

Philip F. Hardt  
*A Methodist Response to Infant Mortality in the 19<sup>th</sup>  
Century: Public Health, Foundling Hospitals, and  
Abortion Curbs*

**Abstract:**

During the 1850s, infant mortality greatly increased in New York City and other large cities. One of the leading physicians to address this problem in New York City was Dr. David Meredith Reese, an active Methodist layman, who was also involved in many other issues of the day: phrenology, colonization, and Bible reading in the schools. In 1857, his *Report on Infant Mortality in Large Cities* was published in which he both examined its extent and sources and also suggested ways to reduce it. Strikingly, two of his recommendations for its reduction coincided with efforts already underway. For example, his call to restrict abortion, especially among upper-class married women, coincided with the campaign of the American Medical Association (hereafter, AMA) to lobby state legislatures for stricter laws against it. Again, his suggestion that New York City establish at least one foundling hospital for unwanted infants occurred at the same time that two municipal committees were also considering this possibility. Although Reese died in 1860 before any of his recommendations had been fully implemented, he still played a major role, along with other Manhattan physicians, in focusing the public's attention on this problem.

**Key Words:** David Meredith Reese, New York City, infant mortality, abortion, foundling hospital

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## Introduction

Why were New York City and other large American cities fighting a losing and dispiriting battle against increasing infant mortality in the mid-1850s? Was it possible in some way to reverse that alarming trend? In 1857, Dr. David Meredith Reese, a highly respected Manhattan physician and Methodist layman, responded to this crisis with the publication of his nineteen-page *Report on Infant Mortality in Large Cities* which described the increase and sources of infant mortality. Although it was a daunting task, he believed it could be reduced if new public health measures were implemented, one or possibly two foundling hospitals were built, and the increasing number of abortions, especially among wealthy married women, were curbed. Intentionally or not, his campaign against abortion coincided with that of the newly-formed American Medical Association which somewhat surprisingly had little initial support from the churches.

### Dr. David Meredith Reese

Dr. Reese was born in Maryland around 1800 and raised in a deeply religious family in which both sets of grandparents were devout Quakers. Moreover, this environment most likely led to his deep knowledge of the scriptures which he continually displayed in his later writings. Yet, Reese himself was not a Quaker although he had great respect for that tradition; after seriously considering Calvinism during his adolescent years, he finally joined the Methodist Episcopal Church. He graduated from the medical college at the University of Maryland in 1819 and practiced medicine in Baltimore until he moved to New York City shortly thereafter. Then, for the next forty years until his untimely death at the age of sixty, he made an immense impact in a number of areas due to his passionate Methodist faith, his religiously-informed involvement in some of the most pressing issues of the day, and his outstanding medical expertise.

First, Reese made major contributions not only to the New York Station (i.e., a city circuit of approximately eight Methodist churches) but also to the entire denomination. For example, he served as a local preacher and was listed on several monthly preaching plans in the early 1830s. Moreover, he served as a class leader for many years which automatically made him a member of the Quarterly Meeting Conference (hereafter, QMC). He further distinguished himself on the QMC by serving on several committees that sought to extend the station's outreach to other less-served parts of lower Manhattan through the erection of new churches.

He also served as one of the board of managers of the Mission Society of the Methodist Episcopal Church (hereafter, MEC) which was headquartered in Manhattan. Finally, in 1830, he was elected president of the Young Men's Missionary Society which supported a number of domestic and international missions including the mission to Liberia.

Second, Reese made significant and, at times, controversial contributions to the important socio-cultural issues of his day. For example, starting in the 1830s, if not earlier, Reese wholeheartedly supported colonization – the voluntary return of free blacks and emancipated slaves to Africa – as the most pragmatic solution for racial discrimination. At the height of the colonizationist-abolitionist controversy, he wrote three pamphlets and one chapter in a book defending its aims. To be sure, his willingness to take this position earned him the enduring hatred of the abolitionists and many blacks also attacked him in their own publications. In addition, Reese was a long-time member of the Colonization Society of the City of New York and served as a delegate to several national conferences of the American Colonization Society. Again, in the late 1830s, he denounced the relatively new pseudo-science of phrenology which said the size of one's head determined various aspects on one's personality and actions. After initially welcoming it as a possibly new contribution to medical science, he reversed himself after seeing how it skeptically treated traditional Christian beliefs and practices. In the 1840s, he also criticized liberal prison reformers who wanted to rehabilitate criminals using phrenological ideas; the chief idea being that criminals were not to be held accountable for their actions. Finally, Reese strongly supported the required reading of the King James Bible (hereafter, KJV) in the city's public schools. In the 1840s, the new Roman Catholic bishop of New York, John Hughes, had led opposition to it which culminated in a crowded Common Council meeting in which Reese and other Methodist leaders defended the current plan. Moreover, in 1844, his close (Methodist) friend and book publisher, James Harper, who been elected mayor, appointed him as superintendent of the city and county schools since he firmly opposed the elimination of the KJV. Yet, his strenuous efforts to retain it were ultimately unsuccessful as a series of new state regulations finally led to its elimination entirely.

Finally, and perhaps most importantly, Reese made a number of significant contributions to the field of medicine. For example, after graduating from medical school in Baltimore, he practiced medicine there, taught surgery and medical jurisprudence at Washington University, and

wrote *Observations of the Epidemic of 1818*. Then, in the early 1820s, he moved to New York City and quickly established himself as an excellent physician. For example, he was an original member of the prestigious New York Academy of Medicine, drafted its first constitution, and took part in its regular discussions. Besides practicing medicine, he wrote or edited a number of medical books such as *Cooper's Surgical Dictionary* (editor); *Hydrostatics, Hydraulics, and Pneumatics*; *Medical Lexicon of Modern Terminology*; and *Treatise on the Epidemic Cholera* (in New York). Moreover, in 1839, he was appointed professor at the Albany Medical College where he was asked to deliver the lecture for the school's opening. He also held an appointment at Castleton Medical College in Vermont (*American Medical Times* 1861: 326).

