Redefining American Motherhood: Emily Mudd's Mission at Home and Abroad

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Redefining American Motherhood: Emily Mudd's Mission at Home and Abroad

Abstract
In 1929, Emily Hartshorne Mudd risked arrest by volunteering as a nurse at Philadelphia's first birth control clinic. Visibly pregnant with her second child, Mudd relied on an antiquated law that barred the incarceration of a pregnant woman in order to serve women in need of contraceptive advice. Before this bold venture, Emily Mudd had worked for a decade as her husband's unpaid research assistant in immunology and had personally experienced the conflicting pressures of a woman in the early twentieth century who aspired to be both a mother and a professional. Over the next seventy years, Mudd became a key player in the development of marriage counseling as a way to help women navigate their maternal and professional ambitions. Scholars have remembered Mudd for her contributions to the field of marriage counseling but have criticized her for her methods and her failures. This limited view of her career detracts from her larger professional ambitions. Mudd's professional shortcomings, reexamined, reveal a strong-willed and pragmatic idealist working against a rapidly changing social order.

Disciplines
Social History | United States History | Women's History

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REDEFINING AMERICAN MOTHERHOOD:
EMILY MUDD’S MISSION AT HOME AND ABROAD

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2015-2016 Penn Humanities Forum Undergraduate Research Fellowship
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INTRODUCTION

The same story of daring ingenuity begins nearly every obituary of birth control and marriage counseling pioneer Emily Hartshorne Mudd. In 1929, a group of forward-thinking doctors and activists in Philadelphia formed the Pennsylvania Birth Control Federation and made plans to open the state’s first birth control clinic. Unable to find a nurse to risk arrest taking patients’ medical histories and distributing birth control information, the federation President’s wife, young Emily Mudd, volunteered to take the position. The Mudds had found an antiquated Philadelphia law that barred the incarceration of a pregnant woman and Emily Mudd, visibly pregnant with her second child, could use her pregnancy to help women plan their children as she had chosen to plan her own. Before this bold venture, Emily Mudd had worked for a decade as her husband’s unpaid research assistant in immunology and had personally experienced the conflicting pressures of a woman in the early twentieth century who aspired to be both a mother and a professional. In the seventy years that followed, Mudd would forge a career for herself dedicated to helping other women pursue their own.

Following the establishment of the Pennsylvania Birth Control Federation’s clinic, Mudd became the first counselor of Philadelphia’s first marriage counseling clinic, and eventually its Executive Director. As scholars have argued, Mudd “played a role in the development of marriage counseling analogous to that played by Sanger’s Clinical Research Bureau in contraception.”¹ Mudd became involved in the eugenics movement and traveled to Germany in 1932 to conduct research, as well as the Soviet Union in 1946 searching for new and different models of motherhood. Mudd would serve as an editor for Alfred Kinsey’s groundbreaking...

work, *Sexual Behavior in the Human Female*, collaborate with famous sexologists Masters and Johnson, and become the University of Pennsylvania School of Medicine’s first female professor. All through her illustrious career, Mudd pursued the same goal that inspired her to risk arrest as a young woman: helping women like herself balance their conflicting obligations in their homes and professions.

Mudd’s career unfolded against the backdrop of a rapidly changing social order. The Mudds helped found Philadelphia’s first birth control clinic only years before the Great Depression when family planning became a financial necessity. Emily Mudd used eugenic reasoning to argue for expanded preventive care and planning just a short time before Nazi race science unveiled the field’s glaring faults. In the aftermath of World War II, when women had gained unprecedented representation in the workforce, Mudd saw an opportunity to permanently expand the role of women beyond the home as she believed had been successfully achieved in Soviet Russia. However, the ideological stalemate between the United States and the Soviet Union that vilified socialism in the Cold War stifled her work as America returned to a comfortable, but inflexible normalcy. The direction of Mudd’s work itself reflects the strict societal confines and gender norms of the early-to-mid twentieth century.

Mudd’s work has already received scholarly attention, though nearly exclusively for her contributions to the development of professional marriage counseling. Several theses, dissertations, and books on the history of marriage counseling have encapsulated this aspect of Mudd’s career, uniformly emphasizing the importance of her work to the growing field, but differing in their arguments about Mudd’s intentions and impact.²

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² The earliest of these works is a 1983 honors thesis by Alan Lewis, which provides a succinct retelling of Mudd’s early career and work in marriage counseling to that date. As the first scholarly work on Mudd, it merely argues for her as-of-yet unrecognized importance in the field of marriage counseling. Mudd’s May 2016 final paper submitted for Penn Humanities Forum Undergraduate Research Fellowship Helen Hunter, College of Arts and Sciences, Class of 2016, University of Pennsylvania
Rebecca Davis and William Kuby both present in their dissertations a scathing view of Mudd, who they criticize for her propagation of normative sexuality. Davis argues that marriage counselors in the 1930s, for all their progressive thinking, in fact reinforced the heterosexual “white middle-class ideal” at the expense of sexual and ethnic minorities. In this argument, Davis portrays Mudd as an example of the marriage counseling mainstream, mostly concerned with serving their ideal clientele (young, white, middle-class, married or soon-to-be-married individuals) and commenting negatively on Mudd’s eugenic language in her early publications. Davis does credit Mudd more highly than some of her colleagues for her genuine commitment to helping women derive more satisfaction from marriage where others sought to reinforce women’s traditional role as wife and mother.

Kuby references Davis’ arguments about normative sexuality in his own study of unconventional American marriage practices in the early twentieth century. Kuby examines the margins of marriage counseling that Davis describes in her work as existing outside the mainstream Mudd represented. Though Kuby agrees with Davis that Mudd based her marital advice on a strict normative ideal, he praises Mudd for her departure from the traditional eugenic ideals of her colleagues. Like Davis, Kuby recognizes that Mudd was not supporting a eugenic campaign against “race suicide” but rather attempting to improve the emotional wellbeing of individual couples. Neither Davis nor Kuby examine in their dissertations Mudd’s work before

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or beyond marriage counseling but provide valuable frames of reference for where Mudd stood among her colleagues: solidly in the mainstream of marriage counselors who celebrated a normative idea of marriage but separate from her colleagues who made marriage counseling an instrument in their eugenic agendas. As this thesis will argue, Mudd’s goal in her eugenic involvement was quite the opposite.

Rebecca Davis has since written a longer study on the general history of marriage counseling in which she prevents a wholly different, far more positive image of Mudd when compared to her colleagues. In More Perfect Unions: The American Search for Marital Bliss Davis still writes about the field of marriage counseling in a largely negative light. Tracing the growth of the field through the two World Wars and the Great Depression, Davis points out that with increasing frequency, marriage counselors supported traditional gender roles as a solution to women’s discontentment in marriage. Davis presents Mudd in this context as a feminist alternative to her colleagues, especially when compared to Paul Popenoe, founder of the nation’s first marriage counseling center. Where Popenoe believed educated women should commit their lives to bearing and raising “fit” children, Mudd instead wanted to help women achieve happiness through self-determination and independence. Davis also downplays Mudd’s eugenic involvement, claiming that “Mudd herself never embraced eugenics wholeheartedly.”

The most recent scholarship on Mudd is Ian Dowbiggin’s 2014 book, The Search for Domestic Bliss: Marriage and Family Counseling in 20th-Century America, in which Dowbiggin touches upon Mudd’s early career in birth control advocacy but spends the majority of his study analyzing her career as a marriage counselor. Dowbiggin provides the most positive image and the most expansive study of Mudd’s career. According to Dowbiggin, Mudd’s contributions to

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the field of marriage counseling have not been adequately recognized and Mudd was the single most influential actor in the development of marriage counseling, her work superseding even that of Paul Popenoe. Mudd’s professional relationship with Alfred Kinsey constitutes a large portion of Dowbiggin’s study, as does a thorough exploration of Mudd’s experiences in the Soviet Union in 1946.

Dowbiggin concludes from Mudd’s entire career that Mudd had an overarching professional vision of establishing a new norm for American motherhood, one where women’s reproductive capacity was only a part of her life experience and women could work outside the home with ease. According to Dowbiggin, Mudd developed the field of marriage counseling as a way to put her idea into action. Through marriage counseling, Mudd could change women’s role in society on a case-by-case basis, giving her patients the resources they needed, physiologically and emotionally, to balance motherhood and professional life. This way of looking at Mudd’s career fits into a study of marriage counseling and more generally, the rise of “therapism” and comforting careers in the twentieth century, as Dowbiggin and others contend. Dowbiggin concludes that Mudd’s failure in convincing Americans to adopt a Soviet way of life indicated that her expertise lay only in marriage counseling.

Dowbiggin’s argument, while entirely fitting as part of a history of marriage counseling, presents only a narrow view of Mudd’s career. This is not to demean this aspect of her career; Mudd’s contributions to the development of marriage counseling are well-deserved. However, while Dowbiggin correctly posits that marriage counseling was a huge component of Mudd’s

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7 Dowbiggin, Ian. "Medical Mission to Moscow: Women’s Work, Day Care, and Early Cold War Politics in Twentieth-Century America." Journal of Policy History 23, no. 2 (2011): 177-203.198 This article was adapted and reprinted as a chapter in Dowbiggin’s book where this argument is not as strongly articulated.

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career, it was only an intermediate step in Mudd’s larger professional goal. Mudd’s early career speaks to the developing scholarship on the early birth control movement, specifically studies of clinical work. Mudd’s entire career informs a study of the transformations in American motherhood that developed over the early-to-mid twentieth century.

Scholarly research on the early birth control movement focuses primarily, and nearly exclusively, on activist and women’s rights pioneer Margaret Sanger. Early works (and some contemporary ones) on the birth control movement are limited to activism in New York City and on large national organizations such as the American Birth Control League and the Birth Control Clinical Research Bureau. Individual clinics are receiving more attention as institutions through which progressive ideology may be measured due to recent scholarship, largely through the Margaret Sanger Papers Project. Cathy Moran Hajo, associate editor of the MSPP, presents a fresh perspective on clinical work in her study, *Birth Control on Main Street: Organized Clinics in the United States 1916-1939.* Instead of trying to write an exhaustive history of the larger movement, Hajo uses birth control clinics as a lens through which to examine how ideology manifested in action, and what conclusions may be drawn about the birth control movement from its medical applications. The birth control movement was not a homogenous endeavor and represented the different aims and biases of individuals, institutions, and the government. Eugenics, feminism, public health initiatives, and socialist ideology all contributed to and complicated the movement, Hajo explains. This multi-faceted view of the early birth control movement is reflected in Mudd’s work, as her influences changed significantly over the course of her career.

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9 Ibid. 2

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Mudd’s work has been dramatically underappreciated in studies of the early birth control movement, limited only to brief mentions in larger histories. Though Mudd worked in a birth control clinic only for the first few years of her career, this experience strongly impacted her movement into marriage counseling. The fact that Mudd is credited so greatly for her contributions to marriage counseling and that her inspiration was her clinical work speaks volumes to the importance of birth control clinics in exactly the way Hajo argues. Clinics’ impact reached far beyond their interactions with their patients, and as Mudd’s story demonstrates, led to larger social and professional changes. Furthermore, Mudd promoted the use of birth control in all the stages of her career, demonstrating the flexibility of the growing field.

Mudd’s entire career does not fit neatly into one field, but as Rebecca Jo Plant suggests in her recent work *Mom: The Transformation of Motherhood in Modern America*, needs to be understood within a wide scope of cultural change.\(^\text{10}\) Plant explains the shift from traditional to modern ideas of motherhood in the 1920s and 1930s. According to the traditional view, motherhood was an all-consuming role, and once women entered into this social institution it would demand the entirety of their attention and energy. The modernist view, in contrast, claimed that motherhood was not an all-consuming task. While bearing and raising children might assume a mother’s full energy and attention for a part of her adult life, she should also pursue her own interests and aspirations. Modernists believed that mothers were merely female individuals who had gone through the biological experience of birth.\(^\text{11}\) Emily Mudd was a dedicated modernist who experienced and worked to navigate this changing social dichotomy.


\(^{11}\) Ibid. 5

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Mudd’s career ranged from birth control advocacy to marriage counseling and social work but her lasting mission to promote a modernist idea of motherhood captures the essence of her work beyond her long-lasting accomplishments.

Mudd spoke candidly about her own career in a 1974 oral interview, part of an oral history project on women in reproductive health issues housed at Schlesinger Library of Radcliffe College.12 Mudd explained her early life, education, and varied career in great detail. Several themes permeate the interview. Mudd felt constantly conflicted between her home and professional life, which colored her career and the work that interested her. As she explains in her later life, she did not see herself as a pioneer, and did not see her deeds in terms of a career, merely what she could do in every moment to help people who needed to be helped. This is a modest retelling. Mudd’s career took many unexpected turns, often because of her professional and personal connections, but she used these connection in targeted, goal-directed, beneficial ways.

Mudd skims over the unsavory aspects of her career, especially her reverence for and involvement in the eugenics movement. These aspects of her career are visible upon reading over her publications and personal papers, untainted by afterthought. In the same vein, a common theme appears in Mudd’s career, both in her retelling and in the actual happenings: she often shied away from work that she deemed socially unacceptable. The tangents of Mudd’s career that she did not follow have been deemed failures by contemporary scholars, leaving only marriage counseling as her claim to expertise. Mudd’s aversion to social unacceptability is more

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complicated, and her tendency to redirect under criticism more understandable after examining several threatening interactions with religious groups, colleagues, the media, and the government. She had an excellent sense of where she could be successful in her work and where she could make significant improvements to women’s societal role. Mudd was not a failure, but a pragmatist, and her consistent commitment to bettering the condition of working women and mothers defines her career from beginning to end, not merely her successful work in marriage counseling.

Chapter One of this thesis explores Emily Mudd’s early life and career from her family background and education through her work founding Pennsylvania’s first birth control clinic. In this period Mudd formed her inquisitive, solution-oriented intellect, which would guide and define her professional path. This period in Mudd’s life shows the roots of the professional and personal networks that inspired her work and would aid her in the face of adversity. When the Mudds settled in Philadelphia and realized that there were no birth control clinics in the city, Emily Mudd helped establish the state’s first in hopes of helping women navigate the pressures of marriage and motherhood as Dr. Stone had helped her, years before. At this point, Mudd believed that providing women with the physiological resources they needed to space their children would alleviate the burden of motherhood that weighed down many women. The founding of the Maternal Health Center in Philadelphia marked Mudd’s first step in her lifelong mission of expanding women’s societal roles and opportunities.

