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A SEQUEL TO "MARRIED LOVE."

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The author's vivid and imaginative sympathy has really enabled her in some degree to communicate the incommunicable.

ATHENÆUM.

WISE PARENTHOOD

A SEQUEL TO "MARRIED LOVE"

A Book for Married People

BY

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With Introduction by

ARNOLD BENNETT

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*Dedicated to all who wish to see our
race grow in strength and beauty*

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Introductory Note

THE rapid progress of the idea of birth-regulation is one of the outstanding social phenomena of the time. But it cannot astonish the thoughtful, for the idea appeals almost irresistibly to the commonsense and the conscience of civilised beings, and nothing save superstition and ignorance can impair or impede its triumph. Further, everybody knows that the vast majority of its instructed opponents practise in their private lives what they condemn for others. That birth-regulation has disadvantages is arguable. Its disadvantages, however, are not those usually emphasised by its opponents. For example, no unprejudiced brain will contend that that which is so manifestly beneficent to the individual can be bad for the race. Nor have children hitherto been such a source of sorrow and disappointment to parents that the parental instinct is likely to be destroyed through the temptations of any device whatever. No! The disadvantages of birth-regulation are mainly transient; they spring from an imperfect acquaintance with the methods of it; and they will pass. Millions and tens of millions of potential parents need advice about birth-regulation. They cry out for sound advice, and they do not get it. They suffer, sometimes horribly, for want of sound advice. This book is a practical manual of birth-regulation written by an unchallenged authority for the intimate use of potential parents.

ARNOLD BENNETT. .

Author's Preface

SO many people have written to me after reading my book "Married Love," asking for more detail about the end of my chapter on "Children," that it became impossible to answer each one personally. As not only these individual inquirers, but the world at large, and even the medical profession, lack a rational, scientific, and critical consideration of the details concerning birth control methods now used by millions of people, this little book seemed urgently needed. I sincerely trust that it will help materially to improve our race and to check the spread of nervous and other injuries so prevalent as a result of ignorant attempts to obtain that wise and health-giving control of parenthood which all who think must crave.

I should like to take this opportunity of urging young couples who truly love to have all the children to whom they can give health and beauty, even if by so doing they sacrifice their personal luxuries.

MARIE CARMICHAEL STOPES.

October, 1918.

Chapter I.

“ I think, dearest Uncle, you cannot *really* wish me to be the ‘ *Mamma d’une nombreuse famille,*’ for I think you will see the great inconvenience a *large* family would be to us all, and particularly to the country, independent of the hardship and inconvenience to myself. Men never think, at least seldom think, what a hard task it is for us women to go through this *very often.*”
—QUEEN VICTORIA in a letter to the King of the Belgians, January 15, 1841.

A FAMILY of healthy, happy children should be the joy of every pair of married lovers. If, however, the course of “ nature ” is allowed to run unguided babies come in general too quickly for the parents’ resources, and the parents as well as the children consequently suffer. Wise parents therefore guide nature, and control the birth of the desired children so as to space them in the way best adjusted to what health, wealth, and happiness they have to give. The object of this book is to tell prospective parents how best to do this, and to hand on to them what little help science can give humanity on this vital subject.

This is not an attempt to present complete arguments to show the racial and national necessity for Birth Control: that has been done by others.

Recently valuable expositions of the supreme importance to humanity of a wise use of Birth Control have been made from many different points of view and by various distinguished people. Doubtless much more remains to be said, for there are many who are still ignorant and consequently prejudiced against the greatest of the steps humanity can take next in its evolution; but this is not the place to deal with the wider aspect of the subject.

That almost every intelligent and thoughtful

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married pair is practising at the present moment some method or other of Birth Control is beyond dispute.

The question before us, therefore, is not whether or no birth control should be allowed. It is in daily use by the great majority of the more intelligent married people.

General dissatisfaction with most of the methods used is prevalent; and it is not being alleviated, because there is also a widespread ignorance of satisfactory methods even on the part of medical practitioners. Numbers of people who are practising and have been practising birth control by various means for years are in urgent need of a better method than any known to them. The following pages are written for them.

If this book gets into the hands of some who have not given the subject of birth control adequate thought they should read the books mentioned on the fly-leaf at the end of this volume. This short list is only representative of a few of the more important aspects of the subject; but if a serious student is not yet convinced by them and will follow up and read all the other works referred to in them he will then at any rate have a fair idea of the essentials of the subject and can form his own opinions.

What we are here concerned with is the fact that birth control methods of all sorts are now so widely used that it is high time serious attention should be devoted to the subject. People should not be employing anything less satisfactory than the best now obtainable; but, unless they are given the best, they will assuredly use some less desirable means.

