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BIRTH PREVENTION FACTS

BY AN OUTSTANDING OBSTETRICIAN*

Remarks by DR. FREDERICK L. GOOD of Boston, before Massachusetts State Committee of Public Health

I have here, members of the Committee, a chart showing you (1) the population of the State of Massachusetts in the year 1879, the year that these laws, which the proponents of birth control want to repeal, went on our statute books; (2) the population in 1917, 1917 being the peak year for births; (3) in 1939, the last recorded statistics by our Secretary of State.

The population of Massachusetts in the year 1879 was 1,651,912. In 1879 we had 40,295 births.

The population in 1917 was 3,693,310. In 1879 there were 40,295 babies born in the State of Massachusetts. In 1917, the peak year, there were 95,731. In 1939, with an increase in population of approximately 1,000,000, there were but 62,575 births.

In 1879, 281 women died in Massachusetts, as a result of giving birth to a baby. In 1917, 616 died. In 1939, 210 died.

In 1879, one out of every 143 women who gave birth to a baby died. In 1917, one out of every 156, and in 1939 one out of every 298. You may see then, members of the Committee, how the practice of obstetrics has improved in Massachusetts over the last 20 to 25 years.

In 1879, 145 babies out of every thousand born died before reaching their first year. In 1917, 97 out of every thousand before reaching their first birthday; and in 1939 but 37 out of every thousand died before reaching their first birthday.

In 1879 Thomas Talbot was Governor of the State, and Frederick O. Prince was Mayor of the City of Boston. I have made a most searching inquiry in order to find out how much debate there was over the passage of these laws (the laws that birth control proponents want repealed). I have been unable to find out anything that would indicate that there was even the slightest opposition to their passage at that time.

There must have been a reason, gentlemen, for the passage of these laws in the year 1879. In 1879 what may that reason have been?

I think you will agree that it is my right to assume that conditions in our State at that time were such as to make it appear that the best interests of the State, from every viewpoint, and especially from the viewpoint of public morals, would best be served by the adoption of such laws.

There is no denying the fact that in the year 1879 giving birth to a baby was attended by far

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greater risk than is the case today. Nor is there any denying the fact that in those days many women died during childbirth who, had they lived today, would have come through their pregnancies and labors successfully and with live babies.

Doubtless, in 1879, many women did die from tuberculosis, cardiac disease, diabetes and kidney disease, complicated by pregnancy, but so much advance has been made in American medicine since that time that deaths today from these associated factors have been reduced, in some, to what I consider an irreducible minimum, and in others, to a very marked degree.

And I am very glad to say that the physicians in Massachusetts have always played an important part in bringing about these improved conditions.

May I remind you of the fact, gentlemen, that about 1879 Boston rightfully boasted of such medical men as Oliver Wendell Holmes, Samuel Mixer, John Homans, Charles Porter, David Cheever, Frederick Shattuck, Reginald Fitz, Charles Montravelle Greens, George Shattuck, Franklin Dexter, Thomas Dwight, John Warren, Maurice Richardson, William Lambert Richardson, Vincent Bowditch, and Elbridge Cutler, to mention but a few, men who were pioneers in their efforts to reduce mortality from every condition — maternal mortality, infant mortality, mortality from all diseases—men who, if they

thought an injustice was being done to their fellow practitioners in Massachusetts, or to the women who were giving birth to babies, would not have hesitated one moment to lift their voices in protest.

Many of these men, I am happy to say, were the fathers of physicians who today are just as outstanding in American medicine as they were in their time, and I have noted that *not one of these sons* has appeared here today as a proponent for the repeal of these laws.

In 1879 we did not know the cause of tuberculosis, we did not know what we know today of diabetes, cardiac disease and renal disease. Due to the discovery of the tubercular bacillus by Koch in 1882, tuberculosis began to lose much of its dread, and due to the pioneering work of our Bowditch and our Otis, and the excellent work of our present-day physicians, Boston in 1940 had its lowest death rate from tuberculosis.

