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PRACTICAL BIRTH CONTROL

Being a Revised Version of
SAFE MARRIAGE

By

ETTIE ROUT (MRS. E. A. HORNIBROOK)

With Preface by
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Mr. H. G. WELLS : "Your book is a clear, simple, straightforward book. I wish everyone in the country could have it to read before the age of one-and-twenty. I cannot sufficiently express my high and keen admiration for the work you have done."

Professor JULIAN S. HUXLEY : "Birth Control is one of the most potent agents of change in our modern life. But what precise changes it will effect, how rapidly, whether for good or ill, will depend chiefly upon the attitude of mind we adopt towards it. Mrs. Hornibrook, with her blend of fearlessness, practical common-sense, and high ideals, achieves an outlook whose sanity and freedom it would be hard to beat. I hope her book will have the success it deserves in spreading this attitude of mind among all and sundry."

PREFACE

IT affords me great pleasure to write a short preface to this book, since it deals with a matter in which I (in common with all those who are genuinely interested in the welfare of our race) am glad to take an active part.

To no woman has it been permitted to do the same amount of good, and to save more misery and suffering, than to Ettie Rout (Mrs. Hornibrook). The book she has written is one of very great value, in that its object is the Health, Happiness, Morality and Well-being of the Community.

Not only has the author the qualities that characterise all great humanitarians, but she also possesses, in a unique degree, an intimate knowledge of the personal troubles and family disasters that arise from uncontrolled intercourse, and of the manner in which they can be reduced and perhaps eliminated.

She is persuaded that marriage is the goal to be reached by all, and that everything possible should be done to facilitate it, and so to diminish vice and misery. In her efforts to bring about this issue she has the good wishes and congratulations of all who have the health, happiness and virtue of the community at heart.

W. ARBUTHNOT LANE.

London, W.1.

LIST OF ILLUSTRATIONS

NOTE.—These illustrations and their explanations have been furnished by a well-known obstetric surgeon.

PRACTICAL BIRTH CONTROL

I

MARRIAGE

At present marriage is easily the most dangerous of all our social institutions. This is partly due to the colossal ignorance of the public in regard to sex, and partly due to the fact that marriage is mainly controlled by lawyers and priests instead of by women and doctors. The legal and religious aspects of marriage are not the primary ones. A marriage may be legal—and unsuitable; religious —and miserable. The law pays no heed to the suitability of the partners, and the Church takes no regard for their health, and little, if any, for their happiness. Nevertheless, the basis of marriage is obviously healthy, happy sexual intercourse. Without that there is no marriage, and with it come not merely personal satisfaction, but life itself. Cut out sexual intercourse, and society becomes extinct in one generation. Every generation must, of necessity, pass through the bodies of its women; there is no other way of obtaining entry into the world. Hence, it is

clearly the duty of women to understand precisely the processes involved, from beginning to end.

With the lower animals sexual intercourse is desired only seasonally, and only for the purpose of reproduction. With the higher animals—man and woman—sexual intercourse is desired more or less throughout adult life, and desired much more for romantic than for reproductive considerations—that is, for the sake of health and happiness rather than for the sake of procreation only. A few women, and still fewer men, have no sexual desires. To them sexual abstinence seems more natural than sexual satisfaction. But for the majority of mankind and womankind —for all normally healthy men and women —there is this desire to be happily mated.

For the sake of health and happiness there is everything to be said for early marriage, but better late than never. Marriage, whether early or late, cannot of course benefit and elevate society until the present mischievous and archaic Divorce Laws are simplified and reformed in accordance with modern sociology and ethics. Unhappy and unsuitable marriages necessarily foster immorality and social disorder, and the community as a whole gains by their being dissolved in a ready but responsible and dignified manner. The chief obstacles to early and happy marriage are financial, and these would largely disappear if women were able to control their own fertility. The chief obstacles to healthy marriage are

preventable diseases, and these could be extirpated in two or three generations by suitable personal and public health measures, and by the promotion of constancy.

The normally healthy man is a highly selective creature, and the normally healthy woman still more fastidiously selective in romantic relationship. Neither man nor woman is naturally in the least attracted by inconstant and loveless intercourse. On the contrary, it is repugnant to both. Both regard the elements of romance, reciprocity and permanence as essential. These elements are present in marriage and absent in irregular relationship. Therefore, it is beneath the dignity of any decent, intelligent woman to suppose that such relationship can ever be as happy and satisfying and attractive as marriage. No, both man and woman desire love-relationship, not loveless-relationship ; and they are really quite fit to be trusted with the evolution of the race through passionate love and the worship of beauty, as soon as society makes harmonious provision for their normal sexual needs. Until society does make early marriage practicable for all healthy adult men and women, say between twenty and twenty-five years of age, extra-marital relationship, however undesirable, is inevitable, because there are men to whom, at times, any woman seems better than no woman. It is early marriage which lessens this unsafe relationship, and it is birth control which renders early marriage practicable.

But the conscious control of fecundity by contraception must not be applied in such a way as to lessen the proportion of well-born citizens in the nation taken as a whole. Birth control applied only by the responsible classes of the community, combined with indiscriminate fecundity among the irresponsible masses, must inevitably lead to the lowering of the general average in character, brains and physique. It is a form of reverse selection—the responsible being out-bred by the irresponsible. What is wanted is the general application of birth control by voluntary contraception, and the particular application of voluntary and compulsory sterilisation of the feeble-minded and unfit.

Enthusiastic advocates of birth control claim it as a means of *improving the race.* It is not necessarily anything of the kind. You cannot improve a flock of sheep or a herd of cattle by letting all the individuals breed ; whether each individual has a small number or a large number of offspring makes comparatively little difference. The way to improve the flock or herd is to breed only from *the best* and eliminate the less fit as breeding material. Changes in environment may improve or deteriorate the individuals of one generation, but such changes are not inherited by the race, excepting in the case of syphilis, and a few other racial diseases, which may damage the germ-cells of the body, and thus lead to the procreation of diseased and damaged offspring—idiots, imbeciles, mental or moral

deficients, and so forth, who unfortunately are fertile. Thus the prevention of such disease is a eugenic force. It is, in fact, the only eugenic force in operation at present.

The prevention of syphilis will not *improve* the race, but it will lessen the deterioration of certain classes and increase their numbers. Nevertheless, so long as the irresponsible and feeble-minded and diseased are permitted to multiply indiscriminately, as at present, they must ultimately outnumber and overwhelm the classes which are practising self-restraint or applying birth control. This process may even be hastened by a political enfranchisement, which enables twelve feeble-minded persons to outvote two wise men six times over. To succeed, democracy must raise and maintain the general average of brains and character throughout the community. In so far as democracy permits numerous low-grade individuals to be born and ensures very few high-grade individuals, it is obviously heading for national degeneration.

The present need of the white race is to increase its numbers of fit and decrease its numbers of unfit. Over-population (except in a few patches of the Old World) is not likely to be a problem for the white race for centuries. They have several continents practically empty and undeveloped, and science has as yet touched only the fringe of the possible productivity of the earth, and the possible fertility of food plants. But orderly development cannot take place by means of un-

controlled fertility, either in the garden, in the farm or in the family.

One duty at any rate is quite clear. No woman should run any chance of conception unless she is certain of her own health and the health of her partner—the man who is to be the father of the child she is to bring into the world. If her husband's health is unsound, and she cannot avoid intercourse, she can certainly take precautions against conception. If these precautions are not taken, a woman may not only become seriously ill herself, but she may blast the health of her unborn babe. Clearly then it is her personal as well as her maternal and national duty to apply such measures.

Safe marriage and safe reproduction are founded on two fundamental conditions: Personal health and personal chastity. We must clearly understand what these mean. As to health, we know generally what that means. As to chastity, we are not so sure. *What is chastity?* Surely chastity is happy, healthy sexual intercourse between a man and a woman who love one another; and unchastity is sexual intercourse between those who do *not* love one another. No sexual intercourse at all is neither chastity nor unchastity; it is the negation of both, and it ends in extinction. Why trouble so much about a negation that inevitably means racial death? Why not devote ourselves to life and love; to the building of a happy, healthy human family—a family that instinctively realises that

the life-stream of a nation is its most priceless possession ?

But that life-stream can never be cherished until there is a complete knowledge of sexual control and sanitation among all of us, and especially among women. One of the very first things which women must learn to understand is the control of their own fertility. They must learn how to prevent the birth of the unfit ; how to secure the birth of the fit ; and they must learn how to break the chain of unfitness in their own bodies, so that what is bad for the race is not perpetuated. If women are brave enough and wise enough, they can to a very great extent eliminate the unfit, and ensure that nearly every child born is at least physically healthy. But this cannot be done without *knowledge*, and that knowledge is at present lacking.

The following pages are written with the object of imparting useful, practical knowledge to sensible and serious women. The women who accept and apply this knowledge can rest calm in the sure and certain faith that it is their offspring who will build up the coming race, and their love which will best comfort and sustain the men of the present.

II

CONTRACEPTION

To understand the practical methods of birth control, or the control of conception, we must first have a clear view of the processes involved when the reproductive organs are in activity, and of the nature and situation of the sexual organs themselves. The diagrams given in this book show in general outline the reproductive organs of man and woman.

Now fertilisation does not necessarily occur whenever the male organ comes in contact with the female organ. Fertilisation occurs only when a male cell (spermatozoon) unites with a female cell (ovum) ; in other words, when the spermatozoa in the seminal fluid of a man meet and unite with the germ or ovum in the body of a woman. That is the beginning of the child. This union of the two cells need not take place during or immediately after sexual intercourse. It may occur many hours, or even two or three weeks, after connection, because the spermatozoa have motion of their own. They are tiny thread-like bodies, which may work their way towards the ovum long after they have left the body of the man and been placed in the body of the woman,

and the uterus has a searching movement, and may by its pulsations draw the spermatozoa upwards. For these reasons a woman cannot be quite sure of the exact time of fertilisation, and hence cannot predict exactly the date of the child-birth. Generally the pregnancy lasts nine months, but it may last longer—say ten months on rare occasions; and it may be extended apparently by a delay in fertilisation; that is to say, spermatozoa deposited near the orifice of the vagina may live and move for days or weeks, finally meeting and fertilising the ovum.

For many reasons which I need not enumerate here, the precautions against impregnation can most easily and effectively be taken by the woman, rather than by the man. She is the one fertilised, and therefore she is the one to guard herself against fertilisation.

There are two methods of preventing fertilisation :—

(1) *The chemical method*, that is, the destruction of the male cells (spermatozoa) by means of a suitable germicidal substance, such as many of the disinfectants; and

(2) *The mechanical method*, that is, the adoption of measures which keep the male and the female cells apart from one another.

