

LEGACY

A Journal of Student Scholarship

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A Publication of the Sigma Kappa Chapter of Phi Alpha Theta
& the Southern Illinois University Carbondale History Department

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Kayleigh Marie DePriest

The “Gin Epidemic”: London’s Public Health Crisis

An anonymously written broadside appeared in London in the year 1736, written to the “honourable House of Commons,” and entitled *Reasons humbly Offer’d (for effectual suppressing the excessive drinking of the liquor commonly called GIN, or Compound Spirits)*. The author writes:

That the Drinking these Liquors is now become a Custom throughout the Cities and Suburbs of London and Westminster, as well as in most other Cities, Towns, and Villages in England, not only by Beggars, but by Servants, Apprentices, and Children, of both Sexes; rendering them *Diseased*, unfit for Labour, Poor, a Burden to themselves, and to their Parishes and too often the Occasion of weak and distempered Children; who must be, (instead of an Advantage, and Strength,) a Charge to their Country. And the fatal Effects of the frequent Use of these Distilled Spirits are but too visible in the Army and Fleet.¹

The document continues expanding on the reasons why the use of distilled spirits should be suppressed. This excerpt from the document reveals not only that distilled spirits, particularly gin, was present in England during the first half of the eighteenth century, but that it was being consumed to such an alarming degree that its drinkers were considered ill. Abusers of these distilled spirits, the author reports, were not doctors or politicians; rather they were members of inferior, lower class positions, the “Beggars,” the “Servants,” and so forth. Aside from informing readers that drinking liquor had become a “Custom” and that, according to the author, there was a pattern in the types of people who typically partook in this “Custom,” the evidence presented here also explains the effects liquor had on these people as witnessed by the author. These effects strongly suggest why so many became convinced that gin was evil and why so many joined the fight against it.

These *diseased* individuals, the author claims, were failing to live up to what was demanded of them by the society they lived in, concluding that, rather than being an "Advantage, and Strength," to their country, they had become a burden. As drinking became customary among the poor, the country's future prosperity grew increasingly vulnerable. The labor performed by the working class was essential for a growing, industrializing London and drunken workers were a detriment to the overall strength of the nation. Distilled spirits, the document also suggests, not only made men "unfit for labor," it affected their ability to carry out their duties as defenders of the country. How would one be able to defend one's country if he was too drunk to operate a weapon? A *diseased* "army and fleet" called for the awareness of those who valued the security of the nation and were also looking for ways to extend their domain.

The concerns regarding alcohol abuse addressed here are not limited to this single broadside. Research of this topic discloses a remarkable total of eleven parliamentary acts, which are commonly known today as the "Gin Acts." These were passed during the second quarter of the eighteenth century.² In addition, excessive gin drinking and its threat to society was widely covered by the press, an industry on the rise in London at this time, and by other reformers who wrote about it in their diaries or drew satirical images, illustrating the havoc gin created. Together these public reactions reveal that a general upheaval in the social life of London had gathered momentum and was creating an atmosphere of instability and worry.

Before moving forward, some clarifications should be made. Gin, as we know it today, is an alcoholic beverage that was first produced by the Dutch sometime in the mid-seventeenth century. What they came up with included a combination of redistilled pure malt spirits and juniper berries. Once produced, the drink became known as *genever*.³ When the English began producing it several decades later, the new beverage came to be referred to as Geneva. Evidence unquestionably reveals that Geneva, or English gin, became a considerably popular drink in London during the 1720s and throughout the next several decades until 1751, the year of the last Gin Act.⁴

The levels of gin drinking and drunkenness were so high during this time in London's history that the period has become synonymous with the "Gin Craze" or "Gin Epidemic." Primary documentation as well as research performed by other historians

supports the existence of this gin phenomenon. The issues surrounding its existence incite inquiry and analysis, making the "Gin Epidemic" as much a relevant topic for discussion now, when perceived through a historical lens, as it was then when observed by eye witnesses of early eighteenth-century London.

The purpose of this paper is not to challenge those who openly opposed gin. Streets full of drunkards, committing crimes, neglecting their babies, and, in some cases, drinking themselves to death was a legitimate cause for concern. The purpose of this paper, rather, is to question their motivations for taking action against gin and to highlight what they seemed to overlook. The living conditions of the poor were unacknowledged at this specific time and place. It is my understanding that, if the anti-gin activists had actually taken into account these conditions, they would have deduced that the state of London was susceptible to a public health crisis. Gin was an easy target to blame for what was happening among the working class poor and, once the authorities found their source, they neglected to see the big picture and the other reforms that needed to be made.

The study of the situation London experienced also offers interesting insight into the nature of alcoholism and the efforts put forth to reduce its effects. Alcohol abuse is just as dependent on social, cultural, and economic factors as it is on medical issues. Therefore, the information provided will be aimed more at uncovering life in London during the early eighteenth century, especially among the urban poor, and less at investigating the role played by medicine. The action taken in response to the "Gin Epidemic" of London, I argue, was not simply about helping out those found incapable of giving up their beloved gin. It was about eliminating the source authorities and reformers held responsible for all the "social evils" of the day in order to give them some peace of mind and to ensure the security of the nation's power.⁵

Alcoholism

Though this paper does not necessarily examine the technical and medical side of alcoholism, I do want to explain the reasons for this exclusion. Alcoholism, as described by Professor Jean Charles Sournia, is a complex disease when taking into account the extreme difficulty faced when trying to diagnose it.⁶ From one person to the next, alcohol will undoubtedly have different effects. Furthermore, different viewpoints concerning what is excessive alcoholic intake, as well as how the drinker acts, will affect whether he or she is

labeled as one suffering from alcoholism.

When is someone considered an alcoholic? Or when is someone considered to be on the verge of becoming an alcoholic and who decides? If a man disrupts his family or gets fired from his job by drinking, is he an alcoholic? Or, is it only when the drinker has consumed so much that he is absolutely incapable of functioning the time when we can assure ourselves that this must be a case of alcoholism? It is not a disease that one simply catches like the common cold and treatment of it is not simply taken care of with an antibiotic. There is no set definition of an alcoholic nor does it seem possible to form an adequate one. Instead, general observations and beliefs in what is and what is not acceptable drinking are determined by others and will likely be debated for years to come.

We must also take into account that alcoholism's classification as a disease did not occur until the nineteenth century, when Magnus Huss coined it.⁷ Therefore, when we study the "Gin Epidemic" of eighteenth-century London, there should be careful consideration as to the limitations for dealing with this disease. At this time, a historian of eighteenth-century London, M. Dorothy George, writes that the classifications of diseases in general were "thoroughly unscientific and defective."⁸ The lack of knowledge in this case complicates the research needed to figure out the extent of the disease's path of destruction.

Unreliable data makes statistical analysis impossible and, in this case, irrelevant. The "Gin Epidemic" in London was a social issue and can be better understood as a matter of public health. Even though I will not be focusing on alcoholism, the disease, the situation I uncover reflects historical themes that are often present in the study of diseases, such as fear, panic, medical limitations, class distinctions, gender, power and so forth and how they affect the course of a disease.

Eighteenth-Century London

In order to grasp gin's impact on London society, it is essential to first construct an idea of the conditions in which it came into being and resided in thereafter. In the wake of the "Gin Epidemic," London was experiencing an influx of migrants from the countryside. This was due in part to the early eighteenth-century Enclosure Acts.⁹ Overcrowding and poverty became more and more evident. In comparison, life in London was completely different to life in villages and other small towns where social controls were not quite as defined.¹⁰

When distilled spirits hit the streets of London, producers were free to sell it and consumers were free to drink it. As a result, London soon grew to have the "largest market for distilled spirits."¹¹ Production and consumption were actually promoted by Parliament.¹² George notes that, "anyone was free to distil on giving notice to the Commissioners of Excise and paying the low excise duty, and anyone was free to retail spirits without the justices' license required from alehouse-keepers, etc."¹³ Without government restrictions, buyers and sellers befriended this new appealing drink.

Alcohol in general already had its place in London and other parts of England at this time generating employment opportunities and tax benefits.¹⁴ Before gin, beer had long been the preferred English beverage. When gin entered the scene, consumption of it reached significant heights. Production was near a half million gallons in 1684, 5 million in 1737 and 11 million by the middle of the century.¹⁵ By acknowledging the fact that alcohol was deeply rooted in traditional London society and that gin was a major source of revenue, one can imagine the decisions Parliament would have to debate when it was suggested that gin be banned.

In the previous century, hot drinks such as coffee, tea, and chocolate had become popular beverages among the bourgeois. Unlike beer, these encouraged sobriety. These, however, were not made affordable to the majority of the laboring class, who continued to consume alcoholic beverages. Hereafter, the middle and upper classes began to separate themselves from alcohol and looked down upon those who did not, disregarding the fact that those who did not quit did not have the means to purchase a replacement.¹⁶ Drinking habits made further distinctions in pre-existing class divisions between those who had money and those who did not. These distinctions became more pronounced in the wake of the "Gin Craze." The influence they would have in the years to come is noteworthy.

The average poor Londoner resided somewhere along the crowded streets. On the streets, they were exposed to ridicule. Unable to afford a comfortable home away from the chaos the poor had virtually no privacy. The upper class was in a position to make observations and judgments of the lower class while their own personal lives were left unexposed.¹⁷ The intensity of the gin phenomenon, for these reasons, was greatly influenced by location. The epidemic was not much of a problem in the village. The work of a typical farmer required a lot of energy and physical strength. Beer,

which was much weaker and its effects slower, was an acceptable drink. Gin, with its almost instant intoxicating abilities and its role in causing hangovers, was not a drink for the countryside.¹⁸ London moved at a faster pace and this pace called for a faster acting liquor. The urban setting of London made everything seem more severe. There were more people to get drunk and there were fewer places to hide drunkenness. Gin and its effects, therefore, could be easily viewed along the streets of London.

Gin in London

By the last two decades of the seventeenth century, distilled spirits were made available in the market. It was a steadily growing industry facing limited regulation and was responding to a high demand. To keep up with this demand, places where gin was sold started popping up everywhere.¹⁹ The availability and cheapness of gin made it accessible for the working class. All one needed was a penny to get drunk; a drunken stupor required two pence.²⁰ Imagine walking home from work and passing a half dozen places that you know sell gin. After a hard day's work and the bleak prospects of getting out of your socioeconomic position, a drink sounds like a good idea, especially when you can afford it.

The strength of its effects made it all the more appealing to its customers who, having endured a long day's work, enjoyed drinking away the sorrows and frustrations of lower class life. It also reinforced the feeling of belonging to a group. In Sournia's words, "Through drink the individual no longer faces the human condition alone."²¹ The poor could meet, socialize, get drunk, and not be judged at gin shops because they were among people who belonged to similar stations in life. The number of places around town members of the lower class could go and make a purchase was limited. The gin shops were welcoming places for the not so affluent customers and, therefore, were popular places for them to unwind.²²

Gin and the places where it was sold possessed the escapist qualities that the poor were looking for to break up the monotony of their working-class life.²³ This appeal, in turn, is what made them all the more dangerous. Drawing from Josiah Tucker's *An Impartial Enquiry into the Benefits and Damages Arising from the Present Very Great Use of Low-priced Spirituous Liquors*, 1751, Warner writes that its "effects were instantaneous, leaving 'a Man...no time to recollect or think, whether he has had enough or not. The Smallness of the

Quantity deceives him, so that his Reason is gone before he is aware."²⁴ The effects are so strong that one immediately is stripped of their ability to think and function.

Fondness for gin grew so much that many would choose it over food. Gin on an empty stomach strengthened its effects and caused a higher degree of damage to the body. Also, a decrease in agricultural sales is bad for the economy. Thomas Wilson, one of the top reformers of the time period remarked in his journal on 11 December 1735 that "Since the drinking of Gin less Milk is sold and the farmers about Islington have decreased their stocks of Corn."²⁵ This substitution combined with overall malnutrition caused by poverty and the large quantity in which most drinkers usually consumed, could, and in some cases did, send abusers to an early grave.²⁶

Gin was a relatively new drug that many, especially the laborers knew little about.²⁷ Gin drinkers were not always aware of the effects it had and how much was acceptable because social customs of drinking gin had yet to be created.²⁸ It was also not uncommon during this period for distilled spirits to be used in medicine. This without a doubt increased skepticism of the opponent's case against gin and provided an opportunity for drinkers to challenge those who opposed it.²⁹ It was a substance that could be used to revive and at the same time could lead one to death.³⁰

The Fight Against Gin: Motivations?

As previously addressed, gin was being consumed in very large quantities by the poor; but what exactly was so frightening about this fact? Why were so many people worried about the effects of alcohol at this point and not at others? According to Warner, the "social system whose very existence depended on their willingness to defer to men who were in fact quite powerless to control them," was threatened by gin because it so effectively drew in large numbers of the working class.³¹ The working class made up a rather important faction in London and by constantly being in a drunken stupor, they were "upsetting social order."³²

E.L. Abel makes the argument that London functioned along the lines of what he calls the "poverty theory." According to this theory, the "genteel class comprised England's consumers and the 'inferior class' its producers." Abel concludes that, "though inferior in social status, labourers were the backbone of the nation's prosperity" and they needed them sober and healthy, at least enough to perform their work.³³ This theory depended on a growing population and

gin was seen as a threat to this growth because it decreased the overall health of mothers and, therefore, affected their babies.

