

Reproducing Discourses: Science and Mennonite Sexuality in Early Twentieth Century Canada

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After a wreck upon the rocks, a lifeboat of course is good, but a lighthouse is infinitely better. Prevention is always better than cure.¹

These words, which appeared in the “Foreward” of Clayton F. Derstine’s 1942 advice manual, *The Path to Beautiful Womanhood: A Book for Parents, Women, and Girls on Sex Life*, set the tone for the rest of the book. Derstine, a Mennonite Bishop in Waterloo, Ontario, produced a range of advice literature for young Mennonites in the first-half of the twentieth century. In his manuals for young women (as well as for men), the focus was on the prevention of what he referred to as the “pitfalls”² of life. In Derstine’s view, lives could be “severely damaged by social vices and impurities.” His books for youth as well as their parents and teachers were designed as “lighthouse[s]” to “counteract to some extent the wrong conception of sex life”³ to

which young people were exposed. His books, as well as those written by other social reform leaders of the time, provided “scientific” medical “evidence” to support their conclusions. Yet in his book, *The Mennonites in Canada, 1939-1970*, historian T.D. Regehr notes that Derstine’s books were “unscientific.”⁴ This paper, explores the nature of the evidence presented in Derstine’s manuals by comparing it to the medical profession’s discussions of female sexuality in this period. In contrast to contentions that Derstine was “unscientific,” I argue that Derstine made a point of including medical science in the manuals, the use of which was celebrated by doctors who endorsed his books. The medical science that Derstine used, however, was that of the late-nineteenth rather than the mid-twentieth century. This observation points to the interconnectedness of medical and religious discourses on female sexuality. At the same time, the exploration of the use of medical science to uphold religious morality reveals how both doctors and religious leaders used the dominant middle-class morality to construct their authority. Despite this, both were constrained by the discourse itself.

“Made to be Mothers”: Women’s Roles and the Medical Profession

Throughout the late-nineteenth century, regular physicians worked to establish themselves as a profession by promoting science as the authoritative and definitive approach to understanding the body. Early on, though, they needed to “convince” their patients that their approach was better than contemporary alternatives.⁵ In the early days of their profession, not all “regular” doctors attended medical school at universities. Midwives, homeopaths and other “irregulars” also practiced medicine in Canada and regular physicians, those trained in the scientific method, worked diligently to secure their monopoly status as professionals.⁶ This practice was necessary to compel patients to consult them, as Canadians were used to seeking advice from a wide-range of practitioners to address their health issues. While university-trained doctors sought to establish their use of science as the only approach to the body, they simultaneously promoted their role as one of regulating and upholding their patients’ morality. Their role, therefore, was not only to cure illness but also to ensure moral health. This was particularly the case with female patients.

Women, it was believed, were “made to be mothers”⁷ and female sexuality was a topic of regular discussion by doctors in the medical journals of this period. Canadian historian Wendy Mitchinson notes that medical professionals and women interacted in two ways. First, she argues, medical prescriptions for women reinforced the social

and cultural ideals of the period. In other words, medicine provided a “scientific rationale” for the “non-medical perceptions of women.”⁸ Second, the way that doctors treated their patients’ illnesses reflected the “perceptions of women’s proper role in society” and, therefore, influenced “the medical care provided them.”⁹ Indeed, doctors and their use of medical science served the function of constructing and reinforcing gender roles and morality.

Doctors explored themes of motherhood as well as the dangers of venereal disease and masturbation as they strove to regulate the behaviour of their patients from the late nineteenth century until the middle of the twentieth century. In essence, doctors and other moral reformers frequently expressed concern for women’s health, as “their bodies were their destiny.”¹⁰ While the tone of the discussion shifted to address changing social and cultural issues over time, there is no doubt that biology was viewed as destiny throughout this period. As we shall see, sex education manuals of the time also addressed these themes.

There can be no doubt that motherhood was seen as the ultimate role for women, and doctors certainly used their scientific authority to discuss women’s roles. The paramount danger for women, according to the medical profession in the nineteenth century, was their deliberate shirking of the maternal role. Therefore, doctors reinforced that role in their discussions of women and their health in light of illness. This idea can be seen especially in their discussions of fertility regulation and abortion as these practices contradicted the cult of true womanhood. Abortion, or any means of limiting fertility, opposed the woman’s role which was rooted in the confines of the home, her natural sphere. In other words, medical science helped to regulate and reinforce gender norms.¹¹ For instance, an article written primarily to discourage physicians from performing abortions provides a window into how doctors viewed themselves and their profession at the turn of the twentieth century. “One of the grandest aims of the doctor,” a 1908 editorial in *The Canada Lancet* noted, “should be to raise the social and moral status of his patients as well as improv[e] their physical condition.”¹² A doctor’s role was not only to cure illness but also to ensure moral health.