Neither of these two methods in practical application by ordinary women can be said to be *completely certain*. Both are apt to fail at times. The chemical method, that is, the application by the woman of a suitable soluble contraceptive

suppository before connection, or of a germicidal douche (a dilute solution of contraceptive after connection), or both these measures taken consecutively, may fail because of some fault in

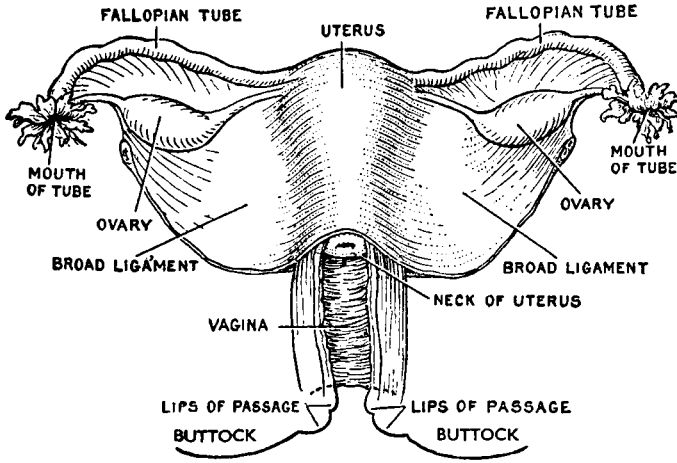


DIAGRAM 1.—The Fallopian tubes and ovaries are not shown on Diagram 2. There are two ovaries and two Fallopian tubes, one on each side of the uterus. The female cells or ova are formed in the ovaries and discharged into the mouth of the Fallopian tubes, along which they travel into the uterus. It is believed that the union of the male with the female cell usually occurs in the Fallopian tubes, but that it may occur in the uterus. This is a vertical section showing the organs diagrammatically seen from behind.

application, or because the seminal fluid actually enters the womb during intercourse ; that is to say, when emission takes place the end of the male organ may be exactly opposite and close to the mouth of the womb, and the spermatozoa in the seminal fluid enter directly into the womb,

and cannot then be removed or destroyed by douching or contraceptives of any kind. Now if the physical conformation of the reproductive organs of the husband and the wife render this event possible or probable, then soluble supposi-

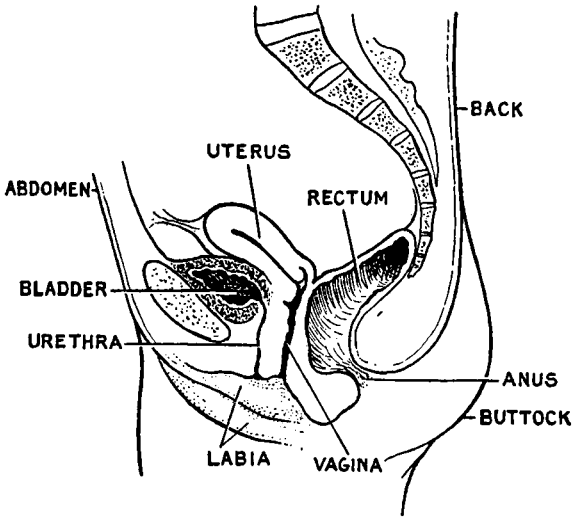


DIAGRAM 2.—Female organs of generation in normal condition. This shows diagrammatically the position of the organs if a woman were cut in two vertically between the thighs.

tories and contraceptive douching are alike unreliable by themselves or in combination. On the other hand, the mechanical method, that is, the use of a rubber protector, such as the watch-spring occlusive "Dutch" pessary, by the woman may also fail, if the protector is porous or ill-fitting. But—*if the two methods are*

combined, the chemical method and the mechanical method, *then the protection against fertilisation may be regarded as almost absolute.* The completeness of the protection depends, of course, upon the proper application and combination of the measures advised.

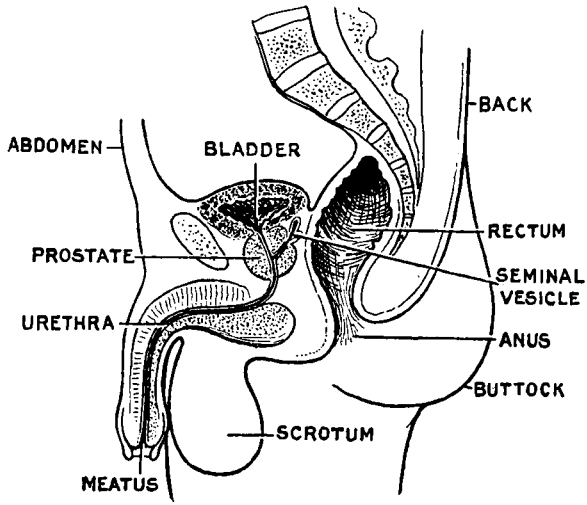


DIAGRAM 3.—Male organs of generation in normal condition. This shows diagrammatically the position of the organs if a man were cut in two vertically between the thighs.

I have discussed the various measures fully with leading medical authorities in different parts of the world, and have gradually evolved the recommendations made here, and these recommendations now have the highest medical and scientific support and approval. Other methods than those recommended are referred

to on pages 33 to 35. I have selected here the simplest and most reliable method yet known to science. This only will be explained in detail and recommended. Everything possible has

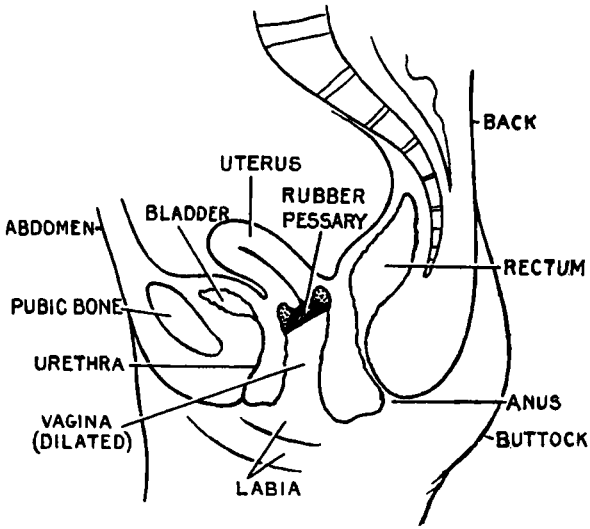


DIAGRAM 4.—A vertical section again, this time showing the vagina somewhat distended with a pessary *in situ*. A suppository inserted beforehand will dissolve and occupy the dotted space above the rubber pessary, forming a pool around the mouth of the womb, as well as a protective film over the furrowed walls of the vagina, which are elastic and collapsible.

been done to make the advice acceptable to women.

Before detailing these methods, I want to ask every woman to rid her mind of certain false hopes and impossible demands. It is no use asking for something which gives no trouble at

all, which costs nothing, and which is at the same time absolutely certain to prevent conception. These conditions are unattainable. But almost absolute control of her reproductive functions is most certainly attainable by every careful, intelligent woman willing to spend a good deal less time and money over her sexual toilet than she now spends over the care of her teeth, for example.

Sexual Toilet Outfit

To begin with, it is advisable to obtain a

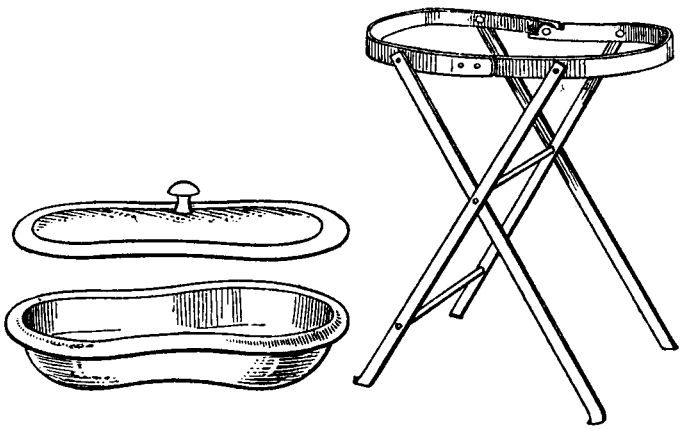


Diagram 5.—Portable Bidet.
Care should be taken not to have Bidet stand too high.

suitable sexual toilet outfit, and the requirements for this are as follows :—

Enamel bidet, suitable syringe, soluble sup-

positories, and properly fitting rubber pessary, the two latter being essential. These are illustrated in Diagrams 5, 6, 7 and 8.

General Conditions

1. *Cleanliness.* Sexual control is largely a matter of sexual cleanliness. We must all learn to keep the genital passages cleansed in the same way as we keep all the other openings of the body clean. The ears, eyes, nostrils, mouth, anus, orifice to the urethra, and the vagina should be appropriately cleansed. The openings of the body which stand most in need of daily cleansing are the anus and the vagina, and yet many women fail to cleanse these properly at all. Every home should have a suitable bidet (preferably fitted into the bathroom, with hot and cold water attached), and every member of the family should be trained from childhood to use the bidet, night and morning, with the same care and regularity as they use their sponge or toothbrush. All over the Continent and in the United States of America this is done in well-ordered households nowadays, but hardly anywhere in the British Empire is it done at all.

2. *Soluble Suppositories.* Generally speaking, the soluble quinine pessaries or suppositories which are sold in the shops are unreliable. Several brands have recently been analysed and found to contain no quinine at all—or particular

pessaries have been without sufficient quinine. Quinine is fatal to the spermatozoa, and without it these pessaries are simply pieces of soluble cocoa-butter. Cocoa-butter is the substance generally chosen for cheap soluble pessaries, because it is easily obtainable and has what is called a sharp melting point—that is, it dissolves or melts very suddenly and readily at body-heat, but is solid below that heat. Cocoa-butter in itself is quite harmless—usually non-irritating (unless it is "rancid")—and it gives some mechanical protection in the same way as vaseline or any kind of fat or oil would do, provided, of course, it is in the right place to catch and entangle the spermatozoa and thus prevent their uniting with the ovum. Research and experiment have proved conclusively that no spermatozoa—indeed, *no microbes or germs of any kind—can pass through a film of oil.* But if the protective covering of grease is incomplete at any point, it may there prove ineffective, and there is no chemical protection whatever if the particular germicide relied upon, such as quinine, has been omitted. Quinine is sometimes omitted on the ground of expense, and sometimes because it proves irritating in some cases. Only really suitable suppositories, guaranteed to be made in accordance with accredited medical formulæ, should be used. These suppositories should be composed of a specially selected and tested basis, should be soothing and cleansing, as well as protective; should be stainless, odourless, and

quite non-irritating. Some are effervescent and on insertion form a protective foam round the mouth of the womb.

3. *Syringe.* The ordinary "enema" is not a suitable appliance for the purpose of douching. The kind of syringe required is one which will not only flood the vaginal passage with warm water or very weak antiseptic lotion (a dilute solution of contraceptive), but one which is sufficiently large for the contents on injection to distend slightly the walls of the vagina, straighten out their folds and furrows, and thus let the cleansing and protecting lotion touch every part as far as possible. A movable rubber flange is necessary to act as a stopper at the mouth of the vagina, and thus enable the woman to retain the lotion for a minute or so. Care should be taken, when filling the syringe, to express all the air from it—by filling and refilling it two or three times with the nozzle under water; otherwise the first thing put into the vagina would not be warm water or antiseptic lotion, but simply a large bubble of air.

4. *Soluble Suppositories and Rubber Pessaries.* It is quite true that the use of a suitable soluble suppository alone may be sufficient to protect against impregnation, but the protection by this means does undoubtedly fail at times, and therefore, by itself, the soluble suppository is unreliable. Still, it eliminates the majority of the chances of impregnation. The use of the rubber pessary is also sometimes unsuccessful, because it does not

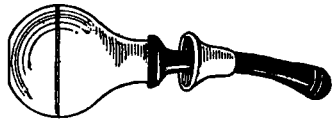


DIAGRAM 6.—Syringe. Scale : One-sixth actual size.

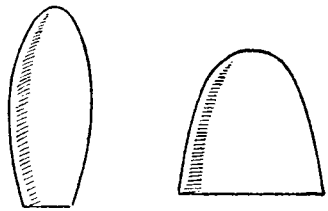


DIAGRAM 7. TWO FORMS OF SUPPOSITORIES.
These melt rapidly after introduction and provide a pool of antiseptic fluid around mouth of womb.

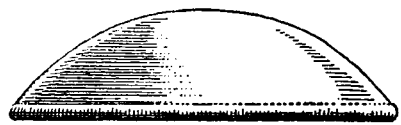


DIAGRAM 8.
COVERED WATCH-SPRING RUBBER PESSARY. SEEN IN PROFILE.
It is understood that this is circular. The thickened rim retains this circular shape by means of an enclosed watch-spring when the pessary is in position.

fit properly, or because it is porous, or because in removing it some of the seminal fluid from the under-surface may be accidentally spilt in the vagina, and in this way the spermatozoa may later find their way upwards to an ovum. Therefore, the soluble suppository and the rubber pessary should be used in combination. A woman should first push up, as far as possible, a suitable suppository, and then insert the rubber pessary (soaped or anointed with jelly),[1] so as to occlude the whole of the upper part of her genital passage and thus cover the mouth of the womb and effectively prevent entrance of the spermatozoa. If complete safety is to be ensured, the rubber pessary must in the first instance be fitted by a doctor, because if it does not fit properly it may be ineffective. The seminal fluid may pass by its loose rim and impregnation may result. If the rubber pessary has been properly fitted, and it is not porous, the protection should be complete; but if, by any accident, spermatozoa should get beyond the rubber pessary, they will be destroyed and entangled in the melted suppository—provided, of course, that a suitable suppository has been used.[2] It is all a question of getting the right articles to begin with and using them with knowledge and intelligence. But there is this chance—a bare chance—of accidental im-

[1] Some doctors advise insertion of a suppository below rubber pessary.

[2] Effervescent tablets should always be inserted *below* rubber pessary, as there is then more moisture to ensure their solution.

