

## THE VOLITIONAL REGULATION OF FAMILIES.\*

BY

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It is usually thought that this very vexed question originated with the Rev. Thos. Malthus in 1798 when he published his then epoch-making essay on the "Principles of Population," in which he combated the theory that vice and poverty resulted from unfair social institutions, and were to be remedied only by a species of communism. Malthus, as we all know, argued from his great intellectual level that a high birth-rate led to over-population and that this led on again to poverty, misery, vice, war, and a host of other social evils. He advocated either non-marriage, or late marriage, or the exercise of self-restraint in order to limit that increase in population which, to his mind, was leading to the destruction of the race. Let us make no mistake about Malthus: he was a man of high and worthy ideals, and as Dr. Marie Stopes has well pointed out ("The Early Days of Birth Control"), the slur which has unfortunately and undeservedly come to rest on his name was due to the fact that after the Bradlaugh-Besant trial in 1877 public opinion came to associate any birth-control movement with Atheism, simply because the two defendants in that trial were Atheists at the time. A similar obloquy would probably have attached itself to vaccination had Edward Jenner happened to be an Anti-Monarchist or a Prohibitionist.

However, as Dr. Stopes again points out (*loc. cit.*) the control of conception was dealt with in a book on Sexual Physiology published by Edward Trall, M.D., in 1866, eleven years before the Bradlaugh-Besant trial—a book which, we are told, was couched in popular language, attained a huge circulation both here and in America, and has quite recently been reprinted in its original form.

This question is touched upon in a number of books, good and otherwise, available to the general public at reasonable and even cheap prices. The means and apparatus for controlling conception are flaunted in the faces of young and old in shop-windows in many of the most popular thoroughfares of the metropolis

and elsewhere. We have had the question before us, therefore, in various forms for not far short of a century, and in its most recent and most human form we now have it presented to us in the Society for Constructive Birth Control and Racial Progress which was formed in August, 1921, and of which Dr. Marie Stopes is the President.

The objects of this Society are, speaking generally, to advise and assist working mothers how to "space out" in a rational manner the bearing of children, and in cases where barren married women desire offspring to advise them how, if possible, to attain this object.

The question is palpably one which we, as Medical Officers of Health, cannot afford to ignore, but which we must either bless or curse with no uncertain voice. We are not concerned directly with the moral aspect of the matter and not so much with any details of method, but chiefly with its racial aspects, including under that macroscopic term its effects or influence on population, on natural fertility, on disease and on social conditions such as poverty and vice. It is for us to elevate the question above that of a creed, for it was Froude who said: "Science rests on reason and experiment and can meet an opponent with calmness: but a creed is always sensitive."

I am not going to waste time by arguing for or against the pronouncements of Malthus: one can get the *pros* and *cons* of his case in any book on Vital Statistics. Moreover, I am no protagonist of Malthus, for I feel on more solid ground when I adopt the principles of the Society for Constructive Birth Control of which I am a member. I propose therefore to give you my reasons for adopting their faith. For many years, like many of you, I have compared the birth-rates in the better-class and poorer districts and wards of the same large town, and later in the two similar classes of district in a fairly large county. The crude fact which emerges from this comparison has always been the same—so much so that it is almost elementary to refer to it, especially as closer and more skilled investigation by Heron, Stevenson, Newsholme and others have demonstrated the same fact beyond any doubt. This outstanding fact is that the population of this country is, and for some considerable time has been, recruited from what one usually terms the inferior grades. No one has attempted to define in what particular respect these classes are lower than their fellow-men, but the probability is

\* Paper read at a Meeting of the N.W. Branch held in Manchester, Feb. 16th, 1923.

that they are certainly lower from the point of view of mental development (which I distinguish clearly from mental potentiality) and probably also from the point of view of physical development, though I admit this last is a more arguable statement.

There are those who argue that a nation to be successful must accumulate "cannon-fodder"; with those I am in no sort of agreement. Nor do I agree that the so-called "pressure on the soil" is the chief cause of wars. Take the density of population of the principal participants in the Great War. They are as under, according to Whittaker's Almanack for 1923:—

		Persons per sq. mile.		Birth-rate per 1,000.
England	...	701	...	23.1
France	...	187	...	18.7
Belgium	...	658	...	23.7
Germany	...	311	...	29.8
Austria	...	192	...	31.4
Russia	...	22	...	Not given.

England is therefore the most densely populated country in all the civilised world—is she always at war?

The highest birth-rates in the civilised world are:—

Bulgaria	...	40.3
Costa Rica	...	43.8
Czecko Slovakia	...	38.43
Paraguay	...	37.5
Rumania	...	46.2
Salvador	...	41.5

Are they the people who are always set on war in order to liberate their teeming populations from "pressure on the soil?" The question carries its own answer.

