

VIII

HOLLAND

MY VISIT to Holland in January, 1915, was doubtless the most instructive of all my travels, and from it I derived the greatest benefit

During my arduous studies in the reading room of the British Museum I gathered from the general survey of the birth and death rates of European countries that Holland stood out as the one nation in Europe where some force was automatically at work on what I should consider constructive race building

Vital statistics show that, before 1876, the general death rate of the Netherlands fluctuated considerably but averaged 26 per thousand. By 1912 it had fallen to 12 per thousand. As I looked more deeply still into these mysterious figures it seemed probable that an examination of the birth rates for the same period would be revealing. I found that the birth rate in 1876 was 37 per thousand and that in 1912 it had been reduced to 28 per thousand. These two facts gave a still more illuminating and puzzling aspect to the question. Here the death rate

had fallen faster than the birth rate, which gave a natural increase in the population of 16 persons per thousand, meaning that the population of Holland was increasing faster than that of any other country in the world!

This was to me a point most difficult to understand. I had already begun to believe that a decreased population was what birth control would bring about, and I decried an increasing population. Yet here statistics were revealing facts to show that Holland's population was increasing in numbers! I could not help but ask myself how, if this were true, could birth control solve the population question at all? If birth control made for population increase, was this, after all, what was desired? Desperately, I began to look further into the statistics of Holland. Figures of infant and maternal mortality loomed before my weary brain. Here again I found a gradual lowering in the rate of deaths among mothers and children, a reduction in the proportion of stillbirths and abortions, an indication of a smaller amount of venereal disease, and a decrease of professional prostitution. The tables of maternal mortality gave Holland the lowest figure, while the United States of America were at the top of the list. There were three times more mothers' lives saved in Holland than in my native land. Mothers' lives were safeguarded in Holland and sacrificed in America!

Is it any wonder that I was impatient to go to Holland and dig out facts not only from records but from personal observation? Shortly after my first visit to the Neo-Malthusian headquarters in London I decided to visit Holland. Both Dr and Mrs Drysdale were most helpful in giving me letters of introduction to various people, principally Dr Aletta Jacobs of Amsterdam, and Dr Johannes Rutgers of The Hague.

In those early days I never stopped to fill my head with details. I did not write to anyone in Holland to inquire if either Dr Jacobs or Dr Rutgers was to be there. I just decided to go over to Holland and look the ground over carefully. Perhaps there at last I would find the answer to the many prob-

lems constantly popping into my brain the deeper I probed into the question of birth control

The war was in its first phase. Passports and visas were important, and I was traveling under an assumed name. Already the blockade was threatened. To cross the Channel meant possible encounters with floating bombs, submarines, and all kinds of inconvenience and delays. It was no wonder that friends begged me to remain in London and to postpone my visit to the Continent until things were more settled. For me this was impossible, I was out to search for knowledge and facts. A case which might brand me forever as having committed an obscene act was pending in the United States courts. My children were awaiting my return home. How could I allow possible war difficulties to hold me back from the goal I had set out to reach?

Early in the morning of a cold January day in 1915, I arrived at The Hague. At the small, cheap hotel where I registered, the guests were gathered *en famille* at a long table and breakfasting on black bread, cheese and coffee. Speaking neither Dutch nor German, I could only sit and watch.

For the same reason, I could not telephone to Dr Rutgers. So at nine o'clock the same morning I wrote his address on a piece of paper, hailed a taxi and set forth to call on the veteran of Dutch Neo Malthusianism. Never shall I forget the feeling I had when, in response to my ring, a small, square aperture in the upper part of the door opened in an uncanny way, and a face, wizened, aged and inquisitive, appeared in the frame window. Finally after I had explained my mission, the doctor opened the door. I was ushered into his library to wait until he was dressed. We then went out to a second breakfast together at a nearby cafe, where we talked until noon about the situation in Holland and the difficulties in America.

From Dr Rutgers I learned much of the complexities of the technique of contraception. He suggested that I learn his technique in adjusting the Mensinga and other pessaries. The following day, accordingly, I began my daily visits to his office.

which I continued for several weeks. Under his tutelage, I began to realize the importance of individual instruction for each woman if the method advised was to benefit her. Fortunately, my knowledge of anatomy and physiology stood me in good stead for learning this quickly.

To my surprise, I found over fifteen different kinds of devices in use as contraceptives, and fourteen sizes of the diaphragm or Mensinga pessary devised by Dr. Mensinga in 1885 adopted and generally recommended in Holland. The fact that each woman had to be examined by Dr. Rutgers before the method of contraception could be advised presented an entirely new aspect of the situation to me. I began to delve with deep interest into the whys and wherefores. I bombarded the little man with questions concerning each case. At some sessions there were as many as ten or even fifteen women in his office seeking instruction. These I advised and fitted under his guidance without knowledge of the Dutch language.

