

MODERN BIRTH CONTROL METHODS

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GEORGE RYLEY SCOTT

F.R.A.I., F.Ph.S.(Eng.), F.Z.S.

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MODERN BIRTH CONTROL METHODS

With an Appendix on
THE FACILITATION OF CONCEPTION

by

GEORGE RYLEY SCOTT

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With a Foreword by the late
SIR W. ARBUTHNOT LANE, Bart., C.B.

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FOREWORD

I HAVE read this book with great interest and am of opinion that it deals with a most important, indeed the most important, factor in our lives in a very clear and simple manner. The sex instinct is infinitely the most powerful of our appetites, existing in various degrees of intensity in men and women. It would appear that the usefulness of the individual to take part in the struggle for existence depends directly upon it. While its presence in abundance supplies a driving power which enables the person, male or female, to perform tasks of almost super-human character, and demanding great courage and endurance, the possession of a subnormal virility entails almost with certainty an inferiority complex and an unfitness for success in life.

For this reason the work which Mr Ryley Scott has produced will serve as an excellent textbook and medium of education for those engaged in the legal, medical and nursing professions. Just as the study of dietetics has not till very recently been considered of sufficient importance to form any portion of the medical curriculum, so the study of birth control and the innumerable vital issues associated with it have been ignored. Indeed it has been left to the members of the lay public to interest and later to instruct the medical fraternity in this most important subject. Again, as is the habit of the present

day, women pioneers are acting as pace-makers to the world and to the medical profession in this particular subject. All honour is due to Margaret Sanger and Marie Stopes for the courage, intelligence and bravery which they have displayed and their determination to succeed in spite of malicious persecution, abuse and calumny, too often emanating from those from whom the world expected education and guidance. However, changes have taken place rapidly and dietetics and birth control are now engaging the attention not only of the medical profession but also of the public, which has at last decided to think for itself and has not waited to be guided blindly by any body or group of educationalists or politicians.

Mr Ryley Scott is to be congratulated very warmly on the work he has produced, on its excellence, and on the simplicity of the manner in which he describes the troubles and necessities of life and the way in which they can be best met to the advantage of the individual as well as to that of the community. He is not dogmatic but prefers to appeal to the intelligence of his readers. He thoroughly realizes the vast differences which exist between the very various sexual idiosyncrasies so familiar to medical men.

This book will be of infinite service to women, since by employing the various means so clearly described in it, an almost incalculable number of them will be freed from a constantly present dread which does much to deprive them of the pleasure and satisfaction of marriage, too often rendering the lives of many intolerable. Men

rarely recognize the depth of anguish of the woman when she misses a period, and the dread with which she looks forward to a period of increasing discomfort, pain, risk to life and possibly financial disaster, to say nothing of the damage to her structures which so often results from frequent pregnancies.

W. ARBUTHNOT LANE

The Author wishes to express his great indebtedness to DR NORMAN HAIRE for kindly allowing the reproduction of passages from *The Comparative Value of Current Contraceptive Methods*; and for his invaluable help in reading the original edition of this work in manuscript and suggesting certain alterations and improvements in the text.

G. R. S.

INTRODUCTION

I

THE object of this work is to review calmly and without prejudice the known methods of avoiding conception, to present the whole contraceptive armamentarium in cold array, to set out the advantages and disadvantages of each method, and to leave to the individual the final selection of the one most applicable to her or his taste and circumstances.

While I am most thoroughly convinced that, barring sterilization, there is no *absolutely foolproof* method of contraception known, there are indubitably some methods which, intelligently used, decidedly limit, and in certain cases almost eliminate any risk of conception. But no *one* method is suitable in *all cases*, no *one* method is the best *in every circumstance*. To single out one appliance or one method and recommend it ecumenically and blindly is to adopt the tactics of the tub-thumping vendors of a quack remedy that professes to cure every distemper to which the human body is susceptible.

I am not, in this work, concerned with the ethics of birth control. I am not going to attempt to justify birth control from the standpoint of eugenics, or the need for alleviating unemployment, or any other of the varieties

of chicanery that it is customary for exponents of contraception to parade. In a previous work,¹ to which I would refer the curious, I have attempted to explode the fallacies on which these arguments are based, and have stated that birth control is a private matter for the individuals concerned, that married couples have the right to decide whether or not they shall practise birth control, that plainly this decision concerns no one else. Because of this, contraceptive information should not remain the monopoly of the privileged few ; it is nothing to boast of that individuals with exclusive knowledge should be in a position to sneer at those unfortunate women who, owing to numerous pregnancies, are kept in a state of continuous poverty or ill-health.

It is true that I stand almost alone in voicing this viewpoint ; but the reason for this lies, I think, to a very big extent in the hypocrisy and moral cowardice of mankind concerning anything connected with sex. With exceptions which I could count on the digits of one hand, even the most enthusiastic advocates of birth control have attempted to whitewash their propaganda with some one or other social blessing which they claim that birth control will confer upon mankind ; to wit, the alleviation of poverty, the elimination of overcrowding, the prevention of unemployment, the production of finer children, *et al.* No one seems willing to admit the right of the woman or the man to refuse to increase the world's population for the one reason that I affirm,

¹ George Ryley Scott, *The Truth About Births Control*, Werner Laurie, London

in a majority of cases, leads to the adoption of the bother and expense of contraceptive technique; to wit, the fact that she or he does not want children for purely personal and selfish reasons and cares not one jot for all the arguments that the eugenists and the social improvement crusaders have brought forward.

