, 2023, <https://poetrysociety.org/poems/the-burning-of-paper-instead-of-children>.

¹⁴³ *Our Bodies, Ourselves* offers a vulva and vaginal self-exam that can help us imagine what anatomical education could look like. Their page on self exams walks individuals through different parts of their genitalia using visual cues (looking down or in a mirror) and also physical cues—how different organs feel and are located near each other. Curriculums like this center the individual's physical relationship with their own body, rather than one mediated by a physician. For more information, see *Our Bodies Ourselves Anatomy & Menstruation Contributors*, "Self-Exam: Vulva and Vagina," ed. *Our Bodies Ourselves Today Sexuality Content Experts*, *Our Bodies Ourselves Today* (*Our Bodies Ourselves Today*, November 4, 2022), <https://www.ourbodiesourselves.org/health-info/self-exam-vulva-and-vagina/>.

science, medicine, and public health—without proper acknowledgment and examination of the birth control, sterilization, and eugenics movements, conversations about sexuality will remain embedded in dominant systems of power.

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BIBLIOGRAPHIC ESSAY

I sometimes feel that it was inevitable for me to end up writing my thesis on sexual health and education. I first experienced comprehensive sexual education through my church, Unitarian Universalism. Although many religious environments would consider the discussion of pleasure and mutuality counterintuitive to goals of piety, Unitarian Universalists consider the exploration of one's sexuality as important as exploring one's spirituality. I continued building my knowledge and love of sex education with Teen Council, a peer-led sex-ed program where high schoolers taught topics like consent, STIs, birth control, and healthy relationships to K-12 students around our region. I loved the nuance and individuality that came with talking about relationships; exploring people's hopes and desires, their worries and hardships. I continued teaching health education through Community Health Educators in college, but I had no idea, however, that this passion would have anything to do with my academic interests.

It took me a long time to find the History of Science, Medicine, and Public Health. In my sophomore spring, I took a class on the History of Reproductive Health and Medicine in the United States, taught by Miriam Rich. This was one of the first times I ever thought about my lifelong interest in sexual health as historical. Rather than a stagnant topic for discussing individual lives, reproductive health gained historicity; a continual sense of fluidity, shaped by different social and cultural time periods. I changed my major from Psychology to HSHM my junior fall, and each semester since has felt like equal parts making and unmaking; disrupting my sense of the world through collage; analyzing the ways my WGSS and American Studies and Architecture classes weave into the stories HSHM lays out.

Every semester of classes I took, whether in Women's Gender, and Sexuality Studies; History of Science, Medicine, and Public Health; or Comparative Literature, all of my final

projects trended towards reproductive health and the body. No matter how hard I resisted—thinking of ideas or other topics to try to escape the grip sexual education had on me—in the end, I would always discover some new idea of how to explore reproductive health, race, and sexuality. I first heard about Robert Latou Dickinson in Kelly O’Donnell’s class on Marriage and Medicine in the 20th century. We were reading Wendy Kline’s book, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*, when Dr. Dickinson was brought up as one of the integral members of the positive eugenics movement. Foundational to research on sterilization, gynecology, and marriage counseling, Dickinson was immediately intriguing to me. I especially remember feeling caught by one anecdote: “For a less obtrusive view that did not require a patient’s knowledge or consent, Dickinson also kept a hidden camera at the end of his examining table disguised as a flower pot.”¹⁴⁴ Dickinson’s continuous betrayal of patient privacy, combined with his dedication to consent and healthy relationships baffled me. Kline’s writing was also very inspiring to me: her refusal to reduce the contradictions of the past to any one specific perspective moved me. I ended up writing my final paper for the class on Dickinson, this strange doctor that I couldn’t seem to stop thinking about.

When it came time to think about my senior project, I knew I was interested in exploring changing definitions of sexuality. Previous classes and texts encouraged me to move in a lot of different potential directions. I was thinking a lot about Thomas Laqueur’s book, *Making Sex: Body and Gender from the Greeks to Freud*, which was pushing me to research how the increase of medical authority and the study of biology were influenced by societal concepts of gender and sexuality. Wendy Kline’s *Building a Better Race* was inspiring me to look at the intersections of race, eugenics, and sexuality. Dierdre Cooper Owen’s *Medical Bondage: Race, Gender, and the*

¹⁴⁴ Kline, *Building a Better Race*, 76-7.

Origins of American Gynecology influenced my commitment to the nineteenth and twentieth centuries, as well as the origins of gynecology. Kristin Celello's *Making Marriage Work: A History of Marriage and Divorce in the Twentieth-Century United States* emphasized the connection between the institutions of marriage and medicine. Finally, The Combahee River Collective's statement on reproductive justice and Kimberlé Crenshaw's texts on intersectionality reaffirmed the dangers of a one-perspective story and the necessity of multidimensional analyses.