The notion that doctors played a role in upholding their patients’ morality was connected to their professional status. In the late nineteenth century their professional discourse conformed to the middle-class prescriptions for women as this helped to legitimize their medical advice. By the turn of the twentieth century, regular physicians controlled the health care market. Yet it is clear they were conscious of the need to guard their status by continuing to promote motherhood as the ideal for women. For instance, physicians were urged to be wary of those who sought out abortions because of the effect such associations

may have on their profession's reputation. "The class of young men and women who seek to have these operations performed to get themselves out of trouble," one author noted, "will bring discredit to any doctor who yields to their requests...it is truly a case of choosing in which class a doctor purposes living out his professional life amongst. Shall it be the abortionist class, ever downwards, or among the self-respecting class, ever upwards?"¹³ The profession's concern about its status and role in regulating morality continued to be at the heart of its discussions of women's roles and, by connection, of abortion throughout the twentieth century.

While gender regulation and morality were the cornerstone of doctors' discussions of female sexuality, a number of factors caused the discourse to shift between the late-nineteenth and the middle of the twentieth centuries. The interwar years, in particular, witnessed an increase in maternal mortality in Canada, leading the medical profession to seek a cause that did not implicate its methods. Despite advances in medical science, like antibiotics and the understanding of asepsis, physicians' treatment of disease, particularly in the case of gynecological matters (which included anything related to maternity) was often dangerous. The danger associated with childbirth was demonstrated in a static high maternal mortality rate throughout the interwar period. Given this, the profession sought ways to prevent and treat the causes of maternal mortality. Abortion, for instance, was identified as one of the main reasons for the high death rate and doctors often aimed their discourse at preventing the use of this practice by women to limit fertility.¹⁴

Through the first decades of the twentieth century doctors' discussions of female sexuality were straightforward. A woman's role was biologically determined and women who attempted to avoid maternity were simply immoral. By the 1940s though, doctors' positions were becoming more nuanced. While they did not go as far as suggesting that women could choose not to be mothers, there was an emerging awareness that, for various reasons, some women did want or need to control their fertility.¹⁵ In the case of abortion, for instance, while not all doctors agreed with and performed the procedure, an increasing number were willing to discuss the practice in Canadian medical journals. At the same time, the emerging public health movement in Canada promoted education about the correct methods of mothering. This was exemplified, beginning in 1934, with the birth of the Dionne quintuplets.¹⁶ The movement to educate young women about proper mothering carried with it a second message about the dangers of abortion.¹⁷ So, doctors' overall discussions of female sexuality were largely connected to their desire to provide education about motherhood, which included their warning against the dangers of abortion. At the

same time, their emerging willingness to consider in their medical practice the welfare of women, including the acknowledgement that some women needed to control their fertility, was a significant shift in the discourse. Scientific motherhood definitely pointed to the methods to build a strong and healthy nation,¹⁸ but there was increasingly less talk about “fallen women” and immorality by Canadian physicians and more and more recognition of women as sexual beings. The work of psychology and sexology no doubt contributed to this recognition as the studies of Sigmund Freud and the emerging work of Alfred Kinsey came to the attention of Canadian physicians¹⁹ and provided the backdrop for Derstine’s manuals.

Clayton F. Derstine was recruited to the First Mennonite Church in Kitchener in 1924 to address a split in the congregation over a modern issue – the wearing of the bonnet by the sisters of the congregation.²⁰ Indeed, his commitment to the bonnet and his belief in the traditions of the Church made him especially appealing as a leader to Church elders. Derstine converted to the Church as a young adult after much contemplation and then immediately set out to teach others about the Mennonite Church.²¹ It seems the traditions of the Church drove his faith so it is not surprising that his leadership was meant to reinforce these.²² His focus on tradition is evident in the variety of volumes he contributed to Mennonite thought in the early twentieth century, like his comment on the dangers of theatres and movies in the 1920s. The tone of *Hell’s Playground*, written in 1921, was not dissimilar to that of his sex education volumes.²³

Derstine’s work was part of a larger reform movement hailing primarily from the United States to provide sex education to men and women in the first decades of the twentieth century. Julian Carter notes of these sex manuals that they “...offered the citizenry access to the ‘scientific truth’ of sex.”²⁴ These “truths” focused on the dangers of venereal disease and the notion that while sex was a natural process, it was only to be enjoyed within the confines of marriage.²⁵ In his now classic exploration of “Pure Books on Avoided Subjects” Michael Bliss discusses the *Self and Sex* books distributed in Canada in the late nineteenth and early twentieth centuries. These manuals, he suggests, help to explain how sex was dealt with in North American medical and popular thought.²⁶ The books, written by experts hailing primarily from the United States, many of whom were members of the sex hygiene movement or clergy, were aimed at reforming middle-class morality.²⁷ Derstine’s own contributions to this genre are only one example of Mennonite literature for youth on sex and morality in this period.²⁸ In the manuals, whether written by social reformers or religious leaders, medical science played an important role.