This apologetic attitude (for I can call it by no other name) on the part of many birth control propagandists, is a pitiable as well as a hypocritical attitude. It looks as if these propagandists were really at root, despite their seeming iconoclasm, Puritans ashamed in the final analysis of the work they are doing, and therefore seeking frantically to justify it on grounds which are calculated to ingratiate them with the public and possibly, on the Day of Resurrection, with God and Jesus Christ. They strongly remind me of the ecclesiastics who interview harlots and peep into night clubs with the avowed objects of studying measures for alleviating vice!

All this is heightened and intensified by the surreptitious manner in which contraceptive devices and manuals on birth control are distributed to the public.

Most of the vendors give the idea that they are ashamed of the things they peddle; one would never imagine from their conduct and from that of some birth control propagandists that in England contraception is a legitimate practice. This is reflected in the reaction of the public generally to birth control propaganda, which in turn apparently provides evidence in support of the arguments of the eugenists and their ilk.

The general attitude, in both its ethical and sociological aspects, towards birth control is a wrong attitude. It has vicious repercussions. It is a terrible thing that, simply because of the existence of a censorious moral viewpoint which brands the subject of sex with obloquy and makes it an obscene matter to be referred to, if at all, in secret and in shame, the woman who desires to avoid a pregnancy which she dreads should experience difficulty in securing the necessary knowledge which will enable her to exercise a choice which is undoubtedly her right in a society which looks upon any interruption of pregnancy as a criminal offence.

II

All this hole-and-corner work, this association of birth control with something unclean, obscene and blasphemous; coupled with the attitude of the Church, the Press and the medical profession, have not only created and extended much of the existing confusion but have retarded progress to a very considerable extent. It has taken courage of a very high order to brave the storms of protest from one section of the public, the sneers from another, the abuse from a third.

There are indications of a change in public opinion. A number of influential medical men and a few prominent theologians have expressed the need for the dissemination of birth control knowledge. Mr Justice McCardie stated that in his opinion "the knowledge of birth control ought to be more widely extended."²

² At Leeds Assizes, November 30, 1931.

Recently, through scientific and medical attention having been directed to the problem, there have been definite improvements in birth control technique.

I have already mentioned that there is no one method applicable to every case and in all circumstances. It is possible that in the future a method universally applicable may be discovered, but at present there is no such indication; and owing to the nature of the problem and the variations in individual physiology and psychology, I think any such development unlikely.

To-day the main problem confronting the individual who desires to practise birth control is the problem of selecting the right method. There is a method or a combination of methods applicable to almost every case. This particular technique, if intelligently carried out, will enable the individual to reduce so thoroughly the possibilities of conception that the risk becomes an infinitesimal one. The heavy incidence of failure is largely due to: (1) The wrong method being chosen; and (2) the failure or inability to carry out properly the instructions. A method, however theoretically perfect it may be, is of no use to the individual who for any reason whatever cannot adopt it or carry out adequately its essential technique.

The importance of this matter of selection cannot be too often reiterated or too strongly emphasized. To enable the individual to select the one method which is specifically applicable to his or her own individual case is one of the main objects of this particular work.

GEORGE RYLEY SCOTT.

APPENDIX ONE

THE FACILITATION OF CONCEPTION

WHERE the failure to conceive is due to the husband's sterility or impotence,¹ and the number of such cases is considerable, nothing whatever can be done to remedy things. Where, however, the fault lies with the female partner, or where through ignorance the sexual act is wrongly performed, the story is a different one.

Contrary to popular opinion few women actually conceive at the very first act of coitus, the dyspareunia and the hæmorrhage usually resulting from defloration often preventing this. Nor does the orgy of the honeymoon period facilitate conception.

It is highly probable that one of the major reasons for so many acts of intercourse failing to result in conception lies in the fact that they occur during the female's biological periods of sterility. When it is remembered that the conception period of the most fertile woman is limited to a relatively short period in her ovular cycle, it will readily be understood that the chances of conception following intercourse are by no

¹ Impotence in man may be purely temporary, and this must not be confounded with permanent impotence. At one time or another most men suffer from temporary impotence; the causes are many, ranging from fatigue and mental anxiety or pre-occupation to sexual excesses. In such cases aphrodisiacs should never be used unless they are prescribed by a medical man. Permanent impotence is usually due to disease or to chronic obesity.

means so great as is popularly imagined. Now just as the biological period of sterility can be used as a contributive factor, at any rate, in the prevention of childbirth, so, also, has it distinct possibilities in helping to bring about conception. All that is called for is the adoption of a technique precisely opposite to that indicated in the practice of birth control (see page 57); that is to say, the procedure in the case of facilitating childbirth is the limitation of intercourse to the potential period of conception, i.e. to the period of ovulation.

If the male and female orgasm can be timed to occur together the likelihood of conception resulting, provided neither partner is actually sterile, is considerably increased. In many cases they do *not* coincide, the male reaching orgasm long before the female. It is here that circumcision of the male proves decidedly beneficial, the exposed and consequently less sensitive glans delaying the male orgasm.

Stimulation of the clitoris may in certain cases have some beneficial effect. In this connection the advice of the famous Dutch physician, Van Swieten, to the Empress Maria Theresa, who was concerned about her failure to conceive, is noteworthy: "*Præterea censeo, vulvam sacratissimæ Majestatis ante coitum, diutius esse titillandam*" ("Further, I advise that the external genitals of Her Most Sacred Majesty should be stimulated for a rather long time before intercourse"). And Vicar-General Craisson gave his approval of analogous pre-coital stimulation in his celebrated guide to Father confessors.

