

# *Birth Control*

A Present Day Survey

by HANNAH M. STONE, M. D.

*Medical Director,*

Margaret Sanger Research Bureau

New York

Reprinted from  
HEALTH and HYGIENE  
April, 1937

---

Reprint Revised April, 1938  
Reprint Revised July, 1941  
Reprint Revised Feb., 1945  
Reprint Revised February, 1945

# *Birth Control*

A PRESENT DAY SURVEY

by HANNAH M. STONE, M.D.

THE need for birth control is today an accepted fact. Present social, economic, and cultural conditions make family limitation and family planning an essential part of our social life. It has been competently estimated that at least sixty per cent of American families are now already resorting to some measure for the prevention of conception, and the actual percentage may be even much higher. Of the women who come to birth control centers, over ninety per cent admit that they had used some contraceptive methods before coming to the clinic. Clearly, then, birth control is an established social practice.

Once people learn that it is possible to regulate the number of their offspring by voluntary measures, neither political opposition nor legal restrictions nor religious bans can keep them from making use of these measures. This has been clearly shown by the experiences in a number of European countries. In the United States, too, the practice of family planning is constantly increasing. American public opinion, as determined by many recent popular polls, is overwhelmingly in favor of the wider dissemination of birth control knowledge. It is clear that the long and courageous fight of Margaret Sanger for voluntary parenthood has already gained many victories. While the spread of birth

control may be delayed by various obstacles, planned parenthood will eventually become an accepted social pattern among all civilized peoples.

If, then, the majority of people are already resorting to measures for family regulation, to attempt to ignore this fact and to restrict the dissemination of contraceptive knowledge is not only irrational but definitely harmful to public health and individual welfare. It merely serves to deprive many families of much needed information, or to lead them to resort to unreliable or harmful practices. Under present conditions of economic insecurity few parents can possibly bring up large families, nor can many women go on bearing children year after year without detriment to their health. Too frequent pregnancies have to be avoided for the sake of both the mother and child. Indeed, the intelligent planning and spacing of children is essential to the health and welfare of the entire family.

### **Lack of Knowledge Increases Abortions**

One of the results of the failure to meet adequately this widespread need for birth control information is the very large number of abortions that take place annually in this country. This number has been estimated to be from six to seven hundred thousand. In New York City alone 100,000 pregnancies are said to be artificially interrupted every year. Studies made at the Margaret Sanger Research Bureau of New York and at the Maternal Health Center of Newark on the reproductive histories of some 12,000 women have shown that between twenty-five to thirty per cent of



pregnancies are terminated prematurely by abortions. In other words, one out of every three or four pregnancies is wasted.

The enormous drain upon the physical, mental, and economic resources of the woman occasioned by these pregnancy interruptions is obvious. Abortion is a crude and cruel method of family regulation. Infanticide and abortion were methods used by primitive people for the control of the population. We have long ago passed beyond the stage of infanticide, and it is high time that we also pass beyond the stage of abortion. Even when carefully performed under the best surgical conditions, abortions are not altogether without danger. It is estimated that from ten to fifteen thousand women lose their lives annually in this country as a result of induced abortions, and an even larger number are left with permanent physical or psychic scars. Yet the majority of abortions are avoidable. They can be prevented by preventing undesired pregnancies. This, in fact, is one of the most important reasons for the dissemination of adequate birth control knowledge. A realistic attitude towards birth control would help to eliminate the abortion evil and would thus contribute materially to the conservation of human health.

### **Normal Sex Life Demands Birth Control**

Nor can we overlook the role which birth control plays in married life generally. The fear of pregnancy, when a pregnancy must be avoided for medical, social, or economic reasons, is a source of recurring anxiety in many families.

It often leads to physical and emotional strains which make a satisfactory marital adjustment difficult to attain. Obviously, the sexual relation in marriage cannot be limited to the few occasions when a child is desired. Marital continence for the purpose of preventing conception is neither feasible nor desirable. It is an ascetic ideal which is unsound both physiologically and psychologically and which tends to destroy the finest qualities of the marital union.

In animal life sexual contact is but a prelude to reproduction. In human life we are gradually learning to dissociate the sexual from the reproductive function. We are learning to accept the fact that the birth of a child should be a voluntary and deliberate choice on the part of the parents, and not the mere accidental result of a casual sexual relation. Clearly, then, if a couple wish to lead a normal married life and yet be able to plan the size of their family, they must resort to some method of birth control.

### The Choice of a Method

Not all birth control methods are equally effective or equally satisfactory, and some are even definitely harmful. The problem, then, which confronts the average married couple who wish to safeguard their health and their marital happiness, is the choice of a reliable and harmless method for the prevention of conception. This is a medical and health problem, and information on contraception and the advantages and disadvantages of the various methods should be made available to married couples as a public health measure.