Furthermore, in 1846, Reese was appointed to a ten-man committee which sought ways to improve the state of the city's hospitals. According to John Duffy, "this group...included some of the outstanding doctors in New York – J. W. Francis, Joseph M. Smith, Valentine Mott, D. M. Reese, and others – recommended creating two divisions, one for Bellevue and another for the institutions on Blackwell's Island. Under the new organization, Bellevue was to have a resident physician, six visiting physicians, six visiting surgeons, and eight assistant resident physicians" (Duffy 1974: 484). After accepting the committee's recommendations, the Common Council then appointed Reese as resident physician. Although he only served a year or two until 1848 when the position was abolished due to the politicians who opposed it, he made several needed improvements. These included increasing the size of the hospital, reducing the high number of typhus cases, eliminating the use of prisoners as hospital orderlies, and purchasing better quality medicines instead of adulterated ones (*American Medical Times*, 326; Duffy, 484-486).

After his position was abolished, he returned to private practice, edited a monthly journal, and served as second vice-president of the newly-formed American Medical Association. Finally, in 1859, he was appointed chair of the Practice of Medicine at the newly-reorganized New York Medical College where he lectured the year before his death (*American Medical Times*, 326).

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### **Report on Infant Mortality in Large Cities**

Reese's report, published in 1857 at a time when infant mortality had reached crisis proportions, attempted to do three things. First, Reese

documented the steep increase in infant mortality using statistics from both the newly-formed AMA and the City Inspector of New York. For example, during the past fifty years in New York City (1804-1853), forty-nine percent of the total deaths reported were those five years and under: 176,043 out of 363,242. Moreover, Reese noted that in New York City in 1843 deaths under five years old amounted to 4,088 while in 1853 they had jumped to 12,963, an increase of 8,375, which was a bigger percentage of increase than that of the general population. Again, Reese compared the number of deaths under five years old in 1853 (12,963) to all other deaths for that year (9,739), which was 3,224 more than all other ages. Moreover, Reese noted that two Philadelphia doctors had found a similar increase in their city's infant mortality. Their findings, and those in other large American cities convinced Reese of the "enormous extent of infant mortality, and its amazing increase..." which had now exceeded that of many large European cities (Reese 1857:6-7 [note: all references to Reese are from his *Report on Infant Mortality in Large Cities* unless otherwise noted]). Finally, Reese listed statistics for only stillborn and premature births in New York City. During the past fifty years the number of these deaths was 24,164. He also compared the number of these deaths in New York City over a ten-year period: 760 had died in 1843 while 1,930 had died in 1853 which represented an increase of 1,170 or one hundred forty percent (Reese, 6-7).

The second part of Reese's report listed four major causes of infant mortality. The first cause was the transmission of various diseases such as scrofula, syphilis, or consumption from the parents to the infant. The second cause was the failure of the mother to breastfeed her infant and instead use substitutes which were potentially lethal. These included "teas...drugs... molasses, sugar and water, catnip tea, olive or castor oil, goose-grease... salt and water, soot tea, gin sling, and even urine..." (Reese, 11). The third cause was the unhealthy living conditions of the poor whose "garrets or cellars or shanties are sadly deficient in the supply of light, pure air, free ventilation, cleanliness, clothing, fuel, and necessary food, so necessary to the health...of the mothers, not less than their offspring, whose vitality is...derived from the maternal bosom in the milk, whose quality depends on the blood which circulates in her veins" (Reese, 12). Finally, Reese blamed the increase of infant mortality on "quackery" which had been on the rise for several years. In *Humbugs of New York*, Reese defined a quack as "every practitioner, whether educated or not, who attempts to practice imposture of any kind...although the epithet...is attached ordinarily only

to those ignorant and impudent mountebanks, who, for purposes of gain, make pretensions to the healing art, without any acquaintance with the structure or functions of the human body..." (Reese 1838:111). At the same time, Reese noted that even some trained doctors, especially younger ones, were tempted to engage in this unscrupulous practice since it brought them immediate profits. Reese also mentioned the various types of quackery that had existed throughout history: astrological, mineral, vegetable, animal, and now touching which claimed to cure indigestion. Finally, Reese acknowledged that neither the doctors' criticism of it nor punitive laws could stop it due to the extreme gullibility of the public. Besides the deadly adult medicines, quack-doctors also promoted drugs for the infant illnesses which either caused serious harm or even death. According to Reese, these were deaths that could have easily been prevented if a trained doctor had treated the child in a timely manner (Reese 1838: 113-115, Reese, 12-13).

### **Reduction of Infant Mortality (1): Public Health Measures**

Finally, Reese's report advocated several possible, but admittedly difficult, ways to reduce infant mortality. First, he offered various public health initiatives directed to the state legislature, the city authorities, and to the mothers themselves. For example, in order to prevent the transmission of disease, he called for state laws to prohibit a marriage if one or both partners were "consumptive, scrofulous, scorbutic, goutey, insane, intemperate" and "especially" if they were "syphilitic..." (Reese, 13-14). Moreover, he urged the city government to provide better housing for the poor and use "sanitary medical police" to enforce public health rules. Reese not only called for the abolition of the "narrow, contracted alley, filthy courts, and underground cellars" but also "tenant-houses, in the miserable apartments of which, thousands of families, each cook, eat, and sleep in a single room, without the light, ventilation, or cleanliness essential to the life of either parents or children." In addition, he called upon both the city government and the churches to do a better job of providing proper food, clothing, and fuel (i.e., firewood) to the poor (Reese, 14-15).

An economic depression which began in 1837 and lasted until 1843 had led to more crowded conditions for two reasons. First, builders lacked the financial backing to construct new housing. Second, the depression caused landlords to develop the "tenant house" or tenement in which a single-family wooden dwelling was converted into many apartments or a boardinghouse. Somewhat unbelievably, these "tenant

houses” often contained twenty-four families. Sheds and stables were also converted into apartments. In addition, many tenant houses had no access to fresh water, no connections to sewer lines, and no indoor bathrooms. Indeed, up to fifty persons used the outdoor bathrooms which had no provision for drainage (Burroughs and Wallace 1999: 746-747).