In all normal cases the prospects of conception resulting

are considerably increased where the semen is deposited *into* the external os or directly against the cervix. To ensure this there must be deep penetration on the part of the male and a retention of the supine attitude by the woman for some time after coitus.

Among the commonest causes of sterility are the various displacements of the uterus to which women are so prone. Any such displacement prevents the os uteri and the meatus of the glans penis from being in apposition during coitus and thus lessens considerably the chances of the semen finding its way into the uterus. Usually the glans penis enters a *cul de sac* and the semen flows from the vagina into the vulva. To prevent this and to give the semen an opportunity to enter the cervical canal and find its way into the uterus many gynæcologists recommend the adoption of an unorthodox position during the coital act.² There are other practices designed to the same end: thus prolongation of intercourse by the man holding the penis in the vagina for some time so that it prevents any outflow of semen; or the woman crossing one thigh over the other at the conclusion of coitus; or coitus in the position immortalized by Martial, with a *resumption of the normal posture immediately after ejaculation*; or, in certain instances, notably where there is a tendency to vaginismus, coitus in the seated *vis-à-vis* position. Pajot

²The compilers of the *Talmud* had evidently somehow or other stumbled on the fact that the position of the partners in the sex act had some influence on conception, seeing that coitus in the erect position was forbidden as unfruitful. It should, too, be noted that intercourse in this standing position should *never be practised in any circumstances*—it is dangerous.

advised, in cases of retroversion, the retention of faecal matter for three or four days before intercourse; and similarly in cases of anteversion the avoidance of micturition for some hours before the coital act. The same authority advised coitus on the side in cases of lateral version. Where obesity in either the male or the female is the cause of the trouble, Kisch recommends coitus *a posteriori*.³

Ring pessaries, employed in cases of retroflexion and for distending the vagina, are sometimes successful in inducing conception. There is one drawback, however. Any such appliance is likely to interfere with the performance of the coital act.

In numerous cases the vaginal secretion is the root of the trouble. This secretion may be too profuse or it may be insufficient; it may be too acid or too alkaline; and yet again it may be too viscid. And it may vary one way or the other at different times. If the vaginal secretion is very profuse and watery the motility of any emitted spermatozoa will be destroyed; or again the spermatozoa may be completely flushed from the vagina with the discharge. Or the spermatozoa may find entry into the uterus impossible through the canal being

³ It must be distinctly understood that coitus *a posteriori*, coitus in the seated *vis-à-vis* position, and in other abnormal attitudes, are not recommended, except where *uterine displacements* and the urgent desire for children indicate the need for their trial after the exhaustion of all other possible efforts to bring about conception. In all *normal* cases these attitudes favour the avoidance of conception. This warning is not in any way connected with religious taboos or orthodox morality but is necessary owing to the dangers which are invariably involved when a method of copulation is employed to which either the man or the woman is unaccustomed.

blocked by thick sticky mucus. Or yet again any excessive acidity of the vaginal discharge may render the spermatozoa inert.

The secretions of the vagina in all conditions of normality are definitely acid, as a result of the lactic acid produced by Doederlein's bacillus. Ordinarily this acid condition is not sufficient to kill the spermatozoa unless they are subjected to its influence for long periods of time, but in many women there is either permanently or sporadically vaginal acidity of a degree sufficient to kill or injure most sperms, in an hour or less. Contrary to this, the secretions of the cervix are alkaline, and during coitus, and particularly during orgasm, these alkaline secretions are considerably increased. It is for these reasons that where during coitus the semen is ejaculated directly into the cervical canal or the uterus, the chance of conception occurring, whether or not any contraceptive measures are being used, is hugely increased. In contradistinction to the aim of the chemical contraceptive, which is to increase the degree of acidity in the vagina and around the cervix, if the alkaline reaction can be heightened by the use of an alkaline douche immediately before intercourse, the possibilities of conception resulting may be increased, a point noted by Dr Marie Stopes,⁴ who suggests the use of sodium bicarbonate in cases of sterility arising through excessive acid vaginal secretion. Another suitable alkali, and one which gives excellent results, is basic sodium phosphate.

⁴ Marie Carmichael Stopes, *Contraception: Its Theory, History and Practice*. Third edition, London

It is claimed that the "Gräfenberg" ring, though primarily a contraceptive device, in certain instances will facilitate conception. Where sterility is the result of antelexion or under-development of the uterus, the wearing of the ring for six months or so will prove beneficial, and on its removal conception will probably result.

There is one other possible method of promoting conception where the man is impotent but not sterile, and where in the woman there are no uterine or ovarian obstacles to conception. The method is that of artificial insemination.

Obviously it is not a method which will commend itself, except where conception is almost fanatically desired, or as a last desperate attempt after everything else has failed. Where emission is possible, but the male is afflicted with hypospadias or *ejaculatio præcox*, a crude form of insemination may be attempted. A sponge or a plug of cotton-wool or other absorbent material may be saturated with the emitted semen and pushed into the vagina as far as it will go, or a rubber pessary may be filled with seminal fluid and inserted in the region of the external os. At best, however, this is a "hit or miss" method, and though it is quite possible for semen introduced into the vagina in this way to invade the uterus (especially if the woman before insertion uses an alkaline douche) and cause conception, the procedure, with all its unæsthetic concomitants, may have to be repeated so often before it is successful that both parties will give it up in disgust and despair.

