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A REPLY

to Dr. George W. Kosmak on "Birth Control"

By JOHN F. QUINLAN, M.D.

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I want to take objection to some of the statements which Doctor Kosmak made in his recent article on birth control—and on the basis that he, himself, emphasizes that the discussion be held—common sense and reason.

On the "safe period" he says: "no condemnation by church authorities attaches to the practice of this method of contraception by married people." This is equivalent to saying that the Church cannot condemn, if rightly understood, a licit, natural act. As married partners have the right to the climacteric expression of conjugal love, it is theirs to exercise as often, as seldom, or as opportunely as they may will to do. The exercise of sexual temperance consequent upon the knowledge of the contingent law of generation ("safe period") cannot, therefore, be considered "contraceptive" in the same light as is the employment of artificial means.

The statement that the endorsement of this method by "prominent Catholic clergymen and physicians . . . assumes, of course, that the time of ovulation can be determined absolutely in all cases," can be in view of all that has been written—particularly Dr. Latz' booklet "Rhythm," by which this

method was most popularized—only a metaphysical (ethical) prejudice intruding itself into a dispassionate scientific discussion, which is confirmed by his assumption that results are "glibly claimed" for it. All of the tables indicating the "safe period" on the basis of the fact of an ovulatory-menstrual rhythm, demonstrate the relativity of the process. Nowhere in any of the explanatory literature is there a statement quite as dogmatic as "While ovulation in most cases occurs during the middle of the intermenstrual month"—nor one displaying such an ignorance of the basic fact regarding the "safe period." An intermenstrual period of twenty-one days implies that ovulation occurs on the seventh day after the last period, or on the fourteenth day removed from the approaching period; a forty-day intermenstrual period infers that ovulation occurs twenty-six days after the past menses or fourteen days before the forthcoming period. In other words, ovulation is related only to the expected period. As it is impossible actually to determine the day of onset, with reasonable accuracy, it can be estimated from the average of the variations in a

sufficient number of recent past successive experiences.

The confusion that attends the consideration of this subject arises from a misconception of what is meant by the "safe period." There are two safe periods in every cycle—immediately following and immediately preceding menstruation. They depend, relative to absolute insurance against conception, upon the distance from or closeness to the onset or cessation of flow. The "middle" of the intermenstrual period is the most propitious for conception—the fertile or *unsafe* period. Aversion against the employment or endorsement of this method arises from the misconception of the imperiousness or uncontrollability of the sexual appetite to which Dr. Kosmak subscribes while considering the "safe period," but which he inferentially denies in his discussion of the other methods.

Continence only is the physiologic method. Coitus interruptus (withdrawal), onanism, mutual masturbation, cannot be considered physiologic; nor is continence in all circumstances. It cannot be where the mutual will of the married partners to abstain is absent. The conflict of the emotions engenders a psycho-physical discord destructive of integral health. Normal or health-promoting sexual experience is contingent upon the mutuality of desire or, at least, the absence of any revulsion or repulsion on the part of the woman. **Too long** has it been considered that intercourse is the occasion

only of conception or casual and irresponsible pleasure. "Desire" is a word in *belle lettres* which has its physiologic equivalent in "appetite." It is satisfied only when the need is met. Sexual desire (amorousness, petulance, restiveness, disturbing lumbo-sacro-iliac and crural sensations and leg pains, etc.—sexual tension) arises in the woman as the expression of a physical need; in the man, as the expression of a physical excess. Both appetites (desires) are satisfied in normal or natural union. Any other method, though it afford the occasion of immediate physical release and relaxation for the man and an uncertain thrill for the woman, must result in the development of an insatiability with its concomitant brutality and moroseness, on the one hand, or on the other, satiety with its correlatives, indifference and dejection. Since there can be no physical satisfaction for the woman, either because withheld or as the result of chemical destruction, the consequences for her are either apathy (neurosis or depression) or excitement (hysteria or mania).

"Methods in Use": One basic consideration is ignored in the endorsement of all the artificial methods: the copulatory organ of the female, wherein the cervical os is artificially sealed, does not differ in kind from the curled fingers of the solitary male pervert, nor does the penis, sheathed in a condom, differ appreciably from any phallus. Furthermore, the nor-

mal or natural disposition of various structures of the sexual apparatus determines conscious unconcern respecting them or their function. The presence of any foreign body—or of a pathological condition—engenders the fixation of attention upon them. Since, in the absence of denudation, the sensations aroused are altogether pleasurable, varying degrees of nymphomania and otherwise incomprehended irritability result.

The discussion of any method involving the use of chemicals must include the consideration of the application of the laws of chemical reactivity not only with respect to the immediate end sought—the destruction of spermatozoa—but also the local and general immediate and distant effects upon the woman's tissues. The vagina is a highly absorbent tissue. The insertion of chemicals destroys the spermatozoa only as a physiologic entity; it destroys the naturalness of the resultant components of the reaction between the vaginal fluids and the semen, and injects an unnatural component in the reactions within the woman's tissues subsequent to absorption. Ionic transmigration is dependent upon atomic size, and fixation upon insolubility—not in water or Ringer's solution or lipid solvents—but in that complex liquid, the fluid tissue of the body. Electro-stasis (chemical neutralization) determines the arrest of function or growth. The fixation of a contraceptive elemental ion in an unfertilized ovum may be the distant

cause of physical abnormalities of arrest in the new-born, as the cyclic hydrocarbons may be the cause of abnormalities of growth. These are not idle speculations, but logical inferences from parthenogenesis as well as more recent experiments on the physical and chemical initiation of cell division (proliferation) in the unfertilized egg.

