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STERILIZATION?

BIRTH CONTROL?

A BOOK FOR FAMILY WELFARE AND SAFETY

BY

HELEN MACMURCHY, C.B.E., M.D.



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BY

HELEN MACMURCHY, C.B.E., M.D.

Author of *The Almosts*, *The Little Blue Books*, *The Canadian Mother's Book*, &c.



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TO
THE CANADIAN MOTHER

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PART I
STERILIZATION?

CHAPTER I

INTRODUCTORY

“Question not, but live and labour
Till your goal be won,
Helping every feeble neighbour,
Seeking help from none,
Life is mostly froth and bubble,
Two things stand like stone,
Kindness in another's trouble,
Courage in your own.”

ADAM LINDSAY GORDON.

THE problems of Sterilization and Birth Control are evoking world-wide interest in the thinking people of to-day. We are beginning to realize something more of our duty to ourselves and to posterity. We are beginning to see that our troubles and burdens are caused by a very small proportion of our people. Out of every thousand of us there are about ten who are the chief cause of our present enormous expenditure for institutions and other forms of relief and care. Of these ten about three are suffering from mental defect, about three or four from mental disease, and the remaining three or four are suffering from physical disease, often incurable now, though preventable in earlier life; or they are law-breakers and criminals; or they are unemployable; or they have become chronic paupers—they do not want to work.

We all know them. There is M. B., a young woman who went in and out of an Industrial Refuge, always coming back with a baby in her arms. The last time

she came back with three illegitimate children, and by now she has disappeared altogether.

There is Mrs. C., a mother who was discharged as cured from a mental hospital, and who afterwards had other children.

There are the law-breakers, and criminals and chronic paupers who appear so often in the columns of our daily papers.

And there is the woman who has ten children, and who is about to give birth to the eleventh, for whom she has no provision at all—not the least. Her husband has been out of work four years, and she says in her letter, “What would you say to me if I lay down on the job and took my own life?”

We cannot and we must not let them starve. We must care for them. But must we let them increase and multiply, and leave behind them a greater army of defectives for us and our children to care for?

We are interested in questions of sterilization and birth control because they deal with something fundamental. No one can escape consideration of these subjects in some form. Law-makers and law-givers are appealed to for help. The judge and the lawyer have long been familiar with these difficult problems, and will be able to help the community to make a wise decision. The clergy have their own views and their own contribution to make. In these questions the medical profession has a profound interest.

THE BURDEN OF THE GOOD CITIZEN

The good, self-respecting, successful citizens—happy men and women, good fathers and mothers—those who make the country, who pay the taxes, who

have never caused their country one moment's anxiety—are beginning to see that their taxes are being steadily increased by this immense burden of lawlessness, dependency, ill-health and incapacity.

And they see, further, that the progeny of these ten troublers out of every thousand of our nation is increasing much faster than the progeny of the nine hundred and ninety good and capable citizens.

We have no accurate statistics as to the exact proportion in which this increase is taking place. But we know that every year we have to find homes in mental hospitals, general hospitals, refuges and other charitable institutions and in prisons, for a steadily increasing number of those who must be maintained at the expense of self-supporting citizens whose burdens become heavier and heavier with the increase of our institution population, nearly the whole of which is maintained by the provinces, that is, by each and all of us.

This trouble is the trouble and the burden of the good citizen. What is the good citizen going to do about it? In this situation we need courage. It is the burden of this decision pressing on the hearts and minds of Canadians that has given strength to the agitation for sterilization and birth control. By these words we really mean the same thing—the prevention of the conception and birth of children.

WHY THIS BOOK IS WRITTEN

What is the truth about sterilization and birth control? It is believed that many of those who are in favour of these proposals and many of those who are against them do not really understand what the

proposals mean, or what their consequences are likely to be. At least, this appears to be the opinion of those members of the medical profession who have requested that this book should be written, and who are of opinion that such a book would be useful.

A second reason for the book is the hope that it will be found to answer many letters received during the last ten years asking for advice about sterilization and birth control. It was not possible to answer the letters sooner, nor indeed can a reply be given in a letter to the questions raised. They are questions which ask for an endowment of character and knowledge which cannot be gained in a day.

"You can't give the woman character," as the Chief of the Out-Door Service in one of our greatest Canadian hospitals said one day to the medical students attending his clinic. The patient had just left the consulting room, and after the door closed behind her the Chief turned to the young men and women who were soon to graduate and begin to carry on the responsibilities of medical practice. He explained to them, first, what was wrong with the patient, or the diagnosis, as it is called, and second, the necessary treatment or what could be done to restore her to health and usefulness, if such a thing might be. He summed it all up in these words:—

"You can't give the woman character."

No—you can't.

People ~~make~~ their own characters. Doctors and nurses, citizens, clergy and teachers, parents and friends, do what they can to help us, but we must make our own choices, and develop our own characters, and live with ourselves and with the wife,

or the husband we have chosen and with the children whose parents we have become.

"Things and actions are what they are, and the consequences of them will be what they will be. Why then should we desire to be deceived?" That wise saying of Bishop Butler's never loses its force.

Some people want to eat their cake and have it. They want to enjoy pleasures and indulge themselves and escape the consequences of these pleasures. They do not want to pay the price. They want to play the game of life and not to keep the rules. They want to sit down at the banquet of life and go away without paying the reckoning. It cannot be done. It never has been done. It never will be done.

Some of the writers of these many letters seemed to have some such wish. The wish may have been so deep down that it was unconscious. The writers were in difficulties, which had begun so long ago that the origin had passed out of mind. They felt themselves hardly used and unfortunate, ill-treated by others, perhaps by their nearest and dearest—robbed, neglected and oppressed and imposed upon—and, worst of all, used and considered as a convenience or tool for some one else, and not as a person.

Often there was only too much truth in their complaints. But not always.

Some of these correspondents need the facts of life explained to them again from a different point of view—a point of view that is at once detached from their own and sympathetic with their own. Their troubles are both real and great.

There ought to be some way out of their difficul-

** It can be, & often has been, done by means of a...*

ties. The aim of this book is to find the way out and put it before them.

“Kindness in another’s trouble” demands that we should do our very best to understand the trouble, and find a remedy, if remedy there is. And there is always some remedy. There is always something that can be done to help people.

CHAPTER II

THE HISTORY OF THE MOVEMENT

“This world of ours, which some of us in our zeal to do better than good have helped to create, but which we must all inherit, is not a new world, but the old world grown harder. The sole force under God’s good Providence that can meet this turn of our fate is not temperament, not opportunism, nor any effort to do better than good, but character and again, character—such mere ingrained, common-sense, hand-hammered, loyal strength of character as one humbly dares to hope that fifteen hundred years of equality of experience have given us.”

RUDYARD KIPLING—*A Book of Words*.

“We can always grow in character even if not in attainment.”—H. C.

IN former ages and in the dark places of the earth the operation which is now popularly called sterilization appears to have been practised from time immemorial. References to eunuchs, to certain pagan religious rites and to barbaric and cruel punishments, refer to this practice. When one thinks of the crude and dangerous character of surgery before Lister it adds a new horror to the record of such deeds. The proposed modern operation should be free from pre-Listerian dangers, and from former cruelty and horror.

The modern movement for sterilization seems to have originated in Switzerland about 1883 and in the United States about 1890. Landman states in

his book on *Human Sterilization* (The Macmillan Company, 1932) that the first Bill for sterilization was unsuccessfully introduced in the Michigan Legislature in 1897, and that the first Act was passed in Indiana in 1907. Before 1907 this operation was performed in certain American institutions for the care of mental defectives in Kansas and Indiana, but without legal sanction.

Since 1907, sixty-three different "human sterilization acts" have been passed in different states of the American Union. The operation is legalized in twenty-seven states, and over sixteen thousand persons have been operated upon, chiefly in California. Further information will be found in the above-mentioned book, and also in the *Report of the Departmental Committee on Sterilization* (the Brock Committee), appointed by the Minister of Health, London: (H. M. Stationery Office, 1934, price: 2 s.) as well as in *Medical Aspects of Human Fertility* (New York: National Committee on Mental Health, 1932).

The province of Alberta passed the Sexual Sterilization Act in 1928, and a similar Act was passed in the province of British Columbia in 1933. It is stated that similar legislation is under consideration in New Zealand and Tasmania.

A similar Act has been passed in Denmark, and the matter is being considered in Norway, Sweden, Finland and other European countries.

STERILIZATION AND MENTAL DEFICIENCY

On January 18, 1926, a letter, signed by ten physicians, appeared in the *London Times* under the heading "Mental Deficiency: The Influence of Heredity", advocating a policy of sterilization of mental defectives as "the only effective means of preventing propagation". In answer, a letter from the Central Association for Mental Welfare appeared in the *Times* on January 20, 1926, on "Mental Deficiency Case for Institutional Treatment", stating in part as follows:

"The ten signatories to the letter on the subject of the sterilization of mental defectives, which appears in your issue of January 18, while unquestionably actuated by the best of intentions, yet write in ignorance of the experience and conclusions of those having a wide practical knowledge of mental deficiency. This, after all, is excusable, since it would not appear that any of them, at any time, has been especially concerned with defectives.

"We therefore desire to direct the attention of the public to the conclusions on this matter which have been arrived at by the council of this association. In doing this it may not be inappropriate to point out that the Central Association for Mental Welfare is the chief non-official body in the country dealing with defectives; that during the past ten years a total of 34,000 cases of mental abnormality have been referred to its central office and local associations; and that its central council is composed of representatives nominated by practically all the official bodies and societies in the country engaged in work amongst mental defectives, together with medical specialists of recognized standing in this subject.

“The question of sterilization was considered very fully and carefully by the medical committee and council of this association. They were fully cognizant of the cost of institutional treatment and the urgent necessity for economy; they were even more alive to the necessity of preventing the propagation of off-spring by defectives; nevertheless, they unanimously arrived at the conclusion that while sterilization might be appropriate and applicable to certain particular cases, it would have very little effect in the prevention of mental deficiency, it would certainly lead to serious social evils, and it would be inimical to defectives and to the community were it to be adopted as a general policy. These conclusions were embodied in a pamphlet published in 1923, which may be obtained from the central office of the association.

“Much as we should desire it, we feel that your space will not allow us to state in detail the grounds upon which these conclusions are based. We trust, however, that we may be permitted to give a brief indication of them.

“(1) The preventive effect of a general policy of sterilization would be very slight.

“(2) A general policy of sterilization would be attended with serious social evils.

“In short, the general conclusion arrived at by the most representative body of medical and lay men and women in this country, having a wide practical experience of mental defectives, is that a general policy of sterilization would be ineffective in prevention; that the freedom accompanying it would be attended with positive harm to the defectives themselves; that it would delay institutional provision for their segregation, which we regard as the only safe remedy for those likely to engage in sexual intercourse; and that, finally, it would fail to provide any effectual safe-guard either for the defectives or for the community.

"We are, Sir, your obedient servants,

"LESLIE SCOTT, K.C., M.P., *President.*

A. F. TREDGOLD, M.D.,

*Vice-President and Chairman of
Medical Committee.*

H. B. BRACKENBURY, M.R.C.S., L.R.C.P.,

*Vice-President and Chairman of
Education Committee.*

EVELYN FOX, *Honorary Secretary.*

"Central Association for Mental Welfare, 24,
Buckingham Palace Road, S.W.1, Jan. 19, 1926."

INTER-DEPARTMENTAL COMMITTEE

The Wood Committee, a Joint Committee of the Board of Education and the Board of Control of Lunacy and Mental Deficiency, London, England, reported that in their opinion, if this measure were rigidly applied to all mental defectives, the reduction of the number would not be great. They also state as follows:

"(1) If it could be proved that sterilization could safely and profitably be applied to certain groups or categories of defectives, the question of its adoption would no doubt receive careful attention.

"(2) Comparatively few of the inmates of institutions for mental defectives would be fit to be restored permanently to live in the community. Sterilization does not make defectives more stable, does not enable them to earn their living or prevent them from getting into mischief or enhance their social efficiency. It may increase their moral danger, and prove injurious to the moral health of the community,

"(3) The sterilization of a few individual cases

would not reduce the urgent need of a large increase in institutional accommodation.

“(4) The legalization of sterilization would, in the opinion of the Committee, make it harder to supervise and segregate mental defectives. The parent of the mental defective, the certifying officer and the magistrate whose duty it is to make the order, would all be less ready to do their part, if they knew that such action on the part of each of them might render the defective liable to be sterilized.”¹

THE CHILDREN

In persons who have recovered from mental illness there is often no economic question. But they may and do have children, and their children often suffer from mental illness. Should not something be done to prevent such patients having children?

“Although the majority of mental defectives are the progeny of neuropathic stock, the proportion who are the offspring of an actually defective parent—that is to say, of a person who would have been liable to sterilization, is, in relation to the whole, an exceedingly small one. . . .

“Inheritance plays the chief part in the production of mental defect.

“Social workers are also practically unanimously of opinion that there would be very considerable danger of the release of sterilized feeble-minded and unstable young women resulting in an increase of promiscuous sexual intercourse with the consequent spread of venereal disease.”²

AUTHORITIES DIFFER

“The employment of sterilization for the purpose of preventing the propagation of mentally deficient persons, criminals, and others likely to become social

liabilities has been advocated for some decades. . . . Authorities in this field, however, are not at all of one mind as to the advisability of adopting this plan. The Commonwealth of Massachusetts tried the experiment some years ago, but abruptly abandoned it when after sterilizing several hundred feeble-minded women it found them coming back to public care infected with syphilis and gonorrhoea. Apparently immunity from parenthood had merely encouraged unrestrained promiscuity.”³

EXCERPTS FROM THE AUTHORIZED ENGLISH TEXT OF
THE ENCYCLICAL LETTER OF PIUS XI ON
CHRISTIAN MARRIAGE⁴

STERILIZATION

“Finally, that pernicious practice must be condemned which closely touches upon the natural right of man to enter matrimony but affects also in a real way the welfare of the offspring. For there are some who, over-solicitous for the cause of eugenics, not only give salutary counsel for more certainly procuring the strength and health of the future child—which, indeed, is not contrary to right reason—but put eugenics before aims of a higher order, and by public authority wish to prevent from marrying all those who, even though naturally fit for marriage, they consider, according to the norms and conjectures of their investigations, would, through hereditary transmission, bring forth defective offspring; and more, they wish to legislate to deprive these of that natural faculty by medical action despite their unwillingness; and this they do not propose as an infliction of grave punishment under the authority of the state for a crime committed, nor to prevent future crimes by guilty persons, but against every right and good they wish the civil authority to arro-

gate to itself a power over a faculty which they never had and can never legitimately possess.

"Those who act in this way are at fault in losing sight of the fact that the family is more sacred than the state and that men are begotten not for the earth and for time, but for heaven and eternity. Although often these individuals are to be dissuaded from entering into matrimony, certainly it is wrong to brand men with the stigma of crime because they contract marriage, on the ground that, despite the fact that they are in every respect capable of matrimony, they will give birth only to defective children, even though they use all care and diligence.

"Public magistrates have no direct power over the bodies of their subjects. Therefore, where no crime has taken place and there is no cause present for grave punishment, they can never directly harm, or tamper with the integrity of the body, either for the reasons of eugenics or for any other reason. . . .

"Furthermore, Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body."

"Given in Rome, at St. Peter's, on this thirty-first day of the month of December, in the year nineteen hundred and thirty, the ninth of our pontificate.

PIUS XI, POPE."

FINAL REPORT OF DEPARTMENTAL COMMITTEE,
APPOINTED BY THE MINISTRY OF HEALTH,
LONDON, ON MATERNAL MORTALITY
AND MORBIDITY, 1932

CONCLUSION

“From this brief survey it will be clearly realised that morbid conditions following on pregnancy and childbirth or aggravated by them form a group of great importance, and that the problem of prevention, of provision of skilled observation and diagnosis, and of facilities for hospital treatment is a pressing one.

“The Committee desire in this connection to call special attention to the importance of the avoidance of pregnancy by women suffering from organic disease such as tuberculosis, heart disease, diabetes, chronic nephritis, etc., in which child-bearing is likely seriously to endanger life. They consider that advice and instruction in contraceptive methods should be readily available for such women, and their husbands, from private practitioners, at hospitals or at gynaecological clinics set up by local authorities under the Public Health Acts in accordance with suggestions made by the Ministry of Health in Circular 1208 (1931).

“It should, however, be recognized that there are no entirely reliable appliances for the prevention of pregnancy, and that it is often impracticable for women in working-class homes to use approved methods in a satisfactory and effective way. Therefore, when the avoidance of pregnancy is essential on medical grounds, the question of sterilization should be considered.”

The Report of the Mental Deficiency Committee, appointed by the Council of the British Medical Association, November 12th, 1930, reads, in part, as follows:

TERMS OF REFERENCE

“To report on the various medical problems presented by mental deficiency, more especially with regard to methods which have been suggested to reduce its incidence and to the facilities for medical education in this subject.”

TRAINING, CARE AND TREATMENT OF MENTAL DEFICIENCY

“Authorities are agreed that feeble-mindedness is often closely associated with (a) vagrancy; (b) production of slum conditions, even where the housing conditions are not structurally bad; (c) prostitution; (d) some forms of criminality, all of which are serious charges on the State. The retention of certifiable feeble-minded persons in an unselected environment without adequate supervision is highly undesirable, both on social and racial grounds, and this alike in their own interest and in that of the community.”

CAUSATION OF MENTAL DEFICIENCY

“In the Committee’s considered judgment ‘mental deficiency is essentially incurable’ (see paragraph 5). There remains, however, the further question, ‘Is it preventable?’ and to this a complete and final answer cannot be given until our knowledge of its causes is fuller and more exact.

“The terms ‘primary’ and ‘secondary’ have long been used clinically to indicate respectively forms of mental deficiency believed to be due to germinal causes, and forms attributable to extraneous causes operating at any time after fertilization and before the age of 18 years.”

IS MENTAL DEFICIENCY INHERITED?

“In the causation of mental deficiency heredity plays an important part, but the evidence before the

Committee does not allow the expression of an opinion as to the exact percentage of cases which can be attributed wholly or partially to this cause. The term heredity as here used implies that in the ancestry of any given case of mental deficiency there has existed a morbid condition of bodily and/or mental development, which may have taken the form either of mental deficiency, or some neuropathic condition, or of some other defect due to damage inflicted on one or other of the germ cells before fertilization."

THE PREVENTION OF MENTAL DEFICIENCY

"Two problems present themselves for consideration; namely, (1) the prevention of those conditions which produce secondary amentia, and (2) the prevention of the transmission of the defect from generation to generation in the hereditary form of mental deficiency. This latter is a serious problem for it involves, among other issues, the question as to the preventive value of the sterilization of mental defectives.

"With regard to sterilization, the evidence before the Committee indicates that if this operation were applied only to certifiable mental defectives, the incidence of mental deficiency would not be appreciably reduced. To be really effective as a means of reducing the incidence of mental deficiency the operation would have to be applied to many who are not certifiable mental defectives. That there are large numbers of Mendelian 'carriers' of mental deficiency now at large in every civilized community is certain, but since they appear 'normal' to their fellows, it is not practicable to suggest that as a class they should be sterilized.

"In the Committee it was not unnaturally found that on such a topic as sterilization, whether voluntary or under compulsion, complete unanimity could

not be reached, but the following propositions were agreed to with a few dissentients:

“(i) In view of the expressions of opinion brought to its notice in which great expectations have been held out as to the probable reduction in the incidence of mental defectives by means of sterilization, the Committee considers, in the present state of our knowledge, that sterilization, even widely applied to mental defectives, would cause no appreciable difference in the number of such in the community for many generations.

“(ii) There are a small number of mental defectives in respect of whom the chief social danger is propagation, and who, were this danger removed, could live in the community. In such cases it is possible that sterilization might prove to be an appropriate and desirable procedure, provided the following safeguards were secured:

“(a) The restriction of its application to suitable cases;

“(b) The ensuring that it is not utilized to permit the discharge from institutions of those who are incapable of living in the community and who need institutional care;

“(c) The securing of adequate supervision of those sterilized in order to prevent promiscuous sexual intercourse and the consequent spread of venereal disease.

“The Committee notes with satisfaction that there is to be an immediate and complete investigation into all these and other pertinent points by an appropriate governmental body.

“The Committee desires to point out that sterilization is almost invariably discussed as though it had applicability only to mentally defective persons. This is not the case. There are now known to be a number of physical ailments—congenital cataract is a striking example—which are hereditarily transmitted in a relatively simple and straightforward

fashion, and could be effectively prevented were sterilization a legalized surgical form of therapy. These are well known, and are properly attested medical facts, but they are not equally well known to the public and to many legislators. . . .”

MENTAL DEFICIENCY AS A PROBLEM OF HUMAN BIOLOGY

Heredity

“Apart from any scientific, experimental or statistical considerations, the medical profession has, and always must have, a very practical interest in the possible hereditary transmission of physical and mental disease or aberrations, for it is practising doctors who are most frequently called upon to advise men and women contemplating matrimony and the procreation of children. Whether that form of cerebral insufficiency legally designated ‘mental deficiency’ be, or be not, hereditarily transmitted, it is obvious that a grave responsibility rests upon any medical man who may be consulted as to the advisability of marriage between a normal individual and one who is in any way mentally defective. If, indeed, it were established that mental deficiency is not hereditarily transmitted there would be much less medical justification for condemning the marriage of mentally deficient persons; although there would still remain the problem of the inefficiency of the mentally defective in home building. Yet few medical practitioners would approve this risk, and the breeders of prize animals of economic importance would certainly abstain from any corresponding policy. This being so, it is necessary, in the interests of the profession, to state the case for the hereditary transmission of mental deficiency and other human characters, and to do so from both standpoints—biological and medical.

