

Birth Control Review

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Some Inferences From History

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BIRTH CONTROL as a social practice is nearly as old as the family life of man. This may be inferred from the fact that several preliterate peoples—the fossils of sociology—employed some form of family limitation. Mankind has always limited his numbers, most commonly by abortion, infanticide, and tabus on sexual relations. The desire to control fertility, as distinct from its achievement by effective, harmless means, is a universal cultural trait characteristic of all the major civilizations of the world from the very beginning of time.

What is new is not the desire and the practice, but a social movement demanding equal access to effective, harmless measures. Medical thought on birth control goes back thousands of years, but social organization of the insistent gropings of the populace have found realization only within the last century (since Francis Place), and, more especially, within recent decades. As new as the insistence on democratization of technical knowledge has been the improvement in methods in the last few decades.

I am not so much concerned with historical facts as with their implications, with their meaning for us in the formulation of personal attitudes and public policies. If, therefore, in presenting the following inferences from history, I seem dogmatic, I can only plead that these conclusions, whatever their faults, are based on ten years of objective search through the sources and on an equal period of independent reflection. I shall state these conclusions in the form of propositions.

1 The drive toward the universalization and democratization by social classes of contraceptive knowledge cannot be uprooted or stemmed. It is as inevitable as anything I know in the social universe. Therefore, we might as well get used to the idea and adjust ourselves accordingly. There is no use in sweeping back the tide with a broom. The condemnation that birth control has

met with in religion and law has been ephemeral and futile. Whatever the temporary victory of religion and law, they have had to give way in the long run.

2 There has been a distinct tendency to view the indications for contraception more broadly. Formerly many physicians would give the advice only for severe medical indications—tuberculosis, decompensated heart, severe kidney impairments, etc. Now there is a growing tendency to recognize the legitimacy of economic indications. A poor woman is as much entitled to clinical services as a sick woman. In the same way there is a growing eugenical consciousness. It is all very well to recognize our ignorance of human heredity, but it is becoming increasingly clear that we shall never make a frontal attack on social inadequacy until we recognize that family stocks differ in genetic endowment, and hence in the potentialities of their offspring, further, that even if heredity has no influence whatever on social inadequacy, defectives do not make good parents. Therefore, they should not reproduce for social as well as biological reasons.

3 We should not allow ourselves to be too readily duped into acceptance of the "safe period" and "rhythm theory" ballyhoo. The safe period has been discussed in various formulations for 2,000 years. There is still no agreement as to exactly which days of the cycle are safe. To advise the "rhythm" in the instance of women who have severe medical indications for prevention of pregnancy is, in my view, malpractice.

Moreover, the theory is futile and impracticable. The careless and dull witted will never have the self-discipline to follow the calendar. The technique, even if ultimately proved safe, so restricts the frequency of relations as to be contrary to the hedonistic attitudes of our day. To attempt to regulate a basic human drive by the calendar—and, at that, by an uncertain, indeterminate calendar—is to crucify the sexual impulse. I see no reason why science in this field should yield to preconceived religious dogma.

4 Contraceptive methods have been greatly improved in recent decades. It has taken literally centuries to separate the rational from the irrational techniques, and the fuss over the safe period shows that the battle is by no means won. However, we now have more than a score of reliable, harmless, reasonably aesthetic measures. Tests involving 50,000 to 100,000 women have shown that modern clinical methods are about 95 per cent effective. Equally phenomenal has been the improvement in and cheapening of the cost of the chief male contraceptive and prophylactic, about a million and a half of which are now manufactured daily. When this improvement in methods is generally recognized, the Vital Revolution will begin in earnest. We shall achieve a given population by a low birth rate and low death rate instead of by the historically more common method of a high birth rate and high death rate. This leads me to my fifth, a critical point—

5 As contraceptive knowledge becomes democratized, the population of the United States will become stationary about 1950 at a level approximating 150 or 160 million. After that there may be a slight decline. This prospect has raised a crop of "professional depopulators." A number of population authorities, whose names rightly carry great weight, are misleading the people to accept the notion that there is grave danger of depopulation. That the populations of the United States and of northern and western Europe are "doomed to die out" is a figment of the imagination. It is based on a statistical fallacy, on the fanciful extrapolation of trends toward stabilization just beginning. There is no more danger of underpopulation today than there was of overpopulation in 1820. The population of the United States is increasing nearly one per cent per annum. We need not fear a stationary population. It has been the typical situation in history. Nothing like the phenomenal growth of the nineteenth century has ever happened before. We mistakenly view that situation as normal, and we are psychologically adjusted to it. But we shall be compelled by circumstances to readjust our thinking.

