

# WISE PARENTHOOD

A PRACTICAL SEQUEL TO

*MARRIED LOVE*

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# WISE PARENTHOOD

A TREATISE ON BIRTH CONTROL  
FOR MARRIED PEOPLE

BY

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ARNOLD BENNETT

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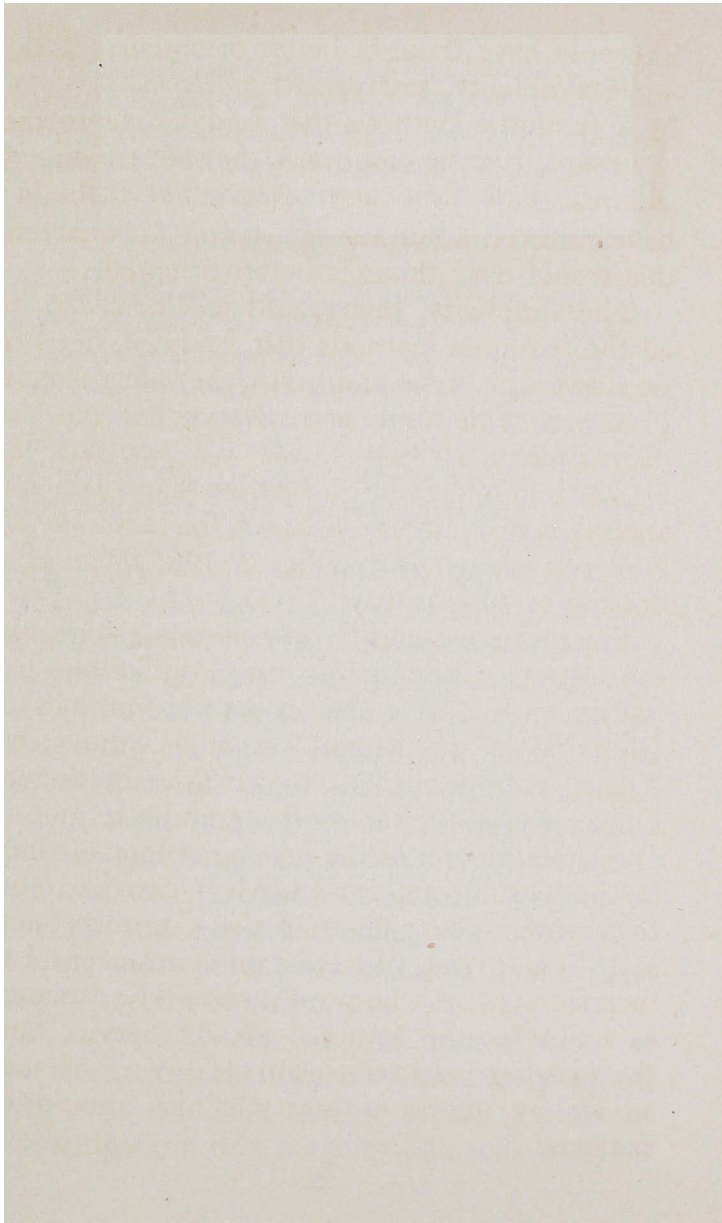
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*Dedicated to all who wish to see our  
race grow in strength and beauty*



# Introductory Note

*By Arnold Bennett*

**T**HE rapid progress of the idea of birth regulation is one of the outstanding social phenomena of the time. But it cannot astonish the thoughtful, for the idea appeals almost irresistibly to the common sense and the conscience of civilised beings, and nothing save superstition and ignorance can impair or impede its triumph. Further, everybody knows that the vast majority of its instructed opponents practise in their private lives what they condemn for others. That birth regulation has disadvantages is arguable. Its disadvantages, however, are not those usually emphasised by its opponents. For example, no unprejudiced brain will contend that that which is so manifestly beneficent to the individual can be bad for the race. Nor have children hitherto been such a source of sorrow and disappointment to parents that the parental instinct is likely to be destroyed through the temptations of any device what-

ever. No! The disadvantages of birth regulation are mainly transient; they spring from an imperfect acquaintance with the methods of it; and they will pass. Millions and tens of millions of potential parents need advice about birth regulation. They cry out for sound advice, and they do not get it. They suffer, sometimes horribly, for want of sound advice. This book is a practical manual of birth regulation written by an unchallenged authority for the intimate use of potential parents.

ARNOLD BENNETT.

[*Note.*—This Introduction was written by Arnold Bennett for early editions of the book when it was *very* brave of him to do so.]

M. C. S.

## Author's Preface to the 18th Ed.

THE origin of this book was an attempt to answer innumerable inquirers who, having read *Married Love* (first published in 1918), approached me desiring wholesome information on a subject of vital importance to themselves and to the race. Not only these individual inquirers, but the world at large, and even the medical profession, lacked a rational, scientific and critical consideration of the details concerning the methods for the control of conception, some of which are now so widely used. My book seemed urgently needed, because owing to this very lack of serious and scientific presentation, ill-informed and often debased instruction had been circulating freely.

And even the one British society then (1918) advocating control of conception, namely, the Malthusian League, distributed to inquirers an all too brief leaflet giving indiscriminate instructions, including, without sufficient critical examination or physiological caution, such methods as *coitus interruptus*, and advising

douching (see p. 77). Some users observed for themselves that these methods are harmful; and the mistaken idea gained currency that these were representative methods, hence that "methods are harmful," and hence that the advocacy of birth control implies the advocacy of harmful methods. I am convinced by experience that much of the opposition to "methods" is due to the confusion thus created in prudish minds incapable of distinguishing between harmful methods and wholesome ones, yet vaguely aware that some methods *are* harmful.

In July, 1922, the above-named Society issued a revised leaflet (now a small pamphlet), re-written by Norman Haire, Esq., M.B., who follows the main thesis of my book, viz., that an internal rubber cap worn by the woman is the best contraceptive for general use. That he favours a different form of cap (the Dutch hemispherical type) is a minor, though not unimportant, point which will be dealt with in the following pages (see p. 57).

Owing to a variety of circumstances which have fostered ignorance and strengthened prejudice, the subject of the control of conception has not hitherto received that learned attention which its importance deserves; but for long there have been scattered in the medical and scientific journals and treatises, and in other and more intimately human records, facts based on more or less isolated experience which, once

correlated, are sufficient at any rate to form a basis for the kind of critical consideration which is wanted. The ethical, the romantic, the physiological, the frankly practical and economic aspects, and the distinctly ramifying results of the various methods, are all of vital importance and are essentially interwoven. Though one or the other may have received some attention, those who have pronounced their opinions for or against the control of conception have hitherto generally done so without specifying to which means they refer, and often without taking into consideration the conflicting needs of different aspects of the life of even one individual. Without making an elaborate treatise of this book, all these points have been borne in mind while writing it.

As is indicated in the title-page, the Eighteenth Edition has been revised, and certain changes which will I hope add to its usefulness, and a certain number of new passages, have been added. Since it was first written in 1918 it has had an enormous number of readers, many of whom have written to me confirming, and often illustrating from their own lives, the generalisations presented in these pages. Moreover, many of the readers have been medical men who have cordially endorsed its teaching.

Further practical knowledge has accrued concerning the subject of Contraception as a

result of the founding of the pioneer Birth Control Clinic. To the Clinic have come many thousands of cases whose requirements have been investigated. In connection with public meetings and various private conferences, I have also had the advantage of discussions on the subject with numerous medical practitioners of different nationalities. Yet the main teachings of this book, as published in 1918, remain not only unshaken, but strengthened.

Inquiry and investigation have not resulted in the discovery of any method better for normal women than the use of the simple all-rubber cap described in the following pages. An improved form of greasy suppository to combine with it is now the reward of our work at the Clinic, and the fourteenth edition was the first to hand on to the public information about it (see p. 48). Research should be pursued, but it seems clear that no very revolutionary result in the field of simple contraceptive measures is imminent. Injections to produce temporary sterility, the use of X-rays, and other methods, suitable only for use by medical specialists, are those attracting attention in advanced circles, but they are not at present of any widespread practical use.

At the request of several distinguished medical men, some years ago I began to write a comprehensive manual on the subject, because none such existed in any language.

This was published in 1923 under the title *Contraception (Birth Control), Its Theory, History and Practice: A Manual for the Medical and Legal Professions*, and now (1931) a much enlarged edition has been published by Messrs. Putnam containing details about the "silver ring" and other continental methods. Educated readers who require more detailed information than the present small volume contains will find it useful and written in sufficiently non-technical language. Its perusal should answer many questions frequently asked.

In the preparation of the present small book I have been indebted to very many men and women who have voluntarily confided to me their personal experiences and needs, thus supplying me with invaluable facts. My thanks are due to the late Professor E. H. Starling, C.M.G., F.R.S., who, in 1919, while disclaiming any responsibility for this book, and even in various details definitely dissenting from my conclusions, read the early proof and gave me the benefit of his valuable opinions. The Rev. Sir James Marchant, K.B.E., F.R.S.Edin., and Dr. Mary Scharlieb, C.B.E., M.S., also very kindly read the proofs of an early edition, and I have benefited by their suggestions, although we disagreed on fundamental principles.

Personal instruction about individual pro-

cedure will still be wanted by many, particularly where slightly abnormal formations or induced malformations render prevention difficult; and I ardently believe that Clinics should be within the reach of all, so that rightly trained midwives, nurses and doctors, of suitably sympathetic temperament, can be applied to personally for help.

Realising that this, like most books, will only be of use to the educated and more thoughtful people, and that it is of great racial urgency to bring this knowledge to the poorest and least literate section of the community, my husband Mr. H. V. Roe and I opened the first Birth Control Clinic in the British Empire in March, 1921, in a poor district in Holloway, London, N. For the convenience of its many visitors, in 1925 it was removed to more central quarters at 108, Whitfield Street, Tottenham Court Road, W.1. This Clinic is open daily without charge to all married persons, and has been used by great numbers of poor mothers as well as by members of the medical and nursing professions who desire the information and help I am always glad to give.

At the present date nearly fifteen thousand cases have come personally to the Clinic, and hundreds of thousands of applications by post from all parts of the world have been dealt with by sending practical advice, doctors' addresses, pamphlets and literature. Of those

who have come for personal examination, and who have been helped, the first five thousand case sheets have been analysed and the results published in a little book at 2s. 6d. under the title of *The First Five Thousand*, which those who are interested in the details of the Clinic work should find valuable reading. It has been followed by another pamphlet, *Analysed Data from Ten Thousand Cases*.

On the day the Clinic was opened we framed and placed upon the wall the following:—

“THIS CLINIC IS FREE TO ALL, and is supported entirely by the two founders. Those who have benefited by its help are asked to hand on knowledge of its existence to others and help to create a public opinion which will force the Ministry of Health to include a similar service in Ante-Natal and Welfare Centres already supported by the Government in every district.”

And it is gratifying indeed to feel that official representatives of all political parties, a great many independent Societies, and even the House of Lords itself by passing Lord Buckmaster's motion in 1926, show that they have rapidly come round to our way of thinking.

The new era which is now dawning should—must—be one in which the people are supplied with sound knowledge to meet their needs. Knowledge on many subjects which has been kept obscure to the past generation is reaching the public in garbled form. Only if

those of scientific spirit who possess the nearest approach to truth which is at the time available will assist each other in spreading the truth, can the public be really helped and enlightened. For this reason, in 1921, I felt that it would be wise to knit together in a definite organisation some of the more public spirited of the many people who showed themselves alive to the significance of true and scientific sex-knowledge. The Society for Constructive Birth Control and Racial Progress was organised, and held its first general meeting in October, 1921. A list of its officers and some other particulars about it will be found at the end of this book. A sister Society in America, the Voluntary Parenthood League,<sup>1</sup> has a heavier task than ours, as it has not merely to educate public opinion, but to effect a change of Federal Law before real practical work can be done in the States. All who care for true human progress should join one, or preferably both, of these Societies, for the English-speaking nations are so closely linked that in this matter they should cooperate.

I have daily evidence that already this little book is of use all the world over, and I hope it may help to improve our race, and to check the spread of nervous and other injuries sadly

<sup>1</sup> V.P.L. Director, Mrs. Mary Ware Dennett. Address: St. Denis Building, Broadway, New York City.

prevalent as a result of ignorant attempts to obtain that wise and health-giving control of parenthood which all who think must crave.

While it is far from being an *exhaustive* treatise, and while it is deliberately written in non-technical and clear English, it was the first scientific and critical consideration of the practical aspects of the subject which, as Lord Dawson said at the Church Congress, in October, 1921, "has come to stay."

