

# Birth Control Review

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MARCH, 1936

## Mental Hygiene and Birth Control

By PAUL J ZENTAY, M D

*President, Missouri Society for Mental Hygiene*

**T**HE birth control movement as a factor fundamentally influencing the sex life of the human race must necessarily attract the attention of the mental hygienist. After all, sex is one of the few elementary forces determining and shaping personality and coloring our entire outlook on life.

Contraception as a revolutionizing discovery made by human intelligence is destined to change basically our attitudes toward sex. This change in our view will elevate sex life to a higher, more wholesome and saner plane. Every scientific discovery utilizing the hidden forces of nature gives mankind an ever increasing mastery of its destiny. Propagation of the race is the latest territory conquered, where mankind may now work out its salvation. Up to the advent of contraception the human individual was more or less a helpless plaything in the hands of biological forces powerfully demanding the perpetuation of the race.

A deep significance of birth control is that it inevitably will result in the recognition of the rights of the individual in sex life. The gradual penetration of the principles of the birth control movement into the conscience of the human race will mean that fulfillment of personality and attainment of happiness must be given the central position they deserve. The human being must feel that he has attained a higher position of dignity in the universe when voluntarily and in freedom he may make his own decision about the addition of his progeny to the human family. This elevation of the personality must have its reflections in the ethical and moral sphere. Then, in due course of evolution, these factors will blend harmoniously with the biological forces. The crippling repressions of sex will gradually disappear and the chances for a fuller and happier life will be greatly increased. I am convinced that in this sense the birth control movement is bound to make one of the most valuable contributions to human thought, and indirectly to mental health.

Let us examine now somewhat more concretely what birth control means for mental hygiene of the family.

It makes early marriages possible. The dangers to personality of casual, promiscuous sexual relationships are too well known to be stressed here. Continence, unfortunately, will be possible only for the insignificant few who are so constituted. Birth control makes possible the union of two young people in their most creative, impressionable, and adaptable years, when otherwise economic consideration would have delayed marriage. The value of this in the fulfillment of their personalities is inestimable for society.

Birth control makes mutual sex adjustment of married couples easier and more hopeful. Marriages are not necessarily and automatically successful. Often it takes a long time and many struggles and disappointments before the proper sexual adjustments on the various levels are accomplished. Early pregnancy almost inevitably will prove to be a disturbing element in the process of mutual adaptation and its postponement is highly desirable for the happiness of young married couples. As a matter of fact, sound mental hygiene of marriage demands such an arrangement.

Furthermore, we must postulate for good mental hygiene that a child should be born into a marriage union only after the success of that union is proved beyond any question. It is not only destructive, but it is the greatest injustice to a child to be placed in a home atmosphere which is not perfectly wholesome from the point of view of mental hygiene. What else but birth control can give us the assurance that such a plan is practicable?

Contraception properly placed in the hands of the woman partner can remove a serious hazard for mental health—the fear of pregnancy. This terrible obsession of the average wife undoubtedly has done more harm to human happiness and to proper balance of personality than any other single factor. Sex life under this threat is a continuous torture for the woman instead of being a stimulating and elevating experience. When the husband happens to be irresponsible and possibly

sexually overcharged, it becomes still more imperative that the method of contraception should be under complete control of the wife. These facts cannot be denied and they are the strongest argument for birth control as an important factor in mental hygiene of marriage.

Birth control and the resultant proper spacing of the birth of children is an extremely important measure for mental hygiene of the children. Children are no longer economic assets to their parents. When a child arrives unwanted, the resulting financial problems and worries do not contribute to the harmony of the home atmosphere in which the personality and character of

the children are formed or deformed.

Even though we disregard the economic factors, our present day knowledge of the growth and development of personality teaches us that every child requires individual attention. This cannot be its share when babies arrive to a harrassed mother every year. The alleged wholesomeness of large families is becoming a fiction, a survival from a more primitive era.