Other observations made by historians, for instance, Patrick Dillon, increase awareness of some crucial concerns. One of them, he outlines, was the trouble gin posed to farmers who depended on the large markets of London. "Everyone depended on London," he writes and if it were to be overtaken by the 'Gin Craze,' many would be impacted by it."³⁴ Also, to restate what was mentioned in the opening excerpt, concern sprang from the dependency of the nation on the poor not only for their labor, but for their use in times of war. Drunk, malnourished soldiers made authorities uncomfortable. On top of everything else, gin was also a foreign drink and nationalists favored their English beer.

Just like the Prohibition movement in the United States, the fight against gin was a moral issue. In a Proclamation by the King in 1697, the desires of the government were recorded, setting the social and moral standard for the eighteenth century. A section of it reads:

[W]hereas nothing can prove a greater Dishonour to a well ordered Government, where the Christian Faith is professed, nor is likelier to provoke God to withdraw His Mercy and Blessings from us, and instead thereof to inflict heavy and severe Judgements upon this Kingdom, than the open and avowed Practice of Vice, Immorality and Prophaneness, which among many Men has too much prevailed in this Our Kingdom of late Years, to the high Displeasure of Almighty God, the great Scandal of Christianity, and the ill and fatal Example of the rest of Our Loving Subjects, who have been *Soberly* Educated, and whose Inclination would lead them to the Exercise of Piety and Virtue.³⁵

Christian reformers were very active in the gin battle. To them, the drunk was an immoral indulger of vice and a "Dishonour" to their country. The "*Soberly* educated," on the other hand, were good Christians that pleased "Almighty God."³⁶ Wilson and Sir Joseph Jekyll, in addition, deduced that "drunkenness was a direct cause of other and far worse offenses, including robberies, assaults, and even murders."³⁷ Interestingly, they were particularly harsh on women. In fact, gin was drunk and sold by women to such a degree that it was given a feminine identity, "Mother Gin" or

"Madam Geneva."³⁸ Women who drank offended the upper class and reformers. The offense taken stems from the belief that these women who were drinking gin cared more about the drink than about raising the nation's future generations of workers.³⁹ They were perceived as neglecting their husbands and their children. As a result, they lost their reputation.

Infant welfare was indeed on the agenda of most reformists. This is evident in a quote from this author and magistrate, Henry Fielding, in 1751:

What must become of the Infant who is conceived in Gin? with the poisonous Distillations off which it is nourished both in the Womb and at the Breast? Are these wretched Infants (if such can be supposed capable of arriving at the Age of Maturity) to become our future Sailors, and our future Grenadiers?⁴⁰

This concern over babies seems hardly sentimental. Politics and economics and, therefore, money and power were on the minds of these reformers and authorities. Claims surrounding this issue were increasingly being made. One such claim from 1732 announced, "gin was responsible for two-thirds of all infant mortality in the capital."⁴¹ However, it is crucial to remind ourselves that statistical information around this time was incredibly biased and unreliable.

It also is clear that the upper class held the belief that, if one gave up drinking, then they would be able to make a better life for themselves.⁴² This seems unlikely and unconvincing considering the living conditions before the "Gin Craze." And since there seems to be a lack of concern over the actual consumption of gin, Warner makes a valid point when she questions "whether a reforming elite was reacting to gin per se or rather to larger and more intractable threats to their society and way of life."⁴³ The other major threat posed by gin was its ability to arouse revolt. Indeed, before the Gin Act of 1736, measures were taken against it for fear that a riot would erupt. The army was called to order just two days before the Act was announced.⁴⁴

Gin and Drunkenness in the Public Eye

The reactions and responses to these growing concerns took the form of mass press coverage, official and literary publications, eleven interventions by Parliament, and satirical engravings, the famous one being William Hogarth's *Gin Lane* and *Beer Street*. At

this time in London history, journalism was taking off and a variety of newspapers, magazines, and journals were being produced. The *Gentleman's Magazine*, an example of one of these news publications, ran stories or commentary addressing the "Craze." Edward Cave, its publisher, had the intentions of it being used as a journal of public record and, therefore, reported opposing viewpoints on the topic of distilled spirits. In a report from March 1736 it highlighted the shocking results from drinking geneva: "Four Persons drinking Geneva together in an Alley near Holbourn Bridge, dy'd next day, and about 10 more were mention'd in the *NewsPapers* of this Month, to have kill'd themselves in the same manner."⁴⁵ Along similar lines it wrote, "Gin murders Infants in the Womb" in a publication from February 1732.⁴⁶ However, to illustrate that it was not one-sided, it also published a story that offered opposition to the Acts being placed against distilled spirits. Written in December of 1738, it read:

I HAVE oppos'd, and am determin'd to oppose this Bill, in whatever Shape it has or may come before this House; and I cannot let slip this Opportunity of expressing my dissent to its passing. We have, Sir, seen very little Alteration in the Constitutions of our Common People, since the Law against Retailing of Spirituous Liquors took Place; but we have heard of many Instances where the Magistrates enforcing'em has produced the most flagrant Perjury, and brought many Persons to utter Ruin. This Bill, Sir, appears to me to be attended with still worse Consequences than that it is designed to amend.

In addition to the coverage presented by the *Gentleman's Magazine*, there were a multitude of other publications, many of which were used as references in the works by the authors previously mentioned and cited in this paper. For example, the popular historiography by George was primarily based off of contemporary broadsides.⁴⁷ Other major works from this time period that address the issue of gin include those by Thomas Wilson, who wrote *Distilled Spirituous Liquors the Bane of the Nation*, published in 1736 among his diary entries, and Henry Fielding, author of *Enquiry into the Causes of the Late Increase of Robbers*, published in 1751.⁴⁸

There were a total of eleven interventions by the state as it fought against gin. This marks the first time in English history that government action had been taken against alcohol. The "Gin

Acts” were mostly designed to raise excise taxes on gin in order to reduce consumption and reverse the effects of the “Epidemic.” There were three major Acts, one in 1729, another in 1736, and the last in 1751. These were highly opposed by the working class and with the exception of the one in 1751, were unsuccessful. A number of factors explain the reasons why the acts failed. First, London lacked an organized police force. Thus, police monitoring the drinking of gin in such a large and overcrowded city seemed impossible to handle. It makes sense, then, that Parliament chose to take the route of the manufacturer. Authorities had a better chance at managing their operations than taming the unruly urban poor.⁴⁹

The first two acts were especially unsuccessful with their stated goals. They worked in the short term, but eventually people found ways of consuming gin. Their needs and wants provided an avenue for the black market to make a profit. With demand still high, it was a challenge to put gin sellers out of business. Efforts to seek out the persons who were buying and selling on the black market were put into the hands of the informers whom authorities hired. Many poor women took up this task, risking their lives for little pay. Their actions illustrate the desperation many Londoners lived with day in and day out.

Those involved with passing the “Gin Acts” reacted to what, in their eyes, was a problem among a group of heavy drinkers rather than a problem stemming from a multitude of individual cases. The group targeted consisted mainly of the laboring class who, as a group, were not held in high regards by those of higher stations. The attitudes of the upper class towards the poor were already defined. The individual was not present among the poor. Only when they collectively caused social unrest did they grab the attention of the authorities.

Other notable products influenced by the story of gin in eighteenth century London were the images depicting the “Gin Craze” in everyday life. Hogarth’s popular engravings, *Gin Lane* and *Beer Street*, were mass produced and sold cheaply, increasing the likelihood of them reaching as many hands as possible.⁵⁰ Hogarth, who was known for satirizing public life in London, witnessed the streets filled with those infected by the “Gin Epidemic” and the consequences. In *Gin Lane*, these consequences are laid bare. Ruin and despair are emphasized in this piece. The people featured lay wasted away in the street next to decaying buildings, suggesting that when gin runs the streets, everything decreases in value.⁵¹

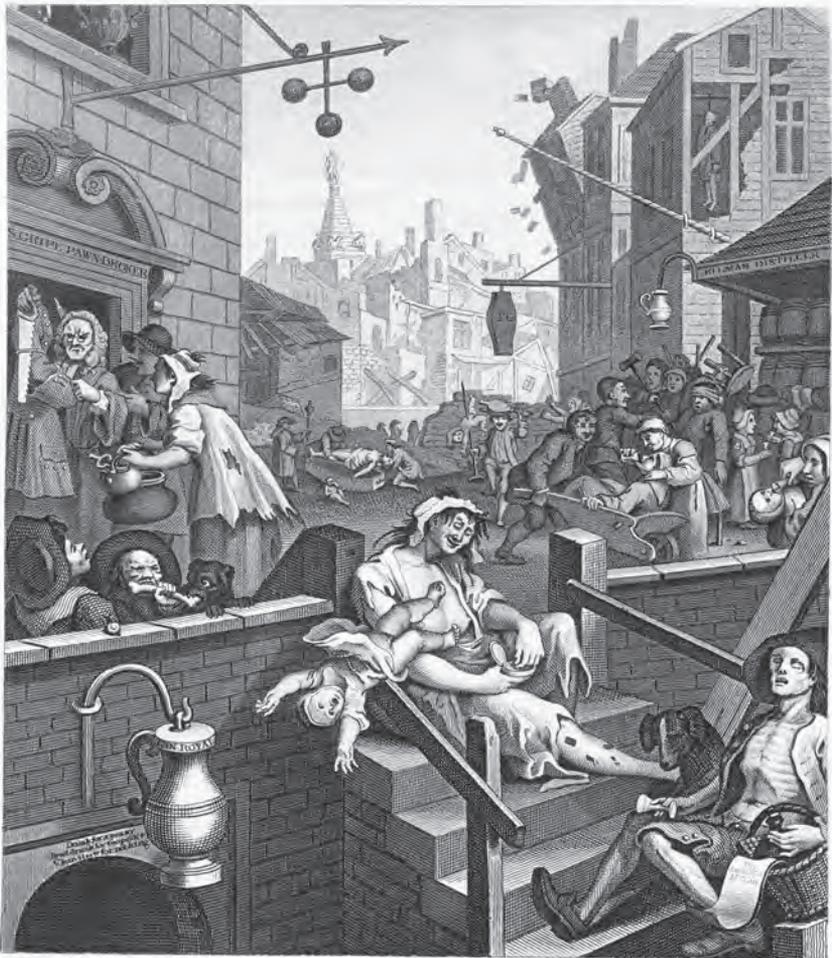


Fig. 1. Gin Lane, by William Hogarth.⁵²

Most eyes will be drawn to the mother and child who are positioned front and center. The mother, obviously intoxicated, is unaware and unconcerned that she has dropped her baby who is now falling to the depths below. Over time, comments have been made about the infant's eyes and how they seem to illustrate the effects of fetal alcohol syndrome. In relation to previous points made about women who drank, this is a direct example of the disgust it generated among gin opponents. Neglectful mothers were significant reasons why the upper class grew to be so frightened.⁵³

Beer Street presents a much different setting and mood. "All is joyous and thriving," Hogarth remarked. In contrast to those

featured in *Gin Lane*, the men and women here are fatter and better dressed, suggesting a thriving industry. Rather than generating feelings of misery, *Beer Street* creates a climate of merriment and stability.⁵⁴ In light of the scene that this piece portrays, it can be argued that abstinence was not necessarily being enforced. The implication rendered here is that, if Londoners had continued to drink England's traditional beverage, beer, they would be in a more satisfactory state.⁵⁵ This point makes one wonder how they could successfully combat excessive drinking when they actively encouraged the drinking of beer. The drinking of gin explicitly was the main force that fueled the fight against drunkenness.



Fig. 2. Beer Street, by William Hogarth.⁵⁶

As the drinking of gin became commonplace among the lower-classes, authorities and other members of the middle and upper classes grew more and more concerned. Their efforts to eradicate the problem, however, were not motivated by sympathy for the individual health of the drunkard, but by the danger it posed to England's national health, in social, economic, and military terms.⁵⁷ Both mind and body were affected by alcohol. One's ability to function along acceptable lines at work, on the battle field, and in everyday situations was lost when too much gin was consumed. The rapidity of the "Gin Craze" most certainly caught the elites off guard. Gin was a foreign drink, it was new, and this increase in drunkenness was new as well.

Not only was heavy alcohol consumption detrimental to a person's health, it also drove drinkers to commit acts that were looked down upon in the public eye. Crime, unemployment, and poverty thus became associated with drunkenness and gin became a scapegoat for all social evils of this time and place.⁵⁸ What the reformers and authorities failed to realize, or perhaps chose to overlook, was the fact that violence and destitution were already present in London well before gin came to town. Yet, their concern over gin was evident in various primary documents, whether it was the exaggerated stories in the press, Hogarth's satirical engravings, or the series of Gin Acts.

