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The Case Against Birth Control

Charles Leavitt Sullivan, M. D.

Editor's Note: In the November, 1948, elections Massachusetts voters turned down an amendment which would have allowed the medical dissemination of birth control information to married persons in the state. The following is an address delivered by Dr. Sullivan before the Catholic Alumni Sodality on October 3, 1948. Dr. Sullivan is a Diplomate of the American Board of Obstetrics and Gynecology, and Fellow of the American College of Surgeons. He is visiting obstetrician at St. Elizabeth's Hospital, Boston, and is connected with several other hospitals as well.

THE Planned Parenthood Federation of America, through its subsidiary organization of the same name in Massachusetts, has facetiously invited the citizens of our Commonwealth to allow themselves "to be put back into the United States." This patronizing invitation, made to the parents of so many sons and daughters who only too recently have offered their lives that this nation might live, calls for a careful R.S.V.P.

The Federation is a birth-control sponsoring group, originally spawned under the name of the Birth-Control League some twenty years ago and appearing under aliases ever since, each time with added inducements but constantly repudiated by the citizens of Massachusetts. The proponents of this bill cleverly intimate in their well organized propaganda that the only objection to their wares is that of the Roman Catholic Church, and that the freedoms of our citizens are impaled upon the beliefs of the hierarchy. They propose that the present statutes of Massachusetts laws dealing with "Chastity, morality, decency and good order" be amended to allow the medical dissemination of birth-control information to married persons for the protection of life or health. The protection of "life or health" is certainly a commendable objective but in this instance the implications behind those innocent and

appealing words are deep and of wide significance. In any event, we should examine this invitation.

Campaign for Birth Control Well Organized

The campaign presented by the proponents of birth control is extremely well organized and most attractively and cleverly presented, trading as it does on the emotions with pride, prejudice, pity and ignorance blended into a brew calculated to dull the senses of responsible citizenship. Critical tasting, however, easily detects a sour note, leaving a feeling of resentment against those who hold our intelligence so cheaply. As would be expected, it is as well financed as the exploitation of any new trade outlet would be in a business which in the United States grosses over two hundred and fifty millions of dollars yearly.

In short, the great American bandwagon has come to town, with all flares lighted and all stops out; already some of our leading citizens have made the first purchases from the shills; but not those who would find it politically and economically inexpedient to be so advertised.

In its campaign against "the cruel monument to Victorian ignorance and prejudice," our Puritan heritage, the Planned Parenthood Federation of America singles out Massachusetts, as well as her sister state, Connecticut, as the only two in the United States prohibiting the medical dispensation of birth-control information and articles. It is true that Connecticut does share this intellectual Siberia with us but it is also true that all forty-eight states have Federal restriction of contraceptive advice and material. Only fourteen of the forty-eight states expressly exempt medical practice from such restrictions. There are thirteen states which do so only by positive interpretation of state laws and nineteen states which make no mention of such matters in their state laws.

Any evaluation of the birth-control program must consider the religious, social, economic and medical aspects of this social reform and its effect upon our community. First, from the standpoint of necessity of such action; secondly, from the consideration of the possible function of such a program; and lastly, from the

standpoint of the future implications involved. As citizens of Massachusetts we have a common interest in our social, economic and medical welfare; our religious beliefs are personal and individual, and while they are most important and have a deep effect on the community life, in general they are not common to all the citizens in the state. Therefore, in the interest of a common denominator, all further mention of the religious factors involved will be deleted from this discussion.