## Many Methods Now Used

Broadly speaking, contraceptive measures may be divided into those that can be used by the male, and those that can be used by the female. The male methods consist of measures which prevent the sperms from entering into the female genital tract. One of these methods is *coitus interruptus*, generally referred to as "withdrawal." This method dates back to antiquity, and even today it is probably the most widely used measure for the prevention of conception. The reasons for its popularity are obvious: it requires no apparatus, no preparation, is always available, and costs nothing. Yet it is *not* a method that can be recommended as being either reliable or desirable. Statistical studies have shown, first of all, that failures with the method are not infrequent, often because of lack of adequate control and care. Then the act of withdrawal itself and the constant tension and anxiety on the part of both mates lest it be delayed too long interferes seriously with the normal physiological process of the sexual relation and may give rise to organic or emotional disturbances. Furthermore, if withdrawal occurs too soon it may prevent the woman from experiencing an adequate response and thus affect her sexual reaction. Coitus interruptus is, therefore *not* a method that can be recommended as a routine measure for the prevention of conception.

The other male method is the use of the *sheath*. Devised some 400 years ago by an Italian physician it has been extensively employed both for venereal prophylaxis and for the prevention of conception. Generally speaking, it is a satisfactory, reliable and harmless method. Tests, however, have shown that some 60 per cent of the sheaths employed



in this country are of an inferior quality or actually defective, and care, therefore, has to be taken in their selection. The recent actions of the Federal Food and Drug Administration in confiscating and destroying large quantities of defective sheaths will no doubt lead to improvement in the quality of these products.

In some instances, however, the sheath causes physical discomfort or interference with the normal sexual responses. Male methods, furthermore, present the general objection that they make the woman dependent upon the man for protection in a matter that affects her own health most vitally. Should the man be indifferent, or careless, or in an irresponsible condition, the woman subjects herself to grave risks. This is one of the reasons why methods for the prevention of conception which can be used by the female are generally considered to be the methods of choice today.

## Chemical Contraceptives

For conception to ensue, the sperms of the male, after they have been introduced into the vaginal canal during the sexual act, must enter into the uterus or womb and from there pass into the tubes, where they meet the egg cell. It is in one of the tubes that the union of the sperm and egg takes place. Consequently, as long as the spermatozoa can be prevented from entering into the womb conception will not occur, and it is upon this fact that the female methods of birth control are based. Both chemical and mechanical means are employed for this purpose. The chemical methods immobilize or destroy the spermatozoa within the vagina, while the mechanical appliances prevent the sperm cells



from entering the womb and reaching the upper genital passages.

There are a number of different kinds of *chemical methods* of contraception. One which is very widely employed is the *douche*, either of plain water or with the addition of some chemical. This measure is presumed to wash away the male fluid from the vagina and to chemically destroy any of the remaining sperms. While a vaginal douche may be indicated for medical purposes it *cannot* be recommended as a contraceptive method. First of all, it is not reliable. Failures with the douche are very high. *No matter what type of device is employed for this purpose and no matter which particular drug or chemical is added to the water, the method fails frequently.* This is probably due to the fact that during the sexual relation the sperms may enter into the womb almost immediately and thus pass beyond the reach of the douche. The douche washes out only the contents of the vaginal canal but does not affect the sperms that have already entered the womb. The claims of certain drug concerns that the use of their products in douches constitutes a reliable method for "feminine hygiene" are utterly unwarranted and misleading.

Aside from being unreliable, the douche is not a satisfactory method for another reason. Its use requires the woman to rise immediately after the sexual relation, a procedure which is physiologically and psychologically unsound. It is desirable that the sexual act be followed by a period of relaxation and rest, and the necessity of rising to attend to the douche is a disturbing factor.

Another chemical method of contraception which is frequently employed is the *suppository*. Suppositories consist of some spermicidal (sperm killing) chemical ingredient incorporated in a solid base which melts at body temperature. The suppository has to be inserted into the vaginal canal

prior to the sexual relation and is intended to act as a chemical spermicide and also as a physical barrier to the progress of the spermatozoa. A number of different kinds of suppositories are available for this purpose but none of them has as yet been proven to be entirely reliable. Sometimes they do not melt in time, or else they may be so placed that they fail to form an effective protective barrier to the progress of the sperms. In spite of the glowing statements of some concerns about the virtues of certain suppositories one should *not depend* upon this method.

Within the last fifteen years or so a new chemical method of contraception, the *contraceptive jelly*, has been introduced and is now being widely used. Contraceptive jellies are composed of chemical spermicides incorporated in a semi-solid gelatinous base. The jelly is introduced into the vaginal canal by means of special nozzles or appliances before intercourse, and, like the suppository, it is intended to act both as a chemical spermicide and as a mechanical barrier. In general, jellies have been found to be superior to suppositories for contraceptive purposes. They do not require melting, they are less messy, and they spread more readily so that they are more apt to cover the entrance to the womb. Yet jellies, too, are *not* altogether reliable, and the claims made by some manufacturers that their jellies are 100 per cent efficient are gross exaggerations. I constantly come across women who have failed with one or the other of the contraceptive jellies. As a matter of fact, it is my opinion that there is no chemical contraceptive available now which is in itself entirely reliable and effective.