Reproducing Discourses: Medical Science and Sex Education

In his *Manual of Sex Education*, Derstine notes that, “the greatest problem of the age is proper sex control and relationships.”²⁹ Of particular concern for Derstine and his contemporaries was sex control for women,³⁰ and his books were intended to educate his congregants.³¹ His manuals, like others written by moral reformers, were meant to illuminate the dangers of sex, particularly in light of masturbation and venereal disease.³² At the same time that early moral reformers were working to shed light on such topics as fornication and adultery, regular medical doctors, those trained in university medical schools rooted in modern science, were working to establish themselves as a profession. It is not surprising that, at least in the late-nineteenth and early-twentieth centuries, the writing about women’s roles by both doctors and social reformers converged. Yet it is clear that by the 1940s, doctors’ views of women were beginning to shift. This change in attitudes by doctors was not, however, reflected in Derstine’s writing. The “science” he used as evidence was often out of date for the time period. So, we must ask why the medical discourse was reproduced in the sex manuals in the way that it was. Why does it appear “unscientific” to modern readers? In order to explore this more fully I examine two of Derstine’s publications, *The Path to Beautiful Womanhood* (1942) and the *Manual of Sex Education* (1942), in light of the medical discourse of their time. In contrast to contentions that Derstine was “unscientific,” I propose that Derstine deliberately included medical science in his manuals. The medical science he used, however, was that of the late-nineteenth, rather than the almost mid-twentieth century. In other words, the medical discourse is reproduced, but only in as much as it supported Derstine’s views. He found more support in the discourse of the nineteenth, than in that of the mid-twentieth century.

Given the emphasis on science by the medical profession and how it was entrenched in their practice by the 1940s, it would be surprising if Derstine, in his manuals for young women, did not include some reference to science to support his conclusions.³³ Many of the experts cited were in fact medical doctors, but ones who most definitely shared Derstine’s evangelistic views.³⁴ For instance, in *The Path to Beautiful Womanhood*, Derstine cited Dr. P.A. Morrow of New York who claimed that 75% of operations on women were because of “female troubles.”³⁵ The implication in this statistic was that women were being treated for venereal disease, a key concern in this period.³⁶ Indeed, Derstine notes that, “when nature is outraged, the results are weakness, mental dullness, insanity and vile diseases, such as syphilis, gonorrhoea, and related diseases. Infectious diseases lie in wait on the trail of violators.”³⁷ This discussion about disease and the statistic appeared in the

section of the book entitled, “The Physical Body” and the message was that “women and girls who had illicit sex relations for mere indulgence, or become the temptresses of men...fall from the summit to the lowest depths of life.”³⁸ While this type of moral reasoning was not uncommon in this period, the statistics that Derstine provided from New York may have been more likely related to abortion cases or other problems associated with pregnancy than treatment of venereal disease. Nevertheless, Derstine’s use of medical statistics was meant to legitimize his claims. Certainly, his use of science “sounds” more authoritative than other manuals of the same time period. In *Talks with Our Young People*, Margaret Horst, a Mennonite educator simply notes that improper behaviour is the work of Satan, an assertion certainly much less conclusive than medical statistics.³⁹

Of course, there were other dangers associated with illicit sexual behaviour. As Derstine pointed out, venereal disease could affect a woman’s life in society. Drawing on an American book by Surgeon General, Dr. Thomas Parran, titled *Shadow on the Land*,⁴⁰ Derstine noted that “the venereal diseases of syphilis and gonorrhoea are the widest and blackest shadow...one million potential mothers in the United States now have or have had syphilis...These suffer and make others suffer.”⁴¹ While it was important to avoid the dangers of venereal disease, Derstine also exhorted his readers to “acquire a wholesome attitude towards sex.”⁴² In his view, Mennonite youth needed to fight the “battle for purity” by looking after their bodies and embodying “a splendid physique.”⁴³ Caring for one’s physical state did not exclude sexuality. Rather,

sexual force has to do with all of life. It manifests itself in professional skill, in teaching ability, in powers of profound research, in wide-awake salesmanship, in art, in practical homemaking, in patience under test, in endurance, and otherwise. ⁴⁴

According to Derstine, it was important to channel “sexual energies” into the development of good character and a good life in which “good social contacts” could be “cultivated.” Rather than being scientific, this discussion of “The Pathway to Noble Manhood and Beautiful Womanhood” in his *Manual of Sex Education* was more like late-nineteenth century prescriptions of middle-class morality.

Derstine’s discussion of moral propriety seems to be reinforced in his chapter on “Fornication” in *The Path to Beautiful Womanhood*. Derstine notes that this practice is “a vicious crime, doubly so, because it leaves the mother without a legal husband, exposing her to shame.”⁴⁵ The implication was that premarital sex would lead to pregnancy outside of marriage. He continues,

motherhood ought to be a happy experience, but when the girl is unwedded it is a dire disaster, sullies the reputation, imposes disgrace on the unborn, and deprives her of companionship of a husband when she needs him most. Every young lady should know that every union of the bodies outside wedlock is humiliating and immoral.⁴⁶

While Derstine's views of premarital sex were not necessarily completely outside the views of the medical profession in this same time period, doctors were then beginning to acknowledge that premarital sex did occur and to search for ways to deal with the results. Their increasing desire to protect women's welfare framed their professional discourse by the 1940s.