Yet, these conditions did not go unchallenged. Indeed, during the next twenty years, reformers made several, generally unsuccessful efforts to remedy the situation. The first attempt occurred in 1842 when the City Inspector, Dr. John Griscom, a devout Quaker and member of the executive committee of the Association for Improving the Conditions of the Poor (hereafter, AICP), published a groundbreaking report on the city’s public health. Griscom determined that most of the deaths from unsanitary conditions could have been prevented and listed what he believed were the two major causes. He asserted that “first among the most serious causes of disordered general health was the city’s crowded and poorly ventilated housing, especially its courts and cellars.” Moreover, “he condemned the cupidity of those who had taken advantage of abject destitution to convert their basements ‘into living graves for human beings’” (Burroughs and Wallace, 784). The second cause was the undrainable (and often uncleaned) outdoor bathrooms that large numbers of residents used. His report also included several recommendations such as sewer connections, reservoir water to be provided at no cost, and a housing code which would require larger rooms, the elimination of cellar apartments, limitations on occupancy, and the creation of “Health Police” who would both inspect and, if necessary, condemn uninhabitable buildings. His report, however, did not please the Common Council which found it politically expedient not to appoint him the following year (Burroughs and Wallace, 784-785).

The second major attempt occurred on June 5, 1850 when a number of delegates, reform groups, and unions met for an Industrial Congress. Although they were primarily concerned with working conditions they also “backed a law at home to oversee construction and inspection of tenements to ensure they met approved standards of public health” (Burroughs and Wallace, 771). Again, the city took no action and, in 1852, both cholera and typhus outbreaks occurred in the city as the result of the crowded and filthy conditions. Finally, in 1856, the AICP, physicians, businessmen, and those who insured against fires pressured the state legislature for action. In response, the legislature formed a “Tenant House Committee,” investigated the poor sections of lower Manhattan such as Corlear’s Hook, and issued a

“Tenant House Report” the following year. Although the report did result in the first-ever housing code, it met with stiff resistance (Burroughs and Wallace, 788-790).

In summarizing this period, Burroughs and Wallace noted that “between 1845 and 1854 the citywide mortality rate hovered at an all-time high of forty deaths per one thousand city residents and the gap between bourgeois and working-class districts widened dramatically: in 1855 the sixth ward had the highest death rate in New York.” Regarding only infant mortality, they noted that “pulmonary diseases drove the rate to a record high of one hundred sixty-six per one thousand between 1850 and 1854, with the casualties (the AICP noted) ‘chiefly amongst the children of the poor, in the most filthy parts of the city.’ Between 1850 and 1860 more than one half of those under the age of five died each year – seven of every ten under the age of two – figures equal to the worst of the English factory districts” (Burroughs and Wallace, 790).

Reese also urged the city authorities to stop distilleries from producing adulterated milk known as “swill milk.” Reese noted that doctors in the city had repeatedly condemned this activity but to no avail. Reese lamented that “wherever they (i.e., the distilleries) exist, their slops (or waste) will furnish the cheapest food for cows, the milk of which is more pernicious and fatal to infant health and life than alcohol itself to adults...So long as distilleries are tolerated in cities, cow stables will be their appendages, and the milk, fraught with sickness and death, will still perpetuate mortality” (Reese, 16). Yet, distillery owners, such as those on Nineteenth Street and Thirty-sixth Street on the west side of Manhattan, had no plans to stop since the production of swill milk increased their overall profits. Following a practice which had begun earlier in London, the owners had built cow stables next to their distilleries which they, in turn, rented to the cows’ owners. Besides the rent, the cows’ owners also paid for the swill which the cows ate. This waste, which consisted of “processed corn, barley, and rye malt,” was piped into their troughs in the form of a boiling liquid which they at first refused to eat but after a few days grew so hungry that they finally consumed it (McNeur 2014:150-151).

The swill caused harm to both the cows and also to the infants who later consumed it as milk. For example, the swill caused not only sores on the cows’ bodies but also the loss of their tails. Moreover, the weakened cows were no longer able to eat healthier foods such as oats and hay since the swill had also caused their teeth to fall out (McNeur,

152-153). Although distillery cows produced a much greater quantity of milk than grass-fed cows, their milk was watery, bluish-looking, and lasted only a short time (no refrigeration or pasteurization existed at this time). To enhance the milk, chalk, eggs, flour, and even Plaster-of-Paris were often added (McNeur, 150). Yet, poor women purchased it both because of its low price of six cents a quart and their need to wean their children quickly and then get back to work outside the home. Moreover, wealthier women also purchased it since some unscrupulous vendors advertised it as “pure country milk” from places like Westchester County (McNeur, 153). Yet, the “swill milk” wreaked havoc with infants’ health. According to Catherine McNeur, “year after year, doctors attributed high infant mortality rates to several digestive and nutritional diseases such as *cholera infantum* and *marasmus*, which likely had roots in babies’ consumption of swill milk or other contaminated or spoiled foods.” To be sure, the mortality rate was staggering: “One 1853 estimate placed the annual number of infant deaths caused by swill milk at eight to nine thousand” (McNeur, 153).

Despite the repeated efforts of the city’s physicians and a general public outcry, an attempt to shut down the cow stables failed one year after Reese’s report appeared. Earlier efforts against the production of adulterated milk had also failed because corrupt politicians refused to act. Then, in 1858, *Frank Leslie’s Illustrated Newspaper* mounted a crusade against swill milk through its articles and engravings. Frank Leslie was a pseudonym for Henry Carter, an engraver, who had emigrated from England to New York City in 1848. This relentless pressure led to the formation of a committee of aldermen and councilmen who inspected the cowsheds located next to the two distilleries on the west side on May 27, 1858. The owners, however, had been given advance warning and were able to make things more presentable. The committee members tasted the milk and took some to be chemically analyzed. Shortly after, the committee voted to allow the owners to continue to produce swill milk but with the recommendation that they provide more ventilation in the sheds. It is also likely that they may have been bribed, a common practice at the time. Despite the intense pressure for reform, the production of swill milk continued for many years (McNeur, 157-159).