Besides myself, two midwives were learning the technique from Dr. Rutgers. They came each morning to equip themselves with knowledge preparatory to starting a center in the outskirts of The Hague. There were already over fifty such centers, which Dr. Rutgers called clinics. This name was given to the fifty consultation centers which at that time had been organized and were being supported by the Dutch Neo-Malthusian League, established in 1881. The nurses or midwives were trained by Dr. Rutgers as experts in hygienic methods of family limitation. They were then set up in practice in various towns or cities throughout Holland.

These nurses or experts not only advise women as to the best methods to employ to prevent conception, but they examine each applicant, supply her with a well fitted pessary suited to her special need, and instruct her in its use. The nurse teaches how to insert the diaphragm or cervical pessary and how to preserve its use. All of this help is given at a very small cost. Although each city has several clinics endorsed by the Neo-Malthusian League, most of the centers are located in agricultural and industrial centers.

Besides these official clinics for which the Neo Malthusian League was responsible, I found many commercial places, run as supply shops, where any woman or man could purchase any contraceptive article desired regardless of needs or conditions. In some of these shops which at that time had displays in the windows there was a small adjoining room containing a reclining chair and a wash basin. The woman, if she so desired, was taken into this room, examined, and fitted by the shop attendant or saleswoman. This method was strongly disapproved by Dr Rutgers and the Dutch Neo-Malthusian League. They directed their propaganda against commercializing this great service.

The officers of the Neo-Malthusian League objected to the procedure of these shopkeepers who set up examining rooms and offered instruction to purchasers of devices by lay persons who had no training whatever in the technique of contraception and in many cases very little knowledge of anatomy. Nevertheless these centers increased in number until the government took a hand in the matter in 1919. A law was then passed forbidding the public display of contraceptive articles in windows or offering information unasked. That is the only change of law and the only interference by the Dutch Government in the free dissemination of contraceptive knowledge since 1906.

I learned from Dr Rutgers that the movement had been directed and advanced mainly for the benefit of the poor and the very poor. There was no policy on the part of the Neo-Malthusian League to limit instruction to people for physical or mental indications or solely for reasons of health, as in therapeutic abortions. There was a general attitude on the part of the public that the means of prevention were simple enough to guarantee safety in the average case and very seldom needed the skill of a gynecologist. The consequence of this procedure was that thousands of women who had in the early years been advised, instructed, and, judging by the fall in the birth rate, had attained successful methods of limiting the family were lost to the movement. Records, detailed and full, had

not been kept until Dr Rutgers took charge, follow up had not seemed necessary, and the great opportunity of giving to the world case histories or mass facts over a period of forty years upon which scientific data could be based, was lost to the world forever. People did not go to hospitals for this advice, they did not go to doctors except to the family physician. Contraception was looked upon as no more unusual than we in America look upon the purchase of a tooth brush.

After the morning's work at the doctor's office I wandered about the city looking into shops to see what the conditions actually were. I spent hours studying in the libraries and in the Central Bureau of Statistics. I employed a translator to help me obtain facts and figures on Holland's birth and death rates, infant mortality, legitimate and illegitimate fertility, child labor, and wages, over the period of years from the establishment of the first birth control clinic in 1878 by Dr Aletta Jacobs to the year 1914.

The facts were illuminating and the conclusions revealing. I glowed with fresh enthusiasm as these data proved that a controlled and directed birth rate were as beneficial as I had conceived they might be.

The problem of Holland's increasing population through birth control was solved when I learned that the spacing of births is the important factor in the practice of family limitation. The numbers in a family, or the numbers in a nation may be increased providing their arrival is not too rapid to enable those already born to be assured of livelihood and to become assimilated in the home life or the community before others follow.

Dr Rutgers' object was to direct the teachings of family limitation into homes where there was poverty, sickness, or disease. The birth rates and death rates were watched and discussed by the officers of the Neo-Malthusian League, and whenever there was seen to be an increase in either the birth rate or the infant death rate, a nurse was dispatched to take up her headquarters in that district, and a campaign of education was started. There was a gentle and sympathetic fol

low up into the homes where death had taken a child. The condition of the home and the attitude of the mother was reported to the League's officers, and proper advice was given according to the circumstances. I found that the infant mortality rates of The Hague and Amsterdam were at that time the lowest of all cities in the world, while the general and infant death rates of Holland were the lowest of all European countries. New Zealand was the only country that could boast of a higher record in the saving of lives.

After my arrival in Holland I had sent a note to Dr Aletta Jacobs, the first woman doctor in Holland, founder of the first birth control clinic in that country (or in any country), requesting the honor and the privilege of an interview with her at any time convenient after my arrival in Amsterdam. I wrote her that I intended to make a full study of the subject while in her country, and complimented her on the brave stand she had taken, many details of which I had but recently gathered from Dr Rutgers. A reply came. She refused to see me and stated bluntly that she did not wish to have any thing to do with me or my studies, that it was not for lay men to interfere in this work, it was the doctor's subject, and only professional men and women should take it up. I was surprised, of course, and hurt as much as I could be hurt in those days, for I seemed to be one mass of aches, physical, mental and spiritual, all the day long. I went to bed sore in heart and soul, and awakened to start another day of aches, so that Dr Jacobs' letter was just one more sting to an already numbed condition.

