National Birth Control Association Speaker's Notes.

Woodside

THE NATIONAL BIRTH CONTROL ASSOCIATION,

69, Eccleston Square, London, S.W.1.

SPEAKERS' NOTES

1938

INDEX

Any future additions and alterations to these Notes will be circulated to anyone who asks for them.

Price 1/-

CRIMINAL ABORTION

A Incidence.

Figures with regard to illegal abortion are exceedingly difficult to obtain, as all cases of abortion, whether spontaneous or self-induced, are included in all official figures—but the British Medical Association Committee on Abortion states that from 16% to 20% of all pregnancies end in abortion and that spontaneous abortions constitute a relatively small proportion of the total, probably about 5% to 7.5%. The number of births in England and Wales in 1936 was about 600,000. Therefore the number of illegal abortions would appear to be roughly between 90,000 and 110,000.

The B.M.A. Report states, " That the induction of abortion usually by unskilled persons for reasons other than medical, is very common in all ranks of society there can, however, be no reasonable doubt." (Recommendation VIII).

B Evidence of Increase.

1. Ministry of Health.

**Ministry of Health figures shew that from 1930 to 1933 abortion deaths rose steadily from 10.5% of maternal mortality to 16%.

2. B.M.A. Report.

" The Committee has received evidence which suggests that within the past decade there has been an increase in abortion of an unlawful nature." (para. 13).

3. The London County Council Report on the Maternity Services of London.

***"Although there is little or no statistical evidence, it is almost certain that abortion is undoubtedly more common now than it was even a decade ago." (para. 220).

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*See paragraphs 8-11 of the Report of the British Medical Association Committee on Medical Aspects of Abortion. Supplement to the British Medical Journal of April 25th, 1936. This Report is hereinafter referred to as the " B.M.A. Report."

**B.M.A. Report (para. 46, page 236).

***L.C.C. Report on Maternity Services of London, No. 3195, 1936. P. S. King & Son, Ltd., 14, Great Smith Street, London, S.W.1.

Criminal Abortion (Continued)

4. Report of City of Sheffield Maternity & Child Welfare Services 1935.

The number of abortions treated in the Sheffield City General Hospital increased from 6 per annum in 1912 to 337 in 1934.

C **Effect on Maternal Mortality.**

1. B.M.A. Report.

" The high degree in which abortion in this country is contributing to the maternal death rate is recognised as constituting a public health problem of great gravity." (para. 12).

2. St. Giles' Hospital, Camberwell.

*Parish, T.N., has recently studied 1,000 cases of abortion treated at St. Giles' Hospital during the years 1930—1934. In this total 485 admitted illegal interference, 374 by means of instruments. In this group of 374 the febrile rate was 88.2% and the death rate 3.7%, whilst in the group of 246 abortions due to pathological conditions and with no history of interference, the febrile rate was only 5.7% and the death rate nil.

3. City of Sheffield.

In 1934 abortion accounted for 39% of the deaths due to childbirth in Sheffield.

" Most of the abortion deaths are due to Sepsis and if we exclude the other causes of death from full time labour which do not obtain in abortion, we get a death rate more than twenty times higher for abortions than from full time labour due to Sepsis."

D **Cases from Birth Control Clinics.**

1. " In 420 cases, 86 have had amongst them 139 miscarriages and of these 139 miscarriages 30 have been definitely self-produced abortions. The 30 abortions were produced by 8 women on themselves, no fewer than 20 of them being produced by one woman on herself."

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*Parish, T.N., " A Thousand Cases of Abortion," Journ: Obstet: and Gynæcal:, Brit. Empire, December, 1935.

2. " 18 patients admitted to 31 self-induced abortions between them."
3. " 11 women had had 2 each, 5 women 3 each and 1 woman 7."
4. " 24% of pregnancies are losses, i.e., abortions, still births, deaths under one year. Of these 24%, 12% are abortions."

E Conclusion.

For every case of death from unlawful abortion there must be many that do not end fatally but which have harmful effects on the bodies and minds of the women concerned. Where the experience is frequently repeated the health of the mother is completely undermined.

Apart, therefore, from the question of maternal mortality the effect on maternal morbidity is undoubtedly widespread and serious.