Due to the work of the lamented Dr. Banting, and men of the type of our own Dr. Eliot Joslin and Dr. George Van Sant Smith, and women of the type of our own Dr. Priscilla White and Dr. Hazel Hunt, and Mrs. George Van Sant Smith, diabetes as an associated factor in pregnancy is no longer a nightmare.

Thanks to our George Sears, our Henry Jackson, our Shattucks and our Reginald Fitz, cardiac disease and renal disease no longer are the frightful conditions

this bill would make them appear to be.

May I say to you that I have been informed by the physician-in-chief at the Mattapan Sanatorium (the tuberculosis hospital conducted by the City of Boston) that in the last ten years there have been about five thousand admissions, and that during all that time there have been but thirty-two cases of pregnancy or labor complicated by tuberculosis. That is approximately one case of tuberculosis as a complicating factor in pregnancy, to 150 admissions,

Many of these cases had a very advanced tuberculosis when they entered the hospital, and some of them died. They should have been admitted to the hospital months or years before they became pregnant, thereby making pregnancy impossible.

I am also informed that in 1940, in all of the tuberculosis sanatoria in the State of Massachusetts, but five women with tuberculosis complicating pregnancy were admitted, and that the five were all safely delivered, and that none died, and that each gave birth to a live baby.

Recently Dr. Priscilla White and Dr. Hazel Hunt, both of Boston, have published a very interesting article, under the title: *The Prediction and Prevention of Pregnancy Accidents in Diabetes*. They were aided greatly in their work by Dr. and Mrs. George Van Sant Smith, also of Boston.

Let me read to you the closing

paragraphs from their articles: "In a group of sixty-one patients, we believe that we have demonstrated that the accidents constantly seen in diabetic pregnancies are not due to imperfectly controlled diabetes, but to an abnormal hormonal balance. . . . These accidents are prevented by continuous substitutional estrogen and progesterone therapy in replacement doses. Finally, we believe that this treatment is no longer a physiologic curiosity but one well within the field of practical therapeutics."

Mr. Chairman and members of the Committee, may I stress the fact, then, that if some of the proponents of this legislation had their way, and people who were suffering from diabetes had been advised to use contraceptives in order that they might not become pregnant, the very important discovery of Dr. White, Dr. Hunt, Dr. Smith and Mrs. Smith might not have been made.

As to the frequency of diabetes complicating pregnancy, may I quote further from the article by Dr. White and Dr. Hunt: "The obstetrician will see more patients of this type, for not only does one girl in 2,500 contract diabetes, but after many years' duration of the disease she will now live to the child-bearing age." If then but one in 2,500 girls contract diabetes, you can readily understand the comparatively small incidence of diabetes complicating pregnancy.

May I tell you, too, that the

incidence of cardiac disease complicating pregnancy is one in one hundred cases. One in one hundred women who give birth to a baby are suffering from heart disease, and the mortality from heart disease complicating pregnancy is but two per cent to three per cent of that one per cent. These figures doubtless are self-explanatory. And the same advance has been made in the treatment of nephritis and the toxemias of pregnancy.

In the year 1910 the population of the State of Massachusetts was 3,336,416. In the year 1939 the population was 4,446,868. In 1910, 86,539 babies were born. In 1939, 62,416. Regardless of the increase in population of over 1,100,000, there was a decrease of 24,000 births. But it is interesting to note, in passing, that in 1910 there were 30,710 marriages, and in 1939 there were 38,784; in 1910, 54,407 residents of our State died, and in 1939, 50,292, a decrease of 4,200.

Please follow me when I point out to you that 11,499 babies died in the State of Massachusetts in 1910 before reaching their first birthday. Let me point out to you that 11,167 people died in 1939 from 50 years of age, down to birth. Let me repeat, please. In 1910, 11,491 babies died before celebrating or reaching their first birthday anniversary, and in 1939, twenty-nine years later, only 11,167 people in the group of 50 years of age and under died.