6 It is in the social interest that the lag between scientific achievement and medical and social work opinion should be reduced as promptly as possible. Some physicians of antiquity knew more about contraceptive techniques than some of our modern physicians. Moreover, not a few early physicians had a preventive as well as a curative point of view.

There can be no question that medical opinion in the United States is now much more tolerant, liberal and informed than ever before. Numerous questionnaires and symposia in medical journals clearly prove

this. On the other hand, it is behind European medical opinion, in some respects it is behind even the early classical medical tradition. We have erroneously looked upon the acceptance of contraception as radical. In fact, it is merely a return to the classical viewpoint.

The validity of numerous other propositions is also well attested as a result of recent historical and sociological investigations, but these may be left for another occasion. Clinic boards can help modern social scientists by keeping full clinical records and by publishing full, completely analyzed reports.

The Issue at Rochester

Birth control was denied any part in the New York State Conference on Social Work, which met in Rochester during the week of October 19th. Yet social workers of the state became acutely aware of the birth control problem through a skillful demonstration staged by the New York State Birth Control Federation and the Monroe County Birth Control League.

The birth control institute held on October 22nd at Gannett House, a church center near the conference headquarters, was crowded with social workers. They came to hear Dr. Eduard C. Lindeman of the New York School of Social Work and to discover for themselves whether they should be informed on this subject.

"This is the finest meeting I've attended during the entire conference," a number of social workers said.

The executive committee of the conference gave as their reason for refusing membership to the federation, "Any subject that does violence to the religious convictions of any group within the conference shall not go on the conference program."

Publicity released two days before the meeting proved indispensable to building up attendance. Three national press services sent out stories and Dr. Lindeman's talk was broadcast over radio station WHEC.

"It is tragic that important issues have to be fought over so long and germinate so much bitterness before they are accepted," Dr. Lindeman said. "It is hard to understand why social workers remain detached from this movement, for social workers can open the door to bring birth control to those who need it most."

The demonstration served a valuable purpose. Social workers of the state now know that a minority group is withholding from them information on birth control centers and activities. They know that such information is available at the National Conference of Social Work and at fourteen state social work conferences. And they have begun to wonder whether organized social work in the Empire State is not tardy in failing to recognize a vital factor in public health and family welfare.

Emotional Implications of Birth Control

By SARAH R. KELMAN, M.D.

IN THE years that birth control has been a subject of open debate and discussion, it seems to have been attacked and defended from every possible point of view, except one. This one, in my opinion, sums up and at times surpasses all the others as an argument for a reliable method of contraception. I am referring to the psychological aspects of birth control.

The patients who come to us for help and guidance in the intelligent planning of their families have emotional, as well as physical problems. Often the two types of problem are intimately related.

Modern psychiatry has fully recognized the fact that a more or less adequate adjustment to life is not possible without a fair sexual adjustment. As early as 1894, Sigmund Freud, the father of modern psychiatry, called attention to the role of undischarged sexual tension in "anxiety neurosis." The medical profession has been slow to recognize the part that contraception plays in mental hygiene. Even psychiatrists have closed their eyes to it.

For years, I must admit, I too ignored the problem. As a physician, I was concerned with cure, not prevention. In fact, I knew nothing about contraception. Like most doctors, when a patient presented herself with any one of a number of conditions which make pregnancy a health hazard to the mother, I glibly told her not to have any more babies. It never occurred to me that it was my duty to tell patients how to accomplish this. Strangely enough, they never asked me!

It was not until I joined the staff of Manhattan State Hospital on Wards Island, in 1925, to continue my studies in psychiatry, that the problem began to force itself more and more upon my attention. Women patients, whose mental condition had improved sufficiently to warrant a week end visit with their families, often exposed themselves to a possibility of pregnancy, and on more than one occasion actually became pregnant. It needs very little imagination to realize that a pregnancy at such a time is not only inadvisable and undesirable, but often proves a menace to the patient's mental health, causing a setback from which she does not recover for a long time, if at all.