Chapter Two studies how Mudd took what she learned from her work at the Maternal Health Center and used her observations to think critically about how she could further improve conditions for women. Mudd saw that many of her patients sought birth control methods too late, once they were already burdened with many children and economic distress. Mudd realized that
her patients needed more than just access to birth control devices, they needed counseling and aid in planning their marriages before it was too late. Mudd’s interest in preventive care led her to Germany in 1932 where she researched the work of Marie Kopp, a eugenicist and fellow proponent of government aid to the birth control movement. In Germany, Mudd found marriage counseling centers that inspired and motivated her to establish a similar center in Philadelphia. Mudd became the first counselor of the Marriage Counsel of Philadelphia shortly thereafter, embarking on her career in marriage counseling. However, developing marriage counseling as an aid to marital issues and women’s conflicting values proved only the intermediate step in Mudd’s continuing mission to aid working women.

Part Three examines how after a nearly disastrous encounter with Philadelphia’s District Attorney over the legality of the Marriage Counsel, Mudd understood that what she was trying to do stood outside the realm of social acceptability in the United States. Providing women with birth control information and devices alone could not transform American society to welcome women; the entire fabric of society would have to be undone. So Mudd traveled again, seeking a model for American motherhood that was more egalitarian and supportive of professional women. She found this ideal form in the Soviet Union, where she traveled in 1946 with her husband, following in the research footsteps of Soviet sympathizer and scholar of women’s issues, Rose Maurer. Mudd saw in the Soviet Union what she hoped to implement in the United States: a society in which women were fully integrated into the workforce and received ample support from their government. Mudd’s vision of the Soviet ideal may not have been entirely accurate as she discovered what she had hoped to find without recognizing the system’s shortcomings. However, she enthusiastically brought her findings back to the United States only
to find in a matter of months that the United States was wholly unreceptive to the Soviet way of life.

Emily Mudd’s story and career are that of an individual woman struggling to balance the responsibility of motherhood and her professional goals while working to ensure that her peers and future women had the resources, education, and societal support to succeed further. Mudd’s career as of yet has only been studied for the mark she made in marriage counseling, which provides only a limited view of Mudd’s greater mission: to find a new model for American motherhood. Other scholars have already examined Mudd as a forward-thinking, though flawed proponent of women’s equality and greater independence in marriage. Critics of Mudd have focused on her loyalty to the status quo. However, circumstances considered, Mudd was pushing the limits of social acceptability and seeing where she could selectively evolve her ideas. A reappraisal of Mudd’s career reveals a greater role for her in the history of women’s issues, where her contributions have been overlooked. This thesis will reconsider Mudd’s professional shortcomings in light of her larger ideological mission and pragmatism, recognizing her lasting impact on the field of marriage counseling as only a small portion of her professional goals.
THE AMERICAN PUZZLE: Emily Mudd’s Early Life, Education, and Birth Control Beginnings

At the time of the founding of Philadelphia’s first birth control clinic, Emily Mudd was, on paper, exactly what a high society woman of the early twentieth century was expected to be: the wife of a prominent Philadelphia doctor, a social accessory for her husband’s professional networking, and a dedicated philanthropist. However, Mudd’s early life, education, and early professional experiences reveal a woman acting far beyond what was expected of her. By this point in her life Mudd had developed a scientific intellect, an empathetic worldview, and a passion for tackling unanswered questions. Emily Mudd’s involvement in founding the Maternal Health Center was a daring feat that built upon her lived experiences and would prove to be only the first step in her continuing mission to redefine American motherhood.

Emily Borie Hartshorne was born on September 6, 1898 in Merion, Pennsylvania to Edward Yarnall Hartshorne and Clementina Hartshorne. The Hartshornes had a long family tradition of medical professionals and charitable givers. Mudd would become one of five generations of Hartshornes to work in some capacity at Pennsylvania Hospital. Mudd recounted her family story in her later interview with James Reed, noting the differences in living styles she noticed at a young age. Mudd’s father was a Quaker whose family valued frugality, manners, and discipline, whereas Mudd’s mother came from French and Puritan families with a more relaxed character. As Mudd reminisced, she would spend every other Sunday with her Quaker grandfather, in whose home children were to be seen and not heard, and

other Sundays with her maternal grandparents, where jollity and music surrounded the dinner table. But far from viewing this as a source of conflict in living situations, Mudd felt this disparity gave her a sense from a young age that all families were different, that different values could be of equal virtue, and that each way of life should be accepted and appreciated.\footnote{Reed Interview, 3-4}

While Mudd saw in her childhood the richness and joy of family life, she also witnessed firsthand the pain and heartache a family must weather together. Mudd’s older sister was classified as a spastic birth, delivered with her umbilical chord around her neck, born partially paralyzed. Only two years younger, Mudd constantly saw herself in sharp relief of her sister, whose life opportunities had been limited from birth. Mudd’s feelings about her sister as a less fortunate individual led her to the sage realization that “there was a sadness in life and that often it wasn’t a person’s fault, it was a misfortune but that you could help such a person.”\footnote{Ibid. 4}

Mudd saw the burden difficult childbirth had placed upon her parents in particular. Mudd was the second oldest child of four, and would have been one of five had one sibling not died in infancy. “That made quite an impression because I remember the incubator in the house,” Mudd remembered. “Those were the days when there were no facilities in a hospital for a premature of seven months… I remember being taken by my father to see the little baby and realized again that men and women were helpless in terms of some medical aspects of procedure… and that sorrow was in essence a part of life and living.”\footnote{Ibid. 5}

Self-aware and sympathetic, Mudd saw her childhood, education, and later her career through the lens of her mother’s and grandmother’s life experiences. Mudd’s maternal grandmother, Emily Borie Rhodes, gave birth to thirteen children, only eight of whom survived
In his honors thesis on Emily Mudd’s career in marriage counseling, Alan Lewis compares Mudd’s childhood experiences to those of Margaret Sanger, who similarly witnessed early death and the complications of childbirth from her own mother and siblings.18

Neither Mudd’s mother nor her grandmother attended college, though Mudd recognized in each a great strength, work ethic, and intellect. When Mudd’s grandparents lost their estate in an economic crash, Mudd’s grandmother grew and sold plant cuttings and started a laundry service out of a local church, employing millworkers’ wives. “I realized she had a great deal of courage and also a belief in the fact that women could do many things in spite of having thirteen babies,” Mudd reflected.19 Mudd’s mother felt she had been held back from attending college by Mudd’s grandfather, who only felt it economically advantageous to send his four sons to college and expected his daughters to marry right away. In part due to this setback, Mudd’s mother was a great promoter of women’s rights. Mudd remembered marching in a suffrage parade as a child with her mother, undaunted and fearless in the face of heckling bystanders. Mudd thought that “although she [her mother] had never had the opportunity or the discipline of higher education in the development of her methods and her goals… she had all the imagination for trying them out and the courage to do them.”20

Mudd clearly inherited her mother’s imagination and courage, and from a young age set out to blaze her own path. As a child, Mudd often got in trouble for being too inquisitive. If Mudd asked a question in the classroom that her teacher couldn’t answer, she would come home and ask her parents, and if they couldn’t answer, she would try to solve it herself. “I had what

17 Ibid. 7
19 Reed Interview, 12
20 Ibid. 11
Kipling called ‘satiable curiosity,’” Mudd explained. “I was always, I guess, bothering people with questions which perhaps they thought were unnecessary, but I think in a sense this has been part of my whole life—asking questions that nobody could answer. And then seeing if they couldn’t be answered, perhaps thinking I could do something about finding the answer myself.”

Mudd’s “satiable curiosity” and will to figure out on her own what others could not explain would drive her to question, and seek answers to, much larger issues than her elementary coursework.

Though she grew up seeing the educational and professional limitations of womanhood and motherhood, Mudd knew that her life would be different from her mother’s and grandmother’s. Mudd’s mother had always wished to attend college and thought that her daughter should have the opportunity. Mudd’s father readily agreed. Considering that higher education would never be an option for Mudd’s disabled elder sister, Edward and Clementina Hartshorne felt that if Emily were academically and physically capable of attending college, she should do so. Mudd set off for Vassar College to seek the higher education her mother and grandmother had never been able to pursue.

As she entered college, however, Mudd’s life would take an unexpected change of direction. Mudd’s college years fell under the shadow of the first World War, and many of Mudd’s classmates at Vassar looked for ways to volunteer their service, as their brothers and boyfriends were in the armed services. Mudd and a group of her classmates joined the Women’s Land Army and took up the agricultural work of men who had left farms for the war. For a

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21 Ibid. 6
summer, Mudd and eighteen of her friends worked on farms outside of Philadelphia, sleeping on army cots and waking at dawn to tend corn fields and vegetable gardens.\textsuperscript{22}

In his interview with Mudd, James Reed poses the question of women’s wartime work, asking Mudd if in her entry into the Women’s Land Army was a response to the dissatisfaction she and many other women could have felt being excluded from the work force before the war. Mudd answered that exclusion from employment or other opportunities had, at this point in her life, never been a problem because of her supportive family environment. Unlike her grandfather to her mother, Mudd’s father was a “supportive friend.”\textsuperscript{23} When she was a young teenager, Mudd approached her father with the idea of raising chickens in order to sell eggs, a business venture Mudd dreamed up to increase her allowance. Mudd’s father allowed and supported the idea, as he allowed and supported Mudd’s desire to attend Vassar. When Mudd informed her parents that she had no intention of going back to school, and planned to enlist as an army nurse after working with the Women’s Land Army, her parents accepted her decision.\textsuperscript{24}

Mudd’s long career in medicine could have begun here with her enlistment in the nursing corps. Unfortunately, Mudd’s time with the Women’s Land Army would keep her both from continuing her studies at Vassar and enlisting, as Mudd contracted typhoid fever at the end of the summer. Mudd survived three months in a hospital with typhoid but it was readily apparent that she could no longer enlist as an army nurse. “My whole future, I guess, just by that incident— was probably changed,” Mudd later ruminated. Never deterred, Mudd took away from this experience that “things happen to you unexpectedly and that you have to meet and deal with

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\textsuperscript{22} Ibid. 8
\textsuperscript{23} Ibid. 9
\textsuperscript{24} Ibid. 10
them.\textsuperscript{25} Mudd would eventually find a way back into medicine, but for the time being Mudd transferred to the Lowthorpe School of Architecture in Groton, Massachusetts where she could work outdoors and recover from her illness.

Mudd’s degree in landscape architecture further developed her sense of rational thinking and practicality. “I got extremely interested in the educational process in this professional school, which was completely different from anything I had experienced in either primary or my high school or my one year at Vassar,”\textsuperscript{26} Mudd later explained. At Lowthorpe, class and working experience were one and the same. Students worked in greenhouses with fertilizers and plant cuttings, hands-on learning that suited Mudd’s practical nature. Mudd later thought that this kind of practical experience is what she had been looking for in pursuing nursing.\textsuperscript{27}

Mudd recounted a summer at Lowthorpe that captured her growth and desire to make something of herself. A classmate’s family allowed their daughter and Mudd to grow and sell cut flowers from their garden in Massachusetts, which Mudd did with great profit, akin to her childhood venture raising chickens. Thrilled by the experience, Mudd and her classmate wrote an article for \textit{The Country Gentleman} titled, “Why Not Make Your Summer Pay? The Actual Experience of Two Girls Who Did.” The article would have been Mudd’s first publication of many if it had not been rejected for not being “in every way adapted to the special requirements” of the magazine.\textsuperscript{28} Mudd’s confidence suffered a blow, but she still found pride in the experience of hard work and making something of herself.

Relocating to Massachusetts moved Mudd’s life in a new direction again when she met Stuart Mudd, a biophysics student at the Harvard Medical School. The two met at a party on

\textsuperscript{25} Ibid. 13
\textsuperscript{26} Ibid. 14
\textsuperscript{27} Ibid. 14
\textsuperscript{28} Ibid. 16
Beacon Hill held by a mutual friend’s family and were married less than a year later, in September 1922. The timing was perfect, Emily would marry Stuart and settle with him in Cambridge just as she was meant to start at her new postgraduate position in the office of Stanley White, a successful Boston landscape architect.29

Marrying Stuart Mudd however placed her at a professional crossroads. At the time, Stuart needed more hands for his research than his department head would pay to support and asked his wife to help him with his laboratory work. Emily was able to do this for several weeks before her job at Stanley White’s office began but as weeks turned into months, White made it clear that he would have to hire somebody in her stead. “…I was very sad. I suppose in modern terms you’d say I was conflicted because I really was excited about that job,” Emily reflected. “But it didn’t really occur to me then to hesitate in what I felt I should and wanted to do and that was to dig in and help my husband.”30 So Emily Mudd turned down her job with the Boston landscape architect and stayed on as her husband’s unpaid research assistant. When she finally told Stanley White about her decision, he was disappointed but understanding. “He was too understanding of the cultural… well, the expected cultural norms of marriage to be nasty about it,”31 Mudd supposed.

Emily would continue to work as Stuart’s research assistant for the next ten years, as they moved from Boston to New York, and eventually to Philadelphia. Emily showed early on a predisposition for scientific research and was a great help to Stuart in his work. Stuart wrote in one of his later publications on microbiology that Emily had “the inquiring and critical mind of a born scientist. She realized that I needed her help, so she gave up her position in a landscape

29 Ibid. 15
30 Ibid. 17
31 Ibid. 18
architect’s office and joined forces with me as a volunteer in the Biophysics laboratory—a happy collaboration that lasted for ten years." Mudd was indeed such an adept research assistant that Stuart Mudd’s chief attempted to steal Emily away, offering her a paid position as his own research assistant.

Already in a tense relationship with his superior, Stuart Mudd welcomed an invitation from Dr. Simon Flexner for him and Emily to interview for a job at the Rockefeller Institute in New York City. The young Mudds hit a stroke of good fortune when Dr. Flexner realized he knew Emily Mudd’s cousin, a portrait painter. Flexner readily offered the young couple a position, officially to Mudd but happily allowing Emily to work with him again as an unpaid assistant. So the Mudds settled in New York as a young married couple with a small salary, a small apartment in Gramercy Park, and the beginning of a small family, as Emily was pregnant when they arrived.