Reese’s final public health initiative was an exhortation to all mothers, especially wealthy ones, to breastfeed their children rather than avoiding it or hiring a wet nurse (Reese, 16). According to Reese, “... those mothers who, at the dictate of fashion or ease, withhold themselves

from the office and duty of suckling their own children, while their own breasts yield nutriment, and their health is adequate to the task, inflict upon themselves very great injury, while contributing to swell the aggregate of infant mortality" (Reese, 16). Indeed, Reese warned that a lack of breastfeeding could lead to atrophy and feebleness which could cause death. Moreover, he advised mothers or those about to be mothers among the wealthy to avoid foolish behavior that could adversely affect the "quality and quantity of their milk." These included "errors in diet; late hours; crowded assemblies; the excitements of the opera, the theatre, or the ball-room; the transitions from high to low temperatures; the exposure to night air, especially with insufficient clothing, such as exacting customs and fashion demand..." (Reese, 17).

### **A Troubling Side Effect: Smaller Families**

He also linked these careless and self-indulgent behaviors with the troubling new phenomenon of smaller families. In contrast, he noted that the previous generation of mothers, on the average, had given birth to ten healthy children who lived to adulthood. Indeed, Reese asserted that "the privation of all these by young mothers was voluntarily submitted to in the generation of our parents, and hence more children were reared to bless their households, and the pleasing spectacle of a 'houseful of children' was not then so rare as it confessedly is now" (Reese, 17). At the same time, smaller families may have also concerned Reese and other physicians (and politicians) for another reason: the very real fear that the recent Catholic immigrants from Ireland and Germany who generally shunned abortion would soon overtake the native-born Protestant population. To be sure, this fear had already manifested itself in New York City politics with Catholic immigrants primarily supporting the Democrat party which had led to the formation of nativist parties such as the New York City-based American Republican Party.

At the same time, other powerful social forces which had begun in Europe were apparently also contributing to the rise of smaller families in the large cities of America in four major ways. First, the Industrial Revolution had adversely affected traditional family life. For example, in a small town more social controls existed over one's behavior. In contrast, the husband who went to the city for work had more "anonymity" and therefore could indulge in drunkenness or even prostitution since he often left his wife and children back home. An example comes from John Wesley's journal entry

on April 20, 1772: "I went on to Greenock, a seaport town, twenty miles west of Glasgow. It is built very much like Plymouth Dock and has a safe and spacious harbor. The trade and inhabitants, and consequently the houses, are increasing swiftly. And so is cursing, swearing, drunkenness, Sabbath-breaking, and all manner of wickedness (Wesley 1993:316)." In addition, if an entire family did move to the city, they would find many things more expensive such as housing and experience more crowded living conditions. Finally, scholars have noted that "the upper classes" in nineteenth century England, "were perennial targets of reformers during the 1800s especially" because of "alleged debauchery and immorality" (Eberstadt 2013: 133). A similar situation was occurring New York City which led to the formation of the Society for the Prevention of Vice in the 1870s. In sum, large cities contained many temptations and difficulties even for parents who did want to raise a large family (Eberstadt, 116).

Second, urbanization apparently led to smaller families which would effectively nullify Reese's call for a return to the larger ones of the previous generation. For example, at roughly the same time that Reese wrote his report, Mary Eberstadt has pointed out that people in western Europe who had moved "to cities made them less likely to have and live in strong families" (Eberstadt, 118). Moreover, "secularization theorists" have also demonstrated that "urbanization is closely linked with small families" and "that following the industrial revolution, many western people (in Europe) started having smaller and more chaotic families on account of their moves into cities" (Eberstadt, 168). Third, while many upper-class women were delaying marriage, some poorer, immigrant women were also delaying or avoiding it altogether. An example comes from young Irish immigrant women who came to New York City. According to Burroughs and Wallace, "violence, drink, poverty, desertion: all these devalued matrimony for Irish women, continuing a Famine-generated retreat from traditional marriage patterns" (Burroughs and Wallace, 801). Instead of marrying, many chose life in the convent.

Finally, residents of large cities tended to be less religious, which would most likely make them less aware of and receptive to the biblical teachings on marriage and its potential fruitfulness. Accord to Owen Chadwick's extensive research of religious practice in England "the larger the town the smaller the percentage of persons who attended churches on Sundays. This statistic is liable to variation...Still, it is a proven statistic... whether or not decline in church-going is a sign of secularization (and it

probably is), bigger towns were a cause” (Eberstadt, 116). In sum, these relatively new developments, coupled with women’s greater educational opportunities and strong involvement in social reform movements in America overwhelmed Reese’s call to return to the values of an earlier time, even if it was just one generation ago!

### **Reduction of Infant Mortality (2): The Establishment of a Foundling Hospital**

Second, Reese believed that the establishment of new city and state institutions could significantly reduce infant mortality. The first institution he suggested was a “children’s hospital” for infant-related illnesses. Reese also had public safety in mind since he pointed out that an infected child in one of the large “tenant houses” could easily infect the entire neighborhood and possibly the entire city (Reese, 15). To be sure, New York City had experienced periodic yellow fever and cholera epidemics in the late eighteenth and nineteenth centuries which had caused numerous deaths. The second institution was perhaps an even more pressing necessity: the establishment of New York City’s first-ever foundling hospital for abandoned infants or those in danger of being aborted. According to Reese, “these charities, wisely conducted, would diminish the stillborn and premature birth interments, in all our large cities” and “almost annihilate the plea of necessity, urged in behalf of the horrible trade of abortionism, and thus lessen the number of its victims” (Reese, 14). Finally, Reese urged the state to provide “lying-in asylums” which would be open to both married and unmarried women in order to reduce the possibility that the distressed women might not only abandon or abort their children but also commit suicide to avoid the stigmatization and shame that accompanied an out of wedlock birth (Reese, 14).