A much surer way is to inject the seminal fluid directly

into the uterus,⁵ but here the aid of a third party in the shape of a medical man creates difficulties, especially as to enhance the success of the injection it should be made at a moment when the woman is in a state of sexual excitement induced either through the act of coitus itself or, failing this, through stimulation of the clitoris or the vagina. The operation itself presents little in the way of difficulty to the gynæcologist; there are many successful cases recorded by Sims, Heape and Iwanhoff. It is indicated where, in the male, hypospadias, epispadias, or *ejaculatio præcox*, prevents full penetration, and where in the female, the semen cannot be retained in the vagina after coitus, or the vaginal secretion is abnormally acid and alkaline douches have failed, or in constriction of the cervical canal, occlusion or hypertrophy of the os. The method adopted is analogous to that which is so successfully employed in impregnating mares and bitches.

A small quantity of semen is collected in a syringe and introduced into the uterus after the woman has been sexually stimulated; the syringe being passed through the external os, previously dilated by means of a speculum, along the cervical canal and so into the uterus itself. The semen is obtained from the vulva where there is emission without penetration; by masturbation into a condom or other receptacle where coitus is impossible; or by extraction from the testicles where stricture or gonorrhœal inflammation prevents the passage of semen into the anterior urethra.

⁵ The first recorded case of artificial insemination was that performed by Hunter in 1799, where the male suffered from hypospadias. Hunter, however, merely injected the semen into the vagina.

APPENDIX TWO

THE LAW IN RELATION TO BIRTH CONTROL

THERE is still, among the British public, much confusion respecting the legality of birth control. Many persons believe that it is illegal, not only to practise contraceptive methods but to purchase appliances and books dealing with the subject. These notions are largely the result of the surreptitious manner in which birth control appliances and literature are sold and advertised; the attitude of the Church and, until recently, of the medical profession; and the fact that publishers and vendors of birth control literature in the past have been prosecuted.

In Great Britain contraception is legal. There is no law on the statute book prohibiting the practice of birth control, the sale of contraceptives or the dissemination of information respecting their use. In each case where there has been a prosecution the law was invoked not to deal with birth control *per se*, but on the grounds of obscenity. True this danger still exists, for after all there is in existence no definition of obscenity, but it is quite certain that to-day there is the faintest likelihood of any repetition of the Bradlaugh prosecution of 1887, or the Aldred case of 1923. The pamphlet, *Fruits of Philosophy*, by one Knowlton, a Boston physician, for the publication of which Charles Bradlaugh was prosecuted, in comparison with modern birth control works,

was a singularly tame affair. Since 1923, when Margaret Sanger's *Family Limitation*¹ was ordered to be destroyed, Mrs Aldred, in defiance of the authorities, re-issued the booklet and it is still on sale, no further attempts having been made to suppress it.² To-day the attitude of the Government is one of non-interference.

The Church, having failed in every effort to get the sale of contraceptives and birth control literature made illegal, realizing the widespread practice of methods for spacing births or avoiding children altogether, and recognizing, too, the change in public opinion, has in turn begun to withdraw a good deal of its opposition. Indications of the adoption of this different attitude are observable in the resolution passed at the 1930 Lambeth Conference of Bishops:—

“Where there is a clearly felt moral obligation to limit or avoid parenthood the method must be decided on Christian principles. The primary or obvious method is complete abstinence from intercourse (as far as may be necessary) in a life of discipline and self-control lived in the power of the Holy Spirit.

“Nevertheless in those cases where there is such a clearly felt moral obligation and where there is a morally sound reason for avoiding complete abstinence the conference agrees that other methods may be used, provided that

¹ This booklet was also the subject of a prosecution in America, in 1915. William Sanger was arrested and imprisoned (he refused to pay a fine) for distributing copies of his wife's pamphlet; this prosecution was one of the last in which Anthony Comstock personally figured.

² There have been other English prosecutions. In 1878, for selling Robert Dale Owen's *Moral Physiology*, originally published in America, Edward Truelove, a London publisher, was prosecuted, fined £50 and sentenced to four months' imprisonment.

this is done in the light of the same Christian principles.

“The conference records its strong condemnation of the use of any methods of conception control from motives of selfishness, luxury, or mere convenience.”

It is a concession brimming with significance.

The attitude of the medical profession to contraception has, too, quite recently undergone a big change. For many decades the viewpoint of the Church, of the Press, and of the people (publicly expressed) that birth control was a vulgar, if not obscene, subject, unfit for anyone of respectability to be associated with; the memory of the fate which befell the first doctor to publish a birth control brochure,³ and the fact that contraception was not (and is not) included in the curriculum of the medical colleges, have all had their effects. But there is a continually increasing number of leading medical men who are publicly proclaiming their belief in the necessity for birth control for other than purely health reasons.

Any doctor may give contraceptive information if asked for it by a *private* patient. The only prohibition is that respecting medical officers in attendance at Public Maternity and Child Welfare Centres; here, except in cases conforming to the Ministry of Health's regulations, no birth control information can be given.

In 1930, truly a fateful year in the history of the birth control movement, the Government recognized the need for granting opportunities for poor people to secure

³ The General Medical Council, in 1887, struck off the register, Dr. H. A. Allbutt, for a breach of professional etiquette in publishing a sixpenny pamphlet, entitled *The Wife's Handbook*, giving practical birth control information.

contraceptive information. In the Memorandum 153 M.C.W., issued by the Ministry of Health, local Public Health Authorities are empowered to establish clinics for the dissemination of free birth control information to married women, with the proviso that these permitted clinics must be definitely restricted to "*cases where further pregnancy would be detrimental to health.*" Further it should be noted that there is no compulsion expressed or implied, the Local Authorities being perfectly free to incorporate such additional service in connection with existing Maternity and Child Welfare Centres, to form new clinics within the provisions of the Memorandum, or to take no steps in the matter, as they think fit. Since July, 1930, in England, Scotland and Wales, about a hundred Public Health Authorities have approved the principle embodied in the Memorandum, and have already taken action along the lines indicated.