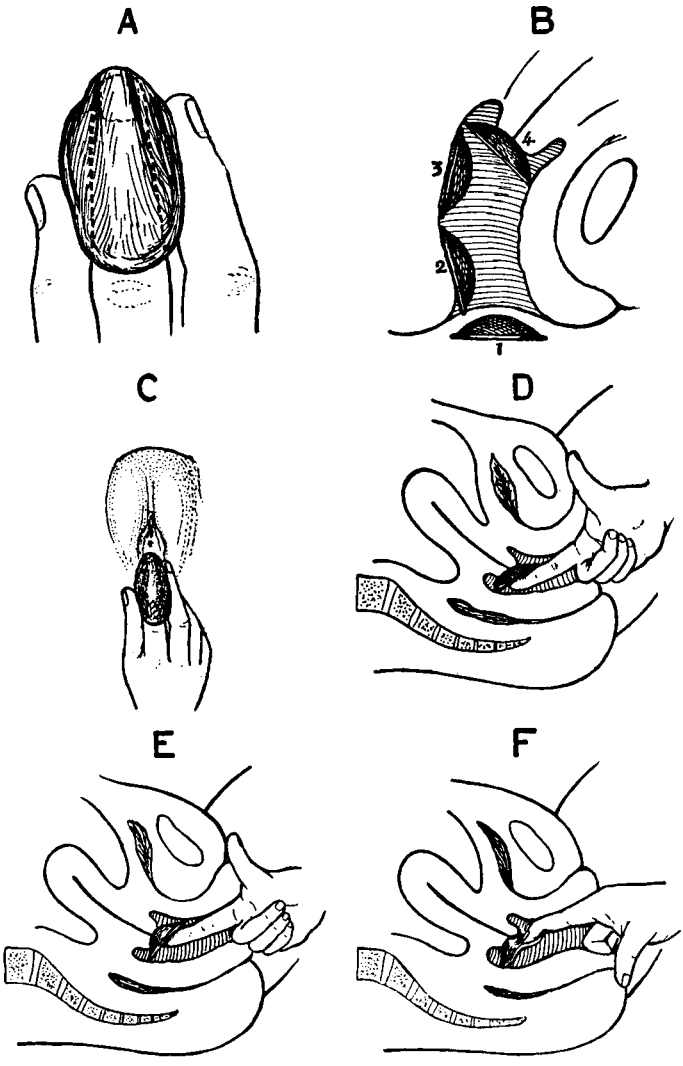


DIAGRAM 9.
TO SHOW METHOD OF INSERTION AND WITHDRAWAL OF A RUBBER PESSARY.

FIG. (A).—The method of holding with the thumb and second finger slightly compressing the spring of the pessary, and the forefinger inside pressing against the spring to help insertion. Note that the pessary should be passed with the dome towards the head.

FIG. (B).—A sketch showing the sites that a pessary should adopt as it is being passed into its final position 4, with the dome up against the neck of the womb, and the whole pessary lying like a diaphragm across the vault of the vagina.

FIG. (C).—The patient lying on her back with the knees slightly raised passes the pessary into the vagina as is shown from below. Once the pessary is inserted the forefinger pushes it up the vagina, sliding it up against the back wall.

FIG. (D).—A section as if the woman were cut in two between the thighs, showing the forefinger now pushing the pessary as far as it will go up into the vault of the vagina at the back.

FIG. (E).—The pessary has been passed as far up at the back as it will go, and now is being slightly tilted forward in front, till it lies in position 4, in sketch B. The forefinger is now removed, and the pessary, if the correct size has been fitted, will stay in this position for some hours. The patient will herself know that the pessary is in the correct position if she can feel the round, soft knob (neck of womb) covered by the rubber diaphragm, with the rim of the pessary firmly set in.
NOTE : The front part of rim of pessary is tucked in behind the pubic bone.

FIG. (F).—Shows the method of extraction, the forefinger being passed over the rim of the pessary in front gradually draws it down and so removes it for cleaning ; or the forefinger may be hooked on the inner side of the pessary rim, and the pessary thus easily removed. A little quiet practice by the woman alone will soon enable her to be deft and dextrous.

pregnation, and we want to eliminate all chances if possible. Assuming the rubber pessary fits properly, as it will if skilfully selected and applied in the first instance by a competent medical practitioner, then the seminal fluid must remain in the lower part of the vaginal passage. An hour or two after intercourse, or next morning, this seminal fluid can all be washed away by the use of syringe and bidet. It is far better to sit over

the bidet and syringe in that position than to squat down over a basin—an uncomfortable and unsuitable position for douching, because the walls of the vagina in that position may be pressed hard together. The douche should be retained in the vagina for a minute or two, by pressing the flange of syringe closely against the orifice of the vagina. *After syringing, but not before,* the rubber pessary should be removed (to be washed with soap and water, dried, powdered and put away till required again), and immediately after removing the rubber pessary it is a good plan to facilitate the ejection of the surplus fat of the suppository by urinating and re-syringing. It is quite easy for a woman to insert and remove these rubber pessaries for herself as occasion requires, provided that whilst inserting and removing the pessary she has placed her body in a suitable posture—say, lying on the back with knees drawn up, sitting on bidet, standing with one foot on a chair, squatting on the haunches, or adopting whatever other position she finds suitable. A doctor's help is needed only when *first* selecting the right size of pessary. The pessaries are made in several different sizes, each size being numbered, and the right size can always be obtained on order. No harm may come from wearing the pessary for a day or two, but it is highly desirable as a matter of cleanliness and otherwise to remove the pessary in the morning when performing the sexual toilet, and as grease has a bad effect on rubber, the pessary

will last longer if removed and washed as soon as possible. The pessary should, of course, never be worn during the menstrual period. A good rubber pessary should last from three to four months, or longer, and it should be occasionally examined to see that there is no hole in it. If it has been fitted shortly after a miscarriage or confinement, refitting is desirable at the end of a few months. But in normal circumstances refitting is not necessary.

5. *Antiseptic Douching.* If antiseptics of any kind are used, as recommended, they should always be used in *very, very weak solutions*, and should be varied from time to time. There is no necessity ordinarily to use anything but plain warm water, with a pinch of bicarbonate of soda or a little table-salt in it, for internal cleansing, and soap and water for external cleansing ; then dry parts carefully. But some women prefer a weak antiseptic vaginal wash, as they do a weak antiseptic mouth wash. Such lotions should be very weak and bland ; not strong and irritating ; and it is wise to vary them occasionally to prevent the body developing a tolerance.

A good deal of nonsense is still talked about the alleged harmfulness of douching, for it is really quite as natural and necessary and desirable to cleanse the genital passages as to rinse out the mouth or wipe the nostrils. Indeed, not to cleanse the fundamental orifices of a woman's body is a disgusting habit.

It is important to remember that the " *personal*

equation" counts for something in choosing a disinfectant, some substances suiting one person and some suiting others. "One man's meat is another man's poison." *Dettol* is a very reliable antiseptic which suits most people. It should be used in a very weak solution. Using three or four simple lotions alternately on different days of the week adds a fresh interest to the toilet performance. On this and other points *personal instruction* is far the best—provided you can find a good instructor. Every man and every woman should seek an opportunity of learning, from competent authority, precisely what to do in the matter of prevention, and what it all means. Reading books is all very well, but personal tuition is much better.

Summary

Finally, the following briefly summarises the recommendations for women :—

1. *Before Intercourse. Wash and be clean.*[1] Insert suppository, and then place rubber pessary in position, hollow side downwards. This will slip up more easily if slightly soaped, or anointed with "Proseldis" Birth Control Jelly. No harm can possibly come either to husband or wife from these appliances, and neither party will be conscious of the presence of the occlusive rubber pessary (some other kinds of rubber pessary have not these advantages). The pessary can be inserted some hours before intercourse, and need

[1] See note on p. 70.

not be removed till some hours afterwards.[1] *The rubber pessary should not be worn continuously.* If you have mislaid the pessary, a small rubber sponge, a piece of clean cotton-wool, or even a piece of soft tissue paper can be used. Native women in different countries use seaweed, moss, sponge, etc., and Japanese women use crumpled rice-paper to plug the upper end of the vaginal passage. But these articles are not so clean or reliable as the occlusive rubber pessary. If sponge or cotton-wool is used, it should be saturated in contraceptive lotion or smeared with contraceptive ointment or made soapy before insertion. But always remember—the rubber pessary is cleanest and safest.

2. *After Intercourse.* Douche next morning (or earlier), remove rubber pessary, wash and dry it and put it away slightly powdered.

3. *Daily.* Cultivate in yourself and in the members of your household habits of sexual cleanliness. *Wash and be clean.* Apply this to all the openings of the body, but in particular to the vagina, urethra and anus, which should all be cleansed night and morning. This practice is not simply cleansing and refreshing, but it helps to prevent many forms of disease, such as piles, etc., and

4. Always remember that the spread of this kind of knowledge has been made possible by the long

[1] If effervescing tablet is being used instead of cocoa-butter suppository, insert this below rubber pessary and immediately before connection.

and patient efforts of hundreds of doctors, many of them unknown and forgotten, and that women will best be able to apply this knowledge efficiently by working in loyal co-operation with free and enlightened medical practitioners.

Digest of Best Preventive Precautions[1]

Before Connection

1. Douche with plain warm water or warm soapy water (Castile soap is best).
2. Insert cocoa-butter suppository.
3. Place rubber pessary in position.
4. If effervescent tablet is being used, insert this below rubber pessary.

After Connection

5. Douche.
6. Remove rubber pessary. (Urinate to facilitate ejection of surplus fat, etc.)
7. Douche again and dry parts.

The use of rubber pessary does *not* do away with desirability of douching, but it does enable the woman to douche at her own convenience with safety.

Note. Do not use vaseline on the rubber pessary, as this damages and ultimately destroys the rubber. Soap or contraceptive jelly is preservative.

If all or most of these hygienic measures are

[1] See note on p. 70.

widely made known to women, it can rightly be claimed that women have been released from the terror of unwanted pregnancy, which is at the present time ruining their marital health and happiness in so many cases. Even if some only of these measures are adopted, the nation as a whole cannot fail to benefit mentally, morally and physically.

Many women have written to me saying they are unable to obtain the services of a doctor to fit rubber pessary, and asking for further advice. To such the following may prove useful :—

1. Few women require a larger size of pessary than 65 mm.
2. Women relying on self-fitting will probably find it easier to adjust 50 mm. or 55 mm. sizes, or even smaller sizes ; for young brides 45 mm. to 47½ mm. is usually large enough. The smaller sizes are easier to insert and remove and more comfortable for most young women.
3. The watch-spring rim is bound to keep the pessary more or less in the correct position (in the normal woman), and it will cover the entrance to uterus if placed *across* (not along) vaginal passage.
4. Where self-fitting has to be relied on, a soluble suppository should always be used beforehand.

This information summarises my own experience and observation ; it has also been confirmed

by different medical practitioners and by the makers of the watch-spring rubber pessary.

If any woman, unable to find a suitable doctor, writes to The Family Planning Association, 69 Eccleston Square, London, S.W.1, the secretary will send her the address of the nearest Birth Control Clinic which can put her in touch with the information she requires. But nowadays very few private doctors refuse to fit contraceptive pessaries, and there will soon be birth control clinics in all civilised communities.

NOTE. Since the foregoing was written, two very good Birth Control Jellies have been perfected, "Proseldis" Birth Control Jelly, which contains Chinosol, and "Freelac Contraceptive Jelly," which contains Lactic Acid, both manufactured by The Proseldis Chemical Company, 32 Great Dover Street, London, S.E.1, and sold by Messrs. Rouse & Co. Ltd., 12 Wigmore Street, London, W.1.

The advantages of jellies over cocoa-butter suppositories are :

1. The jelly does not smell.
2. It is non-greasy.
3. It preserves the rubber of the cap, whereas fat deteriorates rubber.
4. It seals up any microscopic holes in the cap.
5. It can easily be applied by smearing the jelly round the rim and on the upper surface of the cap before insertion.

Whenever there is special need to avoid impregnation, use the jelly in the way described when inserting the cap, and just before connection insert an effervescing tablet in the passage (below the cap) in accordance with directions enclosed. (See next page for list of Medical Supplies.) This method reduces the risk of impregnation to a minimum. If the effervescing tablet causes discomfort (owing to deficiency of moisture), this discomfort disappears on douching, or may be prevented by dipping tablet quickly in water before insertion.

III

GENERAL INFORMATION

(*a*) Medical Supplies[1]

Birth Control supplies can now be obtained from Messrs. Rouse & Co. Ltd., Dispensing Chemists, 12 Wigmore Street, London, W.1, as recommended in this book, namely :—

" Proseldis "[2] Soluble Suppositories or Pessaries, Per box of 12, 3s. 6d.