Science or Sin? The Accuracy of Derstine's Evidence

If some parts of Derstine's writing appears to some readers as "unscientific," other parts are, in fact, overly scientific. For instance, in *The Manual of Sex Education*, Derstine discusses chromosomes as seen under microscopes and the role of DNA in passing on genetic characteristics (although he does not refer to DNA specifically).⁴⁷ The *Manual of Sex Education* also featured a section on "The Sex Story Scientifically Set Forth." But given his other references to the need for physical purity, how up-to-date were Derstine's references to science? Some of the material that Derstine drew upon to write his books was outdated, like Sylvanus Stall's *What A Young Man Ought To Know*, part of the *Self and Sex* series. It was nevertheless material that was highly regarded by both lay- and medical men alike and widely utilized in the late-nineteenth and early-twentieth centuries.⁴⁸

Stall, a Lutheran minister whose books were translated into many languages including Urdu, Arabic, Hindi, Bengali and Korean, was a leading writer for youth in the nineteenth century.⁴⁹ As noted above, the way that so-called sex-experts provided advice at the end of the nineteenth century was consistent with the way regular medical professionals discussed the same issues at that time. Remember, North Americans were just beginning to see the emergence of modern science as a means of establishing the knowledge of medical professionals in the late-nineteenth century. As trained doctors were increasingly viewed as the sole experts on the body and as they discovered more about the science of medicine, the advice manuals by Stall and others were reprinted. It is clear in these new versions, though, that little scientific updating occurred to confirm new discoveries.

Many of the writers of sex education in this period were not physicians, so they may not have realized that new discoveries had been made and assumed that each new edition was up-to-date. In this respect, Derstine may have been confident that his knowledge of science was current. Indeed, the discussion of DNA was written at a time when the scientific journals were reporting on the discovery of the structure, seen via x-ray for the first time in 1937. So, while it is true that Derstine was at least two decades behind the times with respect to much of the scientific content of his books, as Regehr points out, we must ask why he was current in some ways. It is too easy to conclude that Derstine was behind the times. Why go to the trouble of including “science” if it was outdated? What did Derstine hope to achieve by stitching together his evidence?

The answers to these questions lie in the topics Derstine covers in his books. In *The Path to Beautiful Womanhood*, Derstine illustrates the “price of improper sex expression” with “five improper sex expressions,” and then offers “helps to proper sex expression” rooted in social purity. The goal of the manual was prevention. Derstine noted that, “many young people enter life floundering through the swamps of misunderstanding, misinformation, doubt, perplexity, and fear regarding sex.”⁵⁰ He went on to say that,

the object of this book is to give a lift for the things worth while. It is not so much our object to mark out the dangers or tell frightening stories, but to mark out a sane and safe path.... We recognize the right of youth to have sex knowledge, for their health, happiness, and spiritual well-being is dependent upon it. This knowledge cannot come too early, if properly given in proper proportions. Silence on this important theme is criminal. Too much so-called information is tainted. Often all that some inquiring youths receive is evasion, falsehoods, and no truth. There is a place for modesty, but none for prudery.⁵¹

The language that Derstine uses reveals that, despite his claims of providing knowledge “properly...in proper proportions,” his main goal was actually to provide young women with “wholesome knowledge.”⁵² This approach to sex education is consistent with other manuals of the time. The balance, however, between “mark[ing] out a sane and safe path” and providing too much information was tenuous. In his discussion of historical sex education and venereal disease, Julian Carter notes that “educators frequently sacrificed the ‘scientific truth’ in favour of whatever kind of information or teaching strategy was most likely to encourage premarital chastity and marital monogamy.”⁵³

It is thus not surprising that Derstine took a similar approach to this delicate subject.⁵⁴

The early decades of the twentieth century was a period when Mennonite society was becoming increasingly urbanized and, just as many other groups were concerned with the perils and pleasures a young woman might find in the city,⁵⁵ so, too, were the Mennonites. Since Mennonites in Canada experienced urbanization a generation later than most Canadians, their ideas about sexuality lagged.⁵⁶ It should be remembered that the cities that Mennonites experienced in this time period were not the same as those experienced by Canadians two decades earlier – they were more modern and many citizens had had at least twenty years of experience adjusting to the new context. By the 1940s, automobiles, movie theatres, and dance halls were all places where young women could learn about sexuality.⁵⁷ Derstine was clearly reacting⁵⁸ to these dangers and had been for at least twenty years. Indeed, he was brought to Kitchener to address the tension between the congregants of First Mennonite Church arising from modernism. At the heart of the bonnet debate was the issue of the modern hats that some women were wearing. In the *Manual of Sex Education* he asked, “with so much at stake, why get information (misinformation) from schoolgirls, street urchins, foul-mouthed sex purveyors, smutty sheets, movies, tainted literature, or other improper places?”⁵⁹ Indeed, the entire book was a cautionary tale of all the things that could impede the path to beautiful womanhood.