Birth control as a stabilizing, balancing, and harmonizing force in marriage and in family life is the greatest boon for mental hygiene of the individual and society.

## Anxiety Neuroses and Fear of Pregnancy

By JOHN FAVILL, M D

*Clinical Professor of Neurology, Rush Medical College, University of Chicago*

**F**EAR of pregnancy may be real and severe whether or not it is justified by circumstances.

It is hard to see how any intelligent and humane person can deny that certain conditions call for prevention of conception. The existence of great economic stress, where an addition of even a few cents to the day's budget appears impossible, blocks all happy anticipation of having a new baby and even makes such an event a distinct calamity. When a family has to live in already overcrowded quarters—which some times is necessary even without absolute poverty—their situation is sufficiently difficult and destructive of morale to make the thought of another child intolerable.

Then there is many a mother whose health suffers progressively with each new birth. Today seems bad enough, how can she face a further descent in the scale of energy and well being? Many women bear children in spite of some slow going progressive disorder, such as nephritis, tuberculosis, valvular heart disease, tumor of the spinal cord and a host of other conditions. No one can claim that child bearing benefits such women. Any physician knows that life is shortened, if not threatened, at each new pregnancy.

A few conditions exist where heredity is sure to taint the offspring. Conscientious people do not want to further this process. Finally, there may be situations where either partner fears to reproduce certain highly undesirable traits that exist in the other. The trait may not be actually so transmitted, but the influence of the partner on the growing child may bring it out and the result will be the same.

One of the consequences of any of the situations mentioned above is to bring about sexual frigidity in the woman. Less frequently, perhaps, a thoughtful husband will himself become emotionally involved, with serious consequences to the normal marriage relation.

In many instances the woman will become so disturbed that normal and justified fear boils over, as it were, and spreads to unrelated fields. An anxiety state supervenes which becomes the monopolizing fact of her existence. She is unable to concentrate on her duties and soon cannot sleep sufficiently for health. Finally she becomes the major problem of the home. Many think that only an underlying weakness of some sort will permit this state to develop. I believe it is merely a matter of degree and that each human being has his or her breaking point. Observations made during the World War were in agreement with this.

My personal feeling is that even if there were no such anxiety states, the sorts of circumstances named above are ample justification for birth control. Believing that such a neurosis is possible for any woman if she is pushed hard and far enough, I am doubly sure of the need in such cases for controlled conception.

This does not mean that the mere fear of becoming pregnant, in the absence of other difficulties, is an indication for contraceptive advice. Under such conditions every effort should be made to understand the genesis of the fear and to eradicate it for the sake of the individual's mental health, normality and happiness. There are some cases, however, where all such efforts fail and where confidence and peace can be attained only through prevention of pregnancy.

# A Psychological Basis for Population Control

By CLAIRETTE P. ARMSTRONG, PH. D.

*Clinical Psychologist*

**A**N IMPORTANT basis for population planning is the psychological in the sense of normal intelligence or normal intellectual processes. Birth control and sterilization are a possible means of regulating the minimum native capacity of the population.

Individuals differ tremendously in mental capacity and the intelligence of the highest and lowest is worlds apart. However, people are classifiable according to general ability in fairly well defined categories. In psychological parlance, intelligence is roughly classed as normal, then dull normal, borderline and feeble minded with its degrees of moron, imbecile and idiot. At the higher reaches are the superior, very superior and genius, where mental age surpasses chronological age in augmenting amounts.

The clinical psychologist has certain standard tools with which to measure qualitatively and quantitatively the thinking mechanisms of his subject. These are psychological tests, founded upon basic principles of thinking and behaving. Such examinations reveal a clear picture of a person's mental processes—not only his intelligence level and emotional tone, but also his intrinsic mental make up. Obviously, the findings of tests not administered by trained psychologists are worth no more than would be a diagnosis of a heart condition by a hospital nurse using a stethoscope.