" Proseldis " Birth Control Jelly, Price per tube, 3s. 6d.

" Proseldis " Effervescing Tablets, Per box of 12, 3s. 6d.

" Proseldis " Douching Pellets, Price per box of 50, 5s.

Dutch Cap, or Mensinga Occlusive Pessary, 5s. each.

Whirling Sprays, Finest English make with satin finish, 12s. 6d. each.

Male Sheaths, Superfine (tested), 8s. per half dozen.

Portable Bidet, 35s. each.

In most parts of the British Empire reputable chemists stock birth control supplies, either those named or others.

[1] See note on p. 70.

[2] The Proseldis Supplies are manufactured by The Proseldis Chemical Co., 32 Great Dover Street, London, S.E.1, from whom they can be obtained direct.

(*b*) Causing Sterility

The allegation is frequently made that the use of contraceptives causes sterility. I have, therefore, asked Dr. Barbara Crawford, M.B.E., M.B., Ch.B., to write the following note on this subject :—

" Among the many foolish objections to the use of contraceptives, which are brought forward from time to time, the fear that they may predispose to, or even cause, sterility is one of the most persistent—such fears are quite groundless if hygienic methods are used. Anything and everything may become harmful if misused. I have known a dirty tooth-brush to cause ulceration of the mouth, and a communal hair-brush to convey ringworm, but this does not condemn the proper use of these articles ; in the same way, the careless or incorrect use of contraceptives does not condemn these, but rather the ways of the ignorant users. A case came recently to my notice, where a husband used a penile sheath, which was never washed after use, only dried and kept in his coat pocket. His wife suffered from vaginitis with great irritation, and this was attributed by a doctor, who did not know the full details, to the use of contraceptives—it certainly was, but it was the dirty insanitary method that was to blame.

" I have known a woman who wore a contraceptive pessary for weeks on end without removing or cleansing it in any way, and the pessary

was blamed when she experienced irritation; and I have known a woman do the same with a surgical pessary, worn for a displacement, for a much longer time and with much worse results —the pessary was not blamed in this case, but the woman's careless neglect of instructions.

"About one in ten of all marriages in this country are infertile, so some cases must be expected where pregnancy will not occur, even if contraceptives have been used for a time and then discontinued. This may be due to lack of development in either husband or wife, or to other causes quite unconnected with the previous use of contraceptives, and all it demonstrates is that that particular couple need not have troubled to use them.

"No one need fear any harm as the result of properly used modern contraceptives, but it is advisable to have individual medical advice as to what to use and how to use them. I do not advise the penile sheath now that we have contraceptives so much better. A badly fitting pessary may be absolutely useless, and a dirty one a source of disease; some of the small 'cervical' cap pessaries, advocated largely at present, are difficult to apply, and are quite unreliable, for, even when properly placed in position, they do not always remain there. Certain crude chemical contraceptives may cause a temporary sterility by producing an irritative condition of the vaginal passage, which causes the secretion of the part to become too acid, and this

acidity devitalises the spermatozoa and so prevents conception. This can be remedied by discontinuing the use of the irritating chemical, and syringing with a weak alkaline solution (bicarbonate of sodium 2 per cent.). Some of the best contraceptives actually prevent sterility in many cases, for they safeguard the woman against gonococcal infection, which is one of the most frequent causes of pelvic disease and sterility. I refer to the 'Proseldis' soluble pessary, which, used in conjunction with the 'mensinga' cap, or with the Koromex pessary, is a most clean and efficient method. When this method is used natural intercourse is interfered with to a minimum and full sexual pleasure obtained.

"So many cases are known to me of young married people who could not afford children at first, or who were in lodgings, or going abroad and could not conveniently have a family, who have used contraceptives for the first few years; and afterwards, when circumstances altered, on discontinuing these, have had a baby within a year; and of mothers, who after the birth of a baby, have used the Proseldis 'Dutch cap' for a year or two to prevent pregnancy occurring again too soon, and have had more children later when they wished them, that no doubt exists whatever as to the safety and harmlessness of these methods."

(Signed) BARBARA CRAWFORD.

(*c*) Other Methods of Contraception

The following methods are enumerated, but not recommended for the reasons set out :—

1. *Withdrawal.* Immediately before emission the male organ is quickly withdrawn, to avoid emission of seminal fluid in the vagina. Many men and women feel this to be unromantic and nerve-racking, and otherwise objectionable. The method is quite commonly practised, but it is unreliable in multiple connections, and where the man has not complete control over himself. It leaves the woman at the mercy of the man for protection against impregnation, whereas every woman should take care of herself.

2. *Sheath or Condom* (" French Letter "). This prevents conception, but sheaths are apt to break, and may " leak " through having tiny holes in them. Sheaths impose an impermeable medium between husband and wife, destroy contact, and may thereby prevent the joy of sexual intercourse. In some cases both husband and wife become nervous wrecks, recovering their health when the sheaths are discarded ; in other cases it is claimed that no harm has resulted.

3. *Antiseptic Syringing.* This is generally successful, but not entirely reliable by itself, because seminal fluid may enter the womb during connection or may not be completely removed by syringing. This method is unreliable unless applied *immediately* after each connection, and syringing at that time is inconvenient and un-

romantic, and liable to be ineffective unless very thorough.

4. *Douche Can.* This is better than syringing in many ways, because the irrigation can be so arranged as to let the lotion flow into the vagina faster than it can flow out—hence distension of walls of vagina and thorough cleansing. Suitable bath-room arrangements are not always available.

5. *Quinine Suppositories, etc.* By themselves these are unreliable, no matter what the makers claim on the label. There is usually not enough quinine in them ; or if there is enough, it proves irritating. Several kinds of gelatine and glycerine suppositories are now on sale in many shops. Some of these are chemically or mechanically effective within limits, but they are apt to be sticky and sloppy.

6. *Solid-Ring Check or Cap Pessaries.* These are reliable only when carefully adjusted over the mouth of the womb, and many women find it very difficult to adjust this kind of pessary correctly. The " cap " is apt to slip off during intercourse ; hence numbers of failures. (See pages 51 and 52.)

7. *Vaseline and Soap-and-Water.* Using vaseline beforehand, and urinating and using soap-and-water *immediately* after *each* connection, is a fairly safe way of avoiding conception for some women. But the vaseline needs to be inserted fairly high up—if possible over the mouth of the womb, and the subsequent washing needs to be very thoroughly done (internally and externally). This

method is commonly used by Continental women, but is not entirely reliable by itself.

8. *Gold Spring Check Pessary.* This is an instrument, the arms of which spread out inside the womb, and the gold spring keeps the mouth of the womb open, thus facilitating infection and conception. It is claimed as a " preventive " ; it is really an abortifacient, and cannot be too strongly condemned, as causing septic miscarriage (authentic records of this are available). A woman can neither insert nor remove this instrument herself.

9. *Safe Period.* The last week of the monthly cycle, *i.e.*, the week before the menstrual flow is due, is called the safe period. In some observed cases it has proved safe ; but many young and vigorous couples do not find it practicable to limit their intercourse to the one week in the month.

NOTE. The method of " self-control " is not referred to here, because one marital relationship per annum might lead to an annual child. In the matter of family limitation, therefore, " self-control " has no value.

(*d*) MATERNAL MORTALITY

The following statistics may show that married life was twice or three times as safe for women in countries where there was widespread knowledge of birth control as it was in countries where knowledge of birth control was suppressed or scanty. The main reason probably was that, in the absence

of birth control knowledge, self-inflicted abortion was frequently practised, with disastrous results.

TABLE OF STATISTICS ISSUED BY THE UNITED STATES DEPARTMENT OF LABOUR (CHILDREN'S BUREAU), WASHINGTON.

MATERNAL MORTALITY RATES IN THE UNITED STATES AND CERTAIN FOREIGN COUNTRIES.

Country and Year.		Deaths from Puerperal causes per 1,000 live births.
The Netherlands	1923	2·3
Denmark	1923	2·6
Italy	1923	2·7
Norway	1921	2·2
Uruguay	1923	2·7
Japan...	1922	3·3
England and Wales	1924	3·7
Finland	1920	3·6
South Africa	1923	4·5
Germany	1923	5·2
Australia	1923	5·1
New Zealand	1924	5·0
Spain	1921	5·1
Irish Free State	1922	5·7
Scotland	1924	5·8
United States (Birth Registration area)	1924	6·6
Belgium	1922	5·4
Chile	1923	7·4

Source : Compiled from official sources, or from "Annuaire International de Statistique."

In the Scandinavian countries contraceptive knowledge is most widely spread.

IV

DILATATION OF HYMEN (OR "MAIDENHEAD")

THE hymen of a virgin is a thin fold of mucous membrane stretched across the lower part of the orifice to the vagina. In rare instances it is quite complete—in which case it offers an obstruction to the menstrual flow. This is then dammed back and becomes dark and sticky, and sometimes causes great distension and pain until relief is found in a surgical operation. Generally the hymen has an orifice in the middle, through which the menstrual flow comes. If the orifice is very small, the flow trickles through slowly and with difficulty—sometimes as a thick, sticky, viscous liquid, of the consistency and colour of thin tar. Sometimes the hymen is very delicate and is ruptured accidentally in riding or jumping or douching. The hymen may be very elastic, and be unbroken after intercourse, and even during pregnancy—being finally torn away during childbirth. The presence of the hymen does not, therefore, prove virginity, and its absence does not prove loss of virginity. According to the best medico-legal authorities, in not more than half the cases can a responsible qualified expert

witness say definitely, by the presence or absence of the hymen, whether or not sexual intercourse has occurred. Its retention in adult women is a fetish, based on savage tabu and sacerdotal custom, and having no ethical, legal or medical justification.

The hymen is usually ruptured on the first complete sexual union, and until it is ruptured a rubber contraceptive pessary cannot be inserted. Therefore, if a woman about to marry desires to exercise full control of her fertility from the outset of her marriage, it is essential for her to have the hymen surgically dilated or removed beforehand, and the pessary then fitted by the surgeon.

Wherever possible, it is better to go into a nursing home for half a day or a night for this marriage preparation. The rest and retirement bring repose of mind and body, and in the nursing home the surgical arrangements are more simply and easily made. The fees for surgeon and anæsthetist should not be more than seven or eight guineas in all ordinary cases, and the nursing home fees one or two guineas—say ten guineas altogether. London obstetric surgeons assure me this is quite a reasonable payment, and that in the provinces and elsewhere the matter could be arranged even more economically.

Failing preparation beforehand, it is better for the bride to anoint the external genitalia with a little vaseline, and for the bridegroom to use a rubber sheath, on which a little sweet oil has been put. Then let the bride herself, by the pressure

of her own body, gradually complete the union between her own organs and the erect male organ of her husband. This will certainly cause less pain and shock to both parties, and the fact that the woman inflicts the pain of entry on herself protects her from distress, and enables her to feel that she is claiming her rightful share of responsibility and freedom.

If every betrothed couple would together visit a suitable experienced doctor, they would find that kindly and plain explanation would do much to ensure the success and happiness of their subsequent married life.

V

DEVELOPMENT OF PELVIC MUSCULATURE

In sexual intercourse the whole of the muscles of the body are involved, but those particularly concerned are as follows :—

1. The muscles of the abdominal wall.
2. The muscles of the floor of the pelvis.
3. The muscles of the haunches or buttocks.
4. The muscles of the flanks and thighs generally ; and
5. The muscles of the arms and shoulders in embracing.

Marital inefficiency and unsatisfying intercourse are sometimes directly traceable to lack of suitable muscular development on the part of both husband and wife, and particularly on the part of the wife, so far as the lower half of her trunk is concerned. This lack of local development is largely due to lack of suitable exercise. I have taken up the matter of abdominal and pelvic culture in my book, setting out a new system of bodily cultivation, based on the movements of prehistoric dances [1] ; and also made a study of the sex function in women and its relation to

[1] "Stand Up and Slim Down" (being Restoration Exercises for Women), by Mrs. Ettie A. Hornibrook (Ettie Rout). (Heinemann, 6s.)

exercise, and embodied the results in the same book.

The primary object of that book is to direct careful thought to the lower half of the body of woman, for the purpose of improving her health and appearance, and increasing her sexual happiness. Slackness of the abdominal wall and weakness of the pelvic musculature are mechanical defects responsible for constipation and other internal disorders common among civilised women. Uncivilised women do not suffer in this way. The sexual inefficiency and pseudo-frigidity which ruin the romantic happiness of many civilised women are also unknown among primitive races. The obstruction to marital happiness which is caused by the sagging and overloaded large bowel is clearly described in the hope that once the evil is recognised the remedy will be sought.