I will give a quotation from one of our most ardent

social reformers. The Rev. James Marchant, the Secretary of the Birth Rate Commission and Secretary of the National Council of Public Morals, in his recent book, "Birth Rate and Empire," says as follows (pp. 144-146):

If, then, the volitional control of births within the married state has become a normal proceeding, if it is fast losing its apparent indelicacy, if it is spoken about without raising vicious passions, if it is becoming the "correct thing" to do . . . we must give up the futile attempt to keep young people in the dark and the assumption that they are ignorant of notorious facts. We cannot, if we would, stop the spread of sexual knowledge; and, if we could do so, we should only make matters infinitely worse. This is the second decade of the twentieth century, not the early Victorian period. . . . It is, then, no longer a question of knowing or not knowing. We have to disabuse our middle-aged minds of that fond delusion. Our young people know more than we did when we began our married lives, and sometimes as much as we know ourselves, even now. So that we need not continue to shake our few remaining hairs in simulating feelings of surprise and horror. It might have been better for us if we had been more enlightened. And if our discussion of this problem is to be of any real use we must at the outset reconcile ourselves to the facts that the birth-rate is voluntarily controlled, that brides and bridegrooms know how it is done, and many will certainly do it. Certain persons who instruct us in these matters may hold up their pious hands and whiten their frightened faces as they cry out in the public squares against "this vice," but they only make themselves ridiculous. Their influence in stemming the tide is nearly *nil*.

Mr. Marchant says "Brides and Bridegrooms know how it is done." That is true. They know some, perhaps several, ways of securing voluntary instead of involuntary parenthood, but very few have precise and satisfactory knowledge or understand the reasons against many of the methods which are recommended to them either by medical men or by friends who, as ignorant as they themselves, have been

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in the habit of using methods described as "harmless," simply because they do no gross and obvious injury.

Many things are reckoned "harmless" which are nevertheless far from satisfactory. Let me take an illustration from another aspect of our lives. Every medical man would consider doses of a half teaspoonful of ammoniated quinine as not only harmless but beneficial to a patient suffering from influenza. Nevertheless, some even in normal health find that a few such doses upset the digestion for several weeks. It is true that in an influenza epidemic it is more important to order quinine than to think about people's digestions, and in this sense quinine is not only "harmless" but beneficial. There are many parallels to this in the use of various kinds of preventives which are described as "harmless."

It is amazing that medical and physiological science should have so neglected research on this most vital subject, and that a more perfect procedure should not yet have been devised: it is perhaps more amazing that the reactions and results of the methods now widely used should not have been thoroughly studied and understood. The method which I have to suggest is not yet the ideal, but it is much simpler, more healthful and less disillusioning than those most in vogue.

After giving the details necessary for the comprehension and employment of this one method which I can sincerely recommend, I shall mention one or two other of those in general use, with reasons why I think them inadvisable save in very special circumstances. The large number of other and still less satisfactory means employed will not

be touched upon at all, as this is not a dissertation on birth control methods in general, but an attempt to be helpful by presenting, if not the ideal, at any rate the good in place of the less good or actually bad.

A few fortunate people who really understand their own physiology, or by happy instinct have chanced upon the right use of their bodies and have been in the habit of practising satisfactory methods, may say or think that such simple and direct instruction as follows is not needed. To them the answer is that the personally fortunate are ever the most callous and unaware of the needs of others. I have overwhelming evidence and experience that ignorance is rife even in the very places where knowledge might be expected to hold sway. For some time past, scarcely a day has gone by without my receiving letter after letter from people who have long been married, from people who have consulted physicians, from people who have tried many experiments, and who are yet ignorant of any really *satisfactory* means of achieving what they have been perforce achieving in unsatisfactory ways. I once asked a medical woman who had had a practice for fifteen years what method she would advise; she knew of no method whatever. A well-known doctor in London, who for twenty years had had a general and important family practice, asked me if I could tell him of any method other than the sheath, which was the only one he knew, as his patients were inquiring and he did not know what to tell them. Many married couples, who are even told by the doctor that for the wife to have another child would be fatal, are at the same time not told any rational method of prevention.

With variations depending on the temperament of the writer, I get appeals one after the other saying: "We have asked our doctor, but he tells us nothing which is of any use. We have therefore to go on using this, that, or the other method, which we feel to be unsatisfactory, because we do not know what else to do."

Churchmen recommend (though I wonder if they practise) "absolute continence." Where the mated pair are young, normal, and in love, such advice is not only impracticable, it is detrimental. A rigid and enforced abstinence can be as destructive of health as incontinence.

Destructive of the health both of mother and child are the frantic efforts of women "caught" prematurely after a birth, or too frequently in their lives, by undesired motherhood. The desolating effects of attempted abortion can only be exterminated by a sound knowledge of the control of conception.

Chapter II.

BEFORE entering into the exact structural and medical details of the material method advisable for those who wish to control the birth of their children, I should like to say a few words on the general subject in its relation to the normal life of the married pair.

I sincerely hope that those who propose to read this little book will *first* read my "Married Love," because the whole complex experience of married life is so interwoven with the sex act and consequent children that it is almost impossible to isolate the one thing, namely, the controlling of births, and discuss that by itself without distorting its relation to the whole of life and appearing to lay stress on the minor details rather than on the greater themes. My object is not to make sex experience danger-free indulgence, but in the interests both of the pair and of society to spread what little light science has already thrown upon the subject, so that each pair may not only themselves be healthy and happy, but may bring forth children for the Empire who have the best chance which that pair can give them of health and beauty and happiness. From a variety of causes our race is weakened by an appallingly high percentage of unfit weaklings and diseased individuals. The work of the Empire is hindered and its existence jeopardised if our people are so hampered. The majestic destiny of the human race can only be fulfilled when all are strong, beautiful and intelligent. Hence only children with the chance of attaining such a maturity should be conceived. This can only be when the whole relation of each married pair is rightly adjusted, and therefore it is my earnest request that those who

have not yet read "Married Love" will lay this book aside until they have done so.