“*Biologically* considered, there is an overwhelming volume of evidence, from many sources and from

many authorities, in support of the hereditary transmission of physical and mental characters including mental deficiency. Of the *medical evidence* in favour of the direct transmission of mental deficiency in the legal signification, there is not the same volume of evidence, nor is there the same unanimity of opinion. Some medical authorities on mental deficiency as legally defined consider that 80 per cent. of the certifiable cases of deficiency are due to hereditary factors as presented in paragraph 21. Others consider that it cannot be *proved* that more than 10 per cent. are so inherited.

“Hereditary transmission of mental deficiency does actually occur.”⁵

THE PROVINCE OF ALBERTA

It is stated (D. Walter Thomson, Toronto *Saturday Night*, July 8th, 1933) that Alberta was the first place in the British Empire in which voluntary sterilization of mental cases received legal sanction. The Act, Chapter 37, of the Statutes of Alberta, was passed on March 7th, 1928, and came into force on July 1st, 1928. It provides for a Board of Examiners of four persons, two nominated by the Senate of the University of Alberta acting with the College of Physicians and two (not medical practitioners) appointed by the government of Alberta.

Before the operation can be performed, the Board must be unanimous in recommending it, and must appoint a competent surgeon to perform the operation. Only patients convalescent from mental illness and about to be discharged from mental hospitals are to be considered for the operation. The consent of the patient, or, if the Board is of opinion that the patient is not capable of giving consent, the

consent of the husband, or wife, or parent, or guardian as the case may be, must be obtained before the operation is performed, and if the patient has no relative or guardian then the Minister of Health of Alberta is to act on his behalf.

Before the Act was passed, the Alberta government obtained opinions from the late Eugene Lafleur, K.C., and from Col. O. M. Biggar, K.C., that the Act was not unconstitutional.

From 1928 to the end of 1932 the number of cases presented to the Board of Examiners was 197—52 men and 145 women. The number of operations performed for sterilization was 156—35 men and 121 women.

Dr. C. A. Barager, Commissioner of Mental Institutions for Alberta, is quoted as follows:

“When first I came to Alberta, though I favoured eugenical sterilization, I was not exactly enthusiastic over its application on any extensive scale. But in dealing with the problem both from an individual and social viewpoint I am now thoroughly convinced that it is a step of profound importance. People in this province who are interested in social welfare from the practical standpoint are, in my opinion, as one in favouring sterilization in properly selected cases and under adequate control. That feeling is growing. We, in the Health Department, have met with no adverse criticisms, organized or individual, during the operation period of this Act.”

A later press report states that approximately 300 persons have been sterilized in Alberta since 1928.

BRITISH COLUMBIA

An Act Respecting Sexual Sterilization was passed by the Legislative Assembly of British Columbia on April 7th, 1933, and came into force on July 1st, 1933.

EUGENICS SOCIETY OF CANADA

Dr. W. L. Hutton, Medical Officer of Health for Brantford, Ontario, President of the Eugenics Society of Canada, speaks favourably of legislation for sterilization according to a report in the *Montreal Gazette*, November 11th, 1933, of an address delivered before the Montreal Women's Club. The report reads, in part, as follows:

"Provision should be made for the voluntary sterilization of the feeble-minded who are discharged from institutions, and also for sterilization of the insane of child-bearing age who are about to be discharged from mental hospitals, and who are going through a remission of a chronic mental disease, or who are recovering from an attack of manic-depressive psychosis.

"I do not believe the thinking people of Canada want the discharged inmates from Canadian mental institutions to return to their homes and bring children into the world who may carry within them the seeds of insanity," said Dr. Hutton.

"In Quebec your best blood still believes in having large families. I beg of you not to lose that tradition. As for the feeble-minded, I believe that it is necessary to control their multiplication. There is only one sure method, and that is through the operation of sterilization. Sterilization does not mean the unsexing of the individual."

Dr. Hutton quotes figures showing the greater rate of reproduction among the feeble-minded than among the successful people. Taking the families of married persons listed in *Who's Who in Canada* there was shown an average of 2.42 children. At the Ontario Hospital for the Feeble-Minded at Orillia, the patients came from families averaging 8.7 living children.

"There can be no doubt," he said, "that the feeble-minded are increasing in Canada out of all proportion to the rest of the population. Nearly 31,000 feeble-minded and insane persons are maintained in institutions at the public expense—a whole city larger than Sherbrooke or Hull, withdrawn from the useful activities of life and acting as a brake on the progress of the rest of the people.

"Ontario has a provincial mental service which goes into the various communities, and provides an expert service in the diagnosis and treatment of mental disorders. Many curious family histories have been investigated," said Dr. Hutton, who told of one family line "containing many feeble-minded individuals and with branches in five Ontario cities. This family contains 109 known individuals and has provided inmates for the mental hospitals at Westminster, London, Hamilton and Orillia."

THE ONTARIO MEDICAL ASSOCIATION

At the Annual Meeting of the Ontario Medical Association in Hamilton, in 1933, the following resolution was passed by the Committee on General Purposes, as recommended in the Report of the Committee on Mental Hygiene:

"Whereas mentally defective persons are increasing out of proportion to the rest of the population; and,

“Whereas the sanctity of the home demands protection from the dangers inherent in the unrestricted reproduction of mentally defective persons; and,

“Whereas the operation of vasectomy in men and the operation of salpingectomy in women destroys the power of reproducing life without removing any of the body organs and without altering any of the functions of the body;

“Therefore, be it resolved that the Ontario Medical Association approve of the principle of controlling the propagation of mentally and physically defective persons by the voluntary sterilization of those individuals who may be expected to reproduce such defectives; and be it resolved that the Ontario Medical Association urge the provincial government to enact legislation providing for the voluntary sterilization of inmates of provincial institutions who are about to be discharged, and who have been recommended for sterilization by a properly constituted Board, and this Association also urges the provincial government to provide legislation for the legalization of the voluntary sterilization of mentally defective persons who may submit themselves and request to be sterilized, and who are not inmates of provincial institutions.”

STERILIZATION IN SWITZERLAND

“We know that the law in Switzerland permits sterilization of the feeble-minded, but it is somewhat surprising to learn that practical experience of the procedure in that country goes back fifty years. According to Professor Hans Maier, director of the Zurich Mental Hospital at Burgholzli, who gave a lecture on the subject at the Royal College of Surgeons on September 28th, the operation of sterilization may be performed when two medical men, one a psychiatrist, declare in writing that the patient is a fit subject for the operation, or, more

precisely, that sterilization is necessary in the interests either of the individual or of social and racial hygiene. The law in Switzerland argues that since its purpose is to protect society it may not act as a hindrance to 'racial hygienic prophylaxis.' The operation cannot, however, be performed without consent. On the other hand, an institutional authority may in some cases decree that the patient can only be discharged provided she is first sterilized. An example of this is the case of the schizophrenic who kills her child and is committed to an asylum; if the danger exists that she may kill another child the authorities decide that before she is liberated the operation of sterilization must be performed. The same procedure is carried out in the case of a feeble-minded girl who, after discharge, runs the risk of bearing further illegitimate children. Sterilization is not undertaken, however, in cases where no psychic or physical defect exists to justify it. It has been known for authorities to attempt to force girls who have had one or two illegitimate children to undergo the operation in order that they may not be the cause of further expense in subsequent pregnancies; in such cases, unless there is an accompanying psychosis, the surgeon refuses to perform the operation. Thus sterilization cannot be secured in Switzerland by the wealthy patient as "an easy way out." At the same time, the married woman in miserable circumstances, who already has a family but who is not in a position, economically, to have further children and to bring them up, is considered a fit subject for sterilization. In such cases the written consent of both husband and wife is required, and it must be established that further pregnancies would cause serious injury to the woman's health and that the usual means of contraception would fail. Feeble-mindedness in the unmarried mother is required to be of such a degree that the possibility of marriage is out

of the question. Moreover, since intellectual development is often only retarded, sterilization is not undertaken before the age of 20. Until that time the individual receives education in an institution for the feeble-minded. Even greater care is exercised in the case of people having psychopathic tendencies, since among them there are often those who, as they grow older, can fit into society. No hard-and-fast rule has been formulated with regard to the schizophrenic. Every case is judged on its merits, and a decision given only after consideration of its individual characteristics. Indeed, in some patients, it is stated, the operation is of no practical value, and if carried out might influence the course of the psychosis unfavourably. In reply to questions which were put to Professor Maier at the end of the address, he said it was still a theoretical point whether a vasectomy at puberty did or did not affect development. He had never encountered any case in which normal development was adversely affected. Eugenic results in the population of Switzerland could not be expected to be as yet demonstrable, for only 200 to 300 persons are sterilized each year. As Dr. Mapother said at the close of the meeting, the Swiss plan of sterilization as indicated by Professor Maier might well serve as a model for this country should the operation ever be legalized.”⁶

GERMANY

A law providing for the sterilization of the unfit in Germany was passed by the Reich, July 14th, 1933, and promulgated on July 25th, 1933. It is considered by the German government to be one of the most important measures introduced by the Nazi regime. The law comes into force on January 1st, 1934. The execution of the law is a function of the different State governments.

The London *Morning Post* of July 27th, 1933, contains the following despatch "From Our Own Correspondent" in Berlin:

"A petition for sterilization can either be introduced by the person to be sterilized, who has always the right to withdraw the petition, or by a medical officer of health, or the head of an asylum, prison, or other institution in which the person to be sterilized is under supervision. In these cases the decision of the Court is binding, and in the last resort can be carried out by force.

"As hereditary diseases in the sense of the law the following are mentioned: imbecility from birth, schizophrenia, depression mania, hereditary epilepsy, hereditary St. Vitus's dance, hereditary blindness and deafness, grave hereditary physical malformation, and grave alcoholism.

"A Court of Hereditary Health, which has powers to order sterilization, will consist of a judge, a medical officer of health, and a doctor who has specialized in questions of heredity. Its proceedings will not be public, and doctors summoned as witnesses cannot plead professional secrecy. The court decides by a majority vote after hearing the evidence. A High Court of Hereditary Health will be set up, to which the person to be sterilized can appeal.

HOSPITAL TREATMENT

"The surgical operation must be carried out in a hospital by an approved doctor who has had no part in the legal proceedings. It is pointed out that sterilization as thus provided for either sex involves no change of character or physical handicap except inability to produce offspring.

"In the case of the male the operation involved is of the slightest kind, and it is for either sex little more than a permanent measure of contraception.

A further law, however, will be promulgated introducing castration* as a penalty for sexual crime.

“The law is justified on the ground that hereditarily unfit persons tend to multiply at a much greater rate than the healthy population. The financial cost of looking after those who have to be kept in institutions, it is stated, amounts to half the annual cost of hospital treatment for the persons not burdened with hereditary defects.”

BRITISH DEPARTMENTAL COMMITTEE ON THE
STERILIZATION OF THE UNFIT

The Minister of Health, London, England, set up a Departmental Committee on this subject, June 9th, 1932.

The terms of reference are as follows:

“To examine and report on the information already available regarding the hereditary transmission and other causes of mental disorders and deficiencies; to consider the value of sterilization as a preventive measure, having regard to its physical, psychological and social effects, and the experience of legislation in other countries permitting it; and to suggest what further inquiries might usefully be undertaken in this connection.”

Among the members of the Committee are L. G. Brock, Chairman, who is also Chairman of the Board of Control of Lunacy and Mental Deficiency, and as such has a wide knowledge of psychiatry; Dr. Wilfred Trotter, an honorary surgeon to the King, who has done a great deal of work on the surgery of the brain; Dr. Tredgold, a specialist in psychological medicine; and Miss Ruth Darwin.

*Castration is a term which means the removal of the sex glands—the testes in men and the ovaries in women.

POLICY

Sir Hilton Young, Minister of Health, stated in the House of Commons on July 7th, 1933, that the inquiry re sterilization was not to pronounce on the question of policy. Only the House of Commons could do that, when the nation's mind was more made up than it was at the present time. But the Committee of Inquiry would place the facts before the country in order that it might come to a sound judgment on this vital matter.⁷

REPORT

The Report of the Departmental Committee, sometimes called the Brock Committee, was presented to Parliament in December, 1933, and published in January, 1934. This Report gives clear expression to the principles and safeguards which should be considered in the discussion of the subject, and in any proposals for legislation. In so doing, the Report has lifted the whole matter to a higher plane, and the future may show that thus the Report marks an era in the history of the movement to care for defectives and to protect the nation. The Report was unanimous.

The following is the

SUMMARY OF PRINCIPAL RECOMMENDATIONS

“(1) Subject to the safeguards proposed, voluntary sterilization should be legalized in the case of:

(a) A person who is mentally defective or who has suffered from mental disorder;

(b) A person who suffers from, or is believed to be a carrier of, a grave physical dis-

ability which has been shown to be transmissible; and

(c) A person who is believed to be likely to transmit mental disorder or defect.

“(2) Before sterilization is sanctioned in the case of a mental defective, care should be taken to test his or her fitness for community care.

“(3) Mental defectives who have been sterilized should receive the supervision which their mental condition requires.

“(4) The operation of sterilization should only be performed under the written authorization of the Minister of Health, in regard to which the following procedure should apply:

(a) Application for the authorization should be supported by recommendations in a prescribed form signed by two medical practitioners, one of whom should, if possible, be the patient's family doctor and the other a practitioner on a list approved by the Minister. No medical practitioner should sign a recommendation unless he has examined the patient;

(b) The Minister, on receipt of the recommendations, should be empowered to require any necessary amendment of the forms and to cause the patient to be specially examined if it is considered advisable;

(c) In order to deal with difficulties that may arise in connection with applications on behalf of persons suffering from, or believed to be carriers of, inherited disease or disability, the Minister should be empowered to appoint a small advisory committee consisting partly of medical practitioners and partly of geneticists to whom doubtful cases could be referred;

(d) The hospital authorities or (in the case of operations performed elsewhere) the operating surgeon should be required to notify the Minister when the operation has been performed;

(e) In all cases in which the patient is capable of giving consent, he should sign a declaration of willingness to be sterilized, and one of the two medical recommendations should include a statement that the effect of the operation has been explained to the patient and that in the medical practitioner's opinion he is capable of understanding it. If the practitioner is not satisfied that the patient is competent to give a reasonable consent, the full consent and understanding of the parent or guardian should be obtained. If the applicant is married, he or she should be required to notify the spouse of the application;

(f) In the case of persons who have suffered from mental disorder, sterilization should not be permitted without a recommendation from a competent psychiatrist, who should be required to certify, after examining the patient, that, in his opinion, no injurious results are likely to follow;

(g) In dealing with cases of mental defect and of mental disorder, the Minister of Health should exercise his functions after consulting the Board of Control;

(h) The procedure should at all stages be treated as strictly confidential.

"(5) Medical practitioners, in making recommendations for sterilization, should have protection similar to that accorded to them in respect of certificates given under the Lunacy and Mental Treatment Acts.

"(6) The operations for sterilization which are recommended are vasectomy in the case of males and salpingectomy in the case of females. The latter operation should only be performed by a surgeon competent to deal with any morbid condition which he may find.

"(7) The operation of vasectomy should not be authorized in the case of any person who has not

reached physical maturity, pending the results of the further research recommended in this connection.

“(8) The operation for sterilization should not be performed in a mental hospital or mental deficiency institution.

“(9) In the case of persons unable to pay the full cost of the operation, the cost (including the expense of the medical recommendations) should be borne by the Mental Deficiency Authority in the case of mental defectives, by the Visiting Committee in the case of persons suffering from mental disorder, and by the Public Health Committee in the case of persons suffering from transmissible physical disorders, subject to the right of the authority to recover from the patients or relatives so much of the cost as is reasonable. In all cases, however, where the cost falls upon local funds, the local authority should have the right to require the patient to enter a municipal hospital or any voluntary hospital with which they may have made arrangements for such cases.

“(10) In addition to the research mentioned in (7) above further recommendations for research are made in Chapter VII.”

¹*Lancet*, July 20, 1929, p. 142 *et seq.*

²*Lancet*, April 28, 1928, p. 864.

³*The Case Against Birth Control*, Edward Roberts Moore, Ph.D. (New York & London: The Century Co., 1931).

⁴*Op. cit.*

⁵*British Medical Journal*, Supplement, June 25, 1932, pp. 322 *et seq.*

⁶*British Medical Journal*, Oct. 21, 1933, p. 744.

⁷*Lancet*, July 15, 1933.

CHAPTER III

STERILIZATION ?

"Never think how little good all your endeavours are doing: how you are only getting hated and not doing a bit of good: how things like this cannot be helped and it is no good making a noise about them: how, perhaps, after all you are too strict, and things are not so bad as you think. Such are the thoughts, I well know, which will often occur to every one of you: do you put them aside, they are temptations to neglect your duty. It is not a question of private feeling: if you see any one doing wrong, and do not try to set him right, part of the blame of the wrong-doing lies at your door."

RT. REV. MANDELL CREIGHTON, *Bishop of London.*

THE Government and the community in civilized countries may rely on the general support and good citizenship of all but a comparatively small proportion of the people. Perhaps ninety-nine out of every hundred give the government no anxiety and may be said on the whole to help others or at least to do no harm to others. But the remaining one per cent.—ten out of every thousand—create or increase the problems and difficulties of government.

Ten out of every thousand must be taken care of by some one else. They cannot take care of themselves. They make little or no contribution to the common life and work. They are the community's burden. Of these ten about three are mentally defective or feeble-minded. Three others are suffering from mental illness. Their mental health is not robust. It is not good enough to enable them to carry on the duties of life and home. The other three or

four are unemployable, or inclined to crime, or chronically ill or incurable, and for these also we do and should give consideration, comfort, cure if possible, and certainly care. (Crime should be prevented and restrained and should not go unpunished. The criminal, if possible, should be changed into a good citizen. Criminals are made, not born.)

This burden grows. Our well-meant efforts to help people and to do good have not always been very wise. While we are trying to do good and accomplishing our object on the whole, nearly always we do some harm too. It is an unfortunate commentary on our efforts that we see the spectacle of a feeble-minded mother attempting to carry on from year to year a home that is not fit to be called a home. Sometimes the father also is feeble-minded. Home conditions are indescribable. There is usually a large family of children, often as many as eight or ten. The intelligent citizen who has four or five children of his own sees that these ten children of his feeble-minded neighbour will carry on the problem to the next generation and increase the burden. How long is it possible for any nation to last when the normal stream of national life is polluted at its source by feeble-minded who increase in double or treble the ratio of the normal?

This is one of the grave considerations which have forced the question of sterilization on the attention of our people.

An investigation made for the American National Committee for Mental Hygiene, 1919-1924, by I. H. Haines, gives the result of a survey of 52,514 chil-

dren in the public schools of 11 states and 2 cities. Of these children 3 per cent. were found mentally defective, 9 per cent. were "border-line" mentally defective, and 2 per cent. were psychopathic, that is, their mental health was not good.

It is considered that the mental health of children in the public schools is a fair indication of the mental health of the general community.

In provinces in Canada where inquiry has been made, it has been found that at least 2 per cent. of the children attending public or separate schools are mentally defective. Further and more extended inquiry would probably show a larger number than 2 per cent.

MENTAL ILLNESS AND STERILIZATION

Proposals that some patients suffering from mental disease who are inmates of mental hospitals should be sterilized are not made or supported as often as the same proposals in regard to mentally-defective persons. The reasons for this are evident, and it is also evident that the necessary safeguards in any proposed legislation should be adequate.

Most superintendents of mental hospitals, governing boards, medical and mental experts would require clear and strong reasons and complete evidence before thinking of consenting to such proposals. But there are clear and strong reasons in some cases.

MENTAL DEFECT

It is known by those who have had experience of medical work or social work for mental defectives

for a generation or more that mentally defective parents are likely to have mentally defective children, and therefore mentally defective people should not become parents. This is true even when only one of the parents is feeble-minded. When mental defect appears in the family history some of the children are likely to be feeble-minded.

“The right to life and happiness is one thing and the right to parenthood is another.”

ADDRESS BY HIS HONOUR THE LIEUTENANT-GOVERNOR
OF ONTARIO

His Honour the Lieutenant-Governor of Ontario, the Hon. H. A. Bruce, M.D., F.R.C.S., in an address delivered to the Canadian Club of Hamilton, on April 28th, 1933, stated that:

“At present Ontario spends annually \$4,000,000.00 to maintain hospitals for the insane and the number of insane increases annually in Ontario so rapidly that every 20 months a new mental hospital has to be built for the accommodation of the increase, at a capital cost of \$2,000,000.00 and at an annual maintenance charge of \$300,000.00. . . At the present rate of increase in mental defectives, we shall within 25 years be spending \$8,000,000.00 annually in this province for their maintenance, and we shall have twice as many institutions as we have now devoted to their care. . .

“The remedy, the recourse which can save us from the horrors incidental to a continued spread of deficiency, is sterilization for individuals contemplating marriage when there exists the taint of insanity, mental deficiency or epilepsy in the family history. Such individuals should be subjected to thorough psychiatric examinations and sterilization advised if the dangers for their progeny seem great. . .

"I have said on a previous occasion, and I shall always be of the opinion, that moral and religious sense necessarily revolt against the destruction of human life at any stage. But sterilization contemplates no destruction of life. On the contrary, sterilization means the ennoblement of life by damming up the foul streams of degeneracy and demoralization which are pouring pollution into the nation's life blood. No reasonable man would countenance a diphtheria carrier going about communicating disease to many of those with whom he comes in contact. Yet the disease the diphtheria carrier transmits is curable and is incidental only to the immediate period of a few weeks during which it runs its course. But the infection transmitted by mental defectives is incurable. Its victims are the unborn generations. Its potency for misery and for suffering is great beyond all powers of description.

"Sterilization of the unfit is not open to objection on the ground that it comprehends race suicide. On the contrary, it is the antithesis of race suicide; for what could be more suicidal, what more destructive to any race than to permit degeneracy to increase at its present rate?"