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

M. C. S.

Dec. 1931.  
HINDHEAD.

## Author's Preface to the 21st Ed.

THE work moves forward as experience accumulates from the ever-increasing numbers attending our clinics and writing to me.

Some useful, practical points have been added to this edition, especially that on page 60, which at last supplies a *non-rubber* contraceptive, perfectly adapted for use by the very poorest.

Some of those who hesitate about forming their opinion in favour of the use of scientific control may like to see the permissive Memorandum of the Ministry of Health, first published in 1930, with its extension, so these have been added, as an appendix.

It may help them also to know that post-graduate technical work for the medical profession on this subject was initiated at my pioneer clinic and over six hundred doctors have availed themselves of it.

In 1937 (see *Hansard* for February 9th) the House of Commons held a full-dress debate

on the question of Population, and it was highly significant that though birth control was mentioned by most of the speakers, not even one suggested its suppression, but the need for more clinics was brought out emphatically, the work of our Clinics being commented on favourably.

This little book retains its essential character, and aims not only at instructing but also at converting and setting at rest minds still requiring reassurance about the morality of the procedure.

M. C. S.

November 1937.

DORKING.

## Author's Preface to the 25th Ed.

**I**N recent years I deeply grieve to note the marked increase in commercialisation of contraceptive advice. Injurious "methods" have received a surprising backing in quarters one would have thought better oriented.

The simplicity, safety, and *wholesomeness* of all the feminine methods that I advise, need to be stressed. Let me emphasise the safety slogan I coined some time ago: *Never put into the vagina chemicals you would not put into the mouth.* I should even go further than that, you should *never put any poisonous substance whatever into the vagina*, either in the form of a douche or suppository.

Since the last edition of this book appeared the Royal Commission on Population has issued its Report and also several volumes of Memoranda and Reports of Sub-Committees. These are published by H.M. Stationery Office, 1949-50, and merit careful attention.

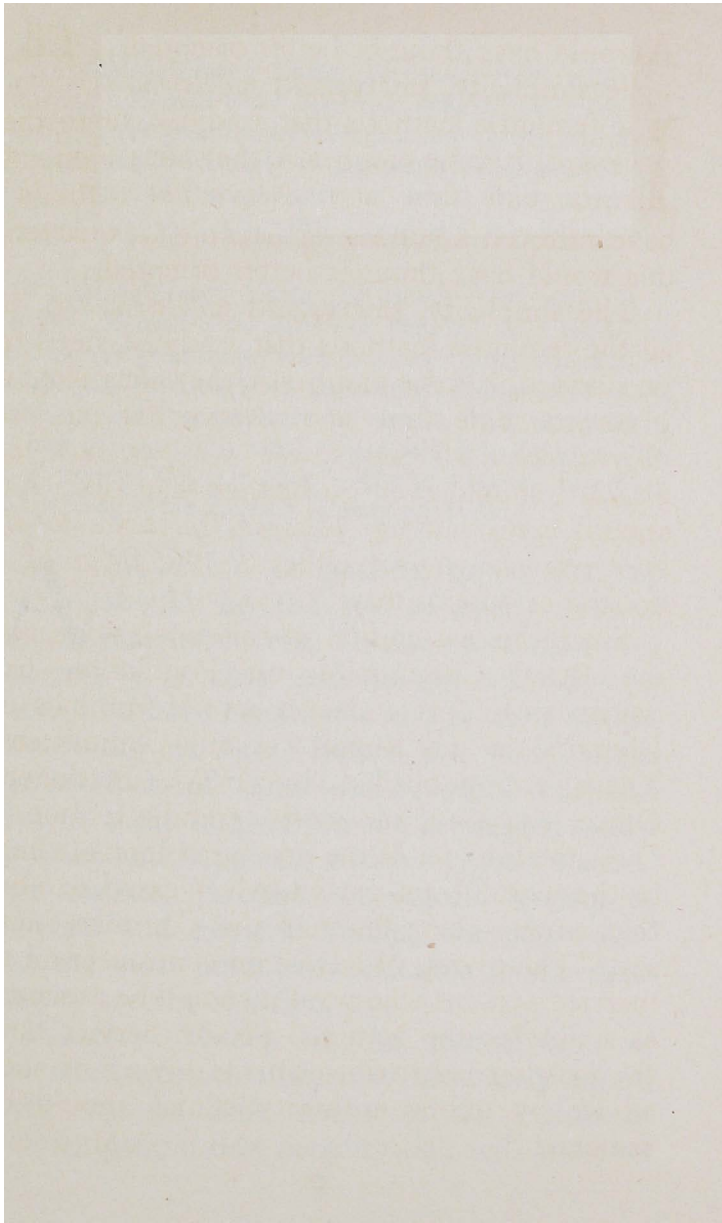
As the founder of the first birth control clinic in the world I am particularly pleased to note that among their findings the Commissioners say, "The giving of advice on contraception to married persons who want it should be accepted as a duty of the National Health Service, and the existing restrictions on the giving of such advice by public authority clinics should be removed."

M. C. S.

# WISE PARENTHOOD

A PRACTICAL SEQUEL TO

*MARRIED LOVE*



## Chapter I

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

A FAMILY of healthy happy children should be the joy of every pair of married lovers. To-day more than ever the course of duty and delight coincides for those who have health and love in their homes. For to-day as never before the world needs the products of sound and beautiful love, and though these range from the intangible aroma of peace and happiness which a rightly wedded pair radiate, through an infinite variety of spiritual and physical results, the most vital and the most potentially valuable to the community are the children.

Whatever theory of the transmission of characteristics scientists may ultimately adopt, there can be little doubt in the minds of rational people that heredity *does* tell, and that

children who descend from a double line of healthy and intelligent parents are better equipped to face whatever difficulties in their environment may later arise than are children from unsound stock. As Sir James Barr said in the *British Medical Journal*, 1918: "There is no equality in nature among children nor among adults, and if there is to be a much-needed improvement in the race, we must breed from the physically, morally and intellectually fit."

Nevertheless, the happiness which children should be in a home depends less on a conscious sense of civic virtue (though that may be a factor), than on an acute and warm personal feeling of the parents towards each other. Every man who finds beauty and goodness in his wife must feel a keen desire to repeat that beauty and goodness throughout all time, and every woman who has picked her mate freely, and because she thought him a knight among men, must long to see his characteristics reproduced, so that the world should not lose the imprint of his splendour when the inevitable happens and he has to pass. Indeed, one may almost take it as an axiom when dealing with true love that the pair do feel thus towards each other, and consequently desire children, unless they are aware that either is stricken by some inherent weakness or disease which might reappear in

the child. Then they must refrain from parenthood out of a sense of duty and pity towards the unborn.

Nature herself provided that men and women should delight in meeting. Given a loving married pair in normal health, and unsophisticated in any way, there is seldom any lack of children around them after they have been wedded for some years. This is what is still described as the "natural" condition of affairs, and in these days of sophistication in so-called "civilisation," some reformers urge a return to Nature and an unregulated birth-rate.

If, however, the course of "nature" is allowed to run unguided, babies come in general too quickly for the resources of most, and particularly of city-dwelling, families, and the parents as well as the children consequently suffer. Wise parents therefore guide nature, and control the conception of the desired children so as to space them in the way best adjusted to what health, wealth, and happiness they have to give. The object of this book is to tell prospective parents how best to do this, and to hand on to them in a concise form what help science can give on this vital subject.

This is not an attempt to present complete arguments to show the racial and national necessity for the Control of Conception:

various aspects of this theme have been presented in other volumes.

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

That a large proportion of intelligent and thoughtful married couples are practising at the present moment some method or other of the control of conception is beyond dispute. In Lord Dawson of Penn's speech before the Church Congress at Birmingham in 1921 he said: "I will put forward with confidence the view that birth control is here to stay. It is an established fact, and for good or evil has to be accepted. Although the extent of its application can be and is being modified, no denunciations will abolish it." The question before us, therefore, is not whether or no some knowledge of contraceptives should be allowed; it is already established. General dissatisfaction with most of the methods used is however prevalent; and this dissatisfaction is not being alleviated, because there is also a widespread

ignorance of satisfactory methods, even on the part of medical practitioners. Numbers of people who are practising and have been practising the control of conception by various means for years, are in urgent need of a better method than any known to them. The following pages are written for them.

If this book gets into the hands of some who have not given the subject of the control of conception adequate thought they should read the books mentioned after p. 98. This short list is only representative of a few of the more serious aspects of the subject; but if a serious student is not yet convinced by them and will follow up and read all the other works referred to in them, he will then at any rate have a fair idea of the essentials of the subject and can form his own opinions.

What we are here concerned with is the fact that contraceptive methods of many sorts are now so widely used that it is high time serious attention should be devoted to the subject. People should not be employing anything less satisfactory than the best now obtainable; but, unless they are given the best they will assuredly use some less desirable means. The *will* to regulate the number of their children is now almost universal, and if people have not the knowledge of good and wholesome methods they use bad ones or abortion.

I will give a quotation from one of our most ardent social reformers. The Rev. Sir J. Marchant, Secretary of the Birth Rate Commission and Director of the National Council of Public Morals, in his book, *Birth Rate and Empire*, says as follows (pp. 144-146):

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

The Rev. Sir J. Marchant says, "Brides and bridegrooms know how it is done." That is true. They know some, perhaps several, ways of securing voluntary instead of involuntary parenthood, but very few have precise and

satisfactory knowledge of, or understand the reasons against, many of the methods which are recommended to them either by medical men or by friends who, as ignorant as they themselves, have been in the habit of using methods described as "harmless," simply because they do no gross and obvious injury.

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

When I first wrote (1918) on the subject of the control of conception I felt it to be amazing that medical and physiological science should have so neglected research on this most vital subject. It seemed even more amazing that the reactions and results of the methods even then widely used should not have been thoroughly studied and understood. The

methods which I suggest are much simpler, more healthful and less disillusioning than those most in vogue before this book was written. I am glad to think it has materially changed current practice.

The most important recent pronouncements on the subject of the control of conception are in the Report of the Royal Commission on Population. This Commission sat for a long time, and finally issued its Report in June 1949 and this, together with various Memoranda and Reports of its sub-committees, is published by H.M. Stationery Office.

The most useful pronouncement is their explicit statement that, "The giving of advice on contraception to married persons who want it should be accepted as a duty of the National Health Service, and the existing restrictions on the giving of such advice by public authority clinics should be removed. The initial duty to give advice should rest with the family doctor. Any clinics needed for this purpose should, wherever possible, be associated with the facilities we recommend for advice on infecundity. This branch of the National Health Service should be so designed as to allow for experimental development, as the needs emerge, for other activities (e.g. pre-marital examinations) of direct relevance to family welfare."

Under the National Health Service, however, sound help and practical instruction in the

control of conception is not yet available for all women; thousands still come to my private clinic, and many others, and in this country and elsewhere many need help from books.

The Commissioners say (p. 40), "Since 1918 voluntary clinics have been set up to give advice to women . . ."; this sentence is not quite accurate. In 1918 when this little book *Wise Parenthood* was published there was not a birth control clinic in the world. I founded and opened the first birth control clinic on the 17th March 1921, and hence I feel personally particularly thankful that after careful consideration of a mass of relevant information the Royal Commission issued the useful statement quoted on the preceding page.

In nearly all of the hundreds of clinics now operating the fundamental principles first laid down in this book in 1918 are practised.

Now after giving the details necessary for the comprehension and employment of the best methods which I can recommend, I shall mention one or two others of those in general use, with reasons why I think them inadvisable save in very special circumstances. The large number of other and still less satisfactory means employed will not be touched upon at all, as this is not a monographic dissertation, but an attempt to be helpful by presenting, if not the ideal, at any rate the good in place of the less good or actually bad.

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

variations depending on the temperament of the writer, I have had appeals one after the other saying: "We have asked our doctor, but he tells us nothing which is of any use. So we have therefore to go on using this, that, or the other method, which we feel to be unsatisfactory, because we do not know what else to do." In the pages which follow they will find an account of the physiological reactions of various methods and will thus be able to use the means best suited to their own circumstances.