Certain details concerning the structure of our bodies must be particularly considered in connection with the control of conception. It is possible to imagine very highly-evolved creatures who would only unite when they definitely desired a child. There are human beings to-day who advocate that course and who either practise it or endeavour to practise it, but as a race we are not yet sufficiently evolved for such procedure; and whether these people realise it or not, with few exceptions, they wrong their partner, they wrong themselves, and they wrong the community in which they live, by ignoring other facts and laying too heavy a burden on their own shoulders. One of the least serious, but most annoying, results to the community is a harshness of judgment, an irritableness and a tendency to quarrel and bicker, which such people frequently develop. A wise moderation should be exercised.

Our bodies bear the impress of many past material phases of our evolution; and because in the past myriads of young were needed by any race that should evolve, we still produce a far larger number of germs awaiting fertilisation than can ever be fructified and imbued with individual life. Yet each of those germs, unaware of its own futility if it reaches fertilisation at an unpropitious moment, is just as insistent in its development as the rarer favoured one which follows out the natural course of its career and gives rise to an individual. In each sex act myriads of sperm cells (each of which had it had the female egg cell to fuse with might have produced a living child)

are daily destroyed, because in general the female has but one egg cell at a time ready for fertilisation. Control of conception consists in shutting away all the millions of sperm from the one egg instead of allowing one of those millions to develop while all the rest of the myriads perish.

When should such steps be taken?

(a) It is advisable not to have a child in the very early days of marriage, because in the first few months at any rate the woman's system should be adjusting itself to new conditions, benefiting from the change in her life, and gaining poise and strength for the burden which she will have to bear. Nevertheless, some people feel that a child conceived in the first glow of rapturous union may be more precious than one born later. There is a certain cynicism about this last view, however, which I deplore, because a rightly mated and wisely temperate pair do not lose the rapture of their early love, but retain it with an added depth.

(b) After the birth of a child it is essential that there should be no hurried beginning of a second. *At least* a year should be given to the mother to regain her strength and to devote herself to the baby before a second child is conceived, preferably more than one year, and some distinguished gynæcologists even advocate as much as three or more years between births of successive children.

(c) In all cases of inherited disease, such as insanity and epilepsy; also where one or both of the partners are drunkards.

(d) In all cases where either of the pair is suffering from venereal disease. (It should be recognised that all sex unions at such a time are to be most strongly deprecated.)

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(e) In all cases where for a variety of reasons all the older children are puny and utterly unsatisfactory.

(f) In all cases where another child coming will rob those already born of the necessary food or will force the mother to half-starve herself to bear or rear it.

(g) In all cases where the mother has already had six children, unless she has exceptional vitality and the ardent wish to bear more.

Dr. Pløetz found that nearly 60 per cent. of babies born to women who had as many as twelve children always died. When the chances of death of an infant are 60 per cent. there must surely be some very special personal reason for a woman to bear such a problematical life. Country women of robust frame and with plenty of wholesome food and fresh air, may bear a dozen or more splendid children, but poor mothers in the crowded cities can seldom, without disaster, bring forth more than half that number.

Now it must not be imagined that by controlling births the pair are necessarily reducing the number of children they bring to maturity. As a matter of fact, by taking care to bring forth children only when they are fit to do so, parents immensely increase the chances of those children reaching maturity and living healthy and happy lives. It is very important to notice that Holland, the country in Europe, indeed in the world, most advanced in relation to birth control, where almost everyone takes care that the children shall be well and voluntarily conceived, has greatly *increased its survival-rate*. It has the lowest infant mortality in Europe, and it has saved itself the cost and wastage of innumerable babies' coffins, while actually accelerating its rate of increase of population. America, on the other hand, where the outrageous "Com-

stock " laws confuse wise scientific control with illegal abortion of lives already begun and labels them both as obscene, has, by thus preventing people from obtaining decent hygienic knowledge, fostered criminal and illicit operations. Women, driven to despair, to madness, by the incessant horror of pregnancies they dread, will by hook or by crook, from the street corner or the gutter, find out how to strangle the life which should never have begun.

In my book, "Married Love," in the chapter on "Children," I said, concerning the control of conception :

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This may be done either by shutting the sperms away from the opening of the womb or by securing the death of *all* (instead of the death of all but *one*) of the two to six hundred million sperms which enter the womb. Even when a child is allowed to grow in its mother, all these hundreds of millions of sperms are inevitably and naturally destroyed every time the man has an emission, and to add one more to these millions sacrificed by Nature is surely no crime. To kill quickly the ejaculated sperms which would otherwise die and decompose naturally, is a simple matter. Their minute and uncovered bodies are plasmolised in weak acid, such as vinegar and water, or by a solution of quinine or by many other substances.

To those who protest that we have no right to interfere with the course of Nature, one must point out that the whole of civilisation, everything which separates men from animals, is an interference with what such people commonly call Nature.

Nothing in the cosmos could be against Nature, for it all forms part of the great processes of the universe.