THE QUESTIONS AT ISSUE

The questions at issue are as follows:

- I. Is sterilization of sufficient value to be adopted as a routine measure in selected cases of mental deficiency and recurrent insanity, so that a large number of such cases may be properly released from institutional care?
- II. Is sterilization of any practical value as a eugenic measure for the betterment of the race?"¹

NATURE'S PLAN

"The policy of eugenic sterilization is to prevent the propagation of the unfit. . . Nature in her own scheme made ample provision to secure the elimination of the unfit by natural laws, but these modern civilization has effectively nullified without enforcing an efficient substitute."

DR. F. A. GILL, *Medical Superintendent of Calderstones Institution for Mental Defectives, Whalley.*²

THE INDIVIDUAL AND THE STATE

Professor A. Leyland Robinson, M.D., (London), F.R.C.S. (England), F.C.O.G., in the *Journal of Obstetrics and Gynaecology of the British Empire*, February, 1933, states that an operation can be truly therapeutic only if it fulfils the one ethical obligation demanded of all forms of medical treatment, namely, that it is carried out in the interests of the patient alone. . .

"Eugenic treatment is directed primarily towards the welfare of the community, and the eugenicist believes the rights of the individual to be secondary to those of the State; the exponents of eugenic principles justify the employment of their methods by the plea of racial necessity, but they have got to define the medical and sociological aspects of this necessity and to furnish scientific evidence to show that these problems are amenable to eugenic treatment. . . It has been shown that whereas feeble-minded persons form only about 0.3 per cent. of the population the number of normal carriers of feeble-mindedness amounts to no less than 7.5 per cent."

THE CASE FOR STERILIZATION

"The case for sterilization is not quite so simple as is assumed by many who speak and write about it. Strongly-worded utterances by distinguished

members of the clerical and medical profession, by luminaries of the magisterial and judicial bench, by social and political propagandists, frequently reveal an imperfect appreciation of the very incomplete justification of the policy that is, as yet, available from the scientific point of view. In many of these utterances may be detected a tendency to regard the case for sterilization as fully proved, and a consequent impatience with the hesitation of legislators to give it effect.

“Dr. E. O. Lewis, of the Board of Control of Lunacy and Mental Deficiency, who carried out the special inquiries made in six districts of different types for the Wood Committee on Mental Deficiency, made a further contribution to this subject when he asserted as a result of his investigation that the majority of defectives in the community are coming from a restricted group of families, and that this group includes in its numbers a much larger proportion of insane, epileptics, criminals, paupers, unemployed, prostitutes, inebriates, than does the rest of the community. They constitute indeed what he called a ‘sub-normal’ or ‘social problem’ group which he thought may be about one-tenth of the whole population, and of whom defectives probably numbered about one-tenth. Lidbetter suggests that this group preserves its general characteristics from generation to generation, and does not often by intermarriage vitiate good stocks. . . . In California . . . in spite of the wide range of persons included, in 21 years only 6,787 had been sterilized, and of these less than 1,400 were defectives—an average of about 70 per annum. It is only necessary to mention this figure to make it obvious that no substantial contribution to the reduction of the dimensions of the mental defective problem is going to be effected in this way.”

HENRY HERD, M.B., EDIN., D.P.H.
School Medical Officer,
Manchester Education Committee³

THE EUGENIC POSITION

"The Eugenics Society advocates the voluntary sterilization, under proper safeguards, of mental defectives, mental convalescents, and persons who suffer from gross mental and physical defects that are proved to be transmissible."⁴

G. The study of eugenics began with Dalton 50 years ago. He coined the word and gave the definition: "Eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally."

EUGENICAL STERILIZATION

2. On February 21st, 1929, a letter signed by a number of leading physicians, by three bishops, and by many other distinguished persons, was published in the London *Daily Mail*. This letter was re-published in *The Bulletin* of the Canadian National Committee for Mental Hygiene for March, 1929.

Sir,—

"*Resolution.*—'With a view to the reduction of the numbers of mentally afflicted, unfit, and diseased persons, an inquiry should be held into the best method of dealing with mental deficiency and incurably diseased persons, including a special inquiry into the possibility and advisability of legalizing sterilization, under proper safeguards, and in certain cases.'

"This resolution has been already sent in to the Ministry of Health by the Grand Council of the National Citizens' Union.

"It is for this that we, the undersigned, are asking.

"Civilized countries are becoming alarmed—legislation authorizing sterilization, under certain cir-

cumstances, has been passed by twenty-three of the United States of America, Denmark, Norway, Sweden, Czecho-Slovakia, Alberta (Canada), New Zealand, and the Canton de Vaud (Switzerland). The need for an inquiry is particularly pressing in England; as, largely owing to state intervention, thousands of diseased and mentally deficient babies are being kept alive.

"It is notorious that many of the soundest families are, for economical reasons, restricting the birth rate, while we are spending millions on rearing children who will be a curse to their families and a burden to the state.

"It is recognized that mental deficient are incurable, that they are more fertile than normal people, and that their children are nearly always mentally unsound.

"It is hardly credible, but the authorities sometimes allow the marriage of mental deficient, and the Board of Control cites eight such cases last year. The New Zealand government inquiry computes the cost of such families to the state in that country at from £5,000 to £16,000 each.

"It has recently been stated that each child brought up in a special school here costs from £800 to £1,000, and that, when they leave, girls often reappear with a baby within the year. The cost in crime, prostitution, and disease cannot be measured.

"Segregation as a remedy is failing, principally owing to the increasing numbers of mental deficient and the enormous cost. The Prime Minister of Alberta gave this as his reason for introducing the Sterilization Act.

"New Zealand has been holding an inquiry on the whole subject, and has drafted a carefully safeguarded Bill authorizing sterilization in certain cases. By this, marriage with a registered mental deficient is forbidden, and living with a registered woman an indictable offence.

“California reports that 72 per cent. of the boys and 65 per cent. of the girls treated have led a ‘satisfactory’ life afterwards, and are either self-supporting or supported by their families.

“Joseph Meyer, a Roman Catholic priest of the University of Freiburg, writes in the March number of the *Journal of Social Hygiene*, that in the opinion of the leading Roman Catholic theologians eugenic sterilization is a principle to be approved in certain cases.

“We believe that public opinion, and pre-eminently the opinion of the women of the country is strongly in favour of an inquiry.”

IMMORALITY AND VENEREAL DISEASE

Eighteen or twenty years ago the fear that sterilized persons in the community might become centres of immorality, and of the transmission of venereal disease, was more prevalent than at the present day. Dr. Walter E. Fernald of Waverley, Massachusetts, expressed this fear, as stated in the Ontario Report on the Feeble-Minded for 1916. The reference is as follows:

“Dr. Fernald does not consider [sterilization] either advisable or possible in the present state of public opinion. He would not be in favour of it at all unless under very exceptional circumstances, and narrated two instances known to himself personally which had convinced him and convinced many others that greater evils might be caused by it than the evils it was intended to avoid.”

BRITISH DEPARTMENTAL COMMITTEE

This subject is dealt with as follows in the Report of the Brock Committee:

“It has been suggested to us by some witnesses

that there is a danger that the sterilization of defectives, particularly of the younger mentally defective women, may result in increased promiscuity and consequently in the spreading of venereal diseases. We have been at great pains to endeavour to ascertain whether, in those American States in which sterilization has mainly been practised, there is any evidence that any such consequences have ensued. So far as we have been able to ascertain there is no evidence that this has happened, but the fact that no untoward results appear to have followed so far from sterilization is, in itself, no proof that the apprehensions to which we have referred are ill-founded. It has been urged by some witnesses that in dealing with the class in respect of which the danger is likely to be greatest, fear of pregnancy does not operate as a deterrent. Whether this be true or not, it does not follow that the danger of promiscuity is imaginary, and we desire to record with all possible emphasis that the discharge of sterilized defectives, particularly of women, may have most unfortunate social results, unless the greatest care is taken to ensure that they receive the constant and vigilant supervision which their mental condition requires. It would be in the highest degree unwise, indeed it might be disastrous, to assume that sterilization will in any way lessen, still less that it will obviate, the need for supervision and after-care."

GROUNDS FOR SANCTIONING STERILIZATION

"Recognizing, as we do, the gravity of the issue involved, we come now to the question whether there are adequate grounds for sanctioning sterilization in the case of defectives and the mentally disordered. We think there are. Though there may be no certain prognosis in any particular case, we know enough to be sure that inheritance plays an important part in the causation of mental defects and disorders.

We know also that mentally defective and mentally disordered parents are, as a class, unable to discharge their social and economic liabilities or create an environment favourable to the upbringing of children, and there is reason to believe that sterilization would in some cases be welcomed by the patients themselves. This knowledge is in our view sufficient, and more than sufficient, to justify allowing and even encouraging mentally defective and mentally disordered patients to adopt the only certain method of preventing procreation. In this view, as in all our recommendations, we are unanimous, and we record it with a full sense of our responsibility. We believe that few who approached the question with an open mind and listened week by week to the evidence we have heard could have failed to be struck by the overwhelming preponderance of evidence in favour of some measure of sterilization. Among sixty witnesses representing many different points of view there may be, as the evidence showed, much difference of opinion as to the results which would be attained by sterilization and its usefulness as a measure of social hygiene; but it is a striking fact that out of this large number, including psychiatrists, biologists, leaders of the medical profession, representatives of local authorities and social workers, only three witnesses were definitely opposed to it in principle.”⁵

¹*British Medical Journal*, July 5, 1930, p. 26.

²*Lancet*, June 21, 1930, p. 1380.

³*Lancet*, Sept. 30, 1933, p. 783, *et seq.*

⁴*British Medical Journal*, Dec. 9, 1933, p. 1057.

⁵Report of the Departmental Committee on Sterilization, London: H. M. Stationery Office, 1934. Price 2s. 0d.

CHAPTER IV

OPERATIONS FOR STERILIZATION

"We have ideals, which mean much, and they are realizable, which means more."—SIR WILLIAM OSLER.

MANY people who speak for or against sterilization have but little idea of what the term really means. It is not a scientific term and is not used by surgeons and physicians except as a concession to popular usage. The word has come to be used very often by people who have only a vague idea of what it really means.

The sterilizing operation is intended to make it impossible for the person operated on to have children, or to put it more correctly, to take part in the procreation of children, or to become a parent.

The body of each member of the human race is developed from a cell made by the union of two single cells. One cell comes from the man, the father, and the other from the woman, the mother. The first-mentioned is the sperm-cell and the other the ovum, sometimes called the egg-cell. Both cells are wonderful beyond all description alike in their structure and their powers. Each is almost infinitesimally small.

The sperm-cell is long, almost twice as long as it is broad, and one-third as thick as it is long. The length is about 1/55,000 of an inch. It has remarkable powers of movement. It can move quite freely in a fluid because it is provided with a tail, and this

tail has the power of movement and acts like the oar of a boat, thus enabling the sperm-cell or spermatozoon to move. Sperm-cells are developed in an organ called the *testis*. There are two of these organs, placed in the *scrotum*, which acts as a pouch to hold them. Inside this pouch, where the sperm-cells are developed, there is a fluid called the semen, and it is in this fluid that the sperm-cells float and move. Attached to each testis is a tiny duct or tube, and if procreation is to take place, the sperm-cells, floating and moving in the semen, must move along this duct or tube, called the *vas deferens*. Then they pass through two other ducts, until at last they reach the tip of the penis, the organ which places the sperm-cells where they will meet the ovum-cells. The sperm-cell when it touches the ovum-cell has the wonderful power of entering it, or penetrating it, and uniting with it, becoming a part of it and forming one fertilized cell which has the power to grow. When this happens and growth progresses normally, it means the birth of a new life. All the powers of development of the body of a new individual are within these two tiny cells and when they unite, development and growth takes place with a speed and wonder that has no parallel, and at the end of a few months a perfect human body is prepared within the uterus in the body of the mother. Then birth brings the new person into the world.

It is plain that a child cannot be developed unless the sperm-cell is developed in the testis, carried safely down the ducts or tubes and, finally, touches an ovum-cell inside a woman's body and forms with it one fertilized cell which has the power of growth.

There are, therefore, two ways in which sterilization can be effected. Either the surgeon can remove the two testes—this is called castration—or he can prevent the sperm-cell from getting through the duct. Castration is seldom performed in modern times. It is agreed that it is wrong and cruel. The removal of these organs makes a difference to the feelings and powers of the person operated on. He does not feel the same. He has lost something that is a real part of himself, and in a very real sense he is less of a man than before. No one approves of this operation. No one advises it. No one does it. . . .

VASECTOMY

It is different with the second plan. All these organs—testes, ducts, &c.—are, it will be remembered, superficially placed. The tube or vas deferens which carries the semen and the sperm-cells from the testis to the other ducts, is easily reached. The modern operation which goes by the name of sterilization, but which a doctor calls vasectomy, a term which means cutting out a part of the duct, is just that and nothing else. A short piece of the duct, about half an inch, is removed. The necessary stitches are put in and the small wound, which is only about one inch long, is closed. Healing, in these Listerian days, takes place quickly and completely. There is no pain to speak of. A local anaesthetic is often given. Sometimes a general anaesthetic is given. The man stays in bed from one to three days, and goes back within three or four days more to his work. He feels just the same. There is no

perceptible difference in his physical well-being or in his sex-life. But he cannot have children, because the sperm-cells are stopped at the place in the duct where the section was made and the piece cut out.

SALPINGECTOMY

In the case of a woman, the aim of the operation of sterilization is the same—to make it impossible for her to have children.

The ovum-cell or egg-cell is larger than the sperm-cell. It measures about $1/120$ of an inch. It is also a different shape from the sperm-cell, being oval. It has little or no power in itself of movement or mobility. It is developed in the ovary. There are two ovaries, one on each side, and there are two ducts, one leading from each ovary, where the ovum cells are developed, to the uterus in which the child develops. In this duct or tube, or in the uterus, the ovum-cell meets the sperm-cell, becomes united with the sperm-cell or fertilized, becoming one cell with the sperm-cell. After this the miracle of growth takes place during the nine months between this conception, as the union of the two cells is often called, and the miracle of birth.

Sterilization of a woman means, therefore, either an operation on the ducts above mentioned or an operation for the removal of the ovaries, which latter, except for urgent medical reasons, is an unwise and unnecessary procedure. It alters the feelings, often the health, often the disposition of the woman operated on. No one does this operation if it is possible to avoid it.

The other plan is to cut out or remove about half

an inch or more of each of the two little ducts, one on each side, which carry the ovum-cell down to the uterus. It is a much more difficult procedure than the vasectomy already described in the case of a man because these two ducts or tubes are inside the body of the woman, and the operation is therefore a major abdominal operation and all the care and skill necessary for an abdominal operation must be given. A general anaesthetic is necessary. The patient stays in the hospital for about two weeks, and it may be some months before she is quite well and strong again. This operation is called salpingectomy, a word which means cutting out part of the oviduct or salpinx or Fallopian tube, the duct which carries the ovum-cells. Salpinx is a Greek word meaning tube or duct. After the operation, there is no perceptible difference in the patient's health, or in her sex life. But she cannot have children.

Other sterilizing operations have been suggested and tried but they have not proved satisfactory.

HORMONES

The recent discovery of hormones may prove to be a help in this matter. The word hormone is derived from a Greek word meaning messenger. Dr. J. B. Collip of McGill University and others have taught us much about hormones. The ovary and many other glands of the body produce hormones and these hormones have a remarkable effect on various glands, apparently stimulating them and enabling them to do their work; and there is some experimental work to support the idea that perhaps the hypodermic injection of hormones of the ovary

in the case of a woman or hormones of the testis in the case of a man, might render the individual sterile for a certain time. This remains to be proved. Of course the hypodermic injection would need to be repeated at stated intervals.

OPERATION FOR CURE OR RELIEF OF MALIGNANT DISEASE

If a woman suffering, for example, from cancer of the ovary or some adjacent organ comes to a doctor for relief and cure, if possible, it may be necessary in order to relieve or cure the patient that the ovaries should be removed by operation. This does not concern the present discussion and no one would think of interfering with the rights of the patient or the duty of the surgeon in such a case.

CHAPTER V

LEGISLATION

“Man with his burning soul
Has but an hour of breath
To build a ship of truth
In which his soul may sail—
Sail on the sea of death
For death takes toll
Of beauty, courage, youth
Of all but truth. . .”

JOHN MASEFIELD.

“Human progress is release from conventional notions and courageous application in their place of the fundamental laws of righteousness and love.”

SIR GEORGE ADAM SMITH.

LEGISLATION

LEGISLATION must govern the type of operation to be allowed. No cruel or dangerous surgical operation is performed, or proposed or countenanced or at all approved of by most modern advocates of sterilization. The operation is intended for the advantage of the patient. Hence it is called therapeutic, which means healing or curing. It is also called eugenic which means that it is intended for the betterment of the human race.

SAFEGUARDS

Legislation passed in certain of the states of the American Union and in two provinces of Canada provides, as far as possible, for safeguarding the

operation so that its therapeutic and eugenic character may be carefully preserved and strictly adhered to.

Thus, in most of these Acts, it is provided

(1) That the operation is to be considered for inmates of the hospitals for those suffering from mental illness or mental defect and for them alone.

(2) Such illness or defect must be incurable and unimprovable, according to expert medical advice, taken and recorded under proper conditions.

(3) Expert medical advice must also be obtained as to whether, having regard to the history, heredity, and conduct of any inmate recommended for the operation, the operation is justified, advisable, safe and effective.

(4) This opinion, so obtained, must be favourably passed on by a Board appointed for the purpose. This Board is usually provided for in the Act and often consists of the superintendent of the institution, a representative of the board of management, and two surgical or medical experts.

(5) Provided with this opinion, thus approved by the Special Board, the superintendent of the institution may petition the governing board of the institution to approve of the performance of the operation for the inmate in question. Thirty days' notice of this petition containing a sworn statement by the superintendent of the reasons therefor must be given to the inmate and to his parents, or next of kin, and guardian or guardians.

(6) The governing board must ensure that the operation is to be performed by a physician licensed according to law. Removal of organs from the body or any other similar procedure should be forbidden by the Act.

(7) The governing board, having considered all the above, together with the evidence submitted, may, if so satisfied, decide that the operation will be

in the interests of the inmate and of the community, and order accordingly that it be performed.

(8) Within thirty days of the date of this order of the governing board, an appeal may be made, if desired, by the inmate, or the parents, guardians, next of kin or other representative of the inmate to the appropriate Court of Justice, usually the Supreme Court having jurisdiction.

Some Acts provide that counsel, in case of need or poverty, is to be appointed by the Court to represent the interests of the inmate in question before the Court.

Other safeguards appear in Acts passed for this purpose from time to time, and also in the Recommendations of the British Departmental Committee, 1934.

Clauses in some Acts refer to the amount to be allowed for fees to surgeons and consultants. These vary from \$3.00 or \$4.00 for consultations for each case considered, to \$5.00 to \$10.00 per day or "a reasonable fee". For the operation, the fee varies from \$20.00 to \$30.00 according to circumstances.

Certain Acts, as in Indiana, Nevada, New Jersey, New York, and other states of the American Union, have been repealed, or have been disallowed as unconstitutional by the State Supreme Court or the Supreme Court of the United States. This has led in some cases to the amendment and re-enactment of the law, after the unconstitutional or objectionable clauses had been modified or omitted. Certain Acts have also been repealed in order to facilitate the enactment of an Act more in accordance with justice and public opinion.

CALIFORNIA

The Human Betterment Foundation of California suggests that a separate law might be passed empowering hospitals supported at public expense to accept suitable cases for sterilization operations.

LORD RIDDELL'S OPINION

Lord Riddell, in an address before the Medico-Legal Society on April 25th, 1929, pointed out the enormous cost to the nation of "a section of the population obviously of the worst type". "Unless we are careful," he said, "we shall be eaten out of house and home by lunatics and mental deficientes." Lord Riddell gave figures to support his views, and added that

"The alternative seemed to him to be sterilization, though he admitted that this would not be a complete solution, nor do away with the necessity for a certain amount of segregation. It would, however, effectively prevent the defectives from reproducing their kind, as they were doing at present at the rate of some 2,500 a year. The Board of Control considered that sterilization would not materially diminish the immediate need for increased institutional accommodation; defectives would still require supervision.

"The truth was that the existing system was incoherent and illogical. On the one hand, the Board was demanding more and more institutions; on the other, its policy was to return as many lunatics and mental defectives as possible to the outside world. Year by year, with the best intentions, it provided opportunities for lunatics and defectives to breed more lunatics, defectives and criminals. But sterilization would enable the Board to carry

out its policy of parole, discharge, and license with more freedom and with greater safety to the community. The Royal Commission on the Feeble-minded in 1908 made no recommendation, one way or the other, as to sterilization, which was not surprising; but during the intervening twenty years much more information had been forthcoming. It was now universally admitted that mental defectives tended to breed mental defectives, and it had been proved that segregation was no safeguard against procreation. Moreover, sterilization methods since then had been revolutionized. Vasectomy and salpingectomy were not mentioned by the witnesses appearing before the Royal Commission, the methods suggested at that time being equivalent to castration. Again, economic forces, conditions of modern life, and the birth control campaign had changed the public view with regard to the procreation of children. Lord Riddell said that the measures now proposed were very moderate. Sterilization was to be with the consent of the person concerned, or, if he was under age or incapable of consent, with the consent of his parents or guardians. As the law stood, the sterilization operation was only permissible when performed for some adequate therapeutic reason, and though some might argue that lunacy or mental deficiency was a sufficient therapeutic reason, the authorities who controlled asylums and mental institutions were not likely to take the risk.

