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The Madras Birth Control Bulletin.

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OF

THE MADRAS NEO-MALTHUSIAN LEAGUE.

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The Madras Neo-Malthusian League.

(For human welfare through birth-control. Founded July, 1928.)

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OBJECTS.

(1) To spread among the people by all practical means, a knowledge of birth control and of its possibilities for human welfare ;

(2) to give under medical help and guidance, instruction on hygienic contraceptive methods to all married people who desire to limit their families or who are in any way unfit for parenthood ;

(3) to publish pamphlets and leaflets and a periodical journal on Malthusianism and birth control ;

(4) to organise lectures before societies of various kinds on this subject and,

(5) to form a library and to subscribe for journals on birth control.

The League appeals to all liberal and advanced thinkers in the country to help the cause and through it, the evolution of a higher humanity in the motherland and the uplift of mankind in general.

CONDITIONS OF MEMBERSHIP.

All persons above the age of 20 (1) who are married or about to marry (2) who are members of the medical profession or (3) who have children are eligible for membership. The subscription is Re. 1 annually or Rs. 20 for life. The members will each get a copy of the Bulletin free.

THE Madras Birth Control Bulletin.

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CONTRACEPTIVES.

Appliances for Women (*Concluded.*)

Lactation.

Some protection is afforded by nursing. In the first three months of suckling three out of four mothers will not menstruate ; in the whole nursing period half the mothers will not. This shows the approximate chance of pregnancy. In nursing third and later children, the likelihood of return of periods is less than with first or second children. Exclusive breast feeding gives greater protection than when the baby is fed partly from the bottle. As it is probable that ovulation occurs independently of menstruation, return of the period cannot always be trusted to give warning of renewed susceptibility to pregnancy. As spacing of children for the sake of health of both mother and child is important, contraceptive advice and treatment, to guard the mother until she has gained her strength, is one of the precautions to be included in the routine duty of the obstetric physician, including the warning that nursing affords only limited immunity. Lactation has been supposed to be the main measure among savages for spacing their children, but it must not be forgotten that sexual intercourse during nursing is, in many of these peoples, under a religious taboo and this may give us a false idea of its efficacy. This fancied safeguard may also lead the wife to prolong the nursing to the detriment of the child.

Safe period.

Although every woman has a long series of infertile days in her monthly cycle, there is enough variation between different women so that no general rule can be formulated that will safeguard all women. It can be stated with a degree of definiteness, that during the week preceding the menstrual period the chance of pregnancy is one-fifth as great as during either of the first two weeks ; and that the pre-menstrual week is the relatively safe period and not the mid-month as formerly taught, sometimes referred to as the "tempus ageneseos." The peak of fertile intercourse falls in the week following the period. As to ovulation, the fourteenth day, counting from the beginning of the period, is used as a convenient figure as it falls in the region agreed on by more investigators than any other, although observations on ovaries studied at abdominal operations point to great frequency of the escape of egg from ovary at later days upto the nineteenth, with sudden cessation then. The opportunity for fertilizing the ovum in its passage down the tube is probably very brief as far as the ovum is concerned. How long the spermatozoon can remain alive and effective in the tube is uncertain. In most animals studied the sperms live not over 48 hours but some observers believe human sperms may live ten to fourteen days. Among the 1342 women reported upon, some conceptions occurred on each day of the cycle, but all but 8 per cent conceived before the twenty

second day; and all but 28 per cent before the fifteenth day: making a total of 72 per cent conceptions in the first two weeks or in other words one-fourth of all conceptions occurred in the first four days following the end of the period, and over half of all occurred in the nine days following the period. This is perhaps the way that most women think of their period in relation to coitus and conception, rather than dating from the first day. But the difference in the duration of periods makes comparison difficult, and an arbitrary four day period is usually assumed. By weeks, the daily average incidence runs: first week, 5·4%, second 5·1%, third 2·9% and the fourth week, 1·1% or about one-fifth the average incidence of the first week.

Hormones and Spermatoxins.