**Among its Recommendations the British Medical Association included the following:—

XIII. " ALTHOUGH THE COMMITTEE HAS DRAWN ATTENTION TO CONDITIONS IN WHICH THE TERMINATION OF PREGNANCY IS INDICATED, IT BELIEVES THAT IN SUCH CASES THE AVOIDANCE OF PREGNANCY IS THE MORE RATIONAL PLAN AND ONE TO BE ENCOURAGED AS A PROCEDURE OF DOUBLE VALUE IN THAT IT PROTECTS THE WOMAN AGAINST THE RISKS TO WHICH PREGNANCY EXPOSES HER, AND AT THE SAME TIME IT ELIMINATES THE OCCASION FOR THERAPEUTIC ABORTION AND THE TEMPTATION TO ADOPT UNLAWFUL METHODS."

**B.M.A. Report (page 237, XIII).

NATIONAL BIRTH CONTROL ASSOCIATION

The Association was founded in 1930 with the intention of co-ordinating the work of the different birth control organisations then existing. Since its inception it has devoted a great deal of time and attention to work with local Health Authorities in the belief that scientific birth control should be a part of the Public Health Service.

The Association is incorporated with the Birth Control Investigation Committee so that it is closely connected with the research side of the movement. It has also its own Medical Sub-Committee which includes gynæcologists and doctors teaching birth control in clinics and/or their private practice.

There are (1938) 62 branches of the Association and 54 of these run voluntary birth control clinics.

Lord Horder is President of the Association, Sir Humphry Rolleston is Chairman of the Birth Control Investigation Committee and Lady Denman is Chairman of the Executive Committee.

In addition to the office staff there are four Organisers. The Organisers interview Medical Officers of Health, Public Health Committees and individual Councillors; prepare schemes suitable to different places; rouse local interest; form Branches; organise Conferences; arrange meetings, and assist in the establishment of municipal and voluntary birth control clinics.

Most of the counties in England, Wales and Scotland have now been visited by representatives of the Association, so that some general idea of possibilities in the different areas has been obtained and a great deal of intensive work is waiting to be done.

All birth control organisations existing before 1930 are now merged in the N.B.C.A. with the sole exception of the C.B.C. (President: Dr. Marie Stopes).

HISTORY OF THE BIRTH CONTROL MOVEMENT IN ENGLAND

The pioneers of the birth control movement in this country were the founders of the Malthusian League, Dr. and Mrs. Drysdale. That League was started in 1877.

In 1918 Dr. Marie Stopes founded the Society for Constructive Birth Control (C.B.C.) and started the first birth control clinic in March 1921. In September of the same year the Malthusian League opened the Walworth Clinic which, in 1923, passed under the control of the Society for the Provision of Birth Control Clinics.

During the next few years the Workers' Birth Control Group, the Birth Control Investigation Committee and the Birth Control International Information Centre were started.

In 1930, the National Birth Control Association was founded with the idea of centralising and co-ordinating the efforts of the different Associations. All the existing Organisations were represented on its Governing Body and Executive Committee, but subsequently the C.B.C. no longer wished to be represented on the Governing Body or Committee. All the other societies are now (1938) amalgamated with the N.B.C.A.

GOVERNMENT POLICY

There is no law in this country against the practice of birth control or the sale of contraceptive appliances.

*The Ministry of Health have issued various Memoranda in the last few years outlining the position with regard to the provision of birth control advice by Local Authorities. These are Memoranda 153 M.C.W. of 1930, Circular 1208 of 1931, Circular 1408 of 1934 and Circular 1622 of 1937.

These Circulars make no change in the existing law—they merely state what, in the opinion of the Ministry, Local Authorities may do, *i.e.*, they may provide advice in various ways for those married women for whom further pregnancy would be detrimental to health.

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*See leaflet " Birth Control and the Public Health Service " obtainable from The National Birth Control Association, 69, Eccleston Square, London, S.W.1. Price 2d. (post free).

Government Policy (Continued)

Local Health Authorities (England and Wales)

There are 414 Maternity and Child Welfare Authorities; these include County Councils, Borough Councils and Urban District Councils.

Less than 245 of these have taken steps to provide advice on birth control within the terms of the Ministry of Health Memoranda (1938).

The following types of scheme have been put into practice in different places:—

1. A birth control clinic in connection with the Maternity and Child Welfare Service.

2. A gynæcological clinic.

3. A post-natal clinic.

4. An annual grant of money (varying in amount from £5 to £100) to a local voluntary clinic for patients referred by the Local Authority.

5. A payment (varying from 7/6d. to 1gn.) per patient referred by the Local Authority to a voluntary or municipal birth control clinic.

6. The reference of patients to a voluntary clinic without any payment by the local authority.

7. The loan of the premises of a Maternity and Child Welfare Centre to a local Branch of the National Birth Control Association for use as a voluntary birth control clinic.