To the arguments against interference with individual freedom Lord Riddell replied that not only was the operation to be performed with consent, but that instead of restricting the liberty of lunatics about to be discharged or released on parole, it would increase such liberty by enabling them to assume marital relations without fear of producing undesirable offspring. In any case, individual liberty was constantly being restricted for the safety of the community—witness compulsory vaccination

and compulsory segregation in infectious disease. It was argued that sterilization would lead to promiscuity and the spread of venereal disease, but it was not proposed to turn the sterilized lunatics and defectives loose on the community; they would still be subject to a measure of supervision.

It was also said that sterilizing operations were dangerous, but in fact vasectomy, which was the usual method for men, was simple and called only for a local anaesthetic. Salpingectomy, the usual method for women, was a major operation, and, like any abdominal section, involved a certain amount of risk. Lord Riddell, however, quoted some figures from California, where sterilization had been in vogue since 1909, nearly 6,000 operations—3,232 on men and 2,588 on women—having been performed. Among these there had been only three deaths, two of them said to have been due to the administration of the anaesthetic. Vasectomy and salpingectomy did not deprive the patient of sexual functions, and it was proved that there was very little change in the sexual inclinations; the procedure only prevented the procreation of offspring. All that was asked was that, subject to proper consents, mental deficient, for their own benefit and that of the community, should undergo an operation which many intelligent people were anxious—as the speaker thought, illegally and improperly—to undergo as a birth control measure. . . . The time had come when the whole subject required careful consideration and statesmanlike attention.”¹

THE LEGAL ASPECT OF STERILIZATION

“A recent episode at the Old-street police-court may some day be hailed as the first tentative step towards the sterilization of mental defectives by magisterial direction. A young man having been charged with drunkenness and assault, Dr. Williams, a member of the medical staff of the London County

Council, stated that he had examined him and was prepared to make an order concerning him under the Mental Deficiency Act, 1913. The London County Council, he said, was prepared to place the young man in an institution. Upon request being made on behalf of the relatives that the accused should be allowed to remain at large, Mr. Clarke Hall, the police-court magistrate, answered that, if set at liberty, the young man might propagate other mental defectives. A brother gave the court an assurance that the accused would not marry. Even so, rejoined the magistrate, he might have children. At this point the representative of the relatives is reported to have asked the brother if he was prepared to have the accused 'medically treated'—'medical treatment' apparently meaning sterilization. The brother is reported to have answered in the affirmative, Dr. Williams observing that 'it would be rather a new process in this country.' After an adjournment the relatives were still anxious that the defendant should remain at liberty, but his mother was not prepared to agree to the suggested operation. The magistrate therefore made an order for his detention in an institution; 'I do not want,' said Mr. Clarke Hall, 'to turn out this mental defective of low grade to produce other mental defectives.' Upon this incident a learned contemporary, the *Solicitors' Journal*, makes the comment that the suggested operation would be entirely illegal. 'A doctor who performed this operation on a person mentally incapable of giving assent would, at the very least, be guilty of a serious assault or unlawful wounding.' ”²

THE SUPREME COURT OF THE UNITED STATES

In 1927 Eugenic Sterilization was brought before the Supreme Court of the United States in a test case regarding the law on this subject enacted

by the State of Virginia. The Virginia law was declared by the Supreme Court to be constitutional, the judgment being given by Justice Holmes.

NATURAL AND CONSTITUTIONAL RIGHTS

The following pronouncement is given by the Supreme Court of the State of Oklahoma in *re Main*, decided Feb. 14, 1933.

“The phrase, ‘without due process of law’ is not without import in this connection. Therefore, assuming that the right to beget children is a natural and constitutional right, yet this right cannot be extended beyond the common welfare. Under the police power of the state and acting for the public good, the state may impose reasonable restrictions upon the natural and constitutional rights of its citizens. This statutory provision for sterilization of feeble-minded inmates of public institutions constitutes a reasonable restriction upon such natural and constitutional rights of such person.”³

AUSTRIA

Three Austrian physicians were brought before the Supreme Court in Austria charged with having done “grave bodily injury” by performing operations for sterilization (vasoligation or vasectomy, i.e., the tying or cutting out part of the ducts which carry semen).

The Court held that the penal code precludes legal prosecution for the performance of sterilization, and the physicians were acquitted.”⁴

The Alberta Act is as follows:

1928

CHAPTER 37.

The Sexual Sterilization Act.

(Assented to March 21, 1928.)

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Alberta enacts as follows:

1. This Act may be cited as "*The Sexual Sterilization Act.*" Short title

2. In this Act, unless the context otherwise requires— Interpretation

(a) "Mental Hospital" shall mean a hospital within the meaning of *The Mental Diseases Act*; Mental hospitals

(b) "Minister" shall mean the Minister of Health. Minister

3.—(1) For the purpose of this Act, a Board is hereby created, which shall consist of the following four persons: Appointment of Board

Dr. E. Pope, Edmonton.

Dr. E. G. Mason, Calgary.

Dr. J. M. McEachran, Edmonton.

Mrs. Jean H. Field, Kinuso.

(2) The successors of the said members of the Board shall from time to time, be appointed by the Lieutenant-Governor in Council, but two of the said Board shall be medical practitioners nominated by the Senate of the University of Alberta and the Council of the College of Physicians respectively, and two shall be persons other

than medical practitioners, appointed by the Lieutenant-Governor in Council.

Examination
of inmate
of mental
hospital

4. When it is proposed to discharge any inmate of a mental hospital, the Medical Superintendent or other officer in charge thereof may cause such inmate to be examined by or in the presence of the board of examiners.

Surgical
operation

5. If upon such examination, the board is unanimously of opinion that the patient might safely be discharged if the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny were eliminated, the board may direct in writing such surgical operation for sexual sterilization of the inmate as may be specified in the written direction and shall appoint some competent surgeon to perform the operation.

Consent of
inmate or
relation
necessary

6. Such operation shall not be performed unless the inmate, if in the opinion of the board, he is capable of giving consent, has consented thereto, or where the board is of opinion that the inmate is not capable of giving such consent, the husband or wife of the inmate or the parent or guardian of the inmate if he is unmarried has consented thereto, or where the inmate has no husband, wife, parent or guardian resident in the Province, the Minister has consented thereto.

Exemption
from action

7. No surgeon duly directed to perform any such operation shall be liable to any civil action whatsoever by reason of the performance thereof.

8. This Act shall have effect only in so far as the legislative authority of the Province extends. ^{Scope of Act}

EDMONTON,
Printed by W. D. McLean, Acting King's Printer.

The British Columbia Act is as follows:

Certified correct as passed Third Reading on the 7th day of April, 1933.

C. K. COURTNEY, *Law Clerk.*

HON. PROVINCIAL SECRETARY.

BILL

No. 82.]

[1933.

An Act respecting Sexual Sterilization

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:—

1. This Act may be cited as the "Sexual Sterilization Act." ^{Short title}
2. In this Act, unless the context otherwise requires:— ^{Interpretation}

"Inmate" means a person who is a patient or in custody or under detention in an institution:

“Institution” means any public hospital for insane as defined in section 2 of the “Mental Hospitals Act,” the Industrial Home for Girls maintained under the “Industrial Home for Girls Act,” and the Industrial School maintained under the “Industrial School Act”:

“Superintendent,” in the case of a public hospital for insane, means the Medical Superintendent of that hospital, and, in the case of the Industrial Home for Girls or the Industrial School, means the Superintendent or other head thereof.

**Board of
Eugenics**

3. For the purposes of this Act, the Lieutenant-Governor in Council may from time to time appoint three persons, one of whom shall be a Judge of a Court of Record in the Province, one of whom shall be a psychiatrist, and one of whom shall be a person experienced in social-welfare work, who shall constitute a Board to be known as the “Board of Eugenics.”

**Recommendation
of
Superintendent
of institution**

4. (1.) Where it appears to the Superintendent of any institution within the scope of this Act that any inmate of that institution, if discharged therefrom without being subjected to an operation for sexual sterilization, would be likely to beget or bear children who by reason of inheritance would have a tendency to serious mental disease or mental deficiency, the Superintendent may submit to the Board of Eugenics a recommendation that a surgical operation be performed upon that inmate for sexual sterilization.

(2.) The recommendation of the Superintendent shall be in writing, and be accompanied by a statement setting forth the history of the inmate as shown in the records of the institution, so far as it bears upon the recommendation, and setting forth the reasons why sexual sterilization is recommended.

Particulars
accompanying
recommendation

(3.) The Superintendent may cause the inmate to be examined by or in the presence of the Board of Eugenics.

Examination
of inmate

5. (1.) If upon such examination of the inmate the Board of Eugenics is unanimously of opinion that procreation by the inmate would be likely to produce children who by reason of inheritance would have a tendency to serious mental disease or mental deficiency, the Board may by an order in writing signed by its members direct such surgical operation for sexual sterilization of the inmate as is set out in the order, and may appoint some legally qualified medical practitioner to perform the operation.

Power to
order surgical
operation

(2.) Nothing in this section or in any order made under it shall prevent the inmate, or any person acting on behalf of the inmate, from selecting and employing at the expense of the inmate a duly qualified medical practitioner to attend in consultation at or to perform the operation directed by the order of the Board of Eugenics.

6. The operation directed by the order of the Board of Eugenics in any case shall not be performed unless the inmate has consented thereto in writing, if in the

Consent of
inmate or
other person

opinion of the Board the inmate is capable of giving consent, or, if in the opinion of the Board the inmate is not capable of giving consent, unless the husband or wife of the inmate or, in case the inmate is unmarried, the parent or guardian of the inmate has consented thereto in writing, or, in case the inmate has no husband, wife, parent, or guardian resident in the Province, the Provincial Secretary has consented thereto in writing.

Protection
from action

7. A legally qualified medical practitioner appointed by the Board of Eugenics to perform any surgical operation on an inmate duly directed by order of the Board pursuant to this Act shall not be liable to any civil action whatsoever by reason of the performance thereof, except in the case of negligence in the performance of the operation.

Expenses of
members of
Board of
Eugenics

8. (1.) The members of the Board of Eugenics shall not receive any compensation for their services, but they shall be paid the amount of the travelling and other personal expenses necessarily incurred by them in the discharge of their official duties.

Remuneration
of physician

(2.) Every legally qualified medical practitioner appointed by the Board of Eugenics who performs an operation on any inmate as directed by the Board shall be paid his proper fees therefor.

Appropriation

(3.) All expenses and fees payable under this section in respect of any inmate shall be paid out of the moneys appropriated for the purposes of the institution in which that inmate is a patient or is in custody or under detention.

9. This Act shall have effect only in so far as the legislative authority of the Province extends. Legislative authority

10. This Act shall come into operation on the first day of July, 1933. Commencement

VICTORIA, B.C.

Printed by Charles F. Banfield,
Printer to the King's Most Excellent Majesty.
1933.

THE BROAD PRINCIPLE

"The case of legalizing sterilization rests upon the broad principle that no person, unless conscience bids, ought to be forced to choose between the alternative of complete abstinence from sexual activity or of risking bringing into the world children whose disabilities will make them a burden to themselves and society . . . but we are unanimous in the conviction that it is both anti-social and inequitable that persons who have good reason to fear that they may transmit to their offspring grave physical disabilities should be left without any remedy except the harassing uncertainty of contraceptive devices. That the right to sterilization should be carefully safeguarded we readily admit, and the nature of the safeguards desirable is discussed in a later portion of the Report. Recognition of the need for carefully studied safeguards does not lessen our strong conviction that sterilization ought to be regarded as a right and not as a punishment."⁵

¹*British Medical Journal*, May 4, 1929, p. 811.

²*Lancet*, May 11, 1929, p. 988.

³*U.S. Public Health Reports*, May 26, 1933.

⁴*Journal of the American Medical Association*, 1933.

⁵Report of Departmental Committee on Sterilization, London, 1934.

CHAPTER VI

RESULTS OF STERILIZATION

“He who would valiant be
'Gainst all disaster,
Let him in constancy
Follow the Master.”

JOHN BUNYAN.

“When human beings are young, their first impulse is to cure what they see is injured, to mend what they recognize as broken. In later life they ask who broke the damaged article and what caused the injury; and the deeper thought which follows age and experience produces the further resolve to prevent the injury taking place, and so to order affairs that the damage, which costs so much to repair, should not occur.”

DAME HENRIETTA BARNETT.

STATISTICS

THE United States of America is almost the only country where statistics are available as to the effects of sterilization, and although more than 12,000 persons have undergone the operation for this purpose, the reports of the results are few. Popenoe, quoted by Landman, reports for the *Human Betterment Foundation of California* the results in 36 men who were mental patients. In 31 of these the report was favourable. The same authority reports the results in 65 men, not patients, who were of average intelligence. They had asked for the operation for reasons of their own. These reasons were chiefly of a “birth-control” character. Of the total number, 18 thought that their health, physical

or mental, had improved; the remaining 47 reported that it had not changed.

The reports as to the results of the operation in women who had been inmates of mental hospitals are as follows: "Out of 105 patients, 60 reported no change and upwards of 35 reported an improvement."

Fifty-three per cent. of the cases of sterilization reported in the United States were performed in California.

In four mental hospitals in California where 1,138 operations had been performed up to Jan. 1, 1927, it is reported that 30 per cent. of the men and 60 per cent. of the women were discharged and were trying to live outside the institution. In six mental hospitals in California including the four above-mentioned mental hospitals, there were about 1,000 sterilized persons, still residing in these institutions."

Another report by the same authority (p. 227) records a study of 930 men and women inmates of California mental hospitals upon whom the operation had been performed. Of the men 67 per cent. were still in the mental hospitals, two years after the operation had been performed, and of the women 79 per cent. were still in these hospitals two years after the operation had been performed.

The results in 605 inmates of Sonoma State Home for the Feeble-minded, California, who had undergone the operation are reported by Popenoe. Thirty-four per cent. of the men and twenty-eight per cent. of the women were still in the institution.

Forty-two per cent. of the men and forty-four per

cent. of the women are reported as "successfully re-adjusted to society." It is also reported that the average length of time which had been spent on parole by the subjects of this study is 20 months.

LATER STATISTICS

Statistics for the United States up to January 1st, 1933, are given in the British Departmental Committee's Report as follows: Total number of sterilizations performed 16,066. All these patients with the exception of 300 were in institutions at the time when the operation was performed; some had entered for that purpose.

A FAVOURABLE VIEW

L. A favourable view of sterilization of the unfit as carried out in California is presented by C. B. S. Hodson, F.R.S., in *Time and Tide*, London, England, for August 3, 1929. He says:

"The sterilization law, which has been working for fifteen years, affects only two classes of morbidity (both mental), namely, mental disease and mental deficiency. This law lays upon the directors of the institutions dealing with these two classes of persons the responsibility of not recommending the release of any likely to become parents even when their condition would otherwise warrant release. They are empowered to recommend the usual sterilization operation in the institution hospital at the state charge, after which a patient may be sent out on parole. Such operations have to be referred for final sanction to the Director of Institutions for the State and the Director of Public Health. In the Californian state law sterilization would appear to

be compulsory, but from the first it has, wisely, been carried out only when the individual patient consented, together with his relations (in the case of mental defectives the sanction of the relatives only being required).

“Sterilization does not stand alone. Those responsible for administration have clearly realized that its scope covers no more and no less than the safeguarding of the future, and that for the problems of the moment recourse must be had to other measures. Thus in regard to mental defectives no attempt is made to send out into the community—whether to their own homes or to selected employment—persons who have not sufficiently benefited by institutional care and training to be likely to make a happy readjustment in relatively unprotected conditions. Further, the individual candidate is placed in the charge of a trained social worker who forms part of the institution staff, whose duty it is to investigate the home conditions, or conditions of employment, and then to watch over the patient for a period covering two years. During this time the patient is ‘paroled’, and if he does not make good in the community he is recalled to the institution.

“Under this system there appear to have been the minimum of cases, either male or female, giving way to promiscuous impulses. Inquiries in the police courts and amongst the probation officers showed that they are wholly satisfied with the present system and feel that sterilization renders their task in the community easier. In other words, safeguarding by this method of supervision, with possible recall, eliminates those foci of immorality which are so feared as a consequence of sterilization legislation; indeed California has several cases of mental defectives trained in the excellent institutions of the eastern states (often looked to by England as models for our own work), who have migrated to California and turned up there with one or more offspring.

“One very interesting feature of the way in which things are working in California is the attitude towards sterilization of the patients in institutions. The patients are taught the simple fact that parenthood is undesirable for them (a) because they would not be capable of supporting offspring, and as good citizens they would not be willing to burden the state with their children; (b) there is a certain likelihood that the trouble from which they have suffered themselves would be transmitted, if not to their children, to their more remote descendants. Thus they regard abstention from parenthood as a duty, in which they as good citizens acquiesce. The fact that they are eligible for sterilization makes patent to themselves and to their little world that they are once more to have the chance of, at least partially, earning their living.

“Once in work, under the friendly care of the social worker, many girls (fewer men) find a chance of marriage and, with the full acquiescence of the other party to non-parenthood, they have at least this consolation for their further life. The stabilizing effect of the married state needs no emphasis.

“To those who have knowledge of mental defectives in this country—either of those unsafeguarded, married and making their miserable homes, with miserable children, at very considerable expense to the community; or of those in institutions who, if safeguarded as to procreation, might have a freer life—this solution appears much saner and much more compatible with individual liberty than anything we are doing at home to-day.

“In regard to the insane, the question is, of course, much easier. It is only when a patient is at least temporarily cured and may leave the mental hospital that the question of sterilization arises. Such recovered patients are to all intents and purposes normal persons, and capable of judging for themselves of the advantage of accepting the state oper-

ation. To them, both the advantage and the eugenic necessity for preventing further procreation are made clear, and the attitude is in general one of thankful acquiescence. . . .

"In the case of mental patients in California the same system of after-care is pursued as in that of the mental defectives. Trained workers see that the patient returns to as good conditions as can be secured, and is carefully watched under parole until complete readjustment has been made. . . .

"The humane view regarding mental deficiency is clearly in evidence in the improvement in training methods and special schools, growing year by year; and again in the establishment of child guidance councils, and the regular psychological examination of young delinquents; while public interest in philanthropic work adds yearly more financial and personal help to voluntary social agencies.

"One final point: California has taken sterilization quite definitely into the region of preventive medicine by disallowing it in connection with crime and penal institutions. It is a state charge undertaken for the health and well-being of posterity in the widest sense. Criminals as such are debarred from participation. When a prisoner is discovered to be either insane or mentally defective his status changes from prisoner to patient, and he is transferred to the appropriate institution.

"That the work has grown slowly is all to the good, since it has prevented haphazard treatment or mistakes. The total records for all Californian institutions are even to-day not much above 6,000—fairly equally distributed amongst males and females—of the two categories eligible.

"Any just ideal of citizenship must include protection of posterity from known degenerative tendencies."

The following conclusions are stated by Landman in his book on *Human Sterilization*; p. 229 *et seq.*¹

IMMORALITY

“The California experience has not tended to increase the amount of promiscuity in the community or favoured the spread of venereal disease among women.”

REDUCTION OF COST

“ . . . The human sterilization advocates, by permitting the discharge of the mental defectives from institutions, contend that human sterilization would reduce the cost of their maintenance to the community. This is a statistical problem, but unfortunately we are without the statistics necessary to make a comparison between the cost of their institutional care and the damages they may cost society, were they at large. Certainly, the institutional cost of maintaining the mentally diseased and mentally deficient is an enormous financial burden on the states. It is to be remembered, however, that human sterilization, *per se*, merely prevents propagation. It will not make defectives more stable or more efficient, necessarily. It may not lessen their social incapacities.”

INCREASE IN COST

“ . . . In the event of an extensive programme of human sterilization, large numbers of men and women, who are now leading fairly happy lives in well-conducted institutions, where they have the friendship of their fellow dependents, and where they are working at some gainful occupation, would again be asked to shift for themselves in a rather misunderstanding world. They would be overwhelmed by it and they would be soon drifting into vice, crime and destitution. Their cost to the community would be considerable and it would be spread among the penitentiaries, jails, homes of correction, hospitals and poorhouses.”

NEW PROBLEMS

“ . . . Human sterilization is not by any means the solution of the problem of the feeble-minded and the mentally diseased. Instead, it creates new problems. Remove the fear of pregnancy and you invite an increase in the amount of promiscuous sexual intercourse, and with that you accelerate the spread of the venereal diseases. Their consciousness of inferiority frequently makes them unhappy in the outside world filled with their very many superiors. Though they may complain of their confinement in the institutions, they are much happier relatively in the society of their own kind in the institutions.

A MENACE

“Apart from the question of community cost for which society receives no benefits, it would be threatened by an army of mental and physical incompetents. Those mental defectives, who have or have acquired in institutions social stability and social adjustment, may well be paroled, and even discharged in rare cases, without being sterilized. They do not constitute a social menace. The sterilization of the mental defectives does not materially alter their social stability or instability. How about the many mental and physical incompetents at large who, though sterilized, would continue to menace society by practising rape, prostitution and a variety of other crimes!”

SEGREGATION

“Segregation would do all that sterilization would do in preventing the propagation of these social unfit and misfits but in addition would remove the many dangers to society which would arise from their freedom. It is on the whole more conducive to their happiness and is less costly by and large

than would be their discharge from care which sterilization would entail. Sterilizing these few that are stable and well conducted, whom institutional training has helped, is practical and wise, but not wholesale sterilization and release. But then, if such persons can be discharged, why sterilize them? The fact of the matter is, also, that many of the mental incompetents that are sterilized and paroled or discharged, are returned to the institutions. They need institutional care, anyhow."

