

BIRTH CONTROL
ON TRIAL

LELLA SECOR FLORENCE

BIRTH CONTROL ON TRIAL

BIRTH CONTROL ON TRIAL

By

LELLA SECOR FLORENCE

With a Foreword by

SIR HUMPHRY ROLLESTON, BART.

K.C.B., M.D., F.R.C.P., D.Sc., D.C.L.

*(Physician in Ordinary to the King,
Regius Professor of Physic in the
University of Cambridge)*

and an

Introductory Note by

F. H. A. MARSHALL, SC.D., F.R.S.

(Fellow of Christ's College, Cambridge)

LONDON

GEORGE ALLEN & UNWIN LTD

MUSEUM STREET

FIRST PUBLISHED IN 1930

All rights reserved

PRINTED IN GREAT BRITAIN BY
UNWIN BROTHERS LTD., WOKING

ACKNOWLEDGMENT

THE investigation into birth-control methods here reported was undertaken under the general auspices of the Cambridge Women's Welfare Association, whose officers are as follows: President: Professor Sir Humphry Rolleston, Bart., K.C.B., M.D., F.R.C.P., D.Sc., D.C.L. (Physician in Ordinary to the King, Regius Professor of Physic in the University of Cambridge); Executive Committee: Chairman, F. H. A. Marshall, Sc.D., F.R.S.; Hon. Treasurer, E. D. Adrian, M.D., F.R.S.; Hon. Assistant Treasurer, Mrs. Petica Robertson; J. R. C. Canney, M.D., Arthur Cooke, F.R.C.S., Mrs. Eva Hartree, G. S. Haynes, M.D., M.R.C.P., Mrs. Rachel Marshall, Councillor Mrs. Marjorie McNair, Mrs. Helen Bowen Pease, J.P.; Medical Officer: Mrs. Robson, M.B.C.M. (Glasgow), D.P.H. (Cambridge).

I would like to acknowledge my indebtedness to the President, Sir Humphry Rolleston, who has encouraged the investigation from the beginning, and who very kindly read the manuscript and offered valuable suggestions. I am also under great obligation to the members of the Executive Committee, who have given their co-operation and encouragement throughout the investigation. I would like to mention also Mrs. Lettice Ramsey and Mrs. Drury Smith, who have jointly succeeded me as Secretaries of the Association; they have been most helpful in looking up case-cards when needed, and have cheerfully borne the inconvenience of conducting the work at the Clinic while the case-cards were being used for the collection of data.

BIRTH CONTROL ON TRIAL

The continuous help and encouragement I have received from Mrs. Robson, Medical Officer at the Clinic, has lightened my arduous task. Her sympathetic appreciation of the difficulties involved has been of the greatest value. I must also thank Nurse Newman for her kind and helpful interest.

I am indebted to Miss Portia Holman and to Mrs. Joan Robinson for reading parts of the manuscript and helping with the proofs.

I am extremely grateful to my husband, Professor Sargent Florence, who relentlessly kept me at my task until the investigation was completed, and who has given me invaluable help at every stage of the manuscript preparation. I am especially indebted to him for supervision of the tables and the statistical data.

Finally, I would like to offer my thanks to the Clinic patients who have so freely and frankly discussed with me their experiences in using contraceptives, and whose candour and friendliness has made this investigation possible.

LELLA SECOR FLORENCE

*(Formerly Honorary Secretary of the
Cambridge Women's Welfare Association)*

FOREWORD

BIRTH control is a difficult subject and arouses rather vigorous expressions of condemnation from those whose convictions must be respected as evidence of sincere anxiety as to its effect on public morals. From the not unnatural disinclination to discuss an unpleasant subject there has been at any rate in the past a reticence entirely out of proportion to the prevalence of the practice. As a result there is a want of accurate information about many aspects of a subject which, whatever the views publicly expressed, is of great importance from wide national as well as individual points of view.

Unbiased investigations into various problems connected with birth control are now being undertaken, and of these Mrs. L. S. Florence's report, entitled *Birth Control on Trial*, is a model example of how the data should be obtained and marshalled. It gives the experience gained from the history of the first three hundred applicants at the Cambridge Birth Control Clinic from August 5, 1925, to May 24, 1927. The amount of persevering labour undertaken by the author is shown by the fact that information as to the success or failure attending the advice given was obtained from all but twenty-five of the two hundred and seventy-two to whom such advice was actually given. The result is a frank admission of the difficulties and limitations of the technique of birth control, or the various forms of contraceptive methods. The patient investigation of the after-history of the applicants shows that it is fallacious to assume that those who do not return to the clinic have been successful in

BIRTH CONTROL ON TRIAL

their application of the instruction received. In fact the data accumulated by the conscientious following-up of the applicants are disappointing, in that they prove contraceptive methods to be neither so simple or certain as has been stated by some enthusiastic writers on the subject. In addition to the experience gained at the Cambridge Clinic the results and opinions of others are given, making this report extremely valuable, especially because of its transparent honesty in recording what must surely have been an unwelcome result. The accounts of illustrative cases are very human documents and throw convincing light on the pitiful plight of the multiparous mothers of the poor and of their unwanted children.