The Mudds moved to New York City at a period of pitched reform activity. Margaret Sanger had at this point opened her first clinic in Brownsville, Brooklyn. After researching Dutch clinics, Sanger saw a clinic as the next step in her advancement of the birth control movement. In October 1916, Sanger opened the Brownsville Clinic, aiming to service mostly underprivileged Jewish and Italian immigrants. In order to evade strict obscenity laws, Sanger modeled her clinic so that information about birth control was disseminated only orally. Nonetheless, Sanger’s clinic was shut down and the clinic staff (herself, her sister, and their

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33 Reed interview, 18
34 Ibid. 19-21
36 Ibid. 81

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interpreter) were arrested. On appeal, the New York State Supreme Court ruled that her operation would be deemed legal if Sanger hired a physician and treated her patients for sound medical reasons. In 1923, the same year the Mudds moved to New York City, Sanger opened her first legal clinic, the Clinical Research Bureau.\textsuperscript{37}

Stuart Mudd was a great admirer of Margaret Sanger, referring to her as “one of the greatest women of all time” and “a woman of extraordinary human identification with her fellow-women, in particular those who suffered” in a later correspondence. When Stuart Mudd was a medical student in the early 1920s he attended one of Sanger’s lectures. “As one of her audience I was outraged that a man tried to heckle her, and I approached him with clenched fist and said ‘You shut up.’ He did. This was doubtless a trivial incident to Margaret Sanger, but that evening was a milestone in my life.”\textsuperscript{38}

Emily and Stuart Mudd had already at this point been interested in child spacing and in fact had been conducting research on spermatozoa. Emily Mudd continued to work through her pregnancy until the elevator man in the Rockefeller Center’s building refused to let her ride up to the second floor. Shortly after Emily Mudd gave birth to their daughter, Emily Borie Mudd, she visited Margaret Sanger’s birth control clinic to be fitted for a diaphragm. Mudd took a great interest in Dr. Hannah Stone, who Sanger had hired to run the Clinical Research Bureau, and expressed a great respect for her work.\textsuperscript{39}


\textsuperscript{39} Reed interview, 21-23. Dr. Stone and her husband Abraham Stone, editor of the \textit{Birth Control Review}, would remain lifelong friends and colleagues of the Mudds. The Stones also later founded a marriage counseling center together.

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Mudd had learned from the lived experiences of her mother and grandmother the difficulties of pursuing an education and career while raising children but had never herself felt held back by virtue of her gender, having been raised in a supportive environment. Mudd had at this point already turned away from her own professional ambitions in landscape architecture to assist her husband, and wanted to continue doing so. Through her pregnancy, Mudd never felt that she had to give up her work or normal activities, but the elevator man who refused to let Mudd enter the Rockefeller Center office proved to be only the first deterrent in her continuing work. After the birth of her daughter, Mudd experienced firsthand the difficulty of motherhood and work. After a few months of recovery Mudd returned to Stuart’s lab, but,

“the minute I went back to work I lost my milk which… I thought physiologically said something to me. I guess so me people can do it, but again if you’re going to be a woman and nurse your baby, there is a chance that you just can’t carry too much outside and go along producing milk So this made a deep impression on me.”

Fitted for a diaphragm, Mudd could at least space her children to a manageable time frame, but nevertheless Mudd felt the strain of balancing work and motherhood.

Stuart Mudd’s position at the Rockefeller Institute was always assumed to be temporary, a stepping stone for Mudd’s career. Prompted by Dr. Flexner, Stuart Mudd accepted a position as an Associate in Pathology at the University of Pennsylvania and started off working at the Phipps Institute for Tuberculosis in Philadelphia under a former teacher, Professor Eugene Opie. Emily and Stuart moved to the suburbs of Philadelphia in 1923, where Emily continued to assist Stuart in his work.

The Mudds were surprised to find in Philadelphia that there were no birth control clinics in the city, nor anywhere in the state. They were similarly surprised by the rigidity of

40 Ibid. 22
41 Ibid. 25
Pennsylvania’s laws, which barred contraceptive materials and advice. “Feeling deeply grateful to Dr. Hannah Stone for my own personal advice and knowing what Margaret Sanger had done, we felt that it as just terrible not to have anything available in Pennsylvania,” Mudd commented. Mudd began to think whether she might be able to do something about the lack of clinics.

Through their networks of doctors and philanthropic friends, the Mudds gathered a group of interested supporters in hopes of founding a clinic. Unofficial meetings for what would become the Pennsylvania Birth Control Federation were rumored to have started as early as 1922, but the first official meeting was on January 9, 1927, in the Narberth home of Dr. George A. Sloan. At this meeting Stuart Mudd was elected president of the group and nominated Dr. Roswell Johnson from Pittsburgh to be his Vice President. Stuart Mudd laid out the federation’s main objectives: first, to seek the amendment of Pennsylvania’s strict obscenity laws; second, to establish clinics in densely populated areas; and third, to raise interest and spread knowledge of birth control through the state. The cooperation between doctors from Philadelphia and Pittsburgh is not to be overlooked; the federation set out to first establish a clinic in Philadelphia but evidently meant to open more in the new future after testing their model and the response from the state’s legal authorities.

Over the next two years, the Pennsylvania Birth Control Federation planned and organized a clinic to be opened in Philadelphia. “The plan was to open this clinic as a test to see

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42 Ibid. 28
44 “Copy – Minutes of First Meeting of Pennsylvania League,” recorded by Alleyne C. Martin, Secretary Pro-tem, Box 1, fol. “Planned Parenthood ADM/ORG, Misc., 1920’s-50’s,” Planned Parenthood of Southeastern Pennsylvania Records, Special Collections Research Center, Temple University Libraries. 1-3
if we could force a change in the law,” Mudd explained. The clinic would serve a dual purpose of treating patients individually and propelling the organization’s legal battle, akin to Sanger’s Brownsville clinic. About a year after the first meeting of the Federation, the group began to discuss opening a clinic seriously and practically. At a meeting on March 17, 1928, Vice President Dr. Johnson moved that if any individual in the federation were indicted for their work, violating the acts that barred dissemination of contraceptives and advice, that the organization would support them legally. A few months later, the group discussed a name for the clinic. “We were afraid to call it a birth control clinic,” Mudd later explained. “We were trying to straddle between the acceptable health care and the not yet acceptable spacing of children.” With this dilemma in mind, the federation agreed that the clinic would be called the “Maternal Health Center.”

The Federation members knew the dangers of their risky endeavors and that they would be in effect baiting the state. In a board meeting held on December 3, 1928, the group candidly discussed their plans: “There was a full discussion of the legal aspects of the seriousness of the risks and full understanding that the Board was behind the Maternal Health Committee. It was strongly urged that as little possible be said to anyone about this special activity and that we refer to our Health Center merely as an office.” With the help of a prominent lawyer who had previously worked with Margaret Sanger in New York, Steven Heckscher, the group made a thorough study of Pennsylvania’s obscenity laws. Heckscher advised against attempting to open

45 Reed interview, 28
46 “Excerpts from the Minute Book of the Pennsylvania Birth Control Federation concerning the Maternal Health Center, December 10, 1930 / Prepared for Distribution at Board Meeting of Joint Committees / December 12, 1930” Box 1, fol. “Planned Parenthood ADM/ORG, Misc., 1920's-50’s,” Planned Parenthood of Southeastern Pennsylvania Records, Special Collections Research Center, Temple University Libraries. 1
47 Reed interview, 26
48 “Excerpts from the Minute Book of the Pennsylvania Birth Control Federation,” Temple SCRC, 1
49 Ibid. 2. Underlining present in the meeting minutes transcript.
a clinic within Philadelphia proper, as the devoutly Catholic court judges would not rule in their favor if and when they were arrested for their work. Instead, the federation decided to open a clinic just beyond the city limits in Delaware County where a liberal judge, Mr. Olmstead, might be more sympathetic to their cause. Mildred Olmstead, the judge’s wife, was the executive director of the Women’s League for Peace and Freedom and the couple was strongly involved in many liberal causes.50

Through personal connections in Delaware County the federation also came upon a general practitioner, Dr. Victor Janvier, and a Quaker doctor, Dr. Lovett Dewees, who were willing to work as clinic physicians. Dr. Dewees had already been surreptitiously employing the same techniques as the Sanger clinic in his practice. The federation put together an advisory board of prominent Philadelphians, doctors, clergymen, and members of religious groups, presumably to benefit from their council on the clinic but also to ensure the good faith for their constituents.51 By the end of 1928, the clinic seemed to be coming together. The federation found a small office on 69th Street, just over the city limits, leaving them with but one position to fill before they could open: a nurse to take down patient’s medical histories and to be present for examinations with the male doctors.52 The federation was unable to find a registered nurse willing to risk arrest and her reputation to assist their cause.53

In the federation’s thorough examination of Pennsylvania’s laws, Emily Mudd found two that intrigued her: “One said that two people couldn’t ride abreast on bicycles down Chestnut Street—that was our main city thoroughfare. And the other said that a pregnant woman could not

50 Reed interview, 29
51 Ibid. 29-30
52 “Excerpts from the Minute Book of the Pennsylvania Birth Control Federation,” Temple SCRC, 2
53 Reed interview, 29-30
be incarcerated.”\textsuperscript{54} Visibly pregnant with her second child and thus immune to imprisonment, Emily Mudd volunteered her service and offered to work as the clinic’s first nurse.

Mudd was sure that when the clinic opened “the Black Maria…the police van, would shortly descend upon us and Dr. Janvier and I would be ushered off to jail.”\textsuperscript{55} In the clinic’s second week, it was indeed raided. The clinic was not at the time open and neither Mudd nor Dr. Janvier was present, but the police confiscated the clinic’s records. The Mudds’ well-connected circle of friends proved useful once more, as the city’s Commissioner of Health knew socially many of the members of the clinic’s advisory board. Stuart Mudd invited the Commissioner to lunch and the records were returned in due time.\textsuperscript{56} The preparedness of the federation in the event of police intervention paid off, and the clinic faced no further legal trouble.

There was a surprising lack of response from Philadelphia’s sizeable Catholic population, which the Mudds had expected to be a key source of pushback. “Apparently other religious groups either didn’t think we were doing enough to bother about, or they were not organized at that time as they are now to protest and fight,”\textsuperscript{57} Emily Mudd supposed. Moreover, the clinic’s clientele in it’s first year was more than a quarter Roman Catholic, Mudd revealed at a meeting in December 1929.\textsuperscript{58} Because of the clinic’s location and system of referrals from other social agencies, most of Emily Mudd’s clients were working-class Italian women whose families had settled nearby. More affluent women could afford to see doctors privately who could

\footnotesize{\textsuperscript{54} Ibid. 30  
\textsuperscript{55} Ibid. 30  
\textsuperscript{56} Ibid. 30  
\textsuperscript{57} Ibid. 31  
\textsuperscript{58} “Excerpts from the Minute Book of the Pennsylvania Birth Control Federation,” Temple SCRC, 3 May 2016 final paper submitted for Penn Humanities Forum Undergraduate Research Fellowship Helen Hunter, College of Arts and Sciences, Class of 2016, University of Pennsylvania}
surreptitiously provide them with contraceptive advice, so the clinic served a demographic of mostly underprivileged women.\footnote{Reed interview, 32}

In the first few years after its opening the Maternal Health Center joined, and inspired, a rapidly growing network of independent clinics in Pennsylvania and elsewhere in the country. The Maternal Health Center was one of thirty clinics that opened across the country, mostly in large cities, in the six years following the opening of Sanger’s Clinical Research Bureau.\footnote{Hajo, “Birth Control on Main Street,” 13} In Pennsylvania, the Maternal Health Center became the headquarters for the Pennsylvania Birth Control Federation and thus the focal point for a network of clinics in the state. A chart published in the February 1932 issue of the \textit{Birth Control Review} showed the geographic regions and functions of local leagues, clinics and women’s health centers in Pennsylvania. The collaborative nature of these independent clinics is represented in the chart, which lays out the clinics in relation to one another and highlights their different roles. Some regions are marked merely as having doctors willing to accept referrals from leagues, some marked with active members but no functioning clinics or leagues. Six clinics are marked, in Reading, Pittsburgh, Bethlehem, Easton, and two branches of the Maternal Health Center in Philadelphia.\footnote{“The Pennsylvania Birth Control Federation: A Chart.” \textit{Birth Control Review} 16, no. 2 (February 1932): 48. Accessed April 29, 2015. Life Dynamics.} By this time, the federation had opened a second clinic at 1402 Spruce Street while maintaining the original center at 6816 Market Street.\footnote{“104 Centers for Contraceptive Advice.” \textit{Birth Control Review} 16, no. 2 (February 1932): 61. Accessed April 29, 2015. Life Dynamics.} The Maternal Health Center in Philadelphia is captioned on the chart as “Largest in state. Has become demonstration headquarters for physicians and medical students.”\footnote{“The Pennsylvania Birth Control Federation: A Chart.” \textit{Birth Control Review}, 48}
A survey of several state leagues was published in the same issue of the Birth Control Review, highlighting the abnormally rigid stance on birth control in the state of Pennsylvania that the Mudds first observed when they moved to Philadelphia. In response to the question “What generally speaking, is the attitude of the press in your state toward birth control?” only the Pennsylvania representative responded unfavorably, stating “Pittsburgh good, Philadelphia negative.” Of the state leagues surveyed for the publication’s comparison, Pennsylvania’s boasted the largest membership: 4,500 members, well ahead of even the next largest, Massachusetts with roughly 1,500. Pennsylvania remained exceptional in one more way: its state organization had an unusually high proportion of male members, especially in leadership positions. When questioned about male involvement in the state league, the Pennsylvania delegate responded: “We try to have more men than women. The President of our state organization has always been a man and usually a doctor.”

Women’s role in the birth control movement was more limited than one would expect for a movement so closely tied to motherhood and women’s health. As evidenced by the Pennsylvania Birth Control Federation, it was critically important that leaders be male and closely tied to the medical community. Though the other state leagues did not emphasize male involvement to Pennsylvania’s extent, this was not an uncommon strategy. Mudd’s work as an untrained clinic nurse also was not unusual; most clinics were operated not by doctors or trained nurses, but by lay women, often wives of doctors or wealthy women engaged in multiple

65 "The National Asks Some Questions." Birth Control Review 16, no. 2 (February 1932): 44. Accessed April 29, 2015. Life Dynamics. Each State league was represented by a member of their organization. Mrs. George Dunning, a colleague of Mudd’s, represented the Pennsylvania league.
67 Ibid. 41
charitable and philanthropic endeavors, especially in clinics’ early years.\textsuperscript{68} However, men began to outnumber women in movement leadership in the late 1930s, which many activists, Margaret Sanger included, saw as an indication of success as the movement became more mainstream.\textsuperscript{69}

As Cathy Morah Hajo points out in her writing on clinics, “Birth control began as a woman’s reform movement, but clinic work demanded the participation and cooperation of the medical profession.”\textsuperscript{70}

Emily Mudd must have witnessed this firsthand as her husband served as president of the state federation. Mudd also continued to struggle, juggling the responsibilities of motherhood and her professional work as she worked at the Maternal Health Center and continued serving as Stuart’s research assistant. After the birth of her second child, whose gestation had made her involvement in the Maternal Health Center possible, the birth control committee of the federation gifted Emily with a silver porringer. They called little Stuart Harvey, born in 1927, Emily’s “birth control baby,” a testament to the Mudds’ careful planning and Emily’s opportune pregnancy. Emily Mudd herself was not so jovial.