It is advisable for speakers to refer frequently to Headquarters for the latest figures and information as to changes in regulations, numbers, etc.

MATERNAL MORTALITY

1.*Professor R. W. Johnstone, C.B.E., M.D., F.R.C.S., F.C.O.G., Professor of Midwifery and Diseases of Women, University of Edinburgh, lecturing on the Interaction of Pregnancy and Associated Disease referred to " four series of maternal deaths, two officially and two unofficially analysed: on the lowest computation 25% and on the highest 40% of the totals are attributed to associated disease."

2.**Of the 3,805 deaths in the second series analysed by the Departmental Committee on Maternal Mortality and Morbidity, 514 were due to lung disease, heart disease, chronic renal disease and pulmonary tuberculosis.

The Departmental Committee recommended that contraceptive advice should be readily available for such women but there remain (1938) 40% of Maternity and Child Welfare Authorities who have taken no steps whatever to make such provision and a considerable proportion of those who **have** passed favourable resolutions have done nothing effective to implement them.

3.***The Report on Maternal Morbidity and Mortality in Scotland states: " Thereafter (after the fourth child) the death rate from all causes increases with increasing multiparity, reaching in those with 9 or more previous pregnancies a death rate twice as high as the average. A similar trend is found for specific causes in respect of ectopic pregnancy, heart disease, embolism and other defined diseases. Increasing mortality with increasing parity is shown for abortion and miscarriage, anæmia, uræmia, accidental hæmorrhage, placenta prævia, post-partum hæmorrhage, puerperal sepsis (non-instrumental) and non-tubercular respiratory diseases." (pages 66 and 67).

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*British Medical Journal, April 9th, 1938.

**Final Report of Departmental Committee on Maternal Mortality and Morbidity. Pub. 1932 by H.M. Stationery Office, Kingsway, London, W.C.2. Price 2/6 net. No. 32-300.

***Report on Maternal Morbidity and Mortality in Scotland, 1935. Obtainable from H.M. Stationery Office, Adastral House, Kingsway, London, W.C.2. Price 3/6 net.

Maternal Mortality (Continued)

4.*Dickinson and Bryant in the "Control of Conception" quote figures shewing the death-rates of mothers per 1,000 births in each of the following categories.

	Per 1,000 births
First birth	6.2
Second birth	4.3
Third birth	1.9
Fourth birth	4.2
Fifth and Sixth births	7.5
Eighth birth and after	8.2

INFANT MORTALITY

Infant Mortality has steadily decreased during the last 20 years—in 1915 it was 110 per thousand, in 1936 it was 59.

A high birth rate is almost invariably accompanied by a high infant mortality.

*Dickinson and Bryant give the following figures for infant mortality :

	Deaths for 1,000 births
First babies	105
Second babies	96
Third babies	105
Fourth babies	109
Fifth babies	119
Sixth babies	123
Seventh babies	137
Eighth babies	136
Ninth babies	147
Tenth and later	182

*"Control of Conception" by R. L. Dickenson and L. S. Bryant, 1931. Williams and Wilkins Co., Baltimore, price 4 dollars 50 cents.

MATERNAL MORBIDITY

*The following figures were collected by the Departmental Committee on Maternal Mortality and Morbidity:—

1. Professor Blair Bell found that at the Royal Infirmary, Liverpool, during the six years 1925-31, 47.3% of all gynæcological operations were concerned with the relief of local injuries and infection, and of 2,275 consecutive parous women seen in the gynæcological out-patients' departments, 775 (34%) were suffering from disablement due to pregnancy and parturition.
2. At the Royal Samaritan Hospital for Women Glasgow, in the years 1928, 1929 and 1930, 7,734 patients were treated, and it is recorded that in 2,178 (28.1%) of these, infection associated with childbirth was an etiological factor in the condition for which they were treated, and injury associated with childbirth in 2,730 (35.3%).
3. In a follow-up of 2,000 women in the Edinburgh Post-Natal Clinic it was found that in 30% the condition was unsatisfactory, *i.e.*, the patients suffered from disability of various kinds such as leucorrhœa, backache, subinvolution, prolapse, retroversion and various lesions of an infective nature, such as cervicitis.

With regard to these figures the Committee stated:— "If we assume such results to be typical of those obtained in other centres, we are compelled to conclude that a very large number of women yearly suffer, in greater or less degree, from disabilities following and resulting from childbearing."