Patrick Dillon said, "as the poor had run gin-mad, the rich had run anti-gin-mad, and in this fit of madness, no one could give ear to reason."⁵⁹ This lack of reason within the Age of Reason speaks volumes about the complexity of alcoholism and the inability of people to control it. This inability stems from the divisions between the upper and lower classes and how a general lack of concern for the living conditions that the poor were suffering under kept authorities from alleviating the root of the problem. Analysis of the reactions to this crisis suggests that those in power were blinded by that power and, therefore, unable to see the changes that needed to be made.

Notes

- 1 Anon. *Reasons humbly Offer'd to the Honourable House of Commons, for the effectual Suppressing the excessive Drinking of the Liquor commonly called IN, or compound Spirits*. Early English Books Online. Copy from British Library, 1736.
- 2 Jessica Warner, "Public Health Then and Now: Can Legislation Prevent Debauchery? Mother Gin and Public Health in 18th-Century England," *American Journal of Public Health* 91 (2001), 375.

- 3 Jessica Warner, *Craze: Gin and Debauchery in an Age of Reason* (New York: Four Walls Eight Windows, 2002), 24.
- 4 Ernest L. Abel, "The Gin Epidemic: Much Ado About What?" *Medical Council on Alcohol* 36 (2001), 401.
- 5 Jean-Charles Sournia, *A History of Alcoholism*, trans. N. Hindley, G. Stanton (Cambridge: Basil Blackwell Inc., 1990), xi.
- 6 *Ibid.*, xvi.
- 7 *Ibid.*, 41.
- 8 Mary. D. George, *London Life in the Eighteenth Century*, 2nd ed. (New York: Harper Torchbooks, 1964), 22.
- 9 Abel, "The Gin Epidemic," 401.
- 10 Warner, "Public Health Then and Now," 376.
- 11 *Ibid.*
- 12 George, *London Life in the Eighteenth Century*, 29.
- 13 *Ibid.*
- 14 Warner, *Craze*, 8-9.
- 15 Wolfgang Schivelbusch, *Tastes of Paradise: A Social History of Spices, Stimulants, and Intoxicants* (New York: Vintage Books, 1993), 153.
- 16 *Ibid.*
- 17 Warner, *Craze*, 2.
- 18 Abel, "The Gin Epidemic," 401.
- 19 Warner, *Craze*, 34-35.
- 20 Sournia, *A History of Alcoholism*, 21.
- 21 *Ibid.*, 3.
- 22 Warner, *Craze*, 57.
- 23 *Ibid.*, 14-15.
- 24 *Ibid.*, 3.
- 25 *The Diaries of Thomas Wilson, D.D. 1731-37 and 1750*, ed. C.L.S. Linnell (London: The Camelot Press, 1964), 143.
- 26 Warner, *Craze*, 16.
- 27 Warner, "Public Health Then and Now," 375.
- 28 Warner, *Craze*, 15.
- 29 *Ibid.*, 23.
- 30 *Ibid.*, 24.
- 31 *Ibid.*, 14-15.
- 32 Sournia, *A History of Alcoholism*, 20.
- 33 Abel, "The Gin Epidemic," 401.
- 34 Patrick Dillon, *Gin: The Much-Lamented Death of Madam Geneva* (Boston: Justin, Charles, & Co., 2003), 112.
- 35 William R. *By the King, A Proclamation, for Preventing and Pushing Immorality*

- and Prophaneness*. Early English Books Online. 1697.
- 36 Warner, *Craze*, 59.
- 37 *Ibid.*, 112.
- 38 *Ibid.*, 63.
- 39 *Ibid.*
- 40 *Ibid.*, 35.
- 41 *Ibid.*, 201.
- 42 Abel, "The Gin Epidemic," 404.
- 43 Warner, *Craze*, 4.
- 44 *Ibid.*, 125.
- 45 *Gentleman's Magazine*, Vol. 6, March 1736, 166.
- 46 *Gentleman's Magazine*, February 1732, 603.
- 47 Warner, "Public Health Then and Now," 375.
- 48 Warner, *Craze*, 93.
- 49 Warner, "Public Health Then and Now," 377.
- 50 Warner, *Craze*, 194.
- 51 *Ibid.*, 195.
- 52 *Ibid.* reveal 194.
- 53 *Ibid.*
- 54 *Ibid.*, 199.
- 55 Sournia, *A History of Alcoholism*, 22.
- 56 *Ibid.*
- 57 Abel, "The Gin Epidemic," 401.
- 58 Sournia, *A History of Alcoholism*, xi.
- 59 Dillon, *Gin*, 123.

Justin Jones

**Ignorance and Education: Poliomyelitis
and Social Class Differences**

Through the years, polio has been difficult to fully describe and understand, not only for the general public, but also for public health officials. It is a disease today that is only read about in history books and has a very small chance of affecting the personal health of any member of the population of the United States or the industrialized world. Before 1955, however, polio was an issue that was on everyone's mind, regardless of the area of the country in which one lived. Polio was greatly feared not only because of the terrible physical pain and deformities that it caused over time, but it also was relatively mysterious in the ways in which it was passed from person to person and closely resembled a typically harmless common cold at its onset. Polio had the potential to strike down anyone, regardless of age, race, gender, or social class. While this terrible affliction could be contracted by adults, it was more often contracted by young children, making it even more feared among concerned parents.¹

By looking at a serious polio outbreak in Massachusetts during the late summer and fall of 1955, this paper will show how differing views about diseases, vaccines, and trust in public health officials from both upper and lower class Americans during the mid-1950s influenced who received newly developed polio vaccinations and who did not. What made this situation in Massachusetts most interesting and perplexing was that a large number of school children there had participated in the Salk field trials in 1954 and the vaccine had even been approved by the United States government for several months before this outbreak occurred.

The views of a number of residents around the Boston area provided in a survey conducted shortly after the outbreak will also provide greater analysis of the differences in beliefs about polio between upper and lower class citizens in 1955. In addition, national newspaper articles from the summer of 1955 will be examined to show the magnitude of the outbreak in Massachusetts while also exemplifying the anxiety and near chaos that a polio

outbreak delivered. I contend that the upper classes of society in communities around the Boston area, who were generally wealthier and better educated, were more likely to participate in vaccinations, take better precautionary measures to avoid contracting polio, and were more informed about polio and its effects.

A Disease of Fear

In order to understand the level of fear and anxiety that gripped all social classes of the United States during the 1950s due to polio, one must first understand the ways in which polio was contracted and what effects it had on an individual. Polio was a highly contagious virus that could be spread easily from person to person. It was possible to be infected with polio, overcome the virus, and build immunity to it without ever experiencing problems or sickness. It was also possible to contract polio and become slightly ill while experiencing some temporary muscular cramping, but overcome the virus naturally with no long term health problems. The cases of polio infection that left terrible, lasting effects and created horror stories that sometimes even ended in death were the ones that advanced through the stomach, where the virus was usually eliminated by enzymes causing immunity, and multiplied destroying cells in the spinal cord and the brain stem. The destruction of these cells by the virus was what, in turn, caused muscular paralysis, especially in the lower extremities.²

The polio virus actually consists of three different types of viruses that are all individually made up of various strains. These three types of the virus were isolated in 1951, when it was also discovered that immunity to one type of the virus did not guarantee immunity to the other two types.³ This meant that if a person was to become infected with type one polio and develop immunity to it, they would not be able to contract type one again, but would still be susceptible to catching the other two types. Polio was usually passed by coming into contact with contaminated fecal waste. Children, especially boys between the ages of five and seven, were found to be most susceptible to contracting polio. Men and women who worked in the public, especially with children, also stood a very good chance of coming into contact with the virus basically because of the tendencies of children to not clean themselves adequately or wash their hands after using the restroom. Unsanitary objects such as money, unwashed hands, and contaminated food and water all helped to spread this potentially deadly infection throughout the population.⁴

Once contact had been made with the virus and the virus entered the body, the victim went through what is known as the incubation period. During this period, the victim unknowingly carried the virus and could spread it to other people through physical contact (sharing objects, coughing, sneezing, etc.), even though no outward signs of sickness were yet present in the carrier. The incubation period typically lasted from a few days to about two weeks, until muscle-related symptoms of polio began to show. These symptoms tended to resemble a common cold with a little twist. Headache, cough, upper respiratory infection, and sore throat all were some of the initial signs of the virus. After a few more days, neck stiffness, backache, joint pain, and upset stomach would accompany the initial symptoms in what was known as the prodromal stage.⁵ Contraction of polio also had a history of occurring immediately after the victim had engaged in some type of vigorous physical activity, and when the victim was fatigued or mentally stressed. Lack of physical strength, a feeling of numbness throughout the body, and later cold-like symptoms, were all warning signs of the disease that were hard for some people to associate with polio and not mistake for an everyday common cold or flu bug. The occurrence and spread of polio also was most prevalent during the late summer months and early fall of the year, a phenomenon that still has not been adequately explained.⁶

If the virus was not killed and continued to multiply in the intestine, eventually entering the blood stream and spreading throughout the body, the patient would then reach the paralytic stage where definite effects of polio could be easily observed. The polio virus attacked and deteriorated muscle structure which ultimately led to an imbalance of muscle in certain muscle groups. Deformities generally occurred due to this imbalance of muscle strength and, over time, led to shortening of tendons and ligaments. Curvature of certain bones was also inevitable due to the strain of this imbalance.⁷ Deformities, which most commonly occurred in the lower half of the body, were worsened by putting weight on the affected areas, mainly the hips, knees, and ankles. Even though the majority of those who became ill with polio never became paralyzed, the effects on those who did were enough to put fear into an entire nation.

Of the patients who did become paralyzed, about thirty-percent recovered completely over time with no remaining effects of the virus. Another sixty-percent of paralyzed victims had either mild cases of paralysis or moderate to severe cases for the remainder

of their lives. The remaining ten percent of paralysis victims went on to experience severe respiratory problems brought about by weakened chest muscles, requiring the assisted breathing of an iron lung. Also, many victims in this group of paralyzed patients went on to die, mainly due to the breathing problems that polio had the potential to cause.⁸ Although polio did not discriminate in regard to its victims, the futures of polio victims were always uncertain. The virus could infect a person without them experiencing any signs of illness while that person could go on to gain immunity to the virus. In other cases, polio could completely take away the use of one's legs or breathing abilities. If polio did cause paralysis in a victim, a good chance existed that the victim would regain usage of that area of the body. The disease was so erratic and nondiscriminatory; the only thing Americans could do about polio was fear it.

Treatment for polio was very simple and mainly aimed to relieve the pain that came from the extreme cramping of the muscles. Patients that experienced breathing problems due to severe paralysis of chest muscles and the diaphragm, however, were placed in machines called "iron lungs" to assist the patient's breathing. The only real preventative measure that could be taken to prevent bodily deformities in victims after they had been infected by the virus was moderate exercise of the affected areas, aimed at maintaining muscle strength. Braces and splints also could be used to keep bones, joints, and ligaments in their proper places while the muscle groups strengthened. Some doctors around the turn of the twentieth century recommended that muscles affected by polio be deeply and vigorously massaged, but this view is now seen as actually harmful, causing even more damage to weakened muscle groups. Some doctors in the 1940s and 1950s were still recommending this form of therapy, which hurt patients in the long run.⁹

Polio and Class Throughout History

This generally unknown and constantly feared virus had been around for nearly 6,000 years. The first documented cases occurred in ancient Egyptian communities around 3700 BCE, from which a mummy that has been dated exhibited deformed limbs that closely resembled the effects of polio. Also, between 1580 and 1350 BCE, Egyptian hieroglyphics depicted a possible polio victim with a withered leg and deformed foot drawn on a stone tablet. Centuries later, an oil painting from 1559 CE by Pieter Bruegel showed a crippled beggar that most likely was a polio victim in Europe. These examples show that polio was a disease that had been in existence

for nearly six millennia and had the potential to strike the lower classes while also affecting the upper, ruling classes.¹⁰

The fact that polio could easily transcend social classes and inflict its devastation on the upper echelons of society, like Egyptian pharaohs, was something that set it apart from other infectious diseases throughout history. Ailments such as yellow fever, malaria, dysentery, and syphilis were all major health problems that were largely associated with poorer and generally less hygienic people in any society. Polio during the twentieth century, on the other hand, had no real socio-economic stigma attached to it. Polio most often infected children, resulting in its original nickname “infantile paralysis,” but it was also known to strike some adults as well. One upper class adult who contracted polio and experienced some of its most devastating effects was Franklin D. Roosevelt.