But even so, to the majority of women who require birth control advice these clinics, even when and where established, will be useless. The importance of the Memorandum lies in its sociological significance and not in its practical value, which at present, owing to the limitations imposed by the Ministry of Health, is small. In the main, women are dependent—and are likely to be so dependent for some time—on the private clinics.

Private societies or individuals may run birth control clinics without breaking any law or regulation so long as they restrict their clientèle to married women and are careful not to advise anything likely to terminate an existing pregnancy. It is these privately run and financed societies and clinics that have been instrumental in pro-

viding thousands of women in England with birth control advice and information.

In only two countries do the Governments definitely favour contraceptive advice for *all* married people. Soviet Russia is one; Mexico is the other. In Russia there are State clinics where contraceptive information is given. So far as I know there are no clinics in Mexico, but the Government is in favour of the dissemination of birth control knowledge—in Yucatan, according to Margaret Sanger, a copy of her booklet *Family Limitation* "was given with the marriage licence to each couple."

On the other hand France is uncompromisingly against birth control. After the first world-war she became alarmed at the shrinkage in her population, and on July 31, 1920, an Act was passed whereby the sale of birth control literature and appliances became a criminal offence.

Eire, too, will have none of it. All literature in favour of birth control or giving practical information is definitely banned.

Almost as stringent is the American law. Contraceptives and literature⁴ relating to the same come under the ban of the notorious Comstock Law,⁵ in which it

⁴ Books which deal with birth control merely in its ethical, sociological, eugenical and religious aspects and avoid mentioning or dealing with the practical side of contraception are allowed to circulate freely in the U.S.A.

⁵ It should be noted that before the passing of the Comstock Bill of 1873 there was no law in the United States of America against the circulation of birth control literature. Owen's *Moral Physiology* (1830), and Knowlton's *Fruits of Philosophy* (1833), both of which gave practical contraceptive information, and both of which were prosecuted in England on the grounds of "obscenity," were circulating freely for forty years before they became "obscene and illegal publications" in America.

is stated:—

“Every obscene, lewd or lascivious and every filthy book, pamphlet, picture, paper, letter, writing, print, or other publication of an indecent character, and every article or thing designed, adapted or intended for preventing conception or producing abortion or for any indecent or immoral use; and every article, instrument, substance, drug, medicine, or thing which is advertised or described in a manner calculated to lead another to use or apply it for preventing conception or producing abortion, or for any indecent or immoral purpose; and every written or printed card, letter, circular, book, pamphlet, advertisement or notice of any kind giving information directly or indirectly, where, or how, or from whom, or by what means any of the herein-before-mentioned matters, articles or things may be obtained or made, or where or by whom any act or operation of any kind for the procuring or producing of abortion will be done or performed, or how or by what means conception may be prevented or abortion produced, whether sealed or unsealed; and every letter, packet or package, or other mail matter containing any filthy, vile, or indecent thing, device, or substance; and every paper, writing, advertisement, or representation that any article, instrument, substance, drug, medicine, or thing, may, or can be, used or applied for preventing conception or producing abortion, or for any indecent or immoral purpose; and every description calculated to induce or incite a person to so use or apply any such article, instrument, substance, drug, medicine, or thing, is hereby declared to be nonmailable matter and shall

not be conveyed in the mails or delivered from any post-office or by any letter carrier."

It will be noted that the law does not prohibit any person from *practising*⁶ contraception; it merely prohibits the sale and distribution of birth control literature and appliances⁷ through the mails.

In many American States physicians are allowed to give contraceptive information to their patients where there are medical indications for same, and this policy is extending. Similarly medical books dealing with practical birth control are allowed to be published so long as they are not sent through the mails, and their circulation is rigidly restricted to members of the medical profession.

Birth control centres have been provided in the States of New York, Illinois, Minnesota, Virginia, Ohio, Michigan, Maryland, Colorado, California and Georgia. These Centres (they are called "centres" to comply with a peculiarity in American law whereby clinics must conform to specific regulations and have formal licences) are all under the supervision of physicians. There is no uniform procedure in accepting cases for treatment. The procedure varies in different States in accordance with the laws of these States, and also the interpretations that

⁶ There is one exception to this. The State Law of Connecticut which supplements the Federal Law, *expressly prohibits the employment of contraceptives.*

⁷ Despite the rigidity of the law, the condom is sold as a venereal prophylactic at drug stores in the majority of cities and towns in the United States of America, and similarly in France. Further it is obviously quite impossible to prohibit the sale of chemical antiseptics which advertised under euphemistic descriptions are widely employed as contraceptives.

are put upon these laws by those running the Centres. For instance, in New York State the law definitely restricts the giving of contraceptive information to "the cure and prevention of disease"; in New Jersey "due cause" is a sufficient indication. In some cases, where the interpretation is a broad one, the spacing of children is considered to be a "health reason." But, generally speaking, the Centres refuse to give information where it is sought for economic reasons only.

The State laws of Alabama, Arkansas, Delaware, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Missouri, Nevada, New Hampshire, New Mexico, North Carolina, South Carolina, North Dakota, South Dakota, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming either explicitly exempt physicians from prohibition or have no specific ruling on birth control practices or the giving of information. On the other hand in Alaska, Arizona, Connecticut, Idaho, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, Pennsylvania, and Washington there are either State prohibitions supplementary to or special concessions in modification of the existing Federal law.