Although Reese’s call for “sanitary medical police” or health inspectors and better housing for the poor did not occur immediately, strong support for a foundling hospital had been building for several years and was about to result in municipal action. To be sure, foundlings, or abandoned infants, had long been a problem. For many years they had been the responsibility of the city’s almshouse. Yet, the almshouse had been seriously unable to cope with the burgeoning number of foundlings. Their policy was to place these infants, whose health was already impaired, with wet-nurses. This policy, however, had several drawbacks: they themselves lived in unsanitary conditions, they frequently neglected the infants, and

they often cared for several infants at the same time in order to make more money. Moreover, by the 1850s, the problem had become more acute for several reasons. First, the number of foundlings had increased as the city's population had increased. Indeed, it was this increase during the Panic of 1857 that finally led the city's Board of Councilmen to form a committee to study the feasibility of starting a hospital. Second, both the almshouse officials and the police chief feared that abandoned male children would become vagrants and join one of the city's violent gangs. Third, more people no longer believed that a foundling hospital would increase illegitimacy among unmarried women, especially prostitutes. Fourth, the city's newspapers, concerned citizens, and prominent reformers such as Arabella Mott and Mary Dubois had made this an issue. Finally, published reports such as Reese's had contributed to the public outcry (Miller, 2008: 95-96).

This groundswell of support led to the creation of two separate committees to study the possibility of a foundling hospital. In 1857, the same year as Reese's report was published, the Almshouse Board of Governors formed a three-man committee. Then, in 1858, the city's Board of Councilmen passed a resolution to investigate "the expediency of establishing a Foundling Hospital" (Galpin 1858: 1). The resolution was "laid on the table" (i.e., deferred to a later time) and then printed. A committee was formed which interviewed several distinguished physicians such as Dr. Alexander B. Mott and Reese in order to get their input. Like Reese, the committee acknowledged that both prostitutes and wealthy married women were having abortions to eliminate unwanted children. For example, their report stated that these abortions were "occurring not in squalid haunts of poverty but among the so-called better classes where exposure would be infamy" (Galpin, 2). Like Reese, the committee also acknowledged how easy it was to get an abortion and that the high number of stillborn and premature births were most likely due to an abortion or the after-effects of an attempted one. At the same time, the committee wondered if a foundling hospital would lead to the increase of abandoned children since prostitutes could theoretically have their babies, leave them at the foundling hospital, and then quickly resume their occupations.

Reese's response to the committee can be summarized in three ways. First, he blamed the deaths of children under one year old in New York City to "infanticide, abortionism, and the system of boarding them out to anyone who will take them" (Galpin, 4). Second, he believed that a

foundling hospital would not lead to more prostitution. Third, while strongly supporting the creation of a foundling hospital, he argued that two separate institutions should be established: a foundling hospital for illegitimate children and an “Infant Home” for legitimate ones. His reasoning was two-fold: “One half the former were born constitutionally diseased, and it would be imprudent to allow healthy children to live with them, not to speak of the odium which would attach through life to anyone who should emanate from a Foundling Hospital” (Galpin, 4). Moreover, he felt that an “Infant Home” should be established first, and then a foundling hospital, if needed. He apparently took this position because of his concern for the high number of abortions among wealthy married women. Ultimately, the Board of Councilmen recommended that only a foundling hospital should be established who would receive both legitimate and illegitimate children. Their recommendation was accepted and the cornerstone was laid in 1859 but, due to several factors including the Civil War, the Infant’s Home, as it was called, did not open until December, 1865.

### **Reduction of Infant Mortality (3): Curbing Abortion**

Finally, Reese believed infant mortality could be significantly reduced if both the general public and the state legislature took a sterner approach to abortion. The first way was to discredit the erroneous doctrine known as “quickening.” Indeed, in his report, Reese had concluded that abortion was the leading cause of stillborn and premature births because many women believed it was acceptable to end a possible pregnancy before “quickening” had occurred. In the eighteenth and nineteenth centuries, it was commonly believed that life did not begin until “quickening,” the moment that a woman first felt the movement of the child in her womb - usually the fifth month of pregnancy. Of course, Reese, like most university-trained doctors, knew that conception had occurred much earlier. This doctrine, however, was firmly embedded in society and even its laws. For example, English law, which had heavily influenced American law, had long permitted abortion before quickening. In contrast, an abortion after quickening, was classified as a misdemeanor but only because of the danger to the mother’s life. Similarly, some northeastern states in the 1840s also made abortion before quickening a misdemeanor but, again, only to protect the life of the mother. The punishment varied from three months to three years imprisonment. Yet, these laws were difficult to enforce, especially if the woman lived. Despite some small alterations in the state

laws, abortion before quickening would continue to be a relatively minor criminal offense until many state legislatures finally passed much stricter laws in the 1860s and 1870s (Smith-Rosenberg 1985: 219-220).

To be sure, Reese acknowledged that an unmarried woman who had been seduced and did not want the shame of an illegitimate birth quite naturally sought an abortion before quickening had occurred. That was perhaps understandable since an illegitimate child in the mid-nineteenth century would undoubtedly stigmatize the woman and possibly push her into a life of prostitution or to commit suicide. Yet, what was new and even more alarming to Reese and many other physicians, was the number of *married* women who used this doctrine to abort their child. According to Reese, “the proof is overwhelming and everywhere known to the profession, that even the married, to postpone the cares of a family, the perils of parturition, the privations and duties of maternity, and sometimes in view of the pecuniary burdens they apprehend as intolerable, consent to the use of drugs, and even the employment of instrumental and other means, to arrest early pregnancy and to produce premature delivery, persuading themselves in the vulgar fallacy that there is no life before quickening, and that early abortionism is therefore less than murder” (Reese, 9-10).