"Protection of Life and Health" a Beguiling Catch-Phrase

The history of the birth-control movement is a long, devious and interesting one, with ever changing objectives, antedating, as it does by some ninety years, the statutes which it proposes to amend, to an essay entitled "Essay on the Principles of Population as it Effects the Future Improvement of Society" by a minister of the Church of England, Thomas Robert Malthus. Over the years these people have called themselves by many names and expressed many purposes but the title which constantly describes their interest is that of birth control. The referendum on which you will vote has as its essential phrases, permission for physicians to give treatment or prescription to married women, regarding birth control, for the protection of life or health. The story of the birth-control objectives, philosophies and methods is completely contained in a list of some eighty sponsored articles under the heading "List of Publications," Planned Parenthood Federation of America. It is supplemented by a quarterly journal entitled *Human Fertility*, formerly *The Journal of Contraception*, which is the official publication of this organization; and one, incidentally, which until only recently was provided free to all registered physicians as part of the propaganda program. It is indeed one of the wonders of the atomic age, rivaling, perhaps, the phenomena of nuclear fission, that this heterogeneous mass of inert material can be reduced to five such simple and beguiling words—"protection of life and health." It is quite obvious that the words "life" and "health" have assumed meanings for their purposeful expression which never could have been included in the wildest dreams of any completely uninhibited lexicographer. "Life" refers to the medical aspects of this reform and "health" to the social and economic philosophies expressed. It is important to remember

at this point that the social and economic arguments for birth control, as advocated by the proponents of Planned Unparenthood, are admittedly substantiated only by a dire medical necessity for this form of social degradation. Having suffered through the wearisome and repetitious list of publications, I have been impressed with the trickery and weakness of the case presented and, in some instances, with the viciousness of the ideas expressed. I am not a sociologist nor an economist but I have been exposed to various forms of education during my lifetime; parochial and non-sectarian, public and private, civic and endowed. I would certainly represent a waste of our educational system if, in return, I could not recognize the blatant foolishness of these reforms.

"Unwanted" Children Aid Juvenile Delinquency

For example, the problem of juvenile delinquency is reduced to the elemental and it is to be best solved by the partial abolition of childhood! That is correct, for isn't it obvious that if we decrease the number of children born there will be fewer delinquents? Of course it is admitted that juvenile delinquency stems from the home where there is a lack of parental responsibility, both to the child and to the society in which it lives. The cure is not in educating the parent and making him realize the responsibility that he has in his married state but rather to rid the potential parents of their responsibilities and thus their unwanted children which become delinquent. What is an "unwanted" child and how do they come about? It is one which is not ordered to specification and which arrives as a surprise as a result of the natural sexual act. The sexual act is permissible only in marriage by law, and are we naive enough to think that there are married people who believe that it has any other physiological consequence, so that they are surprised when it results in conception? Well, apparently, there are such people and this concept of the unwanted child goes even further. A child may be wanted, but when it arrives it must be of the right sex or it becomes unwanted, rejected and ultimately delinquent. Thus, if Johnnie had been Mary, he would not have become delinquent, because being a girl and "wanted," he would have received all of the parental care, warmth, attention and protection which would make him a good citizen but which was subconsciously withheld by his modern parents. That's really

bringing the problem back to the source, as Johnnie became delinquent at the time of the splitting of the chromosomes just after conception. However, it is true enough, that if we have no Johnnies nor Marys we will have no delinquents and we will be able to indulge ourselves without the assumption of responsibility to society. It seems to me that the new goals of social security have had their repercussions on the individual, creating more complacency, more dependency and decreasing individual initiative, responsibility, independence and aggressiveness. The truth of the matter is that parenthood today makes greater demands upon the parent than he is taught to expect or prepared to accept.

Proponents Subvert Truths of Human Nature and Experience

Another reason for the advocacy of planned unparenthood, on a medical basis, is that more of the wrong people are being born. The uneducated are reproducing faster than those of us who have had the advantages of higher education and soon we will be overwhelmed by the great unwashed! This snobbish bit of thinking completely overlooks the fact that, other than fulfilling certain basic requirements, our attending college was attendant perhaps solely on the economic status of our parents, and the fact that we were subjected for varying periods of time to the facilities of education in no way brings about a mutation of our genes so that our offspring will be intellectually superior to those of John Doe, who had no educational opportunity at all.

Then again, medically speaking of course, the precepts of democracy will not be fulfilled unless we as citizens are allowed full reign for the gratification of all natural urges. That the basic concept of civilization took recognizance of the fact that restraint of the sex urge is paramount to the safety of society is no longer valid, and today everyone has a right to indulge themselves at their will, and further, they must be protected from the natural consequences of their acts, for anything else would be undemocratic. It may be in the future, with such developments, that fraud, slander, murder or rape will become fashionable, and then we will have to set about repealing the laws which control those offenses against society.