“I found myself often feeling very conflicted, very anxious and very worried. It was difficult, sometimes almost impossible to divide myself and my energies, my interests and desires between the three children and my husband’s professional work, which by this time had become to some degree our joint work. I realized acutely the conflicts which motherhood and a job—whether paid or unpaid---or any regular responsible activity of an important nature outside the home can precipitate within a woman who goes through not only the biological process of birth but the very important nurturing feelings and commitments of motherhood. Her natural desire to love and be with, play with and enjoy the children without being exhausted often has to be unfulfilled if other responsibilities interfere.”\textsuperscript{71}

\textsuperscript{68} Hajo, \textit{Birth Control on Main Street}, 74
\textsuperscript{69} Ibid. 99
\textsuperscript{70} Ibid. 101
\textsuperscript{71} Reed interview, 26

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Mudd had been able to use her pregnancy to help women in similar conditions to space their children, alleviating the worry and financial strain of unplanned children. However, Mudd herself began to experience that child spacing alone was not enough to help a mother maintain a profession.

Thanks to the painstaking measures Mudd and her colleagues took to ensure legality and acceptance from the medical community, the Maternal Health Center ran smoothly for its first few years after opening. A Philadelphia Record article printed in 1930 highlighted the Center’s successes, immediate impact, and practical nature. The article emphasizes the support the center had thus far received from medical professionals and social agencies in Philadelphia in referring and treating their first 140 patients. “Birth control is no longer an academic subject, but an accomplished fact, in Philadelphia and environs,” the article begins, noting the practical nature of clinics in applying new medicine to patients.

In the article, Dr. Dewees, one of the clinic founders, stressed the social importance of the clinic’s work: “When you consider that the average family income of our patients is only $28 a week… that the average number of pregnancies is five and that about half the patients have had miscarriages, you will realize the extent of the social problem confronting us. There came a real need for a maternal clinic.” The author of the article described the poor economic and mental state of the clinic’s patients and emphasized the “altruistic” mission of the Maternal Health Clinic, perhaps attempting to arouse sympathy from the reader. The author followed up Dewees’ averages with the heart-wrenching story of a patient, a mother of fourteen children with eleven living, five of whom suffered with mental issues, supporting her children on a family income of fifteen dollars a week. The author further appealed to the medical community, pointing out that “the work of the clinic has included painstaking research and a careful follow-up of cases,” and
finishing the article with the assurance that no patients visited the clinic without a referral from a physician or social agency.72

Mudd and her colleagues had hoped that their clinic would help alleviate the burden of motherhood by helping mothers space their children and prevent more children than they could afford or care for. Using birth control methods, women could plan to have only as many children as they could care for. Mudd found, however, that the clinic’s demographic was mostly women who were already at a point of desperation in motherhood. “In taking the histories of these fine women and talking with them and getting them ready to see the doctor, it became obvious to me that these women were not young. They were probably 35 to 40, in age. They were not young marrieds. They were women who had three, four, five, up to 10 or 12 children, who had fulfilled more than their duty in terms of childbearing and were worn out.”73 For many of the women that Mudd interacted with it was too late to plan child spacing. They had come to the clinic because they were at their wit’s end. The women Dr. Dewees described in the Record were largely representative of the clinic’s clientele: poor women who had been supporting their large families on very little money for a long time. Over the next few years of her budding career, Mudd would seek to solve this issue. Researching and developing a plan for “preventive care” would thrust her into the most well-researched aspect of her career: marriage counseling.

The Maternal Health Center received underprivileged women as patients mostly because of their location and the manner of their referrals. Many of the members of the Center’s sponsoring committee were members of philanthropic social agencies that worked mostly with low-income patients themselves and referred those same patients to the Center. The location of

73 Reed interview, 31
the clinic right on the border between Philadelphia and its near suburbs placed it amidst both underprivileged and very affluent women, but the women with more means could easily see Dr. Dewees or Dr. Janvier out of pocket as private patients instead of visiting the clinic.

Mudd noticed, however, that the economic hardship of her patients was in part a result of their lack of family planning resources. The women Mudd interviewed at the Center did not have access to birth control when they first married and thus found themselves in a state of distress long after it could have been prevented. The women themselves realized this, lamenting one after another that they hoped their daughters would not suffer the same fate. “It was after hearing this same statement repeated with the utmost sincerity and after many tragic stories of the loss of health or the loss of babies or dire poverty that I began to think, to wonder if we couldn’t in some way reach the younger couples before they got into such dire straits,” Mudd recounted. True to her scientific and inquisitive nature, Mudd witnessed an unresolved issue and wondered what she could do to solve it.

At this time, the Pennsylvania Birth Control League worked tirelessly to keep and gain more support for the Maternal Health Center. In December 1931, the committee members organized a luncheon to interest more people in the Center’s work and asked Mudd to speak, a testament to her valuable assistance. She took this opportunity to voice her percolating thoughts about prevention as the next logical consideration of clinical work. Mudd’s thoughts were well-received and a listener urged her to send a copy of her speech to Abraham Stone, husband of Dr. Hannah Stone, and editor of the *Birth Control Review*. Stone printed Mudd’s speech as an article in 1932 titled, “Is Preventive Work the Next Step?”, Mudd’s first publication.75

74 Ibid. 31
75 Ibid. 35
In this article, Mudd explains successes and failures of the Maternal Health Center and suggests solutions moving forward. She points out that the Maternal Health Center, intentionally named to imply that it was more than a birth control clinic, already offered services greater than simply providing contraceptives. The Center provided referrals to hospitals, functioned as a teaching center for hospitals, and was developing a small reference library. However, to Mudd, these services were not adequate to provide the kind of care and guidance she thought necessary for her patients. “Beyond our work with the completely destitute and some of those slightly more fortunate, who come to us in misery, distress and fear of mind and body, may we now probe still deeper? Is there nothing which we could do to prevent so much suffering among our married men and women?” Speaking from her observations at the Center, Mudd at this point shifted her focus from birth control to the wider issue of changing norms in the institution of marriage.

“The psychologists, the sociologists, the feminists and many others tell us today that the institution of marriage is undergoing fundamental changes.” Mudd references a lecture she attended on the French Roman Catholic modernist movement, defining modernism as it was used there as accepting an old tradition but rethinking it in modern terms to fit the needs of the present. “I wonder if that isn’t fundamentally what many of us are really trying to do to the institution of marriage as it exists today,” Mudd posed to her listeners and readers. Mudd continued:

“If then, marriage in some form is still to be an ideal worth working for, let us combat the bogies of ignorance, superstition and fear with knowledge and truth. Let us make available to the youth of our country, men and women who are to be married or have been recently married, the facts about sex and marriage which we now give to older men and women who have found life to be dragging them down and under, who have already lost the joyous enthusiasm of their great adventure. Let us above all remember that life and love are full of joy and beauty to those who are armed with knowledge and truth.”
The otherwise scientific, methodical Emily Mudd, who laid out case studies and hard statistics earlier in her writing, took a more emotional approach in this appeal to her listeners' sympathy.

Back to her efficient, problem-solving demeanor, Mudd quoted a colleague arguing that appropriate resources were the necessary tool for married couples to find happiness. The cogs already turning, Mudd evidently saw that the development and implementation of these resources was her next step. Mudd finished her article praising the marriage advice centers developing in Germany and Austria and recognizing the few marriage counseling centers in the United States, but noting that, “Much is, however, still to be done.”

76 “Mudd, Emily H. "Is Preventive Work the Next Step?" Birth Control Review, February 1932, 42-43. May 2016 final paper submitted for Penn Humanities Forum Undergraduate Research Fellowship Helen Hunter, College of Arts and Sciences, Class of 2016, University of Pennsylvania
THE GERMAN MODEL: Emily Mudd’s Eugenic Influences and Marriage Counseling Contributions

Over the next few years, researching and developing a plan for “preventive care” would thrust Mudd into the best remembered aspect of her career: marriage counseling. Mudd’s work at the Maternal Health Center led her to look for more comprehensive models of family counseling, which she found when she traveled to Germany in 1933. Mudd and the German state at this time had the same modernist agenda but for different reasons. The marriage counseling centers Mudd researched in Germany had blossomed out of the then highly regarded eugenics movement. Like many others, Mudd abandoned eugenic language after the horrendous race cleansing practices of the Nazi regime before and during World War II. However, this influence was an undeniable element in her development of marriage counseling. Mudd returned to the United States and, joining a growing group of other therapeutic professionals, founded a marriage counseling center in Philadelphia. Mudd's careful development of the Marriage Counsel of Philadelphia and her retroactive separation from eugenic principles again exemplified her sensitivity to public opinion when it threatened her work.

The Great Depression seized the United States economy shortly after Mudd and her colleagues founded the Maternal Health Center in 1929. The economic turmoil contributed greatly to the growth and popularity of the eugenics movement as raising fewer children seemed economically beneficial. During the Depression birth rates among the wealthy and educated fell but poorer families continued to have many children, the demographic differential that was the basis of eugenicists’ fear of race suicide.77

At Princeton, Stuart Mudd studied under biologist and eugenicist Edwin Grant Conklin, who left a strong impression on the budding scientist and his wife. Stuart Mudd developed an

77 Dowbiggin, “The Search for Domestic Bliss,” 23
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interest in improving the human condition eugenically, which Emily Mudd supported.\textsuperscript{78} To Mudd, there was an intrinsic link between eugenics and marriage counseling. Eugenics was a form of preventive medicine, which she admired and promoted.\textsuperscript{79} She believed that the use of birth control and child spacing could be used to dramatically improve the quality of life of all members of a family. This was a more Lamarckian approach, suggesting that one’s “fitness” could be improved, than that of other eugenicists who believed people were born and remained either “fit” or “unfit” to reproduce.\textsuperscript{80}

At the end of her article, “Is Preventive Work the Next Step?” Mudd praised marriage advice centers in Germany and Austria as models for more comprehensive maternal care and marital advice. Wendy Kline claims in her work on the eugenics movement in early twentieth-century America that marriage counseling began in the 1920s in Germany, where the government Ministry for Social Welfare opened marriage counseling centers specifically to advise parents on the eugenic good of their marriages and childbearing. These centers grew parallel to the birth control centers that were already open and active. When Mudd began to wonder how she could expand her work to encompass a more holistic approach to sex and marriage focused on preventive work, there was no such comprehensive counseling or clinical service in Philadelphia.\textsuperscript{81} Mudd looked towards Germany for models to follow.

Where the Great Depression spurred the growth of the eugenic movement in the United States, the economic and demographic crisis of the First World War led to support of eugenic

\textsuperscript{78} Ibid. 19
\textsuperscript{79} Ibid. 21
\textsuperscript{80} Lamarckism, or “soft eugenics,” considered environmental factors to influence heredity. This contrasted with Mendelian “hard eugenics,” which gave no consideration to environmental factors.
\textsuperscript{81} Reed interview, 36
practices in Germany a full decade earlier. Millions of “fit” young men died on the German battlefront, leaving a disproportionate number of “unfit” young men to bear children. The underlying ideology of the German eugenics movement, which flourished in the progressive Weimar era even before the establishment of the National Socialist state, was that the remaining fit should not waste their money and resources caring for the unfit, and that the hopeless cases should be eliminated. This led to the forced sterilization and euthanization of thousands of mental patients, disabled persons, and racial minorities even before World War II.  

As one historian remarked of the link between medicine and social issues, “health and fertility became identified with German nationalism, and as a consequence changes in nationalism fed back into medicine.”

Mudd may not have been aware of this sinister plan, but the marriage-counseling centers she admired in Germany at least followed textbook eugenic principles, encouraging “fit” families to have more children (positive eugenics), while referring “unfit” families for sterilization (negative eugenics).

At this time, Stuart Mudd’s work began to reach international acclaim and he was invited to participate in a meeting of the Eugenics Society in London in the summer of 1932, which he wanted Emily to attend as well. The Mudds took the opportunity of the eugenics conference to visit both London and Germany. Mudd had been following the work of Marie Kopp, who was at the time conducting studies of marriage and family counseling in Germany. Marie Kopp would become well-known and highly renowned in the United States after her second trip to Germany.

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84 Kline, *Building a Better Race*, 142
85 Reed interview, 36
in 1935; later, she toured the country praising Germany’s state-funded eugenics program. Kopp was strongly supportive of the government role in the eugenics movement that she witnessed in Germany where eugenics was treated as a public health initiative. Kopp praised both negative eugenics methods such as sterilization and positive eugenics methods such as “marriage loans” given to families in which mothers gave up employment, with 25 percent of the loan waived with the birth of a child.  

However, Kopp, too, was at the beginning of her career in 1932 when she and Emily Mudd both made their first trips to Germany. Kopp wrote an article on her findings titled, “The Development of Marriage Consultation Centers as a New Field of Social Medicine,” in the Journal of Obstetrics and Gynecology that shows the intrinsic ties between eugenics, marriage counseling, birth control, and other related medical fields. An editor’s note preceded Kopp’s article explaining the connection between Kopp’s research in marriage counseling and the subjects of obstetrics and gynecology. The editor noted that though Kopp’s article might seem to stand outside the journal’s normal subject matter, the field of marriage counseling was becoming an “allied field” and the article might interest doctors in the United States who were following its recent developments and activities.

In her article, Kopp defined German and Austrian consultation centers as a postwar development, varied in their names and practices but united in their mission to influence public opinion towards the improvement of national health. As of 1932 when Kopp conducted her studies, there were over one thousand German consultation centers.  

87 Ibid. 56  
88 Ibid. 57  
90 Ibid. 133
Centers developed after the war for several reasons. First, because so many young men of fathering age died during the first World War and many young women thereafter remained unmarried. Second, because the economic consequences of the war were detrimental to family development. Third, because the rate of divorce dramatically increased after the war. Fourth and finally, because of the rapid growth in literature pertaining to sex after the war, likely related to the aforementioned issues.\textsuperscript{91} Kopp cited the impact of war, combined with the recent scientific studies of human heredity by Mendel, Darwin, and Galton as the inspiration for marriage counseling centers.\textsuperscript{92} Institutions promoting eugenics and race hygiene had been promoting marital education as early as 1916, but renewed their efforts after the war. Kopp traced the growth and development of marriage counseling centers and birth control clinics in German-speaking countries from the 1920s through her visit, noting their rapid growth and strong connection to the government.\textsuperscript{93}

Kopp also compared German counseling centers to those in the United States, explaining that German centers emphasized the physical and mental fitness of couples who wished to marry. In some parts of Germany and Austria, pre-marital counseling was a requisite for a marriage license and the certification process required a careful tracing of the couple’s family bloodlines. “This is in marked contrast to the American concept of marriage advice, which as a development of preventive medicine, focuses its attention on the more immediate need of the couple, that is, advice in, and guidance on, problems of marital adjustment,”\textsuperscript{94} Kopp explained.