There is a general condemnation of the attitude of mind which has resulted in throwing ridicule and obloquy on such valuable exercises as the *Danse du Ventre* and the *Danse du Derrière*, which are capable of imparting a very great amount of movement to the contents of the abdominal cavity, and thereby preventing bowel-stagnation. That such exercises facilitate ready and easy evacuation of the waste products of the body is well known to uncivilised women. Their value in promoting a healthy and vigorous sexual life is a factor of great importance in social welfare and race culture, as well as in developing personal happiness and romantic constancy.

The means employed to stimulate this careful thought and to counteract the neglect of the physical training for marriage which the primitive woman receives, is the describing of the so-called Native Dances—which are really abdominal and pelvic exercises. It is pointed out that the abdominal, gluteal and pelvic parts of the body are free-hung and capable of a wide range of rhythmic rotary movements, the hygienic purposes of which are to stir into healthful activity the whole of the abdominal and pelvic organs, to prevent or remove superfluous tissue, and to strengthen and improve the muscles of the pelvic diaphragm which support and operate the organs of generation and evacuation. In primitive life these purposes are served by the Native Dances, and, as all native races perform these, it can be assumed they were of high survival value. In civilised life the same purposes can be served only by a system of exercises based on the movements of the native dance.

A set of practical exercises along these lines is given at the end of that book, and the regular practice of these will certainly prevent constipation, as well as promote woman's physical efficiency in marriage. This physical efficiency is largely dependent on the development of the muscles of the pelvic floor, and these particular pelvic muscles aid greatly in preventing " prolapse " in later life.

VI

QUESTIONS AND ANSWERS

REPLIES to questions asked in correspondence have always been made personally by me, but so many women have asked questions of general interest in regard to the following matters, that this chapter has been added to the Revised Edition.

1. *Hymen.* As already explained in this book, the hymen is a thin fold of mucous membrane stretched across the lower part of the orifice of the vagina. Sometimes it is quite complete, but generally it is perforated by a round opening in the centre. If the hymen is present, it is not possible to fit a rubber pessary before marriage. Medical practitioners sometimes advise surgical rupture of the hymen, to avoid needless pain and distress on the bridal night. This is a matter for the bride and bridegroom to decide for themselves, preferably with the advice and help of a suitable and sympathetic medical practitioner. If the hymen is unruptured before the wedding, a little vaseline or other emolient should be used, and the bridegroom should take infinite care not to hurt or shock his bride by

forcible, hurried, or over-frequent entry on the very night both lovers should look back upon as one of consummate happiness. Such divine memories are impossible if the physical side of marriage has been over-stressed on the first wedding night of the pair.

2. *Necessity of Intercourse.* Sexual intercourse is necessary for the existence of the race, just as food is necessary for the existence of the individual. With rare exceptions, men need women and women need men sexually if they are to be happy and healthy. The frequency of intercourse is a matter of mutual feeling between the pair. Usually in settled married life (apart from the honeymoon) marital intercourse two or three times a week is regarded as most satisfactory, except during the wife's menstrual period, when abstinence is necessary.

3. *Mutual Joy.* Married women should certainly experience joy in sexual intercourse. The wife's failure to do so is often the fault of the husband. He experiences the sexual orgasm so quickly that his wife has not the time to derive any satisfaction from the intercourse. Unless she does so, intercourse soon becomes to the wife entirely uninteresting or even intensely distasteful, whereas it should be the acme of joy for both husband and wife.

4. *Pregnancy.* Most women who love their husbands passionately do desire intercourse during pregnancy, but the greatest care must be used, especially during the earlier months, for

intercourse at this time may involve a risk of miscarriage. This is a question which must be settled by mutual desire and mutual consideration, but a doctor's advice is often really helpful in many ways. The more frankly men and women consult suitable doctors in regard to their marital life, the more happiness they are likely to achieve.

5. *Continuous Passion.* Passionate love may certainly be experienced by middle-aged and elderly men and women. The capacity for love is co-existent with life ; and the ability certainly continues in old age in normal men and women, although virility is naturally more abundant in youth.

6. *Menopause.* Pregnancy may occur after the menopause, but it is very unusual. Sexual desire certainly continues long after the menopause in most cases.

7. *Reciprocity.* The duties and pleasures of marital intercourse are reciprocal. Women, more than men, tend to be indolent and inattentive in sexual matters—even tacitly hostile. Men tend to over-stress the physical side of love. A clearer knowledge of the wonder and beauty of sex would lead both parties to strive to give as well as to take the utmost happiness. But no matter how clear our knowledge, how deep our feeling may seem, the great problems of sex still wait outside —too big for our understanding.

8. *Purpose of Marriage.* The purpose of human marriage as distinguished from the sexual union

of the brute creation is *conscious happiness.* The reproduction of children follows rightly from romantic relationship ; but it is not the sole object of marriage, nor even the primary one, under modern social conditions. Reproduction is merely one of the ways in which sexual love finds expression. A man and a woman may be ideal lovers though quite unsuitable for parenthood, because of poverty, hereditary qualities, social environment, and so forth. The unborn have a right not only to healthy procreation, but to healthy environment as well. Adults who cannot ensure both to their offspring should certainly refrain from reproduction. To ask them to refrain also from love-relationship is a mocking absurdity.

9. *Sterilisation of Woman.* In some cases sterilisation of the woman is obviously desirable. For example, when a woman cannot give birth to a child normally, and needs to have the full-time child removed surgically from her living body by what is called Cæsarian section, the enlightened, unprejudiced surgeon naturally considers the woman has a right to ask for sterilisation to avoid further conceptions. Other suitable cases for sterilisation are mental instability, hereditary taints, tuberculosis, syphilis, repeated and over-frequent pregnancies which are undermining the sound health and economics of the home. A suitable opportunity may be furnished through the chance of another abdominal operation—say for appendicitis ; the combined operations can

then be carried out more simply and inexpensively. Failing that, special arrangements must be made.

There are various methods of sterilisation in the woman, though in every case an abdominal operation is necessary. The tying of the Fallopian tubes is a common and simple method suitable for comparatively young women. Nearer the change of life, and especially if there is an unhealthy uterus, it is usually wisest to remove the upper part of the womb. An additional advantage conferred on the woman by this is the removal of a possible (and frequent) site of subsequent cancer and other growths.

This removal, or the tying of the tubes, or any other form of suitable sterilisation, properly performed, does not in any way alter the sexual feelings of the woman ; nor is her marital intercourse with her husband deleteriously affected. On the contrary, marital intercourse is improved, because the removal of the fear of undesirable conception renders the intercourse more natural and happy, and provides the very conditions necessary to enable it to become mutually complete and satisfying to both the husband and the wife.

When, therefore, the husband and wife decide that child-bearing should be ended in their case, and they wish to be rid of the continual necessity for applying contraceptive precautions, the best plan is to seek the services of a competent surgeon. For those who wish such operations performed at moderate fees, there is

usually no difficulty in finding competent surgeons attached to the public hospitals who are willing to keep the cost down to £40 or £50, or less, for the operation, including treatment and stay for two or three weeks in the private ward of the hospital. For poor persons many surgeons will perform the necessary operation without fee in one of the large hospitals.

I have given this advice to a number of women known to me personally, and it has been acted upon with great advantage to the health and happiness of their personal and family life. In no case under my observation have there been any deleterious results, and no regrets of any kind. But, of course, the woman must understand that once she has been sterilised it is impossible for her to have another child, except in the rarest case, when a reverse operation might be performed if the tubes only had been divided.

10. *Evacuation of the Uterus.* Uterine evacuants or abortifacients are sold freely in all countries, more or less openly. These may be useless, harmful and even highly dangerous, taken indiscriminately. Taken under proper medical direction in suitable cases, they sometimes effect the object desired. To the logical mind there is no ethical difference between preventing an undesirable conception and interrupting an accidental pregnancy which has resulted from some technical failure in applying prevention, but it is a fact that European civilised communities have not yet as much knowledge of sure and easy

methods of uterine evacuation as some native races appear to have had for many thousands of years. Research is certainly required. Apart from herbal and other medicaments, inoculation may offer a hope in the future. A medical friend writes me :—

" In cattle the *bacillus abortus* causes certain abortion without seemingly affecting the general health of the mother in any way—the fœtus is simply expelled. I believe a similar kindly microbe could be worked out for the *genus homo*, where a single inoculation would do all that is required."

In the absence of better control than we at present possess, the alternative some women seek is abortion. Self-inflicted abortion is an anti-social and highly dangerous practice, and it should never be attempted. Abortion is illegal excepting when done in medically suitable cases, and the consent of two doctors is required, preferably three. For example, when, for good medical reasons, the family physician considers the pregnancy undesirable, he may request a surgeon to empty the uterus by surgical operation, with the assistance of an anæsthetist whose consent is also obtained ; and usually the written consent of the patient's husband is required. The fees for such an operation are approximately the same as those given in answer 9. Such operations have been performed in many thousands of cases in Europe during and since the war, and it is authoritatively claimed that there is now ample

evidence indicating that, given skilful surgery, aseptic treatment and suitable hospitalisation, an occasional miscarriage procured at the appropriate term (between the third and fourth month) does not injure the patient. Nevertheless, it is clearly much better to apply " prevention " than resort to " cure " by surgical operation.

11. *Daily Douching.* All the openings of the body should be appropriately cleansed daily, as previously stated. The vaginal passage, when healthy, does not require daily douching but the external genitalia should be carefully washed with warm water and soap (Castile soap is good), and then laved with cold, clean water and carefully dried ; and a little vaseline or powder put on the parts. This keeps the genitalia cool and fresh, and prevents irritation and discomfort during the day time. It is also a good plan to wash externally at night time as well. In some nations the practice of washing the parts carefully after each evacuation of the bladder or bowels is taught as a routine measure of personal sex hygiene. No harm and much good comes from such cleansings. But the use of very cold douches and of strong disinfecting lotions is rightly condemned, as causing inflammation and irritation, sometimes leading to a " discharge." A " discharge " should always be regarded by a woman as potentially dangerous, and medical advice should be sought.

When necessary, cleansing with plain warm water, or with a very weak antiseptic lotion, will

do no more harm to the vaginal passage than to the oral cavity—the mouth. Douching with cold water or strong disinfectants is liable to cause inflammation or irritation. The opposition to intelligent internal cleansing as a part of the sexual toilet of the adult woman comes as a rule from those who openly or secretly disapprove of birth control, and regard the female genitalia as so much ecclesiastical furniture or state property ; hence endeavour to keep women in the dark as to the nature and functions of their own reproductive organs. The intelligent and cleanly woman will be wise to disregard such specious advice.

12. *Check Pessary.* The " Check," " Pro-Race "

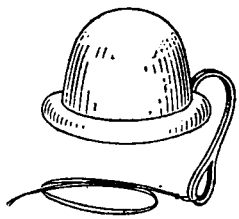


DIAGRAM 10.—CHECK PESSARY.

or " Prolapsus " pessary is a very old device, which appears to prove successful only when it happens that the rim is the correct size for fitting the particular woman. The size is about the equivalent of the 40 to 45 mm. Mensinga pessary. Apart from failures due to size, there are other causes, as noted in the following letter sent me by an experienced doctor :—

" I am studying the matter *How to Control Birth*, and have read many books about the subject. I perused ——'s books and tried the methods recommended in her books, but I am sorry to inform you that none of them are successful. The cause of the failure of the method (using check pessary besmeared with ointment, etc.) depends upon the condition of the cervix. The cervix before and after the menstruation becomes soft and patulous. The cap (check pessary), though well fitted, cannot remain *in situ* when the cervix becomes soft and patulous. I have seen the pessary slipped into the posterior cul de sac, and thus uncovering the mouth of the womb during the act of coitus, and thus pregnancy takes place in spite of the cap. The other methods recommended, such as quinine pessary, etc., are useless, as in an uncovered state the spermatozoa enter directly into the womb. . . . During my twenty years' practice I have examined many sterile women, and found in all of them the cervix is hard and elongated, and in women who are bearing children I found the cervix sometimes soft and sometimes hard. I believe the softness of the cervix facilitates the entrance of the sperm, and pregnancy occurs at that time. I know of women who become pregnant every five or six years apart, and no contraceptives have been used, and the husband and wife remain together and both of them are healthy."

Clearly not a cup-shaped, but a diaphragm-shaped pessary is required, *i.e.*, the pessary illus-

trated on page 18. The one shown on page 51 is not recommended.