Roosevelt was a wealthy, successful, and seemingly healthy young man who happened to contract polio in 1921 at the age of thirty-nine. Roosevelt was a prominent New York lawyer and an up-and-coming politician who had been an assistant secretary of the navy and who had just lost in a campaign for the vice presidency of the United States. Roosevelt thus had endured politically-related stress along with accusations of his involvement in a sex scandal while in the United States Navy.¹¹ He and his family were vacationing at their home in New Brunswick, Canada when sickness struck the young politician. On the day he contracted polio, Roosevelt had participated in a busy day of playing with his children, swimming, running, and even battling a forest fire. He was totally exhausted, and was experiencing numbness, chills, and muscle aches when he finally went to bed that evening.¹² Roosevelt’s contraction of polio was typical concerning the symptoms that he experienced, aside from the fact that he was much older than most polio victims. Roosevelt, who came from a very wealthy family, had never really been exposed to common childhood sicknesses because he was tutored at home and sent to boarding school at an early age. He had suffered a few other major illnesses in his lifetime like the Spanish Flu in 1918, which almost killed him, but the stress his body went through in 1921 coupled with his seemingly weak immune system made him an easy target for polio.¹³ It was the infection of this man that ultimately started the quest to eradicate polio in the United States.

The infection of Franklin Roosevelt, a well liked and rising star in the American political arena, gave the fight against polio a leading spokesman and national voice. When Roosevelt realized that he had been infected with a severe case of polio, taking away most of the

use of both of his legs, he began to attempt to rehabilitate himself at a resort in Warm Springs, Georgia. After a while, Roosevelt purchased the resort and turned it into a place where polio victims like him could go for exercise and moral support. Roosevelt was later instrumental in establishing the National Foundation for Infantile Paralysis, or The March of Dimes, as it came to be known. The National Foundation raised money for polio research through fundraisers and generous donations that were largely due to the influence and widespread popularity that Franklin Roosevelt had gained after becoming president of the United States. In the battle against polio and the development of a vaccine, no group was more important or influential than the National Foundation for Infantile Paralysis.¹⁴

The National Foundation spent large amounts of money financing researchers that they thought had the best chance to quickly develop an anti-polio vaccine. The late 1940s and early 1950s had seen polio cases increase nationwide, and the entire population of the United States begged for a solution to the deadly problem.¹⁵ The research of Dr. Jonas Salk had produced a polio vaccine that had worked well, with no side effects when tested on monkeys. By late 1952, Dr. Salk began to test his vaccine on institutionalized children in the Pittsburgh, Pennsylvania area to determine its effectiveness.¹⁶ In order to test his vaccine further after these initial tests proved promising, he would need a massive amount of volunteers from all over the United States to take faith in and agree to participate in his project. While the Salk field trials proved largely successful after completion, the parents of many prospective participants viewed the program as a public experiment on children with an unproven product.¹⁷ The purpose of this paper is to find out who was more likely to participate in Dr. Salk's field tests and why. These conclusions will later be applied to the situation in Boston in the summer of 1955. Before the outbreak in Boston is discussed, however, a few studies from other areas of the country will also be examined to better show the reasons for nonparticipation among the lower classes.

Parental Consent and Education

Parental consent was needed for children to participate in Dr. Salk's polio vaccination field trials. A study that is being examined in this paper came from interviews with mothers who had children in the second grade in five schools from one county in Virginia while the trials were taking place. The goal of these interviews and the study

was to determine how educational levels of mothers played a part in the decision to permit their children to participate in the vaccine trials. The total number of mothers interviewed was 175; of this number, 101 had given consent for their child to be administered the vaccine, while seventy-four other mothers had withheld consent.¹⁸ The generalization that came from the completion of this study was that individuals with higher levels of education were more favorable towards programs that used scientific experimentation to improve public health. Also, it was found that people with less education tended not to look for outside information to help them develop a better informed opinion about such a project, usually influential in their decision not to participate.¹⁹

The major reason mothers gave consent for their child's participation in the vaccination program proved to be because they hoped their child's participation would prevent polio in the future, with sixty-six percent of consenting mothers giving this as their primary reason. Consenting mothers also thought the vaccine trials were important to participate in because medical authorities approved of the trials and they would help contribute to medical research in the future. Mothers who withheld consent for their child's participation stated reasons like poor physical condition of their child, beliefs that shots were unsafe, personal opposition to experimentation, and opposition to participation from the child.²⁰

The main factor that directly influenced parental consent in the trials was found to be educational levels of the mothers. In the survey, of the seventy-four Virginian mothers who did not let their children participate in the trials, twenty-six percent of these mothers had only a grade school education. Twenty-two percent of mothers who did not consent had attended some high school, while another twenty-five percent were high school graduates. The remaining twenty-seven percent in the non-consenting group had attended college. On the other hand, of the 101 mothers who consented to their child's participation in the Salk vaccine field trials, only eight percent had only a grade school education. Thirteen percent of consenting mothers had attended some high school, while thirty-two percent were at least high school graduates. Significantly, forty-seven percent of the mothers who consented had attended college.²¹ These numbers show that better educated mothers were far more likely to allow their children to participate in the Salk field trials and receive the polio vaccine.

Another area of interest included in the survey was an inquiry as to where consenting and non-consenting mothers obtained

the information on which they based their decisions. Doubts about the safety and effectiveness of the vaccine were observed at all educational levels, but better educated mothers were more able to justify their concerns with informative backing. Less educated individuals tended to base their opinions of the vaccine on emotional grounds, or rumors. Mothers who gave consent for participation in the vaccine trials were more likely to have talked with and shared opinions with other people regarding the vaccine than were mothers who did not let their child participate.²² Consenting mothers also were more likely to speak to a variety of people and consult a greater amount of differing sources when it came to formulating an opinion about the vaccine. While over sixty-percent of consenting mothers said they spoke to friends and relatives about the issue, forty-one percent said that they also spoke to a doctor or a nurse.

Better educated mothers also typically attended orientation meetings sponsored by the Health Department of Virginia more often than did mothers who would later withhold consent. Over one-third of the mothers who gave consent for their child's participation in the vaccine trials attended informative meetings conducted by the Health Department, while less than one-sixth of mothers who withheld consent attended the same meetings.²³ Non-consenting mothers only received information from a doctor or nurse twenty-seven percent of the time. Thirty-nine percent of these mothers talked with friends or neighbors about the vaccine, while forty-seven percent of them spoke to no one at all. The survey showed that mothers who had attended college and gave consent were also more likely to have consulted newspapers for information regarding the safety of the vaccine instead of simply relying on their children and the school for information.²⁴ Mothers who withheld consent and were less educated looked mainly to the school, their child, and friends for information regarding the Salk vaccine. While non-consenting mothers did read newspapers like their counterparts, they were more greatly influenced by sometimes negative television and radio reports about the vaccine tests as well.²⁵ It is clear that better educated mothers made themselves more knowledgeable about the polio virus and the vaccine by drawing their information from a wider variety of sources than less educated, non-consenting mothers. This increased knowledge from more educated mothers in these Virginia counties directly led to higher participation rates in the Salk vaccine field trials from the upper classes of citizens.

Peer Influence

Another aspect of this paper showing the differences in participation between upper and lower classes is referred to as the "friendship factor." The friendship factor simply means that people of any social class are most likely to do what they think their friends expect them to do in most situations. A 1958 study of participation rates in the Salk vaccination trials found that "persons in all social classes tended to be immunized more frequently if they thought that their friends had been immunized."²⁶ This study assumes that people who consider themselves "friends" typically live close to each other and share the same values and lifestyles. It can be seen through further studies that people of lower socioeconomic status also tend to use available medical facilities and resources less often than do members of the middle or upper classes in society.²⁷ For example, after the completion of a polio vaccination program in California in 1958, where more upper class children were vaccinated than those of the lower class, a group of researchers noted that "a characteristic of all mothers interviewed is that they tended to act in accordance with their perception of the way members of their peer groups acted."²⁸

A 1965 study exemplified these social phenomena perfectly. Through a random interview with mothers from a non-specified Western state after the completion of their initial polio vaccination program, it was decisively concluded that mothers from the lower classes had their children vaccinated less often than did mothers from middle and upper class backgrounds. It was also observed that lower class mothers believed that members of their specific peer group expected them to receive polio vaccines and utilize other public health resources that were open to them less often than members of upper classes in American society.²⁹ It has been shown that children coming from lower class homes tended to have less of a chance of receiving polio vaccinations in the 1950s, partly because of their parents' overall lack of trust in the vaccine due to lack of knowledge about it. Also, it is significant that these same parents who knew little about the polio vaccinations took great stock in what their equally ill informed friends and neighbors thought about the polio vaccination and the Salk field trials. These issues, combined with the fact that people comprising lower socioeconomic groups failed to utilize public health services as frequently as their upper class neighbors anyway, generally meant that children from lower class homes stood a smaller chance of participating in the Salk

polio vaccination trials of 1954 than did children from the middle and upper classes. Even though fear of polio and its symptoms gripped most of the United States at the time, the fear of a new and unproven vaccination—which in the mind of a concerned, yet ignorant parent would increase a child's chance of contracting the virus—was enough for many lower class parents to withhold consent for their child's participation.

Individuals from lower classes of society were less likely to be vaccinated than members of the upper classes because of mistrust in and overall underutilization of available health programs of any kind. Also, most individuals, regardless of social class, tended to be greatly influenced by the expectations and actions of other members of their own social class or immediate group of friends, which also played a large role in vaccination participation. When these two social factors were combined, it is easy to see why lower class individuals did not participate in vaccinations as often as middle and upper class members of society. With these general social rules in mind, let us now look at the polio outbreak in Massachusetts in the fall of 1955 and further examine the social class differences that can be clearly seen through public beliefs about polio and public reaction to the outbreak.

Severity of Polio in Boston

During late July through August 1955 newspapers from around the United States kept a watchful eye on the polio outbreak in Massachusetts. The *Washington Post* showed the sudden severity of the outbreak during the waning days of July when it reported on the increase in polio cases in the Northeast. The paper read, "While the weekly increase was no greater than anticipated at this time of year, New England showed 190 percent jump over last week. This outbreak is centered in Metropolitan Boston."³⁰ New polio cases were expected at that time of year throughout the country, but the spike in cases from the previous year in New England was astounding. Elsewhere in the United States, the country was experiencing a decline in total polio cases which some health officials attributed to the newly marketed Salk vaccination. The article went on to illustrate the overall lack of knowledge about the virus by healthcare professionals by stating, "The public health spokesman assumed a connection between the rising number of [polio] cases and the current New England heat wave."³¹ With increases in polio cases linked to the local weather forecast, it is no wonder that people from all over the United States feared this unknown and unpredictablecrippler.

On August 5, a headline from the *Washington Post* announced, "Massachusetts Polio Cases Hit 688, With 270 of Total Listed by Boston." The article went on to officially predict an epidemic for the Boston area, with 86 new cases confirmed on that day being the "largest report for a single date this year."³² The paper reported that Boston was the center of infection, while new cases of polio were fanning out from the city. Public health officials in Boston warned tourists not to come to the city for a summer vacation, and if they did come, they should certainly leave their children at home. The *Washington Post* told the nation, "A child coming into Boston has one chance in 500 of getting polio" while visiting the city.³³ Paradoxically, the paper went on to explain that while tourists were advised to stay away from a crowded, polio-infested Boston, no steps were taken to close city swimming pools, theaters, or other gathering places. The Boston Red Sox, who happened to be on a lengthy home-stand during the beginning of the outbreak, drew capacity and near-capacity crowds regardless of the polio threat at the time.³⁴ Seemingly, the local population of Boston was initially left to fend for themselves against the virus.

By August 9, even the *Chicago Daily Tribune* had begun to cover the growing polio outbreak on the east coast. The *Tribune* told readers, "Ninety two cases of polio were reported in Massachusetts today, the greatest number in one day since the outbreak began." The article mentioned that Massachusetts' total number of polio cases for the year had reached a staggering 839 by press time, while the total number for the previous year was only eighty-eight. The newspaper also stated, "Thirty-one children have been stricken with polio in New England after receiving one or more shots of the Salk polio vaccine," making an attempt to correlate the outbreak of polio in New England with a bad batch of the newly licensed vaccine.³⁵ This attempt at blaming the generally effective Salk vaccine for the outbreak of polio in New England, centered in Boston, was a perfect example of the willingness of the American press and public to grasp at any possible explanation for the cause and spread of polio. While "bad batches" of the Salk vaccination were in fact accidentally injected into children in some areas of the United States, in some cases giving them non-paralytic polio, this was not proven to be the case in New England and Boston during this particular outbreak.³⁶

While health officials in Boston tried to determine the cause of the situation, headlines from the nation's capital on August 11 read, "Boston Declares Polio Epidemic." The article told an

increasingly concerned nation that over 500 polio cases had required hospitalization in Boston and that medical staffs were wearing thin. The *Washington Post* went on to show the devastation that the virus had caused when it reported thirty-one polio-related deaths in Massachusetts for the year as of press time.³⁷

The next day, the *New York Times* reported that the "Bay State Shows Polio Case[s] Drop," in a large headline. Later the paper read, "In Boston, hardest hit of the state's communities, seventeen new cases were reported today, five fewer than yesterday. Boston now has had 390 cases."³⁸ A little over two weeks later on August 28, the *Times* again reported the declining polio situation in Massachusetts saying, "the peak of the worst polio outbreak in thirty-nine years appeared to have passed. The number of new cases dropped in Boston and in the state as a whole."³⁹ The situation in Massachusetts seemed to be finally on the decline, with a drop in polio cases everyday for a few weeks. However, it has been shown that polio was still a mystery to health officials and was also unpredictable. Three days after the polio epidemic was said to have passed, the *Chicago Daily Tribune* reported that "There were 71 new cases of polio reported today in Massachusetts, bringing the total for the year to 2,096 as compared to 287 cases on this date a year ago."⁴⁰ Just as quickly as polio loosened its grip on society, it could tighten it again with great severity.