The number of mental defectives, borderline and very dull children is growing so greatly that our public schools are being swamped by a serious educational problem. Manual training must increasingly be substituted for the three R's. The query "are schools becoming merely a place in which to keep children out of mischief?" is often raised.

Psychological examinations show fairly accurately a child's ability in comparison with others of his age and are frequently the basis of school grading. A youngster who is just normal on standard psychological tests of verbal ability cannot reach college, for which so called very superior intelligence is required. He can complete about two years of academic work, but can not graduate from high school.

Few idiots attend school. But thousands of imbeciles and morons are receiving general manual training in ungraded classes of public schools. Many more of equally subnormal mental ages are still scattered throughout the regular classes. Their behavior is un-

obtrusive. But often feeble inhibitions or emotional instability, combined with weak intellect, may lead them to delinquency or crime.

The behavior of an infant born with an underdeveloped cortex may seem much the same as that of a normal infant. The crucial difference rests in the possibility for further development. The ultimate attainments of the feeble minded are extremely limited, as, too, are those of dullards.

Intensive individualized instruction for children in intellectually retarded cannot supplant innate intelligence. Defective native capacity cannot be raised to normalcy by pedagogical method or by the best environment of school or home. A child's native endowment has its basis in his brain structure. For the feeble minded person this cerebral development is lacking or defective—therefore his inability to juxtapose even simple ideas leading to a definite conclusion or plan, and his incapacity to reason.

Industrialists agree that it is not machinery which is slowing progress, but man, because of his low mental ages. Machinery grows increasingly complicated and demands for its successful operation higher mental capacities than are often available. Many studies have been published illustrating the time and infinite patience necessary to train defectives to perform simple tasks. For example, an imbecile woman, mental age seven, was finally taught to carry soiled linen to the institution laundry but she never could learn to return it. It is often said that morons are the hewers of wood and the drawers of water, and hence, indispensable. But there is nothing a moron does that some normal person cannot do better, with equal temperamental adaptability for routine work.

It has been conservatively estimated that a million mental defectives, intrinsically unable to succeed at most jobs, are abroad in the population. Yet the head of an institution for the feeble minded is reported to maintain that his morons are trained so that they become good wives for farmers. Thus, a continuous crop of little morons is reaped for institutions. Today even farmers seek intelligent labor. Denmark has arrived at the enlightened legislation of sterilization of a mental defective over eighteen because "he is not able to educate or maintain his children by his own work."

The deteriorating intellectual average of the American people, a down hill trend speeded by the continual entrance of immigrants of low intelligence into this country, could be checked by a limitation of family size on the part of the dull, who furnish so largely school retardates, delinquents and criminals. Thus could be salvaged normal intelligence which, after all, is a low standard to seek to maintain.

Brains are of value in a competitive social scheme. Intelligence has opportunity to succeed and the bright of the lower stratas are continually supplying the higher levels of society. The normal and superior can be expected to adjust more easily to their physical and social environment and to endow their children with material things and the ability for satisfactory adjustment. Children are apt to resemble their parents in intellect.

The day may come in some forward looking state aiming at progress, when only the normally intelligent or better will reproduce. Then children will have truly equal opportunity. Each will be able to acquire at least the three R's. None will be an outstanding dullard, a situation which causes untold suffering and leads so often to truancy, delinquency, and maladjustments.

Talents and ultimate attainments will always be at different levels, and a few feeble-minded will still be born, due to causes as yet unknown. But the right of children to be well born mentally and physically, at least up to certain minimum standards, will be safeguarded as far as is possible.

### Told by Clinic Nurses

An Italian mother who had been married at 13, at 21 had five children. "With the last two I began to get cross and out of patience with the children," she told us. "I nagged my husband all the time. I knew it was not their fault, but I couldn't help it. I was so worried for fear I'd have another. But now everything is different."