There is at present very little provision for such women. Post-natal clinics are few, hospitals are over-burdened, and, as Mr. Harold Chapple (Senior Gynæcologist to Guy's Hospital) has said, a large number of women "do not consider themselves sufficiently seriously ill to go to a general hospital where there is often a long wait, no real privacy, and a difficulty of continuity of treatment."

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*Final Report of Departmental Committee on Maternal Mortality and Morbidity (pp. 122-123). Pub. 1932 by H.M. Stationery Office, Kingsway, London, W.C.2. Price 2/6 net. (No. 32-300).

METHODS

A Clinic Methods.

Every patient at a National Birth Control Association clinic is seen by a doctor who advises the method most suited to her case. This is usually a rubber cap plus a chemical contraceptive or douching.

In view of accusations that "birth control causes cancer," etc., it should be remembered that :

1. All chemical substances advised by the N.B.C.A. are first examined for harmfulness by a biological test.
2. No chemical substances known to have harmful properties are used in contraceptives prescribed at clinics.
3. All clinic patients undergo inspection at regular intervals and no evidence has so far accrued to indicate that the use of contraceptive chemicals has increased the incidence of carcinoma of the cervix.

B Methods Not Advised in Clinics.

1. **Coitus Interruptus** is probably the most common method of contraception. It frequently fails—some clinic patients have collected large families as the result of its use. In addition it is often the cause of nervous disorder in either husband or wife. Mr. Harold Chapple (Obstetric Surgeon and Gynæcologist to Guy's Hospital) says :

   *" The so-called coitus interruptus, in which the sexual act is interrupted before its completion, and the constant fear of pregnancy produces in many cases a group of nervous symptoms in the individual concerned which are highly undesirable."

   Drs. Hannah and Abraham Stone say :

   **" It (C.I.) is unsound because the interruption of the sexual act at its very climax constitutes a considerable psycho-sexual strain on both the man and the woman."

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*" Medical Help on Birth Control " (page 31.d) G. P. Putnam's Sons, Ltd. (1928).

**" A Marriage Manual " by Drs. Hannah and Abraham Stone (Page 160). Victor Gollancz, Ltd. (1936), price 7/6.

Methods (Continued)

2. **Abstention.** Lord Dawson of Penn, speaking in the House of Lords in February 1934, of a young couple who had had two children and who could not afford others for a period of years, said:

> "They will have to practice what amounts to celibacy in the married state and I give it as my solemn medical opinion that firstly it would be impossible; secondly that it would destroy their health; and thirdly that it would force on many occasions what one always tries to avoid, and that is irregularities in sex relations—I mean within the home—perversions and eccentricities."

3. ***Safe Period.** There is a widespread belief that there is a period of a week to 10 days between menstruation when the woman cannot conceive. Although it is probably true that every woman has a "safe period" it is certainly different for each woman, may vary from month to month, and its beginning and end cannot at present be calculated. In these circumstances it is not a reliable method of contraception, but further research may produce helpful results.

C **Sheaths and Condoms (French Letters).**

It is sometimes said that anyone can buy a sheath and that there is therefore no need for clinics. It is true that the sheath, if of good quality and used properly, and preferably with a soluble pessary, has a high rate of success, but in many cases there is objection to it by either or both partners. It is advised in many clinics but it is essential that its method of use should be made clear and a supply of cheap reliable goods assured.

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*For further information see "Periodic Fertility and Sterility in Woman" by Herman Knaus, Maudrich (1934), and "Conception Period of Women" by Kyusaku Ogino, Medical Arts Publishing Co., (1934).

FAILURES.

A frequent argument used against the establishment of birth control clinics is that methods advised so often fail to prevent conception.

It has been clearly established that where women carry out the methods advised, failure is very rare.

The following figures apply to "unaccountable" failures—*i.e.*, cases in which there is no explanation for the failure of the method advised such as neglect to use the method or an omission of part of the method or a defect in the appliance.

In (1) and (2) the total numbers of patients include only patients whose subsequent histories were known at the date of the analysis.

In (3) the total number of patients includes **all** patients who had visited the clinics.

(1) **Fourth Report of the International Medical Group for the Investigation of Contraception, 4th issue, (Published 1931).**

Total number of cases	6,081
Total number of unaccountable failures	83
Percentage of unaccountable failures ...	1.36%

(2) **Analysis of cases at Manchester Clinic—1931.**

Total number of cases	1,044
Total number of unaccountable failures	8
Percentage of unaccountable failures ...	.76%

(3) **Analysis of cases from 14 clinics and one doctor in private practice—1936.**

Total number of cases ... ... over 10,000

These were analysed according to the different clinics. The rate of unaccountable failures at each clinic was about 1 per cent. with one exception, where the rate was 3.33 per cent.