Some churchmen recommend and some demand "absolute continence," save when a child is desired as a result of union. Where the mated pair are young, normal, and in love, such advice is not only impracticable, it is detrimental. Under such conditions a rigid and enforced abstinence, even where it is not directly injurious to health, may yet have as harmful effects as incontinence. The capacities and requirements of people vary greatly and no universal rule can apply to all. Other clerics and ascetic-minded laymen sometimes disguise (perhaps even deceiving themselves) "absolute continence" under the more popular term of "self-control," which has a noble sound and is liable by credulous audiences, to be applauded. But "self-control" will not limit the numbers of the family unless it is so extensive that its correct description is "total abstinence extended over years," and this, as

most medical men now agree, is not conducive to the physical well-being, or the mental harmony of a home composed of normal, strong and healthy young people, however suitable it may be for those ageing or of weak vitality. On the one side "absolute continence," and on the other an easy self-indulgence, are in married life equally to be condemned. In either of these two quagmires disasters lie in great variety. The narrow and safe path between them is a wise, reasoned and controlled use of the most intimate and sacred functions of the body.

Though for general guidance the suggestion which I have made, particularly in Chapter V of *Married Love*, may be of service, yet each pair must find out for themselves the point where self-control becomes an object in itself and detrimental to health and vitality, and where on the other hand the expression of love begins to slide into a too facile indulgence.

My object is not to make sex-experience a danger-free indulgence, but to raise the sense of responsibility, the standard of self-control and knowledge which goes with maturity, and consequently the ultimate health and happiness of those who mate. It should be understood by the man, who is in general the more active partner, that he has to consider not only himself but his mate, and that *the only right rule in marriage is that which gives the greatest sum total of health and happiness to the two concerned,*

*for the benefit of the nation and the race. To achieve this, most men will have to exercise a fine self-control, truly ennobling and strengthening both to mind and body.*

A knowledge of the means of prevention of conception may co-exist with low standards of living and personal hygiene, but even then such knowledge may save the next generation the misery of being hurled into wretched conditions, and may save the community the cost of maintaining anti-social lives.

Some, who would otherwise welcome the spread of knowledge on this important subject, fear an increase of promiscuous relations as a result. It appears, however, that the type of person who desires to lead an irregular life has long had access to sufficient information to satisfy such requirements, while the virtuous mother has been helpless in her ignorance of how to control her motherhood in the interests of her children. Daily experience at Birth Control Clinics bears this out in a convincing manner. Thousands of worn and wretchedly over-burdened mothers have applied for the help given by knowledge, but not a dozen of flighty young people. The latter can get crude information from their companions.

Those who would debar the personally selfish from the knowledge of such methods of control, forget that it is just by those who do not trouble to *prevent* evils that the worst

and most disastrous attempts are made to overtake the evils they themselves originated. I do not wish in this book to speak of the prevalence and horror of the poor and ignorant woman's attempts at early abortions: the story would be too heartrending, and is out of place in this little book, which is one of help and guidance. Social workers who have consciences and desire to help others will find burning data in the letters written to me and published in my book *Mother England*.

Destructive of the health of both mother and child are the frantic efforts of women "caught," prematurely after a birth, or too frequently in their lives, by undesired motherhood. The desolating effects of abortion and attempted abortion can only be exterminated by a sound knowledge of the control of conception. In this my message coincides with that of all the Churches in condemning utterly the taking of even an embryonic life.

Alas that so many ignorant women do not realise the difference between the control of conception and abortion, and for want of knowledge of the former are ruining their health and pouring money into the pockets of unscrupulous firms which sell "pills."

Abortion in some circumstances may be the lesser of two evils, but it is always an evil. In Great Britain, when it is medically necessary, medical practitioners perform it.

Unfortunately, in this country a certain section consider it "advanced" to admire and wish to imitate Russia, and they not long ago were pressing for this country to copy Russia and have "free abortion." Russia herself, however, found the experiment disastrous, and authoritative reports from Russian gynaecologists present legalised abortion in an appalling light. However successfully it is performed, it leads to a great variety of potential physical ills for women. Nevertheless, so recently as the year 1940, the Eugenics Society, with Lord Horder in the chair, welcomed a paper pressing for abortion. The speaker was "cordially thanked for her brave recommendation that abortion should be available to any mother of four children," although they regarded this as only "a good beginning."

The deplorable ignorance behind such propaganda is demonstrated in the article in the *Birth Control News*, page 132, February 1934, to which reference should be made for medical detail.

## Chapter II

“All turns on what we say is included under divine law. If it is *de jure divino*, then there is no power to modify it; but if any portion is not, then there is power.”

**D**OES divine law condemn scientific methods of controlling conception?  
It does not.

And Christ never condemned parental control and voluntary parenthood.

I am thankful to be able to add now [in 1936] to these words I wrote so many years ago, that the Bishops at the Lambeth Conference concur, and in their Committee's Report on Sex and Marriage 1930 they stated:

“It must be recognised that there is in the Catholic Church a very strong *tradition* that the use of preventive methods is in all cases unlawful for a Christian. We acknowledge the weight of that testimony, *but we are unable to accept that tradition as necessarily final. It must be admitted that it is not founded on any directions given in the New Testament. It has not behind it the authority of any Œcumenical Council of the*

*Church. Moreover, it is significant that the Communion which most strongly condemns in principle all preventive methods, nevertheless in practice recognises that there are occasions when a rigid insistence on the principle is impossible. If our own Communion is to give guidance on this problem, it must speak frankly and openly, with a full appreciation of facts and conditions which were not present in the past, but which are due to modern civilisation."*

The Churches, long after Christ's words were spoken, concocted various views of the matter by combining the Pauline attitude toward sex with various Old Testament verses. But no Church, not even the Roman Catholic, has ever yet had a permanent, a logical, or a racially ennobling code of teaching on the subject. The pressure of public opinion is continually forcing the Churches in this, as in other matters, to shift their ground. Alas! While they endeavour to instruct and legislate, they do not lead.

The Memorandum of the Bishops of the Anglican Catholic Church in 1920, the doctrine of the Roman Catholic Church, the pronouncement in congress of the main body of Christian Nonconformists, and the Jewish Church, all used to condemn what they called "artificial" methods. The Roman Catholic Church in particular has been the most vociferous in its vocal condemnation of the use of scientific

aid in controlling the production of children, although it—like the other Churches—concedes the *principle* of the justifiability of control in some circumstances. To concede the principle, even while condemning the best methods of effecting such control, is to deny the uses of intellectual progress. The stricter members of the Churches have obeyed their edicts; or, with uneasy and unhappy consciences, disobeyed because they must, or because their training and intelligence taught them that they should make use of what scientific knowledge is available for their help. Hence numbers of Roman Catholics have defied the priests or concealed from them the fact that they use methods of control. An interesting example of a particularly self-reliant and brave Roman Catholic who not only privately but openly defied his priest and publicly advocated birth control is reported in his own words in the *Birth Control News* for April, 1927, vol. v, No. 12. Some priests permit methods and themselves deny the authority of the Church, all of which indicates the nation's hunger for intelligent help on lines suited to modern conditions.

In the last few years, a recognition that the Church of Rome does permit certain methods has become more general. I discussed the matter fully in my book *Roman Catholic Methods of Birth Control*, published in 1933.

My book acted as match to gunpowder, and since that date there has been an epidemic of books written by Roman Catholics giving detailed birth-control methods approved by the Church of Rome. A notable text of the kind is "Lawful Birth Control, According to Nature's Law in Harmony with Catholic Morality" by a Roman Catholic priest, the Rev. John A. O'Brien. There are many others. This is all to the good, for once it is recognised that we are all in agreement that overburdened mothers should not be forced by ignorance to bear diseased children, we can leave to time and human intelligence the consideration and testing of the actual methods by which this is accomplished.

In this connection it is particularly interesting to read in the investigation prepared for the Royal Commission on Population by the Council of the Royal College of Obstetricians and Gynaecologists on *Family Limitation and its influence on human fertility* (H.M. Stationery Office, 1949) that these investigators made enquiries on the subject of religion, dividing people into four religious categories; Roman Catholic, Jew, Church of England and none. Quite a high proportion of the Roman Catholics they interrogated were users of contraceptive measures. In time I am convinced most Roman Catholics will use the best methods of contraception.

The wisdom of the Churches is ancient and pre-scientific: humanity to-day is modern and lives under increasingly "artificial" conditions: only the divinely-given everlasting truths are eternal, and on these the Churches must base their authority. Are any such divine laws given to the Churches about the Control of Conception?

I answer—None.

The Churches, old and wise, gave suitable advice on sex matters in the early days, and now, after long periods of reaction the Church helpfully stated at Lambeth in 1930 "it can never be right to make pleasure or 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.*" And "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 conscien-*

*tiously adopted.*" The Roman Catholics have deeply resented this sane attitude on the part of their fellow Christians and claim that they alone represent the true teaching of the Church.

Respecting the control of conception and general guidance concerning sex unions, the so-called Christian ethic (which incidentally goes back to Genesis for its origin, see page 411 of the First Report of the Birth Rate Commission), did for long neglect some of the highest potentialities of marriage. By chaining it to a low individualism, ignorant or forgetful that "they twain shall be one flesh," and that the married pair is not merely a couple of individuals, whose individual souls may achieve perdition or salvation, the greater truth has been hidden. I maintain that a married couple is a welded pair, a higher unit, whose existence and potentialities on this planet depend largely upon the physical condition of the material body of each of the pair, and of its interplay and exchanges, which are jeopardised without the knowledge how best to control the production of children.

The insistence, often formerly, but now seldom made in the name of Christian "morality," that the act of physical union should take place only for the procreation of children, ignores profound physical and religious truths.

On physiological, moral, and religious

grounds, therefore, I advocate the restrained sacramental and rhythmic performance of the marriage rites of physical union, throughout the whole married life, as an act of supreme value in itself, separate and distinct from its value as a basis for the procreation of children.

That being so, some knowledge of scientific methods of controlling conception becomes not only useful but of the highest—even of religious—significance.

Consider what is entailed in calling forth into existence new souls, each immortal, as all Churches maintain. This is surely one of the profoundest and most essential ways in which the Church can meet and guide humanity. Could any more exalted and more wonderful opportunity be given to the Churches than to see that the souls thus started upon their journeys, endowed with immortal power to serve or disserve God, should be brought forth in love and at such times as will give them every opportunity for complete human equipment?

Even still the Churches too often offer to serious and inquiring parents who can rear no more children only the alternatives of total and enforced abstinence, and the so-called "natural" method of consciously timing what should be a spontaneous natural impulse of love to those periods supposed to be "safe." Both these methods I condemn for general use,

although they may suit some individual needs. Both thwart what is a high and God-given impulse, and in my opinion consequently both these practices are at times essentially immoral, almost as immoral as forcing sickly and unwanted children upon an unwilling mother and an overburdened world.

Marriage is a great and profound thing, and has a deep spiritual and physical significance apart from and in addition to being the basis of parenthood. And both these practices, allowed as the only means of birth control by some leaders of the Churches, strike at the roots of the perfect marriage. The common folk who disobey and disregard this advice, however wrong they are in their *methods*, are right in their deep instinct to obey God's ordinance that the twain shall be one flesh. There is, for this aspect of the subject, "A New Gospel."

The divine law on this great subject has not yet been pronounced finally. The Churches have hitherto based their standard of social morality concerning it on human pronouncements. That being so, religious people should welcome the human understanding of those who to-day most seriously study the question in order to help forward the race on its material journey through space. Science, in reverent hands, may to-day on such a theme more nearly reach divine law than the Churches have yet done.

That this was felt soon after I began my work by leaders of the Church, is seen in such writings as those of Dr. Inge, sometime Dean of St. Paul's, and the published statement by the then Bishop of Birmingham (*The Times*, April 8, 1919) who said: "Morally, as well as eugenically, it was right for people in certain circumstances to use harmless means to control the birth-rate. . . . It was immoral to avoid having children from selfish motives, but it was surely also immoral to have child after child under circumstances which, humanly speaking, were such as to render the proper upbringing of such children impossible."

How greatly my book *Roman Catholic Methods of Birth Control* has changed the tone of the Roman Catholics toward birth control can be seen in the current *Catholic Herald* (August 1946) in its Answers column:—

Q. What is "Catholic" Birth-Control?

A. The spacing-out of a natural act, as opposed to its frustration. Consult a Catholic doctor for practical and ethical advice.

Some vital truths about Sex and Religion have long saturated my mind, and I have tried to give expression to them in a little pamphlet called *Sex and Religion* which my readers may find helpful, and which, short as it is, I consider the most important of my writings, and next to it my poem *Oriri*.