Turning to other countries, in Italy, Greece, Norway, Sweden, Belgium, Poland, Portugal, Colombia, Chile, Costa Rica, Australia, Lithuania, Canada, the sale of contraceptives and the circulation of birth control literature are expressly prohibited.

Many foreign countries are in a similar position to that of England; that is, there are no laws prohibiting birth control and presumably it is only a question of time before clinics are established in all or most of them; there are already clinics or advisory centres in South Africa (Johannesburg), India (Bombay), Germany⁸ (Berlin, Frankfurt, Chemnitz and Breslau), Poland (Warsaw), China (Peking and Shanghai), and Japan (Tokio and Osaka).

THE WORK OF THE CLINICS

The present position of birth control in England, as indicated in the preceding pages, is due in large measure to the efforts of that small and courageous body of pioneer workers who, in the face of much opposition from State and Church, and despite the apathetic attitude of the public generally, fought long and steadfastly to bring contraceptive information to the notice of those most in need of it.

No one can but admire the great struggle for freedom of expression in relation to what at that time was virtually a tabooed subject, which some sixty years ago was waged by Charles Bradlaugh and Mrs Annie Besant. This marked the beginning of a great movement with which the names of Dr Drysdale and other co-workers in the Malthusian League were associated. Then Dr Marie C. Stopes, whose excellent pioneer work along scientific lines constitutes a landmark in the history and

⁸ It is illegal to *advertise* contraceptive appliances in Germany. In the German Penal Code they are included under "articles for immoral purposes."

evolution of modern contraception, made her valuable and admirable contributions to the literature of the subject.

It was, however, with the establishment of clinics for the dissemination of birth control advice and information among married women of the poorer classes that the first real step forward can be said to have occurred. First and foremost in the field stands Dr Marie Stopes, who, in 1921, founded the Society for Constructive Birth Control and Racial Progress, and started the first birth control clinic in the British Empire. It is, too, worthy of note that this Society's clinic was the first in the world to initiate the keeping of careful records with a view to scientific research into contraceptives and investigation of methods in use. In the winter of 1931, in conjunction with the Royal Institute of Public Health, the first course of practical lectures and technical demonstrations were given to members of the medical profession. Other clinics in provincial cities have since been started, and in addition to these fixed centres, the Society provides two travelling caravan clinics for carrying information to women residing in districts where there are no birth control centres. Undoubtedly the birth control movement owes much to Dr Stopes's courage and efforts in inaugurating and extending a movement which is now making considerable progress in many countries of the civilized world.

In 1923 the Committee of the Walworth Women's Centre (the second clinic to be opened in Great Britain) formed an organization called the Society for the Provision of Birth Control Clinics. Its primary object

was to establish and support clinics in which instruction in the most satisfactory methods of contraception could be given to married women in poor circumstances by registered medical practitioners assisted when necessary by qualified nurses. This Society, which, in 1938, was incorporated (along with the National Birth Control Association, and the Birth Control Investigation Committee) in The Family Planning Association, has been successful in establishing more than sixty clinics in London and various provincial towns throughout Great Britain.

On the other side of the Atlantic Dr William J. Robinson, Dr Abraham Jacobi, and Mrs Margaret Sanger fought energetically through the years for the right of married women to have access to birth control information. Here, in addition to religious intolerance, they had against them the Comstock law. As a result of this opposition, Mrs Sanger's initial effort to found a clinic in New York City, in 1916, met with no success. It is, however, largely through her persistent efforts that the birth control movement in the United States is steadily gathering weight and that, although the dissemination of practical contraceptive information and the sale of appliances are still prohibited by the Comstock Act, the tendency is towards a more intelligent interpretation of the law.

APPENDIX THREE

WHERE TO OBTAIN BIRTH CONTROL APPLIANCES

DESPITE the so-called sexual emancipation of this twentieth century and the sophistication of the age in which we live, birth control remains virtually a tabooed subject. Those persons claiming the virtue of respectability think it is not a "nice" subject to discuss; that a manual on contraception is something to keep in a locked drawer for secret consultation; that to be seen gazing in a window displaying birth control requisites or entering the shop is equivalent to an admission of engaging in fornication; that the purchase of any such appliance is something to be undertaken surreptitiously, ashamedly and hurriedly.

One result of such an attitude is the lack of any discrimination in securing supplies of contraceptives, whether from a birth control emporium or a chemist's shop. The goods are not examined, they are accepted and paid for without quibble or question, the purchaser being in too great a hurry to get outside with such purchases before being seen or overheard by a third party. For these and other reasons the majority prefer to purchase contraceptives by hole-and-corner methods, largely through dealers or agents who themselves have no knowledge of the virtues or otherwise of the goods they peddle.

Now this reaction of the public towards the subject of birth control and all its correlations plays into the hands of unscrupulous manufacturers, distributors and dealers. Appliances of poor quality and in a defective state can easily be sold to the public at high prices. Rubber goods which have deteriorated through age or storage in harmful conditions; chemical contraceptives which have been in stock so long that they are inert, can be and are sold.

If the truth could be got at I believe that a considerable proportion of the failures to prevent conception attributed to contraceptive methods are due to the inferior or defective quality of the particular appliances or chemicals employed. In this way many methods get a degree of blame or condemnation which is wholly or largely unmerited.

Now contraceptives may be divided roughly into two classes: (1) those which may be purchased and used without medical or expert advice (condoms, sponges, suppositories, jellies, etc.); and (2) those which call for medical advice in their selection (diaphragm pessaries, cervical caps, etc.).