Failures usually occur owing to the omission of the patient to carry out instructions or to her neglect to use the method advised. Educational propaganda and careful follow-up work will do much to remove these failures.

A London clinic which used to lose touch with 60% of its patients now keeps in touch with over 90% of them. Regular orders of supplies and return visits (when any difficulties of the method can be discussed and removed)

Failures (Continued)

ensure a much greater record of success as clinics have proved.

The psychological approach to the patient is as important for success as the practical advice given—a pleasant, friendly atmosphere, a readiness to listen to troubles and a certainty that her affairs will be kept absolutely private will go far to secure co-operation from the patient.

HARD CASES

It is sometimes assumed that the large family is now practically unknown, and that the work of the clinics is unnecessary, because everyone knows " what to do." The following facts, therefore, may be of interest :

1. A clinic reported that taking haphazardly a batch of case cards, it found that:—
   The average age of the mother was 37.
   The average number of children 8.
   The average number of children living 5.
   One woman had had 7 children in $8\frac{1}{4}$ years.
   The percentage of unemployed husbands was 45%.
2. Dr. Dugald Baird, Regius Professor of Midwifery in the University of Aberdeen, says:
   " It is not unusual for a woman of 35 to be attending in her 11th pregnancy. For example, although in a maternity hospital there is always an undue preponderance of first pregnancies, yet in the wards to which I am attached, during 1935, 160 women were admitted who had already had six or more children, the highest number being 18."
3. Every clinic has among its patients women who have had both far too many and far too rapid pregnancies. A few examples are given as follows:—
   13 pregnancies; 1 child born alive.
   11 children and 5 miscarriages.
   7 children, mother aged 24.
   4 children and 13 miscarriages.
   4 children and 4 miscarriages in 10 years.
   14 pregnancies, 5 children alive.

Frequently such cases are made worse by the ill-health of the mother and sometimes of both parents.

THE MEDICAL PROFESSION AND BIRTH CONTROL.

The General Practitioner's Knowledge of Contraceptive Technique.

In his Presidential address to the Medical Society of London on October 8th, 1934, Lord Horder said :

" The majority of medical men and women still begin practice with no instruction in contraceptive methods—a startling anachronism when we remember that memoranda have been issued to public authorities by the Ministry of Health encouraging the formation of birth control clinics and the giving of medical help to women whose lives and health make contraception desirable. In private practice patients not seldom complain that their doctors fail to give them the practical help which they have a right to expect. This failure to help does not seem to be due to the doctor holding views that run counter to the principle involved, but to ignorance of methods and technique applicable to particular cases. Surely this defect should be remedied without delay."

Teaching hospitals make very little, if any, provision for instruction to students in contraceptive technique.

2. Medical sub-Committee of the N.B.C.A.

The Medical sub-Committee has drawn up a Statement on Methods and a List of Approved Goods which have passed standard tests set up by the Association in consultation with experts. This List is revised and added to from time to time.

In addition a leaflet " The Services Offered to Practitioners " is available, price 1d.

Opinions of some Eminent Members of the Medical Profession.

Professor Dugald Baird (Regius Professor of Midwifery in the University of Aberdeen).

" It is certain, however, that from the point of view of the individual mother and child, the proper spacing of children—two and a half years between pregnancies —and the limitation of the total number is of the greatest value . . . I feel that instruction in the technique of birth control should be a part of post-

Medical Profession and Birth Control (Continued)

natal care, and should be part of the normal Health Services under the Local Authority."

Sir Walter Langdon-Brown, M.D., F.R.C.P. (Emeritus Professor of Physic, Cambridge University).

" I confess, therefore, that I am a little impatient with opposition to birth control from those who have had no experience of medical or social work in the poorer districts.

" It is not too much to say, and I say it with full sense of responsibility as a medical man, that many women spend years of their life under the shadow of fear of repeated pregnancies."

Harold Chapple, M.Ch., F.R.C.S. (Senior Obstetric Surgeon and Gynæcologist, Guy's Hospital).

" To ask me if there is any need for any birth control at all is too ridiculous. There are thousands of people whose very lives depend upon it."

The Lord Horder, G.C.V.O., M.D., F.R.C.P.

" I regard indiscriminate child-bearing as a disease of the body politic."