The second way was to stop or at least severely restrict the ease with which one could find an abortionist (generally midwives or occasionally a doctor). Indeed, in the 1840s and 1850s, until public opinion finally began to shift, many abortionists placed advertisements in the city newspapers not only for abortifacients (i.e., abortion inducing pills or drugs) but also for the procedure itself. Moreover, abortionists even had business cards which listed the cost and where it could be obtained. For example, “Madame Restell, one of the most efficiently organized of the new abortionists, aggressively established her dominance in the field through widespread advertising and innovative marketing techniques” (Smith-Rosenberg, 226). One such advertisement read as follows: “Madame Restell, the female physician, is daily at her office, No. 146 Greenwich Avenue, where she will treat diseases to which females are liable” (Huntingdon 1897: 4). Regarding this permissiveness, Reese lamented that “the ghastly crime of abortionism...has become a murderous trade in many of our large cities, tolerated, connived at, and even protected by corrupt civil authorities, and often patronized by newspapers whose proprietors insert conspicuously the advertisements of these male and female vampires, for a share in the enormous profits of this inhuman traffic in blood and life” (Reese, 9).

Similarly, Bishop Huntingdon of the Episcopalian Church, asserted that “a newspaper has a certain responsibility, in forming and guiding the public mind, if it destroy or partially destroy, or vitiate that mind, it is undoubtedly answerable. No question but that scores and scores of the Restell visitors were led to her habitation by seeing her advertisements, time after time in the paper to which we refer” (Huntingdon 1897: 11).

Thirdly, Reese called for a more consistent approach to enforcing the laws against abortion that were already in effect. For example, in his report, Reese stated that “these murderers, for such they are, are well known to the police authorities; their names, residences, and even their guilty customers and victims are no secret to the authorities; they have their boxes at the post-office, loaded down with their correspondence and fees; take their seats at the opera; promenade our fashionable thoroughfares, and drive their splendid equipages upon our avenues in proud magnificence... while the ‘blood of the slaughtered innocents’ is crying against them for vengeance” (Reese, 9). Another example comes from a letter to the *New York Tribune* on August 24, 1847, written by “Citizen”: “When one of the most dangerous individuals in our midst, one who has amassed a fortune, and is daily adding to it by a pursuit so infamous and so contrary to the laws of God and society...is presented to my eyes, and I see her driving in such state through our midst...I cannot but think that we are making a retrograde movement in morality, and...that a waste of justice now will bring a heavier judgment and punishment upon the community at a future day” (Browder 1988: 74).

Finally, Reese called for stronger laws against abortion in the hope that they would be a deterrent. For example, he asserted that “as in a civil contract, the fruits of which vastly concern the public welfare, bearing as they do upon the present and the future generation, it is the duty of the State, in every civilized and Christian country, to surround marriage with all the sanctions of law, and to protect the unborn fruits of such alliances from premature destruction by statutory enactments” (Reese, 13-14).

### **The Infamous Career of Anna Lohman**

The uneven and weak enforcement on existing laws is illustrated in the career of Anna Lohman (a.k.a. Madame Restell) who was considered the most notorious (and financially successful) of all the abortionists. It is undeniable that Reese must have been familiar with her since she often rode down Fifth Avenue in her expensive coach driven by her servants and

was a familiar (and hated) face to many New Yorkers. Lohman was born in England in 1812, married Henry Sommers, a tailor, and moved to New York in 1831. Although Lohman was arrested several times in the 1840s, she was often able to avoid trial since many of her clients often refused to testify in order to avoid both the shame and loss of their reputations. Moreover, even when she was finally convicted, she initially received lenient treatment. On September, 7, 1847, Lohman was arrested on a charge of manslaughter in the second degree for medical malpractice upon Maria Bodine. Lohman pled not guilty but at her October trial, which lasted nineteen days and received nationwide press coverage, she was found guilty and sentenced to one year in the city penitentiary on Blackwell's Island. Even in jail, she was given preferential treatment. For example, her husband was allowed to visit her and stay as long as he wanted. Moreover, she had a bed, a lamp, and her cell was left unlocked. This lenient treatment led the Board of Aldermen to investigate resulting in several changes including the firing of the warden. Yet, even at the end of the year, she was unrepentant and even "boasted that it was worth a hundred thousand dollars of advertising" (Huntingdon, 10-11).

Although Restell and other well-known abortionists generally received lenient treatment, the laws against abortion had already begun to change and would change even more starting in the early 1870s. Up to the mid-1840s, abortion had been a misdemeanor. This changed, however, in May, 1845, when the state legislature of New York enacted a stricter law due to the public outrage surrounding not only the deaths of several young women at the hands of abortionists but also the way that the health of some women had been seriously impaired after an abortion, especially a failed one. This new law contained three sections. Section one stated that the death of the woman or the fetus was now second-degree manslaughter after quickening (now a felony) punishable by four to seven years in state prison. Section two said that anyone involved in procuring an abortion – a pharmacist, doctor, or any other person – at any time, even before quickening could receive three to twelve months in jail. Finally, section three called for the woman herself getting the abortion to receive from three to twelve months in jail plus a fine.

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### **The American Medical Association and the Crusade against Abortion**

Although restricting abortion was only one of Reese's recommendations for reducing infant mortality, the medical, cultural, and

religious issues surrounding it raise three important questions. First, what caused Reese to suddenly write a report on infant mortality in large cities that also included an unusually strong condemnation of abortion at this particular time? Was it possible that his report somehow supported, at least with regard to abortion, another effort that was simultaneously occurring throughout the entire country? It is indisputable that he was well aware of and personally supported this new effort.

Reese's denunciation of stillborn and premature births due to abortion coincided exactly with the newly-formed AMA's national campaign against it. In 1857, the same year Reese's report was published, Dr. Horatio Storer, a Boston gynecologist, began to implement an unrelenting campaign within the AMA for stricter abortion laws in every state. That same year, Dr. Storer wrote to "influential physicians all around the country...inquiring about the abortion laws in each of their states" (Mohr 1978: 149). Many responded that their states had either very weak laws or none at all. Moreover, some doctors, such as Alexander Sommes of Washington, D. C., went further and wrote to Storer that now was the time "to put such an extinguisher upon it as to prevent it becoming a characteristic feature in American civilization" (Mohr, 137). Another influential doctor, Thomas Blatchford, replied to Storer that his concern was justified since, in Blatchford's opinion, abortion had become much more common during the past forty years.