Actions differ, however, in their relative positions in the scale of things. Only those actions are worthy which lead the race always to a higher and fuller completion and the perfecting of its powers, which steer the race into the main current of that stream of life and vitality which courses through us and impels us forward.

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It is a sacred duty of all who dare to hand on the awe-inspiring gift of life, to hand it on in a vessel as fit and perfect as they can fashion, so that the body may be the strongest and most beautiful instrument possible in the service of the soul they summon to play its part in the mystery of material being.

The exact method I recommend, which is a combination of the shutting away of the sperms from the womb and of securing their immediate death instead of letting them decompose naturally, is described in the next chapter.

Chapter III.

Method Recommended

TO be entirely satisfactory a method should combine at least three essentials—safety, entire harmlessness, and the minimum disturbance of spontaneity in the sex act (that is to say, it should be as little inæsthetic as is possible).

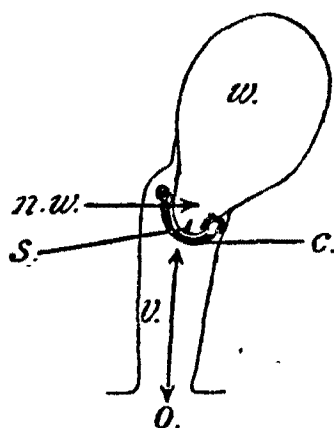
Some people, generally those who have been brought up in the hazy ignorance of either an idealistic or a shame-faced attitude toward sex, refuse to use any preventive method. Not infrequently a woman who has had several children and acquired a fear of pregnancy so refuses, and cuts off her husband from all normal intercourse. Such people should try to realise that because there may be a few inartistic moments in a course of procedure, that cannot rationally be held to prohibit the procedure. It would be as reasonable to decide that as some of the processes of cooking and the after-effects of digestion are inartistic, solid food should not be taken. In this physical world we are to a considerable extent dependent on the physical facts of our bodies, which we cannot over-ride without making grievous trouble either for ourselves or those around us.

No method is *absolutely* safe, but if two methods, each very nearly reliable, are combined, then something approaching absolute safety is achieved. It must be remembered, however, that the most perfect procedure devisable cannot be safe in the hands of one who is careless. The one to whom the consequences of carelessness are most serious is, of course, the woman; she, therefore, is the one who should exercise the precaution. Consequently, she must have knowledge sufficient to be sure that she is taking the right

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steps. A large number of women are not acquainted with the physical structure of the human body; it is, therefore, necessary to describe a few essential features which all women must understand in order to take the best precautions.

A married woman has no difficulty in distinguishing the entrance of the vagina. The vagina itself is not a sex organ, but is the canal leading to the important internal organ—the womb. The ovaries, the actual source of the egg cells, are entirely internal and do not concern us here. The womb, however, though it is internal, can readily be felt near the end of the vaginal canal (*v* in diagram) if the woman feels for it with her longest finger (which, of course,



should be very clean, with the nails also clean before it is inserted gently). The distance from the opening of the vaginal orifice (*o*), which is the external opening, to the end of the vaginal canal where the womb can be just felt by most women, is generally about the length of the woman's own finger. The womb (*w*) lies internally but at the end of the canal and a little to one side,

its neck projects like an inverted dome of soft, firm tissue (*n w*); in the centre of this is the very small actual opening (*s*) through which the sperm will pass

if it is to fertilise an egg cell. This opening, however, is very small, and would not be felt under normal circumstances by most women.

The woman should know that it is there and that, therefore, if she wishes to prevent the sperm reaching the ovum this small entrance is the critical gateway through which the sperm must not pass. In the vagina itself, the sperms are merely waiting in the ante-room. The vagina, however, is of great importance to the man in the sex act, for it is into the vagina that his organ is fitted, and there it receives the sensations necessary for the completion of the normal act, the contact of the soft tissues of the parts being an important element in the right performance of the vital function. The ideal preventive method, therefore, does not interpose anything between the tissues of the vaginal canal and the male organ, but it should close the minute entrance of the womb and shut away the sperm from entering that critical part.

The best appliance at present available for doing this is a small rubber cap, made on a firm rubber ring, which is accurately fixed round the dome-like end of the womb, and, adhering by suction, remains securely in place, whatever movement the woman may make. (In the diagram, *c* shows the rubber cap in position.) These small rubber caps are quite simple, strong, easily fitted, and should be procurable from any first-class chemist.* The important point about adjusting them is that they should be of the right size. The average woman is fitted by a small or a medium size,

*This round rubber cap is also called the small check pessary, or small occlusive pessary. A useful variety is made with a spiral spring. I am not here speaking of the larger mensinga or matrisalus pessaries.

but the woman who has had several children generally wants them larger. Before insertion the rubber cap should be moistened with very soapy water, so as to allow it to slip in easily. Quinine ointment is sometimes preferred for this purpose, and if both the inside and outside of the cap be well covered with it, it may be unnecessary to insert a quinine pessary later (see page 17) if the cap is very well fitted. It should be fitted at any convenient time, preferably when dressing in the evening and some hours before going to bed. *The great advantage of this cap is that once it is in and firmly and properly fitted it can be entirely forgotten, and neither the man nor the woman can detect its presence.* It should be put in at least some hours before bedtime, and left in undisturbed until at least the following day; but I very much advise it being left in two or three days after any individual act of union. The reason for this will be mentioned below. Some women put it in when the monthly period has entirely ceased, and leave it in for three weeks. I am not sure that to leave the cap in so long is quite advisable, but it may remain undisturbed for a few days or a week quite safely under normal circumstances.