Social Class and School Closings

Due to this recurring struggle with polio, the Massachusetts Association of Independent Schools met to discuss the possibility of delaying the start of the school year until September 19, when it was hoped that the epidemic would finally cease.⁴¹ On September 2, the *Boston Post* reported "Greater Hub Schools Delay Opening Because of Polio," citing concerns and objections from teachers and parents as the main reasons for delaying the opening of schools.⁴² The last section of this paper will examine public reaction to the polio epidemic and views regarding school closings in three Massachusetts communities that were located around Boston. It is important to note that two of the three communities to be examined (Needham and Weymouth) were considered "white collar," professional areas on the outskirts of Boston, while the other area (Chelsea) was "blue collar" or a lower working class area closer to the center, business district of Boston. Chelsea also contained a much higher concentration of population than did the other two communities, which would appear to make it easier for polio to

spread in Chelsea as opposed to the other two neighborhoods.⁴³ A survey conducted among residents of the three communities will be examined to further illustrate the differences between the upper and lower classes regarding their respective views concerning contagious diseases and the measures taken to prevent their spread.

First, it is important to discuss the views of the mothers surveyed in each community concerning the polio outbreak in Massachusetts in 1955. To determine if the mothers believed that the outbreak had reached an "epidemic stage," it was first necessary to see if they really knew what the word "epidemic" meant. Most mothers interviewed stated that they believed an epidemic was "a certain number of cases in a given population," or more simply "the number of cases in a population." Some mothers even said that they thought epidemic meant "more than usual." The researchers conducting the survey found that better educated individuals, who were from the wealthier towns of Needham and Weymouth, more often correctly defined an epidemic as the "number of cases relative to population," or "above average prevalence."⁴⁴ Therefore, it is sufficient to say that lower class, less educated people feared polio because the virus and situation itself were confusing and difficult for them to fully understand.

It is true that rampant polio infections were more likely to occur in cleaner, more isolated environments, than in areas where germs were passed frequently and immune systems had more opportunities to strengthen themselves against various sicknesses. This fact was mentioned earlier in the example of the infection of Franklin Roosevelt, and held true to the examples of Chelsea, Weymouth, and Needham. The survey showed that polio attack rates in the wealthier and more isolated communities of Weymouth and Needham were both about four times higher than the more crowded areas of Chelsea. While most mothers in all three communities stated that they were worried more in 1955 about polio than they had been in previous years, mothers from the two wealthier communities tended to correctly realize that their communities had been among the hardest hit by the virus. Also, better educated mothers tended to know more about polio, while less educated mothers knew less and worried more about it because of this fact.⁴⁵

During late May and June of 1955, the newly government-approved Salk polio vaccine was available for students in the first and second grades in the Boston area. Of mothers interviewed, only

thirty-nine percent had their children inoculated, most of them from upper class society. The researchers acknowledged that consent for the vaccine was directly associated with the educational levels of the parents, and non-consent was primarily due to doubts about the safety of the vaccine among the less educated.⁴⁶ While it is true that there were some people from all social classes who doubted the safety of the vaccine, most of these doubts came from the uninformed lower classes who, as it has been shown, mainly received their information by consulting each other. While less informed parents apparently lacked motivation to find outside sources of information regarding the Salk polio vaccine, almost every parent had an opinion as to whether or not schools should have opened on time in the fall of 1955, after the state-wide epidemic. Of the ninety-seven percent of interviewed parents who had an opinion on the school issue, only five percent could not give a reason to support their opinions. It appears then that, while almost all parents were concerned about sending their children back to school during a polio epidemic and could give reasons for their concern, they could find no good reasons to take the Salk vaccine.⁴⁷

Of the towns of Chelsea, Needham, and Weymouth, it can be observed that lower class residents in Chelsea were most in favor of schools opening on time. In the survey, sixty-five percent of mothers interviewed from Chelsea, thirty-six percent of mothers from Weymouth, and only thirty-four percent of mothers from Needham said that they thought schools in the Boston area should open on time in the fall of 1955, regardless of the polio outbreak. The major reason that mothers in Chelsea gave for wanting schools to open as scheduled was because they thought their children stood as great or a greater risk of contracting polio outside of school than in school. Mothers from the more isolated areas of Weymouth and Needham, on the other hand, tended to think that school should not open on schedule because their children would be more exposed to polio in the public, classroom setting.⁴⁸ Parents from Weymouth and Needham figured that they, as parents, could do a more effective job of protecting their children from polio by keeping them out of public places like schools. Mothers from Chelsea differed in their views about how to protect their children from polio because they thought that their children would be just as safe, if not safer, in a public place that was run by the state than staying in their more crowded neighborhoods.

The goal of this paper has been to illustrate the fact that wealthier, better educated people who make up the upper classes of society

use public health resources and take better precautions against the spread of disease than do the less educated, lower classes. Polio virus has been examined in depth to better illustrate these social characteristics and illustrate a social divide between classes that can be observed when discussing the polio virus in the United States, and more specifically Boston, Massachusetts in the mid 1950s. The epidemiology and physical effects of polio were examined to show why it was so feared by Americans, and polio was also examined historically to better understand the fear and pain that it has caused for thousands of years. By examining newspaper articles from around the country at the time of the outbreak in the fall of 1955, it has been seen that polio was feared across the nation as a mysteriouscrippler that could strike at any time. Surveys of parents in communities that were affected by polio were also studied to better understand how citizens from different social groups viewed the affliction and what they felt should be done to combat its effects. While polio is highly contagious and was an extremely feared virus that mysteriously affected mostly children, it has been proven that better educated, upper class members of society generally knew more about the virus and prepared themselves better for it than most people of the lower classes.

Notes

- 1 I am particularly interested in this disease and its role in society because my uncle contracted polio at the age of seven in the late summer of 1958. By the mid 1950s, an anti-polio vaccine had been developed and polio cases were mostly declining in the United States. I have always wondered why my uncle contracted this disease after he should have been vaccinated and protected from its effects. In this study, I wanted to find out why so many other people like my uncle were left susceptible to polio by not participating in vaccinations for the disease.
- 2 R. L. Huckstep, *Poliomyelitis: A Guide for Developing Countries-including Appliances and Rehabilitation for the Disabled* (New York: Churchill Livingstone, 1975), 1.
- 3 *Ibid.*, 12; International Poliomyelitis Congress, *Poliomyelitis: Papers and Discussions Presented at the Second International Poliomyelitis Conference* (Philadelphia: International Poliomyelitis Congress, 1952), 35.
- 4 David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005), 8.
- 5 Huckstep, *Poliomyelitis*, 55.
- 6 Edward A. Mortimer, Jr. and Stanley A. Plotkin, *Vaccines* (Philadelphia: W.B. Saunders Company, 1994), 137.
- 7 Huckstep, *Poliomyelitis*, 22.
- 8 *Ibid.*, 53.
- 9 Oshinsky, *Polio*, 26.

- 10 Huckstep, *Poliomyelitis*, 10-11.
- 11 Ted Morgan, *FDR: A Biography* (New York: Simon and Schuster, 1985), 234.
- 12 Oshinsky, *Polio*, 27; Morgan, *FDR*, 247.
- 13 Oshinsky, *Polio*, 27-28.
- 14 *Ibid.*, 43-60.
- 15 *Ibid.*, 128.
- 16 *Ibid.*, 158.
- 17 "The Salk Poliomyelitis Vaccine," *American Journal of Public Health* 45 (May 1955): 676.
- 18 John A. Clausen, Leila C. Deasy, and Morton A. Seidenfeld, "Parent Attitudes Toward Participation of Their Children in Polio Vaccine Trials," *American Journal of Public Health* 44 (December 1954): 1528.
- 19 *Ibid.*, 1526.
- 20 *Ibid.*, 1528.
- 21 *Ibid.*, 1529.
- 22 *Ibid.*, 1530.
- 23 *Ibid.*, 1531.
- 24 *Ibid.*
- 25 *Ibid.*, 1527; Oshinsky, *Polio*, 197.
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- 27 Robert M. Gray, Joseph P. Kesler, and Philip M. Moody, "The Effects of Social Class and Friends' Expectations on Oral Polio Vaccination Participation," *American Journal of Public Health* 56 (December 1966): 2028.
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Eva Palhegyi

The Receivers of Decree 770: Women, Doctors, and Orphans

As the histories of oppression and dependency throughout the world repeatedly reveal, control by the state may nevertheless be resisted.¹

–Gail Kligman

Repression often results in resistance. Totalitarian regimes throughout history have aimed at controlling the whole person: body, mind, and soul. The end result is meant to be the creation of the perfect citizen, ready to serve his state in every way that is expected of him. As history reveals, this ideal has never been completely achieved, mainly for the reason stated above: repression leads to resistance. In Nicolae Ceausescu's socialist Romania (1965-1989), the state's attempt at controlling the "whole" person had disastrous results for its citizens. Through his legislation, Ceausescu sought to create the ideal, prosperous, productive socialist state. He envisioned a country flourishing with children who would fill the state with industrious citizens. But one stumbling block stood in the way of his dream becoming reality: Romania's decreasing birth rate. To remedy the situation, Ceausescu initiated Decree 770, strict anti-abortion legislation that impeded his goal and led to serious health consequences for some of his most acclaimed citizens. The anti-abortion law, enacted in 1966, had a profound effect on a significant portion of Romanian society. Decree 770 became the repressive frame through which Romanian women and doctors viewed their relationship with the socialist state, and left behind a legacy of disease and unwanted children for which Romania would come to be known.

Background

Before World War II, Romanian families traditionally consisted of an average of four children per couple. However, this number dropped drastically in the period of Soviet control after the war. The economic and social changes taking place in society caused great uncertainty among the Romanian population, especially women.² As

a result of these factors, the birth rate dropped to about 1.9 children per woman, making Romania a country with “one of the lowest fertility rates in the world.”³ Abortion became legally accessible in 1957, and many women took advantage of this.⁴ Abortion thus became the most popular form of birth control among women.

The post-WWII period of socialist development in Romania had been mostly favorable towards women with its emphasis on gender equality. In 1984, historian Gail Kligman commented: “Romania is a communist country ideologically dedicated to equality between the sexes.”⁵ To some extent, this was true. Women had entered the work force by the thousands, becoming productive members of society. Socialism stressed the importance of education, and women were able to take advantage of the new opportunities that the new regime made available to them. Many found jobs working for the state. In fact, according to Kligman, “By 1989, 40.4 percent of employees in state enterprises were women.”⁶

This newfound freedom came with high expectations for women to perform not only their role as laborers, but also as the mothers of the future generations of socialist Romanian children. Women were encouraged to be productive citizens of the socialist state. However, labor was not to undermine the women’s first responsibility: that of bearing children and raising a family. Thus, being a productive female citizen meant more than participating in the work force. A productive Romanian woman would fulfill her responsibility as a citizen by birthing and raising the children so cherished by the socialist state. Specifically, Ceausescu’s policies aimed to increase the population and emphasized strengthening the new generations of Romanian citizens through the family unit. Kligman writes, “Under Ceausescu, ‘the family’ was accorded institutional legitimacy. As a social institution, the family was reified in ideological campaigns as the archetypical metaphor of the social order itself.”⁷ This ideology, however, offered women two difficult and often irreconcilable responsibilities: to patriotically serve their state by working for the government, and to bear the country’s children and raise them to be productive citizens themselves.

It is logical to assume that most women would not be able to fulfill both of these expectations at once. Moreover, although the state offered many incentives for women to take time off to raise a family, such as “guaranteed maternity leaves, guaranteed job security, (and) childcare facilities,” the number of women who took advantage of these incentives still did not meet the state’s expectations.⁸ In fact, “Research consistently confirmed that the

social, economic, and political policies promulgated on behalf of women's equality 'reduced fertility.'"⁹

Legislation, Decree 770, and Women's Reactions

*Analyzed in their totality, the pronatalist policies enable us to understand the nature of state-society relations and the means by which individuals both complied with and resisted the state.*¹⁰

-Gail Kligman

Beginning in 1948 and continuing over the next three decades, legislative action was deemed necessary and pursued by the state in order to increase the consistently low and further declining birth rate among Romanian women. In 1948 the first and most ineffective anti-abortion law was passed. This decree was included in Article 482 of the Penal Code and declared abortion to be a criminal act.¹¹ Overall, due to the state's failure to reinforce the law, Article 482 had little to no effect on abortion statistics. Due to Soviet influence the law was reversed and abortion was legalized again in 1957.