HEREDITY—IMMORALITY—DISEASE

An Editorial by Dr. C. B. Farrar, Superintendent of the Toronto Psychiatric Hospital, on "Sterilization and Mental Hygiene", appearing in the *Canadian Public Health Journal* for February, 1931, states, in part, as follows:

"Preventive medicine comprises the methods of removing pathogenic agents and raising the health standards, physical and mental, of the individual and the race. Sterilization to prevent certain types of feeble-minded individuals from reproducing their kind is one of the means to that end. Tredgold, a traditional opponent of sterilization, in an address before the London Conference on Mental Welfare in December, 1930, gave his impression that not more than five per cent. of mental defectives were the offspring of defective parents. Against this startling and undocumented statement may be quoted a careful study of 348 cases of feeble-mindedness from the Ontario Hospital at Orillia. In 33.6 per cent. of these cases one or both parents were mentally deficient. That this figure is too low is indicated by the fact that in a further 32.4 per cent. data were insufficient to establish etiology. R. A. Fisher estimates that about 11 per cent. of the feeble-minded of any generation in the community at large are the offspring of feeble-minded parents.

"Tredgold echoes the popular fear that sterilization encourages sex promiscuity. Another commonly expressed fear is that it would increase the incidence of venereal disease. Both of these notions are *a priori* assumptions independent of experience. The records of the Human Betterment Foundation in California indicate that these fears have not been realized in that state where legalized sterilization of certain types of feeble-mindedness and insanity has been widely practised for the past twenty years. 'Of a group of mentally deficient girls, 75 per cent. had been sex offenders prior to commitment. After sterilization and parole, only 8 per cent. were sexually delinquent, and these, being under strict supervision, were more easily controlled. The policy, therefore, results not only in a decrease of promiscuity, but in a corresponding decrease in opportunities for the spread of venereal disease.'

"Sterilization is not a panacea. It is one of the available means for racial improvement."

NUMBER OF MENTAL DEFECTIVES

Authorities differ as to the probable effect of sterilization on the number of mental defectives. Representatives of the Eugenics Society state, in part, as follows:²

"The Eugenics Society disagree with you and with Dr. Gill whom you quote with approval as saying, 'If every certifiable mental defective had been sterilized twenty or thirty years ago it would have made little appreciable difference to the number of defectives existing to-day.' One of us has shown* that even on the most unfavourable genetic and social assumptions with regard to defectiveness, the incidence of mental defect would be reduced by as

*Fisher, R. A., "The Elimination of Mental Defect," *Eugenics Review*, Vol. 15, p. 114.

much as 17 per cent. in one generation if all defectives in that generation were prevented from having children. We would further point out that Dr. Gill's conclusion is one of profound pessimism. According to the report of the Joint Mental Deficiency Committee, the apparent incidence of mental defectives has nearly doubled in the last twenty years. If the prevention of defectives from having children, by sterilization, is useless, so also must be the prevention of their having children by other measures, such as segregation and prohibition of marriage. All measures, in fact, are useless on this assumption, and pending the detection and sterilization of the 'carrier' we are confronted with the prospect of a continual acceleration of whatever increase has really been taking place.

"In conclusion, we would like to emphasize a feature of our memorandum to which you have drawn attention in your summary. Our proposals have been carefully devised to harmonize with the recommendation of the Mental Deficiency Committee, and to assist rather than to impede the creation of ampler institutional accommodation for mental defectives.

We are, etc., etc.,

C. P. Blacker,
R. A. Fisher, F.R.S.,
R. A. Gibbons,
R. Langdon-Down,
J. A. Ryle."

July 15th, 1930.

PROPORTION OF DEFECTIVES IN THE POPULATION

There seems, however, to be general agreement that the proportion of defectives in the population is increasing. The British Departmental Committee state as follows:

“It is beyond doubt that the proportion of defectives alive to-day is larger than it was a generation ago.”

CONCLUDING NOTES

It is evident that legislation, if and when proposed in any province of Canada, in regard to the sterilization of the mentally defective and mentally diseased, in order to have that strong support of public opinion which alone can make it useful and effective, must follow a course which shall commend itself to the good judgment of the large majority of our citizens. The element of compulsion should not enter into this legislation.

The safeguards found in the Alberta Act and the British Columbia Act have so commended themselves, on the whole.

As to the number of mental defectives and others who should not become parents, no theoretical or conjectural objection to the prevention of such parenthood by reasonable and considerate plans will be acceptable or influential.

Canadian records dated January, 1934, show that in one family, eight children were born to a mentally defective father and mother from 1912 to 1930. The oldest girl, born in 1912, is mentally defective, four others are in an institution for the feeble-minded, one is on the waiting list and the two youngest children are probably also mentally defective. This family have been supported by ten social agencies. The father is “incapable of holding a job.” The same records show another family, related to the first, with a mentally defective father and

mother—"Home conditions hopelessly bad." There were nine children, three of whom died of neglect. The six surviving children were born between 1919 and 1932. One child has been admitted to an institution for the feeble-minded and three others are on the waiting list. The two youngest children are probably mentally defective.

The following medical opinion appears in the Report on the Feeble-Minded in Ontario for 1913:

"I know of a very bad state of affairs in the country about five miles from here. I thought I would write to you to see if something cannot be done. The facts are as follows: A married woman who is herself none too wise has an illegitimate daughter, aged about 28 years, who is feeble-minded, and is the mother of two illegitimate children."

Three generations of feeble-minded! By this time there may well be four!

Segregation in institutions where the feeble-minded are made useful, happy and contented is another plan which will always be necessary for a large number of cases.

Supervision in the community is also a good plan and may be developed in an economical and reasonable way. The first step is to secure a complete confidential register of feeble-minded individuals and families. With the information available from Children's Aid Societies, Auxiliary and Special Classes, Charitable Societies, Social Workers and others such a register could be begun at once, and probably the best centre for registration and supervision would be the Municipal and Provincial Departments of Health, in close co-operation. This

confidential register, making such information available and useful, is of urgent immediate importance as well as of permanent importance. The success of segregation, supervision and any other preventive measures depends on such a complete and confidential register.

In suitable cases and under proper safeguards, it seems that we should consider whether sterilization in addition to segregation and supervision might not help to lessen the terrible burden of feeble-mindedness. The parents of the seventeen children above referred to were surely not fit for parenthood.

Legislation of this character can succeed only if it is well-considered and moderate.

THE BURDEN

There is a burden of human misery that we could do something to relieve. There is a dead weight of unfitness for community and family life which costs us much in money and more in national prosperity and happiness. Can we expect the defective among us, who have least capacity for self-control, to rule one of the strongest urges of life? Birth control, even if approved, is not a remedy, for such persons cannot exercise the care, continuity, intelligence and judgment demanded. . . .

The British Departmental Committee's Report says that it is unjust to refuse to such persons "who have good grounds for believing they may transmit mental defect or disorder and who are in every way unfitted for parenthood the only effective

means of escaping from a burden which they have every reason to dread.

“Without some measure of sterilization these unhappy people will continue to bring into the world unwanted children, many of whom will be doomed from birth to misery and defect. We can see neither logic nor justice in denying these people what is in effect a therapeutic measure.”

ILLEGITIMACY

The total number of births in Canada in 1931 was 240,473. Of these 8,365, or over 3 per cent, were illegitimate. Among mentally defective mothers this rate is much higher.

Statistics given in the Report of the British Departmental Committee show that out of 3,247 mentally defective women known to local authorities to have had children 66 per cent. were unmarried.

OPERATIONS

Sterilization operations should as a rule be performed in general hospitals. There are obvious objections to such operations taking place in mental hospitals or institutions for the care of the feeble-minded.

NUMBER

The number of persons who would be eligible for the operation would probably not be large. It is generally thought that about two-thirds of all defectives can live in the community, with more or less supervision. At the present time it is probable that about five-sixths of all defectives are living in the

community, but many of these are not, for their own sakes, or for the sake of others, capable of community life.

The question of sterilization arises in the case of inmates who are in institutions, but are thought fit to be placed in the community under some form of supervision. This number is probably not very large.

COST

Where the patient is unable to bear the cost a just arrangement as to providing and defraying the cost of operations should also form a part of the legislation. This arrangement should be made as equitable as possible, having regard to the responsibilities and duties of hospital authorities, public and municipal authorities and medical practitioners.

LEGAL PROTECTION

Some protection for medical practitioners against vexatious legal proceedings is a necessary part of any legislation on sterilization. Such legal direction and protection is provided for in present laws in regard to the protection of patients suffering from mental illness and their medical advisers.

THE NATIONAL OUTLOOK

Canadians should be made aware of some disturbing facts in the National Outlook. Teachers in our Elementary Schools are confronted at times with evidence of a low moral tone among their pupils, and in not a few instances the original cause of the

mischievous is found to be a mentally defective pupil. Parents in the community are horrified not only at the doings of irresponsible youth, but at the temptations and surrenders to wrong-doing among young married people.

Moral questions—and this question of the help and care of the defective is above all a moral question—call for our most earnest thought and our best endeavour.

¹Landman: *Human Sterilization*, p. 229 *et seq.*

²*British Medical Journal*, July 26, 1930, 159 *et seq.*

PART II
BIRTH CONTROL?

CHAPTER VII

GENERAL CONSIDERATIONS

"Take care of the children and the country will take care of itself."

H.R.H. THE DUKE OF YORK,
Wellington, N.Z., March 8, 1927.

"Unless the Lord built it, the house for the children,
Unless He be with me my labour's in vain,
He has thought it, and planned it, the fold for the children,
Where the lambs are folded without fear or stain.
I fight the holy fight for the children, the children,
The sons of God, glorious sit down at my board.
Though foes hem us in, shall I fear for the children
Fighting the strong fight in the name of the Lord?"

KATHERINE TYNAN

"The Archbishop of Canterbury said that it was no use going to the young folk in an attitude of superiority or patronage. We must be at the side of the young people and see life as they saw it. He believed that the youth of the present generation was a finer material than the youth of any other generation of which he had any knowledge in the history of this country. There was their frankness, sincerity, and straightforwardness; so little of pretence and the playing of a part. They were extraordinarily hopeful and courageous in their outlook upon life. Many of them were, to a degree he thought hitherto unknown, extraordinarily open in mind and full of keen interest in all that concerned, not themselves only, but their country and the world. He knew full well their obvious faults; their lack of self-control, their excessive self-confidence, their belief that they had a divine right to live their own life in their own way, whatever it might be.

"He knew there were allurements and ensnaring enticements which beset them. They could not dismiss from their minds the kind of entertainment to which youth was very naturally attracted; it was cheap and amusing and exciting, and something with which they could not compete. Very often it was, if not degrading, at least unhealthily stimulating to one particular instinct—sex—and it often meant a most un-

wholesome excitement of life. They could not forget the effect on youth of certain types of the cheap Press in which all subjects, human and divine, were treated with a levity and superficiality without which they would have little circulation. Nor could they forget that youth was confused and perplexed by the shaking of many of the standards of right and wrong which used to be regarded as fixed and steady.

"Extraordinary freedom was now allowed to both sexes. He knew full well its dangers; it was inconceivable they should not cause many a shipwreck of that which ought to be the most precious possession. But what was far more amazing to him was that, with all that freedom, there should be so much astonishing self-restraint and so many evidences, where perhaps they might least expect it, that deep down there was some standard to which they resolved to be loyal."

The Times Educational Supplement, Oct. 10, 1933.

GENERAL CONSIDERATIONS

THOSE who marry but voluntarily refuse parenthood are robbing themselves of their greatest joy, and are failing to serve the highest interests of their country and their generation. No gift that we can receive or give is as great as the gift of a child.

BIRTH CONTROL

The practice of Birth Control must have existed for thousands of years. Petrie discovered a prescription for a contraceptive in an Egyptian papyrus dating about 1850 B.C. Of late years the subject has been openly discussed.

Birth control, as now generally understood, refers chiefly to the making available, to those to whom it is thought such knowledge should be given in consideration of their own interests and the interests of the community, the knowledge of chemical and

other means for preventing conception and thus limiting the size of families.

It should here be stated that there is no certain means known to prevent conception if sexual intercourse occurs. What may be successful in one patient is unsuccessful in another. The popular idea to the contrary is without any real foundation.

The world depression of the last four years has given impetus to the study of this subject. It has become an economic question. There are in all countries, speaking generally, large and increasing families who are living on a bare subsistence allowance provided by their fellow-citizens. Food and clothing sufficient for two or three children and their parents is sadly insufficient for a family of ten or twelve. There is something wrong, but it is by no means certain that birth control is the remedy. The objections to birth control are great, deep-seated and complex. These objections should be realized and understood.

As an eminent Canadian physician asks: "What are we going to say to our young people?" We cannot escape this question. One of our difficulties is the increase in the number of abortions.

A communication of great importance, dealing with almost every aspect of birth control is a British Medical Association lecture on "The Medical Profession and Birth Control," by James Young, D.S.O., M.D., F.R.C.S.(Ed.), F.C.O.G., President, Edinburgh Obstetrical Society; Gynaecologist, Royal Infirmary; Physician, Royal Maternity and Simpson Memorial Hospital, Edinburgh. Dr. Young states, in part, as follows:

"It is generally recognized that intentional restriction of fertility has played a large part in producing the decline in the birth rate which constitutes one of the most significant of the population problems of western civilized communities. Thus in England and Wales the birth rate has fallen between 1876 and 1930 from 36.3 to 16.3 and, in Scotland, from 35.6 to 19.5 per 1,000 of population."¹

Dr. Young refers to "the irresponsible manner in which this propaganda on each side has too often been carried out. On the one hand, it has been urged that birth control is a sin against both the spirit and the flesh, and that, unless strenuously opposed in every shape and form, it is calculated to destroy the foundations of our civilization. On the other hand, it has been claimed that the salvation of the race—moral, physical, and economic—is to be sought for in a universal extension of voluntary birth restriction. . . ."

"Unless birth control itself be consciously studied and regulated it may well run away with the situation and lead to a state of affairs just as difficult in its way as the opposite condition from which it has rescued us. Birth control, in fact, must be envisaged as a major sociological factor, and must be studied in relation to the world's population trends and economic changes. It is no longer either possible or right, as it was in the early days of the movement, to envisage it in isolation and to press for its extension in any and every circumstance."²

ARE BIRTH CONTROL METHODS ENTIRELY RELIABLE?

Attention is again called to the statement in the Final Report of the Departmental Committee on Maternal Mortality and Morbidity, already quoted in Chapter II:

"It should, however, be recognized that there are no entirely reliable appliances for the prevention of

pregnancy, and that it is often impracticable for women in working-class homes to use approved methods in a satisfactory and effective way. Therefore, when the avoidance of pregnancy is essential on medical grounds, the question of sterilization should be considered."

CONTRACEPTIVES

Mr. Cecil I. B. Voge, B.Sc., Ph.D., F.R.S.E., of the London School of Hygiene and Tropical Medicine, has for some years carried on research work on contraception.

Dr. Voge paid a brief visit to Canada on January 23rd and 24th, 1934, and stated in conversation that six hundred contraceptives have now been listed. He has established a Museum of Contraceptive Materials at the London School of Hygiene and Tropical Medicine, and is now considering, along with other scientific authorities and medical authorities, further researches into contraceptive methods. Dr. Voge says in reference to the standardization of contraceptives:

"Several firms have formed themselves into a group, with the following objects in view: (1) To maintain a certain standard of purity and excellence in manufacture. (2) To focus attention upon such methods as are likely to meet with general success, and to see that they are (a) harmless to the user, (b) easy to apply, and (c) reasonable in cost. (3) To study the question of packing and deterioration and the issuing of seemly literature and advertising.

"This group is the direct result of the museum which I have recently formed in the Department of Public Health of the London School of Hygiene and Tropical Medicine, where the many aspects of this difficult and many-sided subject are dealt with. . . .

I submit that this is a most important step, which will not only help to remove the stigmas which have so long existed, but may well aid contraception to become a worthy branch of preventive medicine."³

ORGANIZATIONS

A number of birth control committees and associations have been organized in different countries. In Great Britain the Birth Control Investigation Committee, which is a scientific body, was incorporated in 1931 with the National Birth Control Association. There are two other societies in Great Britain, The Birth Control Information Centre and the Society for the Provision of Birth Control Clinics. In Canada, there is the Birth Control Society of Hamilton, which reports 478 new patients in 1933 and a total of 728 patients since the founding of the Birth Control Clinic in 1932. There is a Birth Control Society in Toronto and also a Birth Control Clinic in Toronto, which reports a large number of patients in attendance.

In Winnipeg a Birth Control Society was organized on January 20th, 1934.

In the United States there are many birth control organizations. The National Committee on Maternal Health, New York, has done a great deal of important work on birth control and related subjects.

MEDICAL INDICATIONS FOR BIRTH CONTROL

This subject is dealt with by Dr. Young. He says:

"It is recognized that where, on account of such conditions as heart or kidney disease, tuberculosis,

etc., pregnancy would prejudice life, the medical attendant must represent to the patient the need for the avoidance of the pregnant state. . . .

“. . . . Now it is quite clearly established from the statistical studies of the birth control clinics that ordinary contraceptive methods, even when carried out according to the regime prescribed, are liable to failure in a ratio varying from 5 to 9 per cent. Further, it is found that a very large number of the women, varying in different clinics from 40 to 90

IT is regretted that on page 92, which deals with the various Organizations concerned with Birth Control, no reference is made to the Society for Constructive Birth Control and Racial Progress. This pioneer Society was founded, together with the first scientific Birth Control Clinic, in 1921 by Dr. Marie Stopes, who also founded, in 1922, the associated Medical Research Committee and Museum. The Society for Constructive Birth Control and Racial Progress initiated post-graduate medical teaching in the technique of contraception.

“. . . There are, it is true, many cases in which the general condition of the patient is hardly of such gravity as to warrant the enforcement of sterilization but where, nevertheless, the avoidance of pregnancy is desirable. Into this category fall those numerous cases in which frequent pregnancies have begun to undermine the system, the cases, namely, in which experience has taught us that any subsequent gestation may aggravate the danger to the woman's constitution and render her an ailing mother ill

equipped for her manifold duties. For all such cases, as for those with grave medical disease in whom sterilization is refused or is unprocurable, birth control should be recommended on the understanding that in the event of pregnancy occurring it may require to be terminated prematurely if the health of the mother renders this necessary."⁴

REPORT OF THE SOCIETY FOR THE PROVISION OF BIRTH
CONTROL CLINICS

Here is an authoritative discussion of the Report of the Society for the Provision of Birth Control Clinics:⁵

"There is a preface by Professor Julian Huxley dealing generally with the 'birth control movement'. It is difficult to understand his points: they seem exaggerated and contradictory. Perspective seems to have been lost. For the 'relief of suffering and misery', for the 'prevention of destitution and degradation', it is possible that there are matters of more moment than birth control. If 'ignorance, superstition, timidity, and poverty' are the chief factors responsible, would it not be preferable to try and remove them, perhaps by methods even more effective than birth control?

"In the present state of our knowledge research is required more than excitement. At any rate, from a perusal of these publications it is clear that there are great gaps in our knowledge, that dogmatism is unjustified, that the perfect contraceptive method has still to be discovered, that some methods at present employed are definitely harmful and others have yet to be proved harmless, and that all the available statistics are highly unsatisfactory, and many of them entirely unreliable. It may be added that the ethical and social effects of a widespread use of contraception are by no means certain. Even an enthusiast like Dr. C. P. Blacker has to conclude his contribution thus:

'It is necessary to discover a method that is wholly dependable, harmless, fool-proof, and aesthetically unobjectionable. But the popularization of such a method will not be free from grave racial dangers. It will be for the moralist and eugenicist of the future to guide us past these dangers. Every practical advance in the application of "negative eugenics", i.e., the limitation of the fertility of the ill-endowed, must be accompanied by a fresh emphasis on the necessity of "positive eugenics", the encouraging of the reproduction of the healthy and fit. Every advance in our knowledge of genetic processes is accompanied by dangers. The dangers that will accompany the popularization of the method of contraception are not to be minimized'."

BIRTH CONTROL CLINICS FOR THE POOR

"One of the most significant developments of the birth control movement within recent years is to be found in the establishment of birth control clinics in the poorer quarters of our large towns. They owe their inception to a desire to extend to the lower social grades opportunities for family control which are enjoyed by those more fortunately situated and to whom such advantages are more readily accessible. The clinic embodies the hope that by such means a social instrument is created for the alleviation of the misery and ill-health and degradation that attend on the overcrowding and the poverty of the slum dwellers. The system constitutes a social experiment of much interest and value, and it comprises centres of great importance for a study of the problem inherent in birth control and for the instruction of students and doctors in its procedures. Already they have proved their great service in several of these directions. . . .

". . . . The clinics are, for the most part, staffed by women doctors, who are considered to be more suitable than men for this class of work. Advice is

restricted to married women, and before the treatment is begun an investigation of the pelvic organs is carried out for the purpose of detecting any disease which may require attention. When such is present the patient is referred to the proper quarter so that it can be dealt with. The women are expected to contribute a small charge for the appliances, but necessitous cases receive them free. After receiving instruction in the proper employment of the appliance the woman is directed to return to the clinic at intervals for purposes of supervision. The centres affiliated with the Society for the Provision of Birth Control Clinics have altogether given advice to over 30,000 women during a period of ten years (1921-31). There are sixteen such centres, and the majority have been established since 1925. The Walworth Clinic in the East End of London, founded in 1921, during ten years has alone given advice to 14,527 women.

“... There can be no doubt that this organization, through the clinics which it has established in the poor quarters of our large industrial towns, and which are steadily increasing in numbers, is exercising an influence that must be profound. There can, further, be no doubt that in individual cases the clinics perform a beneficent social service, and by leading to a limitation in families where the size is already in excess of the means of livelihood or of the accommodation available, they are contributing in a material way towards the amelioration of an acute social problem.”⁶

A BIRTH CONTROL CLINIC

“In the annual report for 1931-2 of the Society for the Provision of Birth Control Clinics will be found a report of the medical officers to the Walworth Women's Welfare Centre, which is almost a model for its kind. It is succinct, moderate, and

clear in its statements, as well as discriminating and definitely informative in its conclusions. The patients at this centre are, for the most part, of the poorest class. They 'include the slum-dwellers already overburdened with poverty and ill-health. . . Many of the women are suffering from the appalling conditions in which they live; they are badly nourished, worried, and depressed.'