A young girl came into the clinic with her five months' old baby. "I wish I'd never got married!" she burst out. "My husband is mean to me and the baby. I'm just a nervous wreck."

A few months after she had been advised by the clinic physician, she confessed, "I'm sorry for the things I told you when I came here the first time. Really, I love my husband. But I was so afraid I'd get pregnant again, and we can't afford another baby yet. My husband was getting tired of the way I acted. He told me he'd go out with someone else, and that made me mad."

—New York

In May, 1933, a slight, bedraggled looking woman came to us, frankly desperate because her husband had threatened to desert her and their three children. He was earning less than ten dollars a week. The wife was determined that no children should be added to the group while the family income was so low. She did not know any safe method of contraception, so insisted on total abstinence. Frequent quarrels resulted.

With some persuasion the husband became reconciled to our advice. The family life grew more peaceful. Since then the mother has gained in weight and has a much brighter outlook on life. She has read some of our books on marriage and seems to have found a satisfactory adjustment to her personal problems.

—Missouri

When Mrs. C. came to us, she was on the verge of a complete collapse. She was so terrified that it was difficult to get any connected kind of history out of her. We found she had seven children living and three dead, and had been through three abortions. "I can't stand another, I'll go crazy," she said.

Luckily that time she was not pregnant. We told her that she need not be afraid any longer, we would teach her birth control. "Doctor, I hear what you say, but I can't believe you. I have been frightened too long," she replied.

About a year later, at another clinic, a rosy, happy looking woman came in and burst out laughing. We did not remember her until she said, "I am the woman who did not believe you. Now I know for certain I'll never have another child, and it has made the whole difference in my feelings about the children I have."

—Hamilton, Ontario

### DOES BIRTH CONTROL CONTRIBUTE TO MENTAL HEALTH AND HAPPINESS IN MARRIAGE?

*The physical and mental maladjustments of married life may result not only in chronic unhappiness and despair, but in nervous and mental disorders and vocational and social failures which darken and destroy life.*

*Important as the happy mutual adjustment of husband and wife is to their own health and happiness, it is even more indispensable to the wholesome development of children. Clinical studies of the nervous, mental and behaviour difficulties of children have revealed that a large proportion of these conditions were due in part to a conscious or unconscious perception of the strained, antagonistic and unstable relations between parents.*

—From "Mental Hygiene in the Community" by Clara Bassett

## Catholics Call "Rhythm" Unreliable

ROMAN Catholics now find themselves skeptical about the reliability of the "rhythm" or "natural" method of birth control, which has been promoted with vigor and certainty by leaders of their Church during the last few years

The opening gun in what is apparently a campaign of retraction was fired when Dr James J Walsh, medical director of Fordham University, spoke before a meeting of the New York Province of the Federation of Catholic College Clubs in January Dr Walsh is quoted as stating that, since the medical profession is still uncertain as to the period of sterility, the rhythm method is unsure

In the discussion which followed his talk, a Catholic social service worker asked how the Church would propose to limit a family in poor circumstances that already had half a dozen children

"Self control," replied Dr Walsh

"But," persisted the inquirer, "suppose the parents practiced self control 364 days and on the last day of the year did not, and conception took place Would the Church still say that self control was the only solution?"

"Yes," was Dr Walsh's answer

The same Dr Walsh is co author with Canon Valere J Coucke of the book, "The Sterile Period in Family Life," published in 1932 with the imprimatur of Cardinal Hayes In this book he stated, "The conclusion that there is a sterile period in the menstrual month during which sex congress is not likely to be followed by pregnancy would thus seem to be established Nature apparently intended that this law should be discovered in the course of time when population was increasing rapidly"

At a meeting of 400 members of the Federation of Catholic Alumni in New York on March 1, Dr Fredrick W Rice, obstetrician, is reported to have said, "Neither Ogino nor Knaus nor any other advocate of the theory (i.e., the rhythm) has presented sufficient clinical evidence to substantiate claims What is necessary now is further study of the problem based upon analyses of a large number of carefully kept individual records Once this has been done on a sufficiently large scale, it should be fairly easy for biologists, physiologists and anatomists to arrive at some conclusions based upon scientific facts and sound clinical evidence"