Now this method alone, if the cap really fits and if it is left in for some days so that the sperm are naturally got rid of without having a chance to enter, should be completely safe in itself. There is, however, always the possibility of a slight displacement or of a particularly active sperm remaining after the cap has been taken out and then using the opportunity to swim into the entrance of the womb. To render this impossible, or at any rate unlikely in the extreme,

it is as well to plasmolize the sperms when they first come in; and in order to do this the best method is to have some plasmolizing substance in the vagina at the time when the sperms are deposited. The reason why it is better to do this rather than to wait and deal with the sperms afterwards is given in the paragraph on douching (see page 26).

Several substances may be used for the purpose of plasmolizing the sperms. One which is the easiest, because it is specially prepared and can be purchased readily, is the soluble quinine pessary. As this is in a form which enables the woman to slip it in undetected, the crisis is not æsthetically interfered with. In a few words, therefore, the readiest method of safe prevention is to combine the previously fitted rubber cap, which remains for some time in place, with the soluble quinine pessary slipped in a few minutes before the act. With these precautions, nothing further need be done. There is no getting up to douche or to take other precautions in the middle of the night. I do not even advise the removal of the cap or any steps being taken the following morning. The usual processes of Nature will dispose of the now impotent sperms. Those who are very anxious, however, who may feel this calm inactivity insufficient, may desire to douche the next morning and take out the cap. If they wish to do so, there is no harm in using one of the douches mentioned on page 29, so long as douching is not too frequently indulged in and does not become a regular habit.

About the action of quinine on the vagina I am still uncertain. For the average woman it is quite harmless; but, on the other hand, I am far from persuaded

that it may not be partly absorbed by the walls of the vaginal canal and thus penetrate the system in such a way as to make peculiarly sensitive women either somewhat sleepless or to interfere slightly with the digestion, or to initiate local tenderness. It has been proved by scientific experiment that some substances (iodine, for instance) do penetrate through the walls of the vagina and get into the circulatory system with remarkable rapidity. Whether or not the same applies to quinine has never been tested, so far as I am aware. It is likely, however, that it may do so. If, therefore, after using the quinine the woman finds herself in any way doubtful of its action, I should recommend her to try one of the following methods:

(a) Instead of soluble quinine, to insert a small sponge (a fine-textured sponge about one and a half inches in diameter), which has been moistened and into which she has thoroughly rubbed soap powder, filling the pores of the sponge with powdered soap. This, if pushed up to the end of the vagina, should in itself be sufficient to render the sperm inactive. The sponge, however, should be taken out next morning; and, as this may displace the rubber cap, a douche may have to be used. It is therefore not quite so satisfactory a method as the soluble pessary which requires no further attention.

(b) A pad of cotton wool, thoroughly smeared with vaseline, which has been mixed with powdered borax, may be inserted into the end of the vagina. This may be used by those who find soap in any way unpleasant, or irritating, as it would tend to be more soothing.

Neither of these methods, however, seems to me

so easy nor quite so satisfactory as the soluble quinine pessary. The great drawback to the soluble quinine pessary, however, is that it is itself made of cocoa butter, and that the cocoa butter has an odour some people object to (this can be got over by purchasing the more expensive, scented kind), and that the melted cocoa butter tends to spread on to linen.

Several varieties of soluble pessaries are made with other substances on the Continent, but they are not so easily obtained in this country. In France the peasant women make up such things for themselves, and a woman who has time and skill could do this, using gelatine instead of cocoa butter.

The greatest care should be exercised in getting a rubber cap exactly to fit. In order to put it in, the woman should be in a stooping position, and she should press the rim of the cap together so as to slip it into the opening. When the cap reaches the end of the vaginal canal it will naturally expand, and then tends to find its place itself (*c* in diagram). It wants pressing firmly round the protuberance of the womb, however, and if it is too small it may miss covering the critical opening. It should be the largest size which fits with comfort. One too large, of course, will leave a gap and be more disastrous than one too small. A woman who is afraid of her own body or ignorant of her own physiology should get a practitioner to fit her with a rubber cap; but for women of average intelligence this is not necessary. (It is shown in place in the diagram at *c*.) On the other hand, as the relative sizes of all the parts of our bodies vary very much, a woman may have a vaginal canal longer than her own centre finger, and would then have to be fitted by a medical practitioner, a nurse,

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or some competent person. In the first instance, she should purchase more than one size to find out exactly what suits her. On each occasion it should be pressed firmly, after some active movement, to see that it does not slip. When the cap is once firmly on, both the man and the woman can be at ease about it, as it will remain in for days without dislodgment. It should perhaps be mentioned that it is quite impossible for the cap to enter further or get into the body cavity and "lose itself" among the organs, as some ignorant people fear.