The liberalization of abortion lasted less than ten years in Socialist Romania, and the policy was once again reversed in 1966. Romania's new leader, Nicolae Ceausescu (1965-1989), had what Kligman refers to as a "personal obsession" with "families with many children," and this was evident in the pro-natalist laws and policies that were enforced during his rule.¹² Divorce was made increasingly difficult to obtain in Ceausescu's Romania, and in 1966, Decree 770 illegalized abortion for the second time. As outlined in Article 185 of the decree, punishment for breaking the abortion law could include fines, work without pay, or prison sentences. Physicians caught performing an illegal abortion or assisting in the "interruption of a pregnancy" usually faced prison sentences and were forbidden from practicing their particular specialization.¹³

While the new law increased the fertility rate slightly in 1967, rates dropped once again the following year. Thus, Decree 770 was modified several times between 1968 and 1989. The state tried to improve the country's fertility rate by offering more incentives for women to have children, holding physicians more accountable, and tightening any loopholes in the law that would allow women access to legal abortions. In addition to altering the law itself, the regime eventually resorted to propaganda and fear in order to force citizens to submit to this decree, especially between 1984 and 1989. Kligman writes that "intimidation, suspicion, denouncement,

and blackmail functioned indirectly – and efficiently – to create a pervasive culture of fear.”¹⁴ Women in Romania during this period were required to obtain a gynecological examination every three months. These evaluations were designed for the “detection and prevention of cancer.”¹⁵ However, to ordinary citizens these exams just added to the culture of fear. “Of course, a certain fear existed,” described one doctor, “But as fear became endemic, we became accustomed to it [as a fact of life].”¹⁶

The resort to repression coincided with the most difficult time for Romanians in the Ceausescu regime. In the 1980s, Ceausescu ordered an intense period of rationing to pay off the country’s accumulated debt, all a part of his plan to make Romania the true representation of an independent socialist republic. As author John Sweeney describes it, “The rationale was Ceausescu’s fanatical nationalism: Romania had to be free of foreign moneylenders – only that way could the country be truly independent. But there was no pressure from the world’s banks so long as Romania kept up with the interest payments.”¹⁷ To reach this goal of independence, Ceausescu’s order of rationing was carried out with painful consequences for the ordinary citizens on whom this burden was laid. Heating was turned off for periods of time, food rations were reduced, and the best quality products were exported while ordinary Romanians were left with insufficient amounts of the worst quality clothing and supplies.¹⁸

It is not difficult to understand why most Romanian couples chose to have fewer children during this time. Rationing made providing adequate food and clothing for large families almost impossible. In many cases, the poor quality of life and lack of personal necessities made pregnancies ever more difficult for women, in some cases endangering their health. While discussing the gynecological health of women on whom he performed the periodical examinations, Dr. G. T. recalled that most health problems for women could be attributed to the lack of basic necessities, such as “heat, hot water, electricity, soap, detergents, etc.”¹⁹

Women not only worried about their own health if they were to become pregnant, but also the health of their babies. Often they were conflicted on the topic of having children, for as one Romanian woman described it,

It was ... a mixed blessing. On the one hand I was happy that I had him ... but from a material standpoint, it was terrible. It was during the winter, there wasn’t any heat, there wasn’t any electricity,

everything was rationed, there was no clothing for children. ... I remember they cut off the electricity and I had to carry the child and buggy up seven flights of stairs to our apartment. In order to give him a bath I had to heat the water on the stove in a pot. I had a ten liter pot and the flame was so small that it took two hours for the pot of ten liters to heat up. After that I put him in a plastic basin on the table in the kitchen, I would light a candle, because there was no electricity, and I would give the baby a bath.²⁰

Under such circumstances, women resorted to their only effective option of fertility control: abortion. They chose abortion for several reasons, one of which was a direct result of the new opportunities offered them by the socialist state. Women were encouraged to be productive laborers for the government, and most chose to take advantage of these opportunities. Often it was necessary for both husband and wife to work in order to make a living. Romanians feared that they would not be able to provide for additional children due to scarce resources and the ordered rationing. Contraceptives, which had been few and hard to obtain before Ceausescu, became practically nonexistent after the 1966 Decree. Thus, abortion was the only way out for most women.

Consequences for Women and their Health

Those were tough times; it pains me to think that it even happened. It was torture for women.²¹

-R.T.

As my colleagues began to get up and head toward the door, I, out of despair as much as humiliation, whispered to the women near me that I was hemorrhaging, that the chair was stained, and that I somehow had to get to the bathroom ... I took a few steps and felt that something was dragging me down, something much stronger than I. I remember thinking that somehow I had to hold my skirt so that it would not fly up indecently around me as I collapsed. I fainted.²²

-S.M.

The consequences of the 1966 anti-abortion Decree were severe. The law created a negative relationship between women and the

state that only worsened as the law was altered over Ceausescu's reign. Women came to view Decree 770 as just another repressive method used by the regime to control its citizens and interfere in their lives. One woman described the policy as "simply a crime," and "political rape." The worst part of the policy, she argued, was the woman's lack of freedom to decide her fate. "We had to go where we were relocated, we had to work where they said, we had to have children, everything was obligatory."²³ Another insisted that Ceausescu's decree was aimed at making women "like animals. ... He (Ceausescu) wanted more children only as labor to continue to work for him."²⁴

Although the Decree was tightened and the law made more repressive with the intent of frightening women into submitting to the state's goal of many children, it had quite the opposite effect. When legal abortion became almost impossible to obtain, women resorted to illegal abortion through any method they could find, in most cases risking their lives. In the personal interviews included by Gail Kligman in *The Politics of Duplicity*, Romanian women narrate their experiences with abortion during Ceausescu's time. Most stories are grim; illegal abortion was crude, impersonal, and often traumatizing. In many cases an abortion was followed by illness and hemorrhaging, and many women required medical attention. However, by going to the hospital to receive treatment, women risked suspicion, interrogation, and conviction for the termination of a pregnancy.

The fear of being caught led women to take drastic measures on their own. As soon as they learned that they were pregnant, some women deliberately drank, "lifted heavy objects, took hot baths," and tried any method they could think of to terminate their pregnancy.²⁵ As these methods produced unreliable results, women eventually resorted to abortions. Some sought help from "midwives" who would perform illegal abortions in their homes. One woman, whose interview is recounted in Kligman's book, described her disturbing experience going to a midwife to receive an abortion:

It was dark when I arrived at her house. When she opened the door, she asked me if I had vials of saline solution. She took me into the kitchen and had me get up on the table while she prepared her syringe and a transparent plastic tube, small in diameter, which was probably used for transfusions. While she was doing that, I took in my surroundings. The

room smelled of stew and of poverty. ... As soon as the syringe was sterilized over the stove's fire, she filled it with the saline solution and threw the vial in the garbage. She washed her hands and then took the syringe and introduced it into my uterus. ... I stared with revulsion at the tapestry on the wall. A large flower, shocking blue in color, represented a futile attempt to brighten the color of poverty.²⁶

While "midwife" abortions were traumatic, having a doctor perform the operation could be just as painful since they were not performed in hospitals or with proper medical equipment. For her fifth abortion, one anonymous interviewee described having an abortion done by a doctor. She was laid on a table and music was played in order to cover up any suspicious noise from the operation. "Two unknown men, one of whom was a doctor, performed the operation," she related. "The doctor was swearing, the assistant held my hand attempting to calm me, but the tape recorder could not drown my moans. After a half hour, which seemed like an eternity, it was over."²⁷ The operation had only removed half of the fetus, and this woman suffered serious bleeding after the second attempt took place. She was taken to the hospital for medical attention, after which she had to endure police questioning and was threatened with a jail sentence. While her case was dropped due to "insufficient evidence," instances such as this worked to create an atmosphere of fear among women.²⁸

Women who lived in rural areas had an even harder time obtaining an abortion. Their methods were horrendously crude and decidedly dangerous. One peasant woman performed numerous abortions on herself and other women in her village by using wormwood. "I tied some thread to it—a long piece so I could tie that around my thigh," she explained. "I introduced it into my uterus and kept it there some twelve hours. Later, a bit of my period began; the pains started. My stomach hurt, and things like that. But by the end of the week, the child was gone."²⁹ This same woman was later arrested and spent a year and a half in prison doing labor for having performed an abortion on another young woman. After she was released, she continued doing abortions without pay to women who "were really down and out. I helped people in trouble," she said. "I didn't receive money."³⁰

In severe cases, abortion sometimes led to the death of the mother. N.G., a medical assistant described the case of a young woman whose

fiancé had tried to perform an abortion on her by injecting saline solution into her twice over the past three months. She became ill and was admitted to a hospital where N.G. assisted her. N.G. described being “sickened” after seeing her, for “Her face had turned purple-black and she looked as if she had been tattooed.”³¹ The young lady died at the hospital that day as a result of a putrefied uterus.³²

Consequences for Medical Professionals

*Can I, who had taken an oath, allow a woman to die? Can I say that it wasn't genocide when the prosecutor, who had to authorize the interruption of a pregnancy even in an emergency came to the woman's bedside and while she was in agony threatened her that if she didn't say who induced her abortion, he would not permit surgical intervention?*³³

—Dr. M.

Ceausescu's 1966 Decree had just as serious consequences for obstetricians, gynecologists, and other medical professionals as it did for their patients. The state closely monitored all medical activity relating to women's health and reproduction. One doctor remarked that “Every maternity hospital had its state or secret police representative whose role was to be an ever-present reminder [of the decree's stipulations].”³⁴ The state even placed restrictions on the number of cesarean sections that could be performed, limiting them to 4-5 percent per year. The regime's intention was to promote fertility and child birth, and doctors were the main instrument by which they could promote these policies, whether they agreed with the policy or not. However, doctor's reactions to Decree 770 were mixed. Most found themselves promoting conflicting policies, for their “humanitarian” role as doctors often clashed with the pressure placed on them to execute the law. For example, if a woman whose life was in danger after an unsuccessful abortion attempt came to a doctor for help, the doctor was required by law to perform an extensive investigation into the cause of her illness before he could take action. If he simply went ahead and performed an abortion, he risked being convicted for the early termination of a pregnancy.³⁵

Nevertheless, thousands of doctors risked losing their jobs to help women break the abortion law. Many doctors and women alike found loopholes in the Decree through which they could perform abortions. As one gynecologist put it, “The entire process instituted to impede illegal abortions increasingly became a formality. Out of necessity, solutions were found either by the woman or by the

doctors. ...I even encountered cases of women who had introduced blood into their vaginas to simulate a hemorrhage in order to obtain an abortion."³⁶

Although most were in favor of abortion, doctors had little sympathy for those who illegally performed abortions on women. They argued that those who performed abortions secretly only harmed the health of the patient instead of helping her. When these women came to the hospital for help, the doctors would be suspected of foul play. Dr. B.M. summed up this view in the following statement:

I would have been ruthless [with these abortionists, who] knowingly killed. They created the impression that they were doing women a favor. Not only did these abortionists [illegally] induce an abortion but they advised a woman not to go to the hospital if she was bleeding or ill because prison would then await her [and them]. And as a consequence, women would die at home or come to the hospital already suffering badly for necrosis or septicemia. They would frequently arrive when there was nothing more that could be done for them. Yet the state tried to make us doctors responsible for the high numbers of maternal deaths due to botched abortions, to make doctors the scapegoats.³⁷

The Legacy: Disease, Death, and an Unwanted Generation

*A regime that celebrated women's contributions to the building of socialism, and that demanded the birth of children to that end, became the source of the deaths of too many women and children.*³⁸

—Gail Kligman

Abortion was legalized in Romania after Nicolae Ceausescu's death in 1989, and women flocked to hospitals, happy to stand in line once again knowing they could obtain a safer and legal abortion. Gail Kligman estimates that "by the summer of 1990, the principal hospitals in Bucharest were each reporting 70 to 100 abortions performed daily."³⁹ But the end of the story is not pleasant. Ceausescu's 1966 anti-abortion decree left behind a painful legacy with which Romania is still struggling after almost twenty years. Post-Ceausescu Romania inherited some of the highest infant

mortality rates of all the other industrialized nations in the world.⁴⁰ "Among the principal causes of infant death in Romania were malnutrition, respiratory ailments, and congenital anomalies," writes Kligman.⁴¹

Perhaps the most serious problem left behind was the AIDS outbreak among children that was brought into focus after 1989. The epidemic came about as a result of several factors. The most significant was that due to the lack of supplies, doctors often used unsterilized needles to give infants injections and infected blood transfusions.⁴² Between 1990 and 1993, the cases of AIDS among children doubled, peaking at 2,461 in 1993.⁴³ While these are startling numbers, most Romanians remained in denial of the problem. In fact, Kligman argues that even "Some physicians still insisted in 1990 that AIDS was not a real problem in their country."⁴⁴