Let us briefly consider divorce from its medical aspects. This social blight has become so serious that now two in five marriages end in divorce, an increase of over six hundred percent since Civil War days. What is the cure for this disease which is destroying the "health" of our women. Well, there is truth in the old adage that practice makes perfect. So, we should take our young and instruct them pre-maritally on how to escape the responsibilities that they assume in marriage. That they will use this information is well illustrated in a report on contraceptives from a state allowing "medical dissemination of birth-control information for the protection of life or health." As a result of careful instruction it was found that contraception worked quite well for engaged couples, as well as unattached girls, and that assiduous instruction reduced the pre-marital pregnancy rates by almost forty percent! The fact that the married woman who stuffs herself with soaps, resins, foam, jellies and what-have-you becomes nothing more than a receptacle for a discarded emotion is not considered pertinent.

Can it be that these so-called social reforms and advances, offered to you under the billing of life and health, are causing a gradual shift from a society organized around the family and its perpetuation to one oriented toward the individual, his physical and material welfare being completely unrestrained and totally gratified, without return to the society to which he owes his existence, and which will become morally bankrupt and ultimately destroyed?

Economically, in the protection of "health," the birth-control people claim a disparity in economic opportunity for debauch. Thus, at present, the rich have the pecuniary means to leave the state, and to return fitted for unrestrained sexual activity; the poor, on the other hand, are restrained by their economic status, and must remain to accept the responsibilities of the married state. The admission, of course, is that anyone can get birth-control material in those states where it is ostensibly disseminated for the protection of "life or health."

Fallacies of Modern Malthusians

The founder of the birth-control movement, the Rev. Malthus, originally expounded his ideas on birth control because he feared

that the world was becoming overpopulated and that because of that fact we would suffer dire economic calamities. That was in 1789. In the minds of some alarmists, that situation still persists and they advocate contraception for our economic salvation and not the continence that was originally suggested by the founder of the movement. As far as population-growth curves are concerned, you pay your money and take your choice. Your opinion can be well substantiated on either side with adequate statistics. It is only important to note, for our purposes, that even admitting a greater population increase in the years to come does not mean admitting that the larger population will not have an economic level superior to that of today. The expected economic improvement is admitted by almost everyone and will occur because of economic discoveries, technological advances and greater knowledge of ways to make our economy work more effectively. As a matter of fact, the birth rate in Massachusetts is so low that one of the proponents of this reform insinuates that we must already have an efficient birth-control program secretly in effect. Massachusetts, with a median age of its citizenry of thirty-two years, is exceeded by only four other states; it could be possible that our low birth rate is due to the aging of our citizens!

Although no representative of the labor movement openly endorsed the reform at the recent hearing, they have not been inarticulate in other states in the preservation of "health." "Health" in this case refers to their own, for they frankly state that by controlling the size of families, the economic status of their members is bettered, as they have a greater return for work performed which they can spend as they see fit. The credit, of course, going to the union. Industrial organizations, too, have set about to protect the health of their female workers. The married female worker is best suited for the routine, monotonous, mass-production, painstaking jobs. However, in some instances it will cost as much as five hundred dollars to train such a woman before a profit can be made from her work. Thus, her "health" must be protected, with birth-control information, lest this investment in monotony be lost by a pregnancy necessitating her leaving the plant before she has a chance to work out the cost of her education. This, of course, is also true of unmarried workers, and they, too,

must have their "health" protected, as losses might be sustained if they fell heir to the pitfalls of their married sisters.

By protecting the health and saving the lives of Massachusetts women, we will apparently also reach the social and economic millenium!

It is a little embarrassing to come to the medical discussion of planned unparenthood, because of the paucity of evidence offered by my colleagues in the medical profession. All of the social and medical reforms mentioned above were, of course, secondary to this great medical necessity. The medical case, as presented by the proponent of this amendment, contained very little, if any, factual material. The discussion ranged from democracy and good fellowship, through religious freedom and stories which were designed after radio soap operas, to lastly, the proper handling of lukewarm and hot potatoes. It was not a convincing demonstration but if we are to evaluate this medical case, we must cull whatever salient points can be found.