In order to get it out, all that is necessary is to bend a finger under its rim and jerk it off. The cap can then be brought out, washed and left to dry until it is next wanted. Rubber tends to rot; so, after some months' use, it should be carefully examined to see that it is not torn or become liable to be readily perforated. If for a long time it is out of use it will be found to keep better in water than in the air, as rubber is preserved for a longer period if kept under water than if exposed. If the woman can afford it, I should recommend a new one every six months or so, though with great care they will last a couple of years.

Various forms of rubber caps are on the market, shaped in various ways, but the circular, strong ring, with the dome-shaped soft centre, is the kind I recommend and which to the average woman is by far the most satisfactory.

This procedure on the part of the woman, though it may sound elaborate and a little sordid when described in full detail, is, nevertheless, after the first usage, so simple and so unobtrusive, that it can be entirely forgotten during the marriage rite itself. It, therefore, alone among mechanical preventive

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methods, does not tend to destroy the sense of spontaneous and uninterrupted feeling, which is so vital an element in the perfected union, and at the same time allows all the benefit to be derived from it. Doubtless when once the intelligent inquiry and scientific research commensurate with the importance of the subject are devoted to it, better preventive methods may be devised; but, in the meantime this combination of methods is far the best course which I can recommend, and, indeed, the only one which I can sincerely recommend.

There are, however, great varieties of individual needs on the part of various people, and as a good many other methods are in common use a few words about them are necessary.

Chapter IV.

Comments on a Few of the Important Methods in Use

THE shutting away of the sperm from the womb can be as completely achieved by covering the male organ as it can by covering the mouth of the womb by the rubber cap, as has just been described. This method is perhaps the best known of all in current use, and *sheaths* under various names, formed either from rubber, skin, or treated silk, are sold in a variety of qualities and designs. They are alike, however, in the essential, namely, that they enclose the male organ, completely preventing the sperm from escaping into the vagina.

These are certainly among the most "harmless" of the methods recommended by many people. In my opinion, however, there are objections to them which are sufficiently serious to make the use of a sheath, except under special conditions, inadvisable.

A serious objection is that the sheath prevents the seminal fluid reaching the woman, and, though very little research has been undertaken on this subject, there is evidence that there is a physiological advantage to the woman in the partial absorption of the man's secretions, which must take place through the permeable wall of the vaginal canal, quite apart from the separate and distinct act of fertilisation. If, as physiology has proved is the case, the internal absorption of secretions from the sex organs plays so large a part in determining the health and character of remote parts of the body, it is extremely likely that the highly-stimulating secretion of man's semen can and does penetrate and

affect the woman's whole organism. Actual experiment has shown that iodine placed in the vagina in solution is so quickly absorbed that in an hour it has penetrated the system and is even being excreted. It still remains, however, for scientific experiments to be devised which will enable us to study the question of the absorption of substances from the seminal fluid.

There is one circumstance in which sheaths are advisable, and that is when either partner suffers from illness or disease. If the man is out of health it cannot be good for the woman to absorb the secretions. If the man is actively and contagiously diseased the use of a sheath very materially reduces the chances of carrying local infection. While in my opinion it is monstrous that anyone suffering from sex disease should have connection with his wife, it is nevertheless a fact that many men do, and claim that they need it. If either of the two is diseased the use of a sheath is imperative. Advice is often given about washing and disinfecting the sheath so that it can be used again. But this is not really a wise procedure, for few private people are likely to be sufficiently careful to make such disinfection complete. Preferably the sheath should be destroyed and a fresh one used each time.

To return to those in normal health, another objection to the use of the sheath is that it reduces the closeness of contact and thus destroys the sense of complete union which is not only pleasurable, but is definitely soothing to the nerves and physiologically and spiritually advantageous in every way.

A minor, but nevertheless important, objection is an æsthetic one—the putting on of a sheath, the feel of its texture, and the consciousness that it is there.

destroy the spontaneous beauty of what should be the natural development of mutual feeling.

If, however, it is *absolutely essential* that no risk should be run of the wife becoming pregnant (if, for instance, it would kill her to have another child), then perhaps the sheath may be used in addition to the method taken by the wife, because no method gives *absolute* security by itself, though it may give 9,999 chances of security to one of danger.

But for normal healthy people I do not recommend the sheath.

The method perhaps most widely in use of all, and which appeals to many people because it requires no special appliance or chemicals, is *withdrawal*, or *coitus interruptus*. Many who are inclined, without sufficient knowledge, to condemn other methods, consider that this must be entirely harmless, because nothing is involved which they consider "unnatural." Nevertheless, this method has without doubt done an incredible amount of harm, not directly, but through its reactions on the nervous systems of both man and woman. Some men are strong enough to feel no evil effects even from its constant practice; but many men who do not trace it directly to this are, nevertheless, sufferers through their nerves, and consequently, through their digestions and power of sleep (ills which a competent observer can trace to this procedure); and other men are actually conscious of its ill-effects.

The great majority of women whose husbands practice this method suffer very fundamentally as a result of the reiterated stirring-up of local nervous excitement which is deprived of its natural physiological

resolution. Of the far-reaching effects on the woman's entire organism, of the lack of proper orgasm, which is generally a result of this method, this is not the place to speak, and the reader is referred to "Married Love" where various aspects of the subject are more fully considered.