Derstine explored topics such as impure speech, which could be picked up from “thoughtless, brazen, painted, cigarette-smoking, cocktail drinking persons” who were “not apt to think and speak purely.”⁶⁰ This was clearly a comment on women who were not nonconformist and who chose to follow the latest beauty trends. In addition, Derstine addressed the evils of masturbation. He pointed out that the word itself was used by “medical men” to describe the “solitary vice” which depleted women of the “secretion that puts the radiance on the face of the girl, the energy into the mature lady, and the glory on the face of the aged lady.”⁶¹ Masturbation, claimed Derstine, could lead to psychological problems and even death. This denunciation of masturbation was common to late nineteenth and early twentieth century discussions of sexuality, particularly in the case of male sexuality. And yet Derstine made a point of explaining this vice.

In order to fully understand masturbation, Derstine also provided girls with information about the sexual organs in both the *Path to Beautiful Womanhood* and in the section on masturbation in “the girl and the maiden” in the *Manual of Sex Education*. He describes these as the “life glands” because, as he explained, “this term is used to simplify scientific terms for girls.”⁶² Girls were not mentally capable

of understanding real scientific language. This view points to the belief in women's inferior mental powers that was common in the nineteenth century. Their place was in the home as wives and mothers, rather than in the public sphere.

In *The Path to Beautiful Womanhood* he discusses fornication, as the "enthronement of lust and the dethronement of reason." The result was "a vicious crime, doubly so, because it leaves the mother without a legal husband exposing her to shame. Then also it leaves the young child without a real father."⁶³ We know from criminal court and medical records, though, that the stigma attached to pre-marital sex for many women was too much to bear and they attempted to "rid themselves of their trouble"⁶⁴ by seeking illegal abortions. In the larger population, the history of birth control and abortion has shown that women often sought a variety of means of "regulating" themselves after illicit encounters.⁶⁵

One way of preventing the need to "regulate" was by seeking access to some form of birth control, despite its illegality. Given that Derstine's ministry was based in Kitchener, Ontario, it is difficult to believe that he was unaware of A.R. Kaufman's efforts to provide birth control through his Parents Information Bureau in the 1930s.⁶⁶ We know that Mennonites worked in his factory and would have had access to the information, which was, in all likelihood shared with like-minded family members and friends.⁶⁷ This notion of sharing information about sexuality has been demonstrated in the literature on the history of abortion, as well as by other historians who have explored how networks of women have passed on information about sensitive topics.⁶⁸

It seems clear from Derstine's writing for women that the intent behind his advice was to maintain their innocence – to steer them away from danger, the way a lighthouse steers a boat in dark waters. The renaming of organs to the "sex story scientifically set forth" in order to "enable the parent to tell the story of life directly, comprehensively, and scientifically"⁶⁹ allowed him to situate his discussion of the proper role of women in scientific terms. He described the (scientific) meaning of female as "constructed for a different purpose" (to be the mother of human beings according to the laws of God) and it is clear that, not unlike his counterparts writing in the same period, his mission was to provide some information in response to social changes, albeit in a way that reinforced the traditional prescriptions for both women and men.

If the goal was to reinforce these ideals for women, why include the scientific information at all? It was precisely because medical science had become entrenched as the place to turn to with regard to issues of the body by the 1940s that Derstine attempted to present his argument

as rooted in science. In a time when Canada was becoming increasingly secular, the connection between science and religion was necessary. He was not alone in his desire to make this connection. Seven different physicians endorsed his series of books. For instance, Dr. Walter L. Wilson of Kansas City noted that “the new books on ‘Manhood’ and ‘Womanhood’ and ‘The Manual of Sex Education’ are excellent. They are splendid volumes on proper sex expression. They are among the best I have ever seen. I trust they will be greatly blessed with a wide distribution throughout the country.”⁷⁰ Dr. Wilson was also actively involved in the Baptist Church and was a founder of the new Calvary Bible College in Kansas City. His mixing of medicine with religion, like Derstine’s, surely impacted his approach to, and understanding of, medical science.

Derstine’s use of science must be considered in light of other factors. First, he was a Mennonite who cared deeply for his congregants and was surely worried about the impact modernization could have on them. Second, many physicians and other moral reformers shared his discomfort with the “new sexuality” so his view was not unsupported. Third, Derstine may have been in the dark about new scientific medical advances made by 1940. We must remember, however, that we all interpret our world through lenses. In this case, Derstine’s was the Mennonite Church’s teachings and the fear that societal changes, particularly urbanization and modernization, would negatively impact the sexual mores of young Mennonite women. In many ways, Mennonites were “catching up”⁷¹ to the wider Canadian population when it came to female sexuality, and were slowly integrating the knowledge of the Canadian medical profession into their religious discourse on sexuality. We should, however, be sure to remember that, despite the advances in medical science described by doctors in their professional medical discourse by the 1940s – knowledge that had helped establish them as the experts on the human body – the profession was not homogeneous in its views toward sexuality. Many physicians of the day shared Derstine’s discomfort with the “new sexuality.” This is particularly evident when they examine female sexuality in light of birth control and abortion. The other possibility is that Derstine himself was in the dark when it came to advances in medical science and, due to his reliance on earlier advice literature, inadvertently provided out-of-date information. This seems unlikely, though, given his travels and connections with medical colleagues. Still, rather than condemning leaders like Derstine for providing such limited and outdated notions of sexuality to their congregants, we need to explore how their literature was received by their readers to understand how closely prescriptions represented reality. Derstine’s reproduction of the scientific medical discourse within his advice to young Mennonites is telling of the power