And finally our aim is to prevent, as far as possible, breeding from diseased stock with the disastrous racial results which we know so well—I refer to the mentally defective and those afflicted with diseases which are either known to be hereditary or to transmit a predisposition to its reproduction, such as syphilis and tuberculosis.

I submit that these ideals are unassailable by those who really desire "the greatest good for the greatest number." I have not, in fact, seen any of these policies attacked by those who sneeringly refer to us as "birth-controllers." And if they are good so far as the family is concerned, how can it possibly be the case that they are bad for the race? Surely the family is the race unit.

The use of the word "control" has been grossly misunderstood in connection with this

movement: it has almost always been understood in a negative sense, i.e., that birth-controllers have no other object but to *prevent conception* in those cases with which they deal. As a matter of actual practice the positive or constructive intention of the movement is just as prominent and is to disseminate knowledge and advice which will enable married women who desire children to attain that desire so far as is physiologically possible.

The negative object of the movement, as I understand it, is threefold. The first part of the policy is to prevent married women being utilised as mere machines for the manufacture of babies, good, bad, or indifferent. Everyone knows the ultimate effect on any woman (unless she be very exceptional) of perennial child-bearing. The number of "gynæcological cripples" alone furnishes the evidence we need on this point without going into the questions of the probabilities of developing general debility, tuberculosis and the like.

The second part of the policy of this movement is a corollary to the first, viz., that of preventing the manufacture of babies before the home and the world are ready for them. We all know—though this is but a part of the problem—how necessary it is to impress on mothers at our Welfare Centres that the *ex-baby* must not be forgotten when the successor to the baby throne arrives. The meaning of that is, of course, that the newest arrival monopolises most of the mother's care, and the children higher up the scale have to largely "do without." We want the one baby to be well on its way to self-dependence before the next one arrives. In other words, we want a rational "spacing" of babies.

As evidence that a number of babies die every year from what one might fairly call diseases due to inherent constitutional weakness, we have the following deaths under five years of age recorded in England and Wales during 1921:—

Idiocy	...	88
Premature Birth	...	16411
Atelectasis	...	1369
Rickets	...	472
Epilepsy	...	123
Convulsions	...	5132
Tuberculosis (all forms)	...	3896
Cancer	...	99
Syphilis	...	1276
Lack of care	...	277

(Registrar General's Statistical Review of England and Wales for the year 1921.)

You will find the question of breeding from the best stocks discussed in the Dialogues of Plato when Socrates is interviewing Glaucon, a young man practically interested in breeding dogs and birds. Socrates asks Glaucon if he attends to the pairing and breeding of these animals, of which some are better than others, and the conversation proceeds as follows:—

Soc. "And do you breed from them all indifferently or do you take care to breed only from the best?"

Gl. "From the best."

Soc. "And do you take the oldest or youngest, or only those of a ripe age?"

Gl. "I choose only those of ripe age."

Soc. "And if care was not taken in breeding, your dogs and birds would certainly deteriorate?"

Gl. "Certainly."

Soc. "And the same of horses and animals generally?"

Gl. "Undoubtedly."

One argument against the limitation of families to those of two and three children is that adduced by Prof. Karl Pearson, who carried out some investigations at the Crossley Sanatorium in Cheshire, and, as the result of these, announced that first and second born children were more likely than the others in the family to be tuberculous, insane, neurotic, or of criminal tendencies.

I am inclined rather to accept the findings and explanation of Dr. Alfred Ploetz on this matter:—

"Among the children of a number of marriages taken at random, there are a good many children of parents who died early, consequently there is a high proportion of children who represent early members in birth rank, and principally first, second and third-born. Because of the death of one or both parents there could be no later born. First, second and third-born children, therefore, come in a far greater percentage from early deceased, that is, on the average weaker parents, than do the later born, and they will therefore inherit in a higher degree the weaker constitution of their weaker parents."

Dr. Ploetz also, in an investigation of 26,000 births found that the infant mortality of the first four children ranged between 20 and 23 per cent., of the fifth born children it was 26 per cent., and after this it rose steadily until it reached 60 per cent. in the twelfth-born children. He ascribes this to the fact that "in a poor home where the family has become large the economic conditions grow worse, and such children as are born receive less attention and

care than when the family was smaller. Among Royal families, where, presumably, the conditions are the best possible for all the children, there is no noticeable difference in mortality among the first nine." (Eugenics, by Edgar Schuster.)

From "developmental and wasting diseases," 28,021 infants under one year of age died during 1921: this figure does not include any deaths from common infectious diseases, tuberculosis or diarrhoea and enteritis. It includes congenital malformations, congenital debility and sclerema, icterus, atelectasis, premature birth, etc. I am not quite sure how far this argument is a fair one to adduce, but I think it has a proper bearing on the question of the indiscriminate production of children.