HUMPHRY ROLLESTON

INTRODUCTORY NOTE

IT is not out of place to record here, in a few introductory words, the manner of origin and early history of the Cambridge Women's Welfare Association. The main incentive which brought this institution into existence was undoubtedly philanthropical. It was not from a desire for scientific inquiry, though this motive may have influenced some of the subsequent supporters of the movement, neither was it from any sort of political motive, that the Association came into being, but rather as a result of the realization borne in upon the social workers of Cambridge that one of the greatest needs—perhaps the greatest—of the industrial classes in our midst was some certain and simple way of regulating the size of their families and preventing the arrival of unwanted children, for whom there was no accommodation and who only added to the already existing discomfort.

In this movement, Mrs. Florence, the author of this book, took the initiative, but she was not long in receiving support from other social workers who also knew from intimate experience of the conditions among the poorer classes how great was the need that something should be done. A meeting of women was held in March 1925, and a further meeting of men and women in the following May, when the first officers were elected and the Women's Welfare Association formally launched. Among those who gave their active support in those early days of the movement for a birth-control clinic in Cambridge, special mention must be made of the late Mrs. Agnes Ramsey, whose help and guidance were invaluable, and

BIRTH CONTROL ON TRIAL

Mrs. Eva Hartree, at that time Mayor of Cambridge. The Association has received support both from the town and the University, many of the younger members of which have shown an active interest. It is to be noted also that among the supporters of the Association are members of all political parties and a number of different religious denominations.

That the Association has been a success is abundantly shown by the record contained in this book by Mrs. Florence, to whom so much of the credit is due; but its progress has also been attended by many difficulties, some of which have not yet been dissipated. The need for investigation into birth-control methods is sufficiently emphasized in these pages; but while agreeing with the author in her main contentions in regard to this matter, I wish to urge that a method must not be written down as a failure because it is sometimes unsuccessful, and that success must be judged on the average results obtained. What is true of medicines and drugs applies also to contraceptive methods. It is only in advertisements that a particular remedy or preventative is *always* successful, and although our ideal is to obtain a method of control which is "fool proof", so that even the most unintelligent can adopt it successfully, this is a counsel of perfection which may be hard or even impossible to attain. An appreciation of this point should not dishearten those of us who believe in birth control, but should rather encourage us in persisting in a movement, the results of which are already amply justified by what has undeniably been accomplished in the alleviation of hardship.

The population question is ever with us, and as time

INTRODUCTORY NOTE

proceeds is likely to grow increasingly acute. Eugenic considerations are being more and more brought under the public notice, and the community as a whole is becoming aroused to their importance. The subject is still one of contention, and much feeling is being brought to bear upon it, but to those who realize the true nature of our social and economic conditions it is evident that birth control must play a leading part in raising our standards of ethical practice and in promoting the development of our civilization.

F. H. A. MARSHALL

CONTENTS

	PAGE
ACKNOWLEDGMENT	I
FOREWORD	3
INTRODUCTORY NOTE	5
CHAPTER	
I. A PROSPECTUS	11
II. HISTORICAL SPECULATIONS	14
III. CLINICAL EXPERIENCE	23
IV. CONFLICTING EVIDENCE	32
V. FOLLOW-UP WORK	48
VI. FAILURES	58
VII. SUCCESSFUL CASES	76
VIII. PATIENTS' PREVIOUS METHODS	90
IX. A COMPARISON OF RESULTS	99
X. UNROMANTIC REALITIES	129
XI. AN APPEAL FOR RESEARCH	147
SUMMARY	155
INDEX	158

SUMMARY

Cases covered	300
Refused examination on first visit, came out of curiosity, etc.	14
Came wanting child	6
Came pregnant and did not return and were not given advice	5
General condition only, treated	3
<hr style="width: 10%; margin-left: auto;"/>	
Patients who registered but never received advice	28
Patients receiving advice, out of first 300	272
Lost trace of and no reply to letters ..	25
<hr style="width: 10%; margin-left: auto;"/>	
Total cases about which results are known	247