The advancement of endocrinology and the recognition, identification and actions of hormones, incited the scientists to investigate the possibility of controlling birth by injection of hormones. The diagnosis of pregnancy by the injection of the anterior pituitary hormone found in the urine of pregnant women into the mouse established by Aschiem Zondek, infused some confidence in the minds of the investigators engaged in discovering a hormone to control births. It is very well known to all, that some women and also men are sterile from the beginning. It was lately found out that the cause of sterility was due to some defect in the endocrine organs and sterility has been removed by the administration of endocrines. Experiments conducted on animals go to show that conception can be prevented by the injection of hormones. It is found in cow that by the action of anterior pituitary that cessation of "rut" is brought on and this is known to breeders as "dumbrut". It is also known among cattle, that a cow-calf born as a twin with a bull-calf is barren and is called a freemartin. Perhaps this condition would have been brought about by some defects in endocrines. Injection of hormones have been found in animals to increase temporary sterility. It is only in Russia the method has been tried among women. Russia is a country which is suffering from over-population as India and it resembles India in other respects, but unlike India, large amount of money is being spent on researches. It may be mentioned here that the male sex hormone is also found in blood of women while the female sex hormone is found in men. A standardised vaccine containing a definite number of spermatozoa per cc has been prepared and a large number of women have been injected producing sterility lasting from 2½ to 6½ months. Of course, the matter is still in the experimental stage; but there is no doubt that in course of a few years vaccination against conception will become an established fact like vaccination against small-pox.

Irradiation.

Temporary arrest of ovulation, without loss of sex feeling or potency, is feasible in animals by the use of X-ray. Records of women who have had radium or X-ray treatment at such times as they were not pregnant and later bore children, show that there is no increase over the average frequency of defects in the children, so far as these have been watched; but irradiation during pregnancy damages the fetus so often that in at least a third of the reported cases a grossly deformed or markedly defective child is born. It is better therefore that curetting should precede every considerable irradiation of the pelvic region or lower abdomen to make sure that no pregnancy has just begun, at least with any patient recently exposed to conception. The special field of arrest of ovulation by X-ray or radium is with patients with uterine bleeding adapted to this treatment such as those over 35 years of age, and with chronic metritis or uterine arteriosclerosis or small fibroids that are not sub-mucous.

Sterilization without unsexing.

There is a large field for sterilizing measures among those fitted for marriage but not for producing children for the spouse permanently disqualified for reproduction and for these couples who have had all the children required for them. Sterilization does not involve the removal of any organ or the lessening of sex feeling by the methods now generally employed. Actually, the importance for bodily function of a sex gland is not hurt by closure of the minute exit for its products, since its endocrine activities remain unaltered.

Salpingectomy

The methods of sterilization of women without unsexing are two: closure of the oviduct and arrest of ovulation. The second has been dealt with under irradiation and hormones. The passage through the tubes may be blocked by ligating, cutting, burying or stricture. The tube has a strong tendency to reopen, say in more than ten per cent even with the cornu cut out. So that insufflation should be done at the end of two months to check up on results. The abdomen is opened by a small incision. The simplest and speediest closure is by crushing with a powerful forceps with ligation. The excision of the wedge at the cornu is rather a complicated one. Re-establishment of the canal for passage of the ovum seems to occur only about half as often following wedge excision as in procedures in less vascular areas. An intermediate process is cutting out a section and burying the ends in the broad ligament. The severed inner end of the tube has also been buried in the uterine wall with the idea of re-implanting it in the uterus if desired later. The fimbriated end has also been buried in the folds of the broad ligament or in the inguinal canal with the same idea of freeing later. The crush-tie of the tube is feasible through a vaginal cul-de-sac incision.

X-Ray or Radium.

X-ray or Radium sterilization is particularly adapted to women with persistent bleeding or to accompany therapeutic abortion in women who are poor operative risks.

Cautery Stricture.

Stricture at the uterine opening of the tube is effected through cervico-vaginal approach. A sufficient burn by chemical or by electric current applied at the tip of the minute funnel where the tube starts, results in a slough that ends in a circular scar that ultimately contracts firmly to shut off the opening. A probe tipped with the corroding chemical must remain in place long enough to produce the damage, or the stricture is produced by a burn done by a platinum tipped sound heated by electric current: or the same result is brought about by fulguration or electro-coagulation at the cornu. Local anesthesia is sufficient and there is no lay off from activity. The later test of the tube by air or gas makes sure that the closure has been complete and remains effective.

Electric Cauterization.