C. Killick Millard, M.D., D.Sc. (formerly Medical Officer of Health, Leicester).

" I do not think that either the sheath for the male or the mensinga pessary for the woman have any deleterious effect on health."

STERILITY AND BIRTH CONTROL

It is sometimes argued that the practice of birth control will lead to sterility. In so far as methods taught at clinics are concerned there is no foundation for this statement. As every clinic knows, the slightest carelessness in using a method frequently leads to a " failure."

Of 97 patients at the Walworth Clinic who ceased to practice birth control because they wished to have a child, 96 became pregnant and had their babies and 158 patients who on one occasion neglected to use the method advised, became pregnant.

ATTITUDE OF ORGANISED RELIGION

A Church of England.

There is nothing in the doctrine of the Church of England which precludes the practice of birth control.

At the Lambeth Conference of 1930 a majority of Bishops agreed that " where there is such a clearly-felt moral obligation to limit or avoid parenthood and where there is a morally sound reason for avoiding complete abstinence the Conference agrees that other methods may be used."

The attitude of the Churchman remains an individual matter. Some clergymen are among the warmest supporters of the movement but on the whole neutrality is more usual and occasionally active opposition is encountered.

In his book " Christian Morality, Natural, Developing, Final," Dr. Henson, Bishop of Durham, says:—

" The birth of children will be controlled as never before when the interests of health in mother and infant have been intelligently considered, when the concern of the State in the physical and mental soundness of its citizens has been recognised, and when due weight has been allowed to the economic situation, private and public. Irresponsible parenthood will no longer be suffered to shelter itself under religious pleas. The power of transmitting life, which of all men's spiritual endowments is the most important and the most mysterious, cannot lie outside that responsibility which Christianity interprets and emphasises."

B Roman Catholic Church.

The Roman Catholic Church allows the use of " safe period " but opposes the use of contraceptives.

Nevertheless individual Roman Catholics do not oppose birth control clinics and clinic records shew that large numbers practice birth control.

A doctor at a voluntary clinic stated that 20% of her patients were Roman Catholics; this proportion rose to 30% after a public meeting at which a local Roman Catholic Archbishop repeated this statement, condemning it.

Organised Religion (Continued)

C **The Free Churches.**

The Free Churches in general have no definite standpoint.

The National Birth Control Association numbers one Free Church minister among its Vice-Presidents: certain others have, individually, expressed themselves in favour of birth control.

The Jewish Church.

D Jews also have no definite standpoint.

ANSWERS TO ARGUMENTS PUT FORWARD BY ROMAN CATHOLICS

1. *The fact that the Roman Catholics allow the practice of " natural " methods would appear to undermine their whole logical position. Once **any** interference by man is sanctioned their fundamental argument has gone.
2. There is no attempt to force birth control on Roman Catholics—what justification have they for preventing those who are not of their faith from practising birth control?
3. Roman Catholics condemn the expenditure of public money on birth control. But all minorities have to contribute to payment for objects of which they disapprove, e.g., pacifists for armaments.
4. There are less than 3 million Roman Catholics in this country's population of over 40 millions.

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*" The Church has never forbidden the restriction of births. Her condemnation has been directed solely against unethical and unnatural methods of achieving that end." Extract from " Lawful Birth Control according to Nature's Law in Harmony with Christian Morality " page 60) by Rev. John A. O'Brien, Ph.D., published with ecclesiastical approbation.

" Nor must married people be considered to act against the order of nature if they make use of their rights according to sound and natural reason, even though no new life can thence arise on account of *circumstance of time* or the existence of some defect." Extract from The Encyclical on Christian Marriage, issued by Pope Pius XI in December 1930. (Underlining ours).

GYNÆCOLOGICAL CLINICS.

1. **Voluntary.**

There are at present two voluntary gynæcological clinics, both in London, and both started as the result of the experience of those running voluntary birth control clinics. These are financed by voluntary subscriptions and donations.

2. **Municipal.**

28 gynæcological clinics have been started by Local Authorities (1938). These can be established without great cost. Sir George Newman has said of these:—

> " Centres or clinics for the purposes here described need not be elaborately or expensively equipped as the necessary apparatus, furnishing and outfit is of the simplest character. Its purpose is to aid and advise married women who are suffering from any physical or mental condition detrimental to pregnancy, to their health as mothers, or to the health of their prospective or existing children."*

It is certain that such clinics can go far to cure and/or alleviate much of the maternal morbidity which exists at present.