With respect to the advisability of the preventatives of conception in the presence of coincidental diseases, it need only be said that any measure which is destructive of the best interest of the normal individual cannot possibly serve the well-being of the sick.

The preponderant small family in our social economy may be one of the most apposite causes of the prevalence of juvenile delinquency. There are not sufficient experiences in a small unified social framework (family) for the development of an adequate concept of ethical, social relationships through the natural and progressive process of education.

One of the chief reasons why the profession has lost esteem with the laity is due to our proneness to resort to measures which flatter the desires (passions, emotions—unreasonable demands) of our patients, rather than to adhere to the precepts of a rational practice. No consideration of sympathy or expediency should sway us in the application of our skill. Should they do so, we will pay, as we are now, for the public's disillusionment and loss of confidence.

As an illustration of the relation of this phase of medicine to economics and the degree of responsibility we, as physicians, have in the matter, I am adding a few of my observations in studying the subject of slum clearance.

The problem of the slums remains insoluble because of an ignorance of, or an unwillingness to define "slum". Ignorance, because the rapidity with which changes occur does not permit the necessary leisure for reflection and the development of critical insight; unwillingness, because cloistered in a comfortable sufficiency, we fear to scrutinize lest we see something that might shock us from our complacency, or threaten our own security.

The brick structures east of Grand Avenue on Market Street in St. Louis, or facing the gully which is the railroad's right of way, were as sightly when new as are the government's housing projects in some of our eastern cities. And the latter will be as unsightly in a generation as are the former now, because housing is not the answer to the slums. Human ingenuity and migration will conspire to destroy their value and fitness for abode. The destruction of Today's shambles only makes more room for Tomorrow's, as long as we refuse to face the problem squarely. True, there is need of houses, many of them, for the poorest especially, who are not being provided for. Therefore, there is reason to fear that the present program, in its

play to vulture interests, is not so concerned with housing as a partial answer, as it is in putting capital to work in the interest of an ephemeral recovery.

The problem of the slums is the Machine that made them and their disappearance will come with its control. Slacken its speed. Force it to serve the public welfare and much of the enervation and defeatism which occasions the horrible degradations of the human personality—which is the slum—will disappear. As there is no industry in the United States which is not subsidized in one way or another by the Federal Government, no management should enjoy the absolute right arbitrarily to apportion the returns of industry. Define "equitable income and profits" and make them the limits of legality. Then if salaries and profits must bulk large it will be as the reward of industry, and not as the tribute of exploitation. Had the representatives of government been less avaricious from the beginning of industrialism in Jefferson's administration, the problem would not be the monster it is today.

Nor would we be faced with still another — an excrescence of industrialism — contraception, than which there is no greater cause for the dissolution of the ethical concepts and moral standards upon which Society is based. You cannot install machinery in every civilized country on the globe and foster birth control, and then expect as a result, a stable indus-

trial economy. Wealth is the product of man's labor only. It can be maintained only by nations enjoying a normal and increasing fertility, co-ordinately with the increasing efficiency of the machine. Decrease their number as an accompaniment of mechanization and automatically the charges against their productivity—the nation's accumulated reserve of wealth—are increased and gradually they become exhausted.

Destruction was the fate of Sodom and Gomorrah for their sexual perversion. And just as a curse followed the first contraceptionist who spilled his seed on the ground, so it has followed his 20th century counterpart, who spills it into condoms or on to "jellies for feminine hygiene". No 20th century scientific "enlightenment" or social "emancipation" will thwart the inevitability of effect from cause in the realm of nature, whether it be in economics, psychology, or chemistry. Enervation, physical and mental, is a pronounced feature of contemporary society. It differs in degree only from a more pronounced form recognized as depressive insanity, the result of man's inhumanity to man, or of personal

irrationality. Insidious corrosion results from chemical reactivity in human tissues. During the last 40 years, the period of industrialization and the enslavement of man to the machine and the sporulation of the slum, the degenerative diseases have replaced the infectious diseases as the first cause of death. During the last 20 years (1935), the period of most intensive industrialization, cancer jumped from fifth to second place, and the age at which it occurs was lowered five years. In the decade ending in 1936, deaths from cancer of the womb rose from 12,634 to 16,280, an increase of almost 30%. In the same decade, the number of our institutionalized insane increased 40%.

These are the facts with which we should wrestle in our consideration of the slum—the result of a disordered industrialism, consequent upon inept government and venal representation. Its solution will be effected when our schools, revising the objectives of education, will send into public life men who will not sell the general welfare for a pittance, a peck of votes, or any other personal preferment.

PHILADELPHIA GUILD

The Guild of Sts. Luke, Cosmos and Damien it attempting to further its work by having four meetings a year, besides the annual Spring Retreat. Its last Retreat was exceptionally well attended and there was a thoroughly en-

thusiastic spirit among the members that promises well for the future of the Guild. At the breakfast which followed the corporate Communion, Dr. F. F. Borzell, then President of the Philadelphia County Medical Society, addressed the Guild.