Before sterilizing by the cautery wire, the shape and size of the cavity of the uterus must be defined. The uterine sound gives a very fair idea of the upper corner, whether acute angled, rounded or domed. In the latter cases the vestibule of the tube is difficult or impossible to find. After the length of the cavity is determined, the cautery sound is slid up against the external os so as to admit only this length. The possibility of pushing in farther and perforating is prevented by the sliding shoulder fixed where needed. When the cautery tip has been nestled into one upper angle of the uterus, the current is turned on for from 10 to 30 seconds, according to the vascularity of the lining, a succulent uterus needing a longer application of the current. A test is made by starting to draw the sound away. It should adhere rather firmly and bring away a shrivelled fragment of tissue all about it. Only in case the uterus relaxes, as it does during curetting, need one consider new sounding and renewed cauterization at this session. Pituitrin may prevent this.

The treatment is given soon after a menstrual period or half-way between periods. The two sides may be done at

one treatment or the second a few days or a month after. When the burn on the cervix which is used as control, has turned into a firm scar, then the tubal scar should also be firm. This shows why the test of patency by insufflation should be deferred two months. The pressure need not go above 140 mm.

Chemical Cautery Stricture.

The suggestion was advanced as long ago as 1849 that fused silver nitrate of the end of a sound may be guided into place by a hollow conductor. The slough would be cast off in seven days.

Abortion.

India resembles Russia in several respects as stated above. Not only in area and population but in poverty of the people and the percentage of illiteracy among them. Prevention does not generally appeal to ordinary and ignorant persons. This is true not only in medicine but in other matters also. Even the Government is not free from this defect, when one sees the large amount of money spent in hospitals for treatment of actual diseases and a comparatively small amount spent in research institutions and for public health. Birth control is a preventive measure and is therefore not likely to be appreciated and acted upon by the ordinary and ignorant and uneducated persons, at least for some time to come, until birth control clinics are established in all child and maternity welfare centres and in hospitals, and included as one of the chief part of the public health duties and sex instruction is given in public schools and colleges. Till then abortion will be practised on a large scale as it is now by un-scientific and dangerous methods with the help of quacks and charlatans. Fortunately in India the Penal Code does not take any cognisance of abortion before quickening occurs *i.e.* before the 5th month of pregnancy. There is absolutely no harm in inducing abortion before the placenta is formed *i.e.* within 3 months and the safest time for inducing abortion is before the 6th week of pregnancy. The fertilized ovum is called an embryo before the 3rd month of pregnancy and fetus afterwards. It is only after the 7th month the fetus becomes viable outside the mother's body and its birth is then called miscarriage. So there is no co-ordinated life—life of the individuals as a whole before the 7th month. Thus induction of abortion before the 3rd month of pregnancy is neither criminal, nor sinful, nor difficult, still it is seen that the majority of doctors are against undertaking the operation. If the doctors are against it, there are so many quacks and charlatans who do the operation, bringing in either long sickness or invalidism or death. Is it human on the part of the doctors to conduct the operation and save the health or life of the unfortunate mothers or permit them to die or become permanent invalids at the hands of the quacks? In Soviet Russia the law prohibiting induction of abortion was repealed and every facilities are afforded in clinics and hospitals for the conduction of abortion by doctors. The doctors are allowed even to conduct abortion in private practice. The performance of abortion after the 5th month except as a therapeutic measure may be made penal.

(Before concluding this article an omission in the contraceptives applicable to male may be supplied.)

Heat to the testicle.

Elevation of temperature by a few degrees, arrests manufacture of spermatozoa. A half hour application to the scrotum, of water as hot as the hand can bear interrupts fertility for a considerable period, with full recovery in most instances. The effect is not immediate as the developed sperms in storage are not injured. Sex responses are not diminished. It has been demonstrated that mammalian testes undergo rapid degeneration when they are removed without injury to circulation, from their normal scrotal position and lifted to be placed inside the abdominal cavity and that such testes will regain normal spermatogenetic function if they are replaced in the scrotum by operative procedure. The reason is that the abdominal temperature is higher than scrotal temperature and so interfered with the life of the spermatozoa. It is generally known that chimney sweepers, engine strokers, cooks, etc. who are exposed to heat are comparatively sterile. The temperature of 116° or 117° is not unbearable. The hot water used in Mysore, by some during oil bath is sometimes of higher temperature. Diathermy also may be used.

Extracts.

THE MEDICAL PROFESSION AND BIRTH CONTROL MOVEMENT.

BY CAPT. A. P. PILLAY, O.B.E., M.B.B.S.

Director of the Eugenic Clinic, Bombay.