SCOTLAND

No Memoranda have yet been issued by the Scottish Department of Health, but the Departmental Committee set up by Sir Godfrey Collins, Secretary of State for Scotland, under the Chairmanship of Sir J. C. Dove-Wilson, and later of Professor E. P. Cathcart, C.B.E., J.D., D.Sc., LL.D., F.R.S., to enquire into the Scottish Health Services said :

**" We are satisfied that it should be one of the functions of a maternity service to give advice on the control of conception, on purely medical and health grounds. We are led to this opinion by the evidence submitted that there are many women who are physically unable to stand the strain of pregnancy and in whom the outcome will almost certainly be unfavourable. The increasing incidence of abortion (natural or induced) adds weight to this view." (page 177, para. 532).

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*Annual Report of the Chief Medical Officer of the Ministry of Health for 1933.

**See footnote 1 p.20.

Scotland (Continued)

This Committee also included the following among its recommendations:—

*"It should be a definite function of the maternity service to give advice on medical and health grounds on the control of conception." (page 178, No. 10).

2. The Report of the inquiry instituted by the Department of Health for Scotland into Maternal Morbidity and Mortality in Scotland, includes the following among its Conclusions and Recommendations :

37. In some cases he condition of the woman at the beginning of pregnancy was such that an unfavourable outcome was almost certain, and in many of these the woman had been warned at the immediately previous confinement of the danger likely to result from a further pregnancy. Many of these women had young children depending on them. **Where women in such condition desire practical instruction in contraceptive measures, they should have access to expert instruction. (page 29).

3. Under the Scottish Maternity Services, May (1937), most of the maternity and child welfare work in Scotland (apart from the big cities) will be done by general practitioners and not at special clinics as in England.

The problem, therefore, of providing facilities for giving advice on scientific contraception is somewhat different from that in England and Wales.

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*Report of Committee on Scottish Health Services, 1936, Cmd. 5204. Obtainable from H.M. Stationery Office, Adastral House, Kingsway, London, W.C.2, or 120, George Street, Edinburgh, or through any Bookseller, price 6/- net.

**Report on Maternal Morbidity and Mortality in Scotland, 1935. Obtainable from H.M. Stationery Office, Adastral House, Kingsway, London, W.C.2, or 120, George Street, Edinburgh, or through any Bookseller, price 3/6 net.

IMMORALITY

The fear that birth control encourages immorality is a frequent deterrent to those who might otherwise support the establishment of a clinic.

1. The Bishops at Lambeth in 1930 dealing with this aspect of birth control said, " some other and worthier motive than fear must be found if men and women are to ' keep straight.' "*

2. The practice of birth control undoubtedly facilitates early marriage.

3. Clinics are for married women only and Clinic procedure (name, address, follow-up work, etc.) is such that the unmarried woman does not come for advice. The records of every clinic shew that the average patient is the same type of working class mother as attends the Maternity and Child Welfare Centre.

4. The Memoranda of the Ministry of Health are applicable only to married women.

5. Every new development in man's progress to civilisation is capable of abuse. Because motor cars kill thousands of people on the roads every year no-one proposes to discontinue the use of motor cars. Wise use of birth control, as of every other invention, is the safest way to prevent its abuse.

ICELAND

Iceland is the only country where advice on contraception is obligatory. The relevant Act was passed by the Icelandic Parliament (Althing) in December, 1934.

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*Lambeth Conference, 1930, pub : S.P.C.K. Price 2/6.

POPULATION TRENDS AND THEIR RELATION TO BIRTH CONTROL

The estimates of most experts in population statistics agree that the population in this, as in many other countries, will soon become stationary and will then decline, provided that fertility and mortality rates remain unchanged.

A **Net Reproduction Rate.**

Estimates of future population are most safely made by ascertaining the " net reproduction rate." This means the number of future mothers born to the mothers of to-day. If one thousand women of child-bearing age are producing enough girl babies to replace themselves, after allowing for mortality rates, the net reproduction rate is 1—if more, over 1—if less, under 1.

In 1933 the net reproduction rate was under 1 in England, Denmark, France, Germany, Austria, Sweden, Australia and New Zealand. It was a little over 1 in Italy and the Balkans (but not nearly so high as it used to be), and just over 1 in the United States. Russia alone of all European countries had a high rate—1.7.

B **Future Estimates.**

Estimates as to our numbers a hundred years hence vary greatly. If there is no further decline in fertility it is thought that the population will fall to about twenty millions. If the trend of the birth rate continues as it did between 1920 and 1933 (when the birth rate fell from 21.8 to 14.4), it is estimated that the population will fall to about four and a half million. In this connection it is interesting to note that the birth rates have been slightly higher since 1933—for 1936 it was 14.8.