Let me go still further. In

1910, of the 54,507, who died in Massachusetts, 30,250 died before reaching their fiftieth birthday. In 1910, the deaths of all those over 50 years of age totaled 24,257. Our life expectancy has increased over the years, so that today a baby boy born has a life expectancy of 62 years, and a baby girl of 64 years.

Please note that I am referring to the age group over 50. There died in 1910, 30,250 under 50 years of age; in 1935, only 13,919 and in 1939, only 11,167. Please see how there has been a marked drop in the under 50 group; and now please notice the marked rise in the over 50 group: 24,257 over 50 in 1910; 35,715 over 50 in 1935, and 39,125 over 50 in 1939.

I know that you will agree with me that these figures demonstrate very forcefully the excellent work that has been done in the State of Massachusetts in an effort to reduce our mortality. And let me say that, Herculean task that it may appear to be, the medical men of this State are of that type and caliber that our mortality rate from year to year will be still further reduced, until we reach what I like to call an irreducible minimum.

We are living in an age of social progress. We have old-age insurance, sickness insurance, etc., just to mention a few. A grand idea, providing that enough babies are being born to make it possible for a surplus or for a fund to be established to carry out this old-age security idea.

Would it not be interesting to have us all live so long as to enjoy the fruits of old-age insurance, and not have any younger group to do the work to help pay the necessary taxes?

And that, members of the Committee, is what may happen—and is happening—in our State of Massachusetts.

Recently an advertisement appeared in the *New York Times*. The advertisement was a plea for funds for the dissemination of birth control information. One of the signers of that petition is a gentleman by the name of Henry Pratt Fairchild.

May I tell you that Henry Pratt Fairchild is rightfully looked upon in this country as an authority on population and population trends. Very recently, in October, 1940, Mr. Fairchild wrote a book, the title of which is *People*. It will take but a minute for me to read to you the first two paragraphs of Mr. Fairchild's book:

"If the birth rate of the United States should continue to decline as it has during most of the present century, by about the year 1975 there would be no babies born here at all."

Second paragraph: "Such a possibility is foreshadowed by the fact that in 1935 there were over one and one-half million fewer children under 10 years of age than there were five years previously.

"The consequences of this diminution are already being felt in

the lower grades of our school system; 25 years from now they will show up again in a sharp drop in marriages amounting to something like 80,000 a year.

"160,000 fewer brides and grooms will march up to the altar, with a corresponding decline in the demand for perambulators, certified milk, nursing bottles, and obstetricians. Or perhaps obstetricians will be completely out of date by then."

So may I add, how about our social security?

And, members of the Committee, this Mr. Fairchild is the same person that signed his name to that advertisement.

May I read the following paragraph from *The Threat of American Decline*, by Dr. Edgar Schmiedeler.

"Its (Pittsburgh) Board of Education reported the following in September, 1940: A total of 446 teachers in the public schools of the city lost their jobs since 1930 because of decreased school attendance. In addition, some principals and 31 supervisors and directors in lower grades were dismissed. Over the past year alone, 150 teachers were dropped."

I know that as a result of this hearing at least some of you have a different idea about rates—mortality rates, and population—and I know that you are far-sighted enough to be able to see that if something does not happen tending to raise the birth rate curve, soon, all of us assembled here today, proponents and opponents

alike, may some few years hence be again assembled in this auditorium, chanting in unison: God save the United States of America, but in particular God save the Commonwealth of Massachusetts.

Members of the Committee, there is no need to repeal our existing laws. The condition, from the standpoint of maternal and infant mortality, is far from being as bad as the proponents of this referendum would have you think.

Women are not dying in the numbers of which some have tried to give the impression, from diabetes, heart disease, tuberculosis, renal disease, etc., complicating pregnancy.

In the year 1939 there were 62,575 live babies born in Massachusetts, and 210 of the mothers giving birth to these 62,575 children died. What did they die of?