The health of individuals and communities interests no class of persons more than the members of the medical profession and yet very few of us realise the great importance of birth control to these two subjects. Birth control, however, is primarily a problem of the woman and the two chief factors that greatly concern her are her own health and the health of her children. It will be conceded by every medical man that in certain physical and mental ailments, the woman should not conceive. If she does, she dies or her complaint is aggravated and the progeny is born debilitated or diseased. The maternity mortality rate in India is very high, ranging in places from 3 to 53 per thousand live births. The contention is not that all these deaths are due to the cause mentioned above but that it is a very important factor in a country where marriages are universal and the maternity service is notoriously crude. Add to this the thousands of mothers in India who are always ailing. It will also be conceded by the medical profession that adequate spacing of childbirths is essential in debilitated women in their own and in their children's interests. The following tables prepared by the Children's Bureau of the United States Department of Labour are interesting in this connection:

TABLE A.

Interval between births.	Infant mortality rate.
1 year	147
2 years	98
3 years	86
4 years	85

TABLE B.

Number of children in the family.	Infant mortality rate.
4 and less	118
6 and more	267
7 and more	280
8 and more	291
9 and more	303

TABLE C.

Order of birth.	Infant mortality rate.
1st and 2nd born	138.3
3rd and 4th born	143.2
5th and 6th born	177.0
7th and 8th born	181.5
9th and later born	201.1

TABLE D.

(Indian figures.)

	Infant mortality rate.	Percentage of still births to live births.	Children alive per 1000 pregnancies.
5 pregnancies and under.	226.3	12.5	633.7
6 pregnancies and over.	272.2	20.9	504.4

TABLE E.

Age of mother	Infant mortality rate.
Under 18	160.3
18—19	128.9
20—24	109.5
25—29	101.4
30—34	104.7
35—39	126.5
40—44	131.3
45 and over	250.0

The income of the family, it will be admitted, has a great bearing on infant mortality rate and the health of surviving children. The following table again prepared by the Children's

Bureau of the United States Department of Labour is instructive :—

TABLE F.

Earnings of father in dollars.	Infant mortality rate.
Under 400	170
450—549	130
550—649	120
650—849	110
850—1,049	90
1,050—1,249	70
1,250 and over	60

The infant mortality rate and the health of surviving children will thus be seen to be mainly dependent on:

(1) The mother's health.

(2) The child's possible heritage.

(3) The father's earning capacity.

(4) Child spacing and the number of children in the family.

(5) The age of the mother.

Apart from the purely medical aspects of the question there are also certain factors coming under public health. Among these might be mentioned the following:—birth control will lessen prostitution by promoting early and happy marriages and by allowing the husband to have all the sex life he needs at home without fear of injuring the health of his wife. It will also indirectly tend to reduce the incidence of venereal diseases. Over-population and its consequent evils like child labour and a low standard of living will be checked. This will leave the community free to raise its standard of health and living.

For controlling births and for child spacing there are at present only one unapproved and two approved methods. These are abortion, continence and birth control. Abortion no medical man worth the name will advise or practise, and yet the number of abortions that are carried out or attempted every year even among the married will run into lakhs. Any chemist, nurse or gynaecologist will confirm this statement from the number of entreaties they receive for prescriptions "to regulate menstruation". We are thus left with only two permissible alternatives, self control and birth control. To the medical profession there is nothing new in the statement that the sexual appetite, after hunger, is the most dominating and insistent instinct of life, though society, ignorant of the overwhelming importance of the subject, may clamour for its suppression. Self control implies the repression of a natural and necessary instinct and it is psychological truism that repression of such an instinct is more harmful than its expression. Clinical data bear out this statement. Young and normal couples cannot long carry out this repression without mental physical and moral deterioration. To those who can practise self control, the teaching of contraceptive methods is certainly unnecessary. My opinion is that most, if not all, physicians favour birth control and many practise it themselves. Why do they not then prescribe it in their practice? Is it lack of courage or lack of humanity or lack of knowledge of the subject? The reasons appear to be one or other of the following :—

(1) Religious prejudice or conscientious objections of the doctors or their superiors.

(2) Stigma of indecency.

(3) Fear of its being misused.

(4) Ignorance of the methods of birth control.