So far as those belonging to class 1 are concerned, they may be purchased from a shop specializing in birth control requisites; a chemist who sells contraceptives; or direct from the manufacturer. Direct purchase is specially indicated in the case of anyone who is disinclined to enter a shop for the purpose of buying contraceptives, or who lives in a country district. There are reliable manufacturers who have special departments which deal with mail orders, in some cases giving advice

as well as supplying the requisites. Catalogues of their products can be secured and studied at leisure.

Turning to class 2 the procedure here is not so simple. It has already been stated that in the case of a vaginal occlusive pessary or a cervical cap a correct fit is of the greatest importance. For this reason any woman who wishes to use one of these appliances (or who is doubtful as to which contraceptive method is best suited for her particular case), should consult a doctor¹ for the purpose of being fitted with a pessary or a cap of the correct size and instruction in its insertion and removal.

Where the question of expense rules out such a consultation, the best course to pursue is to visit the nearest birth control clinic. Many of these clinics supply all requisites at the lowest possible prices; in some cases at actual cost. They also offer to poor women special facilities for purchasing any necessary equipment, and at some clinics those who are not in a position to pay anything at all are supplied free.

Also, in accordance with the Memorandum issued by the Ministry of Health, all Public Health Authorities *may* now give advice on birth control. Those women who wish to avail themselves of this service should apply for help at the nearest Child Welfare Centre, the address of which can be obtained at the local Town Hall. It

¹ There seems to be a fairly generally diffused belief among both men and women that a doctor cannot give contraceptive advice or information. This is quite an erroneous idea (cf. page 131). If he refuses, and he may, either because he has old-fashioned prejudices against birth control or because he does not know anything about it, the only thing to do is to consult another doctor who has no such prejudices and who is acquainted with modern contraceptive technique.

should, however, be noted that such advice is not available to *all* married women, but *only to cases where further pregnancy would be detrimental to health.*

If anyone requiring birth control information or advice, whether for health, economic or other reasons, finds there is no clinic in the district, the best course to adopt is to write to THE FAMILY PLANNING ASSOCIATION, 69, Eccleston Square, London, S.W.1, who will provide any applicants with the address of the nearest Clinic where such information can be given them.

It may be mentioned here that the male partner rarely finds it necessary to secure medical advice.

APPENDIX FOUR

GLOSSARY OF TECHNICAL TERMS

- ABDOMEN (Belly):** The section of the body between the thorax and the pelvic cavity.
- ABORTIFACIENT:** Any means, chemical or mechanical, intended to empty a pregnant womb.
- ABORTION (Miscarriage):** Technically expulsion of the fertilized ovum at any period before the eighth month of pregnancy. From then on to the termination of pregnancy, expulsion of the foetus is termed "premature labour." In law, no distinction is made between abortion and premature labour where the expulsion has been criminally induced.
- ANAESTHETIC:** A drug or vapour which produces insensibility to pain, either local as with cocaine, or general as with ether or chloroform.
- ANTEFLEXION:** A displacement of the womb, where its axis bends forward upon itself.
- ANUS (Back passage):** The opening in the body through which excrementary products are expelled.
- APHRODISIAC:** A drug or other means, either chemical, mechanical, or psychical, for stimulating or increasing sexual desire or capacity.
- CAESAREAN SECTION:** An operation in which the child is removed from the womb through an incision in the walls of the abdomen and womb.

- CATAMENIAL PERIODS (Monthlies):** The periodical bloody discharges from the womb.
- CERVICAL CANAL:** The passage leading from the cavity of the womb to the vagina.
- CERVICITIS:** Inflammation of the cervical canal—the canal between the womb and the vagina.
- CERVIX:** The neck of the womb where it enters the vagina.
- CIRCUMCISION:** The cutting away of the prepuce or foreskin of the penis in males, as practised by the Jews and the Mohammedans.
- CLITORIS:** The small erectile sensitive organ situated in the vulva. It is homologous to the male penis and is capable of intense stimulation in coitus and masturbation.
- COITUS:** Sexual intercourse.
- COITUS A POSTERIORI:** The sex act performed in the position where the man is behind the woman.
- COPULATION:** The sex act.
- CYSTOCELE:** Protrusion of the bladder into the vagina.
- DECIDUA VERA:** The spongy membrane formed during pregnancy which is part of the placenta and comes away after parturition.
- DEFLORATION:** The rupturing of the hymen; a virgin's first complete experience of the sexual act.
- DYSPAREUNIA:** Painful or difficult intercourse.
- ECBOLIC:** A drug for inducing violent contractions of the womb with a view to expelling its contents.

ECTOPIC PREGNANCY: Where the embryo is formed outside the womb.

EJACULATION: The emission of seminal fluid from the penis.

EJACULATIO PRÆCOX: Ejaculation of the seminal fluid at the beginning of the sex act.

EMBRYO: The child in the womb up to the age of 4 months.

EMMENOGOGUE: A drug for restoring the menstrual discharge in case of suspension.

ENDOMETRITIS: Inflammation of the endometrium or mucous membrane which lines the interior of the womb.

EPISPADIAS: A malformation of the penis in which the urethra discharges through the upper surface of the penis.

FALLOPIAN TUBES (Oviducts): The tubes through which the ovum passes on its way from the ovary to the womb. The name is derived from their discoverer, Fallopius, an Italian physician.

FOETUS: The child in the womb after the first four months of pregnancy.

GLANS: The extremity of the penis.