Dr Rice appealed to organizations of Catholic women to make available a sufficient number of records to allow further study of the rhythm method He said that the cooperation of the Catholic laity in ob-

taining the necessary records was indispensable because "there is likely to be a prolonged delay before any serious studies are undertaken by the medical profession or under the auspices of those medical schools where the teaching of artificial birth control methods is now quite widely accepted as a regular part of the curriculum"

Additional light on this policy of retraction is shed by Michael Collins, in an article on birth control in the February 22 issue of *America*, the Catholic weekly Mr Collins writes, "The latest argument used against us is that our approval of periodic continence strips us of every arguable defense For, they say, the evils of underpopulation and extra marital sex relationships will be produced as readily by use of the sterile period as by use of contraceptives Of course this charge is not altogether accurate Periodic continence requires considerable restraint, enough, it would seem, to save us from underpopulation and from any great increase in sexual irregularities Yet it must be admitted that although our acceptance of periodic continence does not actually invalidate these two arguments, it will nevertheless probably weaken them in many minds, which means, if true, that our fight against contraceptive measures is foredoomed to failure, unless we revise our tactics"

The import of Mr Collins' conclusion is unprejudiced—and may in all probability be a milestone in birth control history

## Child Spacing Aids Mental Balance

SIGNIFICANT conclusions on the relation of birth control knowledge to mental balance have been made by Dr Mary G Schroeder after a study of the life histories of 2,300 insane women, patients at the Elgin State Hospital and the Central Free Dispensary, Chicago "Having children very close together, with out sufficient time to gain strength between pregnancies, was found to be the precipitating factor in seven per cent of our cases," Dr Schroeder stated in a paper published in the *Medical Review of Reviews* for January, 1935

Dr Schroeder also discussed the need for birth control knowledge from the standpoint of the unhappy effects of frigidity and enforced continence "Inability to adjust to difficulties in life is recognized as the most important etiological factor in producing insanity," she stated "Marital discord is found in 57 per cent of the functional psychoses With one of the greatest sources of fear and worry removed (i.e., the fear of unwanted pregnancy), many women may be spared the tragedy of becoming insane"

## The New England Regional Conference

**W**E WHO were fortunate enough to attend the first New England Regional Conference (held in Boston on February 19th) are still dazed by its magnitude. Our feeling is not surprising in view of the record, which shows that there were actually 600 registrations, that the round tables as well as the luncheon taxed the capacity of the rooms assigned, that the event drew front page headlines in Boston and national press notices as well, that to date there has been no comment by our opponents.

To the members of the Massachusetts League, who worked so hard and so effectively, go all the bouquets. The American Birth Control League was privileged to help in financing this Conference as it did the two other successful Regional Conferences in Baltimore and St. Louis, but the credit for organization goes to the Massachusetts League and to the states of Maine, New Hampshire, Vermont, Rhode Island and Connecticut, which participated actively in the preliminaries and at the Conference.

The chairman at the luncheon was Dr. Clarence Cook Little, recently elected president of the American Birth Control League. This was Dr. Little's first official appearance as president. Professor Eduard C. Lindeman of the New York School of Social Work delivered what was described by many as one of the greatest speeches ever made on birth control. From all standpoints it would be hard to find so searching, so comprehensive, but withal, so inspiring a summary of the role played by birth control in our complex society. (The full text of Professor Lindeman's address will be printed shortly.) As one newspaper reporter described the scene: "The attention of the audience never wavered. Seldom has a roomful of people listened with such quiet absorption to a speaker."