The emotional problems of three hundred patients at a New York City birth control center are here analyzed by Dr. Kelman. This article is an abstract of a more detailed study to be published in the near future. Dr. Kelman is connected as assistant neurologist with the Vanderbilt Clinic (Neurological Institute) and is an associate in neurology and psychiatry at the New York Post Graduate Medical School and Hospital, Columbia University.

Men patients home on week ends often returned to the hospital leaving their wives pregnant. Here again the mental hazard to mother and child is tremendous. Contrary to repeated assurances through scientific research and statistical

studies that mental illness is not hereditary as such, the average person still believes that it is. Imagine then what would be the mental state of many a prospective mother who knows that the father of her unborn child is suffering from a mental illness.

In 1926, I began working in the Mental Hygiene Department of the Post Graduate Medical School and Hospital. There we are dealing with nervous, and not mental disturbances. For this type of patient, the need for intelligent contraceptive methods became even more apparent.

This proved equally true in the private practice of psychiatry. So convinced did I become that the fear of an unwanted pregnancy is a strong factor in the emotional maladjustment of men and women—yes, I say men, advisedly—that I decided to acquaint myself with the most approved method of contraception. I learned its technique, and since 1928 have been teaching it to my patients.

It is common knowledge to all psychiatrists working in hospitals for the insane, that women who suffer a mental illness often have no menstrual periods for a month or months, at times for a year or two. In the private and clinical practice of psychiatry, where usually nervous and not mental illness is treated, we find that this holds equally true.

In 1929, while taking my "training" in a birth control clinic, I was surprised to find that women apparently well adjusted emotionally suffered a delay in their menstrual periods when under unusual emotional stress. Such delays have often led to useless abortions. One such patient had had fourteen abortions, which in the light of subsequent developments proved to have been unnecessary. These findings called for further investigation.

In October of 1934, I became associated with the birth control center conducted by the New York City Committee of Mothers' Health Centers at the Stuyvesant

Neighborhood House Settlement Careful psychiatric study of more than 300 patients at this center has convinced me of the close connection between the emotional adjustment of the patient and the success with which she follows the contraceptive advice given her

With this study in view, the histories taken were somewhat more detailed than is customary in such centers, especially in relation to menstrual history, sex life, and adjustment to marriage This part of the history was always taken by the physician—not by a stereotyped question and answer method, but by encouraging the patient to talk freely about her problems In many instances, such histories revealed that lack of confidence in contraceptive methods previously used had been a strong contributing factor to female frigidity and male impotence

These and many other difficulties were elicited through repeated talks with the patient on each return visit One important feature of our talks was not to confuse the patient with high sounding terms We made a special effort to use language she best understands, language she herself uses every day The physician and patient chatted, as one woman to another Casual statements, at times apparently irrelevant remarks made by the patient, often proved very revealing

Our records at Stuyvesant House show that a number of cases of apparent failure of the method were put on the success side of the ledger after the psychiatrist had worked with the patient over a period of time I have yet to find one authentic case of failure either in private or in clinic practice when the method was correctly used This holds true for women of varying mentalities The dull woman is apt to be the best patient She is not concerned with the whys and wherefores, she almost invariably carries out instructions to the letter

The mental defective is teachable, if patience and persistence is used in dealing with her One such patient returned to the center several times, each time dissatisfied with the supplies that had been given her, and demanding something different Each time new supplies were given her, each time she was re-instructed patiently Now both she and her husband are completely satisfied with the method first prescribed, which she is using successfully Had we shown the least bit of impatience with this woman, we should have missed the opportunity to help one of the very type who most need our help

Follow up by the psychiatrist of cases of apparent failure of the method yielded interesting results In some cases, the patient's lack of confidence in the

method itself or in her ability to use it correctly caused delayed periods In other cases, we discovered that other emotional factors were involved For instance, one patient who returned, fearing she was pregnant, had lost her purse containing a sum of money badly needed by her family Another had been upset by the illness of her father In both cases, tests showed there was no pregnancy

Each patient was told, "For the first month or two, you may lack confidence in this method or in your own ability to use it correctly That anxiety in itself may cause a delay in your period If that happens, do not worry, but come back and talk it over with us If you have followed the method just as you have been told, you need not worry"