A particularly objectionable feature of this model is the loop and the cord, which latter is liable to become dirty and septic.

13. *Sterilisation of Man.* This is a simpler and less expensive operation than the sterilisation of woman, and it does not decrease desire or virility or satisfaction; on the contrary, sexual activity may be improved. It is suitable for men who are unfit or who desire to limit their own fertility, but, as a matter of honour, the wife or intended wife should be informed. A wife should not ask a physically fit husband to be sterilised, because if she died his second wife would be precluded from child-bearing.

14. *Marital Experience.* The trial marriage or practical betrothal has been practised for many thousands of years under different advanced civilisations. So long as it is infertile, the parties are free to separate, if not sadder, certainly wiser. During the last twenty or thirty years, the practice has been accorded a growing public endorsement, as a means of preventing unhappy and unsuitable permanent marriages.

15. *Sex Friendships.* In modern life there is widely growing up a custom of infertile sex friendships as a preliminary to permanent union, and so long as these sex friendships are chaste, that is, founded on mutual selective love, it is difficult to understand how there can possibly be any ethical objection to them.

16. *Mutual Faithfulness.* The husband and wife must agree to be mutually bound or mutually free. If they grant one another sexual freedom, and that freedom is exercised, there may be grave danger of venereal disease, and still graver danger of the decay of their own married life. It is usually far better for both parties themselves to endeavour to provide their own mutual satisfaction. On the other hand, if one of the parties cannot or will not grant what the law terms "conjugal rights," or fails to provide completely for the sexual needs of the other, a suitable and sensible adjustment is necessary, and usually the less said about it the better. By "sex" we do not mean only "sexual intercourse," and many older women who desire little or no intercourse are content to live happily with their husbands, tacitly aware that there are other women who are administering to his content of mind and body, and achieving happiness themselves thereby. Whether there is ever any gain in the exchange of marital confidences in this respect is very doubtful; usually silence is golden, and communications may corrupt good manners and prove uselessly disturbing. When a man and a woman are happily married, extra-marital intercourse is an accident—not a design or a habit. The experienced wife will neither press for confidences nor refuse to hear confessions, still less allow an otherwise happy married life to be disquietened or imperilled by either. Time is always kind to married lovers, and Nature is kinder still;

and in the steady course of life's years the suitably mated pair are bound to become closer in mind and heart and body, to the growing exclusion of lesser relationships. This kind of sexual faith is far nobler and far more important than a mere technical compliance with monogamic legality.

17. *Homosexuality and Masturbation.* These practices are anti-social ways of controlling fertility. It is doubtful if they have any personal or social value. In the sphere of social ethics they are " waste products " ; and as means of personal satisfaction they are incomparably inferior to normal love-relationship between the sexes. The remedy is the development of normality and the suppression of abnormality, and the removal of the causes on which the abnormality is based. In marriage such practices are fundamentally dishonourable and dangerous in so far as they undermine the desire and ability for normal marital relationship. Unfortunately, they are much more widespread than is commonly supposed.

18. *Race Improvement.* The neglected factor in race improvement is sexual selection by woman through passionate love. Under modern European civilisation, woman is sexually disenfranchised, and race improvement is at a standstill. Until women are left free to select the highest types as the fathers of their children, it is idle to talk of " eugenics." Women need birth control measures to ensure that only their sexual connections with the finest men shall be fertile, and that all other connections shall be infertile, no

matter how romantically happy. Thus, and thus only, can women carry out the ultimate and fundamental purpose of Nature—Race Improvement.

19. *Prehistoric Contraceptive Measures.* It is not a fact that the exercise of birth control precautions is of recent origin and practised only by modern civilised nations. In their well-known book on "Woman," Ploss and Bartels refer to the understanding of reproduction and of the control of fertility possessed by primitive races. They say:

> "That the penetration of the male sperm into the genital apparatus of the woman is necessary for procreation, even the wildest savages know quite well, and many of them, even on the lowest cultural plane, know how to take precautions" (p. 740).
>
> "In the same way and spread all over the world is the custom of introducing foreign bodies (especially such as were absorbent) into the vagina to prevent the entry of the spermatozoa into the uterus."

20. *Climatic Conditions.* In some climates (for example, the climates of some parts of Australia), rubber goods perish comparatively quickly. The best preservative is glycerine. The rubber pessary can be kept in glycerine, and carefully washed with soap and water and then anointed with "Proseldis" Birth Control Jelly before using. For hot climates the "Proseldis" Jelly and "Proseldis" Effervescing Tablets are more suitable than the cocoa-butter suppositories.

21. *Attitude.* The normal attitude for marital

intercourse is for the wife to lie comfortably on her back, and husband and wife to be face to face ; but other attitudes prove more successful in some cases so far as mutual satisfaction is concerned. In some attitudes impregnation may be more probable, in others less probable, in no attitude can the risk of impregnation be eliminated. Suitable contraceptive precautions are the only safeguard for fertile partners.

VII

GRÄFENBERG RING

THIS is a small silver ring to be inserted by a surgeon into the uterus itself, left there for about twelve months, and then removed. Special instruments have been devised for the insertion and removal. The ring is supposed to obviate the necessity for taking other preventive measures. During 1929 and 1930 it was being very highly recommended by some qualified medical practitioners in London specialising in birth control, and just as highly condemned by others. The following opinions were given me in writing by three such doctors :—

(1) " POINTS AGAINST THE GRÄFENBERG RING.

" *Danger of Sepsis.* Obviously if there is gonorrhœa or any discharge, it is definitely contra-indicated. Even if there is a quiescent infection of the uterus, it would light it up again and possibly spread the infection to the tubes.

" *Danger of Malignancy.* The uterus is such a favourite site for carcinoma, that the irritation of the ring might cause it even five or ten years later.

" *Alteration of Normal Period.* In most women

it appears to increase the monthly flow and to lengthen its duration, which, apart from the inconvenience, is a lowering thing, and not to be desired.

" *Danger of Chronic Endometritis* from chronic irritation.

" *After it has been* inserted, it may be expelled by the contractions of the uterus during menstruation, and unless always looked for may give a feeling of false security.

" The insertion must be done by an expert, otherwise perforation of the uterus would be very easy.

" For the woman the ring is the easiest method of birth control. Once inserted it may stay for a year or more. But the risk of carcinoma is the greatest disadvantage, and for this reason it must be condemned.

" *Abortion.* The introduction of the ring in a pregnant woman will of course cause an abortion. Therefore the only possible way of introducing the ring with safety would be during menstruation.

" *Ectopic Gestation.* The presence of the ring in the body of the uterus might possibly cause extra-uterine gestation. However, the ætiology of this condition is so indefinite and theoretical that it is difficult to say.

" *Fibroids.* Again, the causation of this condition is uncertain, but possibly the irritation from the ring might predispose to them, or, if small fibroids were already present, it might aggravate them."

(2) " POINTS IN FAVOUR OF GRÄFENBERG RING.[1]

" *Sepsis.* Dr. Gräfenberg has an unbreakable rule that no ring is inserted into a womb which is, or has been, unhealthy.

" Quiescent infection of the womb which gives no history of itself does not exist.

" *Carcinoma.* Dr. Gräfenberg has some 1,200 cases, covering ten to twelve years, and including many patients of the cancer ages. Not a single case of cancer was among them, whereas, in another 1,200 taken at random from the population, by ordinary statistics, some cases would occur. It might even be, as one doctor suggested, that there is a relation between the *absence* of cancer and the *presence* of the ring !

" *Menstruation.* The first one or two menstruations may be heavier, which doesn't matter, otherwise the usual rhythm and amount are unaltered.

" *Self-Removal.* Rings of the correct size are never expelled. Rings of wrong size may be. That's not the fault of the ring.

" *Irritation.* There is no evidence that the presence of the ring causes any irritation. Scrapings have been repeatedly taken from ring-bearing wombs, and have invariably been found healthy. Certainly insertion must be done by an expert—so must many or nearly all surgical

[1] Since this was written, further experience has induced this gynæcologist to modify and even withdraw the commendations made here ; but the report is worth recording to show divergence of medical opinion for the time being.

manœuvres. The ring should be inserted on the last day of menstruation.

" *Ectopic Gestation.* No reason to think the ring has any influence whatever on this.

" *Fibroids.* Dr. Gräfenberg never puts a ring in uteri with any evidence of fibroid."

(3) " COMMENTS ON CORRESPONDENCE RE GRÄFENBERG RING :

" I object to the ring on theory. The epithelium of the vagina and of the digestive tract (including mouth) is so constructed as to be able to deal with foreign bodies ; not so that of the uterus, where any foreign body acts as an irritant, and if not quickly expelled will set up defence reactions of various sorts.

" I have never fitted a ring and do not intend to do so, but I have seen two cases of metrorrhagia (uterine hæmorrhage) following insertion by others.

" No method which requires specialist services and supervision can be convenient and applicable to women in general.

" Points raised :

" *Sepsis.* To exclude all women who have ever had a uterine infection rules out large numbers of those who require protection most. ' Quiescent infection,' with a vague or forgotten history, is common.

" *Carcinoma.* Too short a period has elapsed to make these figures of any value one way or the other—twenty years or over is a usual period for

an irritation to go on before malignant change supervenes. And if only perfectly healthy women were fitted one would expect the incidence to be less than average.

" *Fibroids* often exist without any evidence of their presence being obtainable—until *post mortem* examinations. I think it unlikely that the ring could influence these.

" Even the advocates of the ring admit that it causes menorrhagia (excessive menstrual flow) at first. Surely this indicates some irritant action ? I would not regard it as trifling."

In 1930 the Seventh International Birth Control Conference was held at Zurich, and the Gräfenberg Ring was the subject of evidence and discussion. The following report was submitted by Dr. J. H. Leunbach, of Copenhagen :—

The Gräfenberg Ring

" Up to now I have applied in all 176 rings. At the beginning I was extremely well satisfied, and hoped that it would be possible to apply this method to women of the working classes, where bad housing conditions, laxity and ignorance make difficult the application of methods that demand active co-operation of the women themselves. So far the silver ring has, so to speak, been used *in praxis elegans* only, and I was aware that it could not be concluded therefrom that it was possible to apply it on a larger scale, where one could not so easily select the single suitable cases.

"During the first three to four months everything happened almost as well as I had hoped for; and the article which I sent to the International Medical Committee for the Investigation of Contraception is obviously distinguished by the optimism which I was still at that time entertaining.

"But then the disappointments began to show up—and it got worse and worse, so that I have now entirely discontinued using the method.

"I shall proceed to give an account of my results :—

"Women have become pregnant in spite of a silver ring that was sitting perfectly correctly. (The ring will be seen on the X-ray pictures.)* In the first case I removed the ring, and eight days later there was a spontaneous abortion, which took place without complications. In the other case the pregnancy is continuing. It is in its fifth month by now. One woman appeared to be pregnant before the introduction of the ring. Her pregnancy continued for one and a half months, however; then she began to bleed, and became febrile, for which reason I had to interrupt her pregnancy by means of the paste-method. That was a very peculiar case. The abortion took place smoothly, but the ring was not expelled till twelve days later.

"In the case of three patients, acute inflammation, parametritis and salpingitis have been caused, necessitating a quick removal. One of

* In Dr. Leunbach's own extended report.

these women was *virgo intacta* at the time of the introduction of the ring. There was no doubt that her uterus was perfectly sound. For four months she carried the ring without trouble of any kind. Then she developed acute angina, and in addition thereto salpingitis and parametritis. It is to be supposed, therefore, that the ring has created a *locus minoris resistentiae* where the bacteria circulating in the blood could settle down.

" In the case of twenty-one other patients I have had to remove the ring, due to constant bleedings or continuous sensitiveness of the uterus, and pain. One of these women had carried the ring for six months, and hesitated very much to give it up ; but her bleedings became worse and worse, and at last she could not endure it any longer.

" As regards twenty-two patients, it has been established that the ring has come out by itself. In the case of eight of these the ring was found in the *orificium uteri*, consequently not entirely expelled. In one of these cases it had no doubt been lying in the cervix for more than a month, and during that time pregnancy had begun.

" It is about being the worst thing to be said of the ring that it may come out by itself. Four of my patients have lost the ring without knowing it and have become pregnant, because they trusted that they were safe without being so. And naturally I must now fear that some of the patients, apparently well satisfied in the possession of their ring, have already long ago lost it. X-ray

pictures should, in fact, be taken of all of them ; but that is both troublesome and expensive.