Science was once greatly dominated by religion but now it realises its power and value, just as it realises its limitations. This is why in treating and advising the sick, it does not allow religion to interfere. Advice on contraceptive methods is a form of treatment and why should religion be allowed to interfere in this case alone? Religion can lay down moral principles regulating the behaviour of individuals towards one another, but it cannot meddle in the private affairs of persons. As regards the stigma of indecency there is none attached to the subject of birth control, or if there is any at all, it belongs to the mind of people who consider it indecent. Admittedly there is a possibility of birth control advice being misused, but then is it better that the world should go on being scourged

with venereal diseases and with abortions and the sacrifice of countless mothers and infants than that it should be freed from these horrors at the expense perhaps of increased illicit sexual relations? To my mind, the chief reason why doctors do not prescribe contraceptive methods in their practice is their ignorance of the subject. They get their information not from specialists, or from scientific treatises but from their friends who are often laymen or from chemists' advertisements. This makes them doubt the reliability and harmlessness of the methods they know and hence they hesitate to prescribe them. Prof. Julian Huxley says :—

"Our children will look back with incredulity upon an age in which doctors would warn women that they must on no account become pregnant again and yet withhold all advice as to how this could be accomplished even when implored to give it."

It is unprofessional, nay inhuman, to deny such advice to women who actually need it.

Sir Clifford Allbutt, when made President of the British Medical Association several years ago said: "Every righteous physician regards his practice as a social service, a means not only of bodily but also of social reconstruction and of moral and intellectual health." The physician is hindered from this ideal by limitations as regards birth control which prevent him from acting to his fullest capacity as the adviser and guide in the processes of social reconstructions. This mentality is the cause of the subject of contraception being still in its infant stage and the rapid spread of unreliable and even harmful methods among the people. The medical profession can certainly be accused of adopting an unprofessional attitude towards this very necessary humane and scientific subject.—*The Indian Medical Gazette.*

PRACTICAL ASPECTS OF CONCEPTION CONTROL FROM A MEDICAL WOMAN'S POINT OF VIEW.

BY LILIAS M. JEFFRIES, M. D.

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The question of the deliberate control of his reproductive faculty by *homo sapiens* is of immeasurable importance as a factor in the development of our race. Its aspects are innumerable, as our discussions here will show. They range from the religious, philosophical, social, psychological, to the practical. It is with a view of the practical aspects that I am to deal to-day. Obviously there are practical points of a technical nature to which it would be unsuitable to refer in such an assembly as this. The purely medical aspect is to be put before you by Mr. Chapple. For this short paper, therefore I am more or less obliged to speak of my personal experience in advising the use of contraceptive control.

My interest, then in contraceptive methods was first attracted when I realised their eugenic and racial value. Here my first hopes were greater than further experience has supported. I now know that contraceptives cannot solve all our problems of heredity or of population. We have still to find out what sorts of people are really the best, and also how many such this planet can most conveniently sustain; a very practical question, and one that is being patiently tackled by eugenists and statisticians, but not, I confess, within my compass. As to hereditary defects, an individual observer is distressed by many cases of apparently transmitted disease or defect, but the study of adequate statistics gives one pause. Recent researches tend to reduce the influence that can safely be ascribed to disease-bearing genes—*i. e.*, to pure heredity. I will quote Prof. Hogben, for instance, who writes with reference to feeble-mindedness, that it

"is clinically not one thing but many things. There is no single problem of the heredity of feeble-mindedness which is a combination of a hetrogeneous group of entities, some of which may be determined by genetic variability and some by obscure external agencies." Obviously we must wait for further information before we can be sure that some of our patients are suffering from hereditary disease which they would transmit to their off-spring, or from defects which could not reappear in a favourable environment. When one is called upon to deal with persons who are so defective that they cannot learn to apply contraceptive methods, it seems to me that segregation, with or without immediate sterilisation, ought to be the rule. For these cases, and for those comparatively few in which serious defect is certainly transmissible, I think in the future, sterilisation will be decided upon. Contraceptives are not, therefore for the cases of purely hereditary defect.

Environment.

On the other hand, the influence of environment has been proportionately stressed as compared with that of heredity. Environment must be taken to include not only pre-natal but preconceptual conditions, as well as the conditions of life after birth and arrival as a member of a family. This is where contraceptive methods are of such immense use. They help greatly in securing the improvement of environment within a family whose inheritance may be desirable already or may require careful safeguards to preserve or increase the racial value. I am an enthusiast for the proper timing of each baby's arrival with regards to its parents' fortunes, their health and age, and the age of the previous brother or sister. I do not believe in the limitation of families merely because the parents are unprepared for sacrifices; but I do find that experience and facts from every side, point to the paramount importance of the best attainable conditions of environment from first to last of every new addition to our race.