of the medical discourse to shape other discourses. Derstine clearly felt that in order to get his message across, and to lend it credibility, he needed to tap into the scientific knowledge and prescriptions that doctors had promoted at the turn of the twentieth century. This was also the approach taken by other writers of marriage and sex manuals in this period, so it is not surprising that Derstine followed suit. It was a common problem that sex educators faced – how to deal with the changing social context and provide the information that youth desired without providing too much information and inadvertently promoting sex. As Derstine himself wrote, “we recognize the right of youth to have sex knowledge...”⁷² but it is also clear that he and his counterparts did not want to encourage licentious behaviour.

The fine line between too little and too much information was one that could be walked by situating the discussion within the discourse of medical science while, at the same time, marrying it to religious discourse. Derstine clearly realized that the power of medical science that had been established by the 1940s necessitated that he incorporate this point of view. Yet, he cleverly side-stepped the challenge that modern-day science posed to the story he wished to preach to young Mennonites in this period by using earlier scientific knowledge to promote his views – views that were endorsed by some medical professionals who shared his desire to protect female morality. As much as Derstine was able to use dated medical discourse to reinforce his views, he was also constrained by the traditional Mennonite values he was trying to uphold in a rapidly changing and increasingly secular society. In this sense, Regehr’s contention that he was “unscientific” is partially correct. Since we know now that prescriptions often do not represent reality it would be interesting to know how closely Mennonite youth followed his advice. Future research should explore the extent to which Derstine’s “path to beautiful womanhood” was followed by Mennonite girls in the 1940s and whether his selective use of science helped to reinforce his authority on matters of sexuality or, whether his work was rejected as dated, unscientific, or inaccurate by his readers.

Notes

I would like to thank Marlene Epp, Steven Bednarski, and the anonymous reader for *The Journal of Mennonite Studies* for their helpful comments on earlier versions of this paper.

¹ C.F. Derstine, *The Path to Beautiful Womanhood: A Book for Parents, Women, and Girls on Sex Life* (Kitchener: C.F. Derstine, 1942), 7. This same opening also appeared in his *The Path to Noble Manhood: A Book for Parents, Men, and Boys on Sex Life*, (Kitchener: C.F. Derstine, 1942), 7.

- ² *Ibid.*, 7.
- ³ *Ibid.*
- ⁴ T.D. Regehr, *The Mennonites in Canada, 1939-1970: A People Transformed* (Toronto: University of Toronto Press, 1996), 214.
- ⁵ For a survey of medical practice and medical views on sexuality in both the regular and irregular sectors of the 19th and early 20th century see: Tracy Penny Light, "Shifting Interests: The Medical Discourse on Abortion in English Canada, 1850-1969," Ph.D. diss., University of Waterloo, 2003, 18.
- ⁶ For a discussion of the professionalization of medicine in this period, see S.E.D. Shortt, "Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," *Medical History*, 27 (1983): 51-68; Bernard Blishen, *Doctors in Canada: The Changing World of Medical Practice* (Toronto: University of Toronto Press, 1991); Wendy Mitchinson, *The Nature of Their Bodies: Women and their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991); R.D. Gidney and W.P.J. Millar, "The Origins of Organized Medicine in Ontario, 1850-1869," in Charles G. Roland (ed.), *Health, Disease and Medicine: Essays in Canadian History* (Toronto: Hannah Institute, 1984), 64-95. For a discussion of the "irregular" practitioners see James Connor, "Minority Medicine in Ontario, 1795-1903: A Study of Medical Pluralism and Its Decline," Ph.D. diss., University of Waterloo, 1989.
- ⁷ For a discussion of this in light of the medical profession and abortion see Tracy Penny, "Getting Rid of My Trouble": A Social History of Abortion in Ontario, 1880-1929," MA Thesis, Laurentian University, 1995. Cynthia Comacchio and Katherine Arnup both discuss this in light of prescriptions for motherhood. See *Nations Are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal: McGill-Queen's University Press, 1993); *Education for Motherhood: Advice for Mothers in Twentieth Century Canada* (Toronto: University of Toronto Press, 1994).
- ⁸ Mitchinson, *The Nature of Their Bodies*, 8-9
- ⁹ *Ibid.* For a discussion of doctors' treatment of women in a later time period, see Mitchinson's, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002).
- ¹⁰ Mitchinson, *The Nature of Their Bodies*, 98.
- ¹¹ On the regulation of the profession with respect to abortion, see Penny Light, "Shifting Interests," especially chapter two.
- ¹² Editorial, "Does It Pay? No!," *The Canada Lancet* 42 (1908-09), 648.
- ¹³ *Ibid.*, 648-649 quoted in Penny Light, "Shifting Interests," 19.
- ¹⁴ For a fuller discussion of abortion and birth control in Canada see Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices of Contraception and Abortion in Canada, 1880-1997* (Toronto: Oxford University Press, 1997).
- ¹⁵ This is particularly evident in doctors' discussions of women's use of abortifacients and the harmful effects that they witnessed in hospitals as a result. See Penny Light, "Shifting Interests," 113-135.
- ¹⁶ Comacchio, *Nations Are Built of Babies*, 198.
- ¹⁷ Penny Light, "Shifting Interests."
- ¹⁸ For a full discussion of the movement to educate mothers in this period, see Comacchio, *Nations Are Built of Babies*; Arnup, *Education for Motherhood*, 1994.
- ¹⁹ In 1938, the Association of Women Students at Indiana University petitioned for a course for students who were married or contemplating marriage in order to receive sex and marriage education. Dr. Alfred C. Kinsey was asked to coordinate the course and in preparing, discovered that little scientific data existed. He set out to collect such data on human sexual behaviour (he was a zoologist). This led to the publication of his volumes on the *Sexual Behavior in the Human Male* (Philadelphia: Saunders, 1948) and *Sexual Behavior in the Human Female* (Philadelphia:

- Saunders, 1953). For the full history of Kinsey's work, see the Kinsey Institute for Research in Sex, Gender, and Reproduction <http://kinseyinstitute.org>
- ²⁰ For a discussion of the split, see E. Reginald Good, *Frontier Community to Urban Congregation: First Mennonite Church, Kitchener 1813-1988* (Kitchener: First Mennonite Church, 1988), 103-117.
- ²¹ Derstine taught Sunday school immediately upon his conversion and his mission to youth continued to play an important role in his ministry throughout his career. See Urie Bender, *Four Earthen Vessels: Biographical Profiles of Oscar Burkholder, Samuel F. Coffman, Clayton F. Derstine, and Jesse B. Martin* (Kitchener: Herald Press, 1982). See also the encyclopedia entry about him at <http://www.gameo.org/encyclopedia/contents/D477ME.html?searchterm=derstine>
- ²² Bender discusses Derstine's conversion in *Four Earthen Vessels*, 185-254.
- ²³ Clayton Derstine, *Hell's Playground: Theaters and Movies* (Eureka, IL: the author, 1921).
- ²⁴ Julian B. Carter, "Birds, Bees, and Venereal Disease: Toward and Intellectual History of Sex Education," *Journal of the History of Sexuality*, 10 (2001), 218.
- ²⁵ *Ibid.*
- ²⁶ Michael Bliss, "'Pure Books on Avoided Subjects': Pre-Freudian Sexual Ideas in Canada," *Canadian Historical Association – Historical Papers* 5 (1970): 89-108.
- ²⁷ The *Self and Sex* series, while authored in the United States, were widely distributed by the Methodist Church in Canada and were written originally by a Lutheran Minister, Rev. Sylvanus Stall. Later editions of the series were written by two female doctors, Dr. Emma F. Angell Drake and Dr. Mary Wood-Allen. Bliss, "'Pure Books,'" 89. For a discussion of other books written in this period see Patty Campbell, *Sex Guides: Books and Films About Sexuality for Young Adults* (New York: Garland, 1986); Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge, MA: Harvard University Press, 2000); John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America, Second Edition* (Chicago: University of Chicago Press, 1997). For a discussion of the period after Derstine was writing, see Amy DeRogatis, "What Would Jesus Do? Sexuality and Salvation in Protestant Evangelical Sex Manuals, 1950s to the Present," *Church History* 74 (2005): 97-137.
- ²⁸ A number of manuals written in the United States were also distributed in Canada. For instance, see B. Charles Hostetter, *Keep Thyself Pure* (Harrisonburg, VI: The Mennonite Hour, n.d.); John W. Weaver and Margaret Horst, *Talks with Our Young People* (Scottsdale, PA: Mennonite Publishing House, 1940); I.E. Burkhart, *The Menace of Movies* (Scottsdale, PA: Mennonite Publishing House, 1940).
- ²⁹ C.F. Derstine, *Manual of Sex Education: For Parents, Teachers and Students* (Kitchener : C.F. Derstine, 1942), x.
- ³⁰ Derstine, *Hell's Playground*.
- ³¹ See Bliss, "'Pure Books,'" 89.
- ³² These moral reformers were often evangelicals who combined religion and medical science in their prescriptions for youth. For a discussion of moral reformers and sexuality, see Chris O'Shea, "Visions of Masculinity: Home-Health Advice Literature, Medical Discourse and Male Sexuality in English-Canada, 1870-1914," Ph.D. Diss., U. Guelph, 2003. See also, Bliss, "'Pure Books.'"
- ³³ Derstine also wrote manuals aimed at young men. It is interesting to note that these essentially mirrored those written for girls. Some of Derstine's contemporaries, like Bishop Oscar Burkholder, focused exclusively on women and how they were the moral downfall of men during this same period. Perhaps Derstine was 'enlightened' in calling both sexes to moral purity. For a discussion of Burkholder, see Bender, *Four Earthen Vessels*. Thank you to Marlene Epp for pointing out this important distinction between clergy.