With certain patients, who were quite obviously neurotic, it took months to establish confidence in the method If an understanding had not been established between these patients and the physician, they undoubtedly would not have returned to the center at all, but would have discarded the method One such patient was in the habit of visiting the abortionist regularly and was ready to go to him again Naturally, she had never been told by him of the Ascheim Zondek test, which is a simple and reliable test for pregnancy We had tests performed on two different occasions for this patient, not because we believed her pregnant, but because the tests were indicated for psychotherapeutic reasons, to relieve her anxiety and ease her emotional tension Now, after the tests have proved that her fears were groundless, and after many months of patient reassurance, she has complete confidence in the method A number of similar cases could be cited

If the physician is in a hurry and rushes the patients out of the office, the center may have lost an opportunity for service and for the successful use of the method It is important to put the patient's mind at ease—to find out what is worrying her Sometimes a neurosis on the part of the husband may be a factor in the case The husband who is immature emotionally may be so obsessed with the fear of an addition to the family that he becomes impotent toward his wife Discordant or broken homes, divorce and disillusionment will result unless the couple are instructed in reliable contraceptive methods

In dealing with cases of neurosis, it is important to think not only of the parents, but of the child An unwanted child in a home with a neurotic father or mother, or both, has very little chance to escape some form of maladaptation

One of the health services of birth control centers has been to discover hitherto unsuspected conditions needing further treatment. Certainly many patients of these centers would never dream of consulting a psychiatrist. When contraceptive advice is given by a psychiatrist, or when a psychiatrist cooperates with the physician who gives such advice, mental and emotional conditions of the utmost significance are disclosed. Upon the analysis and treatment of such conditions often depends not only the health of the patient, but the success with which she uses the contraceptive method and the harmony of her home.

Abortion "Club" Exposed

ANOTHER of the charlatans who prey on the ignorance and desperation of women was fortunately revealed when police investigated a so-called "Birth Control Club" conducted in Newark, New Jersey. The club is reported to have had 800 members, who paid dues which entitled them to regular examinations and to illegal operations, when they needed them, at a further fee of \$75 and upward. The "doctor" in charge proved to have only a chiropractor's license. He is awaiting trial by the Grand Jury.

Dorothy Dunbar Bromley commented in the *New York World Telegram* of October 17, "The unsuspecting public does not know how many abortionists we have in our cities, hidden behind shabby brown stone fronts.

Many of the doctors, pseudo-doctors and midwives who operate outside the law are as careless in their surgical and antiseptic technique as they are conscienceless.

We shall have this criminal fringe around the medical profession until real birth control, which means the prevention of conception, not the taking of life after conception, is available to women generally through clinics and their own informed doctors."

The fact that ninety per cent of abortions occur among married women who have had several children is pointed out by Dr. Frederick J. Taussig in his authoritative, recent book, "Abortion, Spontaneous and Induced." About 8,000 deaths due to abortion occur annually in the United States, he estimates.

Dr. Sophia J. Kleegman, Assistant Clinical Professor of Gynecology at New York University, tells the story of a New York woman who had had an abortion performed by a midwife for fifteen dollars. Critically ill, the woman was taken to the hospital. There doctors urged her to reveal the identity of the unskilled midwife and thus to protect other women.

The patient refused. "She was the only one who would help me, and I won't tell on her," she said.

The Making of a Delinquent

JUVENILE delinquents frequently come from crowded families and broken homes, it is shown in a study recently published by the Children's Bureau of the United States Department of Labor.* The investigators studied the family and community backgrounds, as well as the institutional treatment, of 751 delinquent boys who had been committed to institutions.

"More than half of these boys came from comparatively large families, that is, families in which there were five or more living brothers and sisters," the study reports. "Half of the boys for whom data on the subject had been obtained came from homes that had been broken by the death of one or both parents or by divorce, separation, or desertion. This is a considerably higher incidence of broken homes than is believed to exist in the general population."

Extracts from some typical case histories follow.

"Case No. 22 Dick G. was reported never to have had any good home life. He was the youngest of six children. The mother and father were separated, the mother having left the father because of his attentions to another woman."