With these interests and texts in mind, I turned to my advisor, Professor Kelly O'Donnell, and Medical Historical Librarian Melissa Grafe, for help solidifying my thesis topic. Having taken many classes on the nineteenth and twentieth centuries, it made most sense to form an argument in the era I was most familiar with. After several meetings and much hand-wringing, my topic was decided. Instead of focusing on Dr. Dickinson's work on sterilization and birth control, I would turn my attention to his legacy as a sex researcher. How did his life's work as a practitioner influence his vision of gynecologists as marriage counselors? How did changing definitions of sexuality and pleasure influence sexual education and narratives of reproduction? And finally, how did progressive-era social movements incorporate social hierarchies of eugenics and authority into their work?

It was then that I started to dive into primary source research. Dr. Dickinson was a prolific writer, which meant that I had both a really accessible starting place, and also a very overwhelming challenge of narrowing down my research. I had previously read some of Dickinson's work on sterilization and birth control, giving me a broad base of knowledge to work from. I turned most of my focus to two of Dickinson's longest texts (each book totaling more than 500 pages), *A Thousand Marriages: A Medical Study of Sex Adjustment* and *The Single Woman, A Medical Study in Sex Education*. These two books became the center of my

research and writing. As cumulations of Dickinson's thousands of case histories and medical records, each book offered deep insight into the aims of sex research at the time. Framed as the study of the sex lives of socially normal persons, these books illuminated the cultural understandings of normality and abnormality, and with them, the eugenic ideals of the time. Additionally, having two texts, one on single women and one on married, allowed me to examine Dickinson's understanding of how the goal of marriage influenced sexual norms and experiences.

These texts offered a balance of research opportunities. Because they were primarily written and assembled by Lura Beam, one of Dickinson's co-workers, *A Thousand Women* and *The Single Woman* allowed me the dual perspectives of two very different individuals. One, a heterosexual, Christian doctor, dedicated to eugenic research and patient-informed primary care. And second, a homosexual woman, progressive researcher, educator, and social worker. Their collaboration offers insights of 40-some years of medical records as well as the commentary of a modern woman of the time. This continual commentary and categorization is accompanied by sections of mostly unaltered case histories. These detailed case notes allow me access to the thoughts, behaviors, and relationships of Dickinson's patients; an opportunity for me to analyze the actual lives and realities of women in the late nineteenth and early twentieth centuries. Their words and writings offer a glimpse of life unfiltered through Dickinson's perspective—a moment to compare and contrast the ways in which doctors and everyday women view sexuality and relationships.

It was also my goal to include some analysis describing the extent of Dickinson's impact on the public; both in professional spheres and public media. It became clear as I began my writing that I would not have the space to dedicate equal time to Dickinson's own work as well

as his impact on the public. As a result, this section became a smaller focus of my thesis, including small asides about his collaborations, and a few women's magazine articles discussing doctors as marriage counselors. Despite the reduction in size, I find the section's importance in understanding how Dickinson's ideas and beliefs grew larger and less specific as they left his direct sphere of influence. His specific ideas on premarital exams, mutuality in sexual relationships, and doctors as an authority in marriage became more general appeal to the institution of marriage, marriage counselors, and women's duty to maintain marital happiness. I believe this section provides clear insight into the legacies of Dickinson and the positive eugenics movement as a whole; through examining marriage counseling in public culture like women's magazines, we see how eugenic thinking is incorporated into everyday stories of relationships and sexuality. We see both the dangers and potential of Dickinson's thinking, as well as the modern erasure of much of his more progressive ideas about relationships.

As I evaluate my sources, I am acutely aware of the gaps in my research, findings, and writing. Dickinson's texts, *A Thousand Marriages* and *The Single Woman* are explicit in their goal of studying the "socially normal" woman. What comes with this goal is the understanding that, for them, socially normal comes as a raced, classed, and otherwise tagged category. Although Dickinson does have some lower-class patients and patients of color, their stories, relationships, and narratives are not centered in his books. This aligns with his eugenic goals; by excluding them from conversations of pleasure and healthy sexuality, he justifies his dual research in sterilization and negative eugenics. I have used these gaps—and occasional inclusions—to offer what insight I have into the motivations of exclusion and absence. However, absence can only do so much. I recognize that I have not done a deeper level of research to include the voices of the marginalized. My personal relationship with academics and this thesis,

one of burnout, procrastination, and anxiety, has limited my commitment to writing the full story of this time period. My work, as well as the texts I've included, filter the stories of those who are really at the center of eugenics and sexuality at the time; those who are targeted for their class, race, disability, neurodivergence, sexuality, and more. Dr. Dickinson and Lura Beam often write on the subjectivity of scientists and authors. They acknowledge their limited perspective and the biases they include in their work. My own biases and lack of intentionality color my work as I sketch out the stories of the women who came before me. My desire to explore Robert Latou Dickinson's contradictory perspectives and legacy is at times in tension with my desire to uplift the stories of the people whose lives and bodies were permanently altered by his eugenic work. Through this project, I have attempted to hold these tensions and contradictions; I aim to write a nuanced account of Dickinson's work that honors the marginalized people systematically targeted by eugenics while exploring the lost potential in his beliefs about pleasure and respect in relationships.