"The medical officers agree that the ideal contraceptive has not yet been discovered, and that any method may have its failures; but they claim that the methods they use produce neither physical injury nor sterility. There seems, indeed, to be no real evidence that sterility is caused by the practice of contraception, but it is perhaps too early to be certain, or dogmatic, with regard to this. There are two points in the report to which attention may specially be drawn. One is the statement that attempts at abortion, sometimes successful, are found to be extremely common and may have a widespread influence on maternal mortality and morbidity. The other is the fact that one young wife came to the centre because she had borne two microcephalic idiots, and another woman because she had already conceived four children during the times when her husband was on leave from a mental institution."

ABORTION

It is well known that the number of abortions is increasing in all civilized countries. The Vital Statistics Division of the Dominion Bureau of Statistics has shown that in Canada abortion is one cause of maternal mortality. Those who advocate birth control express the opinion that abortion would be lessened if birth control methods were generally available.

"A further argument of supreme importance in the possession of advocates of a wider diffusion of knowledge on birth control is that the prevention of unwanted pregnancies would necessarily reduce the number of criminal abortions. It is matter of common knowledge that the domestic measures—purgation, toxic pills, douching, etc.—by which women so often attempt to interrupt an undesired pregnancy frequently fail in their action, and that this is on many occasions followed by recourse to abortionists. Apart from the large sacrifice of foetal life involved, abortion is a considerable cause of maternal mortality. . . .

". . . It is thus evident that the problem of abortion is a very grave one in modern communities, and it must always be remembered that, in addition to the death rate, there is a large amount of chronic invalidity directly springing from it. . . There can, I think, be no doubt that, of the two alternative procedures, the prevention of unwanted pregnancies by means of a rational birth control is much to be preferred, alike on medical as on general grounds. At the same time it must be noted that in any community the measure in which birth control is adopted has no necessary bearing on the relative frequency of abortion. It is generally recognized that in Holland intentional birth restriction is practised more generally than in England and Wales, and yet a comparison of the records of the two countries demonstrates that, during the five-year period 1925-9, the average maternal mortality from abortion (excluding sepsis) in the former has been nearly twice as great as that in the latter country (22 against 12 per 100,000 live births)."⁸

¹*British Medical Journal*, Feb. 11, 1933.

²*Op. cit.*

³*British Medical Journal*, Jan. 28, 1933, p. 165.

⁴*British Medical Journal*, Feb. 11, 1933.

⁵*British Medical Journal*, April 30, 1932, p. 808.

⁶*British Medical Journal*, Feb. 11, 1933.

⁷*British Medical Journal*, Feb. 4, 1933, p. 198.

⁸*British Medical Journal*, Feb. 11, 1933, p. 215.

CHAPTER VIII

POPULAR OPINION

"We take up the task Eternal
And the burden and the lesson,
Pioneers, O Pioneers.
We must bear the brunt of battle
All the rest on us depend
Pioneers, O Pioneers."

WALT WHITMAN

"If a man wants to live well and have a home he must put living and home-making first in his thoughts. The man who puts money first neither lives well nor can have a home. He sacrifices everything to the getting of money, and loses everything that money was meant to get for him. . . .

". . . Those of the pioneers who got neither riches nor poverty did the best for themselves and their children. They were the home-builders, and if people set their hearts on homes instead of on dollars they could build homes to-day. That was the lesson of the pioneers. And it is a lesson that the New World must learn over again unless it is to go the way of the old world."

PETER MCARTHUR—*Friendly Acres.*

PUBLIC DISCUSSION

IN Canada, discussion of birth control in the public press occurred in 1932 or earlier. The Birth Control Society of Toronto issued a pamphlet in June, 1932, in which it is stated that the Society stands for the

"fundamental right of every married woman to know all about birth control. It believes in family regulation by preventing conception, and not in interfering once this has taken place. It emphasizes parental responsibility to children, especially in regard to their numbers."

On June 6th, 1932, a public meeting was held in Winnipeg to discuss "Family Limitation and Family Welfare." Dr. H. M. Speechly presided and about 200 persons were present.

The following resolution was passed unanimously:

"Be it resolved that this meeting is heartily in favour of public recognition of the social advantages of birth control, and advocates the establishment of clinics and other methods for the diffusion of scientific and reliable information in furtherance thereof."

The United Farm Women of Alberta, in their Annual Convention held at Calgary on January 21st, 1933, passed the following resolution:

"Resolved—

"For those married women who desire information on family limitation, and for those for whose health and welfare it is deemed advisable that the Department of Health be petitioned to establish clinics, these clinics to be under medical supervision."

A mass meeting of the "Labour Women of Greater Winnipeg" was held in the Civic Auditorium, Winnipeg, on March 3rd, 1933, to discuss birth control. Among the speakers was Dr. F. W. Jackson, Deputy Minister of Health for Manitoba, who is reported in the *Winnipeg Free Press* of March 4th, 1933, as stating, in part:

"The medical profession are over 50 per cent. of the opinion that organized and professional information should be disseminated . . . the obstetrical group which stood to lose the most by the introduction of birth control were strongly in favour of the movement. . . .

"In the larger sphere of public health and in our social scheme, there is a definite place for contraception."

Dr. Jackson cited three reasons: the right of the individual, of the woman in this case, who should decide whether she is willing to undertake the bringing up of a family; for economic reasons, and in this way three parties should be considered, the state, the parents and the family. In 1932, 9 per cent. of the birth rate in Manitoba took place in homes on relief.

Dr. Jackson, who spoke as a medical man with some twenty years of experience, when asked the opinion of the health department, said departments respond to the demands of the people.

A resolution passed unanimously was to be presented to the Minister of Health and to the Winnipeg public health authorities asking for recognition of the desirability of making available medical information on methods of birth control to all people who need it.

The Catholic Women's League of Canada has repeatedly expressed unalterable opposition to birth control clinics, and a resolution to this effect has been passed by the branches of the League, including the Toronto Archdiocesan Division at their Annual Meeting at Rosary Hall, Toronto, on April 23rd, 1933.

The resolution, copies of which were sent to the Minister of Health for Ontario and the Department of Health of Toronto, reads as follows:

"In view of recent agitation to establish birth control clinics, we, the Catholic Women's League of the Archdiocese of Toronto, go on record as being unalterably opposed to any action, legislative or otherwise, which would propagate evils subversive of the Christian principles touching individual

rights, the sacredness of marriage and the integrity of family as enunciated by his Holiness Pius XI. in his Encyclical on 'Christian Marriage', and that the League, through its various subdivisions, undertake a counter campaign of distribution of copies of the above-mentioned Encyclical."

Birth control has recently been brought before the National and Local Councils of Women and some local branches of the Women's Institutes of Ontario. A press despatch of June 27th, 1930, reports a resolution passed by the Women's Institutes of West Kent, recommending "that the governments be petitioned to take . . . steps by way of legislation to legalize birth control under proper conditions."

The Most Reverend Archbishop McNeil of Toronto, commenting on this press despatch, expresses "disappointment that those good women of West Kent turned from an obvious remedy for the criminal tendencies of young people, namely, the influence of public Christian education, and turned instead to the very unobvious remedy supposed to lie in birth control," and quotes Rev. Dr. John Cooper, of the Catholic University of Washington, as follows:

"The church in taking her adamant stand on birth control does so in no spirit of sternness or harshness. She realizes keenly the problems that beset many a married couple. She is defending no minor detail of human relationship or of ecclesiastical policy. She is defending the higher sanctity of the home and the deepest interests and welfare of the individual, of the family and of society. She is standing in far-visioned defence of the whole vast realm of human chastity."

DIFFERENT POINTS OF VIEW

Under the title of "Some Thoughts on Birth Control," an article by Tina M. Blaikie, M.B., Ch.B., appears in *National Health* for 1924. It is noteworthy for the different points of view examined, especially the point of view of the poor.

In part, the article reads as follows:

"Birth control can be regarded from various points of view.

"(1) *The Mother's*. She it is who faces the risk and toil and pain of child-birth; who makes the chief sacrifices, and bears the heaviest burdens of the rapidly-expanding family. Therefore, she should regulate the number and frequency of births. Most women admit that the best number of offspring is the largest number which does not unduly exhaust the mother's strength, and incapacitate her from living a human life with varied interests and opportunities of all-round development; that number which increases the joys of home life, and does not reduce the mother's life to an unending struggle against greater and greater odds.

"(2) *The Child's*. A child has a right to its mother's best care. Where there is no intelligent control of births, very rapid child-bearing often results, for, as Professor J. Arthur Thomson says, 'Even great restraint and great conjugal temperance may soon be followed by too many babies.' The offspring then suffer (1) from insufficient nourishment in *utero*, (2) from poor and insufficient maternal milk, (3) from insufficient care and 'nurture' in its widest sense—food, clothing, education, etc., during the early years of childhood. Especially is this true of families near the poverty line, in overcrowded, unhealthy surroundings, where food and sunshine and fresh air are scarce.'

“(3) *The Father's*. Children should be a source of joy and pride to a father. Instead, where they increase too rapidly, they often make real home-life impossible. A wife whose health and strength are impaired by rapid child-bearing, and whose energies are constantly engrossed by work for her children, cannot sustain the comradeship of early married days. In poor homes comfort declines rapidly as children increase, if wages are insufficient to procure necessities for all; health suffers in old and young; estrangement between husband and wife is apt to develop; the father too often despairs of any peace or comfort at home, so flings off to the public house, and thus the vicious circle of poverty is carried on. Wise birth control would make possible for many a father happy home life, and the attainment of that personal character which is enriched and developed by the joys and discipline of really living with one's children, and sharing their experiences.

“(4) *The Rate- and Tax-payer's*. The haphazard, irresponsible, excessive child-bearing of the relatively 'unfit' imposes an increasingly heavy burden on those who, through work and thrift, maintain a decent social level. Little wonder that the complaint is prevalent, 'Why should we be called upon to support large and increasing numbers of the thriftless and defective (both physically and mentally)? Rather let their numbers be restricted, so that we may do justice to our own children, and even with safety increase their number.'

“(5) *The Eugenist's*. Our race is being recruited more rapidly from the C3 class than from the physically and mentally 'fit'. This means disaster. It is only a question of time and mathematics. And the race deterioration is being hastened by the extensive interference with natural selection furnished by medical and welfare effort for the weak and tainted. Surely such persons as are mentally deficient, phys-

ically tainted, habitual criminals or drunkards should be prevented from propagating their kind. Where voluntary methods of conception control are rejected, the State should step in with segregation or sterilization. The eugenicist would also plead for education as to the intelligent use of contraceptives being made available for married people of every social class, so that births might be controlled where considerations of health or family well-being demanded it.

“Medical practitioners (and particularly women) should recognize that the wise use of contraceptives is an important measure of preventive medicine; it is for the responsible practitioner to give good advice both to the poor and ignorant and ‘unfit’, and to the well-to-do patient who may require to have a ‘eugenic conscience’ awakened before he or she realizes how tremendous is the responsibility of accepting or refusing parenthood.

“*The Poor's*. At present members of the middle and upper classes (so-called) have easy access to knowledge and advice on this important question of how to regulate the production of children; surely equal facilities should be available for the poor and ignorant, whose need is so urgent. And the machinery is already set up to carry on among that very slum population which we wish to elevate by systematic careful instruction, and wise guidance and help. Have we not Maternity and Child Welfare Centres? Surely here, if anywhere, doctors should go to the roots of evils, and not be content with patching up often very poor material, if their ideal of preventive medicine is to be realized. Surely it is both wise and right to prevent the beginnings of lives which, humanly speaking, will never have a chance of decent development. This is the knowledge which thousands of slum dwellers want today.

“It has been said that ‘the better classes are ex-

terminating themselves.' More truly it might be put—"the sentimental kindness and short-sighted legislation which encourages haphazard, irresponsible, excessive breeding in the lowest classes, is exterminating the better classes.' The logical conclusion surely is—speed up, through instruction and if necessary compulsory interference, all possible checks to this careless propagation of the unfit; and so materially ease the burden of the self-supporting class, who would not then be forced to restrict so vigorously their own families."

BIRTH CONTROL ADVICE

At the second annual meeting of the National Birth Control Association the Countess of Limerick stated that it was "the normal married woman, unwilling to go to chemists' shops but desiring skilled and reputable advice, who went to clinics."

Lady Denman, President of the Women's Institutes, maintained that "birth control advice should be part of the health system of the country."

The National Birth Control Association with which is incorporated the Birth Control Investigation Committee, held a medical conference at Caxton Hall, London, May 20th, 1932. A question was asked in the House of Commons, on April 26th, 1932, as to whether the sanction of the Minister of Health had been sought for Medical Officers of Health and their staffs to attend this Conference, and answer was made on behalf of the Minister of Health that he had under consideration an application from one local authority in respect of one of their Medical Officers.¹

¹*Lancet*, April 30, 1932, p. 961.

CHAPTER IX

SCIENTIFIC OPINION

"Everybody knows that even objects which are quite apparent escape our observation when we are not yet aware of them, whereas we notice them at once after having learned to observe them. That is why it is so difficult to make discoveries which afterwards seem so simple, one wonders as to the merits of having made them. What more easy to-day than to demonstrate the presence of glycogen in the liver. Yet Claude Bernard, who was undeniably a man of genius, only arrived at this after many years of research and by a series of repeated trials."

PROFESSOR HARVEY CUSHING.

TORONTO HEALTH BULLETIN

IN the *Health Bulletin* for August 1924, published by the Department of Public Health, Toronto, under the direction of Dr. Charles J. Hastings, there is an account of a meeting held at the close of the recent Conference of British scientists held in Toronto. This meeting was under the auspices of the British Eugenics Education Society of London, England. The principal speakers were: Professor McDougall, of Harvard University, formerly of Oxford University, Sir William Beveridge, a recognized authority on political economy, and Professor Fisher, of the Eugenics Education Society.

The speakers, after pointing out the pitiful optimism with which nations were speeding down the path that leads to race degeneracy, race deterioration and over-population, suggested two remedies only. One was selective immigration. The second

was intelligent birth control. Here, they pointed out, it would be almost impossible to overestimate the importance of prompt and intelligent action in this connection. They referred in the first place to the lamentable disregard of the problem of the reproduction of the mentally and physically unfit. Most nations were cited: our own amongst them.

Many years ago Herbert Spencer said:

“Fostering the good-for-nothing at the expense of the good is an extreme cruelty. It is a deliberate storing up of miseries for future generations. There is no greater curse on posterity than that of bequeathing them an increasing population of imbeciles.”

H. G. Wells, in referring to the problem of birth control, says:

“Upon every main issue of life there is this quarrel between the method of submission and the method of knowledge. More and more do men of science, and intelligent people generally, realize the hopelessness of pouring new wine into old bottles. The new civilization is saying to the old: ‘We cannot go on making power for you to spend upon international conflict. You must stop waving flags . . . you must organize the peace of the world. You must submit yourself to the federation of mankind. We cannot go on giving you health, freedom, enlargement, limitless wealth, if all our activities for you are to be swamped by an indeterminate torrent of progeny. We want fewer and better children, who can be reared up to their full possibilities in unencumbered homes. We cannot make the social life and the world peace we are determined to make, with the ill-bred, ill-trained swarms of inferior citizens that you inflict upon us’ . . . and therefore, at this crucial moment, it is an essential and funda-

mental question, whether procreation is still to be a superstitious and oft disastrous mystery, undertaken in fear and ignorance, reluctantly and under the sway of secret fears, or whether it is to become a deliberate creative act. The two civilizations join issue now. It is a conflict from which it is almost impossible to abstain. Our opinions, our ways of living, our social tolerances, our very slightest will, count in this crucial decision, between the old and the new."

STATISTICS

Dr. Louis J. Dublin, the well-known American statistician, in an article in the *Atlantic Monthly* some years ago, entitled "The Fallacious Propaganda for Birth Control" points out that in 1920 the native stock in urban areas was scarcely reproducing itself; that the birth-rate of native Americans in cities was among the lowest in the world; that the average number of American children born in cities is barely sufficient to maintain a stationary population. He thought that those responsible for birth control propaganda had not realized how widespread was the practice of contraception. He said:

"There is no other reasonable way to explain the rapid decline in the birth-rate in recent decades. Accurate figures are not at hand, but the most reliable indicate that the drop has been one-third in about twenty years. Yet certain persons seem to look upon birth control as a new force which need only be generally applied to solve most of our present-day troubles. They forget that in one form or another birth control has been practised for a long time and has had an increasing vogue in all civilized countries—and, what makes it more unfortunate, especially among those who need it least."

He points out that birth control "enables selfish people to escape their responsibility, ultimately to their own detriment and to the injury of the State. The State must insist on its perpetuation, and cannot condone or argue its own suicide. We may express our freedom as individuals only within the limitation that the continued existence of the State is assured."

Dr. Dublin also refers to the risks and dangers of contraception. The medical profession has issued warnings about this.

Finally, he says:

"What is the usual effect on the spiritual life of those who, through continued control, keep their families down to a miserly minimum? This is probably the most serious single consequence of the current fashion: that it robs those who indulge in it of the greatest of all blessings and the source of deepest inspiration—namely, a family to provide for and to live for. They sacrifice their birthright, the greatest influence in character development, for what usually turns out to be a mess of pottage."

BIRTH CONTROL IN THE UNITED STATES

THE FOUR MAJOR PROBLEMS OF GYNAECOLOGY

This was the subject of the Chairman's address at the 84th Annual Session of the American Medical Association, Section of Obstetrics & Gynaecology, at Milwaukee on June 15th, 1933, by Dr. Barton Cooke Hirst of Philadelphia. Dr. Hirst stated that these four problems were Cancer, Maternal Mortality, Sterility and Birth Control. He stated, in part, as follows:—

“Passing now to voluntary sterility or birth control, I approach a subject fraught with more momentous possible consequences to our country than any other confronting it. An undue limitation of fecundity has been one of the precursors to the extinction of a civilization or the subjugation of a people by a more virile and prolific race. The United States has already gone some distance on this road. The birth rate in 1909 was 18.9 per thousand, the lowest for any year since the establishment of the birth registration bureau in 1915, when it was 25.1 in ten states. In 1931 it was still lower, 18. An estimate of barren marriages in 1924 was 13 per cent.; in 1928, 17 per cent. There were 1,232,559 marriages in the United States in 1929; in 1931 only 1,060,554, a rate of 8.55 per thousand of population, the lowest ever reported in the United States. Although the population had increased by two millions and a half there were 172,005 fewer marriages. In the report of the President’s Research Committee on social trends it appears that the average size of the American family, 3.67 in 1900, 3.58 in 1920 and 3.57 in 1930, is steadily shrinking. In Philadelphia last year there were 10,000 fewer births than there were ten years ago. The birth rate in 1932 sank to 16 per thousand.”¹

BIRTH CONTROL IN HOLLAND

“We may direct attention to the experience of Holland, where, as is well known, birth control has for many years been widely practised by all social orders. The infantile mortality rate of that country is one of the lowest in Europe (51 per 1,000 as compared with 60 per 1,000 for England and Wales for 1930), whilst the high standards governing maternity as revealed in the low maternal death rate of that country received favourable notice in the recently published report of the Committee on Ma-

ternal Mortality and Morbidity of the Ministry of Health. Side by side with these figures it is instructive to note that the general death rate of Holland is the lowest (9.1 per 1,000 as compared with 11.4 per 1,000 for England and Wales for the year 1930), whilst the birth rate is one of the highest in Europe (23 for 1930 as compared with 16.3 for England and Wales). It has been stated that this relatively high birth rate is associated with, and is to some extent dependent upon a greater uniformity in the size of families in different social grades than obtains in this country. As an evidence of the relatively sound environment in which the children of Holland are reared it is significant to find that the average stature of the army recruits coming up for measurement at the age of 18 has been matter for favourable comment."²

¹*Journal of American Medical Association*, Sept. 16, 1933, p. 899.

²*British Medical Journal*, Feb. 11, 1933, p. 216.

CHAPTER X

MEDICAL OPINION

"There are those who tell us that escape from trouble is everything, without regard to the door from which escape is made. But really the door by which we escape from trouble is more important than the escape itself. There are many difficulties from which it is better not to escape than to choose the wrong exit."—*The Montreal Star*, Nov. 4, 1933.

"The men in choosing their life's partner should pause to consider whether the girl of their choice is likely to find, and to confer, happiness in the domestic vocation. No one can have everything, and if a woman looks on housework and the care of children as a bore she should have the common-sense and honesty to decline that life. She will find plenty of interest and usefulness in other vocations.

"There is another small class of woman who quite frankly do not want any duties. They would like all the joys and sweets of life without its obligations. Whether married or unmarried, they do not intend to 'work for their living'. They fail to realize that work and unselfish devotion to the common good are the conditions on which happiness may be realized."

DAME MARY SCHARLIEB, M.D.

MEDICAL OPINION

BIRTH CONTROL is a medical question. It is also a legal question, a social question, a religious question and above all an intimate and personal question. The medical profession cannot assume responsibility which is not properly theirs. The present law may need amendment, but this amendment must be made by our legislative bodies and all agree that such amendment, unless strongly supported by general public opinion, would be worse

than useless. Unless and until the present law is amended all good citizens must obey that law.

Signs are not wanting, however, of a change in public opinion. Matters relating to sex are discussed in private conversation, on the public platform and in the public press with a freedom which was unknown ten years ago and would have been thought distasteful and even wrong in the last generation. The changed place of women in the world is one cause of this freedom and another will be found in present economic conditions.