Care, Not Control, Reduces Maternal Mortality

The year 1946 was chosen as the year for discussion, and it was brought out that in that year there were 96,435 live births in Massachusetts, and in this accomplishment 125 women died. This was the largest number of births recorded in the state dating back to 1900, and the smallest number of deaths from puerperal causes; with the lowest puerperal mortality rate ever recorded (2.7%). In 1928, when the proponents of birth control unsuccessfully set out to change the law, the puerperal mortality rate was four times greater—thus without contraception, but with the advances of modern obstetrical care, we have cut the maternal mortality rate by four in the last two decades. Does this indicate a dire medical necessity for birth control? It was further forcibly brought out that from one-half to two-thirds of all obstetrical deaths are unpredictable, and occur as the result of cataclysmic complications occurring in healthy women. From the standpoint of necessity for contraception this fact would cut at least by one-half the lowest death rate ever recorded in the state and would present about 65 women in 96,000 who, if they could be controlled before they conceived, might have had their lives protected by contraception.

But then not all would have been protected because we must remember the 5 to 40% failure rate of birth-control methods. If the time, the money and the effort expended on behalf of the birth-control program were diverted to the education of patients in their responsibility to themselves, to public health nursing, to medical education, and to hospital facilities, I am certain that the dividends in maternal health would be eminently greater. In all of the literature on the results of contraceptive practice which I have been able to find, I have never seen a report attesting to the number of women's lives which were saved by this social reform. Reduced fertility rates, in both married and unmarried women, yes, but never a reported reduction in maternal mortality rate!

It was noted at the hearing by the proponents that deaths from the three major causes in obstetrics — toxemia, infection and hemorrhage—were constantly being reduced as a result of improved obstetrical practice and an increasing awareness on the part of pregnant women of their responsibility to themselves in seeking early and adequate medical attention.

The remarkable progress in the care of diabetic women in pregnancy was not mentioned at all.

There was some misinformation presented regarding the status of the tuberculous women and pregnancy. The modern concept of this disease in relation to the pregnant women is that it is a social and economic rather than a medical problem. Controlled medical studies, in which women in similar stages of tuberculosis were followed as to the progress of their disease over the years, showed that with proper care the pregnant patients did as well, and in some instances seemingly better, than their non-pregnant sisters. This, apparently, is a problem that the medical profession can return to the sociologist and to the economist for the burden of proof lies in their sphere of action.

The incidence of women with heart disease who become pregnant is generally accepted to be one percent. Heart disease in pregnancy may be classified under three headings — neglected, favorable and unfavorable. The neglected refers to the patient who does not seek nor accept the proffered medical assistance, which has cut the mortality rate from this condition some tenfold, and

who first presents herself in a dying state. If she does not take what is offered now is there any reason to think that she will or can practice contraception with its margin of error? Her situation is analagous to the patient with cancer, who passes his chance of physical salvation by neglecting his condition and seeking medical attention too late. These people will always be with us. The favorable cardiac has nothing to fear from pregnancy and I can best illustrate this point with a quotation from one of the specialist proponents of this amendment: "There is very little evidence to show that cardiacs going through pregnancies without failure of circulation shorten their lives."

Cardiacs Protected by Modern Medical Advances

This leaves us with the unfavorable heart diseases in pregnancy, those who are in or who have suffered heart failure in the past or who have serious disorders of their heart beat. There is no doubt that these women present a serious problem to themselves, to society and to their medical attendants. There are cardiologists who believe that they should not have intercourse, not because of the possible remote dangers of conception but because of the physical and emotional strain imposed at the time. Two-tenths percent of pregnant women fall into the category of unfavorable cardiacs by their performance during pregnancy. Mortality in these cases is due to congestive failure and to the complications of pregnancy to which they are more vulnerable. In the words of one of the most assiduous students of heart disease in pregnant women, "Among the favorable cardiacs prenatal care almost wipes out the greatest danger of death, congestive failure." Among the unfavorable, congestive failure accounts for about half the mortality, but the remainder, due to sepsis, shock and hemorrhage, and venous phenomena, are now more amenable to successful treatment with penicillin, sulfa drugs, vein surgery, and anti-coagulants. In short, the modern advances in obstetrics have offered so much hope to the cardiac that the outstanding obstetrical clinic in the country feels their cardiac mortality is due principally to inadequate personal or medical management. Heart disease in pregnancy has presented a challenge which is being met with ever increasing vigor and success.