"Case No. 18 Harry M. was one of a family of ten children. The father was a boss in a glass factory and made a fair wage. The family of twelve persons, however, was crowded into a small five room house, situated in a cheap residential section, surrounded by steel mills and factories. Harry was committed to the State Industrial School when he was thirteen years old, the charge being that he had enticed another boy to run away from home with him."

"Case No. 17 James G. was one of a family of seven children whose parents were foreign born. The father worked in fruit and vegetable packing houses. The mother, who had died shortly before James was committed, was said to have been a good housekeeper and very industrious."

The study makes no mention of birth control. But, reading between the lines in Case 17, one remembers other Children's Bureau statistics on the untimely deaths of mothers, due to too frequent childbearing. The health of the mother is one of the essential factors in maintaining family security. Any maternal health program is dangerously incomplete unless birth control information is available as a routine procedure in post natal care.

Case 22 raises the question of how much marital discord and desertion by the father has been due to the mother's fear of unwanted pregnancy. And one wonders how many boys, like Harry of Case 18, have

* Publication No. 230

run away from home or have fallen into bad company because home was unbearably crowded and dingy and mother was always occupied with the care of a new baby

Wholesome recreation, better housing, agencies for youth guidance—all can help to check the alarming tide that flows into our juvenile courts and reformatories. And surely reliable birth control information for every mother who wants it should be also a part of any community or national plan for stopping crime at its source.

A Letter to the League

DEAR DR MATSNER

I've just finished reading your article in the *Woman's Digest* about birth control, and I couldn't help writing to ask if it were really true. You see, I am to be married next month. I do want children but not as many as my mother has had. My heart aches for her when I think of all the sufferings she has had.

I am the oldest of eight children and I have seen the pain that comes from unwanted children. I know a number of people that are having more children than they can afford, but it seems they know of no other form of prevention than all those harmful medicines that are supposed to be safe. I've seen so much agony and sickness that it frightens me.

My mother has had one child after another until she's broken in health and spirit. It's things like this that I want to prevent.

I would appreciate it if you would tell me the name of a clinic or doctor near my home that I may visit.

Miss H S

Bermuda Plans Clinics

Hamilton, Bermuda, Sept 27. The Bermuda Government plans to establish birth control clinics to check the growth of the Negro population, General Sir Reginald Hildyard, Governor since last May, said today.

Reviewing the colony's major difficulties, he said Bermuda's Negroes were the biggest problem because the building boom could not continue to give employment forever and the tourist business might slump. He warned that an increasing population would force lower wages and poorer standards of living for the Negroes.

The Governor stressed that an epidemic or a war might prick the tourist bubble.

—*The New York Times*

A Five-Year Clinical Study

Contraception as a Therapeutic Measure By BESSIE L. MOSES, M D, with a foreword by Raymond Pearl, Ph D. *Williams and Wilkins, Baltimore, Md* 106 pages, \$1.00 postpaid from the REVIEW.

Dr. Moses' book is an important contribution to the subject. It represents the fulfillment of the ideal plan for any clinical research, the purposes were carefully formulated, the work supervised continuously by a small, competent personnel, and the follow up adequate. The study has demonstrated the necessary relations of any effective contraceptive work to the whole field of obstetrics and gynecology on the one hand, and to preventive medicine on the other.

All of us who had had experience with contraceptive therapeutic efforts recognize that the ideal place for this work is as an integral part of a hospital. Dr. Moses' survey strengthens this conviction. We also realize, however, that at present extremely few hospitals in the country are doing this work. The reasons for this are religious prejudice, budgetary limitations, lack of interest and lack of knowledge of the value of the work. It is therefore still necessary to emphasize the need of continuing extramural contraceptive centers for the clinic class of patients. Those established by the American Birth Control League conform essentially to the standards described in this book.

Dr. Moses places proper and special emphasis upon the relationship of contraception to preventive medicine. She says, "We cannot leave the subject of preventive medicine without emphasizing the fact that contraceptive clinics are great factors in the prevention not only of physical but of mental disease as well. It is obvious that the mental hygiene aspect of 'birth control' has, for many years, been sadly neglected, and that the contraceptive clinic performs a very valuable service in improving the mental as well as physical health of its patients."

It would seem that the psychiatrists have been quicker to appreciate the value of contraception as a factor in preventive medicine than have the practitioners in general medicine.