The AIDS factor is directly connected to another problem left behind as a result of the socialist fertility policies: the orphaning of thousands of "Ceausescu's children." Women, driven to desperation by the conditions in which they were expected to raise their children, often abandoned them after birth, either in hospitals, in state institutions, or on the streets of the city.⁴⁵ Romania's orphanages overflowed with these unwanted children, many of whom suffered from malnutrition, AIDS, or deformities. The handicapped, labeled "unproductive citizens," were doomed to a painful life of abuse and abandonment in these rough state institutions. "Consigned to oblivion," writes Kligman, "the handicapped became the victims of systematic, institutional neglect."⁴⁶ The future of healthier orphans, while not as dreadful, was difficult enough. The fortunate were rescued through adoption, usually by a family from a different country, while others remained in orphanages supplied by foreign aid. Still others "have joined the ranks of the world's urban street urchins ... a consequence of both the pronatalist policies that contributed to the birth of unwanted children and the economic turmoil that has affected so many families in the immediate post-Ceausescu period of change."⁴⁷

As evidenced by the personal stories discussed in this paper, Ceausescu's 1966 anti-abortion law was a failure in every respect. It did not significantly increase the population, create healthy mothers of many children, and raise up a new generation of productive socialist citizens. Instead, it only added to the "wasted generation" of Romanians that was ultimately the Ceausescu legacy.⁴⁸ Abortion is legal in Romania today, and the rates still remain high. At the same time, the young democracy is slowly creating a better future

for all of its citizens: men, women, and children, and working to reverse a painful legacy of repression and totalitarianism

Notes

- 1 Gail Kligman, *The Politics of Duplicity: Controlling Reproduction in Ceausescu's Romania* (Berkeley: University of California Press, 1998), 38.
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- 3 *Ibid.*, 24.
- 4 B. Berelson, "Romania's 1966 Anti-Abortion Decree: The Demographic Experience of the First Decade," *Population Studies* 33, no. 2 (1979): 209.
- 5 Gail Kligman, "The Rites of Women: Oral Poetry, Ideology, and Socialization of Peasant Women in Contemporary Romania," *The Journal of American Folklore* 97, no.384 (1984): 167.
- 6 Kligman, *Politics of Duplicity*, 23.
- 7 *Ibid.*, 28.
- 8 *Ibid.*, 26.
- 9 *Ibid.*, 43.
- 10 *Ibid.*, 70.
- 11 *Ibid.*, 42.
- 12 *Ibid.*, 49.
- 13 *Ibid.*, 57.
- 14 *Ibid.*, 64.
- 15 N.G., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 154.
- 16 Dr. G.T., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 155.
- 17 John Sweeney, *The Life and Evil Times of Nicolae Ceausescu* (London: Hutchinson, 1991), 130.
- 18 *Ibid.*, 130-132.
- 19 Dr. G.T., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 155.
- 20 Anonymous interviewee, interviewed by Jill Massino, Brasov, Romania, Summer, 2003, Indiana University Institute for the Study of History and Memory, <http://chnm.gmu.edu/1989/items/show/560>.
- 21 R.T., interviewed by Gail Kligman, in *The Politics of Duplicity*, 196.
- 22 S.M., interviewed by Gail Kligman, in *The Politics of Duplicity*, 185.
- 23 Anonymous interviewee, interviewed by Jill Massino, Brasov, Romania, Summer, 2003, Indiana University Institute for the Study of History and Memory, <http://chnm.gmu.edu/1989/items/show/560>.
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- 25 Anonymous interviewee, interviewed by Gail Kligman, in *The Politics of Duplicity*, 190.
- 26 S.M., interviewed by Gail Kligman, in *The Politics of Duplicity*, 183-184.

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- 27 Anonymous interviewee, interviewed by Gail Kligman, in *The Politics of Duplicity*, 190-191.
- 28 Ibid., 191.
- 29 A.T., interviewed by Gail Kligman, in *The Politics of Duplicity*, 196.
- 30 Ibid., 199.
- 31 N.G., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 200.
- 32 Ibid., 201.
- 33 Dr. M., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 162.
- 34 Dr. G.T., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 161.
- 35 Kligman, *Politics of Duplicity*, 57.
- 36 Dr. B.K., interviewed by Smaranda Mezei, in *The Politics of Duplicity*, 159.
- 37 Dr. B.M., interviewed by Gail Kligman, in *The Politics of Duplicity*, 161.
- 38 Kligman, *Politics of Duplicity*, 206.
- 39 Gail Kligman, "Abortion and International Adoption in Post-Ceausescu Romania," *Feminist Studies* 18, no. 2 (1992): 407.
- 40 Kligman, *Politics of Duplicity*, 217.
- 41 Ibid., 219.
- 42 Ibid., 222.
- 43 Ibid., 223.
- 44 Ibid., 222.
- 45 Ibid., 226.
- 46 Ibid., 227.
- 47 Ibid., 236-237.
- 48 Silviu Brucan, *The Wasted Generation: Memoirs of the Romanian Journey from Capitalism to Socialism and Back* (Boulder: Westview Press, 1993), ix.

Amanda Rosenzweig

Dead of Night: The Guerrilla Girls' Fight for Feminism

During the 1980s, in the midst of an unspoken political and social backlash against American women, a group of female artists began to challenge the status quo in the prestigious, male-dominated New York City art world. Armed with their quick-witted sardonic humor and feelings of resentment towards their male peers, museum curators, and gallery owners, the women, known as the Guerrilla Girls, began a dead-of-night poster campaign to grab the attention of their oppressors and the general public.

The group of "girls" established themselves as the "Conscience of the art world" in 1985 following an exhibition at the New York Museum of Modern Art. The exhibit was said to show the most talented artists and sculptors in the world. However, less than ten percent of the artists shown were women and even less of these "gifted" artists were ethnic minorities.¹ Since then, the Guerrilla Girls have been fighting the sexist bias within the art world; raising awareness with considerable success across the United States. Their brilliant campaigning through protests, posters, and question and answer panels has made them a feminist force with which to be reckoned.

By defining feminism and how previous feminist groups have organized in the past, and by examining the backlash against them, this paper will set the stage for the emergence of the Guerrilla Girls. It will show how the Guerrilla Girls' own application of participatory democracy within the group and their cunning use of the media as a weapon for their cause made them one of the most successful feminist groups in recent history.

In order to establish the success of the Guerrilla Girls as a feminist group, it is important to investigate the inner workings of previous feminist movements. Since the appearance of second wave feminism in the 1960s, the word or idea of "feminism" has suffered countless negative interpretations by the government, media, general public, and a number of other sources. Often ignored, however, is the affects this backlash has had on American feminism and women's liberation. The criticism and undermining

of feminism as a legitimate and lasting movement were most clearly demonstrated in the 1980s, twenty years after the emergence of second-wave feminism.

Although 1960s feminist groups pushed women's rights forward, once the movement began to lose momentum a stronger force attempted to push women's rights backwards. The Guerrilla Girls and many other feminist groups refer to this negative reaction to women's advancement as the "Backlash."² "Backlash" refers to a period of time in which certain equalities women had already fought for and achieved were reversed or forgotten. In Susan Faludi's book, *Backlash: The Undeclared War Against American Women*, she places blame on politicians, newspapers, television, and even social scientists. Her findings made it impossible to ignore the unfriendly climate feminists were facing during the 1980s.

Under the Reagan administration, many women's groups disappeared and female politicians were too intimidated to defend themselves or other women. Leslie Wolfe, director of the Women's Education Equality Act, for example, was removed from her position after many of her male peers labeled her as a "radical" feminist.³ Considering how few government positions were held by women at this time, losing even one woman in politics was detrimental to women's interests. When President Reagan pushed forward with a campaign that glorified the traditional American family, women and feminism suffered the consequences of an impressionable general public and media.

During the early 1980s, a *New York Times Magazine* headline declared, "The Women's Movement is over." Many journals, magazines, and newspapers insisted that women were now equal in society, contradicting any need for a rebirth of feminism. Despite the issues that still surrounded childcare, equal pay, abortion, and representation in government, the media insisted that feminism was dead. Even women's magazines such as *Home and Garden* published articles intended to make home life for women seem more appealing. Faludi suggests that, rather than changing with feminism, many media outlets simply worked against it.⁴

Whereas journals and magazines could not reach all women, television could. Sitcoms and movies in the 1980s portrayed single women as lonely and depressed while, at the same time, they overvalued the onscreen American housewife. Even the fashion world tried to turn career women away from the popular pant suit and back into skirts and dresses.⁵ Working women were

targeted in other ways as well. Psychologists, psychiatrists, and sociologists conducted studies addressing the health and mental risks concerning women who pursued careers instead of marrying and having children. Health issues such as heart problems, lung cancer, and insomnia were attributed to the stress women faced in their careers. Mental problems including depression and loneliness were ascribed to women who did not have a mate or children for which to care.⁶ All of these circumstances led to negative images and attitudes of feminism, or more simply, towards women's independence.

The Guerrilla Girls surfaced in the midst of the backlash when the word "feminism" was still very unpopular and women pursuing careers outside of the home were discriminated against, despite the labor law achievements of feminist groups before them. In an interview with the Guerrilla Girls, they were asked about the response to their early activism. One member replied, "It was the Reagan 80's and everyone was crazed to succeed, nobody wanted to be perceived as a complainer."⁷

Again, the exhibit at the New York Museum of Modern Art, titled "An International Survey of Painting and Sculpture," included 169 artists, only 13 of which were women. Outraged by the lack of women represented in the art world and frustrated with the overall social and political welfare of women at the time, the Guerrilla Girls decided to make their contribution not only to feminism, but also to help improve the lives and careers of women and artists of color. From the beginning of their formation, the Guerrilla Girls ran under the campaign slogan; "making feminism fashionable again."⁸

Before the women could declare "guerrilla" war on the oppressive and sexist art world that excluded them, it was necessary to establish and construct the group's ideology. Initially, the Guerrilla Girls organized along the same lines as many other feminist groups before them. The structure of the Guerrilla Girls thus was similar to participatory democracy, practiced by grassroots feminist groups of the 1960s, more commonly referred to as "second wave" feminists.⁹

The failure of previous feminist movements has often been accredited to their inability to organize, or to maintain their identity. Most second-wave feminist groups organized themselves under the principle of "participatory democracy." This system as it applied to women's liberation movements and organizations of the second-wave meant that decisions were based on the majority

(usually by being put to a vote) and no hierarchy existed among the members of that group. While participatory democracy worked in the early activism of most women's organizations, an unspoken hierarchy was eventually established creating problems amongst the group's members.¹⁰ The Guerrilla Girls have operated under the same principles as many groups experimenting with participatory democracy. While there is no hierarchy within the Guerrilla Girls, they are less democratic in their membership. Not only have the Girls kept their true identities anonymous outside of the group, but their membership remains so exclusive that even their numbers are unknown.

The Guerrilla Girls remain anonymous to keep the focus on the issues and not on who they are as individuals. Whether the Girls are protesting in front of a museum or speaking at a university, they wear gorilla masks sometimes accompanied with mini-skirts and fishnet stockings and they call each other by the name of a dead female artist. Their anonymity helps protect their careers, but at the same time does not allow any of them to profit from their activism or popularity.¹¹ Journalist Kerry O'Neil wrote in the *Christian Science Monitor*, "In contrast to the history of artistic female expression, where anonymity was often the only recourse, the Guerrilla Girls use anonymity strategically to gain power."¹² The Guerrilla Girls' image alone made them almost impossible to ignore and, unlike other feminist groups, it became increasingly difficult for museums and gallery owners to point the finger back at a group of women whose real identities were unknown.

Once the Guerrilla Girls established their group identity, they took to the streets of New York City with their sardonic humor. Dressed in all black and a gorilla mask to hide their faces, they began a dead-of-night poster campaign. The simple black and white posters first appeared in the Soho district, but soon spread to other parts of the city. The information on the posters included, but was not limited to, research the Guerrilla Girls had gathered through statistics available in art magazines. "After about five minutes of research we found that it was worse than we thought: the most influential galleries and museums exhibited almost no women artists," said one Guerrilla Girl.¹³

The first Guerrilla Girls' posters directly attacked and scrutinized male artists who allowed their work to be exhibited in museums and galleries which represented few or no female artists or artists of color. They also humiliated gallery owners and museum curators who showed only male art, or an overwhelming

majority of male art. Each poster was signed, "THE GUERRILLA GIRLS CONSCIENCE OF THE ART WORLD." In response to this, many gallery owners and museum curators claimed the ratio of men over women in the profitable art world was a question of skill and not of sex. However, the Guerrilla Girls claimed it was an issue of who defines art, not of who creates it.¹⁴ Despite this defense, the media began to follow the Guerrilla Girls story and the exposed museums and galleries were publicly obligated to respond in one way or another. While some curators and gallery owners took the message as constructive criticism, others refused to yield.