" Thirty-five patients have complained of bleedings, pain or irregular menstruation, although it has not been deemed necessary to remove the ring. Of six patients I know positively that they are perfectly satisfied. Regarding ninety patients, I have no further information as yet."

In view of this and much other slowly accumulating condemnatory evidence, it is clear that the Gräfenberg ring cannot be recommended.

VIII

SMALL *VERSUS* LARGE PESSARIES

The following notes have been supplied by a London gynæcologist :—

THERE is a considerable difference of opinion among doctors as to the right size of Dutch Cap Mensinga pessary to use, and also, consequently, on the method of fitment.

The advocates of the larger sizes are fitting pessaries from 70 to 75 mm. in diameter.

The pessary is fitted at a slant, with its concave surface looking downwards towards the vaginal outlet, as in Diagram 11.

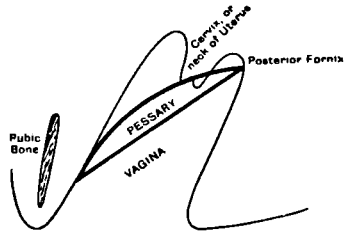


DIAGRAM 11.—Fitting of Large-sized Pessary. The advocates of this try to push pessary above pubic bone ; but do not always succeed in doing so.

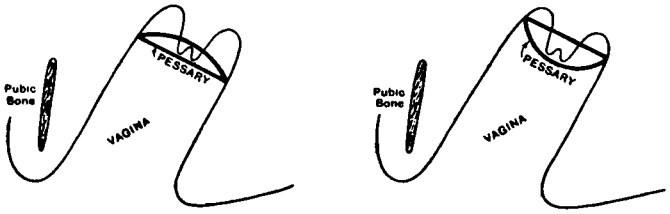
The pessary is inserted so that the farther end of the rim is in the posterior fornix first, and then

the anterior or nearer edge of the rim is pushed up in front and, if possible, above the pubic bone.

In this way, to hold the pessary in place the posterior fornix is stretched and, in fact, practically the whole of the vaginal mucous membrane is kept more or less distended.

The advocates of the smaller sizes usually fit pessaries from 45 to 60 mm. in diameter—the size most often fitted probably being 55 mm. In this method, the pessary is fitted into the vault or dome of the vaginal canal and directly over the cervix.

In some women the pessary can be fitted with



DIAGRAMS 12 and 13.—Fitting of Small-sized Pessary.

the concave surface looking down towards the vaginal outlet (*See* Diagram 12); but most women fit better with the smaller sizes having the concave surface upwards (*See* Diagram 13), so fitting like a cap over the cervix and vaginal vault. Very often in this way one gets an actual fold of mucous membrane covering the rim of the pessary, and in these women one is certain of controlling fertility.

As far as actual birth control is concerned, the

first method with the larger sizes is probably very good, but at the same time for passionate lovers it destroys the perfection of the act of coitus. In many such cases the pessary is noticed by the husband and the wife, and sometimes it causes discomfort and even pain. The large pessary will not worry men and women who are not of a sensitive nature and who know little or nothing of the art of perfect connection, but for the sensitive and knowledgeable it will ruin the joy of marital relationship.

Not only does the penis come into contact with the pessary, but the vaginal walls are not in efficient contact with the penis, and cannot grip it except at the vaginal orifice.

In my opinion the larger-sized pessary will prevent both the husband and the wife securing the full pleasures of marriage, and for this reason it is far from ideal.

The smaller pessary will not be noticed by the man or woman, and allows the most natural and perfect connection to take place.

Fertilisation in the great majority of women can be equally well controlled by the smaller pessaries, provided the patients are fitted by a doctor skilled in this branch of preventive medicine, and provided the women have suitable toilet arrangements.

For very poor women, and for those whose one and only demand is protection against pregnancy, the larger sizes are used in most Birth Control Clinics as a matter of practical necessity.

IX

BIRTH CONTROL CLINICS IN GREAT BRITAIN

FULL information with regard to these may be obtained from the Secretary, The Family Planning Association, 69 Eccleston Square, London, S.W.1. There are now over seventy voluntary clinics established, and in July, 1930, the Ministry of Health issued Memorandum 153, M.C.W., permitting birth control advice to be given at the Maternity and Child Welfare Centres to limited classes of married women for whom further pregnancy was undesirable, on medical or health grounds only.

Two valuable books obtainable from this address are " Birth Control and Public Health " (1s. net) ; and " The Management of a Birth Control Centre " (1s. 6d. net).

NOTE ON BIRTH CONTROL METHODS

Since this little book was first compiled by the late Mrs. Hornibrook, many improvements have been made in the quality and reliability of contraceptives, and this allows the technique of birth control to be simplified without sacrificing safety.

Many drug firms of high standing now manufacture contraceptives ; among these are two non-greasy applications of fine quality made by the British Drug Houses Ltd., namely, *Volpar gels* and *Volpar paste.* These are reliable and easy to use.

Two new types of rubber cap pessary are the *Dumas* and the *Koromex.*

For the husband's use the sheath has been improved and can now be obtained in very fine but durable rubber or in the form of a thin voluminous membrane which interferes very little with normal intercourse, and, if the wife uses one of the new soluble pessaries in addition, this method is very safe.

With the newer contraceptives douching is not so necessary, and a simple technique for the wife would be :—

Before Connection

1. Place rubber pessary in position.
2. Insert Volpar gel (or paste if preferred) a few minutes before connection.

After Connection

3. Remove rubber pessary next morning, and thoroughly wash it and put it away in a clean safe place until required again.

Correct fitting of the rubber pessary and medical advice as to the most suitable method is as necessary as ever. Most women doctors are able and willing to do this work, and the articles required may be obtained, on prescription, through any good chemist.

B. G. R. C.

APPENDIX

BIRTH CONTROL CLINICS

The following is a list of voluntary centres where women can obtain the services of a medical practitioner and the necessary supplies. These Clinics are all affiliated with The Society for the Provision of Birth Control Clinics.

LONDON AND DISTRICT

CECILE BOOYSEN CLINIC, 39 SPENCER STREET, GOSWELL ROAD, E.C.1.

Hours of Attendance : Monday, 6.30–8 p.m., Thursday, 2.30–4 p.m.

CROYDON BIRTH CONTROL CLINIC, 33 ST. JAMES' ROAD, CROYDON, SURREY.

Hours of Attendance : Second and Fourth Wednesdays in the month, 2.30–4 p.m.

DAGENHAM AND DISTRICT BIRTH CONTROL CLINIC, THE CLINIC, BECONTREE AVENUE, DAGENHAM, ESSEX.

Hours of Attendance : Second and Fourth Thursdays in the month, 7–9 p.m.

EAST LONDON WOMEN'S WELFARE CENTRE, 6 BURDETT ROAD, STEPNEY, E.3.

Hours of Attendance : Monday and Wednesday, 2.30–4 p.m.

GREENWICH WOMEN'S WELFARE ASSOCIATION, 118 WOOLWICH ROAD, GREENWICH, S.E.10.

Hours of Attendance : Thursday, 2–4 p.m.

LEWISHAM MARRIED WOMEN'S WELFARE ASSOCIATION, 2 DAVONPORT ROAD, RUSHEY GREEN, CATFORD, S.E.6.

Hours of Attendance : Wednesday, 2–3.30 p.m.

MITCHAM BIRTH CONTROL CLINIC, 33 EVELINE ROAD MITCHAM, SURREY.

Hours of Attendance : Thursday, 2.30–3.30 p.m.

MOTHERS' CLINIC, 108 WHITFIELD STREET, TOTTENHAM COURT ROAD, W.1.

Hours of Attendance : Daily (except Saturday), 10 a.m. to 6 p.m.

NORTH KENSINGTON WOMEN'S WELFARE CENTRE, 12 TELFORD ROAD, LADBROKE GROVE, W.10.

Hours of Attendance : Monday and Friday, 2.30–4 p.m., Tuesday and Wednesday, 6.30–8 p.m. Gynæcological Clinic, Thursday and Friday, 2–3.30 p.m.

NORTH-WEST LONDON WOMEN'S WELFARE CENTRE, 9 WILLESDEN LANE, KILBURN, N.W.6.

Hours of Attendance : Wednesday, 6.30–8 p.m.

RICHMOND MOTHER'S CLINIC, WINDHAM ROAD, RICHMOND, SURREY.

Hours of Attendance : First and Second Tuesdays in the month, 6.30–8 p.m.

SOUTH-WEST LONDON WOMEN'S WELFARE CENTRE, BATTERSEA CHAPEL SCHOOL HALL, YORK ROAD, BATTERSEA, S.W.11.

Hours of Attendance : Tuesday, 2–4 p.m.

WALWORTH WOMEN'S WELFARE CENTRE, 153A EAST STREET, S.E.17.

Hours of Attendance : Tuesday and Friday, 2.30–4 p.m., Thursday, 6.30–8 p.m.

WILLESDEN WOMEN'S WELFARE CENTRE, MUNICIPAL HEALTH CENTRE (I), 9 WILLESDEN LANE, KILBURN, N.W.6.

Hours of Attendance : Wednesday, 6.30–8 p.m.

PROVINCES

ALDERSHOT AND DISTRICT WOMEN'S WELFARE CENTRE, MANOR HOUSE CLINIC, MANOR PARK, ALDERSHOT, HANTS.

Hours of Attendance : First two Tuesdays in the month, 3–5 p.m.

ASHINGTON AND DISTRICT BIRTH CONTROL CLINIC, CHILD WELFARE CENTRE, SOUTH VIEW, ASHINGTON, NORTHUMBERLAND.

Hours of Attendance : Last Friday in the month, 2.30–4 p.m.

BASINGSTOKE AND DISTRICT MOTHERS' CLINIC, Castons Road, Basingstoke, Hants.

Hours of Attendance : Alternate Fridays, 2.30–4 p.m. Apply to Secretary.

BIRKENHEAD MOTHERS' WELFARE CLINIC, 11a Oxton Road, Birkenhead, Cheshire.

Hours of Attendance : Thursday, 6–7 p.m.

BIRMINGHAM WOMEN'S WELFARE CENTRE, 22 Masshouse Lane, near Moor Street and Albert Street, Birmingham, Warwickshire.

Hours of Attendance : Monday, 2.30–4 p.m., Tuesday, 7.30–9 p.m., Thursday, 2.30–4 p.m.

BRISTOL WOMEN'S WELFARE CENTRE, Salford Hall, St. James' Barton, Bristol, Glos.

Hours of Attendance : Friday, 10–12 noon.

CAMBRIDGE WOMEN'S WELFARE ASSOCIATION, 22 Parsonage Street, Cambridge (off Newmarket Road, behind the Star Brewery), Cambs.

Hours of Attendance : Wednesday, 3–5 p.m.

CARDIFF MOTHERS' CLINIC, 60 Railway Street, Splott, Cardiff.

Hours of Attendance : Daily (except Saturday), 10 a.m. to 6 p.m.

CARLISLE AND DISTRICT WOMEN'S ADVISORY CLINIC 11 Victoria Place, Carlisle.

Hours of Attendance : Tuesday, 6–7.30 p.m.

DERBY MOTHERS' CLINIC, Maternity and Child Welfare Rooms, Nightingale Road (Amber Street Entrance), Derby, Derbyshire.

Hours of Attendance : Second and Fourth Thursdays in the month, 7.30–8.30 p.m.

DEVON (NORTH) WOMEN'S WELFARE CENTRE, 113 Boutport Street, Barnstaple, Devon.

Hours of Attendance : Wednesday, 2–4 p.m.

EXETER AND DISTRICT WOMEN'S WELFARE ASSOCIATION
THE DISPENSARY, QUEEN STREET, EXETER, DEVON.
Hours of Attendance: Friday, 2.15–5 p.m.
BRANCH AT: DARTINGTON, TOTNES, DEVON.
Hours of Attendance: Apply to Secretary at Exeter.

GRIMSBY WOMEN'S WELFARE CLINIC, WATKIN STREET HALL, GRIMSBY, LINCS.
Hours of Attendance: Monday, 2.30–4 p.m.

GUILDFORD WOMEN'S WELFARE CENTRE, 6 STOKE ROAD, GUILDFORD, SURREY.
Hours of Attendance: First two Wednesdays in the month, 5.30 p.m.

HALIFAX WOMEN'S WELFARE CLINIC, 19 SAVILE ROAD HALIFAX, YORKS.
Hours of Attendance: Second and Fourth Wednesdays in the month, 7–8.30 p.m.