Mention was made of a study of infant death rates in 1925, at which time it was concluded that infants born in rapid succession had a higher death rate than those whose arrival in this vale of tears was spaced at intervals of two years or more. This paper has since become one of the bulwarks of the birth-control movement. The fallacy of this report was not corrected until 1944, when a well substantiated analysis of 38,000 newborns proved that infants delivered from 12 to 24 months after a previous birth had at least as low a mortality rate as did infants born at longer intervals. I will quote the final sentence of this article: "For the best maternal and foetal outlook we are inclined to believe that youth is a better ally than child spacing." The advantage of youth is strong in cardiac diabetics, pre-diabetics, hypertensives and women with previous histories of toxemia.

Contraception Unreliable; Leads to Abortion and Sterilization

We have noted that half the deaths in maternity result of a sudden, unpredictable complication and this rules these women out from any possible benefits from contraceptive practice. By what criteria will the others be chosen as needing contraception for the protection of life and health? This question is best answered by studying the reports of a group of obstetricians of equal skill, facilities and comparable mortality rates. These men practice not only contraception, but also therapeutic abortion and ultimately sterilization. For that is the natural sequence of events. These men not only believe that certain women should not conceive but go further and assume their patients' responsibility in this matter and actively set out to prevent them from so doing. It is a peculiar thing but the general public has a great faith in the reliability of contraceptive devices; however, the truth of the matter is that they fail in from 5 to 40% of the cases, depending on the cost, material and patient error. But, having assumed the responsibility of Mrs. John Q. Public's pregnancy, the doctor must decide what to do with it. If he possesses the intellectual honesty (which he is now crying that he cannot exercise in Massachusetts), he must borrow from the sludge heap of the Russians and institute a program of abortion — a procedure, incidentally, which in one first class

American institution carries a 5.5% mortality rate (one greater than the death rate for heart disease in pregnancy).

Quite obviously, if she recovers she must not be trusted again in such a situation and she is a candidate for sterilization. Unfortunately, that, too, has a margin of error up to 5% who would again return pregnant. If he isn't discouraged he may bravely carry on and do a removal of the womb, but if that isn't total, with its higher mortality rate, she might even possibly return again. This may seem fantastic to the 15% of American families who are unable to have any pregnancies but it is the reported results of such procedures. This being the sequence of events, it is very interesting to see how obstetricians, the experts, vary in their opinions as to the need for abortion and, of course, contraceptions. Inasmuch as contraception carries no mortality rate we would expect them to be more lenient in the prescription of its use. But when the failures return, how do they handle them and with what consistency? The abortion rates vary in these clinics from one in every 35 pregnancies as being dangerous to the life or health of the mother up to one in 16,000 such situations! This amazing variation points to only one set of facts—there are no existing physical standards of evaluation which would indicate which pregnancies would be inimical to the life or health of the mother. It is quite obvious that they are performing abortions on social and economic indications, for certainly their obstetrical skill and practice cannot be that poor.

We have reviewed the evidence presented in favor of contraceptive practice in Massachusetts in the interest of protecting the "life" or "health" of our women. We have seen the implications of those two words as they have been exercised in other states. There is no need for it from the standpoint of the protection of "life" and it is being offered as a panacea for the social and economic ills of our time under the guise of the protection of "health." It is an abuse of the prerogatives of our society. We in the medical profession can return it to the sociologists and the economists in whose sphere of action these problems lie, and continue the progress being made daily in the ever-increasing safety of motherhood.