It should be emphasised that **these estimates are in no sense prophecies.**

C **Results of Attempts to Stimulate Birth Rates Abroad.**

Anti-birth control laws, together with positive measures to encourage large families, have been put into force in various countries, notably France, Belgium, Italy and Germany (1938).

Population (Continued)

1. **France and Belgium.**

The most that can be said is that these measures may have prevented a still sharper decline than has taken place. In France the net reproduction rate has fallen from 0.94 (in 1926) to 0.82.

In 1927 it was estimated that in Belgium there were from 150,000 to 200,000 abortions as against 150,000 live births per year and Dr. Paul Balard* believes that there are now in France as many criminal abortions as births.

2. **Italy.**

The marriage and birth rates are both lower than before the measures were introduced.

3. **Germany.**

The effect of the measures taken has been to raise the marriage and birth rates, but in January, 1938, the birth rate was still 11% below the level necessary for the maintenance of the population.

D **Some other Countries.**

The fear that " we shall be swamped by the black and yellow races " leads some to oppose birth control in this country. It may, therefore, be helpful to review the position of some " black and yellow " countries.

1. **Japan.**

Since 1920 the annual number of births has fluctuated around two million. In 1933 it was less than in 1928. According to Carr-Saunders, stabilisation of the annual number of births is clearly approaching, the fertility of women has decreased, and " in fact birth control must have been at work." It is not forbidden and clinics have been opened.

Uyeda (quoted by Carr-Saunders) estimates that the population of Japan, which was 67.5 millions in 1933, will be 78 millions in 1950, that the annual number of births will then fall well below 2 millions

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*Gazette Hebdomadaire de Science Medicale de Bordeaux. Vol. 57, 1936, page 802.

and the population will cease to grow before it reaches 100 millions and may never perhaps approach this figure.

2. **India.**

High birth and death rates exist in India where most of the inhabitants live somewhere near the margin of subsistence. The prospect is that the growth of population will be slow and fluctuating. Family limitation offers the only escape from conditions under which the vast majority of the population exists.

3. **China.**

Any reliable figures are exceedingly difficult to obtain. Some observers consider that there has been an increase of population during the present century, others think that it fluctuates round the same level. The population mainly presses on the means of subsistence of which, says Tawney, " famine is the economic, and civil war the political, expression." Ten million people died in the famine of 1878; any marked increase in population is impossible in such conditions.

4. **Africa.**

Figures are again difficult to get but in Carr-Saunders' words " the population of Africa, south of the Sahara, is probably not decreasing, may very likely be about stationary; it is not impossible that it may be increasing, but if so the rate of increase is certainly slow."

E General Points.

When dealing with general arguments based on the threatened decline in population in this country the following points may usefully be emphasised.

1. **The term " Birth Control."**

The term " birth control " is not synonymous with " birth prevention." Those who advocate the provision of clinics do so because they believe firmly in the value of healthy children in happy homes. They have no wish to stop parents from having as many children as health and means will permit; they

wish to make the best obtainable medical advice available to all parents in planning their families, thus obviating the misery which the absence of such advice entails.

2. **Family spacing and family planning.**
   Not even the strongest advocate of an increased population urges reproduction up to the limit of natural fertility. An average family of three or four still necessitates the practice of birth control, and even if economic reasons for restriction are removed every family should be planned in accordance with the health and strength of the parents, particularly the mother.
3. **Importance of clinics.**
   (a) Every clinic advises cases of sterility.
   (b) By providing protection from the unwanted child, clinics are in a unique position to encourage the birth of the wanted child, to point out the disadvantages of the too-small family and to advise when the birth of another child may be beneficial.

   Clinics must be an integral part of any sane population policy.

BOOKS.

"World Population," by A. M. Carr-Saunders, Oxford University Press, 12/6d.

"The Struggle for Population,' by D. V. Glass, Oxford University Press, 7/6d.

"Population Movements," by R. R. Kuczynski, Oxford University Press, 5/-.

"The Future of our Population?" by C. P. Blacker and D. V. Glass, 6d. Issued by the Population Investigation Committee, 69, Eccleston Square, London, S.W.1.

"The Menace of British Depopulation," by Dr. G. F. McCleary, Allen & Unwin, 4/6d.

"The Population Problem," by T. H. Marshall, Carr-Saunders, and others (based on a series of broadcast talks), Allen & Unwin, 5/-.