Did Reese also receive a letter from Storer which may have motivated him to take on the wide-open abortion business in New York City? Although no correspondence between them seems to exist, the answer is highly likely that Storer included Reese given his prestigious place in the New York City medical establishment. Moreover, Reese's direct connection with Storer is confirmed since Reese was present at the first annual convention of the AMA in Nashville, Tennessee in 1857 where he would have heard Storer propose that a committee develop a "position paper" on abortion to bring to the next convention. This resolution passed and several prominent doctors such as Sommes, Blatchford, and Hugh Hodge of Philadelphia were appointed to the committee with Storer himself as chairman. Once again, Storer wrote to doctors in the U. S. asking for them to support the committee's report at the next convention. Most likely, Reese would have also received the second letter. The following year, Storer presented the committee's report which was accepted and made three points: life began long before "quickening," some "regular doctors"

(i.e., university-trained ones) performed abortions, and a serious lack of abortion laws existed throughout the country. In addition, the report made the following resolutions: that the AMA, as a body, reject the quickening doctrine, urge state legislatures to pass stricter abortion laws, and call upon each state medical society to lobby their own state legislature. Although it is not certain that Reese attended this convention and the next two before his untimely death, he sent annual reports one of which was on “Medical Education.” Storer continued to lead the fight until ill health in 1872 caused him to leave the country. Finally, beginning in the 1870s, as a result of the intense lobbying, many states began to pass stricter laws against abortion. (*American Medical Times*, 326; Mohr, 154-159).

### **The (Mostly Absent) Role of the Churches**

A second question that might be asked is how did the churches respond to this issue? While most university-trained doctors considered abortion to be not only an often-dangerous and even fatal medical procedure, they also viewed it through a moral-religious lens as the taking of an innocent life. To be sure, many doctors were evangelical Christians, such as Reese, who would see abortion as violating the commandment, “Do not kill.” For example, Dr. Storer himself called it “infanticide” (Smith-Rosenberg, 222). But, what about the churches themselves? Did they take a strong moral stand against it as the AMA had? If they didn’t, what might the reasons have been? Finally, what was the relationship between the medical profession and the churches during the AMA’s campaign?

Although it might be reasonable to expect the Protestant denominations, especially the more evangelical ones, to condemn abortion, they were strangely silent. In his extensive research on the denominational periodicals of that time, Richard Mohr has suggested four reasons. First, religious periodicals generally published only articles suitable for “family reading” rather than a frank discussion of sexual matters. Second, it’s possible that many clergy didn’t believe that their female parishioners would get an abortion. Third, it seems possible that many clergy themselves may have agreed with the quickening doctrine so they wouldn’t have seen it as a sin. Finally, clergy may have wanted to leave the matter between the woman and her doctor (Mohr, 183-184).

At the same time, the churches’ failure to respond, at least initially, drew fierce criticism from the medical profession who were almost fighting this battle alone. For example, “medical journals accused the religious

journals of valuing abortifacient advertising revenue too highly to risk criticizing the practice; physicians condemned ministers as cowardly and hypocritical” (Mohr, 184). Again, Dr. Orrin Fowler who also wrote a medical handbook expressed his exasperation in this way: “The Catholic Bishop of Baltimore...anathematized it...the Old School Presbyterian Church have also condemned it! Would to God New School, Baptist, Methodist, Swedenborgian, Episcopal, Universalist, Unitarian, Trinitarian, Arian, Spiritualists (and all others) ...would follow suit” (Mohr, 193). Moreover, the Michigan medical society, in its report to the State Board of Health, included this broadside: “The Protestant Clergy by abstaining from giving correct moral and religious instructions in this matter, have a negative influence which favors the propagation of erroneous ideas” (Mohr, 194-195). Finally, Mohr concluded that, “although American church-men certainly did not oppose the anti-abortion crusade, neither did they become conspicuously involved in it, especially compared to their involvement in various other nineteenth-century movements for the alteration of social policy, such as temperance” (Mohr, 195).

Eventually, the Roman Catholic Church and the Congregational Church took strong positions at about the same time. While the Roman Catholic bishop of Boston, Bishop Fitzpatrick, had written to Storer in 1858, that “it affords me pleasure to learn that the AMA has turned its attention to the prevention of criminal abortion, a sin so directly opposite to the first laws of nature, and to designs of God, our Creator, that it cannot fail to draw down a curse upon the land where it is generally practiced,” it still took the Catholic Church another ten years before they engaged the issue (Mohr, 186). For example, in 1868, the Roman Catholic bishop of Baltimore, Bishop Spaulding, issued a pastoral letter on behalf of the regional bishops who had recently met in which he not only echoed Fitzpatrick’s comments but went beyond them: “The murder of an infant before its birth is, in the sight of God and His Church, as great a crime, as would be the killing of a child after birth...No mother is allowed, under any circumstances, to permit the death of her unborn infant, not even for the sake of preserving her own life.” (Mohr, 186). This statement, however, differed from the doctors’ position who said they would normally perform an abortion in order to save the mother’s life. Finally, in October, 1869, Pope Pius IX, reemphasized the earlier church teaching which had condemned abortion. Somewhat surprisingly, the pope’s statement received little or no coverage in the Catholic periodicals in America (Mohr, 186-187).