HEREFORD WOMEN'S WELFARE CLINIC, 1 CARLTON FLATS, EIGN STREET, HEREFORD.
Hours of Attendance: Wednesday, 2–3.30 p.m.

KENT (EAST) MARRIED WOMEN'S ADVISORY CLINIC, 24 GILFORD ROAD, DEAL, KENT.
Hours of Attendance: Second and Fourth Wednesdays in the month, 3–4.30 p.m.

LEEDS MOTHERS' CLINIC, 68 BELLEVUE ROAD, LEEDS, YORKS.
Hours of Attendance: Daily (except Saturday), 10 a.m. to 6 p.m.

LIVERPOOL MOTHERS' WELFARE CLINIC, 23 CLARENCE STREET, OFF MOUNT PLEASANT, LIVERPOOL, 3, LANCS.
Hours of Attendance: Wednesday, 2–3 p.m., Friday, 6.30–7.30 p.m.
BRANCH AT: COMMUNITY HALL, TOWNSEND AVENUE, NORRIS GREEN, LIVERPOOL, 11, LANCS.
Hours of Attendance: Monday, 2–3 p.m., Wednesday, 2–3 p.m.

MANCHESTER, SALFORD, AND DISTRICT MOTHERS' CLINIC FOR BIRTH CONTROL, 70 UPPER BROOK STREET, MANCHESTER, 13.
Hours of Attendance: Thursday, 3 p.m. and 7.30 p.m.

MEDWAY TOWNS MOTHERS' ADVICE CENTRE, 32 NEW ROAD, ROCHESTER, KENT.

Hours of Attendance : Tuesday, 2.30–4 p.m.

MERTHYR BIRTH CONTROL CLINIC, GLEBELAND STREET, MERTHYR TYDFIL, GLAMORGANSHIRE.

Hours of Attendance : Alternate Tuesdays, 11 a.m.

MONMOUTHSHIRE BIRTH CONTROL CLINIC, AMBULANCE HALL, PONTYPOOL.

Hours of Attendance : Second and Fourth Fridays in the month, 2.30–4 p.m.

NEWCASTLE WOMEN'S WELFARE CENTRE, 24 SHIELDFIELD GREEN, NEWCASTLE-ON-TYNE, NORTHUMBERLAND.

Hours of Attendance : Tuesday and Thursday, 2.30–4 p.m.

NORTHAMPTON WOMEN'S WELFARE ASSOCIATION, WELFARE CENTRE, DYCHURCH LANE, NORTHAMPTON.

Hours of Attendance : Third Thursday in the month, 6.30–8.30 p.m., Fourth Thursday in the month, 6.30–7.30 p.m.

NORTH DEVON WOMEN'S WELFARE AND ADVICE CENTRE, 113 BOUTPORT STREET, BARNSTAPLE, DEVON.

Hours of Attendance: Apply to Mrs. Clifford, Beaford House, Beaford, N. Devon.

NORWICH MOTHERS' CLINIC, 17 PITT STREET, NORWICH.

Hours of Attendance : Tuesday and Friday, 3–5 p.m., Wednesday, 7–8 p.m.

NOTTINGHAM WOMEN'S WELFARE ASSOCIATION, 15 MARKET STREET, NOTTINGHAM, NOTTS.

Hours of Attendance : Thursday, 6–8.30 p.m.

OXFORD FAMILY WELFARE ASSOCIATION, 4 KING STREET, JERICHO, OXFORD, OXON.

Hours of Attendance : Wednesday, 2.30–4 p.m. (Women). Men : By appointment.

PETERBOROUGH MARRIED WOMEN'S CLINIC, INFANT WELFARE ROOMS, TOWN HALL, PETERBOROUGH.

Hours of Attendance : First and Third Fridays in the month, 5.30–7 p.m.

PLYMOUTH MOTHERS' ADVICE CENTRE, BEAUMONT HUT, BEAUMONT PARK, PLYMOUTH, DEVON.

Hours of Attendance : Tuesday, 6.45–9 p.m.

PORTSMOUTH WOMEN'S WELFARE CENTRE, TRAFALGAR PLACE (CLIVE ROAD), FRATTON ROAD, PORTSMOUTH.

Hours of Attendance : Tuesday, 6–8 p.m. (Opened October, 1935.)

READING WOMEN'S ADVISORY CLINIC, STAR LANE, READING.

Hours of Attendance : Second and Fourth Thursdays in the month, 3–5 p.m.

SALISBURY MARRIED WOMEN'S ADVISORY CLINIC, 49 HIGH STREET, SALISBURY, WILTS.

Hours of Attendance : First and Third Thursdays in the month, 2–4 p.m.

SHEFFIELD WOMEN'S WELFARE CLINIC, ATTERCLIFFE VESTRY HALL, ATTERCLIFFE COMMON, SHEFFIELD 9, YORKS.

Hours of Attendance : Every Tuesday, 6–8 p.m. and First Tuesday in the month, 2.30–4 p.m.

SHILDON AND DISTRICT MOTHERS' CLINIC, 2 MARKET PLACE, SHILDON, CO. DURHAM.

Hours of Attendance : Thursday, 2.30–4 p.m.

SHROPSHIRE WOMEN'S CLINIC, HEALTH CENTRE, MURIVANCE, SHREWSBURY.

Hours of Attendance : First and Third Saturdays in the month, 2–4 p.m.

SLOUGH AND DISTRICT MARRIED WOMEN'S ADVISORY CLINIC, 272 FARNHAM ROAD, SLOUGH, BUCKS.

Hours of Attendance : Wednesday, 2.30–4 p.m.

SOUTHEND WOMEN'S WELFARE ASSOCIATION, 61 GORDON ROAD, SOUTHEND-ON-SEA, ESSEX.

Hours of Attendance : First and Third Tuesdays in the month, 2–4 p.m.

STAFFORDSHIRE AND DISTRICT WOMEN'S WELFARE CENTRE, 62 HEATH STREET, HEATH TOWN, WOLVERHAMPTON, STAFFS.

Hours of Attendance : First and Third Wednesdays in the month, 2–4 p.m.

STAFFORDSHIRE (NORTH) MOTHERS' CLINIC, 12 WELLESLEY STREET, HOWARD PLACE, SHELTON, STOKE-ON-TRENT.

Hours of Attendance: First and Third Mondays in the month, 2–4 p.m.

SUNDERLAND WOMEN'S ADVISORY CLINIC, 46 JOHN STREET, SUNDERLAND, CO. DURHAM.

Hours of Attendance: Second and Third Wednesdays in the month, 2–4.30 p.m.

SUSSEX MOTHERS' CLINIC, PADDOCKHALL ROAD, HAYWARDS HEATH.

Hours of Attendance: Second Friday in the month, 1.30–4.30 p.m.

TAUNTON MOTHERS' WELFARE CENTRE, THE HEALTH CENTRE, TAUNTON, SOMERSET.

Hours of Attendance: Second Monday in the month, 1.30–4.30 p.m.

TYNEMOUTH AND DISTRICT WOMEN'S ADVISORY CENTRE, 1 CLEVELAND ROAD (OFF PRESTON ROAD), NORTH SHIELDS.

Hours of Attendance: Tuesday, 2–4 p.m.

WELWYN GARDEN CITY MARRIED WOMEN'S CLINIC, LAWRENCE HALL, APPLECROFT ROAD, HERTS.

Hours of Attendance: Second and Fourth Fridays in each month, 7.30–9 p.m., First and Third Wednesdays in each month, 2.15–3.45 p.m.

WINCHESTER AND DISTRICT MARRIED WOMEN'S ADVISORY CLINIC, 4 THE SQUARE, WINCHESTER, HANTS.

Hours of Attendance: Second and Fourth Thursdays in the month, 2–3.30 p.m.

SCOTLAND

ABERDEEN MOTHERS' CLINIC, 4 GERRARD STREET, GALLOWGATE, ABERDEEN.

Hours of Attendance: Daily (except Saturday), 10 a.m. to 6 p.m.

DUNDEE MOTHERS' WELFARE CLINIC, 114 HILLTOWN, DUNDEE.

Hours of Attendance: Tuesday, 3–4.30 p.m.

EDINBURGH MOTHERS' WELFARE CLINIC, THE DISPENSARY, 90 EAST CROSSCAUSEWAY, EDINBURGH, MIDLOTHIAN.

Hours of Attendance : Tuesday, 6.30–8 p.m., Friday, 2–3 p.m.

GLASGOW WOMEN'S WELFARE AND ADVISORY CLINIC, 123 MONTROSE STREET, GLASGOW, C.4, LANARKSHIRE.

Hours of Attendance : Tuesday, 7–8 p.m., Thursday, 3–4 p.m.

GREENOCK, THE BIRTH CONTROL CLINIC, MATERNITY AND CHILD WELFARE CENTRE, TERRACE ROAD, GREENOCK, RENFREWSHIRE.

Hours of Attendance : Apply to Secretary.

PAISLEY MOTHERS' CLINIC, 12 GEORGE STREET, PAISLEY, RENFREWSHIRE.

Hours of Attendance : Tuesday, 2.30–4.30 p.m.

STIRLING MOTHERS' WELFARE CLINIC, THE GOODWILL CLUB, SPITTLE STREET, STIRLING.

Hours of Attendance : Tuesday, 2.30 p.m.

NORTHERN IRELAND

BELFAST MOTHERS' CLINIC, 103 THE MOUNT, BELFAST.

Hours of Attendance : Daily (except Saturday), 10 a.m. to 6 p.m.

The consultation fee with the doctor is nominal (1*s.*) and supplies are obtainable at low rates (generally 2*s.* 6*d.* for rubber cap and 9*d.* per tube of jelly or ointment and 4*s.* for syringe).

It is most important for women to realise the necessity of individual fitting and instruction, and for doctors to realise the necessity of securing the practical training which is available to them at many of these centres. Unfortunately, contraceptive technique is not yet recognised in the medical schools as an essential part of the medical curriculum, and therefore medical practitioners need to get in touch with the local

voluntary centres named above in order to fill this gap in their medical education.

Women who cannot attend the centres named should be able to get service and supplies from the Women's Welfare Centres under the control of the Ministry of Health by virtue of Circular 1408 (May 31st, 1934) on medical grounds. The addresses can be obtained personally or by letter from the Medical Officer of Health of the municipality. The circular concludes as follows :—

> " 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."

Women suffering from economic distress should insist on having this life-saving service given to them, and should not tolerate any refusal. Persistence and courage may be required to obtain these human rights.

Notes.—(1) Most of the letters written to me have related to failure to obtain sexual satisfaction (orgasm). In many cases this failure is due to lack of pressure on the female urethra (see Diagram 4, p. 13). Although such pressure can be exerted during intercourse in the normal position, if there has been failure, the position of the husband and wife should be reversed and the muscular activity continued by the wife. It is far better to have intercourse on a folded rug on the floor

than on a soft sagging bed, because the latter induces curves of spine, etc., which preclude application of suitable pressure described above.

(2) There is a urine test, whereby pregnancy can be detected within fourteen days of intercourse. This test can be carried out at the Pregnancy Diagnosis Station, Institute of Animal Genetics, West Mains Road, Edinburgh, 9, for a small fee. Particulars can be obtained from the Pregnancy Diagnosis Station. Every woman who wants to be sure whether she is pregnant or not should have this test made.

(3) Emphasis should again be laid on the indubitable fact that the individual woman must be fitted by the properly qualified practitioner. In no other way can safety be secured.

(4) Many married women need surgical repair or suitable remedial exercises,* especially in cases of over-frequent pregnancies. Where the services of an operating surgeon cannot be afforded, women should have the right to such skilled service from the public hospitals, and poor women should insist on receiving this. Hospitals, having the necessary accommodation, and yet refusing this service, are morally responsible if, in desperation, women resort to self-inflicted abortions when, because of lack of surgical repair, they cannot be protected by the devices which in normal cases would prevent undesirable pregnancies, and morally responsible also for the

* See special exercises in "Stand Up and Slim Down." (Heinemann, 6s. net.)

increased maternal mortality which inevitably follows self-inflicted abortion, or attempts to procure this. General practitioners who fail to meet poor patients in the matter of fees stand in the same category. The present laws of England do not prohibit therapeutic abortion when two or more medical practitioners consider this desirable, and such abortions are frequently performed in private practice to my own certain knowledge. We do not need new laws : only more enlightened public and professional opinion.

(5) A family of approximately three children would prevent decline in population. Therefore to accuse mothers who limit their family to three of practising " race suicide " is false and absurd.

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