One might say that knowledge of this kind, i.e., birth-control, if published indiscriminately, would be used by those who had no right to use it and who would use it wrongfully. The same argument might equally well be used about such drugs as alcohol, opium and cocaine. Probably the two most abused, though most useful drugs when used in their proper places, are alcohol and aspirin. Plenty of deaths have been ascribed to the *misuse* of both of these, but not a great deal has been said of their legitimate uses. The writings on the subject have been more concerned with their possible abuses than with their real uses—a distortion of view which is all too common with arguments of this description.

*The means to be adopted to effect birth control.*

(In the following paragraphs I have followed my friend, Dr. C. K. Millard, very closely—see his pamphlet on "Responsible Parenthood and Birth Control.")

These may be classified as under:—

1. Avoidance or late postponement of marriage. There is an optimum period for marriage, and that is an early one. Postponement tends to lead to promiscuity of sexual relations, and that is usually attended with many social evils. Undoubtedly one of the causes of late marriage has been the fear of a large family.

2. Marriage with interruption or cessation of intercourse as soon as the family limit has been reached. Continence, if strictly practised, imposes a very hard strain on any normal healthy couples, especially if, as with the poor, they occupy the same room and bed. It is clearly against nature and also tends to alienate husband and wife.

3. The use of contraceptive measures. This means either one or other of the following:—

(a) *Coitus interruptus*. This implies a great deal of self-control, and is possibly not without physiological injury to both husband and wife. It is also "unnatural" and has actually been stigmatised as "legalised masturbation."

(b) Restriction of intercourse to the mid-menstrual period. Coarsely put this means that instead of sexual union being the spontaneous culmination of love it must be arranged to a time-table. It is uncertain and "unnatural."

(c) Douching. This is again uncertain in its effects and is not unattended with danger.

(d) The use of such things as quinine pessaries, a small sponge saturated with soap powder, injections of olive oil, etc.; though probably effective these require forethought and care and, in the eyes of the strict moralists, amount to definite "sin."

(e) The use of a sheath or condom by the male. This is not always effective and is similar in its moral aspects to the last-mentioned preventive.

(f) The wearing of a "cap" or pessary by the female, perhaps coupled with the use of quinine pessaries and the like. This is usually effective, but it is on the same level as (d) and (e) morally.

The argument that the use of contraceptive methods is adopted to enable the couple to indulge their sexual appetites is not a fair one and is one that can only be used by those who hold the view that sexual intercourse is permissible *only* for the purposes of procreation. No one denies that sexual excess is accompanied by its own penalties. On the other hand, the reason why some people do *not* use contraceptive methods is that they have become so wanting in self-control that they do not wait to consider possible consequences and are guilty of want of forethought and self-control or self-denial: the selfish accomplishment of a desire is all that matters for the moment and the consequences are left to themselves. Is this moral or immoral?

We all know from our daily work that where one meets with insanitary management of the home, coupled with poverty and general squalor there you will, in the majority of cases, also find the largest families. It surely is axiomatic that in the inferior grades of the population

the greater the number of children in the family the less care and nurture each will receive.

For parents to have more children than they can properly support and maintain is now regarded as a real social evil. It has led to the proposition that the State should be called on to take over the maintenance of all poorly born children. This would be a serious catastrophe in my opinion, for it would lead to a greater propagation of the classes of inferior grade, besides undermining parental responsibility, to say nothing of the burden on the rates.

The remedy suggested for the correction of this high birth rate amongst the inferior grades, viz., that the superior grades should be urged to multiply their kind, is one which I do not think will ever materialise. The superior grades know too much of the advantages of small families ever to revert to the large family.

It was an obscure writer (Martin) who said "Reforms are generally most unpopular where most needed." My hope is that this reform will be received and discussed in a calm, logical and rational fashion from every possible point of view, though I cannot but feel—to quote the Rt. Hon. J. R. Clynes—that "taxes or no taxes, unless we strive for national strength in terms of *quality* rather than *quantity* our other social reforms will be merely a waste of time."

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#### NOTES ON THE WORKING OF THE MIDWIVES ACTS AND RULES.

BY

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When introducing discussion on the above at a meeting of the County Medical Officers of Health Association held on 9th March, 1923, Dr. Eustace Hill said that, however good they may be, no Acts or Rules can be effective unless those practising midwifery are capable and experienced. At present many medical men when they enter into general practice are not sufficiently trained or experienced in obstetrics, and the same applies to many midwives on obtaining their C.M.B. Certificate. The large number of deaths among women at childbirth and the particularly heavy mortality from puerperal sepsis is a reflection on the practice of midwifery in this country. There is very little doubt that much of the puerperal sepsis is the result of the use of instruments and manipulative interference at birth.

In the Administrative County of Durham statistics indicate that there is a higher maternal mor-