Mudd published an article of her own later in the following year, meant to supplement Kopp’s article, that the \textit{Birth Control Review} reprinted. Mudd’s article described the system of

\textsuperscript{91} Ibid. 122  
\textsuperscript{92} Ibid. 132  
\textsuperscript{93} Ibid. 123  
\textsuperscript{94} Ibid. 126

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marriage counseling centers she studied in Germany and widened the scope of her interest to other countries such as France and Russia, showing what other countries’ stance on marriage counseling and sex-related public health initiatives were at the time. Mudd addressed clinics more specifically in her work than Kopp did in hers, showing that Mudd’s work was still situated between the two growing fields. Mudd found that in France, clinic activism was strongly discouraged due to stagnant population growth. There was a similar restriction in Italy due to a strong Roman Catholic influence, but that in Denmark and Russia clinics were common and encouraged. Mudd noted that German marriage guidance and birth control clinics sometimes operated as one unit, but were also commonly separate entities. German marriage advice and birth control clinics were funded by “the state and city Boards of Health, women’s organizations, political organizations, religious groups, private groups, and even in certain cities by the large and powerful Krankenkassen, which are similar to the English health insurance organizations.”

Mudd argued in her article that the Catholic influence found in conservative Germany was detrimental to the dissemination of birth control and that this in turn led to poverty and squalor, where in more liberal areas with large concentrations of Jewish residents there was a counter force to this conservatism. Mudd vividly described the shift in conservative and progressive culture she found in Germany and praised the more liberal parts of Germany where she witnessed “the most poised and adequate handling of the question of Marriage Advice, Birth Control, and Abortion which it has been my privilege to find or hear of, outside of Russia.”

A theme that comes across strongly in Mudd’s work, unsurprisingly since she went to Germany specifically to study the work of a renowned eugenicist, was the service to public health that counseling centers could provide. Mudd recounted a story from her observations of a

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95 Mudd, Emily H. "Clinical Service in Germany." Birth Control Review, January 1933, 16-17.
“model clinic” in Germany where a pregnant woman came for assistance. The woman’s husband was an asylum ward, and she already cared for “two feeble-minded children and one epileptic child” as well as suffering “her own deep melancholy which had led to an attempted suicide.” Mudd expected her to be turned away and saw an illegal abortion as her only option, but the woman was instead referred to “a good hospital” to receive an abortion and sterilization or birth control methods. The woman’s treatment would be finished with a two-hour marriage advice session. The city Board of Health or the Krankenkassen would pay the patient’s fee if she could not afford the service herself. 96

Mudd’s trip to Germany left her with a profound respect for the publically-funded counseling centers she visited and the comprehensive care they offered and a wish to instate the same back home. “I visited many of the different services in Germany and tried to figure out what would be appropriate in Philadelphia… I tried to see what kind of a model might be helpful if we could get something going in this country,” Mudd later recounted of her trip. 97 Mudd was aware of the fact that in many countries, clinics and counseling centers were not supported for a myriad of reasons. Germany’s post-war needs were enough to prompt the government into supporting such centers and in the United States, the movement had gained sufficient support from doctors, philanthropists, eugenicists, and academics that perhaps it could work in America as well.

Mudd’s admiration for German maternal welfare was likely inspired by the modernist role of women in German society. However, Germany’s more modern idea of womanhood was not as beneficial as Mudd’s work would suggest. Though the Nazi state encouraged women’s independence and deemphasized the traditional exclusively domestic role of women, this

96 Ibid. 16-17
97 Reed interview, 37
freedom came at great cost and without moral purpose. The League of German Girls, a branch of the Nazi youth movement, taught girls a sense of identity and leadership, not domesticity, but only in the hope of separating young women from their families and making them more connected with the state and the party. Eugenic ideology led to the establishment of clinics and counseling centers that gave women reproductive choice, but women in Germany bore the brunt of the state’s eugenic undertakings, often involuntarily. Though men and women were equally involuntarily sterilized, 90 percent of victims who died of sterilization-related causes were women because of the more complicated procedure. Marriage counseling centers offered women places to come for treatment at their discretion but in many cases the government’s invasive eugenic policies robbed women of their bodily autonomy.98

When an interviewer asked Mudd about her trip to Germany thirty years later, Mudd provided only vague responses, skimming over her work and involvement. The interviewer asked Mudd if she was aware of the dark turn German eugenics would take under the National Socialist state, alluding to the Holocaust, the culmination of Germany’s hideous eugenic undertaking. Mudd did not directly answer the question, only recounting the “laudatory attitude toward the woman who could produce healthy children”99 she found in Germany. Mudd seemed to have been more aware of the positive eugenic undertakings she saw at the centers she visited than the negative eugenics edge the Nazi state would impose. Mudd, like many others, seemed reluctant to share her work in the eugenics movement after the fact of Nazi atrocities.

99 Reed interview, 38
Mudd continued to argue in her interview that she saw the same sort of congratulatory pressure towards women who could bear many healthy children in the United States, and that she felt it from her own circle of educated elites.

“There seemed to be a great deal of pressure, not government, but a kind of informal pressure among the educated group. Certainly I felt it as a young woman with two children: ‘Well, you have two beautiful children, Emily. Aren’t you going to have some more?’ This came not just from my parents’ generation but it came from my own peers. There was nothing at that time that gave greater prestige to a young married couple than to have another healthy, rose-cheeked baby—boy or girl… Because of this pressure and because my husband felt so strongly, I was willing to have a third child, although at that point I felt I had more than I could handle physically. But it was that kind of pressure—‘This is your job and only you can do it’—which I think precipitated a good many educated young women into undertaking more pregnancies.”

The responsibility the eugenic movement placed on women to bear many healthy children was deeply ingrained in American culture in the 1930s. Even though Mudd was at this point a professional in the field of birth control, child spacing, and family counseling, she herself was not immune to societal pressure. Fortunately, upon Mudd’s return to the United States, an opportunity soon presented itself for Mudd to begin to unravel that issue.

As Mudd took interest in preventive work, several other marriage counseling pioneers in the United States simultaneously moved in the same direction. Over the course of the twentieth century, ideas of marriage changed dramatically and simultaneously, and the “caring industries” (including professions such as clinical psychology, nonclinical social work, psychotherapy and life coaching) grew in tandem. Marriage counseling would become one of these professions but was only at its nascent in the 1930s. The Second World War, which significantly altered gender norms and women’s role outside the home, was the catalyst that made marriage

100 Ibid. 39
101 Dowbiggin, “The Search for Domestic Bliss,” 2-3
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counseling a legitimate profession. Before World War II, the seeds of the marriage counseling field were growing all over the United States and abroad. Dowbiggin suggests that marriage counseling grew out of a “nucleus of persons,” professionals in related fields such as eugenics and the birth control movement who developed, individually, the mindset and foundational questions that would later be joined together and answered by the field of marriage counseling. Mudd is one of several key persons credited with encouraging this convergence, paralleled with other field professionals such as Paul Popenoe.

Paul Popenoe opened the nation’s first marriage counseling center, the Institute of Family Relations in Los Angeles, three years before the founding of the Maternal Health Center. The center grew rapidly, boasting forty staff members by the mid-1930s and handling more cases before World War II than all contemporary centers in the nation combined. Popenoe was a firm eugenicist who, before his work in marriage counseling, was an editor for the *Journal of Heredity* and research director at the Human Betterment Foundation, a California lobbying group that promoted forced sterilization laws for the disabled.

The 1930s also saw a dramatic increase in college courses taught on pre-marital advice. On the educational front, psychologist Lewis Terman from Stanford University and sociologist Ernest Burgess from the University of Chicago made themselves known as field leaders. Terman and Burgess agreed that the institution of marriage was shifting to encompass a more emotional meaning and a sense of partnership rather than an authoritarian bond. Terman and Burgess’ audience, their students, were logically interested, as many young people who had married shortly after college. While the courses addressed Emily Mudd’s target audience, young pre-
marrieds, their message was skewed in a way she would likely not appreciate. The courses were specifically targeted towards encouraging young women to pursue marriage and motherhood after college instead of following their own career paths.  

Due to her ever-expanding professional network, Mudd found an opportunity to enter the field of marriage counseling with the knowledge and ideas she had developed in her clinic work and trip to Germany. In 1929, shortly after Mudd began working at the Maternal Health Center, a group of accomplished professors, doctors, and philanthropists in Philadelphia called the Parents’ Council began to discuss opening a marriage counseling service. Mudd was involved with the group as a committee member, but had not taken a larger role due to her work and her recent pregnancy and birth. After several years of abstract discussion and planning, the Parents’ Council held a luncheon with civic leaders and prominent physicians from Philadelphia’s medical schools with the aim of forming a group to lead a new marriage counseling initiative, and to choose a counselor. Unable to find an accredited counselor with the proper experience and personal demeanor, the Council leaders approached Emily Mudd and asked her to serve as the Council’s first counselor.

Mudd had no counselor’s training. “They explained that they had decided, rather dogmatically, that the person who was to do the counseling should be a certain type of person, no matter what their training. They then presented the proposition to my husband and me that I be the counselor and that they would train me on the job.” In the developing field of marriage counseling this was not a novel idea. In Marie Kopp’s article on German marriage counseling centers Kopp described the necessary qualifications for professional counselors, the first and

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106 Ibid. 35
107 Reed interview, 41
108 Ibid. 42
foremost in importance being simply their personality and demeanor: “Sympathy, insight, and tact are regarded as a *sine qua non.*” Professional skills and experience followed up personality in order of importance. Mudd’s empathetic, problem-solving nature made her an appealing candidate. Despite the flattery and perfect fit of the job offer, the opportunity caught the Mudds off-guard. “This naturally caused a terrific amount of surprise, emotion, and concern, My response was that I could not possibly work with my husband, see and feel that the children would get proper care, and take on another job,” Emily Mudd recounted.110

After much discussion, the Mudds concluded that Stuart Mudd was now sufficiently established in the Department of Bacteriology to ask for graduate help to replace Emily. Emily Mudd had at this point considered the end of her involvement with Stuart’s work, hoping to branch out into work more aligned with her interests in family planning once her children were a little older. “This request from this committee to do a job which in a sense had been one of my brain babies, you might say, precipitated me into decisions which I might have moved into more gradually… I guess in those days I had never thought of this in terms of career. I simply thought of it in terms of the kind of work that seemed to me important and that I had some desire and ability to do,” Mudd explained.111

Mudd was an exceptional position to become a counselor as well because she was able to straddle the bridge between medical professionals and lay people. Margaret Sanger often received strong criticism of her work from medical professionals who felt their field was being encroached upon. Mudd accredited her good relations with the field of medicine largely to her husband, a graduate of Harvard Medical School and at this time a rising authority in the medical

109 Kopp, "The Development of Marriage Consultation Centers as a New Field of Social Medicine," 128
110 Reed interview, 42
111 Ibid. 43
field, and to her involvement in his work. “I had become known as someone who was publishing and working with my husband in some of the basic aspects of immunology. As I was not paid or asking for an appointment at the Medical School, I was no threat to anybody in that sense, and had become a certain asset. I think this all helped very greatly.” Mudd also benefitted from her family connections with many Hartshornes involved in Pennsylvania Hospital.

So in 1933, after having worked for nearly four years at the Maternal Health Center and gathering ideas for a marriage counseling center in Germany, Emily Mudd began work as a marriage counselor for the newly opened Marriage Counsel of Philadelphia. The Counsel began on a small scale with an entirely volunteer staff. The budget, donated by the sponsoring committee, was only $500 a year for incidentals such as printing and a telephone line. Mudd’s hopes of a government-funded counseling service evidently could not be mustered so quickly. Mudd at first had little faith in herself as a counselor, requesting that she work without pay for the first six months with the option of removing herself from the counsel at the end of that time without any negative feelings.

The care and efficacy of Mudd’s treatment of her first patient at the Marriage Counsel should have dispelled those fears. Mudd wrote about her first patient in her 1936 article, “Some Aspects of Counseling.” Her first patient was a woman who came to the counsel in a state of distress, unmarried and exhibiting early symptoms of pregnancy. However, upon taking the patient’s medical and personal history, Mudd began to suspect that rather than pregnancy, the woman had instead contracted a venereal disease. In the article Mudd simply states that the

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112 Ibid. 52
113 Ibid. 53
114 Ibid. 43
woman consented to be examined by a physician and was found to have gonorrhea.\textsuperscript{115} Years later Mudd explained further that she had personally taken the woman to her longtime friend and colleague, and one of the physicians on staff at the Maternal Health Center, Dr. Lovett Dewees. The woman had been too afraid and anxious to see a male doctor on her own but with Mudd’s recommendation and accompaniment she agreed. Mudd had not wanted to publish Dewees’ name at the time as she did not want to reveal that Dr. Dewees had been covertly supplying birth control advice and methods to his patients for years.\textsuperscript{116}

Mudd was acutely aware of the public reception of her work. This was evident in the naming of the Maternal Health Center, which Mudd reasoned could not be called a birth control clinic in order to be considered socially acceptable. And Mudd’s fear was not without reason. She applauded the state funding for clinics and counseling centers in Germany, probably in part due to the caution she always had to exercise in order to maintain financial support from private donors for the Maternal Health Center and the Marriage Counsel. In 1929 Dr. Hannah Stone, who Mudd so admired, published an article titled, “The Birth Control Clinic of Today and Tomorrow,” in which she argued that birth control clinics in the future should offer the kind of holistic service Mudd sought to establish.\textsuperscript{117} Mudd did not, however, simply expand the services offered by the Maternal Health Center, she started her new counseling center with a clean slate. “I’m sure there were certain people who gave to birth control work who also gave to [the] Marriage Council. But I think there were others and perhaps some foundations that felt more free

\textsuperscript{115} Mudd, Emily H. "Some Aspects of Counseling in a Marriage and Family Consultation Service." \textit{The Family} 16 (February 1936): 301-05. University of Pennsylvania Archives, Mudd Family Papers, Box 1. 305
\textsuperscript{116} Reed interview, 45-46
\textsuperscript{117} Ibid. 50

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to give to a service called a Marriage Council than they did to birth control again because of the Pennsylvania laws.”

In a 1936 article describing the relationship between the Maternal Health Center and the Marriage Counsel, Mudd explained that the two centers were separate but linked. The Marriage Counsel was founded to bring more depth to patients’ treatment, as doctors at the Maternal Health Center were pressed for time and resources and could not adequately address the counseling needs of their patients. By the formation of the Marriage Council, birth control clinics were growing rapidly in Philadelphia. The Marriage Council’s office was directly adjacent to the offices of the Maternal Health Center at this time, and thus patients were readily referred back and forth. However, once Mudd established herself at the Marriage Counsel she was no longer involved in the Maternal Health Center. For the rest of her career, Mudd would struggle to balance her professional ideals and to conform to popular opinion.