GONORRHOEA (Clap): A venereal contagious infection of the urethra in the male and of the vagina in the female caused by a specific germ, the gonococcus, and indicated by a purulent discharge from the urethra and pain in micturition.

GYNAECOLOGIST: One versed in the diseases and physiology of the female generative organs.

HYMEN (Maidenhead): The membrane which in the virgin woman partially occludes the vaginal opening, and which at the first sex act is ruptured, with resultant bleeding.

HYPOSPADIAS: The malformation of the penis where the semen is discharged from an opening in the under side of the penis.

IMMISSIO PENIS: The penetration of the female vagina by the male member.

IMPOTENCE: Inability to perform the sexual act properly.

LABIA MAJORA: The large outer lips of the pudendum, constituting the external orifice.

LABIA MINORA: The two smaller and inner lips of the pudendum, enclosed within the labia majora.

MASTURBATION (Self-abuse, self-pollution): Manipulation of the genitals: in the male, of the penis; in the female, of the clitoris or the vagina. Often wrongly termed onanism, particularly by theological writers.

MEATUS URINARIUS: The external orifice of the urethra through which the urine passes in the act of making water.

MENORRHAGIA (Flooding; haemorrhage): An excessive and prolonged discharge of menstrual fluid.

MENSTRUAL CYCLE: The period between the onset of one monthly discharge and another.

MENSTRUATION (Monthlies): The bloody discharge from the female genitals which occurs at regular intervals, usually once every month.

METRITIS: Inflammation of the womb.

METRORRHAGIA: A bloody discharge from the womb unconnected with menstruation, indicating uterine disease.

MICTURITION (making water): The act of urination.

MULTIPARA: A woman who has given birth to more than one child.

NEUROSES: Nervous diseases or affections.

NULLIPARA: A woman who has not given birth to a child.

NYMPHOMANIAC: A woman who has an excessive desire or appetite for sexual intercourse.

OOPHORITIS: Ovarian inflammation; one or both of the ovaries may be affected.

ORGASM: The supreme moment of pleasure or excitement in the sex act.

Os: Literally mouth. The entrance to the womb.

OVA (Singular, ovum): The eggs produced by the ovaries.

OVARIES: The two oval bodies in the female which produce ova or eggs.

OVARIOTOMY: The surgical removal of the ovaries.

PARTURITION (Childbirth): The act of delivering a child.

- PELVIC CAVITY:** The part of the body which contains the urinary and the generative organs.
- PENIS:** The male member; the copulatory organ.
- PERINEAL COITUS:** The act of copulation where there is no penetration and the seminal fluid is ejaculated between the woman's thighs.
- PERINEUM:** The part of the body containing the excretory organs.
- PERITONITIS:** Inflammation of the membrane which lines the abdominal and pelvic cavities.
- PLACENTA (Afterbirth):** The connecting appendage between the foetus and the mother, which is thrown off with the true afterbirth.
- PREPUCE (Foreskin):** The loose skin which covers the end of the penis, and which is removed surgically in the case of circumcision.
- PRIMIPARA:** A woman who bears a child for the first time.
- PROLAPSUS UTERI:** Falling of the womb.
- PROPHYLACTIC (Preventive):** A precautionary mode of treatment to avoid disease; often specifically applied to the mechanical or chemical prevention of venereal infection.
- PROTOPLASMIC POISON:** Any chemical or other agent which has a destructive or injurious effect on living cells.
- PUDENDUM:** The external female genital organs; the vulva.

- PYOSALPINX:** An abscess formed in one of the Fallopian tubes.
- RECTOCELE:** Protrusion of the rectum into the vagina.
- RECTUM:** The terminal portion of the bowel.
- RETROVERSION:** The displacement of the womb where it falls or bends backwards.
- SALPINGECTOMY:** Surgical removal (partial or complete) of the Fallopian tubes (oviducts).
- SALPINGITIS:** Inflammation of the Fallopian tubes (oviducts).
- SCROTUM:** The bag which contains the testicles.
- SEATED VIS-A-VIS POSITION:** Where the man is seated and the woman sits across his thighs, facing him.
- SEMEN:** The fluid which is discharged by the penis as a result of the sex act or of masturbation.
- SEPSIS:** Blood-poisoning.
- SPECULUM:** An instrument which by dilating passages in the body, notably the vagina or cervix, facilitates examination or operation.
- SPERMATICIDE:** A chemical which destroys the life or motility of the spermatozoa.
- SPERMATOZOA (Seeds):** The tadpole-shaped fertilizing germs in the semen, produced in the testicles and emitted from the penis during copulation.
- STERILITY:** In man, inability to fertilize; in woman, inability to conceive.
- STRICTURE:** A contraction or plugging of the urethra; often a sequel to gonorrhœa.

SYPHILIS (Pox): A contagious venereal disease which usually begins as a hard, painless ulcer on the exterior genitals, and spreads rapidly through the system.

TESTES (Testicles): The two glandular bodies contained in the bag or scrotum which secrete the spermatozoa (seeds)

TUMESCENCE: The arising or development of sexual passion previous to actual coitus.

URETHRA: The connecting canal or tube between the bladder and the meatus urinus.

UTERUS: The womb.

VAGINA: The passage between the entrance to the womb and the vulva (external opening).

VAGINISMUS: A sensitive condition of the vagina which leads to the spasmodic closure of the vulvular entrance, usually preventing any penetration of the male organ. Vaginismus is the main cause of impotence in women.

VAS DEFERENS: The spermatic duct leading from the testes to the penis.

VASECTOMY: Surgical sterilization of the male by ligature and removal of a portion of the sperm-duct.

VULVA: The external female genital opening.

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