Let me read to you their causes of death: 27 of the 210 died of abortion with septic conditions, and 8 died of abortion without septic conditions; that is 35 of the 210 died of abortion (and doubtless you know that medically an abortion is looked upon as an early, premature birth); 6 died of ectopic pregnancy, which means an abnormal pregnancy outside the womb. That makes 41. 32 died of puerperal hemorrhage. Of the 32, 14 died of placenta praevia, which means, in order that you may understand, the afterbirth being placed in front of the child; and 18 died of other hemorrhages. That makes 73.

38 died of puerperal septicemia (blood poisoning), not specified as due to abortion. That makes 111.

Under the heading, "Accidents of Childbirth," 15 women died following the operation of Cesarean section. That makes 126. 26 others died of other accidents of childbirth. That makes 149. 149 deaths out of 210 in which the question of cardiac disease, diabetes, nephritis, and tuberculosis does not enter at all.

That leaves us then 61 deaths, and those 61 are under the following headings: puerperal albuminuria and eclampsia, 28; other toxemias of pregnancy, 10; puerperal phlegmasia alga dolens (a long term which simply means what you understand as milk leg), embolus, sudden death (not specified as septic) and thrombosis, 22; and 1 under the heading "Other and unspecified conditions of the puerperal state."

I can tell you, members of the Committee, that if the medical proponents and opponents of this legislation were to get together this afternoon they would find it impossible to break down further these 61 cases in order to find out the real underlying cause of death. So if the doctors could not do it I am not going to attempt to burden you lay members with the problem, but instead I shall discuss with you the results obtained in the year 1940 at the Boston City Hospital, with which institution, I am proud to say, I am connected.

First, let me explain to you that at the Boston City Hospital we do not have selected cases. Our mortality rate must be looked upon as a true cross section of all mortality rates. Any physician in Boston may send to the Boston City Hospital any obstetrical case, regardless of whatever pathology (that is an abnormal condition) she may be suffering from. We have, then, cardiac cases, kidney cases, diabetic cases, tuberculous cases, and every conceivable kind of patient.

Many times an attempted delivery has been made at a home; the attempt failing, the patient is then sent to us at the Boston City Hospital. We had 3,225 deliveries in 1940, more than one-fourth of all the babies born in Boston in that year, and not much less than one-third of all the babies born.

83 of these women were delivered by Cesarean section, and none died. 123 were abnormal presentations. In addition to the 83 delivered by Cesarean section, 779 were operative deliveries. We had 17 cardiac cases, over 50 nephritic cases, one diabetic case, four tuberculosis cases, and several pneumonia, etc.

Members of this Committee, of those 3,225 women whom we delivered at the Boston City Hospital in 1940, women suffering from all kinds of pathology and abnormalities, 5 mothers died, that is, one in about 650 deliveries.

Let me tell you what they died of. One died of a rare sickle all-

nia; one died as the result of a ruptured uterus, incurred by an attempted delivery outside the hospital and before her admission to our service. One died of a condition complicated by a transfusion. Two died of eclampsia (that means convulsions in pregnancy). Each of these two women had had convulsions before being sent in to us at the hospital.

None of them had adequate or proper prenatal care. Had they had prenatal care, our death rate for the year, instead of being 15/100 of one per cent, might have been lower. I can conceive of the possibility of its having been zero.

Members of the Committee, women are not dying in childbirth in the manner that the proponents of this legislation have tried to point out to you. From January 1, 1928, up to January 1, 1941, a total of 13 years, we delivered at the Boston City Hospital a total of 38,312 patients, with 193 deaths, with a mortality rate for 13 years of 5/10 of one per cent.

Let me say at this point that since the year 1923, in the Boston City Hospital, presided over by a board of trustees of five members, contraception, therapeutic abortions and sterilizations have not been allowed.