The Marriage Counsel had two divisions: individual consultation and marital education programs. Mudd, as the Counsel’s counselor, conducted hour-long interviews with each of her patients, individually or as couples, and gave her advice to their issues and referrals to her medical colleagues if needed. The Counsel was not meant to serve as an ongoing counseling service for individuals; rather, it was a point of contact for referrals to more specialized doctors and social services. The Counsel facilitated speaker programs and other educational services for its patients and for visiting specialists and colleagues. Roughly half the Counsel’s patients

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118 Reed interview, 51
119 Mudd, Emily H. "The Relation of Marriage Counsel to the Maternal Health Center." Birth Control Review, December 1936, 4-6. 4
120 Reed interview, 54

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returned, either for short-term counseling until their issues were resolved, or to use the Counsel’s library and attend lectures.  

Where referrals to the Maternal Health Center mostly came from physicians, referrals to the Marriage Counsel were often patient to patient, frequently friend to friend or sister to sister. Mudd finished one of her early articles on the Marriage Counsel’s activities with a hopeful tone, explaining that “the steady increase in the demands for its services, with no effort to publicize its existence, indicates the possibilities of future growth and service.” The Marriage Counsel did indeed grow rapidly. Mudd estimated that in the ten year period between 1936 and 1946 roughly 32,500 people came into contact with the Marriage Counsel through counseling, group discussions, and lectures series. The vast majority of these individuals, about 25,000 according to Mudd’s estimates, were women. Though the counseling service emphasized the importance of couples working together on their marital issues, women were far more likely than men to seek help, Mudd observed.

Mudd saw her work in marriage counseling as a way to change the dynamic of married relationships to give women more emotional satisfaction. In a 1937 article, Mudd situated her work within the social changes occurring for women and for the institution of marriage in the 1930s. On the long-standing societal importance of marriage, she explained that “Marriage as an institution has passed through many and varied forms... The fact that it can change and has survived in some form is proof of its vital and fundamental importance in any social system.” Mudd recognized, however, that the traditional system of marriage was no longer satisfying to

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121 Mudd, Emily H. "An Analysis of One Hundred Consecutive Cases in the Marriage Counsel of Philadelphia." Mental Hygiene 21, no. 2 (April 1937): 198-217. University of Pennsylvania Archives, Mudd Family Papers, Box 1. 1-6
122 Ibid. 20
123 Reed interview, 65
young couples. “The particular form which is used under any culture ordinarily represents more of the past than of the future… The forms of marriage, as of many other important social institutions, remain deep-rooted in the customs and ideology of yesterday.” To Mudd, the traditional institution of marriage was outdated and confusing to the young married couples who came to her counsel, both the men and the women. “Because the status of modern woman has changed more drastically than that of modern man, it might be expected that women would now be in greater inner and outer conflict… In all probability this is true. However, the acceptance of these changes in what is still a man-made society causes conflicts and difficulties for many men,” Mudd reasoned.\textsuperscript{124}

As a marriage counselor, Mudd was able to remedy, case by case, the tensions young couples felt as they navigated the beginnings of their marriages, utilizing child spacing and giving women (the majority of Mudd’s patients) an outlet for emotional support and guidance. However, Mudd recognized at this point in her career as a marriage counselor that these individuals cases were coming to her against the backdrop of an outdated society. Dowbiggin is correct in asserting that Mudd’s career in marriage counseling was a way for her to solve, in her methodical way, the issue she saw at hand in women’s limited role beyond marriage and motherhood.

Marriage counseling could only work slowly, from counselor to patient. Mudd didn’t seem to take issue with this slow progress and worked diligently at the Marriage Counsel, eventually becoming its executive director. Mudd’s trip to Germany proved fruitful in informing her marriage counseling work and providing the model for the center she would nearly singlehandedly develop and run for thirty-five years. In 1932, few comprehensive models for

\textsuperscript{124} Mudd, Emily H. "Youth and Marriage." \textit{The Annals of the American Academy of Political and Social Science}, November 1937. University of Pennsylvania Archives, Mudd Family Papers, Box 1. May 2016 final paper submitted for Penn Humanities Forum Undergraduate Research Fellowship Helen Hunter, College of Arts and Sciences, Class of 2016, University of Pennsylvania
clinical service existed in the United States to serve as Mudd’s model. However, it was in the
Soviet Union in 1946 where Mudd would be inspired by a wholly different model of
motherhood, where the Soviet’s egalitarian society promoted women’s work and publically
funded aid to mothers on a scale Mudd could only imagine in the United States.
THE SOVIET IDEAL: Emily Mudd’s Vision and American Rejection

Mudd’s work in marriage counseling developed during the interwar period when therapeutic and helping professions took their roots and the Great Depression prompted a surge in the eugenics movement. World War II effectively ended the eugenics movement when the world witnessed the horrific effect of Nazi eugenic practices in the Holocaust. Marriage counseling boomed as a profession during and after the war, however, as women’s societal role changed dramatically during the war and many young couples married immediately after. Mudd traveled to the Soviet Union shortly after World War II as a continuation of her mission to establish a balance between professional life and motherhood for American women, which she believed existed in the Soviet Union. Mudd soon recognized, however, that the United States was at the time a hostile environment for women’s professional growth because of outdated social norms, religious opposition, and the rapidly deteriorating political climate as America entered the Cold War.

Emily Mudd saw World War II as a transformative opportunity for women who proved during the war that they were capable of and found gratification in work outside the home. In 1946, Mudd delivered a lecture as part of a series on women in the post-war period at McGill University that was subsequently published in *Marriage and Family Living* titled, “Women’s Conflicting Values.” This lecture and article explained the wartime transformation of American motherhood and the conflicted feelings women felt about balancing their home and professional lives. “War required so much in skill that it over-rode the prejudices of sex and allowed, even at times required, equal value for men and women,” Mudd explained of women’s wartime necessity. Not only was women’s work critical to the American war effort, but Mudd

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also claimed that the war gave women new purpose. “The last two wars have given abundance of concrete evidence of the way in which persons leading useless and unhappy existences were transformed into contributors to the world’s work when they became convinced that they were needed, and were given opportunity to use their abilities. This was particularly true among women,” Mudd argued.

Despite women’s wartime professional freedom and discovery of self worth, Mudd saw in her marriage counseling work that individual couples had not adjusted to the shifting definition of domesticity and marriage, and that women themselves were conflicted about their familial and professional roles. “Along with the eagerness and the satisfaction are many doubts, perplexities, fears, resentments, women toward other women, women toward men, men toward women. To neither sex has come complete contentment nor security in the role of the other,” Mudd explained of her patients and all the young Americans navigating marriage shortly after the war.

Individual fears were not the only deterrent to women staying in the work force after the war. Post-war America was not a nurturing environment for women’s expanded role. In her article, Mudd claimed that:

In our present American culture, women are forced to hurdle the barriers erected by the denial of the principle that women can give equal value in creative work and by the negative attitude of religious groups toward the symbols of feminine capability… Collected facts establish woman’s humanity beyond the shadow of a doubt and give assurance that the female body, brain, and spirit are of far higher caliber than man-made religious systems and laws have admitted.

To Mudd, the war had proven to women themselves and to limited others that women were capable of working and in fact derived gratification from their work, but that postwar society and outdated social and religious norms and beliefs deterred women from continuing their work.
Mudd recognized that in 1946, women had more opportunities open to them than ever before and presented in her lecture and article the idea that women were able to find meaning in their lives by choosing one of three roles. The first role was marriage and motherhood, for women who found their greatest contribution to the world through their familial duties. The second role was that of professional women who gave up motherhood in order to fully pursue their creative undertakings. The third role characterized women who sought to balance both their creative endeavors and their families. Mudd here describes Madame Marie Curie, first female recipient of the Nobel Prize, who worked with and discovered radium with her husband while raising two daughters. Curie’s accomplishments were understandably laudable to Mudd considering her longtime working partnership with her husband while they raised three children.

Mudd notes in “Women’s Conflicting Values” that while there were many extraordinary examples for this category in her time, that “Probably no other country can furnish now as many outstanding examples in this category as Soviet Russia whose women have won international recognition for their part in putting into effect economic, social, scientific, and cultural advances.” Mudd quoted a passage from a publication on Soviet women by a member of the National Council on American-Soviet Friendship, Rose Maurer:

The American woman in surveying her Soviet sister will be conscious of a great debt to her. Soviet woman commands our respect not alone for her great contribution to building up her country’s might in peace and in war… She wins our gratitude for disproving so many of the time-hallowed contentions concerning women’s naturally inferior role in society. That jobs can be combined with happy home life, that children can be secure and satisfied when the mother takes on responsibility outside the home, that women can master ‘men’s’ professions, that masses of women can be intelligently concerned with large issues, national and international—these have been shown by Soviet experience. American women can and should find
in this fact a great source of satisfaction and an equally great challenge.”

Maurer’s description of Soviet women matched nearly perfectly what Mudd aspired to establish in the United States: a balance between working and maternal roles for women supported by the larger society. A class and race distinction must be made here as Mudd, like Margaret Sanger, had at this point in her career become more concerned with a middle-class family planning ideal where women could establish professions for themselves, as opposed to the Soviet Union working class model. Nonetheless, Mudd saw in the Soviet Union a far greater degree of employment equality and reverence for women’s work.

For Mudd, an ideal for womanhood did exist in the Soviet Union that did not exist in the United States. She thus saw that the problems she sought to resolve in marriage counseling were beyond individual couples’ control, and in fact the result of larger societal pressures. American society seemed at odds with women’s new professional role which led to discontentment in women and men alike and acceptance of women’s equal role could be the only remedy, as Mudd wrote: “As society accepts the concept of woman as a potentially mature creative human being which she naturally is, the conflicts superimposed by the culture of past centuries will tend to be resolved and woman will again achieve the proper confidence in her abilities.” Mudd’s article expressed her hopeful idea that American society could follow the Soviet Union’s model and encourage women to balance domesticity with professionalism but the immediate reactions to Mudd’s work made it clear that few shared her sentiment.

A colleague of Mudd’s, Dr. Morris Fishbein, asked Mudd if she would adapt her article to be published in his book on successful marriage and Mudd happily complied. Mudd submitted a chapter titled “Women’s Conflicting Values,” but received proofs with the title changed to

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“How Women Adjust to Marriage,” poorly representing the sentiment of Mudd’s article, which was that marriage itself needed to be adjusted. Mudd complained to Dr. Fishbein who apologized and assured her the title would be changed, but the book was published with the skewed title. This exchange and Dr. Fishbein’s continued disregard for her correction suggested that Mudd was at the time a standout modernist even among her colleagues in marriage counseling.127

Mudd felt backlash in 1946 to her ideas and in 1947 suffered a blow to her work as well. Mudd stated in her 1946 article that religious groups were in part making America a hostile environment for women’s liberation, which proved all too true in a legal battle for the Marriage Counsel in 1947.128 By this time, Mudd and her colleagues had established the Marriage Counsel with a full staff and funding from private donors and government grants and Mudd had risen to the position of Executive Director. The Counsel facilitated partnerships with community organizations, colleges, and even clergymen through lecture series and training sessions.129 In

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127 Reed Interview, 126. Mudd would continue to argue with Fishbein about the title of this article, which was subsequently reprinted as “Women’s finest role” by Reader’s Digest. The magazine also quoted and condensed Mudd’s text, taking her words out of context “so that it gave the impression that what I was trying to say was that marriage was the most wonderful thing that could happen to a woman and that she should obviously adjust to this, which most certainly was not what I had said in any of the articles,” Mudd later explained. When Fishbein revised his book in 1971 Mudd complained again about the title of her article, threatening to retract it, and Fishbein published her chapter under the title “Women’s Conflicting Values in Relation to Marriage.” Mudd wearily accepted this title: “I had not put in marriage but that I could lump.”

128 In 1943, Mudd applied for funding from the Community Chest. The Chest’s board of trustees made a thorough investigation of the Marriage Counsel’s activity, including counselors’ common practice of referring patients to birth control clinics and private doctors for contraceptive devices and information and their grants from the Johnson and Johnson Foundation (which had recently developed a subsidiary pharmaceutical company to produce contraceptives.) These de facto ties to birth control production and distribution combined with the fact that the Marriage Counsel’s headquarters were housed, with no charge, in offices owned by the Pennsylvania Birth Control League. The Community Chest received most of its funding from religious groups, including in large part the Catholic community, and the board of trustees ultimately decided that they could not support the Marriage Counsel for fear of losing support and funding from their Catholic donors. Reed interview, 74.

129 Ibid. 57-64
order to increase their funding, the Counsel’s legal team suggested they apply for incorporation.\textsuperscript{130} Mudd expected this to be a routine procedure.

However, Philadelphia’s new District Attorney, a retired World War II marine officer and devout Catholic, took the opportunity to make a name for himself and an example of the Marriage Counsel. The District Attorney’s first condition for incorporation seemed reasonable; he wanted to have an official approval from the County Medical Society of the Marriage Counsel’s activities. Physicians and doctors of varied specialties and backgrounds comprised the County Medical Society and one unknown member accused the Marriage Counsel of being nothing more than a veiled abortion clinic. “The Board of [the] Marriage Counsel was horrified, disgusted, and distressed at such a statement,”\textsuperscript{131} Mudd recounted. Every member of the Marriage Counsel board members appeared before court and answered “the extremely unfriendly statements and accusations” put against them.\textsuperscript{132} The hostile manner of interrogation carried out by the District Attorney suggested that he hoped to find, or coerce the board members into implying, an immoral basis to the Marriage Counsel’s work.

After hearing the multiple viewpoints presented on the witness stand, the District Attorney decided to appoint a special committee of the County Medical Society to further investigate the Marriage Counsel’s activities. Here, Mudd found some luck, as the president of the Board of the County Medical Society, Dr. Lewis Scheffey of Jefferson Medical College, was “an outstanding, forward-looking, really feministically-oriented [sic] physician, and was well-known to the physicians on our board.”\textsuperscript{133} Dr. Scheffey appointed a committee he knew would be

\begin{itemize}
  \item In Pennsylvania at this time any nonprofit applying for funds from the State had to obtain a license verifying that they had the legal right to apply for funding.
  \item Ibid. 133
  \item Ibid. 134
  \item Ibid. 134
\end{itemize}
sympathetic to the Marriage Counsel’s work and the committee eventually reported that the Counsel’s work was morally sound, and in fact should be extended to many centers across the state. Mudd and her colleagues breathed a sigh of relief, hoping that the conflict had reached resolution.

However, the frustrated District Attorney continued the conflict, claiming that the committee’s report represented the professional opinion of only one Philadelphia group, and that he would also need the approval of the Bar Association. Again, Mudd’s professional connections came in handy as the Chairman of the Ethics Committee was also the Chairman of the Legal Advisory Committee of the Marriage Counsel. He, too, appointed a sympathetic committee who took issue with only one aspect of the Council’s work: the use of “Counsel” in their name, as a counselor by definition must have a degree in law. Mudd and her colleagues readily agreed to the change, and again believed the conflict had been resolved.