The commercial exploitation of chemical contraceptives is threatening to become a menace to public health. It is indeed time that an authoritative national board be organized to establish standards, and to supervise the manufacture and advertising of contraceptives. For the present it

is necessary to be on guard against the insidious influence of the exaggerated and misleading statements that emanate from conscienceless advertisers.

### The Present Method of Choice

The method most frequently prescribed in the birth control centers both here and abroad is a *mechanical contraceptive* which must be individually chosen for the woman. This contraceptive device, known as the *pessary* or *diaphragm*, comes in many different sizes and types and the proper size can be determined only after an individual gynecological examination by a qualified physician. With adequate instruction a woman can easily be taught how to use the diaphragm, and it has proven to be a highly reliable and satisfactory method. Its use does not interfere with the marital relation or the sexual response, nor does it impair the fertility or child-bearing power of the woman. When she wishes to have another child, she can stop using the method. After child-birth, the wife must return to her physician or clinic for re-examination and refitting. It should be emphasized, however, that because of the anatomical differences this method is not suitable for all women.

### A Simplified Method

For women in isolated areas — on farms, in mountain districts, in the sections and countries where medical aid is not easily available, a more simple and inexpensive method



is urgently needed. Recently the *foam-sponge* method has been developed which appears to offer some of the required advantages of easy application and inexpensiveness. It consists of a foam-producing powder or jelly which is used in conjunction with a small sponge. The principle of the method depends largely upon the chemical and physical action of the foam and only to a small extent upon the mechanical occlusive property of the sponge. Hence it does not require an individual fitting or any particular skill in application. The ingredients are, furthermore, comparatively inexpensive so that the method is applicable on a wide scale for groups of population where the question of expense is an important item.

In a number of communities this method is now past the experimental stage and the results thus far appear to be reasonably satisfactory. However, further clinical and laboratory investigation will be required before it can be fully accepted as an adequate substitute for the other approved birth control methods.

### Is the "Safe Period" Safe?

It is frequently asked whether the so-called *safe period* can be depended upon for the prevention of conception. This method is based upon the biological fact that during certain days of the menstrual month the woman is presumably sterile, that is, incapable of conceiving. If sexual relations, therefore, were confined to these "sterile" days of the month, conception would presumably not occur.

The consensus of medical opinion at the present time, however, is that while there does seem to exist a sterile and



fertile period during each menstrual month, the "safe period" is not a dependable method of contraception. We have no means as yet of determining for the individual woman the exact period when her sterile days occur. This renders the calculation of the safe period rather uncertain and the method itself quite unsafe.

## Hormones and Spermatoxins

Other *biological methods* of contraception which hold forth the promise of eventual practical application are hormones and spermatoxins. *Hormones* are biochemical substances which are produced by the endocrine glands of the body, and some of these substances have far reaching effects upon the reproductive functions. It has been found in animal experimentation that the administration of certain hormones may serve to prevent pregnancy and to produce temporary sterility.

It has also been found that when seminal fluid or spermatozoa are injected into the tissues, women so treated develop immunity to conception through the formation of *spermatoxins* in the system. This immunity is also only temporary in character and fertility returns when the effects of the injections wear off.

Both the hormone and spermatoxin methods are still in the experimental stage. Most of the research in this field has been carried out on laboratory animals and has not as yet been transferred to human beings to any degree. It is not unlikely, however, that the biological methods of contraception may eventually be developed to a point where some simple hypodermic injection or even the administra-

tion of a few capsules will render either the man or the woman infertile for a specific length of time.

For the present, however, we must depend upon the well-tested contraceptive methods. Already there are more than 600 planned parenthood centers in the United States, of which 114 are located in hospitals and 189 in public health departments, where those who require clinic service may obtain competent individual advice. This, however, is but a beginning. The need is infinitely greater. The dissemination of contraceptive knowledge should become an integral function of every public health program, and all health and hospital departments should include birth control instruction as a regular part of their health services. It is only, however, through the continued, articulate, and organized demand of a socially conscious community that this goal can be attained.



PLANNED PARENTHOOD FEDERATION  
OF AMERICA, Inc.

501 MADISON AVENUE • NEW YORK 22, N. Y.



MARGARET SANGER - - - - *Honorary Chairman*

THE REV. CORNELIUS P. TROWBRIDGE - - *President*  
*Chairman of the Board*

CHARLES E. SCRIBNER - *Vice-Chairman of the Board*



*Vice Presidents*

MRS. DEXTER BLADGEN

ROBERT L. DICKINSON, M.D.

HENRY PRATT FAIRCHILD, Ph.D.

MRS. F. ROBERTSON JONES

MRS. WALTER N. ROTHSCHILD

ABRAHAM STONE, M.D.

C.-E. A. WINSLOW, Dr.P.H.



J. H. J. UPHAM, M.D.

*Chairman Nat'l Medical Council*

MRS. FRANK P. SHEPARD - - - - - *Secretary*

MARK E. RICHARDSON - - - - - *Treasurer*

D. KENNETH ROSE - - - - - *National Director*