Let me say, too, that at no time in the history of the Boston City Hospital has the Board of Trustees had a majority membership of those whom some of the proponents of this petition might

say were responsible for such a ruling.

If at the Boston City Hospital we can get such wonderful results without contraceptions, therapeutic abortions and sterilizations, how I wish that every hospital in the State had the same rule.

Much has been said throughout this State, much has been said at this hearing, concerning the viewpoint of the Church of which I happen to be a member. As a member of that Church, sent here as one of those to represent it at this hearing, let me say that the Catholic Church never has said, and never will say, that women in poor health must have children.

Now, no one of the proponents for this legislation is any stronger in the belief that women in poor health should not give birth to children than I am. At this hearing I represent the Catholic physicians of this State, and my opinion is their opinion.

The Catholic Church has the answer to this problem. The matter is met in a way that does not break the laws of God, moral laws, or the laws of the State of Massachusetts. And that information is obtainable to every woman of child-bearing age in poor physical condition in this State, be she Protestant or Catholic, Jew or Gentile. And that information is available for all without charge.

As Mr. Mansfield has told you, *Fortune Magazine* of February, 1938, is authority for the statement that at that time there were

at different prices, 636 different kinds of contraceptives.

Birth control clinics, so-called, cannot be conducted without the question of contraceptives coming immediately to the forefront.

If birth control clinics were allowed to operate in Massachusetts in order to give contraceptive advice to married persons, etc., said advice to be given by physicians or those working under them, I feel certain that the results along certain lines in our State would be identical with those in other States.

May I read excerpts from a few articles, in order to prove to you that it is one hundred per cent impossible to keep a birth control clinic, so-called, under control.

In the *American Medical Journal*, Volume 115, No. 8, published about July, 1940, there is an article, the title of which is "Birth Control Centers. Report of 202 in the United States for the year 1939," by Robert L. Dickinson, M.D., and Woodbridge Morris, Vice-President and General Medical Director, respectively, Birth Control Federation of America, New York.

The article contains certain tables; the first table is captioned, "Sources of Referral," and states that "in the year 1939, 46,582 patients were treated in these 202 centers. 22,206 of those 46,582 went to the clinics because other patients sent them."

May I ask, does that mean that the clinics are under the control

of the physicians "13,681 were referred by social agencies; 3,687 were referred due to publicity; 1,649 were referred under miscellaneous. There were 665 transfers; 4,694"—and this is the important figure, members of the Committee—"4,694 were referred by physicians."

That, members of the Committee, is about one in ten patients referred to a birth control clinic by a physician. "The total number"—and I am reading under quotations, please—"The total number of new applicants for birth control advice at the centers during 1939 was 48,214."

Can birth control clinics be kept under control? Are married women the only ones who go to birth control clinics? I know, members of the Committee, you must answer, No. . . .

In conclusion, gentlemen, I want to say to you that I hope the Commonwealth of Massachusetts shall always remain the State that Daniel Webster described when he said: "I shall enter upon no encomium on Massachusetts. She needs none. There she is; behold her and judge for yourselves. The past at least is secure."

Members of the Committee, let us all behold her, and let us all conduct ourselves in such a manner as to be able to say: "Yes, the past at least is secure, and so will the future be in our hands."

But the future of this State cannot be secure unless we safeguard the morals of our boys and girls; unless we see to it that there is no further letdown in our ideals and our heritage; unless we take a firm stand against allowing the repeal of a statute that became a law at the instigation and behest of a large group of God-fearing gentlemen; unless we defeat a petition that, if successful, will bring in its wake the tawdry display of contraceptives in our drug store windows, in our stationery shops, in our department stores. We shall even see placed on all of our prominent street intersections, slot-machine devices for the sale of these things.

Fortune Magazine is again my authority for the statement that a certain contraceptive is now displayed openly in a state where the law is different from Massachusetts—displayed openly on the counters of Woolworth, Kresge, McLellan and W. T. Grant Chain Stores.