When the District Attorney again revoked his word and demanded the Counsel gain the approval of every religious group in the city, Mudd knew that the District Attorney had simply resolved to reject the Marriage Counsel on whatever grounds he could. Attempting to gather approval from all of Philadelphia’s religious groups, and all the state’s groups (as Mudd suspected would be the next step) seemed an impossible feat as the Counsel did refer clients for contraceptives. Pushing the issue further would likely lead to the complete closure of the Counsel, so at the Board’s legal suggestion, Mudd withdrew the Counsel’s application for incorporation. Mudd felt defeated by this wave of adversity against her practice, well aware at this point of the forces that stood between her and her mission.134

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134 Reed interview, 136. In 1951 the Counsel’s treasurer suggested that the Board seek incorporation in the state of Delaware, which the Counsel did successfully.
True to form, Emily Mudd saw a problem and sought to solve it. Mudd had long admired the status of women in the Soviet Union, referencing Soviet health care as it pertained to women as early as her 1933 article, “Clinical Service in Germany.” In 1947, the Mudds had the opportunity to visit the Soviet Union through the American-Soviet Medical Society, a subgroup of the National Committee of American-Soviet Friendship. The NCASF was founded in 1943 with the mission of strengthening warm relations between the Soviet Union and the United States, who had been uneasy allies against the Nazi threat in World War II. The ASMS as a subsidiary of the NCASF sought to use and strengthen that friendship by exchanging medical research and practices that had improved dramatically, by necessity, during the war. Stuart Mudd became president of the ASMS in 1945 and planned a trip to the USSR to study Soviet discoveries in immunology and communicable disease. Emily planned to accompany him and examine the USSR from her own professional perspective. The Mudds and their ASMS colleague, Dr. Robert Leslie, were three of the first six non-military Americans allowed to enter the Soviet Union after the war. Dr. Leslie accompanied the Mudds on their trip to secure copies of recent Soviet medical articles to publish in the ASMS’s journal, the American Review of Soviet Medicine. The Mudds were able to visit by coordinating with the Soviet Society for Cultural Relations with Foreign Countries (VOKS), the Soviet Union’s government agency for sponsoring visiting foreigners.

Before her trip, Mudd learned everything she could about the status of Soviet women and contacted Rose Maurer, whose work she quoted in “Women’s Conflicting Values,” for Maurer’s recommendations on who to visit and how to conduct her research in the Soviet Union. Maurer

135 Dowbiggin 72
136 Reed interview, 140-141
lived in the Soviet Union for two years and published numerous pamphlets for the NCSAF on Soviet women, children, and healthcare. In the pamphlet *Soviet Women* that Mudd referenced in her own work, Maurer explicitly aimed to gain the respect for Soviet women by American women, who Maurer thought should be fighting for the same level of social, economic, and political inclusion. Maurer compared the status of women in before and after the Bolshevik revolution, arguing that women were happier in the socialist Soviet Union and that all members of a family benefitted emotionally from women’s participation in work outside the home.

Maurer emphasized the importance of the Soviet wartime labor effort for this change, pointing out that “Soviet women were enabled to forge ahead in wartime because of two basic conditions: their assured position as a *permanent* part of economic life and the previous training in skills and attitudes which enabled them to push up quickly into the higher positions…”

Where both Soviet and American women took up jobs during the war, Maurer noted the importance of the lasting encouragement of women’s work in the USSR.

In order to encourage women to keep their wartime jobs while they supported their families, the Soviet Union offered many social services to working mothers. The Soviet Union required every factory with more than 250 workers to include a health center with a “mother and child clinic.” This clinic was open to all the women employed by the enterprise as well as the wives of the men working there. These centers provided treatment and advice at no charge. Employers complied with and contributed to these services at their own expense, as they often wanted to encourage more women to take up working positions. Women employed in smaller workplaces could visit neighborhood clinics and farms in rural areas received visiting doctors

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138 Maurer, *Soviet Women*, 15
139 Ibid. 9
140 Ibid. 17

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and nurses sent by the government department of health. Pre-natal clinics offered lectures, demonstrations, and advice for expecting mothers. These clinics continued their operations as best they could with limited staff and supplies through the war.\textsuperscript{141}

The strong support for working mothers likely resulted from the high mortality rate in the Soviet Union during World War II, especially of young men, with a pronatalist sentiment attached. The Soviet Union wanted to replenish its population while maintaining its workforce, with support for working mothers as a necessary effect. However, the strong sentiment in Maurer’s work for the concern of mother and child suggests that even if this were true, both mother and child benefitted greatly from the government aid, whatever the reason behind it. The traditional role of the mother remained cherished in Soviet society through the war and the government encouraged adoption instead of permanent homes for wartime orphans. Thousands of wartime children’s homes taught their wards “in deliberate anticipation of adoption, ‘You have a mama and a papa,’” making sure the children knew that they would have a family again. Maurer quoted a public health worker who told her: “We are encouraging adoption because, no matter how good our children’s homes are, the love of the nurses… cannot be a substitute for mother love.”\textsuperscript{142} At the same time, Maurer pointed out that, “In the Soviet view the woman who is economically independent gains culturally, socially, and politically as well, and becomes thereby a better parent.”\textsuperscript{143} Work and family went hand in hand in the Soviet Union, and one was beneficial to the other.

Maurer further explained in her works the ideological justification for government support of family planning and social services which was largely a moral opposition to the Nazi

\textsuperscript{141} Ibid. 10-12
\textsuperscript{142} Ibid. 23
\textsuperscript{143} Ibid. 13
regime. The Soviets saw themselves and their socialist state in stark contrast to the Nazis, whose brutality they experienced during the war. The emphasis on adoption fit into the Soviet ideal that no child should feel unwanted, and that every child should be part of a family. Acutely aware of the Nazi principle of übermensch, the Soviets fostered care for those in need and reflected this in their adoption policies. Maurer noted that new adoptive parents she spoke to did not only seek out the most robust, healthy children, but the weak who needed their care and love. Maurer recounted the story of an Uzbek woman who adopted a Greek girl from Ukraine, noting that “she is but one of thousands who dig ever deeper the grave of outworn prejudice. The Soviets are fighting the Nazis not in the front line alone.” Maurer explains that there was no strain of “Social Darwinism” in the Soviet Union, nor the eugenic fear that the wealthy would choose to bear fewer children than the poor because the Soviets had eliminated with Communism the idea of economic classes and promoted equality of opportunity. “They reject the notion that some blood lines are better than others, and that human progress depends merely on encouraging the ‘best’ people to have children,” Maurer explained, a stark contrast to race hygiene language of eugenicists and the Nazis.

Maurer’s image of the modern Soviet woman was of one who balanced work and family life, who was not economically dependent on her husband, and who was actively involved in her country’s political workings. Soviet law and customs discouraged economic responsibility of the husband in marriage. “The marriage broker, the dowry, and wife purchase, all sounding in different degree the note of women’s economic dependence or servitude after marriage, have

145 Maurer, Soviet Women, 45
been rendered obsolete by the Soviet conception of women’s equality with men.”

Maurer quoted a young female representative of the Communist Youth organization who stated that, “A woman must combine socially creative work with family life and she must be well prepared for both. We will do all that we can to lift the burden of domestic duties from women’s shoulders. We may find it necessary to reduce her hours of work to six or four. But not for one moment do we intend to draw her away from a career.” This federal support for motherhood and professional womanhood was logically appealing to Emily Mudd, who had seen her own work to that effect brought under fire in recent months.

Mudd wrote to Maurer on August 2, 1946, shortly before her trip, asking for Maurer’s recommendations for research in the Soviet Union. Maurer responded shortly thereafter, rather coldly, aware that Mudd would likely be visiting as an “honored guest” of Soviet officials, and thus unlikely to have much contact with the average Soviet woman. Maurer encouraged Mudd to seek out Soviet women, as “getting to the less articulate one is to harvest what is not otherwise obtainable.”

Maurer did make a request of Mudd, asking her to look into why Soviet women were so inadequately represented in the international arena; for instance, why no Soviet woman was appointed to the United Nations Sub-Commission on the Status of Women. “The Soviets could have made a real contribution to the discussion, let alone gain stature in the world’s eyes for the undoubted gains of their womenfolk,” Maurer pointed out. Maurer mentions in her letter that she intended to make another trip to the Soviet Union the following summer to finish her book on Soviet family developments, which suggests that her question about women in the

146 Ibid. 39
147 Ibid. 56
United Nations was one she could not answer on her own, or felt Mudd would have a better chance answering with her far-reaching professional network.

Mudd received another letter of interest shortly before she set off for the USSR from Barbara Murdoch, a friend and writer for the Philadelphia Bulletin who published an article about Mudd’s trip upon her return. Murdoch sympathized with Mudd as she prepared for her trip, specifically pointing out the pain of missing her children. “Perhaps you will feel as I did, that all this should have happened to you when you were 20, when it would have been sheer thrill without a trace of misgiving.”¹⁴⁹ Years, later, thinking back on this particularly active professional time in her life, Mudd recounted that she “always had feelings of conflict about this, no matter how interesting the work might be.”¹⁵⁰ Mudd’s mission to find a balance between motherhood and work continued to be personal as well as professional. This perhaps made Mudd the best representative for her work, which Murdoch recognized, signing off assuring Mudd, “I can’t think of anyone better qualified to be a good will ambassador for American womanhood.”

As the Mudds set off for their trip they realized the political delicacy of their mission. A secret service representative came to the Mudd’s hotel in New York the evening before their flight, asking the Mudds for a favor. “He told us that he knew we were going for medical, educational, and welfare reasons and interests. However, we could be helpful to our government in addition if we would report the condition of the airfields and in particular notice the width of the railroad beds,” Mudd recounted. The agent also came with a warning. “He also told us that we should realize that every single move that we made, both now and in the Soviet Union, would be under surveillance,” Mudd explained. “We were surprised because we were so naïve we

¹⁴⁹ Barbara Murdoch to Emily Mudd. August 2, 1946. Schlesinger Library, Papers of Emily Hartshorne Mudd, Carton 4, Fol. 177 “Soviet Union 1946”
¹⁵⁰ Reed interview, 138
didn’t even realize the kind of espionage that was going on between countries.”

Another agent confronted the Mudds and Dr. Leslie at the airport before their flight. At the gentleman’s request, the Mudds emptied their bags and explained their intentions in the USSR. The only object of interest to the Secret Service was Rose Maurer’s pamphlet and letter to Emily Mudd, “which they immediately took, asking did I know who this lady was? I knew that she’d written about Soviet women. I had tried to see her but been unable to. They said, well, that she was actively involved in the promotion of the Communist Party in the country and that I should know this.”

The Mudds began to realize the political entanglement they were entering as guests of the Soviet Union. Nonetheless, they embarked on their trip in high spirits, hopeful for the discoveries they would make.

The Mudds flew from New York to Stockholm, Sweden, on August 15, 1946 where they waited for a Soviet plane for transfer, as no flights could go directly between the US and the USSR. On August 21 the Muds landed in the USSR where, as Maurer had predicted, they were met by a high government official, put up in the National Hotel on the Red Square, and assigned two interpreters to travel with them. “We were told that we were welcome in any kind of institution that we wanted to visit or see. It was understood that our interest was in interpreting in as positive a way as possible what was going on and bringing this news back to what at that time was considered a friendly, allied country.” As the Mudds hoped, they were visitors of a friendly allied nation who saw their work as mutually beneficial.

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151 Ibid. 141
152 Ibid. 142
153 Ibid. 141
154 Mudd, Emily H., “Calendar of Trip to U.S.S.R.” Schlesinger Library, Carton 4, Fol. 177 “Soviet Union 1946”; Reed interview, 142
155 Ibid. 144
The Mudds visited hospitals, churches, libraries, schools, medical research institutes, playgrounds, conferences and lectures, together and separately.\textsuperscript{156} Everywhere they traveled, Emily Mudd was struck by the complete inclusion of women in Russian society. Mudd, like Maurer, saw that the recent war prompted women’s new role in society and the workplace:

I had the utmost sympathy and empathy for what was obviously involving women in the survival of the country. It wasn’t a question of women fighting for their rights or women wanting to be equals of men. Every man who could function in any way from about 15 on had been taken in the army… Women were taking their place as essential and, obviously, had won the respect, admiration and cooperation of the men with whom they worked."\textsuperscript{157}

Despite the tragic circumstances for women’s inclusion, Mudd witnessed and approved of the postwar social order she found in the USSR, wholly different from the postwar status of women in the United States.

Mudd took a particular interest in the healthcare system set up for children and pregnant women which mirrored the preventive care Mudd encouraged in her own work. Soviet doctors recognized in their healthcare system that prenatal care and “well baby clinics” could be effective with relative simplicity and required less training of their doctors than the full course load of medical school. Mudd noted that these clinics were mostly operated by female doctors for the comfort of their patients and was impressed with the kindness, professionalism, and genuine care for their patients they exhibited. Mudd noticed too the remarkable number of female doctors and medical students she saw in the medical institutions and universities she visited. About two-thirds of the Soviet medical students were women, compared to three or four out of a hundred in American medical schools at the same time.\textsuperscript{158}

\textsuperscript{156} Mudd, “Calendar of Trip to U.S.S.R.”
\textsuperscript{157} Reed interview, 143
\textsuperscript{158} Reed interview, 144-145
Mudd also admired greatly the factory nurseries Maurer mentioned in her writing. Where in the United States Mudd found childcare for working mothers to be a constant issue and source of conflict, a working mother in the Soviet Union could bring her child to work and leave them in good care at the “yaslis,” daycare centers. The early socialization of children and sense of community established in the yaslis Mudd saw to be beneficial to child development as well, as children learned to be responsible not only for themselves but for their young peers.\(^\text{159}\)

The Mudds returned to the United States on September 19, 1946.\(^\text{160}\) Mudd continued to correspond with the director of the State Central Library of the Ministry of Health, a female doctor named Dr. L. Bassias, upon her return to the United States. Mudd visited the State Central Library on August 22, the day after she landed in the USSR and toured the library’s facilities, impressed by their dedicated staff and extensive collection of foreign journals despite their antiquated building and equipment.\(^\text{161}\) Mudd’s correspondence with Dr. Bassias exemplifies the mission of goodwill and the sense of comraderie between American and Soviet women in the postwar period that she hoped to convey in her publications. Dr. Bassias wrote to Mudd on August 28, enclosing an album on Soviet Women in the war and several popular Russian books on infant care with the message that: “Nobody had so much to suffer from the disasters of war as mothers and children. United efforts of Women in all countries can certainly play an important part in the struggle for durable peace. Let us then strengthen the bonds of friendship between American and Soviet women.”\(^\text{162}\) Mudd responded to Dr. Bassias when she returned to the United States, thanking Dr. Bassias for her letter and the enclosed materials, promising to show

\(^{159}\) Ibid. 146-147
\(^{160}\) Mudd, “Calendar of Trip to U.S.S.R.”
\(^{161}\) Mudd, Stuart and Emily H. “Medical Mission to Moscow” 4
them to her students and pass on her message to American women. Mudd praised the “spirit of loyalty and devotion to your work which seems to be typical of so many Russian women” in her response.  