Besides, birth control is a subject which is not, even yet, properly understood, and public opinion needs much enlightenment. It would seem to be the duty of the medical profession to give this light on the subject and in this duty the present attitude of the churches and the legal profession will help us to succeed.

We are the servants of our own patients and of the State, and birth control is far-reaching and means much to the interests of the individuals and the State. It may mean everything, even life itself, to the one as to the other. What then can the medical profession say? What can we do?

Our position is well stated by Dr. Young:

“There may be some among us to whom the discussion of sex and contraception is so repellent that they would resist to the utmost the pressure of circumstances that are increasingly drawing the profession into the public arena. There may be some who strenuously oppose the movement because in it they find principles subversive of those ideals which in their view should actuate the life both of the individual and of the State. On the other hand,

there is now a large and growing body of medical opinion that such an undeviating opposition to intentional birth restriction under every shape and form is in the interests neither of the profession nor of the State. At the outset it has to be admitted by all that it is natural that those large sections of the community which adopt practices that depend for their success and their safety upon principles founded in anatomy and physiology should look to the profession with expert knowledge on these matters to guide them aright. It is clear that on this issue the profession is called upon to declare itself, and it is a matter for earnest thought how far it is justified in withholding its service from an ever-increasing body of Christian people who seek these services in all sincerity. Further, in so far as it is frequently compelled to prohibit pregnancy in the interests of the life and health of women suffering from disease, the profession is called upon to identify itself in an active manner with the principles of birth control.

“ . . . If we are to envisage the responsibilities of the medical profession in their true perspective we have at the outset to recognize that in birth control we are faced with a public health problem of considerable magnitude, embracing within its scope three circumstances gravely significant for the welfare of the State. There is, in the first place, the extent to which the community in its efforts at birth restriction, has adopted practices which are detrimental to the health of the nation. In the second place, there is the profoundly important question as to how far a solution to the increasing menace of abortion can be approached through the medium of an enlightened birth control. Thirdly, there falls to be considered the question as to how far by virtue of the selective propagation implied in a rational birth control the community can protect the health of its mothers and improve the physical condition of its members generally.”¹

These three questions, propounded by Dr. Young, have to be answered. The urgency of the need is shown by the present widespread use of birth control. It is said to be practised at present by 90 per cent. of married persons.

1. Have our patients done themselves harm by attempts at birth control?
2. Will birth control help to save us from the growing menace of abortion?
3. Will birth control protect the health of mothers and in the end improve the general health of the community?

To the first question we must answer "Yes". Without any advice or instruction, people use methods of birth control which are ineffective, clumsy, objectionable on various grounds, and even harmful. This applies even to the method of abstention from intercourse which is popularly supposed to be harmless.

Lord Dawson, one of the leaders of the medical profession in this generation, says:

"The attempts at abstention, the struggle between physical needs and conscience, produce conflicts damaging to mind and body, and if the attempts fail, as they assuredly do, the mind is left distressed."

This opinion, however, is not held by all the medical profession.

In *The Case Against Birth Control* by Edward Roberts Moore (New York and London, The Century Co., 1931) the author quotes eminent authority to the contrary, including Dame Mary Scharlieb, M.D., who states, in part, as follows:—

“Doctors are practically unanimous in the opinion that young men and young women, even during the years when passion is strongest and self-control most difficult, can safely practise continence; that it does not diminish their subsequent fertility, nor does it injure their health.”

Dr. Young says, in speaking of abstention as a means of birth control where restriction of the family is desired or is found necessary, says:

“While there are exceptional instances in which the contracting parties may pursue this course with success and safety it is a method which cannot, in general, be commended as either practicable or harmless. . . .

“. . . . One of the most potent of the arguments for the active participation of the profession is the discovery on the threshold of the subject that in an effort to solve its own problem with inadequate guidance the community has had recourse to procedures which are of harm both to body and to mind.”²

To the second question no authoritative answer can be given. We have no statistics except the statistics which show that abortion is apparently increasing everywhere. The increase is thought to be due to illegal abortion. Illegal abortion is a criminal means of ending an unwanted pregnancy. Birth control is a means of preventing an unwanted pregnancy. After all it is the question of taking life versus preventing life. But is preventing life right?

To the third question no authoritative answer can be given because we have no statistics: but this much may be said: Practising physicians some-

times find it their duty to prevent future pregnancies because the health of the patient, a mother, would be endangered by another pregnancy. Therefore a qualified answer may be given. The prevention of future pregnancies under some circumstances protects the health of some mothers and enables the mother, in such a case, to take better care of her family. In some cases another pregnancy might cause the death of the mother. The death of the mother often means the loss of the home and the destruction or at least disruption of the family as a unit. It is a very great loss indeed, and one of the very greatest that a family can sustain. It is a loss to the general health and welfare of the community.

THINGS AS THEY ARE

The doctor, like everyone else, must deal with things as they are. Our patients come to us when they need our help. The husband or wife, as the case may be, has "a nervous breakdown", that is, the patient is worried or unhappy or unfit for the work of life. Why? Not infrequently the real cause of unhappiness and unfitness is marital. In one form or other the patient has tried birth control and the result has been disastrous.

As soon as a married couple make up their minds to use contraceptives they should seek medical advice. We cannot direct the whole course of their life, financial, personal and religious, but if we feel they are on the wrong track we can say so and help to put them back on the right track again. Then great is their gain and great is our reward.

To return again to the words of Dr. Young:

"In some measure the medical profession can help towards a solution of this problem by its emphatic condemnation of practices which are both dangerous to health and unreliable in their results, and by making available a knowledge on procedures which can be recommended. . . . It is true that we may be criticized in so far as we thereby lend our sanction to procedures that may be exploited for unworthy ends, but this is an argument which, as we know, can, both within and without the field of medicine, be applied to many scientific discoveries without robbing them of their value to the community as a whole. It is without question that the active participation of the profession would result in the elimination of much of the menace of existing practices. . . .

". . . To a profession the measure of whose service is determined largely by the degree in which it maintains its sense of realism it is imperative that this question should be faced freely and frankly. It is a matter of common knowledge that birth control is employed by all classes in an increasing degree; it has come to be assumed by the people as their inalienable right to add to their families by choice and not by chance, when the circumstances so demand it; the sanction of the 'Churches' is there to bless it in varying measure, and the profession of medicine itself has adopted it as an important element of its economic creed. It is true that no one of these circumstances is of itself a justification of the principles of birth control; nevertheless, by emphasizing the extent to which the practice has become corporate in the life of the people they demonstrate that the time has come for the profession to reflect carefully whether in its duty to the individual and its larger duty to the State it dare refuse to take an active part in guiding a movement which,

in its extent and the rapidity of its growth, is exerting, and is destined in increasing measure to exert, a profound influence on the nation's health."³

BIRTH CONTROL IN GENERAL PRACTICE

At a conference on birth control held in London, under the auspices of the National Birth Control Association and the Birth Control Investigation Committee, Dr. E. F. Griffith, analysing his experience as a general practitioner who had taught birth control to about 500 patients in the past two years, said that

“In spite of the harmfulness and inefficiency of the methods commonly in use, some 90 per cent. of married couples adopted them for lack of better knowledge. In his practice he had found it possible to obtain nearly 100 per cent. of successes, and in the course of the necessary routine examination had been able at the same time to discover gynaecological disorders. He regarded the inculcation of the idea that births should be spaced and that women should have scientific advice on contraception as an essential part of medical practice, and pleaded for a fuller sex education of the general public. . . .”

At the same conference

“Mrs. Francis Ivens-Knowles, surgeon in charge of the Women's Clinic, Walthamstow, said that this clinic had been set up under Section 131 of the Public Health Act to conduct ante-natal and post-natal consultations, deal with gynaecological conditions, and advise sick persons on contraceptive methods. In this last function it was limited exclusively to women who attended for advice or treatment in connexion with gynaecological disorders, or for whom pregnancy was undesirable on strictly medical

grounds. During the year 1932 the patients needing contraceptive advice formed 17 per cent. of the total attendance. . . .

"She suggested that the establishment of women's clinics in populous districts would do much to alleviate the sufferings of overburdened mothers, and enable them to regain their health and vitality. Such clinics should be organized in close co-operation with the practitioners of the district, be staffed by experienced gynaecologists and obstetricians, and be connected with fully equipped hospitals."⁴

MEDICAL TEACHING ON BIRTH CONTROL

Dr. A. E. Giles, Consulting Surgeon to the Chelsea Hospital for Women, in an address to the Manchester Medico-Chirurgical Society, stated that authoritative teaching on the subject of birth control or the control of conception was needed for two reasons, on account of the necessity, within certain limits, for such control and also because the general public know a good deal about such control already and are anxious to know more. Besides, this instruction should be given by qualified medical practitioners and under their direction.

The plea that a couple could not afford to have more children, he accepted as a permissible reason for birth control, but he did not admit that it was right for people to begin married life by practising birth control. If they could not afford to have one child, he said, they could not afford to get married.

Speaking on the methods to be adopted, Dr. Giles recognized abstinence as a temporary measure only. For adoption during a considerable period it was not

practical. It demanded too much of human nature and opened the door to irregular practices.

If birth control, he said, could ensure the elimination only of the unfit, the wasters, and the degenerates, something might be said for it. But, on the contrary, those who were least likely to breed valuable citizens were also the least likely to take any steps in the matter.

After pointing out that methods of contraception are by no means free from risk, Dr. Giles said that birth control was a necessity on medical grounds in certain circumstances, and it was expedient on economic grounds in a few cases. The medical profession should lay down its indications and point out its limitations. To those who wished to practise it for economic reasons, its risks and drawbacks, immediate and remote, should be pointed out; and when it was necessary, the best method to be adopted in each individual case should be explained.⁵

INJURIOUS EFFECTS

“The injurious effects of different contraceptive methods are at last appearing in medical literature. . . . All known methods of contraception are harmful to the female; they only differ in being more or less so.”

says Frederick J. McCann, M.D., F.R.C.S., Consulting Surgeon to the Samaritan Free Hospital for Women, London, etc., quoted by Edward Roberts Moore, Ph.D., in *The Case Against Birth Control*, New York and London: The Century Co., 1931.

MOST MEDICAL MEN ARE BIRTH CONTROLLERS

Dr. C. P. Blacker, one of the leaders of the Eugenics Society, spoke as follows in addressing the Society in London:

“Now the majority of medical men, whatever their attitude to eugenics, are birth controllers in the sense that they come across, among their patients, women who require knowledge of the subject, either because, on medical grounds, they ought not to have children, or because they should space their children. Most doctors are birth controllers in so far as they hold that certain medical disabilities justify the practice of birth control. But there is much less unanimity among them as to the social indications for practising birth control. I think I am justified in saying that the medical profession as a whole would hesitate to advocate birth control as part of any general social policy, partly, at any rate, for the reason that they are dissatisfied with existing methods of birth control.

“All existing methods are subject to one of the following disadvantages—that they are far from fool-proof; that they are not always harmless; that they are not entirely reliable; and that they are aesthetically objectionable. . . .

EXISTING CONTRACEPTIVE METHODS

“. . . To be eugenically satisfactory in the restrictive sense, a different method from any existing one is essential. In my opinion there are only two methods which will prove satisfactory from the eugenic point of view. One is a temporary sterilization by X-rays; the other is a temporary sterilization by organotherapeutic means.

“I doubt whether the use of X-rays will ever prove satisfactory in this connection. Our requirements

are that a woman should be made temporarily sterile, for a known period, capable of repetition without damage to her health and without affecting her subsequent fecundity, or the health of subsequent children.

“The second method is that of organotherapy—the making use of the active principle of endocrine glands.”⁶

The President of the Royal Sanitary Institute, the Rt. Hon. Viscount Astor, at the 38th Congress of the Institute, said:

“It is obvious beyond all dispute that in a civilized state there must be some degree and kind of birth control. There is a natural and reasonable standard by which a mother only gives birth to children which she can wisely and properly rear. There is another proposal which would enable people to avoid children and the obligations and privileges of married life. The one is the foundation of wise motherhood; the other can become, all too easily, the basis of promiscuity and prostitution.”⁷

IN CANADA

The Manitoba Medical Association passed the following Resolution in 1932:

“Resolved, that the subject of disseminating the knowledge of contraceptive methods to those who are in dire economical straits is worthy of consideration of the medical profession, but, as the passing of such knowledge to such patients, by a physician, is expressly forbidden by law, and against certain religious orders, we are unable, as a Society, to do anything with the subject until such time as those who have initiated and sponsored the proposal have obtained legal sanction of their cause.”

IN THE UNITED STATES

The representative American Committee, the American National Committee on Maternal Health, set up in 1923 "for the study of certain medical aspects of marriage, in particular the control of fertility, and those factors in sex experience making for health and balance in and out of marriage" has already published eighty articles, and a number of books and monographs, and has initiated or fostered laboratory researches and clinical studies. *Medical Aspects of Human Fertility*, published in 1932, is one of the Committee's most important publications. The Honorary Secretary is Dr. R. L. Dickinson, and the Executive Secretary Dr. Louise Stevens Bryant. The president is Dr. Haven Emerson.

A few extracts are given from the publication just mentioned:

"Medical control of fertility is both negative and positive. The negative includes the prevention or postponement of pregnancy, temporarily by contraception, or permanently by sterilization, as well as its interruption for therapeutic reasons. Positive control includes the treatment and cure of involuntary sterility in both sexes, and its prevention by early care for the reproductive functions, both by way of general hygienic measures for children and adolescents, conducive to growth and integrated bodily activity, and by the prevention of sterilizing infections.

"Another aspect of positive care is in the preparation for married life, since studies of fertility in relation to marriage show a distinctly greater number of children among couples happily adjusted. Anything that conduces to early marriage of healthy, potential parents, able and willing to bear and rear

healthy children, comes under the head of positive control of fertility.

“The negative aspects of control are numerically most important, continuously affecting the vast majority of persons of child-bearing ages; but involuntary sterility has also its quantitative aspects, in view of its apparently high incidence, variously estimated as from one in six to one in ten marriages. Practically, fertility and sterility studies are interdependent, as both terms are relative; and findings from one direction have bearing on the other. . .”

Birth control information is now reported to be available in more than four hundred localities, in twenty countries, in all parts of the world, and the clinics are increasing so fast that any list is soon out-dated.

All of the services in the United States and most of those in other countries are under regular medical control, that is, examination and care is by physicians, assisted by nurses, midwives and social workers. Even in the few clinics where the work is done by nurses or midwives, physicians are near for consultation. The methods followed are similar in all clinics, being designed primarily to give the woman the control, although there is now a distinct tendency, especially in English clinics, to include instruction for husbands. Auspices and housing, however, vary greatly.

Separate Stations under private auspices run exclusively for birth control advice are the oldest type.

Out-patient clinics, either in hospitals, or unattached dispensaries, or in public health departments are the most numerous at present.

Birth control service of some sort is now provided in over sixty places in Great Britain, including clinics in public health centres under private auspices and in hospitals.

A Sub-committee of the New York Academy of Medicine, appointed in 1929, reported in May, 1930, and the Report was accepted by the Committee on Public Health Relations and by the Council of the Academy. The following are the recommendations:

“1. The New York Academy of Medicine, as a medical organization, should be concerned solely with the medical and public health aspects of birth control, and not with its economic considerations.

“2. The contraceptive clinics already in existence in the various hospitals, and operating within the law solely in the interest of the health of the individual, should be continued, and all institutions in which this service is required should organize similar clinics as integral parts of dispensary and hospital service.

“3. All extra-mural clinics, when their existence is temporarily justified, should have a medical personnel of competent physicians with especial training in gynecology; the clinics should secure the services of local gynecologists and obstetricians of recognized standing and authority to serve in an advisory capacity, and to formulate and enforce suitable rules and regulations concerning the medical indications for the giving of contraceptive advice, and to make regular inspections to see that these rules are observed. Efforts should likewise be made on the part of these extra-mural clinics to obtain the services of experienced physicians in the several branches of medicine to aid the staff in diagnosis and conduct of the more difficult cases. The extra-mural clinics, if so safeguarded and supervised, should receive support of the medical profession only

until a sufficient number of hospital clinics has been developed to meet the public health demand.

“4. A movement should be begun to include in the curriculum of medical schools, instruction in modern contraceptive measures and in the indications therefor. The hospital clinics should likewise be asked to offer similar instruction to practising physicians.”

SUMMARY OF MEDICAL OPINION ON BIRTH CONTROL

The following are some of the more important expressions of medical opinion in Great Britain, Canada and the United States.

1. Birth control has become an important public health problem.
2. The medical profession has certain grave responsibilities to the individual patient and to the State in warning against harmful methods of birth control, informing as to the best method available for each patient, promoting research *in* or contraceptives, and providing for undergraduate and post-graduate instruction as to methods and results of birth control.
3. Over 600 contraceptives have now been listed, but no satisfactory method, far less any ideal method, is known.
4. So called Birth Control Clinics, if and when made available, should be organized in connection with hospitals and should conform to the ideals of hospital practice and of the medical profession.

¹*British Medical Journal*, Feb. 11, 1933.

²*Op. cit.*

³*Op. cit.*

⁴*British Medical Journal*, July 15, 1933, p. 119.

⁵*National Health*, London, England.

⁶*Op. cit.*

⁷*Op. cit.*

CHAPTER XI

RELIGIOUS OPINION

"The hope of matrimony ought to be the sacred hope of every human being—the hope of becoming a member of a most intimate community and of bringing up children for the service of God."

PRINCIPAL BARKER, *King's College.*

"A permanent element in human nature is motherhood, a fact both biological and spiritual. Biologically it is given to woman to bear the greater burden in the carrying on of the race. Herein is her distinctive functioning. Spiritually viewed, motherhood sets her apart in a world of brooding and pain and self-sacrifice into which man cannot enter. This is the holy of holies of our common humanity where woman makes her sacrifice for the race. At the threshold of the sacred place man can only kneel in hushed devotion. Sympathy with the sacramental experience of wife and mother continually cleanses a man's soul. A hitherto unknown tenderness wells up in him, his deference deepens into reverence and chivalry is replenished within him. There is really no cause for pessimism . . . as long as society welcomes the babe to the home and thus honours the supremely feminine function of motherhood."

The Daily Colonist, Victoria, B.C.

THE CHURCHES AND BIRTH CONTROL

THE subject of birth control has been discussed from time to time by religious bodies and ecclesiastical organizations. Two pronouncements have been made, one by the Church of England at the Lambeth Conference of 1930, and the other by the Church of Rome in the Encyclical of Pope Pius XI. The latter appears under the title of "Excerpts from The Authorized English Text of the Encyclical Letter of Pius XI on Christian Marriage," in *The*

Case Against Birth Control, by Edward Roberts Moore, Ph.D. (New York & London: The Century Co. 1931).

THE LAMBETH CONFERENCE

The Lambeth Conference of the Church of England which meets once in ten years, in its Report for 1930, makes an important reference to birth control, and does not condemn it absolutely. At this conference there were present 320 bishops, not only from the British Commonwealth of Nations but from other nations of the world, including the United States, Japan, China, and Africa.

The most important parts of the reference to birth control, which was passed by a vote of 193 to 67, are as follows:

BIRTH CONTROL

"We now pass on to consider one of the most urgent and perplexing problems of our day, the decline of the birth-rate throughout the civilized world. This is largely due to the increasing use of methods which are deliberately adopted to limit the size of the family. We strongly denounce the practice of abortion, which has as its aim the destruction of life which has already come into being. It is contrary to the law of God and of man. We have reason to know that the sale of drugs designed to procure abortion is large. These always are, we believe, harmful to the woman and also to the child if it survives. Their use, like all other methods of abortion, is sinful and ought to be regarded with abhorrence by all right-minded people.

"There is no doubt, however, that the diminution of the birth-rate in modern times by 50 per cent. is mainly due to the knowledge and use of methods

which prevent conception. These methods are now widely used in every class of society. There are many who advocate them as the solution of social and personal problems, there are others who condemn them as sinful, there are many who are sorely perplexed as to the legitimacy of their use. We feel, therefore, bound to give troubled consciences some guidance on this matter. . . . We are convinced that many of the results which have followed from the use of the discovery of more effective methods are very grave. They have encouraged illicit intercourse among the unmarried by removing the fear of consequences. They have been frequently used to avoid the responsibilities of parenthood and as a means of escaping from the self-control which should be exercised in married as well as in single life. They have become a danger to many civilized nations by a disproportionate reduction of their best stocks. We think that some of those who are most active in the advocacy of birth control do not give sufficient weight to these considerations.

“It will be admitted by all that there are circumstances in married life which justify, and even demand, the limitation of the family by *some* means. The Church is concerned with the moral principles which must govern all such limitation. There are certain principles which must always be axiomatic for Christians. These principles are to be discerned in loyalty to Christ, and under the guidance of the Holy Spirit, whose strength is sufficient for all human needs.

“It is axiomatic that parenthood is for married people the foremost duty; to evade or disregard that duty must always be wrong. It is equally axiomatic that the state of marriage is a divinely ordered relationship in which intercourse between man and woman calls for the highest exercise of the Christian virtues of self-discipline, self-control and self-sacrifice. There are multitudes of married people

who have found in that mutual sacrifice a bond of deeper unity as well as an ever-increasing moral strength. It follows, therefore, that it can never be right to make pleasure of self-indulgence the motive for determining to limit or refuse parenthood. Equally it can never be right for intercourse to take place which might lead to conception, where a birth would involve grave danger to the health, even to the life of the mother, or would inflict upon the child to be born a life of suffering; or where the mother would be prematurely exhausted, and additional children would render her incapable of carrying out her duties to the existing family.

“The primary and most obvious way of dealing with such circumstances as seem to make the limitation of parenthood obligatory is total abstinence from intercourse, even it may be for long periods.