PREGNANCIES

Total of pregnancies, at first visit or after ..	123
Pregnant on first visit or subsequently before advice received	36
Pregnant after seeking advice about having child	3
Pregnant since first visit and after receiving contraceptive advice	84
Gave up contraceptive to have child ..	6
Total unwanted pregnancies after con- traceptive advice was given	78

BIRTH CONTROL ON TRIAL

Pregnancies occurring when patient claimed to have used pessary as directed	16
Pregnancies occurring when patient claimed to have used sheath as directed	3
Pregnancies occurring because patient gave up part or all of pessary method	42
Pregnancies occurring because patient gave up sheath	17

PATIENTS

Patients who gave up pessary, but have not yet be- come pregnant	65
Patients who gave up sheath, but have not yet be- come pregnant	15
Patients who gave up pessary or failed with it now using sheath.. .. .	36
Patients who gave up pessary or failed with it now trying or returning to <i>C.I.</i>	39
Patients who gave up pessary or failed with it now trying again.. .. .	2
Patients who gave up sheath or failed with it now trying again.. .. .	8
Patients who gave up sheath or failed with it now using pessary	1
Patients who gave up sheath or failed with it now trying or returning to <i>C.I.</i>	10

SUMMARY

Total number of patients not using pessary successfully (including single and double pregnancy cases) 120

Total number of patients not using sheath successfully (including pregnancies) 35

Total number of patients not using sheath or pessary successfully, out of 247 cases 155

Patients using Dutch pessary successfully for periods of

Months.	Months.	Months.	Months.	Months.	Months.
6 to 12	12 to 18	18 to 24	24 to 30	30 to 36	36 to 42
19	24	8	10	5	3

Patients using sheath successfully for periods of

Months.	Months.	Months.	Months.	Months.	Months.
6 to 12	12 to 18	18 to 24	24 to 30	30 to 36	36 to 42
15	15	15	11	5	5

(For successful use of other methods, or combination of methods, see Table, p. 79.)

Patients who had previously attempted some form of family limitation (out of 265) 189

Facts of general interest from the history of 247 cases about which results are known:

Total number of pregnancies 1081

Total number of live children born (including twins) 970

Total number of children surviving 883

Total number of miscarriages 90

Total number of still births 25

Total number of deaths under two years of age .. 72

INDEX

- Abortions, 24, 122, 123, 144, 145
 Abstinence, 72, 95, 119, 120, 122
 America, 30, 36
 Ante-natal care, 114

 Barr, Sir James, 145
 Beveridge, Sir William, 21
 Birth-rate, 18, 19, 21, 23
 Blacker, Dr. C. P., 13
 Bradlaugh-Besant trial, 15, 17
 British Medical Association, 19

 Caesarian section, 60
 Cambridge, 11, 14, 23, 24, 38,
 40, 43, 48, 50, 65, 69, 125,
 139, 149
 Campbell, Dr. Janet, 123
 Cancer, 124, 125, 144
 Carlile, Richard, 16
 Carr-Saunders, Prof. A. M., 21
 Cervix, 39, 40, 114, 124
 Churchyard luck, 129
 Clay, Mrs. Mary H., 107, 108
 Coitus, 59, 64, 69, 82, 93, 100,
 106, 107, 113, 119
 Coitus Interruptus, 16, 17, 19,
 20, 45, 50, 53, 60, 64, 66,
 68, 69, 73, 74, 78, 84, 85, 88,
 90, 91, 93, 96, 99-105, 149
 Condom (*see sheath*)
 Constipation, 64, 114
 Contraceptive ointment, 34, 39,
 40, 68, 82, 125
 Contracted pelvis, 152
 Cost of contraceptives, 42, 43, 54
 Cox, Harold, 75
 Crew, Dr. F. A. E., 19

 Dawson of Penn, Lord, 21, 40,
 41, 120, 153
 Deformities, 32, 33
 Doctors (*see medical profession*)
 Douching, 17, 26, 28, 37, 39, 40,
 41, 44, 59, 63, 65, 66, 73, 84,
 93, 95, 107, 112, 113, 116
 Dumas pessary (*see pessary*)
 Dutch pessary (*see pessary*)

 Education, 142, 143
 Ellis, Havelock, 41
 Epilepsy, 60, 152
 Eugenics, 132

 Fairfield, Dr. Letitia, 138, 139
 Fecundity, 21
 Fersch, Johann, 36, 37, 42, 44
 Fertility, 21
 Fielding, Michael, 34, 39, 42, 44
 Florence, Prof. P. Sargant, 21
 France, 95
 French letter (*see sheath*)

 Germany, 137
 Giles, Dr. Arthur E., 134
 Guildford, The Lord Bishop of,
 136

 Haemorrhoids, 64, 73, 124
 Haire, Norman, 36, 38, 39, 42-46,
 96
 Harmful results, 41, 124
 Heart disease, 152
 Hill, Prof. Leonard, 135
 Himes, Norman, 17, 18