The following specific objections, however, should be mentioned. The local support and nerve-soothing contact which are supplied mutually to both when the act is completed normally are destroyed. The man, instead of allowing himself the normal ease and relaxation of attention which should be the concomitant of the act, has to keep a strain upon his attention in order to withdraw at exactly the right second; he is thus straining not only his local nervous system, but his central nervous system.

The woman, even when she has the good fortune to have a husband with exceptional powers of control, is always in a state of anxiety in case the withdrawal should not be rightly timed, or that some of the fluid should accidentally touch her. In either case pregnancy is possible; so that *her* central system, as well as her local nervous system, is also strained. The act, therefore, cannot have the soothing and healing power which it normally should have, and is, moreover, resolved into its lowest terms—merely physical "relief" for the man.

In addition to this, if there is the slightest delay in withdrawal or any carelessness, the woman has immediately to arise from the warm bed and douch, in the anxious hope that she may be in time. (Concerning douching see what I have to say on page 26.)

Except for cases of emergency or in circumstances involving accidental failure of other means, or by ex-

ceptional people who have become specially adapted to this malpractice, withdrawal should never be used. Most unfortunately, by a certain "virtuous" type of person this method is described as "self-restraint" and so has been surrounded with an aura of approval, and thus the incalculable harm it does is increased.

Various instruments, some of metal, have been made and from time to time recommended for the internal use of women. They should in any circumstance only be used after the fullest and most competent medical examination and must be fitted by a doctor. For some unfortunate women who have been damaged by child-birth, and whose organs are no longer normally placed, they may be necessary. For normal women they are entirely to be condemned.

The method most widely practised by women, and which is recommended as not only "harmless" but by many as positively beneficial, is *douching*. About this method there is very much to say.

In the first place, in the nature of things the douching must come *after* the act of union. As sometimes the sperm may be ejected actually into the womb itself, douching after the event may be quite futile. But even where this has not happened, and the sperms are still in the vaginal canal, it resolves itself into a race between the plasmolising fluid and the sperms; and the sperms, having already got something of a start, may win the race, and penetrate the womb. In that event douching may be entirely too late. There is, therefore, no certainty whatever in the method of douching, though as a result of the shock and general discomfort entailed, it may very often inhibit conception.

The objections to it, even if it were, what it is not, a safe method, are twofold: æsthetic and physiological. The æsthetic objection is by no means to be despised, for the effect both on man and wife of having immediately to rise from a warm embrace and come down to the crudest material facts of douches and chemicals at the moment when the whole relation should be one of tenderest mutual feeling and repose, is desolatingly disillusioning to a romantic man or woman. In not a few instances it has broken up sex relations entirely by destroying the man's sense of romance, so that he is no longer capable of physically loving his wife. While there are wives who refuse all sex relations to their husbands on the ground that the douching involved is intolerable.

The man, however, is often saved the disadvantages by the natural sleep which follows his completed act. It is the woman who chiefly suffers by this method. Physical reactions on the woman are of two principal kinds: the first, subtler, and generally overlooked, is that her inclination to sleep (if she has been fortunate enough to have had the completed act) is thwarted if not entirely destroyed. The tendency of this is to make her nervous, and, if she is highly strung, to induce chronic sleeplessness. On the other hand, she also suffers from the local chill of getting up out of a warm bed and moving about the room, unless she is one of the very few fortunate ones who can afford a fire in the bedroom and a maid to prepare the warm douche. Most women have to do these things themselves, and even douching with warm water does not eliminate the general chill.

There is, however, another and more serious objection against the douching which is so widely advo-

cated. It washes out and destroys the bacterial inhabitants of the vaginal canal. People insufficiently acquainted with science have jumped to the conclusion that this is a good thing, because some bacteria are known to them to be enemies of mankind. They think it therefore an act of cleanliness to wash out the vaginal canal, and they even go so far as to compare it with brushing the teeth and rinsing the mouth.

Some people, observing the "dirty" little nodules on the roots of the pea plant, and being told that they contain bacteria, would be impelled to pinch them off—thereby depriving the plant of its most valuable allies—the bacteria which "fix" the nitrogen from the air and which consequently place the pea plant in a more advantageous position than most of the members of the vegetable kingdom. It is true that doctors have not yet thoroughly examined or discovered exactly what part the bacteria in the vagina play, in the internal economy of the woman, but sufficient evidence has accumulated to show the folly of destroying them and at the same time affecting the lining of the vaginal canal. For some years I have been against douching, save in emergencies. Recently a definite denunciation of douching was published in the *British Medical Journal*, of April 20, 1918, by Dr. Fothergill. This article is, of course, by no means final, any more than are my own private views on the matter, but it deserves the careful attention of the many people who indulge in or recommend the frequent use of the douche of all kinds.

Nevertheless, there are occasions when douching may be necessary, and when it is only used infre-

quently it can do no harm if the proper solutions are employed.

Regarding the solutions which should be employed when a douche seems advisable, a large number of substances, all of which are soluble or mixable with water, have been recommended by various people. It is to be remembered that at present I am recommending only those suitable for normal healthy people. Specific diseases, of course, require specific treatment.

Many of the so-called "harmless" substances used for the douche are very far from being entirely harmless. Such a chemical as corrosive sublimate, for instance, which is often recommended, ought not to be placed in the hands of the private individual haphazard, and, moreover, though but few serious cases are on record against it, when one realises that the vaginal walls may absorb part at least of the fluid, its use is to be entirely deprecated save for specific diseases.