The attendance at the luncheon was 329. One hundred physicians were at the medical round table presided over by Dr. George Gilbert Smith, Instructor in Gynecology at Harvard Medical School. The Reverend Cornelius P. Trowbridge, Canon of the Cathedral Church of St. Paul, presided at the ministers' round table, at which 75 clergymen were present. The social workers' program was attended by 136. The two morning sessions had an attendance of over two hundred each and there was excellent representation at the State League round table.

Considering the recent blizzard which made travel difficult, the attendance from other states was extraordinary. New Hampshire sent fourteen delegates, Maine, ten, Vermont, six, Connecticut, fourteen, and Rhode Island, sixteen. The New York contingent represent-

ing the American Birth Control League were Mrs. Louis deB. Moore, Dr. Eric M. Matsner and myself. There was also splendid attendance from points in Massachusetts outside of greater Boston.

Details of the Conference were planned with professional skill. The registration was systematic, there were ushers delegated to each specific need, there was no confusion except the pleasant one of providing more space and more chairs as interested listeners kept pouring in.

All in all it was a red letter day for everyone. A full day packed with stimulating contacts, brisk round table meetings and active discussion from the floor. Everywhere there was a sense of elation, frequently mentioned, and plainly registered upon the faces of those taking part.

MARGUERITE BENSON

## Evanston Learns About Planned Families

**E**VANSTON, Illinois, is now decidedly aware that it has a birth control clinic and birth control problems in its midst. A most successful experiment in public education was the Family Planning Center, conducted from January 27 to February 1 by the Evanston Birth Control Committee, affiliated with the Illinois Birth Control League. Although the exhibit was presented in the coldest weather the Chicago suburb has had for years, there was a constant stream of interested visitors.

People stood outside at zero temperatures to read the mothers' letters and peruse other features of the window exhibit. Inside, a variety of charts, books and literature were on view. Using the American Birth Control League's exhibit as a nucleus, the Committee added charts presenting local statistics and prepared by the sociology department of Northwestern University. One chart showed that the 224 charity babies born in Evanston last year at a total cost of \$40,819.52 had comprised one third of the total cases cared for by the Visiting Nurse Association. A local bookstore furnished books on consignment and printed a special booklist for distribution at the center.

Among the visitors were representatives of the Visiting Nurse Association, the Family Welfare Association, the Cook County Bureau of Public Welfare and Northwestern University. A large delegation of students from Garrett Biblical Institute asked questions and took notes galore. Some of them will go out soon to take churches in remote hamlets. They said they would look up the most progressive doctor in the locality and advise him to write the American Birth Control League for "The Technique of Contraception."

The publicity, directed by Mrs Fred C Williams, was widespread and most educational A luncheon for the press, held on the day the center opened, brought excellent results in feature stories and photographs Chicago newspapers cooperated, and local editors started to run stories two weeks in advance Notices appeared in church bulletins, college papers, and in the news bulletins of the League of Women Voters A letter, program and circular announcing the center and the lectures were mailed to about 600 persons

Two lectures were given each day, at 4 15 and 8 15 p m, and were well attended A distinguished list of speakers included Prof Harold D Fish, geneticist, Research Associate of Carnegie Institute of Washington, Dr William C Danforth, Assistant Professor of Gynecology and Obstetrics, Northwestern University Medical School, Joel D Hunter, General Superintendent of the United Charities of Chicago, and Drennan J Slater, lawyer and representative in the Illinois legislature

### A Journal on Marriage Problems

"Marriage Hygiene," the scientific quarterly published in India under the editorship of a distinguished international board, has completed its first year Its articles, by authorities in medical, biological and sociological fields, have discussed factors influencing the welfare of marriage and the family throughout the world "To promote, coordinate and unite the interests of contraceptive clinics and marriage consultation centers in various parts of the globe," is one of the purposes of the publication

Dr Norman E Himes of Colgate University serves as editor for America Handsomely printed and illustrated, the quarterly has a subscription price of \$4 00 a year American subscriptions should be sent to Marriage Hygiene, Box 335, Hamilton, New York