To do her justice, I hasten to say that in 1925, when she attended the Sixth International Birth Control Conference in New York at my invitation and as my guest, she took me aside one day and apologized for her letter and behavior, and moreover congratulated me for the advance the cause had made through what she was pleased to term my impersonal leadership.

Holland has long taken a common sense and scientific attitude on the subject of birth control, as was shown in 1876

when Dr S Van Houten, late Minister of the Interior, wrote a strong article in favor of Neo-Malthusianism in *Vragen des Tijds* and Mijnheer Greven received his doctorate in law for a dissertation on the subject. Several other prominent men, including M Heldt, the leader of the National Labor Party, enthusiastically championed the doctrine. In consequence, when the International Medical Congress was held in Amsterdam in 1879 arrangements were made for the late C R Drysdale, president of the English Malthusian League, to address a large public meeting, and a powerful league was immediately formed which was able to commence a vigorous propaganda among all classes of people. Thirty four members of the medical profession joined within the first five years, and a practical leaflet describing contraceptive methods was issued in 1886.

In the early part of 1882 Dr Aletta Jacobs opened a gratuitous clinic for poor women and children in Amsterdam and gave contraceptive advice and information. In 1883 Dr Mensinga, a gynecologist of Flensburg, Germany, published a description of the contraceptive device which he and Dr Jacobs had perfected and which, up to the present day, has proved the most satisfactory practical means of preventing conception for the largest number of women. It has since been adopted by the Dutch League and by most of the birth control clinics in Europe and the United States. By 1892 practical instruction could be obtained by poor people in Amsterdam, Rotterdam, and Groningen, and the Dutch League entered into a period of intense activity. Thirty five thousand practical booklets were distributed in a single year, and midwives were trained and paid by the League to give gratuitous consultations. In 1899 it was found desirable to change the personnel of the League in order to make it more popular with the masses, and Dr and Mrs Rutgers took up the work with such success that the League then grew and spread into all parts of that well ordered country. As the salaried midwives had not proved thoroughly satisfactory, Dr Rutgers had taken the bold step of instructing lay nurses in the

best contraceptive technique, and at the time of my visit there were about fifty five of these trained women in clinics distributed among the principal towns of Holland, besides several medical practitioners who appeared on the League's list as prepared to give advice

In view of the fact that practical information has been available to the poorer classes on a fairly large scale in Holland for many years, the results are particularly satisfactory from the eugenic standpoint

The work in Holland had at one time been recognized as a great public utility, and in 1895 the Neo Malthusian League was given a royal decree by the Dutch Government. In 1911, however, when clerical influence got hold of the reins of government, there was a short period of reaction, and laws curtailing the rights of individuals were made. This lasted only a few years, and with the removal of the Clericals from power, freedom of speech and press was regained

While to Dr Aletta Jacobs goes the honor of establishing the first birth control clinic in the world, to Dr Rutgers we owe the idea of training nurses and sending them into congested quarters to teach contraception to the overburdened mothers of the poor

I found that birth control information had been more widely disseminated among the mass of the people in Holland than in any other country. There was no differential birth rate there, and to my great surprise I learned that there had been a rapid increase in the stature of the Dutch conscripts, as shown by army records and the official statistical yearbook of the Netherlands

After finishing my course of study at The Hague I visited Amsterdam and Rotterdam. I had a list of the clinics in these cities and the addresses of fifty six of the independent nurses, many of whom I visited. Although not controlled by the Neo-Malthusian League, many of these nurses had been trained by its secretary Dr Rutgers

My visit to Holland was early in January. I remained there until the end of February, when I was finally able to secure

passage on a small freighter, which was the first to test out the blockade across the English Channel. At first the captain refused to take a woman on that challenging voyage, but when he learned I was an American woman 'who knows how to take care of herself' he agreed to let me go. We left Amsterdam one evening and arrived in London three days later, a journey that usually takes but one night.

This trip to Holland revolutionized my ideas regarding the future of the movement. No longer could I look upon birth control knowledge as primarily a free speech fight. I realized now that it involved much more than talk, much more than books or pamphlets, no matter how widely or freely one might wish to spread pamphlets containing this information. That was not enough. I saw that personal instruction must depend upon physiological and anatomical knowledge. Only persons equipped with such knowledge could instruct properly and safely.

Now that I was convinced of this, a new field lay before me, and one far more difficult to travel, viz., to direct and educate the public to demand from the medical profession safe, reliable information, and to arouse and awaken the same profession to the importance of their having such knowledge to give. This has been a long, hard road, and the end has not yet been reached, fifteen years later.

I visited Dr Rutgers again in 1920, and found a sad and unhappy man, ever willing that the younger generation should try its hand, but realizing how much they were lacking in experience. When, in 1921 Dr and Mrs Drysdale and Dr Haire and I went to Amsterdam to attend a contraceptive conference, Dr Rutgers' health would not allow him to join us. He died in September, 1924. His death was ten years too soon. Today the influence of his work goes on spreading itself sanely, quietly into the lives of people who are not afraid to think.

The results of my visit to Holland were to change the whole course of the birth control movement, not only in America but in England and Europe as well.