Dr. Bassias agreed with Mudd’s observation wholeheartedly, replying with a message indicative of the goodwill Soviet women hoped to convey to Americans:

Nobody in our country derives profit of war. On the contrary war brings only suffering to all the people and demands heavy sacrifices. Therefore we are probably the most peaceful people in the world. How nice it would be if people in other countries could realize this; no one then could be deceived by lies on the so-called Russian war plans. It would be so nice if all could understand, as you do, how much happiness we gain from our peaceful work, the results of which we feel so vividly. This work makes the life of unfortunate mothers and wives so full and active, soothes them in their solitude, assuages the feeling of emptiness in their life, devastated by the loss of those who were dear to them and sustains their courage and their belief in a better future.

Mudd had many months previously in her article, “Women’s Conflicting Values,” argued that work outside the home could bring a woman greater meaning and purpose, which Dr. Bassias had evidently observed as well in war-torn Russia. This exchange between Dr. Bassias and Emily Mudd shows good faith and their desire to work together in the post-war era to better the condition of mothers and children in both their countries in light of the recent war. The Mudds were evidently successful at least in their mission to establish friendly relations between American and Soviet doctors as representatives of the ASMS.

Upon their return to the United States, Emily and Stuart Mudd prepared several articles and answered interviews in which they praised Soviet life. Among these publications was an article co-authored by Mrs. Ferdinand Fetter (known also by her pen name, Hannah Leas), a

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friend and colleague of Emily Mudd’s who wanted to produce with Mudd a short series of articles about Soviet women and children. Mudd and Fetter wrote together “what we both thought was an important article,” comparing the work of lay and professional groups in the United States that offered health and care services to women and children to those organized by the government in the USSR. Mudd addressed in these articles the question she had long pondered: how to provide day care and health services to working mothers so that women could balance their domestic and working lives. Mudd explained and praised the yaslis daycare centers she found in the USSR and emphasized the benefits they offered emotionally for both mother and child. Mudd and Fetter sent their first article to Collier’s magazine, which accepted the article immediately and sent Mudd and Fetter a check for several thousand dollars. Mudd was thrilled. It seemed that she had at last found a solution to the issue that had long shaped her personal life and professional career and that she would be able to implement a solution, or at least begin to publicize her findings.

Unfortunately, in the year after the Mudds’ trip, American-Soviet relations deteriorated. Prime Minister Winston Churchill delivered his famous “Iron Curtain” speech in March 1946, several months before the Mudds’ trip to the Soviet Union, calling for an Anglo-American alliance against the Soviet threat. By 1947, public opinion had caught up with Churchill’s anti-Soviet sentiment, souring reception of Mudd’s work. “Almost immediately Mrs. Fetter got a letter from Collier’s saying that to their consternation and their deep regret they felt

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165 Reed interview, 146
166 Mudd indicated later in life that British Prime Minister Winston Churchill’s “Iron Curtain” speech marked the moment she began receiving criticism of her work in the Soviet Union. This is likely a point of historical inaccuracy in Mudd’s memory as the Iron Curtain speech was delivered in March 1946, several months before Mudd’s trip to the Soviet Union in August of the same year.
it was inadvisable for them to publish this article about women and children because it took such a positive position about what was going on in the Soviet Union,“¹⁶⁸ Mudd explained, understandably disappointed. In this instance, the content of Mudd’s work was inconsequential. The fact that she had positive things to say about the Soviet Union, then a political enemy, diminished the value of her work to many.

Mudd’s work remained interesting to many women’s groups and students who asked her curiously about the nature of life in the Soviet Union. But, Mudd noted that many young people, especially her students, seemed interested in her work solely because they were confused about the rapid turn in diplomatic relations and saw her as a reputable source on life in the Soviet Union. “There was a good deal, you see, that had been published of a somewhat positive nature about the Soviet Union before the Churchill speech. And now rather suddenly we were to be enemies! We were required to dislike this country,”¹⁶⁹ Mudd explained of popular opinion at the time. Again, Mudd’s mission in the USSR meant less than what she could say about the diplomatic relations between the nations. “A lot was not really related to women’s interest in improving conditions of working women, as much as it was to hear somebody who’s actually been to this country,”¹⁷⁰ Mudd speculated.

After the fiasco with Collier’s magazine, the Mudds found that they could still publish about their findings in the Soviet Union in academic journals. Both continued to lecture on their findings as well, but in the winter of 1947 they realized the professional implications of their avid support for the Soviet Union. The Dean of the University of Pennsylvania School of Medicine, Alfred Richards, notified Stuart Mudd that one of the university’s donors was

¹⁶⁸ Reed interview, 147
¹⁶⁹ Ibid. 149-150
¹⁷⁰ Ibid. 150
threatening to withhold his contribution as long as the Mudds remained members of the
Philadelphia NCASF.\textsuperscript{171} Stuart wrote to Dean Richards on December 5, 1947, apologizing for
embarrassing the school and assuring the dean that he and Emily Mudd were never involved in
any Communist or subversive activities.\textsuperscript{172} Stuart Mudd consequently wrote to the President of
the Philadelphia NCASF on December 8, withdrawing his and Emily’s sponsorship due to the
warnings they had received from the University and the fear of losing funding from the
government and individual sponsors for their other work.\textsuperscript{173} Emily Mudd wrote to the NCASF
the next day with a similar message, specifying that, “As part of my professional work is in
research from which grants are received from government sources I do not feel that I have any
right personally to jeopardize the funds for the Family counseling work for which I have a
responsible position.”\textsuperscript{174}

Emily Mudd saw that in light of recent political shifts the content of her work had little
meaning and that her admiration for the Soviet Union could jeopardize all she had worked for
until this point. Mudd chose her battles carefully, strategically folding when she knew the odds
were stacked against her. As in 1946 when the District Attorney’s attack on the Marriage
Council’s incorporation request threatened the entire establishment, Mudd took a significant loss
so that she could quietly continue her work.

\textsuperscript{171} Dowbiggin, \textit{The Search for Domestic Bliss}, 84
\textsuperscript{172} Stuart Mudd to Dr. A. N. Richards. December 5, 1947. School of Medicine, University of
Pennsylvania, Philadelphia, Pennsylvania. Schlesinger Library, Papers of Emily Hartshorne Mudd,
\textsuperscript{173} Stuart Mudd to Miss Elizabeth Frazier, President. December 5, 1947. Philadelphia Council of
American Soviet Friendship, Philadelphia, Pennsylvania. Schlesinger Library, Papers of Emily
\textsuperscript{174} Emily Mudd to National Council of American-Soviet Friendship. December 9, 1947. New York, New
York. Schlesinger Library, Papers of Emily Hartshorne Mudd, Carton 4, fol. 192 “Soviet Union Aug.-
CONCLUSION

Emily Mudd’s career extended long beyond her trip to the Soviet Union in 1946. As Dowbiggin points out, “Emily Mudd’s brush with anticommunism may have been personally uncomfortable, but as event revealed, neither she nor the field of marriage counseling suffered any long-term setbacks.” This much is true, though the anticommunist fervor Mudd faced at the onset of the Cold War effectively ended her advocacy of the Soviet ideal. Mudd had traveled to the Soviet Union during the sliver of time when it seemed that the Soviet Union and the United States could maintain their wartime alliance and grow together as superpowers. However, in the months that followed Mudd’s trip, this opportunity disintegrated.

Mudd had hoped to establish a postwar order where women could keep the jobs they had taken on during the war. This seemed an attainable goal when she traveled to the Soviet Union as other wars in American’s history, in particular World War I, had been followed by an era of prosperity and progressive growth. The expanded educational and employment opportunities open to Americans after the war coupled with then easy access to birth control suggested that this postwar period would be characterized by later marriages and fewer children. This could not have been further from the way history unfolded. Marriage and birth rates skyrocketed after World War II as Americans entered the nuclear era. Americans married younger and had more children than those before the war as the Baby Boom began. This was due in great part to the ideological stalemate between the emerging world powers. Propagandistic journalism placed the unfeminine, politically-minded, working Soviet woman in stark contrast to her homekeeping,

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175 Dowbiggin, The Search for Domestic Bliss, 89

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sexually appealing American housewife counterpart.\textsuperscript{177} Raised during the Great Depression and World War II, white Americans who came of age at war’s end craved the domestic normalcy the middle-class ideal could offer.\textsuperscript{178} American gender norms settled, and in fact regressed beyond their pre-war flexibility as the Baby Boom and the nuclear age propagated the image of the doting housewife.

While continuing her work in marriage counseling Mudd branched out into the fields of sex research and education as well. Mudd worked closely with biologist and sexologist Alfred Kinsey and edited his groundbreaking work \textit{Sexual Behavior in the Human Female}. Kinsey and Mudd thought alike in their scientific approach to matters of human relationships, emphasizing the value of case studies in their own and each others’ work. Mudd enjoyed Kinsey’s empirical, non-Freudian approach to sex research, based more on anatomy and science than their predecessors’ studies and findings.\textsuperscript{179} However, Mudd had her reservations about Kinsey’s work and her involvement in it. Kinsey once asked Mudd to join him at the University of Indiana because he had no women on his staff, but Mudd declined considering her husband and children in Philadelphia. Kinsey continued to look for a woman to join his staff, insisting that she be married with children but willing to move to Indiana to assist his research. Mudd thought this showed an oversight, even by other family relations experts, of the conflicting values women professional women felt.\textsuperscript{180} Mudd was also characteristically discrete in her involvement in Kinsey’s work, later explaining that “[The publisher] paid the Marriage Council for letting Kinsey have my time. I preferred it that way, I didn’t want to be paid directly by either the publisher or Dr. Kinsey, in case there was ever any question about my allegiance or

\begin{itemize}
\item \textsuperscript{177} Ibid. 21-23
\item \textsuperscript{178} Ibid. 24
\item \textsuperscript{179} Reed interview, 170
\item \textsuperscript{180} Ibid. 166
\end{itemize}
Mudd understood that Kinsey’s work was groundbreaking and thus contrary to many widely accepted sociological concepts, especially the Freudian school. Mudd likely saw public involvement with Kinsey’s work to be a potential threat to her own professional reputation.

Mudd’s involvement in sex research continued with her longtime partnership with sex researchers William Masters and Virginia Johnson. National media and Mudd in her retelling framed Masters and Johnson as Kinsey’s successors. The pair went beyond Kinsey’s work in that rather than focusing only on research, they actively applied their findings in therapy and training. Mudd came on board with Masters and Johnson as a developer of the male-female paired therapist teams Masters and Johnson hoped to establish in therapy practice. Mudd worked with Masters and Johnson from 1970 to 1972 attempting to develop their ideas but it ultimately proved too difficult to organize given their specific requirements for therapist pairs. Mudd continued to work closely with the research team, however, serving as the associate director of continuing education at their research foundation for over a decade, 1970 to 1981.

Mudd continued her work at the Marriage Council until her retirement from the organization in 1967. Mudd also served on the board of Clarence Gamble’s Pathfinder Fund until 1974. Gamble was wealthy heir of the Ivory soap company and a firm eugenicist, even after World War II, who founded the Pathfinder Fund to disseminate birth control internationally. It would seem that Mudd had gone back to her roots in birth control advocacy by working with Gamble, but her professional alignment had a more targeted purpose. Mudd and Gamble had

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181 Ibid. 169
182 Ibid. 175
183 Dowbiggin, *The Search for Domestic Bliss*, 128
184 Ibid. 133
185 Ibid. 138
186 Reed interview, 129

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known one another for decades since Stuart Mudd met Gamble through his medical school network and Gamble had aided in the establishment of the Pennsylvania Birth Control Federation. In the early 1960s lack of funds for the Marriage Council led Mudd to seek funding from Gamble. “I sat down with Dr. Gamble to try to persuade him that marriage counseling was not completely unrelated to family planning,” Mudd remembered, indicating that her work was not so closely related to family planning or eugenics anymore that it would be readily apparent to her close friend.\(^\text{187}\) It seems at this point that Gamble’s eugenic message was shrouded in the language of “family planning” which Mudd at this point saw as a means to an end when she needed support.

From the drastic setbacks Mudd faced upon her return to the United States, it would seem that she failed in her mission to transform American motherhood. In terms of convincing Americans to adopt a Soviet model for motherhood and professional womanhood, this is true. However, in light of Mudd’s professional history, her abandonment of the Soviet ideal was less a failure and more a calculated loss. Ian Dowbiggin argues in the conclusion of his writing on Mudd’s trip to Moscow that: “When it came to either Cold War diplomacy or the real conditions of life for women with children in the Soviet Union, Emily Mudd proved that her real expertise lay in giving advice to troubled married couples rather than changing the course of policy history for working women in Cold War America.”\(^\text{188}\) This statement gives a one-dimensional view of Mudd’s intentions and capabilities, as does the historiography of her career that places her accomplishments only within the field of marriage counseling. Mudd has been best remembered for marriage counseling because that is the field where she could advance her mission of

\(^{187}\) Dowbiggin, The Search for Domestic Bliss, 53  
\(^{188}\) Dowbiggin, Medical Mission to Moscow, 198
redefining American motherhood to a more modernist standard, considering the tight social, political, and religious confines of her time.

Scholars’ claims that Mudd promoted a heteronormative, white middle-class ideal do hold up under scrutiny. Mudd ensured the legality and popularity of her work at the expense of further entrenching the class and race division in post-war America. Considering the working-class, immigrant demographic of her first patients at the Maternal Health Center, apathy regarding negative eugenics, and her reverence of ethnic inclusion in the Soviet Union, this shift in her later career must again be regarded as a conscious choice to retain public support. Mudd did not consider herself to be a pioneer. She certainly was, though the extent of her success was limited to the socially acceptable avenues she could find for change. Considered in a wider context, she appears rather as a pragmatic thinker who throughout her career balanced mission and opportunity. This strategic navigation of women’s issues allowed Mudd to make change where change could be made, pushing the boundaries of acceptability as she did.

Emily Mudd passed away in her home only a few months before her one hundredth birthday in May, 1998. Fondly remembered in many Philadelphia obituaries and medical journals for her scientific work ethic, advocacy of women’s rights, and colorful career, Mudd had remained professionally active into her nineties publishing and working in the University of Pennsylvania’s departments of Psychiatry and Obstetrics and Gynecology. The story of Emily Mudd’s daring pregnancy scheme, which began this study and many of her obituaries alike, stands out as an intrepid moment in Mudd’s career. It put her on the path of family planning and at no moment after did she act so boldly. Mudd quickly realized as she embarked on her career the caution she would need to exercise in order to make lasting change. However, many of her

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accomplishments thereafter are worthy of recognition as Mudd followed the same goal of helping women from that instant forward.
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