### Announcement

In accordance with a resolution voted at a recent meeting of the executive committee of the American Birth Control League, the League is prepared to send an officer or staff member as its representative to annual meetings held by its member leagues

Correction is made of the following errors appearing in the state league reports in the February Review

*Missouri*—the figures on minimum income of patients apply only to the St Louis and not to the Kansas City clinics

*Massachusetts*—the total number of active cases at the Brookline Mothers' Health Office should read 813

## BIRTH CONTROL REVIEW

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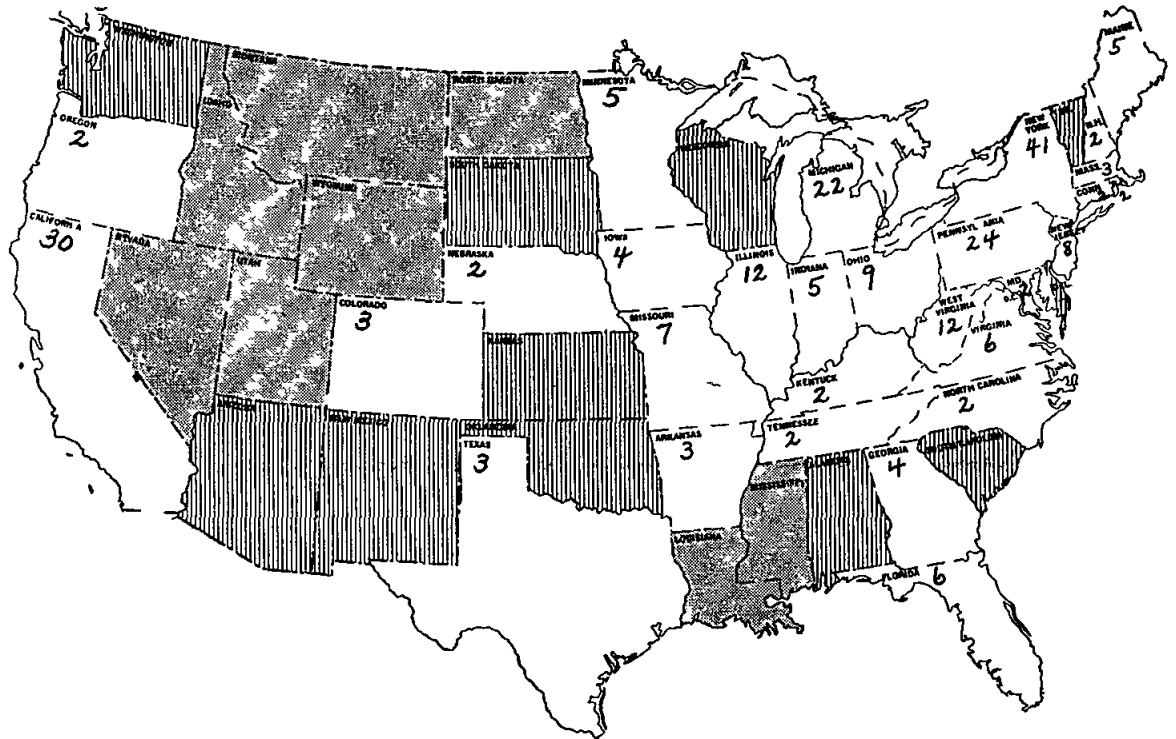
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# BIRTH CONTROL CENTERS IN THE UNITED STATES



The numerals indicate the number of clinics in states having more than one clinic

 —only one clinic 11 states and District of Columbia  
 —no clinics 8 states

## PROGRESS

1930	31 clinics
January 1935	150 clinics
February 1936	242 clinics

Approximately 65 clinics are located in hospitals and county health departments. Others are in settlements, churches, and special quarters.

Family welfare societies, relief bureaus, and other social agencies cooperate in referring mothers who wish advice to the clinics.

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