### Chapter III

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

I sincerely hope that those who propose to read this little book will *first* read my *Married Love*, because the whole complex experience of married life is so interwoven with the sex act, and consequent children, that it is almost impossible to isolate the one thing, namely, the controlling of conception, and discuss that by itself without distorting its relation to the whole of life and appearing to lay stress on the minor details rather than on the greater themes. My object in the following pages is, in the interests both of the pair and of society, to spread what little light science has already thrown upon the subject, so that each pair may not only themselves be healthy and happy, but may bring forth children for the race, who have the

best chance which the pair can give them of health and beauty and happiness. From a variety of causes our race is weakened by an appallingly high percentage of unfit weaklings and diseased individuals. It is perhaps only to be expected that the more conscientious, the more thrifty, and the more lovingly desirous to do the best for their children people are, the more do they restrict their families, in the interests both of the children they have and of the community which would otherwise be burdened by their offspring did they not themselves adequately provide for them. Those who are less conscientious, less full of forethought, and less able to provide for the children they bear, and more willing to accept public aid directly and indirectly, are more reckless in the production of large families. Of course there are many individual exceptions, but they do not affect the general tendency. These facts are most significantly borne out by the statistics of the birth-rates of different types of people. For instance, in the Census Report for 1911 (as published and analysed in 1912), we find that the total birth-rate per thousand married men under 55 years old is 162; but that the birth-rate for the upper and educated classes on this basis is only 119, while that of comparatively unskilled workmen is 213 and over. The detailed analysis of trades and occupations is most interesting, and should be read in con-

junction with a memory of the wages and social environment of the various homes. Reckoning per thousand married men below 55 years old, the average number of children is as follows:—

Anglican clergy	...	...	...	101
Other ministers of religion	...	...	...	96
Teachers, professors, etc.	...	...	...	95
Doctors	...	...	...	103
Authors, editors, etc.	...	...	...	104
Policemen	...	...	...	153
Postmen	...	...	...	159
Carmen	...	...	...	207
Dock labourers	...	...	...	231
Barmen	...	...	...	234
Miners	...	...	...	258
“ General labourers ”	...	...	...	438

The above figures apply only to children born of average married people; when the vicious and feeble-minded people reproduce, they do so more recklessly. Up to date figures and many tables and analyses of investigations are to be found in the Report of the Royal Commission on Population already mentioned, (page 10).

It is found, in short, that the *numbers* of our population increasingly tend to be made up from the less thrifty and the less conscientious. Were this only a superficial matter, it would concern the race but little, but it is penetratingly profound and far-reaching. The thriftless who breed so rapidly tend by that very fact to

bring forth children who are weakened and handicapped by physical as well as mental warping and weakness, and at the same time to demand their support from the sound and thrifty. It is indeed most serious for any race when (as was pointed out in 1918 in *The Times*, of the British then) less than half the population is "physically fit," even when fitness is judged by the comparatively low standard of present-day needs. Moreover we must remember that this half is not free and untrammelled, but is burdened by the partial support and upkeep of the unfit portion of the population, and hence is less able to support children of its own good type than it would be were the incapables non-existent. Hence children with the chance of attaining strong, beautiful and intelligent maturity should alone be conceived. This can only be when the whole relation of each married pair is rightly adjusted, and therefore it is my earnest request that those who have not yet read *Married Love* will lay this book aside until they have done so.

. . . . .

Certain details concerning the structure of our bodies must be particularly considered in connection with the control of conception. It is possible to imagine very highly-specialised human beings who would only unite when they definitely desired a child. There are human

beings to-day who advocate that course and who either practise it or endeavour to practise it, but as a race we have not evolved on lines to allow such procedure; and whether these people realise it or not, with few exceptions, they wrong their partner, they wrong themselves, and they wrong the community in which they live, by ignoring other facts and laying too heavy a burden on their own shoulders. One of the least serious, but most annoying, results to the community is a harshness of judgment, an irritableness and a tendency to quarrel and bicker, which such people frequently develop. A wise moderation should be exercised.

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

Control of conception consists in shutting away all the millions of sperm from the one egg, instead of allowing one of those millions to develop while all the rest of the myriads perish.

When should such steps be taken?

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

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

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

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

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

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

she has the capacity and the wish to bear more children and those she already has are healthy and intelligent, then she will be doing useful work by bearing and rearing a large family.

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

The community needs a variety of characteristics, and it is good that there should be men and women in social life who have been reared in large families, where they early gained characteristics of great service to those who fill a variety of offices. On the other hand, the children of small families, who have perhaps had more intimate affection showered upon them, also have their valuable characteristics. The human race has not yet sufficiently studied itself to have discovered more than a few mistaken ideas concerning the varying characteristics of

children from small and from large families. The subject is one of very great interest, and requires intelligent handling by someone not blindly hypnotised by superficial statistics, but capable of analysing the essential factors in each life-history.

In the rough and haphazard way in which we are at present accustomed to speak about such subjects, all we can say is that where two married people have health and this world's goods sufficient to endow half a dozen or more children with health, happiness, and a good start in life, their large family is one that should be of great service to the State. Nevertheless, this should not be put before the country unthinkingly as a universal ideal. The strain of bearing more than a few children is detrimental to a large number of the best women, and this finds its expression also in weakness, a tendency to ill-health, if not actually death, on the part of their infants.

Dr. Ploetz found that nearly 60 per cent. of babies born to women who had as many as twelve children always died. When the chances of death of an infant are 60 per cent. there must surely be some very special personal reason for a woman to bear such a problematical life. Country women of robust frame, and with plenty of wholesome food and fresh air, may bear a dozen or more splendid children, but poor mothers in the crowded cities can seldom,

without disaster, bring forth more than half that number.

Now it must not be imagined that by controlling births the pair are necessarily reducing the number of children they bring to maturity. As a matter of fact, by taking care to produce children only when they are fit to do so, parents immensely increase the chances of those children reaching maturity and living healthy and happy lives. It is important to notice that Holland, the country in Europe (until the war) the most advanced in relation to birth control, where almost everyone takes care that the children shall be well and voluntarily conceived, has greatly *increased its survival-rate*. It had the lowest infant mortality in Europe, and it has saved itself the cost and wastage of innumerable babies' coffins, while actually accelerating its rate of increase of population. America, on the other hand, where the outrageous "Comstock" laws confuse wise scientific control with illegal abortion of lives already begun and labels them both as obscene, has, by thus preventing people from obtaining decent hygienic knowledge, fostered criminal and illicit operations. Women, driven to despair, to madness, by the incessant horror of pregnancies they dread, will by hook or by crook, from the street corner or the gutter, find out how to strangle the life which should never have begun.

In my book *Married Love*, in the chapter

on "Children," I said, concerning the control of conception:—

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

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

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

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

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

The exact methods I recommend are described in the next chapter.

## Chapter IV

### Methods Recommended

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

Marriage is too often the grave of romance, and undoubtedly the disabilities of recurrent pregnancies, and the consequent necessity which married people have so long felt of using some means of prevention, have done much to deaden the beauty and undermine the security of the marriage relation. Alas! that it should be so, but without question many of the less worthy people have known better how to retain the adventitious charms of union than have those united in holy wedlock.

Ideally all knowledge of methods of controlling conception should be confined to the married and those immediately about to marry. Something approaching a sacred initiation into

the rites of marriage should be available, under dignified and impressive circumstances, for every wedded pair, but alas! this is a remote ideal, and to-day far too often the married are in ignorance of what should most vitally concern them.

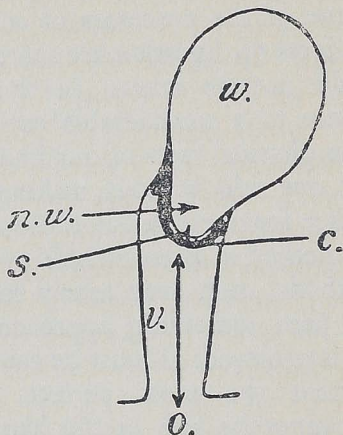
This book is written essentially for the married. It is true that it may pass, directly or indirectly, into the hands of those who have not put any religious or civil seal on the bond of their love. But if it does, one can be sure that it will reduce, and not increase, the racial dangers which are so often coincident with illicit love. Moreover, as I have often said on the public platform when questioned about the dangers of spreading immorality, the methods which I taught and are used at the "Mothers" Clinics (Society for Constructive Birth Control) *cannot be used by a virgin girl*. While on the other hand, if the knowledge in this book may enable a few wives *apparently* without reason to avoid all childbearing, it is surely well that such women should not be mothers, for motherhood is too sacred an office to be held unwillingly.

Some people, generally those who have been brought up in the hazy ignorance of either an idealistic or a shamefaced attitude towards sex, refuse to use any preventive method. Not infrequently a woman who has had several children and acquired a fear of pregnancy so

refuses, and cuts off her husband from all normal intercourse, with, possibly, serious effects on the health of both. Such people should try to realise that because there may be a few inartistic moments in a course of procedure, that cannot rationally be held to prohibit the procedure. It would be as reasonable to decide that as some of the processes of cooking and the after-effects of digestion are inartistic, solid food should not be taken. In this physical world we are to a considerable extent dependent on the physical facts of our bodies, which we cannot override without making grievous trouble either for ourselves or those around us.

No one method is *absolutely* safe by itself, but if two methods, each very nearly reliable, are combined, then something approaching absolute safety is achieved. It must be remembered, however, that the most perfect procedure devisable cannot be safe in the hands of one who is careless. The consequences of carelessness are, of course, most serious to the woman; she, therefore, is the one who should exercise the precaution. Consequently she must have knowledge sufficient to be sure that she is taking the right steps. A large number of women are not acquainted with the physical structure of the human body; it is, therefore, necessary to describe a few essential features which all women must understand in order to take the best precautions.

A married woman has no difficulty in distinguishing the entrance of the vagina. The vagina itself is not a sex organ, but is the canal leading to the important internal organ—the womb. The ovaries, the actual source of the egg cells, are entirely internal and do not con-



cern us here. The womb, however, though it is internal, can readily be felt near the end of the vaginal canal (*v* in diagram) if the woman feels for it with her longest finger (of which the nail should be very clean, and is best covered with boracic vaseline before it is gently inserted). The distance from the opening of the vaginal orifice (*o*), which is the external opening, to the end of the vaginal canal where the womb can be just felt by most women, is generally

about the length of the woman's own finger, although some women are made with long vaginal canals and short fingers; just as some have long noses and short chins. Such women may find it difficult to use this particular method; they are relatively few in number however. The womb (*w*) lies internally, but at the end of the canal and a little to one side, its neck projects like an inverted dome of soft firm tissue (*n w*); in the centre of this is the very small actual opening (*s*) through which the sperm will pass if it is to fertilise an egg cell. This opening, however, is very small, and would not be felt under normal circumstances by most women. I have myself observed, and have confirmatory evidence from many records at my clinic, that there are times when this neck is wide enough open to receive the actual tip of the male organ. At such times, of course, conception is particularly likely to take place.

The woman should know that this opening is there, and that, therefore, if she wishes to prevent the sperm reaching the ovum this small entrance is the critical gateway through which the sperm must not be permitted to pass. In the vagina itself the sperms are merely waiting in the ante-room. The vagina, however, is of great importance to the man in the sex act, for it is into the vagina that his organ enters, and there it receives the sensations necessary for the completion of the normal act, the

contact of the soft tissues of the parts being an important element in the right performance of the vital function. The ideal preventive method, therefore, does not interpose anything between the tissues of the vaginal canal and the male organ, but it should cover over the minute entrance of the womb and shut away the sperm from entering that critical part.

The best appliance at present available for doing this is a small rubber cap, made on a firm rubber ring, which is accurately fixed round the base of the dome-like end of the womb. When properly fitted it adheres by suction assisted by the resilience of the firm rim against the circular muscles and remains securely in place, whatever movement the woman may make. The cap does not grip or pinch the neck of the womb, as is often implied by ignorant critics of the method. (In the diagram, *c* shows the rubber cap in position.) These small rubber caps are quite simple, strong, easily fixed, and should be procurable from any first-class chemist.<sup>1</sup> The important

<sup>1</sup> This round rubber cap is called the small check pessary or small occlusive pessary; sometimes the *small mensinga*. I am not here speaking of the larger mensinga or matrisalus pessaries. A great variety of names are given to various types of the small occlusive pessary; the best make is the type illustrated on p. 92, A, the "*Racial*" made in strong, red specially treated rubber with a *solid* all-rubber rim. See the Note on p. 90. Forms with air-rims are often advised, but experience at the Clinic is against them. Racial's are now stocked by all Boots' branches.

point about adjusting them is that they should be of the right size. The average woman is fitted by a small or a medium size, but the woman who has had several children generally wants them larger. Educated and intelligent women can generally fit themselves quite easily, but some women cannot, and for them personal instruction is necessary.