Now environment, since it begins before the beginning of each child must include the health and reasonable physical comfort and security of both parents. To attain this in perfection is the object of civilisation as a whole and we are, perhaps fortunately, limited to the consideration of one factor only. But the value of that factor is increasingly impressive. Every civilized couple should be acquainted with the use of contraceptives and hold themselves responsible for employing them in such a way as to space their successive children to the best possible advantage to the latter and to society. The length of interval between pregnancies must depend firstly on the health of the parents. The father's may be of most importance from the point of view of maintenance. The mother's health and age are of the greatest importance physically. Other considerations are the progress of the last baby, who must have reached a stage when it can safely be allowed some independence, and the prospects of adequate provision for an increased family. Though a new baby might be bigger and stronger after a longer rest for the mother, still remembering the importance to a child that its companions in the family should not be too much separated from it by age, one arrives at an average period of two years' interval between pregnancies as being in general the best. To obtain this, of course, the use of contraceptives is not always required. The natural fertility of each pair varies.

Spacing of pregnancies.

The value of contraceptives for such spacing of pregnancies though enormous is still unrecognised by English people in general. This attitude has to be admitted by our Ministry of Health, so that in a clinic under a local authority, I am bound to teach the use of contraceptives on medical grounds exclusively. While thankful for even this much latitude, I am finding that work within these limitations only increases my conviction that contraception can and should be applied on

eugenic and economic grounds also. One sees many a mother who has borne another and yet another child; she has lasted out for ten or twelve pregnancies though several have ended prematurely before she is, strictly speaking, medically unfit to continue. But by this time her health, instead of being preserved has been ruined. The use of contraceptives would not only have kept her fit for her job of mothering her family, by preventing that absolute (and so stupid) loss in miscarriages, and premature deliveries, and deaths in infancy or after two or three years of a miserable childhood, but also have given the surviving children a far better chance of real health, happiness and usefulness. Such mothers know and practise one form of contraception, namely prolonged lactation. These mothers only wean their babies when they realise that in spite of their nursing, another one is on its way. One of my patients went on like this for thirteen years. Can you imagine anything more exhausting? Yet upto the end of that time she had not been considered medically unfit. What another woman did beg of me was that she might not be made to produce yet another child and see it suffer as the last two had done. The value of spacing pregnancies can hardly be over-estimated, both to mother, newborn child and existing family. It is the first and most valuable function of contraceptive methods.

Misapplication.

It is true, of course, that the knowledge of contraceptives may be misapplied. So can all knowledge, as Adam and Eve discovered. Our job and our sole protection is to make the right use of all the knowledge and powers which developing civilization places in our hands. A normal healthy pair desire children. It is very unintelligent to deliberately forgo the joy that they can bring, not to speak of their educative value to their parent's characters. I should take a couple who agreed to prevent conception merely because they were disinclined to have a family as a loss and not taken the trouble to use themselves mentally deficient! But I do not find that contraceptive methods are misused in this way, or very little, and that by people who would never make good parents. People who indulge in promiscuity are already well acquainted with contraceptive methods and have been, history tells us, for four thousand years. Occasionally I do find that a second pregnancy is avoided on grounds which seem unsatisfactory; as, for instance, after a trying first pregnancy and confinement, or when a first child has arrived before the parents were sufficiently settled to support it properly. This mistake can best be rectified by a realisation of the untold value of brothers and sisters to a first child. I am prepared myself to say that the psychological and educative value of a brother or sister is so much greater than that of other expensive advantages, that I would give a child a companion in his own family rather than send him to the school of my choice. The normal healthy pair, however, will always desire, given reasonable financial and social stability, to possess a family—especially if their own childhood has been solitary or in a normally happy family.

And this leads to the mention of another great use of contraceptives towards the provision of a good environment. They should be used so as to contribute to a normal relationship between the parents themselves. Nothing is more unnatural than abstention, nothing more nerve-racking except, perhaps the dread of an undesirable pregnancy. Contraceptives remove both these causes of distress and that without removing the necessity for self-control. On this latter point I want to be specially emphatic. The use of contraceptives, at any rate at present, involves preparation and demands some attention. This calls for more, not less, self-control than does their omission. Cases in which contraceptives are reported to have failed, very frequently prove to be cases in which the [illegible] have been lazy or stupid or care-

them correctly, if at all. Some discipline, both of thought and of feeling, is needed both by the impulsive and especially by the naturally reticent and aesthetic man or woman. Perhaps we ourselves, and the coming generation are helping towards a true self discipline by facing facts and discovering the extent of our responsibility to our children.