The Guerrilla Girls issued a "report card" in 1986 listing museums and galleries showing less than ten percent of women artists or artists of color. Of the galleries listed, one was the Mary Boone Gallery in New York City. In response, Boone stated, "The Guerrilla Girls is about an excuse for failure. With the number of galleries in existence today what keeps some women artists from succeeding is talent, not gender." Nonetheless, there are many influential women in the art community, but their presence does not always guarantee equal representation of women artists. Art critic Rosemary Bailey said, "The fact that there are now many women gallery owners and corporate art investment buyers makes little difference if they do not challenge the status quo."¹⁵ Despite Boone's negative reaction to the Guerrilla Girls, she featured two female artists in her gallery, although she insisted the additions were not a reaction to the poster campaign.¹⁶

Although, like Boone, several other victims of the poster's acerbic messages denied claims of discrimination and insisted representation was based solely on the quality of the artist's work, others were strongly influenced by the message. After hearing the Guerrilla Girls speak, journalist Mary Ann Marger stated, "Back then, male-female ratio didn't occur to me. My consciousness was raised at Saturday's symposium of the Florida West Coast chapter of the Women's Caucus for Art."¹⁷

The attention the Guerrilla Girls received from their poster campaign continued to grow. Newspapers all over the country (like *CNN*, *BBC*, and even *Playboy* magazine) covered stories surrounding their movement.¹⁸ This publicity was just the attention they needed to familiarize the general public with the inequality in the art world and to put pressure on major museums and galleries. It did not take long before universities and libraries began requesting copies of the posters to start their own collections.

Portfolios of these posters currently exist all over the world.¹⁹

The relevance of the Guerrilla Girls' activism as it applies to history lies solely in the fact that, for thousands of years, history has often been defined by art. Many of us can recall the names of dozens of male artists; Da Vinci, Michelangelo, Pollock, Van Gough, Monet, and Kandinsky, just to name a few. Glorifying predominantly men for their artistic and, consequently, historical contributions to the times in which they lived suggests a world exclusively defined by one sex. Like the study of ancient pottery or hieroglyphics, art has also defined culture. Therefore, the exclusion of women's art throughout history suggests that society has widely ignored the woman's worldview and experience. In one of the Guerrilla Girls' first publications, titled *The Guerrilla Girls' Bedside Companion to the History of Western Art*, they challenged the authority of male critics. In the introduction to this collection of forgotten women artists throughout history, the Guerrilla Girls stated:

Even after overcoming incredible obstacles, women artists were usually ignored by critics and art historians- who claimed that art by white women and people of color didn't meet their 'impartial' criteria for 'quality.' These impartial standards place a high value on art that expresses white male experience and a low value on everything else.²⁰

The Guerrilla Girls were not only aiming for the appreciation of women's art. They wanted to help women profit from their artistic expression. Mary Ann Marger of the *St. Petersburg Times* said, "Critics can review only artists whose work they can see. Galleries, where the work can be seen, carry artists whose work collectors will buy."²¹ Getting work into a gallery can be a lengthy and discouraging process according to David Gregory, a member of the Hawaii Watercolor Society. In an interview with Gregory, he said, "Galleries turn away artists everyday ... and not necessarily because of poor merit."²² Just as the Guerrilla Girls have argued, an artist's sex, race, connections within the art world, or type of art that they are creating are only a few reasons why he or she could be turned down.

Although the Guerrilla Girls have experimented with their poster campaign, covering issues such as abortion, homelessness, racism, war, and the Bush administration, they have almost solely focused on issues of women and ethnic minorities in the art world.

This is one possible explanation for their success. While other feminist groups were more inclusive in their membership, the Guerrilla Girls were able to maintain stability within the group by not broadening their focus except to raise awareness of other social problems. Their efforts paid off in 1988 when the annual directory of *Art in America* showed that sixteen percent of artists represented that year were women. Although this was not a huge increase, it was something that the art world had never seen before.²³ The Guerrilla Girls were shocked by their own success when women in Europe, Japan, Brazil, and Bali became interested in their activism.²⁴

Aside from their poster campaign, the Guerrilla Girls have incorporated humor into their interviews, panels, and more recently, into their live performances on college campuses. "Actually, our first posters weren't funny at all, just smart-assed. But we found out quickly that humor gets people involved. It's an effective weapon," said the Guerrilla Girl who goes by the name of Eva Hesse.²⁵ It was that same humor that earned the Guerrilla Girls and their statistically packed posters a show at the New York Whitney museum in 1989.²⁶ During an interview, Guerrilla Girl Emily Carr said, "We've made dealers, curators, critics and collectors accountable. And things have actually gotten better for women and artists of color. With lots of backsliding."²⁷ The Guerrilla Girls' contributions have also been recognized outside of the art world. The Guerrilla Girls say,

We have received awards from the National Organizations for Women, the New York Borough President's office, the Center for Women's Policy Studies, New York Woman Magazine and The Ministry of Culture in Berlin. We are the subject of a documentary film, 'Guerrillas in our Midst,' that has won numerous prizes.²⁸

Remaining anonymous, focusing on one specific women's issue, and using humor in their activism made the Guerrilla Girls more successful than they had expected. Every time they answer a question about the success of their work, there is a hint of surprise in their response. However, the application of democracy within their group is arguably what made them so successful in the past and what keeps the group active today. Guerrilla Girl Alice Neel explains, "Over the past ten years, we've come to resemble a large, crazy dysfunctional family. We argue, shout, whine, complain,

change our minds and continually threaten to quit if we don't get our way." Although every Guerrilla Girl has some disagreement over posters and ideas, they always manage to compromise for the good of the group.²⁹

The Guerrilla Girls have made continual progress for women in the art world due to their activism. They have bullied gallery owners into showing more female artists, attacked large museums with their sardonic posters, and gained media attention for their cause. These factors combined with the longevity of their membership and activism solidifies them as a force to which to be reckoned.

GUERRILLA GIRLS' 1986 REPORT CARD

GALLERY	NO. OF WOMEN 1985-6	NO. OF WOMEN 1986-7	REMARKS
Blum Helman	1	1	No improvement
Mary Boone	0	0	Boy crazy
Grace Borgenicht	0	0	Lacks initiative
Diane Brown	0	2	Could do even better
Leo Castelli	4	3	Not paying attention
Charles Cowles	2	2	Needs work
Marisa del Rey	0	0	No progress
Allan Frumkin	1	1	Doesn't follow directions
Marian Goodman	0	1	Keep trying
Pat Hearn	0	0	Delinquent
Marlborough	2	1	Failing
Oil & Steel	0	1	Underachiever
Pace	2	2	Working below capacity
Tony Shafrazi	0	1	Still unsatisfactory
Sperone Westwater	0	0	Unforgivable
Edward Thorp	1	4	Making excellent progress
Washburn	1	1	Unacceptable

Source: Guerrilla Girls' database, 1985-1986-1987

GUERRILLA GIRLS CONSCIENCE OF THE ART WORLD
157 LESLIE STREET, NEW YORK, NY 10012
 TEL. 212 675 1234

Fig. 1. The Guerrilla Girls' early posters from 1986, to which gallery owners such as Mary Boone responded. Most of the galleries are located in New York City.³⁰

IT'S EVEN WORSE IN EUROPE.

A PUBLIC SERVICE MESSAGE FROM
GUERRILLA GIRLS
CONSCIENCE OF THE ART WORLD
8.17.1989 111th St. New York, NY 10036

Fig. 2. From 1989, this poster shows that the Guerrilla Girls' activism was not limited to the confines of New York City, but that research and statistics were gathered from other places as well.³¹

THE ADVANTAGES OF BEING A WOMAN ARTIST:

- Working without the pressure of success.
- Not having to be in shows with men.
- Having an escape from the art world in your 4 free-lance jobs.
- Knowing your career might pick up after you're eighty.
- Being reassured that whatever kind of art you make it will be labeled feminine.
- Not being stuck in a tenured teaching position.
- Seeing your ideas live on in the work of others.
- Having the opportunity to choose between career and motherhood.
- Not having to choke on those big cigars or paint in Italian suits.
- Having more time to work when your mate dumps you for someone younger.
- Being included in revised versions of art history.
- Not having to undergo the embarrassment of being called a genius.
- Getting your picture in the art magazines wearing a gorilla suit.

A PUBLIC SERVICE MESSAGE FROM **GUERRILLA GIRLS** CONSCIENCE OF THE ART WORLD
8.17.1989 111th St. New York, NY 10036

Fig. 3. Another example of the sardonic humor used in the Guerrilla Girls' poster campaign. It sarcastically explains the resentment women artists felt toward the male dominated art world.³²

Notes

- 1 Eric Gibson, "Masked Avengers Monkey With Sexist Bias in Art," *Washington Times*, October 4, 1990, p. E1.
- 2 Guerrilla Girls, *Confessions of the Guerrilla Girls: How a Bunch of Masked Avengers Fight Sexism & Racism in the Art World with Facts, Humor and Fake Fur* (New York: Harper Collins, 1995), 13.
- 3 Susan Faludi, *Backlash: The Undeclared War Against American Women* (New York: Random House, 1991) 76.
- 4 Ibid.
- 5 Ibid., 173.
- 6 Ibid., 38.
- 7 Guerrilla Girls, *Confessions of the Guerrilla Girls*, 16.
- 8 Roberta Smith, "Waging Guerrilla Warfare Against the Art World," *New York Times*, June 17, 1990, sec.
- 9 Judith Grant, "Feminist Politics: From LBJ to W," *New Political Science* 29 (2007): 515-520.
- 10 Philips, "Must Feminists Give Up on Liberal Democracy," *Political Studies* 40 (1992): 1-2.
- 11 Guerrilla Girls, *Confessions of the Guerrilla Girls*, 21.
- 12 Kerry O'Neil, "Striking a Sexism in the Art World," *Christian Science Monitor*, December 17, 1990, sec. NOW.
- 13 Guerrilla Girls, *Confessions of the Guerrilla Girls*, 13.
- 14 Ibid., 14.
- 15 Rosemary Bailey, "Women: War Paint – Could the Battle of the Sexes in the Art World At Last Be Reaching a Truce, and Traditional Resistance to Feminism Crumbling," *Guardian*, April 12, 1990.
- 16 Andy Grundberg, "When Outs Are In, What's Up," *New York Times*, July 29, 1987, sec. 2.
- 17 Mary Ann Marger, "Does Art Turn Away from Women Artists," *St. Petersburg Times*, October 14, 1987, sec. D.
- 18 Gibson, "Masked Avengers," E1.
- 19 Guerrilla Girls, *Confessions of the Guerrilla Girls*, 16.
- 20 Guerrilla Girls, *The Guerrilla Girls' Bedside Companion to the History of Western Art* (New York: Harper Collins, 1995), 8-9.
- 21 Mary Ann Marger, "A Guerrilla Revolution: Wild Bunch of New York Artists Aims for Nothing Less," *St. Petersburg Times*, October 9, 1987, sec. D.
- 22 David Gregory, interviewed by Amanda Rosenzweig, September 29, 2008, transcript in possession of the author.
- 23 Roberta Smith, "Review / Art," *New York Times*, April 14, 1989, sec. C.
- 24 Guerrilla Girls, *Confessions of the Guerrilla Girls*, 17.
- 25 Ibid., 15.

- 26 Roberta Smith, "Art View: The Whitney Interprets Museums' Dreams," *New York Times*, July 23, 1989, sec. 2.
- 27 Guerrilla Girls, *Confessions of the Guerilla Girls*, 32.
- 28 Guerrilla Girls: Reinventing the "I" word", <http://www.guerrillagirls.com/admin/moreherstory.shtml> (accessed November, 2, 2008).
- 29 Guerrilla Girls, *Confessions of the Guerilla Girls*, 21.
- 30 <http://www.guerrillagirls.com/posters/reportcard.shtml>.
- 31 <http://www.guerrillagirls.com/posters/europe.shtml>.
- 32 <http://www.guerrillagirls.com/posters/advantages.shtml>.

Contributors

KAYLEIGH MARIE DEPRIEST is a senior in History Education who graduated in Spring 2009. Her plans are to teach History at the high school level. "The 'Gin Epidemic': London's Public Health Crisis" was written for Dr. Mariola Espinosa's History 499 class on Disease and Power.

JUSTIN JONES is a History Education major who will complete his degree in December 2009. "Ignorance and Education: Poliomyelitis and Social Class Differences" was written for Dr. Mariola Espinosa's History 499 class.

EVA PALHEGYI graduated in May 2009 with a B.A. in History and Economics. She was born in Romania and came to the United States with her family in 1995. She plans to attend graduate school in either History or Economics. "The Receivers of Decree 770: Women, Doctors, and Orphans" was written for Dr. Mariola Espinosa's History 499 class.

AMANDA ROSENZWEIG is a History major. She plans to finish her degree in the Fall 2010. "Dead of Night: The Guerilla Girls' Fight for Feminism" was written for Dr. Germaine Etienne's History 392 class.



Southern
Illinois University
Carbondale