Women who are quite healthy, and under the impression that they are entirely normal, may sometimes find the use of this cap impossible, or find that if they do use it, it fails them, because, without knowing it, they may have some internal abnormality as an after-effect of childbirth. One of the commonest (which is frequently detected among those women who come to a Clinic) is the laceration of the neck of the womb as a result of the stretching by the child's head at birth. The result is that, although the neck of the womb has healed, and the woman is quite unconscious of any pain or disability, instead of a circular contracting muscle, the neck consists of two or more flaps, one of which may get on the outside of the rim of the cap, or otherwise interfere with its proper placing, and in any case make it difficult or unreliable for the woman to place it in position herself. Hence, unless a woman is acquainted with anatomy and *knows* herself to be normal, it is much better that she should be examined by an

expert, such as the nurses at our Clinics or one of the doctors in touch with our Clinics, before using the cap herself. After one examination, a healthy woman need have no further expert assistance until she has another child, when she should be examined again after child-birth.

Perhaps it is well to note here that for women who are out of reach of a Clinic (and especially in remote districts of the Dominions and foreign countries, there are unfortunately many such women), and for women who are doubtful about their own normality or who have suffered some injury during childbirth, the simpler method described on page 60 should be used meanwhile, until they can go for expert examination to some clinic or experienced medical practitioner.

To continue the description for normal and uninjured women, able to use the cap. Before its insertion the rubber cap should be moistened with very soapy water, so as to allow it to slip in easily. Some prefer to use lactic jelly for this purpose. This can be squeezed easily out of the tube container, and has the additional advantage that it is slightly contraceptive and also a preservative of rubber. The cost is trifling as a tube lasts a very long time. If both the inside and the outside of the vaginal caps are smeared with the jelly it tends to preserve the rubber, reducing contact with the grease of the suppository which tends to

destroy the rubber. Since the war the quality of rubber has definitely deteriorated and it is not so grease-resistant as the specially prepared caps used to be. The best technique for women nowadays is to smear both inside and outside (not the rim of the Racial cap, the dome only) with lactic jelly, slip the cap in and then later, at the appropriate time, insert the greasy suppository.

In America many of the clinics are so ill-advised as to teach the use of the jelly only without the greasy suppository. Their rate of failure is much higher than ours and I warn all readers emphatically that a cap, with only jelly and no grease, is not 100 per cent safe. The jelly should be treated only as a lubricant and protector. A greasy suppository is the essential accompaniment of the cap.

The cap should be placed in its position for use at any convenient time, preferably when dressing in the evening and some hours before going to bed. The great advantage of this cap is that once it is in and firmly and properly fitted it can be entirely forgotten, and neither the man nor the woman can detect its presence. This point, although primarily an æsthetic and emotional one, is of supreme physiological benefit also, and is one of the strongest arguments for this method. The cap should be put in at least an hour or more before bedtime, and left undisturbed until the following day. There

is no *fundamental* reason why a healthy woman should not leave it in for two days, but experience has shown me how forgetful even the most intelligent women may be, and it is bad to leave it in more than that. So I now emphasise, as a universal rule, that the cap should be left in overnight but always taken out next day sometime before mid-day. After use, even if the cap is to be again inserted in an hour or two, it should be carefully washed in soapy water, and though not essential where there is perfect health, it is much better to dip it into a weak solution of some wholesome disinfectant before putting it away in the jar of water recommended in the Appendix. Some women, as advised by the medical man who invented metal caps, insert the cap when the monthly period has entirely ceased, and leave it in for three weeks, but I have never recommended this and consider it dangerous. The cap should not be worn needlessly: there is no reason to do so, as it can be slipped in easily when desired. A woman who needs to use her cap very frequently would do well to have two and to keep them alternately in a disinfectant solution. Women very greatly vary in their vaginal effect on rubber. When it is unlikely that it will be required, it is always better *not* to keep the cap in place but to remove it overnight.

Now the cap alone, if it really fits and the sperms are naturally got rid of without having a

chance to enter, should be completely safe by itself. BUT——

There is, however, always the possibility of a slight displacement or of a particularly active sperm remaining after the cap has been taken out and then using the opportunity to swim into the entrance of the womb. To render this impossible, or at any rate unlikely in the extreme, it is as well to plasmolise the sperms when they first come in; and in order to do this the best method is to have some plasmolising substance in the vagina at the time when the sperms are deposited.

The reason why it is better to do this rather than to wait and deal with the sperms afterwards is given in the paragraph on douching (see page 77).

Several substances may be used for the purpose of plasmolising the sperms. The original form in which such substances were applied was the greasy suppository, or so-called soluble greasy pessary. Since 1880 cocoa-butter and quinine suppositories have been in use and they can be readily purchased. Yet the commercial types have a variety of drawbacks, in particular the quinine compounds used in them are detrimental to a certain number of people. The grease, however, in itself affords a valuable protection, and the same quinine compounds mixed with gelatine or other non-greasy substances (sometimes sold to those who object to

grease) are not as reliable. Experience at the Clinics, however, has confirmed what I knew from personal experience many years ago, namely, that quinine is partly absorbed by the vaginal walls and does not entirely suit all women.

We had prepared for use at our first Clinic (and have long tested them) greasy suppositories made entirely without quinine. Chinosol, if it is used in a small quantity, is a harmless disinfectant, specially recommended by Sir Arbuthnot Lane for its valuable properties in connection with venereal disease, but I have found great variability in its manufacture and composition, and so prefer to use an allied member of the same chemical series. The Racial greasy suppository contains the latter, and is very much to be preferred to the quinine, for while the quinine pessary is satisfactory to about 95 per cent. of women, the Racial is universally satisfactory. It has further the great advantage of being made of odourless cocoa-butter of a special kind with a very low melting point. Since it has been perfected, it has been the only form of greasy pessary recommended at our Clinics. Like other greasy suppositories, it can be slipped in at the last few moments, so that the crisis is not æsthetically interfered with.

Remember, to be effective a suppository must melt a little below blood heat. The cause of many failures of commercial brands is their

hardness, a commercial but not a physiological asset.

Some form of chemical contraceptive is found to be necessary in the majority of cases by the nurses and doctors who advise at the Clinic, and greasy suppositories of various sorts are widely recommended by the medical profession.

Yet for poor people the price of 2/6 or 3/6 a box renders them prohibitive, and many of the so-called "failures" of methods are to be traced to the fact that poor women simply cannot afford to use the chemical contraceptive which is generally advised in conjunction with some other method.

Racial suppositories are only 1s. 3d. a box at the clinic, and but a trifle more at all Boots' branches.

I advise as the safest and readiest method of contraception for the perfectly normal woman, that she should use the all-rubber Racial cap fitted in some time before retiring, and slip the Racial greasy pessary in a few minutes before the act of union. With these precautions there is no getting up to douche or to take other precautions in the middle of the night. It is not necessary to remove the cap or to take any steps until the following morning. The usual processes of Nature will dispose of the now impotent sperms.

Those who are very anxious, however, who may feel this calm inactivity insufficient, may

desire to douche the next morning when taking out the cap. If they wish to do so, there is but little harm in using one of the douches mentioned on page 82, so long as douching does not become a regular habit. Yet it is much better not to douche at all.

The action of quinine on the vagina varies considerably with different types of women. For the average woman it is quite harmless, and indeed for some beneficial. More detail about this interesting point will be found in my larger text-book, *Contraception, Its Theory and Practice*. On the other hand, I am convinced that it is, at least, partly absorbed by the walls of the vaginal canal, and thus penetrates the system in such a way as to make peculiarly sensitive women either somewhat sleepless or to interfere slightly with the digestion, or to initiate local tenderness. It has been proved by scientific experiment that some substances (iodine, for instance) do penetrate through the walls of the vagina and get into the circulatory system with remarkable rapidity. Whether or not the same applies to quinine has never been tested, so far as I am aware, except by the actual experience of those who have long used it as a contraceptive. I am satisfied that it does penetrate the system of some (and therefore presumably of all) women; thereupon it depends on the individual's general reactions whether it is beneficial or upsetting.

Women who have for some time past used quinine pessaries have no need to feel doubtful about them or to stop their usage if they are entirely satisfied with them; but those beginning the use of contraceptives would be better advised to use Racial greasy pessaries from the first as they contain no quinine and are entirely harmless for everyone.

When I first began my work the smell of the commercial cocoa-butter suppositories was very unpleasant. One of the features of the special low melting point RACIAL suppositories (see p. 48) I had made for the C.B.C. clinic was that they were odourless, and thus pleasanter to use. Commercial firms now supply odourless or scented ones, but, of course, generally at more than double the price of the Racial.

A slight disadvantage of the greasy pessary when made in the commercial size is that it produces more lubrication than is necessary for some women, and the friction, essential for the complete orgasm, may be difficult to obtain. Such people should use the small-sized Racial pessary which is now obtainable.

If the pessary is made of a grease which melts at a temperature low enough to be physiologically right, it tends to soften easily in hot weather, and may actually melt in tropical countries, or even in England if the box is carelessly left in hot sunshine. I have recently overcome this difficulty by encasing each pes-

sary in a little gelatine cover which melts only when damp, and so however hot the temperature, the pessaries are not greasy to the touch. These are called Clinocap solubles to distinguish them from the ordinary greasy Racial pessaries, but their effective greasy content is the same. They cost rather more because each has to be separately encased by hand, but they solve one of the major difficulties of contraception in hot countries.

The only real drawback to a greasy pessary is that the melted cocoa-butter tends to spread on to linen, in some types of women who do not have the naturally retentive vagina. For those who object to this or find it inconvenient in any way, the following suggestions may be useful as alternatives:—

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

(b) A strip of boracic lint may be inserted and packed round the cap after its insertion and not very long before union takes place. This is perhaps the cleaner and easier of these alternatives.

None of these methods, however, seem to me

so easy nor quite so satisfactory as the soluble greasy pessary.

Several varieties of soluble pessaries are made with other substances on the Continent, but they are not so easily obtained in this country, though some, originally of German make and re-named, are still being pushed. In France the peasant women make up such things for themselves, using gelatine instead of cocoa-butter. Gelatine, however, does not make a protective film as well as cocoa-butter, and so gelatine suppositories are less reliable than ones composed of a greasy substance. The grease itself clogs the sperms and prevents their movements.

The greatest care should be exercised in getting a rubber cap exactly to fit. In order to put it in, the woman should be in a stooping position, sitting on her heels with her knees completely bent, and she should press the rim of the cap together so as to slip it into the opening. When the cap reaches the end of the vaginal canal it will naturally expand and then tends to find its place itself (*c* in diagram). It wants pressing firmly round the protuberance of the womb, however, and if it is too small it may miss covering the critical opening. It should be the largest size which fits with comfort, and the rounded neck of the womb should be felt in the soft part of the cap. One too large, of course, will leave a gap and be

more disastrous than one too small. It is always better to have a properly trained expert to give advice in the first instance, after a proper examination. A woman who is afraid of her own body or ignorant of her own physiology must get a practitioner to fit her with a rubber cap, or attend a C.B.C. Birth Control Clinic; but for intelligent women this may not be necessary. (It is shown in place in the diagram at c.) On the other hand, as the relative sizes of all the parts of our bodies vary very much, a woman may have a vaginal canal longer than her own centre finger, and would then have to be fitted by a medical practitioner, a nurse, or some competent person. In the first instance, she should purchase more than one size to find out exactly what suits her. On each occasion it should be pressed firmly, after some active movement, to see that it does not slip. When the cap is once firmly on, both the man and the woman can be at ease about it, as it should remain in for hours without dislodgment. But it should be tested by feeling round it before each time of union. It should perhaps be mentioned that it is quite impossible for the cap to enter farther or get into the body cavity and "lose itself" among the organs, as some ignorant people fear.

In order to get it out, all that is necessary is to bend a finger under its rim and jerk it off. The cap can then be brought out, washed and

left to dry until it is next wanted. The little jerk at the edge of the rim itself is necessary to overcome the suction effect, which some women find unpleasant when they merely tug at the ribbon generally attached to the rim of commercial caps. It is far better to use the proper Racial cap which is purposely made without any such attachment, and to rely solely on the finger to jerk off the cap. Rubber tends to rot; so, after some months' use, it should be carefully examined to see that it is not torn or become liable to be readily perforated. If the woman can afford it, I should recommend a new one every six months or so, though with great care they will last a couple of years if the woman's vaginal secretions are not acid or diseased. Some have lasted six years.