- ³⁴ Regehr notes that Derstine “accepted the vitalist concepts held by those writers, trying only to dress them up in appropriate, nonconformist Mennonite clothes.” *The Mennonites in Canada*, 214-215.
- ³⁵ Derstine, *The Path to Beautiful Womanhood*, 16.
- ³⁶ For a discussion of sex education and venereal disease, see Carter, “Birds, Bees, and Venereal Disease.”
- ³⁷ Derstine, *The Path to Beautiful Womanhood*, 15.
- ³⁸ *Ibid.*, 16.
- ³⁹ Weaver and Horst, *Talks with Our Young People*, 32-36.
- ⁴⁰ Thomas Parran, *Shadow on the Land*, 1937.
- ⁴¹ Derstine, *The Path to Beautiful Womanhood*, 22-23.
- ⁴² Derstine, *The Manual of Sex Education*, 130.
- ⁴³ Indeed, Derstine seems to have been physically fit, enjoying tennis and brisk walks. Perhaps this was linked to his life as a baseball player prior to his conversion. See Bender, *Four Earthen Vessels*.
- ⁴⁴ As part of their establishment as professionals, regular doctors aligned themselves with the prescriptions that moral reformers were promoting at that time. This was related to their desire to promote their status as professionals, but also was related to the need to charge medical fees. Certainly, those patients who could best afford to pay for their services were members of the middle class. For a more detailed description, see Penny Light, “Shifting Interests,” especially chapter one.
- ⁴⁵ *Ibid.*, 39.
- ⁴⁶ *Ibid.*
- ⁴⁷ *Ibid.*, 119.
- ⁴⁸ For a wider discussion of this series of manuals, see Bliss, “‘Pure Books.’”
- ⁴⁹ Angus McLaren, *Twentieth Century Sexuality: A History* (Oxford: Blackwell Publishers, 1999), 46.
- ⁵⁰ Derstine, *The Path to Beautiful Womanhood*, 9.
- ⁵¹ *Ibid.*, 9.
- ⁵² *Ibid.*
- ⁵³ Carter, “Birds, Bees, and Venereal Disease,” 248.
- ⁵⁴ How much information should be provided to youth in sex education continues to be debated. For a good discussion of this and other paradoxes around sexuality today, see Stevi Jackson and Sue Scott, “Sexual Antinomies in Late Modernity,” *Sexualities*, 7 (2004): 233-248.
- ⁵⁵ See, for instance, Carolyn Strange, *Toronto’s Girl Problem: The Perils and Pleasures of the City* (Toronto: University of Toronto Press, 1995).
- ⁵⁶ Regehr, *The Mennonites in Canada*, 213.
- ⁵⁷ For a discussion of the dangers of the city for women in this period see Carolyn Strange, *Toronto’s Girl Problem*.
- ⁵⁸ Again, Regehr talks about Mennonites being “reactive” rather than “proactive” in matters. See *The Mennonites in Canada*, 213.
- ⁵⁹ Derstine, *The Path to Beautiful Womanhood*, 10.
- ⁶⁰ *Ibid.*, 33.
- ⁶¹ *Ibid.*, 35.
- ⁶² Derstine, *Manual of Sex Education*, 73.
- ⁶³ *Ibid.*, 39.
- ⁶⁴ Penny, “‘Getting Rid of My Trouble.’”
- ⁶⁵ Women often referred to the need to “regulate” themselves when they had missed a menstrual cycle. They often did not admit to being pregnant at all in abortion trials. See Penny, “‘Getting Rid of My Trouble.’”
- ⁶⁶ For a discussion of Kaufman, see Diane Dodd, “The Canadian Birth Control Movement on Trial, 1936-1937,” *Histoire Sociale/Social History*, 16 (1983): 411-428; Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: Oxford University Press, 1990).

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- ⁶⁷ *Ibid.* See also Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices of Contraception and Abortion in Canada, 1880-1997* (Toronto: Oxford University Press, 1997).
- ⁶⁸ McLaren and McLaren, *The Bedroom and the State*; Mitchinson, *The Nature of Their Bodies*.
- ⁶⁹ Derstine, *Manual of Sex Education*, 93-94
- ⁷⁰ See Derstine, *The Manual of Sex Education* and Derstine, *The Path to Beautiful Womanhood*.
- ⁷¹ Regehr uses this same terminology. See *The Mennonites in Canada*, 215.
- ⁷² Derstine, *The Path to Beautiful Womanhood*, 9.