Lysol, carbolic acid and other such strong fluids, though "harmless" if diluted sufficiently, are, nevertheless, destructive rather than healing in their action, and if by accident are used too strong, or even if used frequently by a sensitive subject, are very apt to lead to sores or even partial destruction of the tissues.

Only the simplest and most wholesome substances, therefore, are to be recommended for general use. For the purpose of douching to plasmolise the sperms, either vinegar and water or common salt and water could scarcely be bettered. If vinegar and water are used, it should be in about equal parts of vinegar and warm water. Common salt should be made into a strong solution, and about two table-

spoonfuls of salt to a pint of water. These solutions are quite sufficient to incapacitate any sperm, and at the same time they contain no substance in the slightest degree deleterious or even very foreign to the system if partly absorbed.

People have for too long coupled normal prevention for quite healthy people with disinfection of one or other of the pair where disease exists or is suspected. In this book I am not dealing with cases of the diseased or the medically unfit in any way. They may, under doctor's orders, have to use strong, even perhaps dangerous chemicals. I am now only advising the perfectly normal and healthy what to use to keep themselves normal and healthy, for I think it is time to disentangle simple control of conception by healthy people from the covert attempts to stay the progress of racial diseases.

It will be seen from the above, therefore, that on the whole I strongly deprecate douching as a regular practice, but should advise every woman to have a douche available for infrequent use on occasions, when she should employ simple salt and water or vinegar and water in making up the douche.

Many people are under the impression that if the act of union is confined to certain days they are then quite safe and that conception will not occur. The dates vary slightly, depending on the exit of the unfertilised egg cell; but, on an average, from the fourth or fifth day after menstruation for about a fortnight a woman is said to be unable to conceive. This may be true for some individuals, whose reproductive vitality is not very acute, but it is extremely unreliable, and in many instances is quite deceptive. The reason for this is obvious to those who know the

structure of the parts. Male sperm can live, if it is vital and healthy to begin with, for eight or ten days: during any time throughout this period one deposited day before may emerge from some crevice in the skin of the vaginal canal in which it has lain concealed and swim into the womb and ultimately effect conception, though it is true that the chance of this taking place is not so great as the chance of conception following an active orgasm. Nevertheless, cases are on record when a sperm has made its adventurous journey not merely from the vagina into the womb, but from the outside organs of a virgin girl.

Some people, therefore, to whom it is not a serious matter whether a child is born or not, may find the comparative security of a "safe period" sufficient. But I am inclined to advise against its observance, because the "safe period" is obviously the time when the woman has less physiological benefit from the sex act, and also because I think that so important and fundamental a need as the act of married union should not be thwarted by waiting for dates on the calendar, when it could be so much better fulfilled at the normal time of desire if the woman is protected in the way which I have recommended on page 13.

Of the many other varieties of methods and substances recommended and in use, I do not propose to speak. Those who have read the present pages with attention will be able to appreciate for themselves arguments against their use. Nevertheless, the *ideal* method is not yet discovered, though I am following up a line of research at present on a method designed greatly to improve on those now available. Mean-

Wise Parenthood

while, if anyone knows of any method better than that now suggested, I sincerely hope that he or she will publish it or will communicate it to me, c/o my publisher.

NOTE.—Both my publisher and I must be excused from answering any letters about the names of the appliances or substances mentioned in the text. As described, they can be obtained from many high-class chemists. Anyone living in a very small village should write to one of the larger chemists or drug stores in town, or apply to their local doctor.

Books Recommended for Reading.

- REPORT OF THE NATIONAL BIRTH-RATE COMMISSION. Pp. xiv, 450. Publ. Chapman and Hall, London, 1917.
- DRYSDALE, C.V., D.Sc.—“The Small Family System.” Publ. Fifield, London, 1913.
- FOTHERGILL, W. E., M.A., B.Sc., M.D. “A Clinical Lecture on the Bad Habit of Douching.” *British Medical Journal*, pp. 445-446, April 20, 1918.
- KNIBBS, G. H.—Appendix A, Vol. 1, to the Census of the Commonwealth of Australia (Applied to the data of Australian Census, 1911). Pp. xvi, 466. Publ. Melbourne, 1917 or 1918. (No date on title-page.)
- MARCHANT, REV. JAMES.—“Birth Rate and Empire.” Pp. xi, 226. Publ. Williams and Norgate, London, 1917.
- MORE, ADELYNE.—With an Introduction by Arnold Bennett.—“Fecundity *versus* Civilisation: A Contribution to the Study of Over-population as the Causes of War and the Chief Obstacle to the Emancipation of Women, with special reference to Germany.” Pp. 1-52. Publ. Allen and Unwin, London, 1916.
- MILLARD, C. KILLICK, M.D., D.Sc., Medical Officer of Health for Leicester.—“Population and Birth Control. Presidential Address delivered before the Leicester Literary and Philosophical Society.” Pp. 1-48. Publ. Thornley, Leicester, 1917.
- STOPES, MARIE C., D.Sc., Ph.D.—“Married Love.” Pp. xvii, 116. Publ. Fifield, London, 1918. Sixth edition, enlarged.

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