A great many different forms of rubber cap are on the market, shaped in various ways, but the circular, strong ring, of pure rubber with the high domeshaped soft centre, specially treated to resist grease, called the Racial, is the only kind I can really recommend. The rim should be composed of firm and solid, but flexible rubber, and *not* contain any metal spring or wire. (See Appendix, p. 93.) "Dutch" caps on the other hand, must contain a metal spring and are necessary for some women (see p. 57).

The use of caps may sound elaborate when described in full detail, but after the first usage is so simple and so unobtrusive, that it can be

entirely forgotten during the marriage rite itself. It therefore alone among mechanical preventive methods does not tend to destroy the sense of spontaneous and uninterrupted feeling, which is so vital an element in the perfected union, and at the same time allows all the benefit to be derived from it. Doubtless when once the intelligent inquiry and scientific research commensurate with the importance of the subject are devoted to it, better preventive methods may be devised, although there seems little immediate prospect of any more satisfactory new methods meeting *all* the requirements. Since these words were first written the more "advanced" things put on the market have all proved harmful in some way or other. The combination of methods just described is far the best course which is available at present, and, indeed, the only one which I can sincerely recommend, and it has the endorsement of the leading medical practitioners, and the increasing experience at the clinics confirms its value.

A medical practitioner opposed to contraception has announced that he has known women who cannot wear the cap I describe, quoting one lady doctor even as being unable to insert the cap for herself: from this he implied that the cap must therefore be useless! His argument was absurd, for he was quoting cases which are abnormal in a scientific sense, and applying the result to the normal. I think

I know personally the lady doctor to whom he refers; but at any rate I know *a* lady doctor who consulted me and told me she could not fix the cap as she has a very long vagina and small hands. In quite early editions of this book I noted such exceptions (and others) who would be unable to wear the cap. The opponent who uses them in argument against the method for *normal* women is only arguing illogically and should not be allowed to influence reasonable opinion.

. . . . .

Another medical practitioner, in favour of contraception, Mr. Norman Haire, M.B., has since July, 1922 (see the Malthusian League's practical leaflet), advocated the Dutch or hemispherical type of cap in preference to the small occlusive I describe above. I welcomed the fact that this Society and now all clinics adopt my main thesis, namely that an internal rubber cap worn by the woman is the best form of contraception. Whether one shape of cap or another is worn is a point of minor difference, as the *fundamental* principle is the same in the use of all the various internal rubber caps, though they vary greatly in details. Most unfortunately Mr. Haire ardently advocated the Dutch simple half-sphere pessary in preference to the small occlusive cap worn on the neck of the womb. I wish therefore to point out serious objections to the Dutch cap which its masculine

advocates entirely overlook.<sup>1</sup> Further serious drawbacks to some makes of this type of cap have come to my notice.

The Dutch cap must be worn so as to cover the whole end of the vagina, and it is therefore necessary for a woman to wear a cap with a very much larger diameter than would be the diameter of the occlusive pessary, for the Dutch cap depends on a certain *stretching* of the end of the vaginal walls for its power to remain in position. Hence the user of the Dutch cap has the end of the vagina stretched, and moreover the end of the vagina is stretched in such a way that certain movements of physiological value which ideally the woman should make are then impossible. It is true that few women either know or practise the completest physiological and natural union; but, in my opinion, this is no reason for justifying the advocacy of a means of contraception which inherently makes certain natural and valuable movements impossible.

A further objection to the Dutch cap is that, of necessity, it must cover the whole end of the vagina, and that therefore the tissues immediately round the neck of the womb are deprived of contact with the seminal fluid. There is reason to believe that these tissues are among the most sensitive as well as most absorptive of the woman; they are not covered

<sup>1</sup> See also my letter in the *Lancet* September 9, 1922, p. 588.

or interfered with by the small occlusive cap with narrow rim which I advise, but they are completely covered by the Dutch cap, and it is *not* good that they should be covered.

I am therefore opposed to the use of the Dutch or diaphragm cap for *general* use. Nevertheless, we often have to use an improved diaphragm at the C.B.C. Clinics and many recently started clinics, for women whose cervical region is injured or out of place.

At C.B.C. Clinics we often advise the Dutch cap for lacerated, abnormal, or difficult cases, when it proves very useful. Also sometimes when the woman has become excessively fat and the internal organs are stretched or out of place, and she is therefore incapable of the ideal and perfect movement anyway, and finds it difficult or impossible to adjust the small cap; also cases when the neck of the womb is injured, and other quite healthy variants.

In recent years a far larger number of women than formerly are so constructed as to need this diaphragm type.

The commercial types of the Dutch cap generally have poor springs, and are needlessly expensive. A newer improved form, the *Clinocap* Dutch diaphragm, is better, cheaper, and has been found satisfactory at the C.B.C. Clinics.

But throughout all my work on behalf of our sex-life, I only *advocate* procedure for the

normal and healthy, in the hope that they may improve and make more perfect their own lives. I recognise as useful palliatives or as necessary treatment a great variety of measures suitable for the great variety of diseased, injured and abnormal persons now among us; but I deplore the tendency still rampant to set our general standard by such persons. The advocacy of the Dutch cap for *general* use by a medical practitioner is only one more regrettable illustration of the all-too-frequent fact that the medical profession (consisting of those who treat *disease*) is frequently blind to the requirements, to the existence even, of perfect and joyous *health*.

### SPONGE AND OIL METHOD

As mentioned on page 43, some women have a lacerated cervix without in any other way suffering in their health, and some have slight prolapse or other defect sufficient to make the fitting of a cap difficult or unreliable. Some find the actual fixing of the cap beyond their unaided powers.

For a long time past I have recommended to women unable immediately to get the necessary examination and help that they should meanwhile utilise my recent modification of an old-fashioned method which we are finding satisfactory at the Clinic. This is the original "sponge method," first publicly made known in

this country in 1823, and now generally superseded by more elaborate and expensive things. We find, particularly in homes where life is simple and the desire is to spend little money, that the simplest, safest and easiest method for uninstructed women to use is to soak in olive oil a fine-grained sponge (selected with care so that no large holes penetrate it). It should be soaked well in olive oil (or ordinary salad oil), and the oil nearly all squeezed out before the sponge is inserted.

As the war stopped the supplies of oil, we advise women to melt two Racial solubles in a tin cocoa lid or eggcup in boiling water, and squeeze the sponge in that. They will set when cool in the texture of the sponge, but melt when in the vagina and will act as the oil acts when melted.

What may be described as the "difficult cases" are still trying one type of contraceptive after another, seeking one to suit them. The increasing proportion of difficult cases now coming to the Clinics<sup>1</sup> shows that the study of contraceptives must reach a stage when the injured, abnormal or difficult case must be specially considered. Meanwhile I recommend the use of the sponge soaked in oil

<sup>1</sup> Even more since the first publication of *Ten Thousand Cases, Analysed Data from*, by Dr. Marie Stopes, price 6d. Published at the Mothers' Clinic, 108, Whitfield Street, Tottenham Court Road, W.1. Preliminary notes on various technical aspects of the Control of Conception.

as most likely to succeed with slightly injured or somewhat difficult cases, for, although the cap is simplicity itself to adjust when used by a *normal* woman, it is not entirely suitable for the abnormal or injured, or those very ignorant and inexperienced.

I should like to emphasise the very important fact that contraception for *normal* women is the simplest possible *hygienic* measure; but contraception for the injured or abnormal, even in a slight degree, may be a complicated and difficult *medical* problem.

If you are not so made as to be suitable for a "cap method," or if you have no one to show you *properly* how to use it, then try the simpler but very safe method of the *sponge and oil*. Buy a fine-grained rubber sponge and cut it to a flat circle about the size of your own palm, or a little (not much) smaller, and about the thickness of your own thumb. You can get specially made Racial sponges which are of grease-proof rubber as used at our Clinics if you prefer, but do *not* on any account buy the small so-called "sanitary sponge"; they are, far too small and thick, and lead to very many failures.

When you use the sponge squeeze it in water (warm water preferred), then soak the sponge in olive oil (this is ordinary salad oil), squeeze out the oil from the sponge so that it is merely damp with oil but does

not drip. Insert one greasy soluble at the time of union if desired, but it is not generally necessary.

Press in the sponge up the vaginal canal (the front passage) while in a squatting position, then tuck it well round the womb at the end of the canal, care being taken to cover the cervix (the neck of the womb) completely.

Nothing more need be done until the following morning or afternoon, by which time the *sponge must be removed without fail*. Ordinary hot soapy water will wash it, but it is best also to boil it in salt and water for a minute or two. When clean rinse in ordinary water, hang it up to dry and keep dry until it is next used.

Ordinary rubber sponges may swell up with the grease and boiling and need to be cut again. Much trouble was taken to prepare the pre-war Racial sponges not to do so, and so they lasted longer than those in ordinary use. At last we again have rubber sponges, which the war stopped, though they are not so good as pre-war ones.

There are certain drawbacks, however, with even the most carefully prepared sponges, for rubber is ultimately affected by the grease which tends to swell it, and small fragments break off after having been used for some time. Rubber is a perishable compound and no long life can be expected from the rubber sponge.

I was exceedingly glad, therefore, when before the war at last we secured what I long sought, a sponge having all the good qualities of the rubber sponge but without the difficulties inherent in rubber when used as a contraceptive in this way.

The new type of contraceptive which we tried out at the Clinics consisted of a disc of sponge-like substance which goes very light and dry when not in use, keeps perfectly and when wanted for use requires merely to be softened in water and then used as the ordinary rubber sponge is used, as described above. To distinguish them from the rubber "Racial" sponge we call them the "Clinocap" sponge. These are now once more available.

There is a great deal of talk about the expense of good contraceptives. This is nearly all put into circulation by commercial interests, and the truth is that with the non-rubber "Clinocap" sponge, all a woman needs to spend is 1s. 3d. to last her for an indefinite number of years. For use with the sponge we recommend pure olive oil or salad oil as the best; but any bland cooking oil, cotton seed oil, or, if she is living in a foreign country, any of the local cooking oils will do. I hope now the war is over we will get these things again.

This method fully meets the very exalted demands made on contraceptive technique, that

it should be simple of application and available to the very poorest.

. . . . .

The most difficult cases of all, and at the same time those most urgently needing to exert reliable control over conception, are the women who are harried, overworked and worried into a dull and careless apathy. These too often will not, or cannot, take the care and trouble to adjust ordinary methods of control so as to secure themselves from undesirable conceptions. Yet they do not desire more children, and often have already produced a number of low grade or semi-feeble-minded puny infants.

All health workers, district nurses, and workers in schools for mothers know scores of such women, and many have appealed to me asking what they are to advise for women too careless to use any ordinary method and yet who continue to give birth to hopelessly inferior infants which are only an expense and drag upon the community.

A device called a "silver ring" or the Graefenberg ring has been advocated in this country by Dr. Haire, but it has many drawbacks. I do not advise any healthy woman to have it inserted, and it is forbidden to the unhealthy; fantastic prices are charged for its insertion and it is a dangerous and pernicious

thing. A fuller account of it appears in the 3rd and later editions of *Contraception*. I warn everyone against it most emphatically.

It seems easy enough to supply the intelligent and careful woman with physiological help; and for the careless, stupid or feeble-minded who persist in producing infants of no value to the State and often only a charge upon it, the right course seems to be sterilisation.

### STERILISATION

Curiously enough, in this country sterilisation is considered more mysterious and is more feared than in America, where a number of States have compulsory sterilisation laws, and where thousands of sterilisations have been carried out successfully.

It ought to be known in this country that there is at present no quite simple and satisfactory method of sterilising women. Hence just the type of woman who most certainly should be sterilised in the interests of the State and of herself, namely, one with a slightly subnormal mentality or liable to epileptic fits, drink, etc., cannot be successfully sterilised without a major operation, so that she must use most carefully birth control methods or refrain entirely from married life.