The Congregational Church also began to speak out against abortion in the late 1860s. For example, in 1867, the Reverend John Todd published an article in a Boston church periodical entitled, "Fashionable Murder," in which he referred to the attempt to abort as "deliberate, cold murder" (Mohr, 187-188). Moreover, in 1868, the Maine Conference of the Congregational Church published a report highly critical of abortion in which they called it "a greater evil, more demoralizing and destructive, than either intemperance, slavery, or war itself" (Mohr, 189). Finally, Congregationalists in Connecticut also came out strongly against abortion in 1869 (Mohr, 189-192). Since Mohr did not examine the *Christian Advocate and Journal* (hereafter, *CAJ*) the weekly Methodist Episcopal Church newspaper which was published in Manhattan, one is left to wonder if any of Reese's fellow Methodists took a strong stand against abortion either as individuals or in print. From his labors as a local preacher, class leader, and member of the Mission Society of the Methodist Episcopal Church, Reese personally knew and had worked with a number of prominent Methodist leaders such as Reverend Nathan Bangs and James Harper, the former mayor of New York City (1844-1845). Yet, it is certainly possible that Reese may have acted alone and without the formal backing of his church. Given Reese's outspokenness and combativeness, that would not be surprising in the least.

### **A (Mostly) Acceptable Method**

Finally, was it possible for a married woman in the 1850s to limit the size of her family which would meet the approval of physicians and possibly even the churches? To be sure, nearly all physicians and (most churches of that time) condemned the various types of artificial contraception. A thorough and explicit description of these artificial means can be found in Carroll Smith-Rosenberg's, *Disorderly Conduct*, and Janet Farrell Brodie's, *Contraception and Abortion in the 19<sup>th</sup>-Century America*. But what natural way, if any, was available to the married woman of that time? Surprisingly, the answer was a rudimentary and imprecise "rhythm method" (different from the twentieth-century one) whose discovery and refinement occurred in the mid-nineteenth century at the height of the abortion controversy.

This new knowledge of a woman's fertility cycle occurred first in Europe. For example, in 1842, the French physician, Felix Pouchet, determined that ovulation occurred in a somewhat predictable manner

“rather than in response to coitus (sexual relations), sexual excitement, or contact with sperm.” Moreover, he asserted “that the discharge of a mature ovum occurred in relation to menstruation every month” (Brodie 1994: 80). Based on his observations, he mistakenly concluded that conception could only occur at any time from the first to the twelfth day after menstruation. In 1844, however, another French physician, Adam Raciborski, made a more accurate prediction about the rhythm method; he believed that a married couple should avoid relations two days before menstruation and eighteen days after (Brodie, 80-81). Although these guidelines were imprecise, the main idea was correct: that during some part of a woman’s monthly cycle she would not be fertile in contrast to the previous belief that the woman was most fertile “immediately after menstruation” (Brodie, 80).

These groundbreaking ideas were both widely promoted and further developed in America in the 1840s and 1850s. For example, American physicians, such as Augustus K. Gardner, of New York City, and Horatio Storer promoted them widely through medical handbooks and lectures. Indeed, “the medical establishment, even those who disliked all other forms of fertility restrictions, embraced the notion of a ‘safe period’” (Brodie, 81). In addition, phrenologists and feminists supported this method since it left the decision to conceive with the woman. Moreover, American physicians were adding to this new body of medical knowledge. For example, in 1852, Dr. Russell T. Trall wrote *The Hydropathic Encyclopedia* in which he recommended that women wait until the twelfth day after menstruation and, fifteen years later, extended it to the fourteenth day. While his calculations were also off the mark, he did make one important contribution: women should look for signs that they had ovulated. According to Trall, “by noticing the time for two or three succeeding periods at which the egg or clot passes off, she will ascertain her menstrual habit” (Brodie, 84). Finally, Frederick Hollich, a self-taught physician who had earlier emigrated from England, provided perhaps the best advice of all: the longer a woman waited to resume sexual relations after menstruation, the more likely it was she would not conceive (Brodie, 84). Despite these uncertainties, the new method gave many married women encouragement. According to Brodie, “each (woman) was expected to experiment with the timing of those days until she found one that worked for her or shift to another method. At the very least, the conflicting advice spurred women to interest themselves in their fertility cycles, which may, in turn, have led to greater self-confidence and knowledge” (Brodie, 83).

In sum, while many married women eagerly attempted to use this new method of spacing births, it was, of course, not always successful because of the conflicting medical advice and the variations in a woman's monthly cycle. In addition, some women may have combined it with other artificial means to prevent pregnancy. It was, however, a big step forward that would be further refined in the twentieth-century.

## Conclusion

In sum, Reese, along with other New York City physicians, believed that infant mortality could be lowered through the implementation of public health measures, the establishment of two foundling hospitals, and the restriction of abortion. While the public health measures took many more years to finally implement, the foundling hospital and abortion restrictions were quickly accomplished in the 1860s and 1870s. Eventually, after more municipal committees' reports and Common Council action, tenement housing was reformed and the production of swill milk was ended to name just two. Through his timely report, Dr. Reese sounded a necessary warning to the city authorities that helped prod them to take long overdue action especially on behalf of the poor and the many infants whose first five years were extremely precarious.

## Suggestions for Further Research

Further research would be helpful to determine how and when the increase of infant mortality in New York City was reduced. Julie Miller's book, *Abandoned: Foundlings in Nineteenth-Century New York City* would be a good place to start. It would also be helpful to know when the public measures for better housing and unadulterated milk were implemented. Municipal reports on these subjects can be consulted as well as secondary resources such as *Taming Manhattan* and *Gotham*. From a Methodist perspective, it would be illuminating to see if the *CAJ* and the *Methodist Quarterly Review* had any articles or editorials about abortion during the second half of the nineteenth century. Moreover, research is needed to see if any Methodist ministers, laity, congregations, annual conferences, or General Conferences took a position either for or against abortion. Finally, it would be helpful to see how public opinion was changing on all of these issues by examining several New York City newspapers during this period such as the *Sun*, *Herald*, *Commercial Advertiser*, and *Police Gazette* which was published in New York City but had a nationwide readership.

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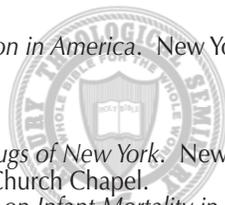
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