“Yet there exist moral situations which may make it obligatory to use other methods. To a certain extent this obligation is affected by the advice of medical and scientific authority. But in all such cases, as in those where abstinence is the way chosen, the final decision must still be determined by reference to the spiritual ends for which marriage was ordained; and the attainment of these still calls for the same exhibition of Christian self-discipline and virtue. Each couple must decide for themselves, as in the sight of God, after the most careful and conscientious thought, and, if perplexed in mind, after taking competent advice, both medical and spiritual.

“In our judgment the question which they should put to themselves is this: would conception be for any reason wrong? If it would clearly be wrong, and if there is good moral reason why the way of abstinence should not be followed, we cannot condemn the use of scientific methods to prevent conception, which are thoughtfully and conscientiously adopted.

“Other reasons are often urged for the use of such methods—circumstances of income, housing and education, are all advanced in justification. These need careful scrutiny. We are unable to accept conception control as the right solution of unsatisfactory social and economic conditions which ought to be changed by the influence of Christian public opinion.

“Plainly we cannot provide a complete list of circumstances affording a good moral reason for avoiding conception. But as it seems to us the principle involved is this: children are the primary end of the intercourse to which marriage leads. Married people do wrong when they refuse to have children whom they could train to serve God and add to the strength of the nation. But intercourse has also a secondary end within the natural sacrament of marriage. Where for any morally sound reason the first end is to be ruled out, it does not necessarily follow that the secondary end must be ruled out also, provided that self-control is exercised, and husband and wife have truly examined their consciences upon the matter.

“In all these matters of sex, self-deception is all too easy. Let none forget that in this as in all relationships of life Christ calls to a heroism to which by His power His servants can attain.”

EXCERPTS FROM THE AUTHORIZED ENGLISH TEXT OF
THE ENCYCLICAL LETTER OF PIUS XI ON
CHRISTIAN MARRIAGE

“First consideration is due to the offspring, which many have the boldness to call the disagreeable burden of matrimony and which, they say, is to be carefully avoided by married people not through virtuous continence (which Christian law permits in matrimony when both parties consent) but by frus-

trating the marriage act. Some justify this criminal abuse on the ground that they are weary of children and wish to gratify their desires without their consequent burden. Others say that they cannot on the one hand remain continent nor, on the other, can they have children because of the difficulties, whether on the part of the mother or on the part of family circumstances.

“But no reason, however grave, may be put forward by which anything intrinsically against nature may become conformable to nature and morally good. Since, therefore, the conjugal act is destined primarily by nature for the begetting of children, those who in exercising it deliberately frustrate its natural power and purpose, sin against nature and commit a deed which is shameful and intrinsically vicious.

“Small wonder therefore, if Holy Writ bears witness that the Divine Majesty regards with greatest detestation this horrible crime and at times has punished it with death, as St. Augustine notes. Intercourse even with one’s legitimate wife is unlawful and wicked where the conception of offspring is prevented. Onan, the son of Juda, did this and the Lord killed him for it.

“Since, therefore, openly departing from the uninterrupted Christian tradition, some recently have judged it possible solemnly to declare another doctrine regarding this question, the Catholic Church, to whom God has entrusted the defence of the integrity and purity of morals, standing erect in the midst of the moral ruin which surrounds her, in order that she may preserve the chastity of the nuptial union from being defiled by this foul stain, raises her voice in token of Divine ambassadorship and through Our mouth proclaims anew: Any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offence against the law

of God and of nature, and those who indulge in such are branded with the guilt of a grave sin. We admonish, therefore, priests who hear confessions, and others who have the care of souls, in virtue of Our supreme authority and in Our solicitude for the salvation of souls, not to allow the Faithful entrusted to them to err regarding this most grave law of God; much more, that they keep themselves immune from false opinions, in no way conniving in them. If any confessor or pastor of souls, which may God forbid, lead the Faithful entrusted to him into these errors or should at least confirm them by approval or by guilty silence, let him be mindful of the fact that he must render a strict account to God, the Supreme Judge, for the betrayal of his sacred trust, and let him take to himself the words of Christ: 'They are blind leaders of the blind. And if the blind lead the blind, both fall into the pit' (Matthew xv, 14).

"As regards the evil use of matrimony—to pass over the arguments which are shameful ones—not infrequently, others that are false and exaggerated are put forward. Holy Mother Church very well understands and clearly appreciates all that is said regarding the health of the mother and the danger to her life; and who would not grieve to think of these things; who is not filled with the greatest admiration when he sees a mother risking her life with heroic fortitude, that she may preserve the life of the offspring which she has conceived? God, alone, all bountiful and all merciful as He is, can reward her for the fulfilment of the office allotted to her by nature, and will assuredly repay her in a measure full to overflowing (Luke vi, 38).

"Holy Church knows well that not infrequently one of the parties is sinned against rather than sinning when for a grave cause he or she reluctantly allows the perversion of the right order. In such a case, there is no sin, provided that, mindful of the law of charity, he or she does not neglect to seek to

dissuade and to deter the partner from sin. Nor are those considered as acting against nature who in the married state use their right in the proper manner although on account of natural reasons either of time or of certain defects, new life cannot be brought forth. For in matrimony as well as in the use of the matrimonial rights there are also secondary ends, such as mutual aid, the cultivating of mutual love, and the quieting of concupiscence which husband and wife are not forbidden to consider so long as they are subordinated to the primary end and so long as the intrinsic nature of the act is preserved.

“We are deeply touched by the sufferings of those parents who, in extreme want, experience great difficulty in rearing their children. However, they should take care lest the calamitous state of their external affairs should be the occasion for a much more calamitous error. No difficulty can arise that justifies the putting aside of the law of God which forbids all acts intrinsically evil. There is no possible circumstance in which husband and wife cannot, strengthened by the grace of God, fulfil faithfully their duties and preserve in wedlock their chastity unspotted.

“This truth of Christian faith is expressed by the teaching of the Council of Trent (Trid. Conc., Sess. VI, Chap. 11).

“Let none be so rash as to assert that which the Fathers of the Council have placed under anathema, namely, that there are precepts of God impossible for the just to observe. God does not ask the impossible, but by His commands, instructs you to do what you are able, to pray for what you are not able, that He may help you.”

“Given in Rome, at St. Peter’s, on this thirty-first day of the month of December, in the year nineteen hundred and thirty, the ninth of our pontificate.”

“PIUS XI, POPE.”

LOVE THE CREATOR

The higher relationships of life and the higher meanings of sex in life are spoken of by Miss A. Maude Royden of London, England, in a sermon which was delivered in the City Temple, and was afterwards published under the title of "Love the Creator" in the *Journal of Social Hygiene* for June, 1923.

The preacher says that "to create is Divine and the nearer we are to God, the more we desire to create."

Speaking of the love of men and women for each other, she says:

"Two human beings love one another so well that they create another human being, and this creation is so common, so human, and so divine, that, unlike the love of artists and prophets, it comes into the life of almost all of us, and because it is so common and so great we are almost afraid of it. It is an instinct so tremendous, a force so terrific, that we are afraid of it; this lovely, divine instinct of creation, which is the very sacrament of the love of God; for to create in our own image is to use the creative power of God himself, to create 'because we love.'

"It takes the whole of a man and the whole of a woman to love like this. It is not of the body alone, or of the emotions alone; it seizes the whole human being, and sweeps him along in its current; it is of the body, soul, and spirit, and no love between man and woman that is not of all three, is a perfect love. For our bodies also were made by God; they are the temple, the instrument, the expression of the spirit, the spirit which is love; and sex is the sacrament of love, the 'outward and visible sign of an inward and

spiritual grace'—so wonderful, that to this power is given the bringing of other immortal souls into the world. That is what God thinks of sex.

"I want, first of all, to ask for a very great readiness to accept new ideas and new ideals, and a very great reluctance to condemn. For it is society which has made it impossible for so many of the young to marry.

"It is the fault of our social system, and it is not enough to say: 'After all, you *can* fight against these difficulties; you *can* live a life of celibacy (since society does not allow you to marry), without injuring yourselves.'"

Part of the conclusion of the sermon is in these words:

"Lose nothing that is beautiful of the past, and there is much that is very beautiful. Reach forward to all that is worthy in the future, unafraid of prejudice or convention, or false ideas. Be courageous, be honest, be strong, be free. Hurt no other human being; think neither ignobly of the bodies of others nor of your own body. Believe me, human love cannot be divorced into physical and spiritual; it is of both. Only when the whole human being loves is love really divine. Reach out beyond the narrow conceptions of the past; forget the cramped ignorance which used to pass for innocence; keep the loyalty and the love.

"Think nobly of sex, for 'God created man in his own image, male and female created he them', and of all the great impulses of the world, this is the strongest."

CHAPTER XII

THE LAW AND CONTRACEPTION

"From the time the mother binds her child's head, until the moment when some kind attendant wipes the death damp from the brow of the dying, we cannot exist without mutual help; all, therefore, who need aid have a right to ask it of their fellow-mortals, and no one who has the power of granting can refuse it without guilt."

SIR WALTER SCOTT

"Courage, from whatever angle we approach it, whatever origin or purpose we assign to it, no matter what form it assumes, nor even what motives underlie it, will always be a quality beloved of man. The courage of attack, the courage of defence, the courage of art, the courage of debate, the courage of motherhood, the courage of grief, the courage of adventure, the courage of ill-health, the courage of the martyr . . . each for itself we respect and admire. . . . After all, 'It is not life that matters, but the courage that we bring to it'."

J. L. BIRLEY, M.D.

CRIMINAL CODE

Chapter 36. R.S. 1927.

207. Every one is guilty of an indictable offence and liable to two years' imprisonment who knowingly, without lawful justification or excuse,

- (a) makes, manufactures, or sells, or exposes for sale or to public view, or distributes or circulates, or causes to be distributed or circulated, or has in his possession for sale, distribution or circulation, or assists in such making, manufacture, sale, exposure, having in possession, distribution or circulation, any obscene book or other printed, typewritten or

otherwise written matter, or any picture, photograph, model or other object tending to corrupt morals, or any plate for the reproduction of any such picture or photograph;

- (b) publicly exhibits any disgusting object or any indecent show; or
- (c) offers to sell, advertises, publishes an advertisement of, or has for sale or disposal any means or instructions or any medicine, drug or article intended or represented as a means of preventing conception or of causing abortion or miscarriage; or advertises or publishes an advertisement of any means, instructions, medicine, drug or article for restoring sexual virility or curing venereal diseases or diseases of the generative organs.

2. No one shall be convicted of any offence in this section mentioned if he proves that the public good was served by the acts alleged to have been done, and that there was no excess in the acts alleged beyond what the public good required.

3. It shall be a question for the court or judge whether the occasion of the manufacture, sale, exposing for sale, publishing, or exhibition is such as might be for the public good, and whether there is evidence of excess beyond what the public good required in the manner, extent or circumstances in, to or under which the manufacture, sale, exposing for sale, publishing or exhibition is made; but it shall be a question for the jury whether there is or is not such excess.

4. The motives of the manufacturer, seller, exposor, publisher or exhibitor, shall in all cases be irrelevant, R.S., c. 146, s. 207; 1909, c. 9, s. 2; 1913, c. 13, s. 8.

Note: This Act is administered by the Attorney-General of each Province.

THE CUSTOMS ACT AND THE POST OFFICE ACT

Under the Customs Act there is power to prevent the importation into Canada of any material referred to in 207 (c) above, and under the Post Office Act there is power to prevent such material being carried in the mails.

BRITISH OFFICIAL STATEMENTS

Official Statements by the Ministry of Health on Birth Control were issued in July, 1930, and March, 1931, as Memo. 153, M.C.W. and on July 14th, 1931, as Circular 1208. The text is as follows:

FOR OFFICIAL USE.

Memorandum 153/M.C.W.

*Maternity and Child Welfare
Authorities.*

BIRTH CONTROL

1. The Minister of Health is authorised to state that the Government have had under consideration the question of the use of institutions which are controlled by Local Authorities for the purpose of giving advice to women on contraceptive methods.

2. So far as Maternity and Child Welfare Centres (including Ante-Natal Centres) are concerned, these Centres can properly deal only with expectant mothers, nursing mothers, and young children, and it is the view of the Government that it is not the function of the Centres to give advice in regard to birth control and that their use for such a purpose would be likely to damage the proper work of the

Centres. At the same time the Government consider that, in cases where there are *medical grounds* for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to *cases where further pregnancy would be detrimental to health*, and should be given at a separate session and under conditions such as will not disturb the normal and primary work of the Centre. The Minister will accordingly be unable to sanction any proposal for the use of these Centres for giving birth control advice in other cases.

3. The Government are advised that Local Authorities have no general power to establish birth control clinics as such, but that under the Notification of Births (Extension) Act, 1915, which enables Local Authorities to exercise the powers of the Public Health Acts for the purpose of the care of expectant mothers and nursing mothers, it may properly be held that birth control clinics can be provided for these limited classes of women. Having regard to the acute division of public opinion on the subject of birth control, the Government have decided that no Departmental sanction which may be necessary to the establishment of such clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be given only in *cases where further pregnancy would be detrimental to health*.

4. Under the Public Health Acts, Local Authorities have power to provide clinics at which medical advice and treatment would be available for women suffering from gynaecological conditions. But the enactments governing the provision of such clinics limit their availability to sick persons, and the Government have decided that any Departmental sanction which may be necessary to the establishment of such clinics shall be given only on the following conditions:—(1) that the clinics will be available

only for women who are in need of medical advice and treatment for gynaecological conditions, and (2) that advice on contraceptive methods will be given only to married women who attend the clinics for such medical advice or treatment, *and in whose cases pregnancy would be detrimental to health.*

Ministry of Health.

March, 1931.

LONDON:
PUBLISHED BY HIS MAJESTY'S STATIONERY
OFFICE.

FOR OFFICIAL USE.

Maternity and Child Welfare Authorities.

MINISTRY OF HEALTH,
Whitehall, London, S.W.I.

14th July, 1931.

BIRTH CONTROL

SIR,

I am directed by the Minister of Health to refer to Memorandum 153/M.C.W., which was issued in March last on the above subject. The Minister finds that certain misconceptions have arisen in regard to the views expressed in that Memorandum, and he desires to bring the following points to the notice of Local Authorities.

1. It is necessary to emphasize the statement in the Memorandum that the Government are advised that Local Authorities have no general power to establish birth control clinics as such. The Memorandum was issued solely for the purpose of explaining the views of the Government on the use of institutions controlled by Local Authorities for the pur-

pose of giving advice to women on contraceptive methods, and it should be understood that the question of providing facilities for giving such advice within the limits laid down in the Memorandum is a matter entirely within the discretion of the Local Authority.

2. Under the Maternity and Child Welfare Act, 1918, the powers of Local Authorities are limited, so far as women are concerned, to making arrangements for attending to the health of expectant mothers and nursing mothers. If an Authority decides to provide facilities for giving birth control advice at a Maternity and Child Welfare Centre in accordance with paragraph 2 of the Memorandum, the use of these facilities must be strictly incidental to the purpose for which the Centre is established, and they can be made available only for married women who are either expectant or nursing mothers already in attendance at the Centre and in whose cases further pregnancy would be detrimental to health.

3. If action is taken under the Public Health Acts to establish a clinic at which medical advice and treatment would be available for women suffering from gynaecological conditions, the use of any facilities provided at the clinic for giving advice on contraceptive methods must be strictly incidental to the purpose for which the clinic is established, viz., the treatment of sick persons. Only women who need medical advice and treatment for gynaecological conditions can properly be admitted to the clinic, and contraceptive advice can properly be given only to married women in attendance at the clinic in whose cases pregnancy would be detrimental to health. It is obviously desirable for a Local Authority to obtain the services of a medical officer specially experienced in the clinical advice and treatment needed at a gynaecological centre of this sort.

4. The Minister does not consider it desirable that

a gynaecological clinic should be established at a Maternity and Child Welfare Centre, and if an Authority is satisfied that there is need for such a clinic it should be provided in separate premises or at a hospital. Expectant mothers and nursing mothers in attendance at Maternity and Child Welfare Centres who are found to need medical advice and treatment for gynaecological conditions could then be referred to the clinic.

5. The Minister considers it important that no existing officer of a Local Authority should be prejudiced in any way by a decision of the Authority to provide facilities for birth control advice within the limits laid down in the Memorandum. He is of opinion that this work should not be regarded as falling within the scope of the normal duties of the medical officers of a Local Authority, who should be free to undertake it or decline it.

I am, Sir,

Your obedient Servant,

A. R. Maclachlen,

Assistant Secretary.

The Clerk to the Local Authority.

LONDON:
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OFFICE.

THE BRITISH MINISTRY OF HEALTH

“Within recent years the Ministry of Health has acknowledged its responsibility towards women in attendance at maternity and welfare clinics who require such advice, and in 1930 it empowered local authorities to make provision for contraceptive information being given to married women for whom future pregnancy would be detrimental to health.

A large number of authorities have availed themselves of this power, and have arranged for the instruction to be given at special sessions held at the maternity and child welfare centres, by contract with a neighbouring voluntary clinic, or in some other way. There are obvious advantages in linking up the birth control service with the maternity and welfare centres. In that this service is essentially preventive it comes naturally within the functions of the centre, and it is convenient both for the woman and her advisers that she should receive this class of treatment at a place where she is known and where her medical state has already been under observation. At the same time it is important that the instruction should be given by an officer who is specially trained and who attends at the centre at a session convened for the purpose. A further matter of considerable moment, and this applies to all classes of birth control clinic, is that there should be, as an integral part of the service, an arrangement by which women suffering from serious disease which renders pregnancy dangerous can be referred for sterilization to a neighbouring hospital or some other suitable agency.”¹

BIRTH CONTROL IN THE UNITED STATES

In the Fourth Annual Report of the International Medical Group, published under the auspices of the Birth Control Investigation Committee, Dr. Hannah Stone, who supplies a survey of the position in America, says:

“A greater change in the temper of the people towards birth control has taken place in the space of the last two years than in the preceding decades. Continued attempts have been made to amend or repeal federal or national and State laws concerning birth control, but many believe that the question will eventually be solved by a nullification of the laws

rather than by their change or repeal. An unsuccessful prosecution in 1929 in New York City established the fact, in the words of the magistrate, that 'If a doctor in good faith believes that the patient is a married woman, and that her health requires prevention of conception, it is no crime to so advise and instruct therein'.²

¹*British Medical Journal*, Feb. 11, 1933, p. 217.

²*Lancet*, May 28, 1932, p. 1182.

CHAPTER XIII

WHAT ARE WE GOING TO SAY TO OUR YOUNG PEOPLE?

"It is characteristic of science and progress that they continually open new fields to our vision." PASTEUR.

WE come back to the Canadian doctor's question—"What are we going to say to our young people?"

No wonder that he asked the question. Every member of the profession feels the pressure of demands never made before. Nor would any of us wish to deny them. Our young people have a right to know the truth. And the truth about this matter of birth control is that it is against one's better judgment. It is unnatural. It is contrary to one's higher instincts. It is repugnant to a member of the medical profession whose work and whose desire is to promote health and happiness, to prevent or cure disease and to search out new knowledge and new and better ways of doing our work. Each individual patient who comes to consult us and each patient who comes to the clinic, because that is the only chance of the poor for medical consultation, has a right to the truth. We must say, too, that there is no entirely reliable method of preventing conception except the way of abstention and even in that way there are dangers. Nor are other ways of preventing conception safe. They all appear to

be more or less harmful. No safe and unobjectionable method has yet been discovered.

The case of each patient must be decided on its merits, after a thorough and careful study and consideration of the patient and of all the patient says and thinks, and of all the reasons and conditions which may properly affect the doctor's decision.

There are grievous cases known to us all—cases which are shocking and intolerable. Such cases do not come till self-respect and self-control, love and kindness, are lost or losing. These cases should be prevented. The patients should be helped. The doctor must take the responsibility of considering and advising on these.

But shall we consider birth control as a matter of course for the bridegroom and the bride? No. The love and grace and tenderness, the beauty and sanctity of life centre in the home and around the marriage that founds the home. Grace and beauty and tenderness, sanctity and affection can hardly remain if what should be revered like a sacrament is treated as a thing to be lightly esteemed.

SUMMARY

1. Birth control or contraception is not a normal thing. It should not be undertaken or carried on except for clear, definite and grave reasons of a medical nature and under medical advice.

2. If a married couple decide to practise contraception, medical advice and supervision are always necessary to preserve the health and safety of the patient and consequently the happiness of the home.

Mental health as well as physical health may be affected by carrying on the practice of birth control.

3. The effects of contraceptive practices are often serious; perhaps these effects are always serious, but so far little or no attempt has been made to study, record and follow up the medical history of patients who have practised birth control for a long period of time. If and when such a study is made, it must be under medical and scientific supervision and control in order to be satisfactory and reliable.

4. There are good reasons why those contemplating marriage should consult their family physician and request a thorough health examination, such as the periodic health examination which many people now have every year and which is usually made by the family physician. Advice as to the conduct of married life may be requested at this time. Perhaps in any case, even if the request is not made, the family physician may think it wise to inform his patient of the risk and danger of contraceptive practices. The above applies to women about to be married as well as to men.

5. If and when at any time the use of contraceptive methods is suggested or considered, no decision to use any such method should be made until the family physician has been consulted, and his advice should be followed in every particular.

6. Contraceptive practices, at the best, are of an emergency nature and for use in exceptional cases only. They are probably never entirely free from risk and danger.

7. It cannot be denied that there are cases of a grievous and intolerable character in which, for

example, the health of the mother has suffered from excessive child-bearing and in which the patient needs help. Some of these cases are referred to in the foregoing pages. Help in these cases is a matter of such urgent importance to the individual, to the family, to the medical profession and to the community that in some way it should be given.

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