Contribution to marital and Family happiness.

The importance of the natural relationship between parents for the sake of their own and their family's health and happiness crops up repeatedly in practice. Usually it is the wife who asks for help, and generally she must accept the task of preventing conception. She is safer, always if she has the knowledge and appliances in her own hands. But there are cases in which this is more than the woman can bear, and the husband must, then at any rate, undertake the responsibility. By proper adjustments and securing co-operation between the pair, the nervous strain so often referred by psychiatrists to unsatisfactory marital relationships should be greatly reduced if not entirely avoided.

The last lesson I have gathered out of my experience is, a fact which I specially want to make plain, that contraception can be neither taught nor practised by rule of thumb. Every human pair is, and is likely to be always, a separate proposition. I find I must take a good deal of trouble to keep up-to-date in my knowledge of available methods. I must spent a good deal of time over examining my cases so that I may understand not only their physical but a good deal of their psychological and economic needs. For people to buy and use contraceptives casually is to take an unjustifiable risk.

This is partly because the perfect contraceptive has not yet been discovered and one must be careful to use that which is best for each particular case. But I doubt if any single, universal, safe method will ever be found, because we are here dealing with at once the most primitive and the most complicated of human relationships. To me it seems, however, that when we do succeed in finding the most perfect possible methods of contraception and have learnt perfection in applying them, then we shall have provided our children with weapons for conquests far ahead of our own.

One glimpses the possibility of a wise separation of the purely reproductive function in marriage from those no less precious powers of sex which, when released, will urge men and women to such spiritual heights and achievements as will make our stunted little lives look as dull and uninspired by comparison as is this matter-of-fact little paper.

Journal of The Royal Sanitary Institute Oct. 1932.

News and Comments

The Malthusian Ball

The Birth Control International Information Centre is to be heartily congratulated on obtaining Royal Patronage for its Malthusian Ball. Her Royal Highness, Princess Alice, Countess of Athlone, has consented to be a patron and in a letter written to Mrs. M. Walsh, member of the Ball Committee her private secretary says:—

"Before leaving for South Africa Her Royal Highness Princess, Alice, Countess of Athlone, asked me to acknowledge the receipt of your letter and to say how sorry she was that she could not be present at the Ball owing to the fact that she does not return to England until the end of March. But Her Royal Highness will be delighted to give her patronage to that Ball although she has made a rule never to give her patronage unless she can be present ,However, Her Royal Highness is so much interested in this question that she is making an exception in your case and is delighted to give her patronage."

Dr. Edith Summerskill and Mrs. Norman Laski, who are mainly responsible for the organisation of the Ball, must feel greatly encouraged. Wavering sympathisers may become whole-hearted supporters now birth control has received royal favour. They cannot mark their adhesion to the movement better than by attending the Ball and helping to make it a success.

The Malthusian Ball, which comes off at the Dorchester Hotel on March 22nd, under the patronage of Royalty and the presidency of Mr. Justice Mc Cardie, is going to be a great affair. Its greatest value is the influence it will have in the United States and the Dominions. These countries are much impressed by what persons in high place do in England. They have always been doubtful whether birth control was "the thing", and have looked to the English society for guidance. Now that the English Princess has come out so definitely it will no longer be possible for even the most fastidious of the Americans to maintain that birth control is "vulgar".

* * * *

The Two Gospels.

War is a terrible calamity, but is always returning. Two methods of abolishing it have been suggested. The first is, "Love your enemies." This has been proposed for thousands of years and is still the method of the League of Nations. The trouble is that it never gets anywhere. People still hate their enemies exactly as they did ten thousand years ago.

The second method of abolishing war is, "Limit your families." That is the one that will succeed. The present writer lately heard lectures on Manchuria by an eminent Jap and an eminent Chinaman, and both lecturers said it was wholly a question of population. The Jap said Japan was so overcrowded that she must have Manchuria; the Chinaman said China was so overcrowded that she must keep Manchuria. If Japs and Chinamen limited their families, there would be nothing to fight about.

The way to limit families is by birth control.

Birth Control World-wide.