But for men, sterilisation is comparatively easy—so trifling an operation that it is de-

scribed by a leading American medical man as "an office operation" when it is performed by simple vasectomy (see *Birth Control News*, June, 1923, Vol. II, No. 2). Of course, this is well known to medical practitioners, many of whom would be quite willing to perform the operation on their patients for moderate fees if they were requested to do so, but they shrink from suggesting it. It is for the public to take the matter into their own hands and ask for sterilisation for themselves or their children where it should be done. For instance, boys should be sterilised in families where there is epilepsy, or any degree of feeble-mindedness, not only in the parents but in the collaterals such as uncles or aunts, for feeble-mindedness and epilepsy are apt to "miss a generation," and appear in a manner unexpected to the parents, although the likelihood of the calamity arising is obvious to scientists who know some of the laws which govern these deplorable racial defects. Now that birth control is becoming so well established, it is time that the idea of sterilisation should be familiarised, so that those who would benefit by its application to themselves or their own families should be free without fear or anxiety to utilise it. The public will be ready to utilise it for racial purposes when its urgent need is realised. Several years ago a letter in *The Times* signed by some distinguished medical men advocated sterilisation

in this country. Alas, it has not yet taken effect.

There are great varieties of individual needs on the part of various people, and as a good many other methods are in common use a few words about them are necessary, as I find that many people are using them without realising that they may thereby, to a greater or less degree, injure themselves.

## Chapter V

# Comments on and Objections to a Few of the Important Methods in Use

### THE SHEATH (Condom)

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

These are certainly among the most "harmless" of the methods recommended by many people, and, where a pair has used them with satisfaction, there is no essential need to discard them. In my opinion, there are objections

to them which are sufficiently serious to make the continued use of a sheath, except under special conditions, inadvisable.

A serious objection is that the sheath prevents the seminal fluid reaching the woman, a subject I have gone into more fully in my book, *Contraception: Its Theory, History, and Practice*. I have maintained that there is a physiological advantage to the woman in the partial absorption of the man's secretions, which must take place through the permeable wall of the vaginal canal, quite apart from the separate and distinct act of fertilisation. If, as physiology has proved is the case, the internal absorption of secretions from the sex organs plays so large a part in determining the health and character of remote parts of the body, it is extremely likely that the highly-stimulating secretion of man's seminal fluid can and does penetrate and affect the woman's whole organism. Actual experiment has shown that iodine and other substances placed in the vagina in solution are so quickly absorbed that in less than an hour they have penetrated the system and are being excreted. Extended experience only increases my certainty of the beneficial effects of coitus, and the conviction that some subtle substances are mutually absorbed to the benefit of both parties, as they can be when the cap is used.

A further objection to the use of the sheath

is that it reduces the closeness of contact and thus destroys the sense of complete union which is not only pleasurable, but is definitely soothing to the nerves and physiologically and spiritually advantageous in every way.

A minor, but nevertheless important, objection is an æsthetic one—the putting on of a sheath, the feel of its texture, the smell, and the consciousness that it is there, destroy the spontaneous beauty of what should be the natural development of mutual feeling.

If, however, *it is absolutely essential* that no risk should be run of the wife becoming pregnant (if, for instance, it would kill her to have another child), then perhaps the sheath may be used in addition to the method taken by the wife, because no one method gives *absolute* security by itself, though it may give 9,999 chances of security to one of danger. But for normal healthy people I do not recommend the sheath.

Fantastic prices are often charged for condoms. Reliable ones, quite inexpensive, can now be obtained from most clinics. The C.B.C. Society provides boxes of 3 for 1s. 6d.

Advice is often given about washing and disinfecting the sheath so that it can be used again. But this is not really a wise procedure, for few private people are likely to be sufficiently careful to make such disinfection complete. The sheath should be destroyed and a fresh one used each time.

## COITUS INTERRUPTUS

The method perhaps most widely in use of all, and which appeals to many people because it requires no special appliance or chemicals, is *withdrawal*, or *coitus interruptus*. Many who are inclined, without sufficient knowledge, to condemn other methods, consider that this must be entirely harmless, because nothing is involved which they consider "unnatural," and it is even miscalled self-control, and thus surrounded by an odour of approval and sanctity very misleading to those who do not probe into realities. The same misnomer is also applied to absolute continence (see page 13). Nevertheless, this method has without doubt done an incredible amount of harm, not directly, but through its reactions on the nervous systems of both man and woman. Many doctors, now that the subject has been opened, have communicated with me confirming this statement from their experience. To a medical friend in 1918 I was indebted for the interesting observation that "coitus interruptus" is not a certain method of controlling conception, owing to the presence of active sperm cells in the beads of clear secretion which are often present on the male organ during erection and *before* ejaculation has taken place. This doctor has seen under the

microscope in his own case active sperm in such drops. This fact may be the reason behind those fairly frequent cases where undesired conception has taken place and both parties unite in declaring that none of the ejaculation touched the woman. There are a few arguments in favour of withdrawal which make some people regret its condemnation, the chief of these arguments being that it requires no outlay of money and that it is available at any time and place. Individuals who have particularly strong muscular and nervous systems may go through life using this method and feel from it no ill-effects. Their advocacy, however, should not blind the greater number of people to its dangers. Some men are strong enough to feel no evil effects even from its constant practice; but others who do not trace it directly to this are, nevertheless, sufferers through their nerves, and consequently through their digestions and power of sleep (ills which a competent observer can trace to this procedure); and some men are acutely conscious of its ill-effects.

The great majority of women whose husbands practise this method suffer very fundamentally as a result of the reiterated stirring-up of local nervous excitement which is deprived of its natural physiological resolution. Of the far-reaching effects on the woman's entire organism of the lack of a proper orgasm, which

is generally a result of this method, this is not the place to speak, and the reader is referred to *Married Love*, where various aspects of the subject are more fully considered. Some women whose husbands are among those capable of using this method without apparent ill-effect, maintain that the husband can, and always should, control his reaction sufficiently long to give the wife her complete orgasm before his withdrawal. Such power on the part of the average man, however, does not seem very common. Where it exists, it does undoubtedly remove one objection to withdrawal indicated in the preceding passage, but even in the best of circumstances the following specific objections exist. The local support and nerve-soothing contact which are supplied mutually to both when the act is completed normally are destroyed. The man, instead of allowing himself the normal ease and relaxation of attention which should be the concomitant of the act, has to keep a strain upon his attention in order to withdraw at exactly the right second; he is thus straining not only his local nervous system, but his central nervous system.

The woman, even when she has the good fortune to have a husband with exceptional powers of control, is always in a state of anxiety in case the withdrawal should not be rightly timed, or that some of the fluid should accidentally touch her. In either case pregnancy

is possible; so that *her* central system, as well as her local nervous system, is also strained. The act, therefore, cannot have the soothing and healing power which it normally should have, and is, moreover, resolved into its lowest terms—merely physical “relief” for the man.

In addition to this, if there is the slightest delay in withdrawal or any carelessness, the woman has immediately to arise from the warm bed and douche, in the anxious hope that she may be in time. (Concerning douching, see what I have to say below, p. 77.)

Except for cases of emergency or in circumstances involving accidental lack of other means, or by exceptional people who have become specially adapted to this malpractice, withdrawal should never be used. Most unfortunately, by a certain “virtuous” type of person this method is described as “self-restraint,” or “self-control,” and so has been surrounded with an aura of approval, and thus the incalculable harm it does is increased.

Another practice which is sometimes advocated as a method of control of conception is in some ways a further extension of the power to withdraw at will. It is, in truth, a real form of self-restraint, though it is not the restraint of abstinence from all connection. This method consists in a strong mental control exerted by the man after his entry, a control which differs

from that in the practice of withdrawal in that it aims at avoiding any ejaculation whatsoever, while at the same time retaining erection and remaining as long as possible in the closest union with the beloved. This controlled restraint appears to be possible to a certain type of man, and it has been studied and has formed the subject both of experiment and published statements for nearly a century. The mental attitude of those who adopt it can be essentially summed up in a few words: Union for the mutual spiritual and physical sense of joy and comradeship, kept distinct from the procreative act by the strongest possible guidance and control by the will, so that the procreative act or ejaculation does not take place at all. Those who practise this method speak with enthusiasm in its favour. I find, however, most medical men in this country, who are cognisant of it, are very strongly against it, and from general deductions I think it is safe to assume that it is not particularly suited to the average Englishman's temperament and powers, and indeed might very well be detrimental to his health. Although this book is essentially addressed to the average, the advanced and the more spiritually minded as well as the "intellectual" and under-sexed types should not be ignored, and for all such there is no doubt that this method would *appear* to avoid many of the drawbacks and

objections to mechanical methods of preventing conception. Though I must decline to give any expression of opinion in its favour, if it proves valuable and health-giving to some and highly detrimental to others, data collected on this point may throw light on still further fundamental divergencies in human needs and construction, and be of great social interest and value.

. . . . .

## METAL INSTRUMENTS

Various instruments, some of metal, have been made and from time to time recommended for the internal use of women. They should in any circumstance only be used after the fullest and most competent medical examination and must be fitted by a doctor. For some unfortunate women who have been damaged by child-birth, and whose organs are no longer normally placed, they may be necessary. For normal women they are generally to be condemned. (See also p. 65.)

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## DOUCHING

The method most widely practised by women, and which is recommended as not only "harmless" but by many as positively

beneficial, is *douching*. About this method there is much to say.

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

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

he is no longer capable of physically loving his wife, while there are wives who refuse all sex relations to their husbands on the ground that the douching involved is intolerable.

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

There is, however, another and more serious objection against the douching which is so widely advocated. It washes out and destroys the bacterial inhabitants of the vaginal canal. People insufficiently acquainted with science have jumped to the conclusion that this is a good thing, because some bacteria are known

to them to be enemies of mankind. They think it therefore an act of cleanliness to wash out the vaginal canal, and they even go so far as to compare it with brushing the teeth and rinsing the mouth.

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

Nevertheless, there are occasions when douching may be necessary, and when it is only used infrequently it can do no harm if the proper solutions are used.

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

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

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

lead to sores or even partial destruction of the tissues.

I have coined a slogan which I hope everyone will learn—*NEVER PUT INTO THE VAGINA CHEMICALS YOU WOULD NOT PUT INTO THE MOUTH.*

Only the simplest and most wholesome substances, therefore, are to be recommended for general use. For the purpose of douching to plasmolise the sperms, either vinegar and water or common salt and water could scarcely be bettered. If vinegar and water are used, it should be in about two parts of warm water to one of vinegar. A stronger solution would do no harm if used infrequently, but would tend to harden the vaginal walls if used regularly. Common salt should be made into a strong solution, and about two tablespoonfuls of salt to a pint of water. These solutions are quite sufficient to incapacitate any sperm, and at the same time they contain no substance in the slightest degree deleterious or even very foreign to the system if partly absorbed.

People have for too long coupled normal prevention for quite healthy people with disinfection of one or other of the pair where disease exists or is suspected. In this book I am not dealing with cases of the diseased or the medically unfit in any way. They may, under doctor's orders, have to use strong, even perhaps dangerous chemicals. I am now only

advising the perfectly normal and healthy what to use to keep themselves normal and healthy, for I think it is time to disentangle simple control of conception by healthy people from the covert attempts to stay the progress of racial disease.

It will be seen from the above, therefore, that I strongly deprecate douching as a regular practice. Indeed, I should like to emphasise that an ordinary woman under ordinary circumstances should not douche at all. If for any unexpected reason she feels she must douche, then she should use only simple salt and water or vinegar and water. But she should remember never to make a practice of it.

I deeply deplore the fact that at a number of the clinics springing up in imitation of mine douching is recommended, often most unsuitably, as a regular thing. I hope I have said enough to encourage my readers to avoid the practice.

### “SAFE PERIOD”

Since the Roman Catholics took up birth control by “approved” methods, following the publication of my work, “Roman Catholic Methods of Birth Control,” in 1933, very much has been published on the so-called “safe period.” Work by Ogino and Knaus is frequently cited in popular books. In America it is called the O-K method. Books such as

“The Rhythm,” “Lawful Birth Control” (see also page 20) and many others, as well as charts and instruments are now being pushed. Hence many people are under the impression that if the act of union is confined to certain days, they are then quite safe, and that conception will not occur. The dates vary slightly, depending on the exit of the unfertilised egg cell; but on an average, from the fourth or fifth day after menstruation for about a fortnight a woman is said to be unable to conceive. This may be true for some individuals, whose reproductive vitality is not very acute, but it is extremely unreliable, and in many instances is quite deceptive. The reason for this is obvious to those who know the structure of the parts. Male sperm can live, if it is vital and healthy to begin with, for eight or ten days: during any time throughout this period one deposited days before may emerge from some crevice in the skin of the vaginal canal in which it has lain concealed and swim into the womb and ultimately effect conception, though it is true that the chance of this taking place is not so great as the chance of conception following an active orgasm. Nevertheless, cases are on record when a sperm has made its adventurous journey not merely from the vagina into the womb, but from the outside organs of a virgin girl so as to cause pregnancy.