 Infertility, 11, 18
 Insanity, 67, 144
 Ireland, 149

 Jude the Obscure, 131

 Kidney disease, 152
 Knowlton, Charles, 17

 Lactic acid, 110
 Ointment, 68 (*see also con-*
 traceptive ointment)
 Pessaries, 118

 Malthus, T. R., 16
 Malthusian Handbook, 14
 Maternal mortality, 123
 McIlroy, Prof., 115
 Medical profession, 13, 25, 26,
 40, 44, 49, 147, 148, 151, 152

INDEX

- Medical students, 45, 147
 Menopause, 53, 72
 Mental deficiency, 33, 62
 Millard, Dr. C. Killick, 138,
 139, 148
 Miscarriages, 24, 30, 64, 67, 82,
 88, 122, 123
 Mother love, 129, 130
 Mothers' Clinic, 21, 29, 38, 39,
 96

 National Birth-Rate Commission,
 36, 137
 National Council of Public
 Morals, 26, 134, 138
 Neo-Malthusian Conference, 40
 Nervous disorders, 104, 105, 107,
 125
 New Generation League, 36
 Newsholme, Sir Arthur, 107, 135

 Onan, 99
 Orgasm, 145
 Overcrowding, 86, 113, 121
 Owen, Robert Dale, 17

 Painful results, 43, 69, 71, 73,
 82, 110, 116
 Pain in childbirth, 133, 134
 Paralysis, 60
 Passfield, Lord, 21
 Perineum, 114
 Pessary, 32, 34, 41, 59-66, 68,
 72, 76, 83-88, 101, 109
 Dumas, 39, 91, 94
 Dutch, 25-27, 39, 40, 44, 46,
 55, 79-82, 91, 93, 94, 106,
 111, 116
 Prorace or cervical type, 39,
 46, 64, 81, 92, 111
 Silver, 36, 37, 42, 43
 Soluble, 39, 40, 44, 54, 64, 67,
 73, 79, 91, 93, 95, 117
 Place, Francis, 14, 16
 Post-natal care, 32, 114
 Pregnancies, 19, 28, 35, 51, 62,
 63, 67, 73, 76, 81-92, 96,
 102-105, 151, 152
 Desired, 52, 53, 78, 82, 118,
 125
 Pregnancies—*continued.*
 Undesired, 14, 52, 56, 58, 61,
 68-74, 80, 87, 90, 94, 107,
 114, 120, 126
 Primitive tribes, 99
 Psychologists, 107
 Public relief, 54, 144, 146

 Quinine, 87, 94, 118, 122
 Ointment (*see* contraceptive
 ointment)
 Suppositories (*see* pessary,
 soluble)
 Tablets, 40, 67, 118

 Race suicide, 136
 Research, 13, 25, 33, 36, 47, 57,
 128, 142, 147, 152
 Roman Catholics, 50, 150
 Royden, Miss A. Maude, 36
 Rubber stores, 16

 Safe period, 45, 50, 69, 150
 Salts, 94
 Security, 40, 104
 Self-control, 119, 121
 Semen, 100, 102, 106
 Sex, 15, 29, 67, 70, 108, 121,
 143, 146
 Sexual satisfaction, 13, 43, 109
 Sheath, 25, 40-45, 54, 55, 59, 60,
 62, 65-86, 91-95, 105-111,
 117, 134, 144
 Sin, 137, 143, 150
 Society for the Provision of Birth-
 Control Clinics, 24, 39
 Spermatozoa, 61, 102, 113
 Sponge, 14, 16, 19, 39, 119
 Statistics, 12, 19, 30, 37, 95
 Sterility, 82, 118, 125, 126, 127
 Sterilization, 60, 72
 Still births, 52
 Stopes, Dr. Marie, 21, 29, 35, 38,
 39, 43-47, 81, 96, 106, 115
 Suckling, 76, 95
 Superstition, 38, 143, 145
 Suppositories (*see* pessaries,
 soluble)
 Sutherland, Dr. Halliday G., 138
 Syringing (*see* douching)

BIRTH CONTROL ON TRIAL

Taboos, 70, 100, 143	Victorian Era, 15
Tuberculosis, 52, 83, 86, 120, 140, 144, 152	Vienna, 36, 37
Tumor, 55, 144	Walworth Clinic, 21, 24, 25, 44
Uterus, 114	Women's Welfare Association, 24, 149
Vagina, 100, 112, 115, 116	Yule, Udny, 20
Victoria, Queen, 16	