Turkey. Birth control is practised by the educated people of Turkey and Asia Minor, especially in the towns, in order to limit the number of children so that they may be sent to Europe to be educated. The subject is being taken up by medical men and one of several methods of the most recent publications is "Kisirlik," by Dr. Besim Omer, which was published in Istanbul in 1931. It gives an illustrated description of the process of reproduction and also of contraception. The methods include one or two that are not favoured in England, although they are in use in some other European countries, as for instance, the aluminium cervical cap and the intercervical spring pessary.

* * *

Mexico. The state of Vera Cruz has adopted the birth control and sterilization Bill drafted by Dr. Salvador Mendoza, the President of the drafting Committee of the Civil Code of Vera Cruz. The Bill which has now become law, contains a well-considered preamble emphasising the necessity of safeguarding future generations against hereditary physical and mental disease and defect, the dysgenic result of birth control when practised only by the more socially desirable types, the value of birth control and sterilization as eugenic measures for the production of a better race, and the paramount duty of the government to eliminate any danger of degeneration, or even any hindrance to improvement which might arise as a serious menace to the future of the human race, and especially so if such danger threatens imminently the less privileged members of society.

It enacts that the Bureau of Eugenics and Mental Hygiene, under the guidance of the Department of Public Health, shall deal with birth control and sterilization, and shall establish free clinics where instruction will be given in birth control, sexual education and hygiene and kindred subjects. Sterilization shall be practised subject to certain provisions, and applied in such a way as to carry no social stigma and shall not

involve the loss of any civil or political right on the part of the subject.

* * *

Birth Control in the Madras Legislative Council.

In the last session of the local Legislative Council, the subject of birth control was brought forward for discussion. The Chief Minister expressed his personal sympathy with the movement and said that he would try to arrange for instruction being given in and facilities afforded for birth control, in all Government hospitals and child and maternity welfare centres. One Muslim doctor opposed the motion and opined that birth control was unnatural and interfered with nature besides being immoral as it would lead to promiscuity. It is indeed unfortunate that in the local Legislative Council, every time the subject of birth control is brought for discussion one doctor member raises objection. At first it was left to a woman doctor to oppose the motion, then a man doctor whose statement raised much laughter in the House and now a Muslim doctor. The highest medical authorities, official and non-official in India and outside are for birth control on medical grounds. As regards religious grounds particularly Mohamadanism, it may be stated that Sheik Ahmed Beg Ibrahim in Egypt supported birth control by liberal reference to Islamic canonical law. If the Doctor believes in what he says *viz.*, that nature should not be interfered with, he should not wear clothes, nor cut his hair and nails nor cook his food, as all these are against nature. He forgets that want of control, as obtaining among animals and primitive men leads to promiscuity. The animals are controlled by nature and succumb and become extinct ultimately by the rigour of nature. Human beings are endowed with intelligence, in order to control nature and make it to serve them in order to live fuller life. In this connection the following from the address delivered by Dr. Rabbi Edward L Israel may be quoted for the information of the Doctor and the readers. "I believe that the greatest morality consists in controlling blind nature. Celibacy and abstinence are ascetic cowardice. Bravery is to use and direct by intelligent control. If it is a crime to interfere with natural forces why is not every force that tries to heal the sick a crime? Why are not our toxin—antitoxin inoculations, which save millions of children from the ravages of diphtheria, one of the greatest crimes against God and nature? Man limits and modifies all natural functions by his growing knowledge of them. Why is the field of propagation any different?

* * *

General mortality rate and epidemic returns for the City of Madras for the weeks ending

	Cholera. attacks.	Cholera. deaths.	Smallpox. attacks.	Smallpox. deaths.	Plague attacks.	Plague deaths.	Total rate of deaths per mille of population.
1933							
Feb. 4th			107	16			40·2
11th			117	24			38·7
18th			104	28			36·1
25th			130	22			40·6
Mar. 4th			213	30			40·1
11th			153	36			40·2
18th			145	27			40·4
25th			195	54			37·9

Epidemic returns for the Province of Madras excluding the City of Madras for the weeks ending

1933						
Feb. 4th	7	2	929	134	95	34
11th	5	2	771	132	95	43
18th	19	9	795	136	93	32
25th	29	10	870	117	107	47
Mar. 4th	6	1	471	74	5	4
11th	9	6	701	142	57	27
18th	8	2	806	133	60	30
25th	13	8	1165	187	49	34

Population and Birth Control in India.

BY

DR. M.S. KRISHNAMURTHI AYYAR, M.B. & C.M.
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