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

In spite of its unreliability, the "safe period" has recently been very much boomed in various Roman Catholic publications as an approved method of birth control. Nevertheless medical practitioners find that conceptions may take place at any day of the menstrual month in women.

### "NURSING"

Another "method," often advised by well-meaning people and sometimes by nurses and even by doctors, is for the woman to feel safe while she is nursing her child. Prominence has been given to this advice by the fact that there is a very proper movement on foot at present to encourage so far as is possible the nursing

of infants by their own mothers. One fears sometimes that well-meaning but insufficiently instructed people unconsciously urge as an advantage which may accrue from such nursing that security from too rapid pregnancy which is so pathetically desired by the poorer working women. It is true that very generally a nursing mother does not become pregnant, but too many instances are known to me, when even in the early months of nursing pregnancy has begun, for me to feel that the advice should ever be given without qualification. The security offered is as unreliable as that of the "safe" period. Those interested in that point should read my evidence before the Birth Rate Commission, published in 1920, p. 242, of *Problems of Population and Parenthood*.

Another danger of such advice is that the poorer and more ignorant women are tempted to continue to nurse an infant long after the milk has lost its nourishing quality, in the hope of delaying so long as is possible the time when they are liable once more to become burdened with yet another undesired child. So long as the flow of milk remains, it is far too easy for the assumption to be made that the child is having all that it requires, whereas this may be very far from the truth, and the infant may be on the highway to rickets and many other forms of general weakness, while

the system of the mother is also drained and she is weakened and exhausted needlessly. Every encouragement and inducement should be given to women to nurse their own babies for the important first nine months. Yet one cannot too strongly deprecate the confusion of thought which coincidentally urges the nursing period as the "safe" period, although, alas, this is often done by otherwise estimable people.

### JELLIES

Since the publication of the previous edition of this book, that is in the last few years, there has, unfortunately, been a rapid development of a tendency to advocate jellies for contraceptive purposes. A section of those who advise the public more definitely now depart from the advocacy of the safe and simple types of contraceptives advised in my works and at the leading clinics, and tend to push other and more expensive methods. The reasons are not far to seek. The unfortunate fact is that a number of expensive "applicators," keyed tubes or nozzles to be pushed up the vagina, and other things of similar obnoxious type have secured surprising backing.

The majority of these things insert "jellies" of some sort or another.

It is also most unfortunate that the greater number of the birth control clinics in the

United States advise regularly "cap and jelly" instead of "cap and grease." This is partly due to the inferior make of their caps, which will not stand the contact with grease which offers the user the greatest security; and partly to a divergent technique, which is tending to neglect the virtues of greasy suppositories because jellies are the fashion there.

It is not a good fashion, however, and the woman who wishes to be really safe (and who using contraceptives at all does not desire this?) will not give up greasy suppositories for jellies.

She may, if she desires the small extra expense, smear her cap with a lactic jelly both inside and out, as this tends to preserve the cap somewhat and to add a trifle to the safety perhaps when used with a greasy suppository; yet jelly affords but poor protection by itself, in spite of the glowing commercial advertisements appearing in favour of its use.

Anything requiring the insertion into the vagina of a nozzle, keyed tube, or glass or metal applicator is absolutely to be avoided, as the procedure is definitely harmful as well as unæsthetic and inconvenient.

With the jellies, though not exactly a jelly, may be included the new substance "Volpar," containing a mercuric poison, heralded by "research" and commercially pushed. It is supplied at some (not C.B.C.) clinics. Women going to those clinics to be fitted for the size

of cap to use, should ignore the recommendations to use "Volpar," and continue to use only safe greasy suppositories.

. . . . .

Of the many other varieties of methods and substances used as contraceptives, I do not propose to speak. In addition to direct contraceptives there are a variety of malpractices in use which are most harmful. There is no necessity to specify or condemn them more explicitly. Those who have read the present pages with attention will be able to appreciate for themselves arguments against their use. Many of them are the sources of the erroneous idea that "all birth control methods are harmful."

Birth Control as practised in the C.B.C. clinics to-day is absolutely harmless, and has a higher degree of certainty than almost any other branch of medicine and hygiene, though, for their own purposes the enemies or the exploiters of reform still enjoy jibing at it.

Nevertheless it is the greatest and most beneficent tool in the hands of the human race, and its wise use would ensure world peace and racial progress.

Dr. Percy Dearmer, the late Canon of Westminster Abbey, said in May 1936, a few days before he died—"I want you to know and realise that though I have been with you

always, I have thought other things mattered more, but now I truly feel that your work matters most of all, that it is the only hope for humanity."

NOTE.—Both my publisher and I must be excused from answering any letters about the names of the appliances or substances mentioned in the text. As described, they can be obtained from all branches of Boots and many other high-class chemists. Anyone living in a very small village should write to The Mothers Clinic at the Headquarters in London, at 108, Whitfield Street, London, W.1, open daily (not Sats.), 10-6 for free advice and fittings.

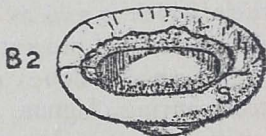
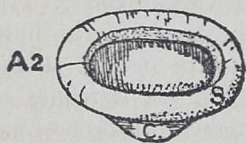
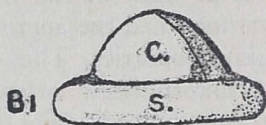
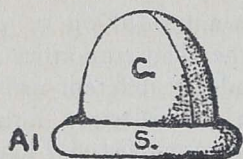
My attention has been drawn not only to the inferiority of many articles on the commercial market, but also to the gross profiteering going on, rubber caps, of inferior, sometimes useless makes, being sold for 10s. to 25s., while the proper price to the public of the best makes direct from the pharmaceutical chemist is between 4s. and 5s., and if got direct from our Clinics, they cost only 3s. Still the misuse of my name by commercial firms continues, and many of the public still think that the "Prorace" contraceptives are mine or are recommended by me, whereas the contrary is true. I was only concerned to give *help* to people, and took no legal or commercial steps to register or protect my ideas or the names I applied to them. Not only have my ideas been universally adopted, but also the name Prorace was taken and registered by a commercial firm for its own use, and it is applied by them to a number of things that are not only not in line with my ideas, but of which I actively disapprove.

As I have continued to advance the technique, the names "Racial" and "Clinocap" have been registered to protect them from similar commercial misuse and to secure that they really are confined to the things I design and approve.

## Appendix A

RUBBER caps on the lines recommended on p. 42 have long had the approval of the chief authorities in various countries. They are made by different firms, but unfortunately often in an unsatisfactory form. Since the first edition of this book was published, I have followed up various complaints of failure, or of inability to obtain exactly the article demanded, and was at one time surprised and disappointed at the variability of the article which is sold as the small check pessary. The relative size and proportion of the cap to its rim have a significance which it may be worth stating. In the accompanying diagram, A1 and A2 are drawings of a satisfactory cap; B1 and B2 drawings of a type which was frequently sold, which was in my opinion not only unsatisfactory on general principles, but liable to lead to those failures which have made some people distrust this most valuable method. The points to be noted in the drawings are primarily as follows: The resilient ring S and the conical portion C should be in such relative proportions towards each other as is indicated in A, and not as in B, where the rim is too thick and heavy and the conical portion C is too flat and small. There is an interesting physiological reason against so flat a cap, which it would perhaps be out of place here to elaborate. A further point to be noted is that

the whole appliance, both rim and cap, should be of very pliable and soft rubber and should not be withered or wrinkled in the slightest degree. Also the line of junction, indicated down the fine line in the drawings of C, should be entirely secure, and without the smallest thin area or perforation. I have had sent to me a cap, otherwise perfect, in which a minute bubble in the rubber just at this junction had



developed into a hole more than large enough for the entry of the sperm. To ascertain that the line of junction is secure, the cap should be held up to the light and examined, preferably by a magnifying glass.

In figures A2 and B2 the caps are reversed and shown from underneath, and the line of junction between the soft cap C and the surrounding ring S is apparent. In A it will be noted that the junction is smooth and that the cap and ring merge into one another. But in B there is a comparatively rough welding of the thick raw edge of the cap C, which is—

or may be—a very dangerous source of failure. No cap which is offered with such a rough interior should be accepted by a would-be purchaser.

This diagram was published in 1918 and has had such an influence on manufacturers all over the world that now the high domed, smooth cap is almost universally the type of occlusive cap made. In spite of this the majority of caps are defective still in the quality of the rubber of which they are made. The Racial red-rubber cap is specially proofed against the action of grease and lasts well.

A great variety of shapes and makes of caps are on the market, and those who require further information should study the photographic plates and text of my larger work, *Contraception (Birth Control), Its Theory, History and Practice: A Manual for the Medical and Legal Professions*.

It should be remembered that rubber tends to perish, even when not in use, and that to put away a cap dry for months or more, and then bring it into use may mean serious failure, owing to the development of small cracks. Rubber which is not in use is best kept under water, as it is in scientific laboratories. A small china or celluloid pot or jar with a lid should be available, filled with water, under which the cap is submerged after it has been washed out and dipped into a simple non-corrosive disinfectant solution. Time under water may discolour the cap somewhat, but should tend to preserve its essential pliability and usefulness.

# Appendix B

## THE MINISTRY OF HEALTH'S MEMORANDUM

G.R.

Memo. 153.  
M.C.W.

### *Birth Control*

(1) The Minister of Health is authorized 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 Notifications 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 gynæcological 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 gynæcological 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,  
July 1930.*

1934 EXTENSION OF LOCAL POWERS UNDER THE  
MINISTRY OF HEALTH

There were good reasons for the restricted form in which the Ministry first gave its approval, but of course the agitation for its extension had to be carried on. A welcome extension of the service was permitted by the Ministry of Health in its Circular 1408, which says: "The Minister is of opinion that where a Local Authority has provided a Clinic at which medical advice and treatment are available for married women suffering from gynæcological conditions, and at which contraceptive advice is afforded to married women so suffering, in whose cases pregnancy would be detrimental to health, it would be proper also for married women who are suffering from other forms of sickness, physical or mental, such as those mentioned in the Report of the Departmental Committee, which are detrimental to them as mothers, to be afforded contraceptive advice at the Clinic if it is found medically that pregnancy would be detrimental to health. What is, or is not, medically detrimental to health must be decided by the professional judgment of the registered medical practitioner in charge of the Clinic."

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### NATIONAL HEALTH SERVICE

Under the National Health Service instruction in the control of conception and clinical methods of birth control are available to many women, but not yet to all, nor are the recommendations of the Royal Commission on Population yet given full effect.

# Appendix C

## SPACING BABIES FOR HEALTH

STATEMENT BY THE C.B.C. COMMITTEE

THE USE OF CONDOMS

*(Popularly called Sheaths or French Letters)*

THE fundamental teaching of our President and the Mothers' Clinics has been that contraceptives used by the male are less physiologically right than the best type used by women. The C.B.C. Committee is still strongly of the opinion that where possible the wife should be properly fitted at a Clinic with the contraceptive best for her own use.

Some people are so placed that they cannot visit a Clinic immediately after marriage. Moreover, there is no clinically recommended feminine method which can be used by virgin girls, and so brides cannot be reliably fitted until a few weeks of marriage have passed. These, and other factors in our social life, sometimes make the use of the condom by the man temporarily advisable.

The commercial trade in condoms is generally profiteering, and often has unpleasant associations. For many years the C.B.C. Society, disliking their use, left patients coming to its Clinics unhelped regarding condoms.

As exposed in the House of Commons Debate recent commercial developments have become so offensive that the C.B.C. Committee, after mature consideration, decided that it would be failing in its duty if it did not make it possible for those needing help to obtain through

its irreproachable source reliable and inexpensive condoms.

Every type has been tested most carefully and the C.B.C. now supplies really satisfactory thin condoms or sheaths.

Packets of three for 1s. 6d. (postage  $2\frac{1}{2}$ d.).

The C.B.C. Committee considers that these condoms at three for 1s. 6d. will solve many of the problems which have unfortunately accumulated round the provision of this type of contraceptive.

# Books Recommended for Reading

- REPORT OF THE NATIONAL BIRTH-RATE COMMISSION.  
Pp. xiv, 450. Publ. Chapman & Hall, London, 1917.
- PROBLEMS OF POPULATION AND PARENTHOOD. Second  
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