Dr. Moses points out that in the use of contraceptive methods there is apparently an inevitable percentage of failure of about 2%, that other failures are due for the most part not to the patients' poor technique, but to their failure to use the methods advised.

The book is well written, compact and free from dogma. It should contribute to the still much needed education of the profession along these lines.

RICHARD N. PIERSON, M D

Evelyn Hirshon Seligmann

THE birth control movement has lost one of its most courageous and energetic friends through the untimely death of Mrs Rene Seligmann in Paris on October 7th. It was characteristic of Evelyn Seligmann that, after a winter of constant activity for the work of both the American Birth Control League and the New York City Committee, she did not forget her favorite cause during her summer in France. At the time of her death she had under way a project of huge proportions which was to provide translations of medical literature on contraception to European physicians.

Mrs Seligmann had been a member of the board of directors of the American Birth Control League since November, 1934, and this year became a member of the executive committee. The board and staff of the league have loved and admired her for her inspiration and devotion to the work. Her warm friendliness has made her death a real, personal grief to all of us who were fortunate in knowing her.

Though every department of the league's work was helped by her fresh ideas and her cooperative spirit, Mrs Seligmann's chief interest was in the ever recurring problem of finance. Raising money is, to most of us, one of the more tedious, though necessary, trials of a committee. To her it was a challenge calling for the best she had to give in enthusiasm and creative energy. She had the vision to see beyond the details of securing the budget to the human misery that money for birth control clinics can relieve. And she looked beyond the minimum budget necessary to "make ends meet" to many kinds of extension service which would speed the work of bringing contraceptive advice to every mother in America.

Aid for the Negro mothers of New York's Harlem was one of her intimate concerns. As chairman of the committee for the birth control center in the Urban League headquarters, she developed the committee until it became a real force in Harlem.

Her interest in those handicapped by loss of sight and hearing she combined with her interest in birth control, by securing the cooperation of agencies for the blind and deaf in referring patients to contraceptive centers. She was responsible for a project to translate into Braille a history of birth control, which will enable the blind throughout the country to know of this modern movement.

When in the future we wonder, as we so often wonder, "Can it be done?" we shall remember Evelyn Seligmann. She always said, "It can be done," and she lost no time in taking steps to support her conviction.

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United Church of Canada Approves Voluntary Parenthood

A resolution approving the principle of voluntary parenthood was passed by the United Church of Canada on October 2nd, during the session of its Seventh General Council in Ottawa. This resolution included approval of the establishment of voluntary parenthood clinics, supervised according to provincial health standards and under public control. The term "voluntary parenthood" rather than "birth control" was used, because it was said to "describe better the condition the Church wishes to see in effect."

The Council took no action, however, on the recommendation that approval be given to "legalizing of the minimum operation yielding sterilization." A report on voluntary sterilization of the physically and mentally unfit was filed as a matter of information only. The opinion was expressed, according to press dispatches, that no action should be taken because of difficulties in the way of complete study of the proposal.

In 1934 the Council appointed a special commission to study the question of birth control and sterilization and to make recommendations, which were presented this year.

Rev. Dr. Ernest Thomas of Toronto, chairman of the commission, is reported to have said in submitting the commission's study on birth control, "It is fair to conclude that deliberate regulation of the occasions and frequency of births is a prime factor in the saving of the lives of babies and the protection of the mother's vitality. The commission believes that the removal of the fear of undesired pregnancy would enormously increase marital happiness and so be a great contribution to the permanence of Christian marriage."

Deeds and Dollars

The moral and financial support of members and contributors make possible the work of the American Birth Control League as described from month to month in these pages.

But there is still a great unwritten chapter in the history of our work—an account of much needed expansion which awaits accomplishment only because of lack of funds.

Thousands of deserving underprivileged mothers are still beyond reach of clinical service. Dozens of communities still need clinics for economic reasons and for health and social reasons, which also have their economic implications.

On our desk at the moment are persistent letters from places where local support is assured once we can get a clinic established.

More help from interested friends is the only solution.

Memberships range from three to one hundred dollars.

Won't you send in yours, if you have not already done so, and suggest it urgently to others who believe that parents have a right to plan their families and that every baby has the right to be well born.

Please make checks payable to
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